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TABLE OF CONTENTS

July 13, 2012 Volume 36, Issue 28

PROPOSED RULES
AGING, DEPARTMENT ON
Community Care Program
89 Ill. Adm. Code 240.....9812
COMMERCE AND ECONOMIC OPPORTUNITY, DEPARTMENT OF
Illinois Film Production Services Tax Credit Program
14 Ill. Adm. Code 528.....9823
Illinois Live Theater Production Tax Credit Program
14 Ill. Adm. Code 532.....9841
GAMING BOARD, ILLINOIS
Video Gaming (General)
11 Ill. Adm. Code 1800.....9863
HEALTHCARE AND FAMILY SERVICES, DEPARTMENT OF
Practice in Administrative Hearings
89 Ill. Adm. Code 104.....9883
Application Process
89 Ill. Adm. Code 110.....9886
Special Eligibility Groups
89 Ill. Adm. Code 118.....9888
Illinois Cares Rx Program (Repealer)
89 Ill. Adm. Code 119.....9890
HUMAN SERVICES, DEPARTMENT OF
General Administrative Provisions
89 Ill. Adm. Code 10.....9892
General Assistance (Repealer)
89 Ill. Adm. Code 114.....9894
Related Program Provisions
89 Ill. Adm. Code 117.....9898
Collections and Recoveries
89 Ill. Adm. Code 165.....9900
Program Description
89 Ill. Adm. Code 676.....9902
Determination of Need (DON) and Resulting Services Cost Maximums (SCMs)
89 Ill. Adm. Code 679.....9910
Eligibility
89 Ill. Adm. Code 682.....9919
POLLUTION CONTROL BOARD
Proceedings Pursuant to Specific Rules or Statutory Provisions
35 Ill. Adm. Code 106.....9924
ADOPTED RULES

FINANCIAL AND PROFESSIONAL REGULATION, DEPARTMENT OF
Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004
68 Ill. Adm. Code 1240.....9938
Optometric Practice Act of 1987
68 Ill. Adm. Code 1320.....10006
GAMING BOARD, ILLINOIS
Video Gaming (General)
11 Ill. Adm. Code 1800.....10029
POLLUTION CONTROL BOARD
Maximum Setback Zones
35 Ill. Adm. Code 618.....10042
SECRETARY OF STATE
Cancellation, Revocation or Suspension of Licenses or Permits
92 Ill. Adm. Code 1040.....10055
EMERGENCY RULES
HEALTHCARE AND FAMILY SERVICES, DEPARTMENT OF
General Provisions
89 Ill. Adm. Code 101.....10176
Practice in Administrative Hearings
89 Ill. Adm. Code 104.....10195
Application Process
89 Ill. Adm. Code 110.....10219
Special Eligibility Groups
89 Ill. Adm. Code 118.....10223
Illinois Cares Rx Program (Repealer)
89 Ill. Adm. Code 119.....10229
Medical Assistance Programs
89 Ill. Adm. Code 120.....10253
Children's Health Insurance Program
89 Ill. Adm. Code 125.....10298
Hospital Services
89 Ill. Adm. Code 148..... .10326
Hospital Reimbursement Changes
89 Ill. Adm. Code 152.....10410
Long Term Care Reimbursement Changes
89 Ill. Adm. Code 153.....10416
HUMAN SERVICES, DEPARTMENT OF
General Administrative Provisions
89 Ill. Adm. Code 10.....10421
General Assistance (Repealer)
89 Ill. Adm. Code 114.....10437
Related Program Provisions
89 Ill. Adm. Code 117.....10503
Collections and Recoveries

89 Ill. Adm. Code 165.....10513
PEREMPTORY RULES
CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF
Pay Plan
80 Ill. Adm. Code 310.....10518
SECOND NOTICES RECEIVED
JOINT COMMITTEE ON ADMINISTRATIVE RULES
Second Notices Received.....10535
NOTICE OF WITHDRAWAL OF PROPOSED RULES
POLLUTION CONTROL BOARD
Proceedings Pursuant to Specific Rules or Statutory Provisions
35 Ill. Adm. Code 106.....10537

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 2012

Issue #	Rules Due Date	Date of Issue
1	December 27, 2011	January 6, 2012
2	January 3, 2012	January 13, 2012
3	January 9, 2012	January 20, 2012
4	January 17, 2012	January 27, 2012
5	January 23, 2012	February 3, 2012
6	January 30, 2012	February 10, 2012
7	February 6, 2012	February 17, 2012
8	February 14, 2012	February 24, 2012
9	February 21, 2012	March 2, 2012
10	February 27, 2012	March 9, 2012
11	March 5, 2012	March 16, 2012
12	March 12, 2012	March 23, 2012
13	March 19, 2012	March 30, 2012
14	March 26, 2012	April 6, 2012
15	April 2, 2012	April 13, 2012
16	April 9, 2012	April 20, 2012
17	April 16, 2012	April 27, 2012
18	April 23, 2012	May 4, 2012
19	April 30, 2012	May 11, 2012
20	May 7, 2012	May 18, 2012
21	May 14, 2012	May 25, 2012
22	May 21, 2012	June 1, 2012
23	May 29, 2012	June 8, 2012

24	June 4, 2012	June 15, 2012
25	June 11, 2012	June 22, 2012
26	June 18, 2012	June 29, 2012
27	June 25, 2012	July 6, 2012
28	July 2, 2012	July 13, 2012
29	July 9, 2012	July 20, 2012
30	July 16, 2012	July 27, 2012
31	July 23, 2012	August 3, 2012
32	July 30, 2012	August 10, 2012
33	August 6, 2012	August 17, 2012
34	August 13, 2012	August 24, 2012
35	August 20, 2012	August 31, 2012
36	August 27, 2012	September 7, 2012
37	September 4, 2012	September 14, 2012
38	September 10, 2012	September 21, 2012
39	September 17, 2012	September 28, 2012
40	September 24, 2012	October 5, 2012
41	October 1, 2012	October 12, 2012
42	October 9, 2012	October 19, 2012
43	October 15, 2012	October 26, 2012
44	October 22, 2012	November 2, 2012
45	October 29, 2012	November 9, 2012
46	November 5, 2012	November 16, 2012
47	November 13, 2012	November 26, 2012
48	November 19, 2012	November 30, 2012
49	November 26, 2012	December 7, 2012
50	December 3, 2012	December 14, 2012
51	December 10, 2012	December 21, 2012
52	December 17, 2012	December 28, 2012

Editor's Note: The Secretary of State Index Department is providing this opportunity to remind you that the next filing period for your Regulatory Agenda will occur from May 1st to July 2nd, 2012.

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Community Care Program

2) Code Citation: 89 Ill. Adm. Code 240

3) Section Number: 240.727 — Proposed Action: Amendment

4) Statutory Authority: Implementing PA 97-689 and authorized by Sections 4.01(11) and 4.02 of the Illinois Act on the Aging [20 ILCS 105/4.01(11) and 4.02]

5) A Complete Description of the Subjects and Issues Involved: In Section 240.722, depending on subsequent approval by the federal government, the Department has proposed a change in the minimum score on the Determination of Need form for an individual to be eligible for services under the Community Care Program as required by PA 97-689.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: 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
Acting General Counsel
Illinois Department on Aging
One Natural Resources Way, #100
Springfield, IL 62702-1271

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

217/782-4842

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Care coordination units 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: July 2012

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

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER II: DEPARTMENT ON AGING

PART 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

SUBPART B: SERVICE DEFINITIONS

Section
240.210 In-home Service
240.220 Chore-Housekeeping Service (Repealed)
240.230 Adult Day Service
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
240.340 Confidentiality/Safeguarding of Case Information
240.350 Applicant/Client/Authorized Representative Cooperation

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

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
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

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 Plans of Care Including In-home Service
240.729 Maximum Payment Levels for Plans of Care Including Adult Day Service
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
240.820 Asset Transfers
240.825 Income
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

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

240.855 Applicant/Client Expense for Care
240.860 Change in Income
240.865 Application For Medical Assistance (Medicaid)

240.870 Determination of Applicant/Client Monthly Expense for Care
240.875 Client Responsibility

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
240.925 Frequency of Redeterminations (Renumbered)
240.930 Suspension of Services
240.935 Discontinuance of Services to Clients
240.940 Penalty Payments
240.945 Notification
240.950 Reasons for Termination
240.955 Reasons for Reduction or Change

SUBPART J: SPECIAL SERVICES

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
240.1120 Individual Transfer Request – Vendor to Vendor – With Change in Service
240.1130 Individual Transfers – Case Coordination Unit to Case Coordination Unit
240.1140 Transfer of Pending Applications
240.1150 Interagency Transfers

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

240.1160 Temporary Transfers – Case Coordination Unit to Case Coordination Unit
240.1170 Caseload Transfer – Vendor to Vendor
240.1180 Caseload Transfer – Case Coordination Unit to Case Coordination Unit

SUBPART L: ADMINISTRATIVE SERVICE CONTRACT

Section
240.1210 Administrative Service Contract

SUBPART M: CASE COORDINATION UNITS AND PROVIDERS

Section
240.1310 Standard Contractual Requirements for Case Coordination Units and Providers
240.1320 Vendor or Case Coordination Unit Fraud/Illegal or Criminal Acts
240.1330 General Vendor and CCU Responsibilities (Repealed)
240.1396 Payment for Services (Repealed)
240.1397 Purchases and Contracts (Repealed)
240.1398 Safeguarding Case Information (Repealed)
240.1399 Termination of a Vendor or Case Coordination Unit (CCU)

SUBPART N: CASE COORDINATION UNITS

Section
240.1400 Community Care Program Case Management
240.1410 Case Coordination Unit Administrative Minimum Standards
240.1420 Case Coordination Unit Responsibilities
240.1430 Case Management Staff Positions, Qualifications and Responsibilities
240.1440 Training Requirements For Case Management Supervisors and Case Managers

SUBPART O: PROVIDERS

Section
240.1505 Administrative Requirements for Certification
240.1510 Provider Administrative Minimum Standards
240.1520 Provider Responsibilities
240.1525 Standard Requirements for In-home Service Providers
240.1530 General In-home Service Staffing Requirements
240.1535 In-home Service Staff Positions, Qualifications, Training and Responsibilities
240.1540 General Chore-Housekeeping Staffing Requirements (Repealed)

240.1541 Minimum Equipment Specifications for Emergency Home Response Service
240.1542 Administrative Requirements for Emergency Home Response Service Providers
240.1545 Chore-Housekeeping Staff Positions, Qualifications and Responsibilities (Repealed)
240.1550 Standard Requirements for Adult Day Service Providers
240.1555 General Adult Day Service Staffing Requirements
240.1560 Adult Day Service Staff
240.1565 Adult Day Service Satellite Sites
240.1570 Service Availability Expansion
240.1575 Adult Day Care Site Relocation
240.1580 Standards for Alternative Providers
240.1590 Standard Requirements for Individual Provider Services

SUBPART P: PROVIDER PROCUREMENT

Section
240.1600 Provider Agency Certification
240.1605 Emergency Certification
240.1607 Standard CCP Provider Agreement
240.1610 Procurement Cycle for Provider Services (Repealed)
250.1615 Provider Initiated Service Area Modifications
240.1620 Issuance of Provider Proposal and Guidelines (Repealed)
240.1625 Content of Provider Proposal and Guidelines (Repealed)
240.1630 Criteria for Number of Provider Contracts Awarded (Repealed)
240.1635 Evaluation of Provider Proposals (Repealed)
240.1640 Determination and Notification of Provider Awards (Repealed)
240.1645 Objection to Certification Decision
240.1650 Classification, Identification and Receipt of Provider Service Violations
240.1655 Method of Identification of Provider Service Violations (Repealed)
240.1660 Provider Performance Reviews
240.1661 Provider and Case Coordination Unit Right to Appeal
240.1665 Contract Actions for Failure to Comply with Community Care Program Requirements

SUBPART Q: CASE COORDINATION UNIT PROCUREMENT

Section
240.1710 Procurement Cycle For Case Management Services
240.1720 Case Coordination Unit Performance Review

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENT

SUBPART R: ADVISORY COMMITTEE

Section
240.1800 Community Care Program Advisory Committee
240.1850 Technical Rate Review Advisory Committee (Repealed)

SUBPART S: PROVIDER RATES

Section
240.1910 Establishment of Fixed Unit Rates
240.1920 Contract Specific Variations
240.1930 Fixed Unit Rate of Reimbursement for Homemaker Service
240.1940 Fixed Unit Rates of Reimbursement for Adult Day Service and Transportation
240.1950 Adult Day Care Fixed Unit Reimbursement Rates
240.1955 Fixed Unit Rates of Reimbursement for Emergency Home Response Service
240.1960 Case Management Fixed Unit Reimbursement Rates
240.1970 Enhanced Rate for Health Insurance Costs

SUBPART T: FINANCIAL REPORTING

Section
240.2020 Financial Reporting of In-home Service
240.2030 Unallowable Costs for In-home Service
240.2040 Minimum Direct Service Worker Costs for In-home Service
240.2050 Cost Categories for In-home~~Homemaker~~ Service

AUTHORITY: Implementing PA 97-689 and authorized by Sections 4.01(11) and 4.02 of the Illinois Act on the Aging [20 ILCS 105/4.01(11) and 4.02].

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. 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; emergency expired December 11, 2010; emergency amendment at 34 Ill. Reg. 12224, effective August 4, 2010, for a maximum of 150 days; emergency expired December 31, 2010; amended at 35 Ill. Reg. 8919, effective June 2, 2011; emergency amendment at 35 Ill. Reg. 13936, effective July 28, 2011, for a maximum of 150 days; amended at 35 Ill. Reg. 20130, effective December 6, 2011; amended at 36 Ill. Reg. _____, effective _____.

SUBPART G: NON-FINANCIAL REQUIREMENTS

Section 240.727 Minimum Score Requirements

a) Individuals determined eligible to receive Community Care Program (CCP) services shall have their need for long term care established by receipt of a minimum score of 29 points on the Determination of Need form, 15 of which must be scored on Total Impairment, which includes Part A and the Mini-Mental State Examination (refer to Section 240.715).

b) On July 1, 2012, or as soon thereafter as approved by the federal government, whichever date is later, individuals determined eligible to receive CCP services shall have their need for long term care established by receipt of a minimum score of 37 points on the Determination of Need form.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Illinois Film Production Services Tax Credit Program

2) Code Citation: 14 Ill. Adm. Code 528

3)

Section Numbers:	Proposed Action:
528.20	Amend
528.30	Amend
528.62	Amend
528.63	Amend
528.70	Amend
528.75	Amend

4) Statutory Authority: Implemented and authorized by the Film Production Services Tax Credit Act of 2008 [35 ILCS 16]

5) A Complete Description of the Subjects and Issues Involved: The most substantive changes are as follows:

Clarification of definition of "Applicant" - the law states that "a taxpayer that is a film production company…" can be the applicant. We propose adding language to reflect the practice in commercial productions. The proposal adds "or a taxpayer working in association film production company" (Section 528.20).

Added definition of a "talk show." – Currently a talk show is not defined. The definition is worded so that it does not discourage an out of town national program that could bring jobs to IL (Section 528.20).

The law does not limit how many applications per year a single program series can submit. We recommend limiting the number to 12 so as not to overwhelm the Department while still maintaining the intent of the law (Section 528.40(e)).

Economic and Diversity impact data submittal interval by applicant was changed to capture the project duration and timeline (Section 528.62).

There are other minor changes throughout, as the Part has not been modified since 2008.

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: None

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

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) Do these proposed rulemakings contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: The rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act (30 ILCS 805).

12) Comments regarding these rules shall be presented within 45 days after the date of this issue of the *Illinois Register* in writing to:

Jolene Clarke
Rules Administrator
Department of Commerce and Economic Opportunity
500 East Monroe
Springfield, IL 62701

217/557-1820
217/524-3701
jolene.clarke@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses and small municipalities affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of Professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because the Department did not anticipate the changes.

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

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED AMENDMENTS

TITLE 14: COMMERCE
CHAPTER I: DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

PART 528
ILLINOIS FILM PRODUCTION SERVICES TAX CREDIT PROGRAM

Section
528.10 Purpose
528.20 Definitions
528.30 Eligibility Determination
528.40 Application Process and Requirements
528.50 Evaluation of Application
528.60 Approval/Denial of Applications
528.62 Economic Impact Data
528.63 Diversity Impact Data
528.65 Accredited Production Certification
528.70 Request for Tax Credit Certificate
528.71 Approval/Denial of Tax Credit Certificate Request
528.75 Amount and Duration of Tax Credit
528.80 Interim and Final Film Tax Credit Certifications (Repealed)
528.85 Transfer of Tax Credit
528.90 Non-Compliance Provisions (Repealed)
528.100 Books and Records
528.110 Data for Reports to the General Assembly
528.120 Confidentiality of Documents and Data

AUTHORITY: Implemented and authorized by the Film Production Services Tax Credit Act of 2008 [35 ILCS 16].

SOURCE: Adopted by emergency rulemaking at 28 Ill. Reg. 957, effective December 26, 2003; emergency expired May 23, 2004; adopted at 28 Ill. Reg. 14506, effective October 22, 2004; amended at 31 Ill. Reg. 2253, effective January 18, 2007; amended at 36 Ill. Reg. _____, effective _____.

Section 528.20 Definitions

The following definitions are applicable to this Part:

"Accredited Production" means, for productions commencing before May 1, 2006, a film, video, commercial, or television production that has been certified by the Department in which the aggregate Illinois labor expenditures included in the cost of the production exceed $100,000 for productions of 30 minutes or longer, or $50,000 for productions of less than 30 minutes~~29 minutes or less~~. For productions commencing on or after May 1, 2006, "accredited production" means *a film, video, commercial, or television production that has been certified by the Department in which the aggregate Illinois production spending included in the cost of the production exceeds $100,000 for productions of 30 minutes or longer, or $50,000 for productions of less than 30 minutes~~29 minutes or less~~.* "Accredited production" does *not include a production that:*

is news, current events, or public programming, or a program that includes weather or market reports;

is a talk show;

is a production in respect of a game, questionnaire, or contest;

is a sports event or live *activity;*

is a gala presentation or awards show;

is a finished production that solicits funds;

is a production produced by a film production company if records, as required by 18 USC 2257, are to be maintained by that film production company with respect to any performer portrayed in that single media or multimedia program; or

is a production produced primarily for industrial, corporate, or institutional purposes. (Section 10 of the Act)

"Accredited Production Certificate" means a certificate issued by the Department certifying that the production is an accredited production that meets the guidelines of the Act. (Section 10 of the Act)

"Act" means the Film Production Services Tax Credit Act [35 ILCS 16~~15~~].

"Applicant" means a taxpayer that is a film production company or a taxpayer working in association with a film production company *that is operating or has operated an accredited production located within the State of Illinois and that owns the copyright in the accredited production throughout the Illinois production period or has contracted directly with the owner of the copyright in the accredited production or a person acting on behalf of the owner to provide services for the accredited production, where the owner of the copyright is not an eligible production corporation.* (Section 10 of the Act)

"Business Owned by a Person with a Disability" means *a business concern that is at least 51% owned by one or more persons with a disability and the management and daily business operation of which are controlled by one or more of the persons with disabilities who own it. A not-for-profit agency for persons with disabilities that is exempt from taxation under Section 501 of the Internal Revenue Code of 1986 is also considered a "business owned by a person with a disability".* [30 ILCS 575/2(A)(4.1)]

"Commercial Domicile" means the principal place from which the trade or business of a person is directed or managed.

"Credit" or "Tax Credit" *means*:

~~*For an accredited production approved by the Department on or before January 1, 2005 and commencing before May 1, 2006, the amount equal to 25% of the Illinois labor expenditure approved by the Department. For Illinois labor expenditures generated by the employment of residents of geographic areas of high poverty or high unemployment, as determined by the Department, in an accredited production approved by the Department after January 1, 2005 and commencing before May 1, 2006, the applicant shall receive an enhanced credit of 10% in addition to the 25% credit.*~~

~~*For an accredited production commencing on or after May 1, 2006, the amount equal to:*~~

~~*20% of the Illinois production spending for the taxable year; plus*~~

~~*15% of the Illinois labor expenditures generated by the employment of residents of geographic areas of high poverty or*~~

~~*high unemployment, as determined by the Department.* (Section 10 of the Act)~~

For an accredited production commencing on or after January 1, 2009, the amount equal to:

30% of the Illinois production spending for the taxable year; plus

15% of the Illinois labor expenditures generated by the employment of residents of geographic areas of high poverty or high unemployment, as determined by the Department (Section 10 of this Act).

"Department" means the Illinois Department of Commerce and Economic Opportunity, formerly known as the Illinois Department of Commerce and Community Affairs.

"Director" means the Director of the Department.

"Diversity Data or Information" means data pertaining to gender, race, ethnicity and disability of all employees of the applicant.

"Diversity Plan" means a written document through which the applicant assures the Department that minorities and females will have equal opportunities in recruitment, selection, appointment, promotion, training, and related employment areas in the accredited production. The diversity plan must also describe the manner in which the applicant plans on hiring vendors certified by the Business Enterprise Council under the Business Enterprise for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575] with respect to the accredited production. The diversity plan must also detail the manner in which the applicant proposes to achieve its goals to ensure employment of protected classes to achieve a diverse workforce, rather than merely to assure nondiscrimination.

"Economic Impact Data" means data pertaining to the types of jobs (production, talent and vendor) created and retained in Illinois, as well as the total amount an applicant spends in Illinois on the accredited production.

"Employee of the Applicant" or "Employee" ~~means, for accredited productions commencing before May 1, 2006, any employee, agent, vendor, or contractor~~

~~whose Illinois wages are included in the cost of the accredited production.~~ For accredited productions commencing on or after May 1, 2006, "employee of the applicant" or "employee" shall mean only an individual who is an employee of the applicant for purposes of employment taxes imposed under Subtitle C of the Internal Revenue Code (26 USC Subtitle C).

"Entry Level Positions" means the lowest level of a hierarchy in a production, including untrained or unskilled labor working on a production, such as a production assistant.

"Female" shall mean *a person who is a citizen or lawful permanent resident of the United States and who is of the female gender.* [30 ILCS 575/2(A)(2)]

"Female Owned Business" *means a business concern which is at least 51% owned by one or more females, or, in the case of a corporation, at least 51% of the stock in which is owned by one or more females; and the management and daily business operations of which are controlled by one or more of the females who own it*. [30 ILCS 575/2(A)(4)].

"Illinois Labor Expenditure" means Illinois gross wages paid to employees of the applicant for services on the accredited production. To qualify as an Illinois labor expenditure, the expenditure must be:

reasonable in the circumstances;

included in the federal income tax basis of the property. For purposes of this provision, an expenditure that is immediately expensed as an advertising cost under Treasury Regulations section 1.162-1(a) or as a qualified film, television or commercial production cost under section 181 of the Internal Revenue Code shall be treated as included in the federal income tax basis of the accredited production if the expenditure would be required to be capitalized under section 263A of the Internal Revenue Code if that section applied to the accredited production*;*

incurred by the applicant for services on or after January 1, 2004;

incurred for the production stages of the accredited production, from the final script stage to the end of the post-production stage;

limited to the first $25,000 of wages paid or incurred to each employee of an accredited *production commencing before May 1, 2006 and the first $100,000 of wages paid or incurred to each employee of an* accredited *production commencing on or after May 1, 2006*;

for an accredited *production commencing before May 1, 2006, exclusive of Illinois gross wages and benefits paid to or incurred for the 2 highest paid employees of the accredited production;*

directly attributable to the accredited production;

paid in the tax year for which the applicant is claiming the credit or no later than 60 days after the end of the tax year;

paid to persons residing *in Illinois at the time the payments were made; and*

paid for services rendered in Illinois. (Section 10 of the Act)

"Illinois Production Spending" means *the expenses incurred by the applicant*, that are reasonable under the circumstances and directly attributable to the a*ccredited production, including, without limitation, all of the following*:

expenses to purchase, from vendors within Illinois, tangible personal property that is used in the accredited production in Illinois;

expenses to acquire services, from vendors in Illinois, for film production, editing, or processing in Illinois; *and*

the compensation, not to exceed $100,000 for any one employee of the applicant, for contractual or salaried employees who are Illinois residents performing services with respect to the accredited production in Illinois. [35 ILCS 16~~15~~/10]

"Illinois Resident" means an individual who is domiciled in this State during the accredited production. Except in a case in which~~where~~ the applicant has actual knowledge, as shown in its books and records, that an individual is not an Illinois resident, the possession by an individual of a~~an~~ driver's license or other identification issued by this State prior to the commencement of the accredited

production shall be sufficient proof that the individual is an Illinois resident and the address on the license or identification shall be deemed correct.

"Jobs Created and Retained" shall be measured in full-time equivalent jobs. In the case of a person hired as an "extra", each person hired for each day shall be deemed a full-time equivalent job for that day, based on the film industry standard equivalency of a "hire", which is a per day, per person standard. In other words, when the film industry hires an "extra" it considers each "extra" position to be a one day job that was created to fill a particular position for a particular purpose for a particular time.

"Management Position" means anyone in a supervisory or managerial position who has control over other employees who report to that individual. Management roles include, but are not limited to, coordinators, directors, managers, supervisors, masters and department heads.

"Minority" *shall mean a person who is a citizen or lawful resident of the United States and who is:*

> *African American (a person having origins in any of the black racial groups in Africa);*
>
> *Hispanic (a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race);*
>
> *Asian American (a person having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent or the Pacific Islands); or*
>
> *Native American or Alaskan Native (a person having origins in any of the original peoples of North America).* [30 ILCS 575/2(A)(1)].

"Minority Owned Business" means a *business concern that is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock is owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are*

controlled by one or more of the minority individuals who own it. [30 ILCS 575/2(A)(3)].

"Person with a Disability" means *a person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled under* Section 2(A)(2.1) of the Business Enterprise for Minorities, Females, and Person with Disabilities Act. [30 ILCS 575/2(A)(2.05]

"Commencement or Start of Principal Filming or Taping" means the date on which actual filming or taping of an accredited production commences. In other words, principal filming or taping begins at the culmination of preparation activity and starts with photography or taping of principal actors or action. In the case of an animated production, the commencement or start of filming or taping is the date on which begins the creation of artwork to be used in actual frames in the film.

"Production Staff and Crew" means office, production and post-production staff~~office production staff and on-set technicians,~~ including, but not limited to, accountants, coordinators, secretaries, camera, casting, construction, costume, electric, editing, grip, location, hair, make-up, props, swing gang, set decorating, sound, special effects, transportation, and visual effects.

"State" means the State of Illinois.

"Talent Related Positions" means any speaking, background or extra roles that appear in front of the camera. Talent refers to on screen performers holding these positions.

"Talk Show" means programming that is intended for a local or regional television audience or includes programming content with a focus on local interests or news.

"Tax Credit Certificate" means the tax credit certificate issued by the Department to the applicant certifying that it has complied with all statutory requirements of the Act and this Part and that it is entitled to a credit under the Act.

"Taxpayer" means any person as defined by and subject to the tax imposed by the Illinois Income Tax Act [35 ILCS 5/1501(a)(18), (a)(24)].

"Treasury Regulations" means the rules of the U.S. Internal Revenue Service published at Title 26 of the Code of Federal Regulations.

"Vendor in Illinois." Expenditures for purchases of tangible personal property or services from a vendor in Illinois shall mean:

Purchases of tangible personal property for use in Illinois on an accredited production from a person who is registered under the Illinois Retailers' Occupation Tax Act (ROTA) [35 ILCS 120]. A copy of the purchase receipt showing that the purchase was made at an Illinois location and that Illinois Retailers' Occupation Tax was paid shall be sufficient proof that the purchase was made from a vendor in Illinois. For tangible personal property ordered by mail, telephone or internet, a copy of the seller's ROTA registration certificate, along with a receipt showing that Illinois Use Tax was collected by the vendor, shall be sufficient proof that the purchase was made from a vendor in Illinois. Documentation that shows that Illinois Use Tax was collected by the vendor, but either does not show an Illinois address for the sale or is not accompanied by a ROTA registration certificate, shall not be sufficient proof that the purchase was made from a vendor in Illinois.

The lease or rental of real property located in Illinois for use in an accredited production, including hotels or other lodging for employees working on the accredited production.

The lease or rental of an automobile (as defined in the Illinois Automobile Renting Occupation and Use Tax Act [35 ILCS 155]) for use in an accredited production on which the rentor collects the Illinois Automobile Renting Occupation and Use Tax from the rentee.

The lease or rental of other tangible personal property for use in an accredited production if the owner of the property has paid Illinois Use Tax on the property. A copy of the invoice or receipt for the lease or rental showing an Illinois address for the lessor, and showing that no other state's sales tax is collected from the lessee, shall be sufficient proof that the transaction was with a vendor in Illinois.

The purchase of financial services (including insurance and the borrowing of funds) from a lender or insurer whose commercial domicile is in this State.

The purchase of other services with respect to an accredited production from an Illinois resident or from a person whose commercial domicile is in this State. For purposes of this provision only, the commercial domicile of a person whose business address (as shown in the records of the applicant) is in this State.

A vendor in Illinois that is a corporation, limited partnership, limited liability company, or a limited liability partnership, must register and remain an entity in good standing with the Illinois Secretary of State, Department of Business Services, throughout duration of production.

"Vendor Related Positions" means jobs obtained or created through a subcontractor, which includes but is not limited to security, janitorial, printing, florist, dry cleaners, and limousine services.

"Wages" means all compensation paid for services rendered by an employee in connection with an accredited production, including health, life, and disability insurance premiums, FICA taxes, pension contributions, expense reimbursement, and accrued vacation and sick pay.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 528.30 Eligibility Determination

Applicants must satisfy all of the following criteria in order to be eligible for a credit:

a) Ownership of Copyright in Accredited Production

1) The applicant must *own the copyright in the accredited production throughout the Illinois production period; or*

2) The applicant has *contracted directly with the owner of the copyright in the accredited production, or a person acting on behalf of the owner, to provide services for the production, where the owner, of the copyright is not an eligible production corporation.* (Section 10 of the Act)

~~b)~~ ~~Aggregate Illinois Labor Expenditures – Accredited Productions Commencing Before May 1, 2006~~
~~In order to qualify for a credit under the Act, the applicant must incur, in the 12-month period after the commencement of principal filming or taping of the production, Illinois labor expenditures that exceed the following amounts from pre-production through post-production:~~

~~1)~~ ~~$100,000 for productions of 30 minutes or longer;~~

~~2)~~ ~~$50,000 for productions of 29 minutes or less.~~

b)~~c)~~ Aggregate Illinois Production Spending – Accredited Productions Commencing on or After May 1, 2006
In order to qualify for a credit under the Act, the applicant must incur, in the 12-month period after the commencement of principal filming or taping of the production, Illinois production spending that exceeds the following amounts from pre-production through post-production:

1) $100,000 for productions of 30 minutes or longer;

2) $50,000 for productions of ~~29 minutes or~~ less than 30 minutes.

c)~~d)~~ Diversity Plan
The applicant must submit a diversity plan that meets the criteria set forth in Section 528.20 of this Part.

d)~~e)~~ Competitive Need for Credit
The applicant must file a written statement or other documentation evidencing that the receipt of the credit is essential to the decision to operate the accredited production in Illinois. The documentation must show that the applicant has multi-state or international location options and could reasonably locate outside the State, or can demonstrate that at least one other state or nation is being considered for the accredited production, or other documentation showing that the receipt of the credit is a major factor in the applicant's decision to locate the accredited production in Illinois.

e)~~f)~~ Training Programs

In order to qualify for a credit, the applicant must advise the Department whether it *intends to participate in training, education, and recruitment programs*, if available, *that are organized in cooperation with Illinois colleges and universities, labor organizations, and the motion picture industry and are designed to promote and encourage the training and hiring of Illinois residents who represent the diversity of the Illinois population.* [30 ILCS 16~~15~~/30(a)(4)]

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 528.62 Economic Impact Data

The~~Each quarter, the~~ applicant or its representative shall use its best efforts in submitting its economic information to the Department related to the following:

a) Jobs Created and Retained. This information shall document the number of jobs created and retained for production, talent and vendor type jobs. Additionally, with respect to the production type of jobs, the applicant must use its best efforts to supply information disclosing the number of production type jobs created and/or retained and whether the production type jobs were entry, management or skilled labor.

b) Production Costs. This information shall document the amount of production costs in various industries in Illinois. Industry production costs include, but are not limited to, vendor expenditures for catering, dry cleaning, janitorial services, maid services, security, transportation, etc.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 528.63 Diversity Impact Data

The~~Each quarter, the~~ applicant or its representative shall use it best efforts in submitting its diversity information to the Department related to gender and ethnicity of all employees hired and the business ownership status of vendors hired. This information shall include job creation number for:

a) Production staff and crew;

b) Entry level positions;

c) Management positions;

d) Talent related positions; and

e) Vendors (ownership status, i.e., businesses owned by minorities, females and persons with disabilities).

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 528.70 Request for Tax Credit Certificate

The applicant may request a tax credit certificate from the Department certifying the actual amount of the credit awarded to the applicant at any time following the completion of the accredited production, but in no event later than 2 years following the completion of the production. In a case where a single application was filed for two or more productions, a single tax credit certificate may, at the request of the applicant, be issued for more than one production. The tax credit will be issued upon the Department's verification of all costs submitted as qualifying as the applicant's Illinois labor expenditures and verification that the applicant has met or made good-faith efforts in achieving the goals of the diversity plan included with its application as described in Section 528.20 of this Part.

a) If an accredited production is not completed prior to the close of the applicant's taxable year, at the election of the applicant, a tax credit certificate dated as of the last day of the taxable year may be used for Illinois labor expenditures incurred during that taxable year or within 60 days after the close of that taxable year or Illinois production spending incurred during that taxable year. (Section 10 of the Act)

~~b)~~ ~~In the case of an accredited production commencing before May 1, 2006, in which some Illinois labor expenditures are incurred in a taxable year of the applicant and some are incurred more than 60 days after the close of that taxable year:~~

~~1)~~ ~~The applicant may request a single tax credit certificate for all Illinois labor expenditures incurred. If all Illinois labor expenditures are incurred not later than 60 days after the close of the last full taxable year of production, the tax credit certificate may be dated as of the last day of that taxable year as provided in subsection (a); or~~

~~2) The applicant may submit a separate request for a tax credit certificate for each taxable year in which Illinois labor expenditures are incurred. Each request may, at the applicant's election, include Illinois labor expenditures incurred no later than 60 days after the end of the tax year as provided in subsection (b)(1) or only those Illinois labor expenditures incurred in the taxable year; provided that no Illinois labor expenditure may be claimed or allowed on more than one request.~~

b)~~e)~~ In the case of an accredited production commencing on or after May 1, 2006, in which some Illinois production spending is incurred in a taxable year of the applicant and some is incurred after the close of that taxable year:

1) The applicant may request a single tax credit certificate for all Illinois production spending incurred; or

2) The applicant may submit a separate request for a tax credit certificate for each taxable year in which Illinois production spending is incurred.

c)~~d)~~ With each request for a tax credit certificate filed on or after the effective date of this rulemaking, the applicant shall provide:

1) An itemized statement of the Illinois labor expenditures or Illinois production spending for which the credit is claimed and of Illinois labor expenditures generated by the employment of residents of geographic areas of high poverty or high unemployment for which additional credit is claimed;

2) Copies of the books and records of the applicant for the accredited production, showing the Illinois labor expenditures or Illinois production spending for which the credit is claimed, and all documentation necessary to support its computation; and

3) An attestation by a certified public accountant, in the form prescribed by the Department, that the computations are supported by the copies of the books, records and other documents of the applicant that are attached to the request and that the certified public accountant has examined the books, records and other documents according to procedures agreed upon by the Department. The attestation and examination must be performed by a certified public accountant:

A) who is qualified and independent of the applicant within the principles of Statements on Standards of Attestation Engagements issued by the American Institute of Certified Public Accountants~~the Securities and Exchange Commission regulations at 17 CFR 210.2-01~~; and

B) whose engagement to provide the attestation was approved by the Department before work on the engagement was commenced.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 528.75 Amount and Duration of Tax Credit

~~a)~~ ~~For tax years beginning on or after January 1, 2004, a person who has been awarded a credit under the Act is entitled to claim the credit against the taxes imposed under Section 201(a) and (b) of the Illinois Income Tax Act [35 ILCS 5/201(a) and (b)] in an amount determined by the Department. If the applicant is a partnership or Subchapter S corporation, the credit is allowed to the partners or shareholders in accordance with the determination of income and distributive share of income under sections 702 and 704 and Subchapter S of the Internal Revenue Code (26 USCA 702 and 704). For tax years ending prior to July 11, 2005 (the effective date of Public Act 94-0171), the credit may not be carried forward or back. For tax years ending on or after July 11, 2005,~~ ~~*if the amount of the credit exceeds the tax liability for the year, the excess may be carried forward and applied to the tax liability of the 5 taxable years following the excess credit year. The credit shall be applied to the earliest year for which there is a tax liability. If there are credits from more than one tax year that are available to offset a tax liability, the earlier credit shall be applied first.*~~ ~~In no event shall a credit under the Act reduce the taxpayer's liability to less than zero. [35 ILCS 5/213]b)For accredited productions commencing before May 1, 2006, eligible applicants will be awarded~~ ~~*a credit equal to 25% of the Illinois labor expenditures approved by the Department*~~ ~~for an accredited production. In addition, accredited productions approved by the Department after January 1, 2005 will be entitled to an additional 10% film tax credit for the Illinois labor expenditures approved by the Department for employees who earn more than $1,000 on the production and live in geographic areas of high poverty or high unemployment in Illinois. (Section 10 of the Act)c)For accredited productions commencing on or after May 1, 2006, eligible applicants will be awarded~~ ~~*a credit equal to 20% of the Illinois*~~

~~*production spending approved by the Department plus 15%* of Illinois labor expenditures approved by the Department for employees who earn more than $1,000 on the production and live in geographic areas of high poverty or high unemployment in Illinois. (Section 10 of the Act)~~For accredited productions commencing on or after January 1, 2009, eligible applicants will be awarded *a credit equal to 30% of the Illinois production spending approved by the Department plus 15%* of Illinois labor expenditures approved by the Department for employees who earn more than $1,000 on the production and live in geographic areas of high poverty or high unemployment in Illinois. (Section 10 of the Act)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULE

1) Heading of the Part: Illinois Live Theater Production Tax Credit Program

2) Code Citation: 14 Ill. Adm. Code 532

3)

Section Numbers:	Proposed Action:
532.10	New
532.20	New
532.30	New
532.40	New
532.50	New
532.60	New
532.70	New
532.80	New
532.90	New
532.100	New
532.110	New
532.120	New

4) Statutory Authority: Implementing and authorized by the Illinois Live Theater Production Credit Act [35 ILCS 17]

5) A Complete Description of the Subjects and Issues Involved: This rulemaking is being proposed for Illinois Live Theater Tax Credit Program for the purpose of preserving and expanding the existing workforce in Illinois and supporting the live theater industry in Illinois.

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: None

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: The rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandate Act [30 ILCS 805/36].

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULE

12) Comments regarding these rules shall be presented within 45 days after the date of this issue of the *Illinois Register* in writing to:

Jolene Clarke
Rules Administrator
Department of Commerce and Economic Opportunity
500 East Monroe
Springfield, IL 62701

217/557-1820
217/524-3701
jolene.clarke@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses and small municipalities affected: None

B) Reporting, bookkeeping or other procedures required for compliance: 30 ILCS 17/10-50

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: the Department did not anticipate the changes.

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

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULE

TITLE 14: COMMERCE
CHAPTER I: DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

PART 532
ILLINOIS LIVE THEATER PRODUCTION TAX CREDIT PROGRAM

Section
532.10 Purpose
532.20 Definitions
532.30 Live Theater Tax Credit Directives
532.40 Live Theater Tax Credit Amount
532.50 Application for Accredited Theater Production Certificate
532.60 Approval/Denial of Accredited Theater Production Certificate
532.70 Request for Theater Tax Credit Award
532.80 Approval/Denial of Theater Tax Credit Award
532.90 Calculation of Theatre Tax Credit Award
532.100 Live Theater Tax Credit Program Evaluation and Report to Illinois General Assembly
532.110 Transfer of Theater Tax Credit Award
532.120 Confidentiality of Documents and Record Retention Requirements

AUTHORITY: Implemented and authorized by the Illinois Live Theater Production Credit Act [35 ILCS 17].

SOURCE: Adopted at 36 Ill. Reg. _____, effective _____.

Section 532.10 Purpose

The Department shall make live theater tax credit awards under the Illinois Live Theater Production Credit Act (Act) for the purpose of preserving and expanding the existing work force in Illinois, supporting the live theater industry in Illinois, promoting tourism in Illinois and stimulating economic development in Illinois. Moreover, *it shall be the policy of this State to promote and encourage the training and hiring of Illinois residents who represent the diversity of the Illinois population through the creation and implementation of training, education and recruitment programs organized in cooperation with Illinois colleges and universities, labor organizations and the commercial for-profit live theater industry.* [35 ILCS 17/10-5]

Section 532.20 Definitions

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULE

The following definitions are applicable to this Part:

"Accredited Theater Production" means a for-profit live stage presentation in a qualified production facility, as defined in this Section, that is either a pre-Broadway production or a long-run production for which the aggregate Illinois labor and marketing expenditures exceed $100,000. [35 ILCS 17/10-10]

"Accredited Theater Production Certificate" means a Certificate issued by the Department certifying that the production is an accredited theater production that meets the guidelines of this Act. [35 ILCS 17/10-10]

"Act" means the Illinois Film Production Services Tax Credit Act. [35 ILCS 17/10-1]

"Applicant*" means:*

a taxpayer that is a theater producer, owner, licensee, operator, or presenter that is presenting or has presented a live stage presentation located within the State of Illinois who:

owns or licenses the theatrical rights of the stage production period; or

has contracted or will contract directly with the owner or licensee of the theatrical rights or a person acting on behalf of the owner or licensee to provide live performances of the production.

An applicant that directly or indirectly owns, controls, or operates multiple qualified production facilities shall be presumed to be and considered for the purposes of this Act to be a single applicant; provided, however, that as to each of the applicant's qualified production facilities, the applicant shall be eligible to separately and contemporaneously apply for and obtain accredited theater production certificates, stage accredited theater productions, and apply for and receive a tax credit award certificate for each of the applicant's accredited theater productions performed at each of the applicant's qualified production facilities. [35 ILCS 17/10-10]

"Broadway's Theater District" means the theatre district located in Midtown Manhattan New York and shall include any theater with more than 500 seats that

the American Theater Wing and the Broadway League have deemed eligible for the Tony Awards or any theatres that appear on the Broadway box-office charts.

"Department" means the Illinois *Department of Commerce and Economic Opportunity.* [35 ILCS 17/10-10]

"Director" means the Director of the Department. [35 ILCS 17/10-10]

"Diversity Data or Information" means data pertaining to gender, race, ethnicity and disability of all employees of the applicant.

"Diversity Plan" means a written document through which the applicant assures the Department that minorities, females, and persons with disabilities will have equal opportunities in recruitment, selection, appointment, promotion, training and related employment areas in the accredited production. The diversity plan must also describe the manner in which the applicant plans on hiring vendors certified by the Business Enterprise Council under the Business Enterprise for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575] with respect to the accredited production. The diversity plan must also detail the manner in which the applicant proposes to achieve its goals to ensure employment of protected classes to achieve a diverse workforce rather than merely to assure nondiscrimination.

"Economic Impact Data" means data pertaining to the types of jobs (production, talent and vendor) created and retained in Illinois as well as the total amount an applicant spends in Illinois on the accredited theater production.

"Employee" means any individual who is an employee of the applicant for purposes of employment taxes imposed under Subtitle C of the Internal Revenue Code, any production staff or crew and any individual in a non-talent position.

"Female-Owned Business" *means a business concern* that *is at least 51% owned by one or more females, or, in the case of a corporation, at least 51% of the stock is owned by one or more females, and the management and daily business operations of which are controlled by one or more of the females who own it*. [30 ILCS 575/2(A)(4)]

"Illinois labor expenditure" means gross salary or wages including, but not limited to, taxes, benefits and any other consideration incurred or paid to

non-talent employees of the Applicant for services rendered to and on behalf of the accredited theater production*. To qualify as an Illinois labor expenditure, the expenditure must be*:

incurred or paid by the Applicant on or after the effective date of the Act for services related to any portion of an accredited theater production *from its pre-production stages, including, but not limited to, the writing of the script, casting, hiring of service providers, purchases from vendors, marketing, advertising, public relations, load in, rehearsals, performances, other accredited theater production related activities and load out;*

directly attributable to the accredited theater production*;*

limited to the first $100,000 of wages incurred or paid to each employee of an accredited theater production in each tax year;

included in the federal income tax basis of the property;

paid in the tax year for which the applicant is claiming the tax credit award, or no later than 60 days after the end of the tax year;

paid to persons residing in Illinois at the time payments were made; and

reasonable in the circumstances. [35 ILCS 17/10-10]

"Illinois Production Spending" means any and all expenses directly or indirectly incurred relating to an accredited theater production presented in any Qualified Production Facility of the applicant and associated to the performance run in that qualified production facility*, including, but not limited to, expenditure* for*:*

national marketing, public relations and the creation and placement of print, electronic, television, billboard and other forms of advertising; and

the construction and fabrication of scenic materials and elements; provided, however that the maximum amount of expenditures attributable to the construction and fabrication of scenic materials and elements eligible for a tax credit award shall not exceed $500,000 per Applicant per production in any single tax year. [35 ILCS 17/10-10]

"Illinois Resident" means an individual who is domiciled in this State during the accredited theater production. Except in a case when the applicant has actual knowledge, as shown in its books and records, that an individual is not an Illinois resident, the possession by an individual of an Illinois driver's license or other identification issued by this State prior to the commencement of the accredited theater production shall be sufficient proof that the individual is an Illinois resident and the address on the license or identification shall be deemed correct.

"Long-run Production" means a live stage production that is performed in a qualified production facility for longer than 8 weeks, with at least 6 performances per week, and includes a production that spans the end of one tax year and the commencement of a new tax year that, in combination, meets the criteria set forth in this definition making it a long-run production eligible for a theater tax credit award in each tax year or portion thereof. [35 ILCS 17/10-10)]

"Minority" means *a person who is a citizen or lawful resident of the United States and who* is *African American (a person having origins in any of the black racial groups in Africa); Hispanic (a person of Spanish or Portuguese culture with origins in Mexico, South or Central America or the Caribbean Islands, regardless of race); Asian American (a person having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent or the Pacific Islands); or Native American or Alaskan Native (a person having origins in any of the original peoples of North America)*. [30 ILCS 575/2(A)(1)]

"Minority-Owned Business" means a business concern that is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock is owned by one or more minority persons, and the management and daily business operations of which are controlled by one or more of the minority individuals who own it. [30 ILCS 575/2(A)(3)]

"Non-Talent" means any person that is not a performer. A performer includes, but is not limited to, principal actors, ensemble actors, understudies, swings and members of the orchestra ensemble that are part of the theatrical performance.

"Person with a Disability" means a person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled under Section 2(A)(2.1) of the Business Enterprise for Minorities, Females, and Person with Disabilities Act. [30 ILCS 575/2(A)(2.05]

"Pre-Broadway Production" means a live stage production that, in its original or adaptive version, is performed in a Qualified Production Facility having a presentation scheduled for Broadway's Theater District in New York City within 12 months after its Illinois presentation. [35 ILCS 17/10-10]

"Qualified Production Facility" means a existing and permanent *facility located in the State in which live theatrical productions are, or are intended to be, exclusively presented that contains at least one stage, a seating capacity of 1,200 or more seats, and dressing rooms, storage areas and other ancillary amenities necessary for the accredited theater production.* [35 ILCS 17/10-10]

"State" means the State of Illinois.

"Tax year" means a calendar year for the period January 1 to and including December 31. [35 ILCS 17/10-10]

"Theater *Tax Credit Award" means the issuance to a taxpayer by the Department of a tax credit award in conformance with Sections 10-40 and 10-45 of* the *Act*. [35 ILCS 17/10-10]

"Training Plan" means a written document through which the applicant pledges to provide training, education and recruitment in accordance with the Act.

"Vendor" means an Illinois based supplier of any goods or services. Expenditures for purchases of tangible personal property or services from a Vendor shall mean:

> Purchases of tangible personal property for use in Illinois on an accredited theater production from a person who is registered under the Illinois Retailers' Occupation Tax Act. [35 ILCS 120] A copy of the purchase receipt showing that the purchase was made at an Illinois location and that Illinois Retailers' Occupation Tax was paid shall be sufficient proof that the purchase was made from a vendor in Illinois. For tangible personal property ordered by mail, telephone or internet, a copy of the seller's Retailers' Occupation Tax Act registration certificate along with a receipt showing that Illinois Use Tax was collected by the vendor shall be sufficient proof that the purchase was made from a vendor in Illinois. Documentation that shows that Illinois Use Tax was collected by the vendor, but either does not show an Illinois address for the sale or is not

accompanied by a Retailers' Occupation Tax Act registration certificate, shall not be sufficient proof that the purchase was made from a vendor in Illinois.

The lease or rental of real property located in Illinois for use in an accredited theatre production, including hotels or other lodging for employees working on the accredited theater production.

The lease or rental of an automobile (as defined in the Illinois Automobile Renting Occupation and Use Tax Act) [35 ILCS 155] for use in an accredited production on which the rentor collects the Illinois Automobile Renting Occupation and Use Tax from the rentee.

The lease or rental of other tangible personal property for use in an accredited theater production if the owner of the property has paid Illinois Use Tax on the property. A copy of the invoice or receipt for the lease or rental showing an Illinois address for the lessor, and showing that no other state's sales tax is collected from the lessee shall be sufficient proof that the transaction was with an vendor in Illinois.

The purchase of financial services (including insurance and the borrowing of funds) from a lender or insurer whose commercial domicile is in this State.

The purchase of other services with respect to an accredited the production from an Illinois resident or from a person whose commercial domicile is in this State. For purposes of this definition only, the commercial domicile of a person is in this State if the person's business address (as shown in the records of the applicant) is in this State.

"Vendor-Related Positions" means jobs obtained or created through a subcontractor, which includes, but is not limited to, security, janitorial, printing, florist, dry cleaners and limousine services.

Section 532.30 Live Theater Tax Credit Directives

a) For taxable years beginning on and after January 1, 2012, subject to the limitations and requirements provided in the Act*, an Applicant is entitled to a* theater tax credit award *as approved by the Department for qualifying Illinois*

labor expenditures and Illinois production spending for each tax year in which the Applicant is awarded an accredited theater production certificate issued by the Department. [35 ILCS 17/10-20]

b) *In accordance with the purpose of the Act, Credits shall be awarded on a first-come, first served basis* as described in Section 532-40(c). [35 ILCS 17/10-20]

c) *To accomplish the purposes of* the *Act, the Department may use the training programs provided under Section 605-800 of the Department of Commerce and Economic Opportunity Law of the Civil Administrative Code of Illinois.* [35 ILCS 17/10-35]

Section 532.40 Live Theater Tax Credit Amount

a) The maximum monetary *amount of tax credits awarded pursuant to the Act shall not exceed* the actual amount as directed in the Act *in any State fiscal year.* [35 ILCS 17/10-20]

b) Each theater tax credit award shall be limited to $500,000 per accredited theater production per tax year in an effort to provide overall support to the live theater industry in Illinois.

c) If applications for theater tax credits exceed the maximum monetary cap amount, for credits established by the Act, credits shall be awarded on a first-come first-served basis, based on the date on which each properly completed application for an accredited theater production certificate is received by the Department. If more than one application for accredited theater production certificate is received on the same day, the credits will be awarded based on the time of submission on that particular day.

d) If an accredited theater production receives only a portion of the theater tax credit award to which the Department has determined it is entitled due to the annual fiscal cap on the amount of credits that can be awarded, the accredited theater production shall be eligible to receive the remainder of its credit in the subsequent tax year. If an accredited theater production does not receive any theater tax credit award due to the annual fiscal cap on the amount of credits that can be awarded, the accredited theater production shall not be entitled to any theater tax credit award in the subsequent tax years.

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULE

Section 532.50 Application for Accredited Theater Production Certificate

a) In order to obtain a theater tax credit award, an applicant must first receive an accredited theater production certificate establishing that the applicant has satisfied the requirements of the Act and this Part.

b) *In order to qualify for a* theater tax credit award *under* the *Act, an Applicant must file an application, on forms prescribed by the Department, providing information necessary to calculate the tax credit award and any additional information as reasonably required by the Department.* [35 ILCS 17/10-40(a)] The Department shall accept applications that are only submitted electronically via the standard application form provided by the Department. The applicant will be required to provide information including, but not limited to, the following:

1) Legal name, address and telephone number of applicant.

2) Whether the applicant is:

A) Theater producer;

B) Owner;

C) Licensee;

D) Operator; or

E) Presenter.

3) Name, title and telephone number of the primary contact person.

4) Type of business entity:

A) Individual or sole proprietorship;

B) Partnership;

C) Corporation;

D) Subchapter S corporation;

E) Limited liability company; or

F) Other (applicant will provide description).

5) Date of incorporation or formation.

6) Federal Employer Identification Number (FEIN) or Tax Identification Number (TIN).

7) Production title, and, if the production is a:

A) Pre-Broadway production; or

B) Long-run production.

8) Estimated opening night of the production run and estimated number of performances in Illinois.

9) Estimated total budget of production.

10) Estimated total Illinois labor expenditure.

11) Estimated number of Illinois residents to be hired to work on the production.

12) For a Pre-Broadway production, applicant must provide tangible evidence that the production is scheduled to be performed in Broadway's Theater District within 12 months after the end of the Illinois run.

13) The applicant must certify that it is and will remain in good standing with applicable State authorities, it is not currently operating under, or subject to, any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the applicant's knowledge, that it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority. Should the applicant become the subject of an investigation by any state or federal regulatory, law enforcement or legal authority, the applicant shall promptly notify the Department of that investigation. The applicant acknowledges that should

it become delinquent in its good standing status with any applicable state authority or if it later becomes subject to a cease and desist order, memorandum of understanding, or found in violation pursuant to any regulatory action or any court action or proceeding before any administrative agency, that the Department is authorized to deny the applicant's request for a accredited theater production certificate.

c) An application must be submitted to the Department no sooner than 180 calendar days prior to the opening of ticket sales for the accredited theater production and no later than the last business day prior to the opening of the accredited theater production.

d) The Department will evaluate applications for accredited theater production certificates from eligible applicants in accordance with the following requirements:

1) *The Applicant intends to make the expenditure in the State.* [35 ILCS 17/10-30]

2) *The Applicant's Accredited Theater Production is economically sound and will benefit the people of the State of Illinois by increasing opportunities for employment and will strengthen the economy of Illinois.* [35 ILCS 17/10-30]

3) A suitable diversity plan has been created by the applicant and *the following requirements related to the implementation of a diversity plan have been met: the Applicant has filed with the Department a diversity plan outlining specific goals for hiring Illinois labor expenditure eligible minority persons and females, as defined in the Business Enterprise for Minorities, Females, and Persons with Disabilities Act, and for using vendors receiving certification under the Business Enterprise for Minorities, Females, and Persons with Disabilities Act; the Department has approved the plan as meeting the requirements established by the Department and verified that the Applicant has met or made good faith efforts in achieving those goals; and the Department has adopted any rules that are necessary to ensure compliance with the provisions set forth in this* subsection (d)(3) *and necessary to require that the Applicant's plan reflects the diversity of the population of this State.* [30 ILCS 17/10-30(a)(3)]

4) The applicant's accredited theater production application provides a detailed training plan to participate in training, education and recruitment programs that are organized in cooperation with at least one of the following: Illinois colleges and universities; labor organizations; and the holders of accredited theater production certificates. Training plans and are designed to promote and encourage the training and hiring of Illinois residents who represent the diversity of Illinois. [35 ILCS 17/10-30(a)(4)]

5) The applicant illustrates evidence of a competitive need for credit. *If not for the* theater tax credit award*, the Applicant's Accredited Theater Production would not occur in Illinois, which may be demonstrated by any means, including, but not limited to, evidence that: the Applicant, presenter, owner, or licensee of the production rights has other state or international location options at which to present the production and could reasonably and efficiently locate outside of the State; at least one other state or nation could be considered for the production; the receipt of the* theater tax credit award *is a major factor in the decision of the Applicant, presenter, production owner or licensee as to where the production will be presented and that without the* theater tax credit award *the Applicant likely would not create or retain jobs in Illinois; or receipt of the* theater tax credit award *is essential to the Applicant's decision to create or retain new jobs in the State.* [35 ILCS 17/10-30(a)(5)]. The Department maintains sole discretion to review any information, materials or evidence to determine whether an applicant has established a competitive need for the credit in accordance with the Act.

6) *The* theater tax credit award *will result in an overall positive impact to the State, as determined by the Department using the best available data.* [35 ILCS 17/10-30]

e) The applicant is responsible for the accuracy of all data, information and documentation included in the application. Once submitted, applications shall become the property of the Department.

f) Upon written request, the applicant shall issue any necessary authorization to the appropriate federal, State or local authority for the release of information concerning a production being considered under this Part, including, but not

limited to, financial reports and records relating to the applicant or the accredited theater production for which the theater tax credit award is requested.

g) The Department is not responsible for any errors or delays in providing an application denial or approval caused by errors in any of the application information provided by the applicant or by any technical problems beyond the Department's control.

h) Prior to substantive evaluation of an application for an accredited theater production certificate, the Department shall review all applications to determine that all required information and documentation has been provided. Applicants will be notified, in writing, of any application deficiencies and will be allowed 5 business days to correct those deficiencies through submission of additional documentation. If the applicant successfully cures any deficiencies within the 5-day period, the applicant will keep its numeric place in the queue. If an applicant does not correct the application deficiencies within 5 business days, then the Department may treat the application as newly submitted for purposes of determining the priority of applications and the applicant will lose its numeric place in the queue.

i) The Department will provide interested applicants with information upon request and also be available via the Department's website. Submittal of an application does not commit the Department to award assistance or to pay any costs incurred by the applicant in the preparation of an application.

Section 532.60 Approval/Denial of Accredited Theater Production Certificate

a) The Department reserves the right to make inquiries, to conduct studies and to review information with respect to the application. The Department also reserves the right to request information from the applicant that is necessary to calculate the amount of the theater tax credit award.

b) The Department reserves the right to reject any application that does not comply with the statutory requirements of the Act and this Part. Upon receipt of an application, the Department shall review the application for completeness and approve or deny it within a reasonable time from the date of receipt. Applications are subject to final approval by the Director of the Department.

c) Applicants shall be notified in writing as to the Department's evaluation of all completed applications. If the Department denies an application for an accredited theater production certificate, it will specify the reasons for denial in writing. All decisions made by the Department are deemed absolute and not subject to an appeal process.

d) Upon approval of an application, the Department will issue an accredited theater production certificate certifying that the production is an accredited theater production that meets the statutory requirements of the Act and this Part. Each accredited theater production certificate will be assigned a number to establish the applicant's place in the queue for the relevant tax year.

e) When the Department issues an accredited theater production certificate, this certificate does not automatically entitle the applicant to a theater tax credit award.

Section 532.70 Request for Theater Tax Credit Award

a) After an applicant has received an accredited theater production certificate, it can request a theater tax credit award from the Department. In accordance with the Act, the theater tax credit award shall only be awarded to an applicant if:

1) The total amount of theater tax credit awards awarded pursuant to the Act has not exceeded the annual fiscal maximum monetary cap amount.

2) The applicant successfully demonstrates to the Department that it complied with its diversity plan or that it made good-faith efforts to comply with its diversity plan.

3) The applicant successfully demonstrates to the Department that it fulfilled its training plan or that it made good-faith efforts to comply with its training plan.

b) An applicant with an accredited theater production certificate shall provide the following with its request for a theater tax credit award:

1) An itemized statement of the Illinois labor expenditures or Illinois production spending for which the credit is claimed and of Illinois labor expenditures generated by the employment of residents of geographic

areas of high poverty or high unemployment for which additional credit is claimed;

2) Copies of the books and records of the applicant for the accredited Theater production, showing the Illinois labor expenditures or Illinois production spending for which the credit is claimed, and all documentation necessary to support its computation; and

3) Independent Accountant's Report

A) An independent accountant's report, prepared by a certified public accountant, in the form prescribed by the Department, that is supported by the copies of the books, records and other documents of the applicant that are attached to the request. The certified public accountant must attest that he or she has examined the books, records and other documents according to procedures agreed upon by the Department. The attestation and examination must be performed by a certified public accountant:

i) who is qualified and independent of the applicant within the principles of the Securities and Exchange Commission regulations at 17 CFR 210.2-01; and

ii) whose engagement to provide the attestation was approved by the Department before work on the engagement is commenced.

B) An independent accountant's report must be submitted to the Department within 60 calendar days after the end of the Illinois production run. If the independent accountant's report is not received by the Department, the applicant will forfeit its place in the queue.

c) A request for a theater tax credit award must be made to the Department by March 1 in order to claim a theater tax credit for expenditures in the prior tax year.

Section 532.80 Approval/Denial of Theater Tax Credit Award

a) When an applicant submits its request for a theater tax credit award, the Department will review and verify the applicant's final diversity hiring numbers for crew, vendors and talent to determine whether it met the goals outlined in its diversity plan before issuing the theater tax credit award.

b) In the event the applicant fails to meet the goals of its diversity plan, the applicant must then demonstrate it made good-faith efforts to achieve its diversity goals in order to receive a theater tax credit award. To be considered, the applicant must submit an affidavit attesting to its good-faith efforts. Good-faith efforts that the Department will consider include, but are not limited to, documentation demonstrating that the applicant communicated (written correspondence, phone call, email, meetings) with minority, female and disabled vendors, applicable unions and talent and workforce agencies/entities. The applicant may also submit any other documentation to the Department demonstrating its good-faith attempts.

Section 532.90 Calculation of Theater Tax Credit Award

a) *The* theater tax credit award *shall be calculated each tax year based upon the filing by the applicant on forms prescribed by the Department containing information regarding qualifying and quantified Illinois labor expenditures, as defined in Section 10-10, net of the limitation in that Section, and Illinois production spending, as defined in Section 10-10, net of the limitation in that Section. From the amount calculated, the applicant shall be entitled to receive a tax credit award of up to:*

1) *20% of the Illinois labor expenditures for each tax year; plus*

2) *20% of the Illinois production spending for each tax year; plus*

3) *15% of the Illinois labor expenditures generated by the employment of Illinois residents in geographic areas of high poverty or high unemployment in each tax year, as determined by the Department.* [35 ILCS 17/10-45]

b) The theater tax credit award shall not exceed $500,000 for any accredited theater production.

c) If an accredited theater production receives only a portion of the theater tax credit award to which the Department has determined it is entitled due to the annual

fiscal cap on the amount of credits that can be awarded, the accredited theater production shall be eligible to receive the remainder of its credit in the next tax year. If an accredited theater production does not receive any theater tax credit award due to the annual fiscal cap on the amount of credits that can be awarded, the accredited theater production shall not be entitled to any theater tax credit award in the following tax years.

d) The *Theater Tax Credit Award shall state the amount of the tax credit award to which the Applicant is entitled for that tax year and shall contemporaneously notify the Applicant and Illinois Department of Revenue in accordance with Section 222 of the Illinois Income Tax Act* [35 ILCS 5/222]. [35 ILCS 17/10-40]

Section 532.100 Live Theater Tax Credit Program Evaluation and Report to Illinois General Assembly

a) In determining whether the live theater tax credit program is effective in creating and retaining jobs in Illinois, the Department is responsible for determining the overall success of the program. Correspondingly, on a quarterly basis, the Department is required to advise the Illinois General Assembly of the live theater tax credit program's economic impact. The Department's evaluation shall include:

1) *An assessment of the effectiveness of the program creating and retaining new jobs in Illinois;*

2) *An assessment of the revenue impact of the program;*

3) *In the discretion of the Department, a review of the practices and experiences of other states or nations with similar programs; and*

4) *An assessment of the overall success of the program. The Department may make a recommendation to extend, modify, or not extend the program based on the evaluation.* [35 ILCS 17/10-50]

b) *At the end of each fiscal quarter, the Department shall submit to the General Assembly a report that includes, without limitation:*

1) *An assessment of the economic impact of the program, including the number of jobs created and retained, and whether the job positions are entry level, management, vendor, or production related;*

2) *The amount of accredited theater production spending brought to Illinois, including the amount of spending and type of Illinois vendors hired in connection with an accredited theater production; and*

3) *A determination of whether those receiving qualifying Illinois labor expenditure salaries or wages reflect the geographical, racial and ethnic, gender, and income level diversity of the State of Illinois.* [35 ILCS 17/10-50(b)]

c) *At the end of each fiscal year, the Department shall submit to the General Assembly a report that includes, without limitation:*

1) *The identification of each vendor that provided goods or services that were included in an accredited theater production's Illinois production spending;*

2) *A statement of the amount paid to each identified vendor by the accredited theater production and whether the vendor is a minority or female owned business as defined in Section 2 of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act; and*

3) *A description of the steps taken by the Department to encourage accredited theater productions to use vendors who are minority or female owned businesses.* [35 ILCS 17/10-50(c)]

Section 532.110 Transfer of Theater Tax Credit Award

a) *A sale, assignment, or transfer of the credit may be made by the taxpayer earning the credit within one year after the credit is awarded in accordance with* this Part. [35 ILCS 5/222(c)].

b) For purposes of this Section, a tax credit is earned on the date that the theater tax credit award is issued under Section 532.80.

c) For purposes of this Section, a tax credit earned by *a partnership, limited liability company or Subchapter S corporation, the tax credit is allowed to the partners, unit holders, or shareholders in accordance with the determination of income and*

distributive share of income under Sections 702 and 704 and Subchapter S of the Internal Revenue Code. [35 ILCS 5/222(b)].

d) *The tax credit award may not be carried back. If the amount of the credit exceeds the tax liability for the year, the excess may be carried forward and applied to the tax liability of the five (5) years following the excess credit year. The tax credit award shall be applied to the earliest year for which there is a tax liability. If there are credits from more than one tax year that are available to offset liability, the earlier credit shall be applied first. In no event may a credit under this Section reduce the taxpayer's liability to less than zero*. [35 ILCS 5/222(e)]

e) Transfer of a theater tax credit certificate shall be made as follows:

1) The applicant earning the credit shall request the transfer from the Department, in writing, identifying the transferees (name, tax identification number, mailing address) and the amount to be transferred, and the applicant shall return the theater tax credit certificate to the Department, together with its transfer request.

2) A request for transfer may be submitted with the applicant's request for the theater tax credit certificate under Section 532.80, in which case the Department may issue the requested certificates of transfer in lieu of the tax credit certificate.

3) If the transfer request is timely and meets the requirements of this Section, the Department shall issue a certificate of transfer, identifying the original theater tax credit certificate and stating the amount of the credit transferred.

4) If the applicant earning the credit transfers less than the full amount of the credit, the Department shall issue a certificate of transfer to the applicant identifying the original theater tax credit certificate and stating the amount of tax credit retained by the applicant.

5) If the person transferring the credit is a partner or shareholder in a partnership or Subchapter S corporation that earned the credit, that person shall submit to the Department, in lieu of the original theater tax credit certificate, copies of the tax credit certificates and copies of the Schedule

K-1-P received by that person from the partnership or Subchapter S corporation stating that person's share of the credit.

Section 532.120 Confidentiality of Documents and Record Retention Requirements

a) *Any documentary materials or data made available or received from an Applicant by any agent or employee of the Department are confidential and are not public records to the extent that the materials or data consist of commercial or financial information regarding the operation of or the production of the Applicant or recipient of any tax credit award under* the *Act.* [35 ILCS 17/10-55]. The Department will not permit public inspection or copying of any material that is or would be confidential under State law, specifically including the exemptions set forth in the Freedom of Information Act [5 ILCS 140].

b) In accordance with the Act, an applicant is r*equired at all times keep proper books and records of accounts relating to the tax credit award, in accordance with generally accepted accounting principles consistently applied, and make, upon reasonable written request by the Department, those books and records available for reasonable Department inspection and audit during the Applicant's normal business hours. Any documents or data made available to or received from the Applicant by any agent, employee, officer, or service provider to the Department shall be deemed confidential and shall not constitute public records to the extent that the documents or data consist of commercial or financial information regarding the operation by the Applicant of any theater or any accredited theater production, or any recipient of any tax credit award under this Act*. [35 ILCS 17/10-15(5)]

c) If an applicant submits information it considers to be of a confidential nature as part of its application or request for a tax credit certificate, that information shall be marked or labeled "CONFIDENTIAL". The applicant shall also submit a statement briefly setting forth the grounds on which that information should be treated as confidential. The Department, based on the proprietary nature of the material and privacy of the applicant's confidential information, shall not disclose those materials to the public.

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Video Gaming (General)

2) Code Citation: 11 Ill. Adm. Code 1800

3)

Section Numbers:	Proposed Action:
1800.230	Amendment
1800.250	Amendment
1800.260	Amendment
1800.310	Amendment
1800.520	Amendment
1800.830	New Section
1800.1310	New Section

4) Statutory Authority: Authorized by the Video Gaming Act [230 ILCS 40], specifically Section 78 (a) (3) of that Act [230 ILCS 40/78 (a) (3)]

5) A Complete Description of the Subjects and Issues Involved: The present rulemaking contains the following provisions:

- Requires licensed manufacturers to make the odds of winning for each video gaming terminal available on the terminal's video monitor and accessible from a clear and conspicuous help button or touch screen icon.

- Provides that the duties currently imposed upon licensed technicians by Section 1800.260 also apply to licensed terminal handlers. These duties include: prompt notification of electronic or mechanical malfunctions or problems; prompt notification of unauthorized or illegal video gaming locations or terminals; verification of licensure before the performance of service, maintenance, or repair of a terminal; compliance with Board specifications and technical requirements; and carrying and display of identification issued by the Board.

- Requires both licensed technicians and licensed terminal handlers to maintain a video gaming terminal access log for each video gaming terminal, documenting all access to the terminal.

- Adds as grounds for disciplinary action the following: (i) engaging in unfair methods of competition or unfair or deceptive acts or practices; (ii) failure to maintain minimum qualifications for licensure; and (iii) any cause which, if

known to the Illinois Gaming Board, would have disqualified the applicant from receiving a license.

- Requires the fingerprinting of managers of a licensed location, as well as individuals with a 5% or more direct or indirect interest in the location. Currently, the fingerprinting requirement only applies to individuals required to submit Video Gaming Personal Disclosure Forms.

- Authorizes the Board to waive location restrictions as permitted by Section 25 (h) of the Video Gaming Act [230 ILCS 40/25 (h)] and enumerates factors that the Board may consider in making its determination whether to grant a waiver.

- Adds a new Subpart M requiring the Board, in response to a request from a member of the public, to provide specified information concerning applicants, licensees, and persons with significant influence or control (PSICs). The information that must be supplied includes the following:

    - Name, address, and telephone number;

    - State of incorporation, corporate officers, and identity of shareholders or participants (in the case of businesses which have pending registration statements with the Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more must be provided);

    - Identification of businesses in which the person's equity interest, or the interest of the spouse or child of such person, is 1% or more;

    - Identification, by business entities of any other business entity in which they hold a business interest of 1% or more;

    - Disclosure of indictments, convictions, pleas of guilty or nolo contendere, or forfeiture of bail relating to any criminal offense;

    - All denials, restrictions, suspensions, or non-renewals of licenses in any jurisdiction;

    - Proceedings in bankruptcy and any other formal process to work out the payment of debt;

- Complaints and notices relating to tax delinquencies;
- The names of public officials and their relatives who own any direct or indirect financial or beneficial interest, are creditors, or have a contractual or service relationship with the applicant, licensee, or PSIC;
- All direct and indirect political contributions for the past 5 years; and
- Name and business telephone number of counsel.

The disclosures mandated by the new Subpart do not apply to information barred from disclosure by Section 7 of the Freedom of Information Act [5 ILCS 140] or the statutes, rules, regulations, or intergovernmental agreements of any jurisdiction.

6) Published studies and reports, and underlying sources of 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) Do this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
1800.590	New Section	36 Ill. Reg. 4012, March 16, 2012
1800.1065	New Section	36 Ill. Reg. 4012, March 16, 2012
1800.110	Amendment	36 Ill. Reg. 5935, April 20, 2012
1800.250	Amendment	36 Ill. Reg. 6197, April 27, 2012
1800.270	Amendment	36 Ill. Reg. 6197, April 27, 2012
1800.930	Amendment	36 Ill. Reg. 6197, April 27, 2012
1800.820	New Section	36 Ill. Reg. 9863, July 13, 2012

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate under 30 ILCS 805.

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

12) Time, place and manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit comments in writing concerning this proposed rulemaking not later than 45 days after publication of this Notice in the *Illinois Register* to:

Lynn J. Carter
General Counsel
Illinois Gaming Board
160 North LaSalle Street
Chicago, Illinois 60601

Phone No. (312) 814-7137
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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: The proposed rulemaking will impose no additional requirements.

14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not summarized in a regulatory agenda.

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

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING
SUBTITLE D: VIDEO GAMING
CHAPTER I: ILLINOIS GAMING BOARD

PART 1800
VIDEO GAMING (GENERAL)

SUBPART A: GENERAL PROVISIONS

Section
1800.110 Definitions
1800.115 Gender
1800.120 Inspection

SUBPART B: DUTIES OF LICENSEES

Section
1800.210 General Duties of All Video Gaming Licensees
1800.220 Continuing Duty to Report Violations
1800.230 Duties of Licensed Manufacturers
1800.240 Duties of Licensed Distributors
1800.250 Duties of Licensed Video Terminal Operators
1800.260 Duties of Licensed Technicians and Licensed Terminal Handlers
1800.270 Duties of Licensed Video Gaming Locations

SUBPART C: STANDARDS OF CONDUCT FOR LICENSEES

Section
1800.310 Grounds for Disciplinary Actions
1800.320 Minimum Standards for Use Agreements
1800.330 Economic Disassociation

SUBPART D: LICENSING QUALIFICATIONS

Section
1800.410 Coverage of Subpart
1800.420 Qualifications for Licensure
1800.430 Persons with Significant Influence or Control

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

SUBPART E: LICENSING PROCEDURES

Section
1800.510 Coverage of Subpart
1800.520 Applications
1800.530 Submission of Application
1800.540 Application Fees
1800.550 Consideration of Applications by the Board
1800.555 Withdrawal of Applications
1800.560 Issuance of License
1800.570 Renewal of License
1800.580 Renewal Fees and Dates

SUBPART F: DENIALS OF APPLICATIONS FOR LICENSURE

Section
1800.610 Coverage of Subpart
1800.615 Requests for Hearing
1800.620 Appearances
1800.625 Appointment of Administrative Law Judge
1800.630 Discovery
1800.635 Subpoenas
1800.640 Motions for Summary Judgment
1800.650 Proceedings
1800.660 Evidence
1800.670 Prohibition on Ex Parte Communication
1800.680 Sanctions and Penalties
1800.690 Transmittal of Record and Recommendation to the Board
1800.695 Status of Applicant for Licensure Upon Filing Request for Hearing

SUBPART G: DISCIPLINARY ACTIONS AGAINST LICENSEES

Section
1800.710 Coverage of Subpart
1800.715 Notice of Proposed Disciplinary Action Against Licensees
1800.720 Hearings in Disciplinary Actions
1800.725 Appearances
1800.730 Appointment of Administrative Law Judge
1800.735 Discovery

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

1800.740 Subpoenas
1800.745 Motions for Summary Judgment
1800.750 Proceedings
1800.760 Evidence
1800.770 Prohibition on Ex Parte Communication
1800.780 Sanctions and Penalties
1800.790 Transmittal of Record and Recommendation to the Board

SUBPART H: LOCATION OF VIDEO GAMING TERMINALS IN LICENSED VIDEO GAMING LOCATIONS

Section
1800.810 Location and Placement of Video Gaming Terminals
1800.830 Waivers of Location Restrictions

SUBPART I: SECURITY INTERESTS

Section
1800.910 Approvals Required, Applicability, Scope of Approval
1800.920 Notice of Enforcement of a Security Interest
1800.930 Prior Registration

SUBPART J: TRANSPORTATION AND DISTRIBUTION OF VIDEO GAMING TERMINALS

Section
1800.1010 Restriction on Sale, Distribution, Transfer, Supply and Operation of Video Gaming Terminals
1800.1020 Transportation of Video Gaming Terminals into the State
1800.1030 Receipt of Video Gaming Terminals in the State
1800.1040 Transportation of Video Gaming Terminals Between Locations in the State
1800.1050 Approval to Transport Video Gaming Terminals Outside of the State
1800.1060 Placement of Video Gaming Terminals
1800.1065 Registration of Video Gaming Terminals
1800.1070 Disposal of Video Gaming Terminals

SUBPART K: STATE-LOCAL RELATIONS

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

Section
1800.1110 State-Local Relations

SUBPART L: FINGERPRINTING OF APPLICANTS

Section
1800.1210 Definitions
1800.1220 Entities Authorized to Perform Fingerprinting
1800.1230 Qualification as a Livescan Vendor
1800.1240 Fingerprinting Requirements
1800.1250 Fees for Fingerprinting
1800.1260 Grounds for Revocation, Suspension and Denial of Contract

SUBPART M: PUBLIC ACCESS TO INFORMATION

Section
1800.1310 Public Requests for Information

AUTHORITY: Implementing and authorized by the Video Gaming Act [230 ILCS 40].

SOURCE: Adopted by emergency rulemaking at 33 Ill. Reg. 14793, effective October 19, 2009, for a maximum of 150 days; adopted at 34 Ill. Reg. 2893, effective February 22, 2010; emergency amendment at 34 Ill. Reg. 8589, effective June 15, 2010, for a maximum of 150 days; emergency expired November 11, 2010; amended at 35 Ill. Reg. 1369, effective January 5, 2011; emergency amendment at 35 Ill. Reg. 13949, effective July 29, 2011, for a maximum of 150 days; emergency expired December 25, 2011; amended at 36 Ill. Reg. 840, effective January 6, 2012; amended by emergency rulemaking at 36 Ill. Reg. 4150, effective February 29, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 5455, effective March 21, 2012; amended at 36 Ill. Reg. 10029, effective June 28, 2012; amended at 36 Ill. Reg. _____, effective _____.

SUBPART B: DUTIES OF LICENSEES

Section 1800.230 Duties of Licensed Manufacturers

In addition to all other duties and obligations required by the Video Gaming Act and this Part, each licensed manufacturer has an ongoing duty to comply with the following:

a) Manufacture video gaming terminals and associated video gaming equipment for placement in the State in accordance with the specifications and procedures set forth in the Act, this Part and the technical standards~~or~~ adopted by the Board;

b) Make available the odds of winning for each video gaming terminal on the terminal's video monitor, accessible from a clear and conspicuous help button or touch screen icon. The odds of winning, the manner in which they are calculated, and the allowable payout percentages shall be in accordance with the Act and the technical standards adopted by the Board;

c)~~b)~~ Maintain and provide inventory of associated video gaming equipment for certified video gaming terminals sold by the manufacturer for use in Illinois to ensure the timely repair and continued, approved operation and play of those video gaming terminals;

d)~~c)~~ Provide technical assistance and training in accordance with the Act and this Part;

e)~~d)~~ Comply with the provisions of the Gaming Device Act of 1962 (15 USC 1173);

f)~~e)~~ Obtain all approvals and certifications required by the Video Gaming Act and this Part or as required by the Board; and

g)~~f)~~ Not own, manage or control a licensed establishment, licensed truck stop establishment, licensed fraternal establishment or licensed veterans establishment.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1800.250 Duties of Licensed Video Terminal Operators

In addition to all other duties and obligations required by the Act and this Part, each licensed terminal operator has an ongoing duty to comply with the following:

a) Assume the primary responsibility for the operation and maintenance of video gaming terminals and for payment of tax remittance to the State as required by the Act;

b) Maintain and provide, either directly or through a licensed manufacturer, distributor, supplier, licensed ~~or~~ technician, or licensed terminal handler, an

inventory of associated video gaming equipment to ensure the timely repair and continued, approved operation and play of the video gaming terminals it operates;

c) Ensure the timely repair and continued, approved operation and play of the video gaming terminals it operates;

d) Assume responsibility for the payment of valid receipt tickets issued by video gaming terminals it operates;

e) Maintain at all times an approved method of payout for valid receipt tickets and pay all valid receipt tickets;

f) Assume responsibility for terminal and associated video gaming equipment malfunctions, including any claim for the payment of credits arising from malfunctions;

g) Promptly notify the Board of electronic or mechanical malfunctions or problems experienced in a terminal that affect the integrity of terminal play;

h) Extend no form of deferred payment for video gaming terminal play in which an individual receives something of value now and agrees to repay the lender in the future for the purpose of wagering at a video gaming terminal;

i) Maintain a separate bank account for each licensed video gaming location for deposit of aggregate revenues generated from the play of video gaming terminals and allow for electronic fund transfers for tax payments;

j) Enter into written use agreements with licensed video gaming locations that comply with the Act and this Part;

k) Obtain and install, at no cost to the State and as required by the Board, all hardware, software and related accessories necessary to connect video gaming terminals to a central communications system;

l) Offer or provide nothing of value to any licensed video gaming location or any agent or representative of any licensed video gaming location as an incentive or inducement to locate, keep or maintain video gaming terminals at the licensed video gaming location;

m) Not own, manage or control a licensed establishment, licensed truck stop establishment, licensed fraternal establishment or licensed veterans establishment;

n) Conduct advertising and promotional activities in accordance with this Part and in a manner that does not reflect adversely on or that would discredit or tend to discredit the Illinois gaming industry or the State of Illinois;

o) Respond to service calls within a reasonable time from the time of notification by the video gaming location;

p) Immediately remove all video gaming terminals from the restricted area of play:

1) upon order of the Board or an agent of the Board, or

2) that have been out of service or otherwise inoperable for more than 72 hours;

q) Provide the Board with a current list of video gaming terminals acquired for use in Illinois; ~~and~~

r) Not install, remove or relocate any video gaming terminal without prior notification and approval of the Administrator or his designee; and~~.~~

s) Maintain a video gaming terminal access log for each video gaming terminal, which must be kept inside the video gaming terminal at all times, documenting all access to the video gaming terminal's logic area. The log format shall provide for the time and date of access, the persons who had access, the license number when applicable and the nature of the service or repair made during the access.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1800.260 Duties of Licensed Technicians and Licensed Terminal Handlers

In addition to all other duties and obligations required by the Act and this Part, each licensed technician and licensed terminal handler has an ongoing duty to comply with the following:

a) Promptly notify the Board of electronic or mechanical malfunctions or problems experienced in a terminal that affect the integrity of terminal play;

b) Promptly notify the Board of any unauthorized or illegal video gaming location or any video gaming terminal that is in violation of Section 35 of the Video Gaming Act;

c) Ensure that every video gaming terminal is licensed by the Board before any service, maintenance or repair is performed;

d) Comply with all specifications and technical requirements issued by the Board; ~~and~~

e) Carry and display identification issued by the Board when working on video gaming terminals and associated video gaming equipment; and~~.~~

f) For each video gaming terminal logic area accessed by a licensed terminal handler, record in each video gaming terminal access log the time and date of access, the person and license number of whom had access and the nature of the service or repair made during the access.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART C: STANDARDS OF CONDUCT FOR LICENSEES

Section 1800.310 Grounds for Disciplinary Actions

a) Holders of any license issued under the Act and identified persons with significant influence or control shall be subject to imposition of fines, suspension, revocation or restriction of license, or other disciplinary action for any act or failure to act by themselves or by their agents or employees that is injurious to the public health, safety, morals, good order and general welfare of the people of the State of Illinois, or that would discredit or tend to discredit the Illinois video gaming industry or the State of Illinois. Without limiting the provisions of this subsection (a), the following acts or omissions may be grounds for discipline:

1) Failing to comply with or make provision for compliance with the Act, this Part, any federal, State or local law or regulation, or a control system or protocol mandated by the Board;

2) Failing to comply with any order or ruling of the Board or its agents pertaining to the regulation of video gaming in Illinois;

3) Receiving goods or services from a licensee or other person in violation of the Act's licensing requirements, or in violation of any restriction, condition or prohibition of a license;

4) Being suspended or ruled ineligible or having a license revoked or suspended in any state or gaming or video gaming jurisdiction;

5) Employing, associating with, or participating in any enterprise or business with a documented or identifiable organized crime group or recognized organized crime figure;

6) Employing, associating with, or participating in any enterprise or business with persons of notorious or unsavory reputation or who have extensive police records, or who have failed to cooperate with any officially constituted investigatory or administrative body;

7) Failing to establish and maintain standards and procedures designed to prevent ineligible or unsuitable persons from being employed by the licensee, including any person known to have been found guilty of cheating or using any improper device in connection with any game or gaming device regulated under the Act or under the law of any gaming jurisdiction;

8) Misrepresenting any information to the Board;

9) Intentionally making, causing to be made, or aiding, assisting, or procuring another to make any false statement in any report, disclosure, application, permit, form, or any other document, including improperly notarized documents, required by the Act, this Part or Board requirements;

10) Submitting tardy, inaccurate, or incomplete material or information to the Board;

11) Obstructing or impeding the lawful activities of the Board or its agents;

12) Willfully or repeatedly failing to pay amounts due or to be remitted to the State;

13) Failing to timely pay amounts due or to be remitted to the State;

14) Failing to timely pay a fine imposed by the Board;

15) Failing to respond in a timely manner to communications from the Board;

16) Being unavailable to the Board or its representatives or agents;

17) Aiding and abetting a violation by a Board member or employee, or other government official, of a requirement established by statute, resolution, ordinance, personnel code or code of conduct;

18) Violation of the Act or this Part by any person identified as a person with significant influence or control;

19) Employing, associating with, or participating in any enterprise or business with a person determined unsuitable to be a person with significant influence or control over an applicant or licensee by the Board or any other gaming jurisdiction; ~~and~~

20) Facilitating, enabling or participating in the use of coin-operated amusement devices for gambling purposes on or after December 16, 2009;~~.~~

21) Engaging in, or facilitating any unfair methods of competition or unfair or deceptive acts or practices including, but not limited to, the use or employment of any deception, fraud, false pretense, false promise, misrepresentation, or the concealment, suppression or omission of any material fact in the conduct of any video gaming operation;

22) Failing to maintain minimum qualifications for licensure; and

23) Any cause that, if known to the Board, would have disqualified the applicant from receiving a license.

b) A licensee whose employment has been terminated is subject to revocation of license for any act or failure to act that occurred while licensed.

c) A person who has had his or her license revoked by the Board may not reapply for a license without permission from the Board.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART E: LICENSING PROCEDURES

Section 1800.520 Applications

a) Applications for licensure or renewal shall be submitted on applications and forms provided by the Board.

b) An applicant or its affiliate may be required to submit forms or materials in addition to an application as required by subsection (a).

c) Institutional Investor

1) A business entity that qualifies as an institutional investor may submit a Video Gaming Institutional Investor Disclosure Form in lieu of a Video Gaming Business Entity Disclosure Form as instructed in an application if the institutional investor:

A) submits a Video Gaming Institutional Investor Disclosure Form to the Illinois Gaming Board within 45 days after the institutional investor individually or jointly with others cumulatively acquires, directly or indirectly, 5% or more but less than 20% of any class of publicly traded securities issued by a corporate applicant, licensee, parent or subsidiary company of an applicant or licensee;

B) holds or controls the publicly traded securities issued by a corporate applicant, licensee, parent or subsidiary company of an applicant or licensee in the ordinary course of business for investment purposes only; and

C) does not exercise or intend to exercise influence or control over the affairs of the issuer of the publicly traded securities issued by a corporate applicant, licensee, parent or subsidiary company of an applicant or licensee or their affiliates.

2) An institutional investor's exercise in voting privileges on matters put to the vote of the outstanding security holders shall not be deemed the exercise or intent to exercise influence or control over the affairs of the issuer of those securities.

3) If an institutional investor exempt from filing a Video Gaming Business Entity Disclosure Form as allowed in this subsection (c) subsequently determines to exercise influence or control over the affairs of the issuer of the publicly traded securities issued by a corporate applicant, licensee, parent or subsidiary company of an applicant or licensee or their affiliates, the institutional investor shall provide not less than 30 days notice of the intent and shall file with the Illinois Gaming Board a Video Gaming Business Entity Disclosure Form before taking any action that may influence or control the affairs of the issuer of those securities or their affiliates.

4) The Video Gaming Institutional Investor Disclosure Form shall not be construed to preclude the Illinois Gaming Board from requiring an institutional investor to submit a Video Gaming Business Entity Disclosure Form if the Illinois Gaming Board determines that the submission is proper and in furtherance of the Act and this Part.

5) An institutional investor exempt from filing a Video Gaming Business Entity Disclosure Form as allowed in this subsection (c) shall certify in writing to be bound by and comply with the Video Gaming Act and this Part.

d) Application Procedures

1) An applicant is seeking a privilege and assumes and accepts any and all risk of adverse publicity, notoriety, embarrassment, criticism or other action, or financial loss that may occur in connection with the application process.

2) Any misrepresentation or omission made with respect to an application may be grounds for denial of the application.

3) Applications, forms, and requested materials shall be submitted in triplicate and as required by the applications and instructions.

4) Individuals required to submit Video Gaming Personal Disclosure Forms, individuals with 5% or more direct or indirect interest in a licensed video gaming location, managers of a licensed video gaming location, and licensed technician or licensed terminal handler applicants~~applications~~ shall be photographed and fingerprinted at a place and time designated by the Administrator.

5) An application shall be deemed filed when the completed application form, including all required documents and materials, and the application fee have been submitted.

e) Amendments and Incorporation by Reference

1) An application may be amended with approval by the Administrator.

2) The Administrator may allow information, documents, or other materials submitted by an applicant to be incorporated by reference into a subsequent application.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART H: LOCATION OF VIDEO GAMING TERMINALS IN LICENSED VIDEO GAMING LOCATIONS

Section 1800.830 Waivers of Location Restrictions

a) The Board may waive the requirement that a Licensed Video Gaming Location not be located within 1,000 feet from a facility operated by an organization licensee, an inter-track wagering licensee, or an inter-track wagering location licensee licensed under the Illinois Horse Racing Act of 1975 or the home dock of a riverboat licensed under the Riverboat Gambling Act pursuant to Section 25(h) of the Act upon a proper showing by the applicant. In making its determination, the Board may consider the following:

1) The number and character of other Licensed Video Gaming Locations in the municipality or subdivision of the municipality where the proposed Licensed Video Gaming Location will be located;

2) Whether the proposed Licensed Video Gaming Location applicant has obtained all other necessary governmental licenses and permits;

3) The history of liquor law violations and reported criminal activity at the proposed Licensed Video Gaming Location; and

4) Any other factor that would be relevant to deciding whether public interest, convenience and advantage would be served by approving the waiver.

b) The Board shall not grant the waiver if there is any common ownership or control, shared business activity or contractual arrangement of any type between the proposed Licensed Video Gaming Location and the organization, licensee, inter-track wagering licensee inter-track wagering location licensee or owners' licensee of a riverboat.

(Source: Added at 36 Ill. Reg. _____, effective _____)

SUBPART M: PUBLIC ACCESS TO INFORMATION

Section 1800.1310 Public Requests for Information

a) The Board shall, upon written request from any person, provide information furnished by an applicant, licensee, or person with significant influence or control of the applicant or license, licensee, or person with significant influence or control of the applicant or licensee, its products, services, gaming, and video gaming enterprises, and its business holdings, as follows:

1) The name, business address and business telephone number of any applicant, licensee or person with significant influence or control of the applicant or licensee.

2) An identification of any applicant, licensee or person with significant influence or control of the applicant or licensee including, if an applicant, licensee or person with significant influence or control of the applicant or licensee is not an individual, the state of incorporation or registration, the corporate officers and the identity of all shareholders or participants. If an applicant, licensee or person with significant influence or control of the applicant or licensee has a pending registration statement filed with the

Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more must be provided.

3) An identification of any business, including, if applicable, the state of incorporation or registration, in which an applicant, licensee or person with significant influence or control of the applicant or licensee, or his or her spouse or children, has an equity interest of more than 5%. If an applicant licensee or person with significant influence or control of the applicant or licensee is a corporation, partnership or other business entity, the applicant, licensee or person with significant influence or control of the applicant or licensee shall identify any other corporation, partnership or business entity in which it has an equity interest of 5% or more, including, if applicable, the state of incorporation or registration. This information need not be provided by a corporation, partnership or other business entity that has a pending registration statement filed with the Securities and Exchange Commission.

4) Whether an applicant, licensee or person with significant influence or control of the applicant or licensee has been indicted, convicted, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or misdemeanor (except for traffic violations), including the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition and the location and length of incarceration.

5) Whether an applicant, licensee or person with significant influence or control of the applicant or licensee has had any license or certificate issued by a licensing authority in Illinois or any other jurisdiction denied, restricted, suspended, revoked or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation or non-renewal, including the licensing authority, the date each action was taken and the reason for each action.

6) Whether an applicant, licensee or person with significant influence or control of the applicant or licensee has ever filed or had filed against it a proceeding in bankruptcy or has ever been involved in any formal process to adjust, defer, suspend or otherwise work out the payment of any debt including the date of filing, the name and location of the court, the case and number of the disposition.

7) Whether an applicant, licensee or person with significant influence or control of the applicant or licensee has filed, or been served with a complaint or other notice filed with any public body regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, State or local law, including the amount, type of tax, the taxing agency and time periods involved.

8) A statement listing the names and titles of all public officials or officers of any unit of government, and relatives of those public officials or officers who, directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of, or hold any debt instrument issued by, or hold or have any interest in any contractual or service relationship with, an applicant, licensee or person with significant influence or control of the applicant or licensee.

9) Whether an applicant, licensee or person with significant influence or control of the applicant or licensee has made, directly or indirectly, any political contribution, or any loans, donations or other payments, to any candidate or office holder, within 5 years from the date of filing the application, including the amount and the method of payment.

10) The name and business telephone number of the counsel representing an applicant, licensee or person with significant influence or control of the applicant or licensee in matters before the Board.

b) Subject to the subsection (a), the Board shall not disclose any information that would be barred by:

1) Section 7 of the Freedom of Information Act [5 ILCS 140/7]; or

2) The statutes, rules, regulations or intergovernmental agreements of any jurisdiction.

c) The Board may assess fees for the copying of information in accordance with Section 6 of the Freedom of Information Act.

(Source: Added at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Practice in Administrative Hearings

2) Code Citation: 89 Ill. Adm. Code 104

3)

Section Numbers:	Proposed Action:
104.74	New Section
104.75	New Section
104.206	Amendment
104.208	Amendment
104.221	Amendment
104.244	Amendment
104.272	Amendment
104.274	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 97-689

5) Complete Description of the Subjects and Issues Involved: These changes are implemented pursuant to amendments to 305 ILCS 5/12-4.25. The amendments:

- broaden the circumstances in which the Department is authorized to collect interest on overpayments paid to a vendor or alternate payee;

- authorize the Department to terminate, suspend or exclude vendors who pose a risk of fraud, waste, abuse or harm, and providers who constitute an immediate danger to the public, from program participation prior to an evidentiary hearing;

- authorize the Department to deny medical assistance program eligibility to individuals and entities with prior unpaid debts owed the Department, or who have been transferred assets, ownership or control from a vendor with unpaid debts;

- broaden the Department's authority to withhold payments to a vendor or alternate payee prior to the pendency of an audit, administrative appeal or administrative review, and to a vendor or alternate payee who is not properly licensed, certified or in compliance with State or federal regulations; and

- authorize the Department to deny requests to pay or credit services provided by vendors that were rendered subsequent to a vendor's receipt of a notice to suspend or exclude the vendor from the medical assistance program.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) Time, Place, and Manner in which Interested Persons may Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

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 45 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].

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded providers

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 amendments was not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Amendments are identical to the text of the Emergency Amendments that appears in this issue of the *Illinois Register* on page 10195.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Application Process

2) Code Citation: 89 Ill. Adm. Code 110

3)

Section Numbers:	Proposed Action:
110.36	Repeal
110.38	Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 97-689

5) Complete Description of the Subjects and Issues Involved: PA 97-689, the Save Medicaid Access and Resources Together (SMART) Act, addresses the significant spending and liability deficits in the Medicaid program. SMART authorizes the elimination of the General Assistance Program.

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) Time, Place, and Manner in which Interested Persons may Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

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 45 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].

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: These amendments were not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Amendments are identical to the text of the Emergency Amendments that appears in this issue of the *Illinois Register* on page 10219.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Special Eligibility Groups

2) Code Citation: 89 Ill. Adm. Code 118

3) Section Number: 118.600 — Proposed Action: Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 97-689

5) Complete Description of the Subjects and Issues Involved: Effective July 1, 2012, the Save Medicaid Access and Resources Together (SMART) Act mandates that FamilyCare eligibility will be limited to individuals in families with income at or below 133 percent of the federal poverty levels as established in 89 Ill. Adm. Code 120.32.

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

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

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

217/782-1233

The Department requests the submission of written comments within 45 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].

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment that appears in this issue of the *Illinois Register* on page 10223.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Illinois Cares Rx Program

2) Code Citation: 89 Ill. Adm. Code 119

3)

Section Numbers:	Proposed Action:
119.10	Repeal
119.20	Repeal
119.30	Repeal
119.40	Repeal
119.50	Repeal
119.60	Repeal
119.70	Repeal
119.80	Repeal
119.90	Repeal
119.100	Repeal
119.110	Repeal
119.120	Repeal
119.130	Repeal

4) Statutory Authority: Implementing and authorized by PA 97-689

5) Complete Description of the Subjects and Issues Involved: Effective July 1, 2012, Save Medicaid Access and Resources Together (SMART) Act mandates the elimination of the Illinois Cares Rx Program.

6) Will this proposed repealer replace any emergency amendments currently in effect? Yes

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

8) Does this proposed repealer contain incorporations by reference? No

9) Are there any proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This proposed repealer does not affect units of local government.

11) 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 East, Third Floor
Springfield, Illinois 62763-0002

217/782-1233

12) 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

13) Regulatory Agenda on which this rulemaking was summarized: This proposed repealer was not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Repealer is identical to the text of the Emergency Repealer that appears in this issue of the *Illinois Register* on page 10229.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: General Administrative Provisions

2) Code Citation: 89 Ill. Adm. Code 10

3)

Section Numbers:	Proposed Action:
10.120	Amendment
10.130	Amendment
10.140	Amendment
10.430	Amendment
10.438	Repeal

4) Statutory Authority: Implementing Articles I through IX and authorized by Sections 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13] and PA 97-689

5) A Complete Description of the Subjects and Issues involved: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the provisions of PA 97-689, this rulemaking makes changes to 89 Ill. Adm. Code 10 that are necessary due to the elimination of the State funded General Assistance program. Companion amendments are also being proposed to 89 Ill. Adm. Code 114, 117 and 165.

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

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

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking

within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

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

217/785-9772

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because it was not anticipated by the Department with the two most recent regulatory agendas were published.

The full text of the Proposed Amendments is identical to that of the Emergency for this rulemaking and begins in this issue of the *Illinois Register* on page 10421:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: General Assistance

2) Code Citation: 89 Ill. Adm. Code 114

3)

Section Numbers:	Proposed Action:
114.1	Repeal
114.2	Repeal
114.3	Repeal
114.5	Repeal
114.9	Repeal
114.10	Repeal
114.20	Repeal
114.30	Repeal
114.40	Repeal
114.50	Repeal
114.52	Repeal
114.60	Repeal
114.61	Repeal
114.62	Repeal
114.63	Repeal
114.64	Repeal
114.70	Repeal
114.80	Repeal
114.85	Repeal
114.101	Repeal
114.120	Repeal
114.200	Repeal
114.201	Repeal
114.202	Repeal
114.203	Repeal
114.204	Repeal
114.210	Repeal
114.221	Repeal
114.222	Repeal
114.223	Repeal
114.224	Repeal
114.225	Repeal
114.226	Repeal
114.227	Repeal

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

114.228	Repeal
114.229	Repeal
114.230	Repeal
114.235	Repeal
114.241	Repeal
114.242	Repeal
114.243	Repeal
114.244	Repeal
114.245	Repeal
114.246	Repeal
114.247	Repeal
114.250	Repeal
114.251	Repeal
114.252	Repeal
114.280	Repeal
114.350	Repeal
114.351	Repeal
114.352	Repeal
114.353	Repeal
114.400	Repeal
114.401	Repeal
114.403	Repeal
114.404	Repeal
114.405	Repeal
114.408	Repeal
114.420	Repeal
114.430	Repeal
114.440	Repeal
114.442	Repeal

4) Statutory Authority: Implementing Article VI and authorized by Sections 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. VI and 12-13] and PA 97-689

5) A Complete Description of the Subjects and Issues involved: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the provisions of PA 97-689, this proposed rulemaking repeals 89 Ill. Adm. Cod 114. Companion amendments are also being proposed to 89 Ill. Adm. Code 10, 117 and 165.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

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

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

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

217/785-9772

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because it was not

anticipated by the Department with the two most recent regulatory agendas were published.

The full text of the Proposed Repealer is identical to that of the Emergency Repealer for this rulemaking, and begins in this issue of the *Illinois Register* on page 10437.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Related Program Provisions

2) Code Citation: 89 Ill. Adm. Code 117

3)

Section Numbers:	Proposed Action:
117.20	Amendment
117.40	Repeal
117.60	Amendment
117.80	Amendment
117.90	Amendment

4) Statutory Authority: Implementing Articles III, IV and VI and authorized by Sections 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV and VI and 12-13] and PA 97-689

5) A Complete Description of the Subjects and Issues involved: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to provisions of PA 97-689, this rulemaking makes changes to 89 Ill. Adm. Code 117 that are necessary due to the elimination of the State funded General Assistance program. Companion amendments are also being proposed to 89 Ill. Adm. Code 10, 114 and 165.

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

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

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking

within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

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

217/785-9772

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because it was not anticipated by the Department with the two most recent regulatory agendas were published.

The full text of the Proposed Amendments is identical to that of the Emergency for this rulemaking and begins in this issue of the *Illinois Register* on page 10503.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Collections and Recoveries

2) Code Citation: 89 Ill. Adm. Code 165

3) Section Number: 165.70 — Proposed Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 11-18, 12-4.4 and 12-13 of the Illinois Public Aid Code [305 ILCS 5/11-18, 12-4.4 and 12-13] and PA 97-689

5) A Complete Description of the Subjects and Issues involved: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the provisions of PA 97-689, this rulemaking makes changes to 89 Ill. Adm. Code 165 that are necessary due to the elimination of the State funded General Assistance program. Companion amendments are also being proposed to 89 Ill. Adm. Code 10, 114 and 117.

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

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

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

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/785-9772

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because it was not anticipated by the Department with the two most recent regulatory agendas were published.

The full text of the Proposed Amendment is identical to that of the Emergency for this rulemaking and begins in this issue of the *Illinois Register* on page 10513.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Program Description

2) Code Citation: 89 Ill. Adm. Code 676

3)

Section Numbers:	Proposed Action:
676.30	Amendment
676.300	Amendment

4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3]

5) A Complete Description of the Subjects and Issues Involved: The SMART Act (PA 97-689) increases the Determination of Need (DON) score from 29 to 37 for applicants of home and community based services under the Home Services Program (HSP). As a result, the following changes were made to 89 Ill. Adm. Code 676:

- the definition for Determination of Need (DON) has been revised to make it more succinct;

- references to the Department of Public Aid have been changed to the Department of Healthcare and Family Services; and

- Section 676.300(c) has been revised to indicate the DON score for individuals referred to DoA will meet the requirements of 89 Ill. Adm. Code 679 and 682.100(f). These requirements are the same as for other individuals in the HSP program.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

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

217/557-1544

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: Home Services Counselors have Masters Degrees.

14) Regulatory Agenda on which this rulemaking was summarized: July 2012

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: HOME SERVICES PROGRAM

PART 676
PROGRAM DESCRIPTION

SUBPART A: GENERAL PROGRAM PROVISIONS

Section
676.10 Program Purpose and Types
676.20 General Program Accessibility
676.30 Definitions
676.40 Service Description

SUBPART B: CASE MANAGEMENT

Section
676.100 Case Files (Repealed)
676.110 Sharing of Customer Information Between HSP and Other DHS Programs
676.120 Documentation of Information
676.130 Customer Signatures and Information Required to Receive Services Under the HSP
676.140 Application by DHS-ORS Employees, Individuals Holding Contracts with DHS, DHS-ORS Advisory Council Members, Family Members of DHS-ORS Employees, or Close Friends of DHS-ORS Employees
676.150 Geographic Case Assignment

SUBPART C: VENDOR PAYMENT

Section
676.200 Vendor Payment
676.210 Reporting and Collection of Misspent Funds

SUBPART D: REFERRAL TO DEPARTMENT ON AGING (DoA)

Section
676.300 Criteria for Referral to DoA
676.310 Disposition of Cases not Appropriate for Referral to DoA

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

SOURCE: Adopted at 19 Ill. Reg. 5095, effective March 21, 1995; amended at 20 Ill. Reg. 6315, effective April 18, 1996; amended at 21 Ill. Reg. 2678, effective February 7, 1997; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 22 Ill. Reg. 19563, effective October 23, 1998; amended at 23 Ill. Reg. 6445, effective May 17, 1999; amended at 23 Ill. Reg. 13874, effective November 8, 1999; amended at 24 Ill. Reg. 2681, effective February 2, 2000; amended at 28 Ill. Reg. 6445, effective April 8, 2004; amended at 31 Ill. Reg. 12602, effective August 16, 2007; emergency amendment at 35 Ill. Reg. 12105, effective July 15, 2011, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 35 Ill. Reg. 15626, effective September 15, 2011 for the remainder of the 150 days; amended at 36 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROGRAM PROVISIONS

Section 676.30 Definitions

For the purposes of the Home Services Program~~this Subchapter~~, unless otherwise stated, the following terms shall have the following meanings.

a) Activities of Daily Living (ADLs) − those tasks an individual must do, or that~~which~~ an individual must have provided for him/her, in order to prevent institutionalization (i.e., bathing, dressing, shopping, cooking, housekeeping, etc.).

b) Customer − anyone who:

1) has been referred to HSP for a determination of eligibility for services;

2) has applied for services through HSP;

3) is receiving services through HSP; or

4) has received services through HSP.

If the customer is unable to satisfy any of his/her obligations under the HSP,

including, without limitation, the obligation to serve as the employer of the PA, the customer's parent, family member, guardian, or duly authorized representative may act on behalf of the customer and is included within the definition of "customer", as used throughout this Part.

For purposes of the PA services performed pursuant to the HSP, the customer shall serve as the employer of the PA. In this capacity, the customer is responsible for controlling all aspects of the employment relationship between the customer and the PA, including, without limitation, locating and hiring the PA, training the PA, directing, evaluating and otherwise supervising the work performed by the PA, imposing (where, in the opinion of the customer, it is appropriate or necessary) disciplinary action against the PA, and terminating the employment relationship between the customer and the PA.

c) Counselor − the DHS-ORS staff person or contractual Case Manager who helps to ensure that the funds available under the HSP are properly distributed in accordance with the Service Plan, any applicable waiver programs, and all applicable laws.

d) Determination of Need (DON) − the assessment tool that measures an individual's risk for institutionalization~~used to determine an individual's non-financial eligibility for HSP services based on the individual's impairment and need for care. This form measures the level of risk of institutionalization for the individual~~.

e) DHS − Illinois Department of Human Services.

~~f) DPA − Illinois Department of Public Aid.~~

f~~g~~) Family − any one related by blood, marriage, or adoption to the individual seeking services through HSP or anyone with whom the individual has a close inter-personal relationship and who resides with the individual.

g~~h~~) Family Unit − for the purposes of determining financial eligibility, the number of persons derived when counting the individual seeking services through HSP and the number of persons in the household who are legally responsible for the individual seeking services and for whom the individual seeking services is legally responsible.

h~~i~~) HCFA − the federal Health Care Financing Administration.

i) HFS – Illinois Department of Healthcare and Family Services

j) Home Services Program (HSP) − a State and federally funded program designed to allow Illinois residents, who are at risk of unnecessary or premature institutionalization, to receive necessary care and services in their homes, as opposed to being placed in an institution.

k) Home − a private residence where the customer lives that~~which~~ is not an intermediate care or skilled nursing facility as defined at 77 Ill. Adm. Code 300, or a residential program operated by, or for which funding is provided by, the Illinois Department of Human Services, Office of Mental Health and Office of Developmental Disabilities as defined at 59 Ill. Adm. Code 120. The~~For the purposes of this Subchapter, the~~ term "home" shall include domestic violence shelters as defined in Section 1(c) of the Domestic Violence Shelter Act [20 ILCS 2210/1(c)] and publicly or privately administered shelters designed to provide temporary living accommodations for persons who are homeless.

l) Intermediate Care Facility (ICF) − a nursing facility that provides regular health related care to its residents, as well as those services necessary for safe and adequate living.

m) Legally Responsible Family Member − a spouse, parent of a child who is under age 18 or a legal guardian of an individual who is under age 18.

n) Medicaid − the Medicaid program administered by HFS~~DPA~~ under the Public Aid Code [305 ILCS 5/11].

o) Medicaid Waiver − the waiver allowing HSP to claim federal reimbursement for approved levels of in-home care for individuals who would otherwise be placed in institutions for such care. The Medicaid Waiver is overseen at the federal level by HCFA.

p) Personal Assistant (PA) − an individual employed by the customer to provide through HSP varied services that have been approved by the customer's physician.

q) Personal Assistant Backup Plan − the plan developed by the customer and

designed to ensure that the customer receives the necessary care and services under the HSP in the event that his/her regular PA is unavailable or unwilling to perform his/her obligations under the HSP. The customer is responsible for designating the backup personal assistant.

r) Physician − a licensed doctor of medicine (M.D.) or doctor of Osteopathy (D.O.) licensed pursuant to the Medical Practice Act [225 ILCS 60].

s) Prescreening − an assessment to determine an individual's need for institutional care at the ICF or SNF level care, to ensure Medicaid payment for such a placement is appropriate, and the assessment as to whether or not HSP services are an appropriate alternative to institutional care for the individual.

t) Service Cost Maximum (SCM) − the maximum monthly amount that~~which~~ may be expended for HSP services for an eligible individual. This amount is determined based on the individual's DON score and the specific programmatic component of HSP through which the individual is being served.

u) Service Plan − specifically, the Home Services Program Service Plan (IL 488-1049), Home Services Program Service Plan Addendum (IL 488-1050) or the Interim Agreement (IL 488-2344) forms, on which all services to be provided to an individual through HSP are listed.

v) Services − the necessary tasks provided to an individual, in one or more of the areas listed in Section 676.40 and listed on the individual's Service Plan, through HSP with the intent of preventing the unnecessary institutionalization of the individual.

w) Skilled Nursing Facility (SNF) − a facility that provides regular and on-going nursing level care to its residents due to the residents' medical conditions, as well as those services necessary for safe and adequate living.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART D: REFERRAL TO DEPARTMENT ON AGING (DoA)

Section 676.300 Criteria for Referral to DoA

In accordance with the provisions of the interagency agreement between DHS and DoA,

individuals meeting the following criteria shall be referred to DoA to receive services through DoA's Community Care Program (CCP) and their HSP cases closed after the initiation of CCP services. These individuals are those who:

a) are at least 60 years of age at the time of the referral to DoA;

b) are receiving only homemaker services, adult day care services, home delivered meals, or any combination of these services;

c) have a DON score that meets the requirements of 89 Ill. Adm. Code 679 and 89 Ill. Adm. Code 682.100(f)~~of at least 15 points on Part A, which includes the 10 points from the Mini-Mental Status Examination (89 Ill. Adm. Code 679.20(a)), if applicable, with a total score of not less than 29 points~~; and

d) have agreed to being referred to DoA to receive services.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Determination of Need (DON) and Resulting Service Cost Maximums (SCMs)

2) Code Citation: 89 Ill. Adm. Code 679

3)

Section Numbers:	Proposed Action:
679.10	Amendment
679.20	Amendment
679.30	Amendment
679.40	Repeal
679.50	Amendment

4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3]

5) A Complete Description of the Subjects and Issues Involved: The SMART Act (PA 97-689) increases the Determination of Need (DON) score from 29 to 37 for applicants of home and community based services under the Home Services Program (HSP). In addition, language regarding Service Cost Maximums (SCMs) has been revised. As a result, the following changes were made to 89 Ill. Adm. Code 679:

- (Impairment) is added to Part A to reflect the type of assessment handled by this part of the DON;
- (Needs) is added to Part B to reflect the type of assessment handled by this part of the DON;
- Functional limitations replaces the language "need for assistance";
- Language concerning respite cases is removed because individuals receiving these services will be scored in a manner that is the same as other individuals in the program; and
- The outdated list of Service Cost Maximums is stricken and language added to indicate the current SCM listing will be posted on the Department's website.

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

DEPARTMENT OF HUMAN SERVICES

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 Objectives: This rulemaking does not create or expand a State mandate.

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

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

217/557-1544

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: Home Services Counselors have Masters Degrees.

14) Regulatory Agenda on which this rulemaking was summarized: July 2012

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: HOME SERVICES PROGRAM

PART 679
DETERMINATION OF NEED (DON) AND
RESULTING SERVICE COST MAXIMUMS (SCMs)

Section

679.10 General Provisions
679.20 Composition of the DON
679.30 Scoring of the DON ~~Except for Respite Cases~~
679.40 Scoring the DON for Respite Cases (Repealed)
679.50 Service Cost Maximums (SCMs)

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

SOURCE: Adopted at 19 Ill. Reg. 5062, effective March 21, 1995; amended at 20 Ill. Reg. 6303, effective April 18, 1996; amended at 21 Ill. Reg. 2674, effective February 7, 1997; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; emergency amendment at 22 Ill. Reg. 2328, effective January 12, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 10445, effective May 29, 1998; emergency amendment at 22 Ill. Reg. 16031, effective August 14, 1998, for a maximum of 150 days; emergency expired on January 11, 1999; amended at 23 Ill. Reg. 1615, effective January 20, 1999; amended at 23 Ill. Reg. 7492, effective June 17, 1999; emergency amendment at 23 Ill. Reg. 10526, effective August 10, 1999, for a maximum of 150 days; amended at 24 Ill. Reg. 285, effective December 23, 1999; amended at 24 Ill. Reg. 6563, effective May 1, 2000; emergency amendment at 24 Ill. Reg. 9966, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 17126, effective November 3, 2000; emergency amendment at 27 Ill. Reg. 17428, effective November 6, 2003, for a maximum of 150 days; emergency expired April 3, 2004; amended at 28 Ill. Reg. 7056, effective April 30, 2004; emergency amendment at 28 Ill. Reg. 15178, effective November 8, 2004, for a maximum of 150 days; emergency expired April 6, 2005; amended at 31 Ill. Reg. 422, effective December 29, 2006; amended at 31 Ill. Reg. 11332, effective July 18, 2007; amended at 36 Ill. Reg. _____, effective _____.

Section 679.10 General Provisions

a) The DON, pursuant to 89 Ill. Adm. Code 676.30~~(d)~~, is the assessment tool used to

determine an individual's ~~non-financial~~ eligibility for HSP services based on the individual's impairment in the completion of the activities of daily living (ADLs) ~~(Part A)~~ and the individual's need for care that is not met by existing family and other resources ~~(Part B)~~. This assessment is made to determine whether ~~or not~~ the individual is at imminent risk of institutionalization~~,~~ and therefore eligible for placement in a hospital/nursing facility and/or services through HSP.

b) If the individual receives at least the minimum DON score to be considered eligible for institutional placement or HSP services (see 89 Ill. Adm. Code 682), the DON score relates to a specific Service Cost Maximum (SCM) that may be expended on services for an individual who chooses HSP services as an option to institutionalization (see Section 679.50).

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 679.20 Composition of the DON

The DON is comprised of three sections that~~which~~ are:

a) the Mini-Mental Status Examination section, as developed by the University of Illinois-Chicago, School of Public Health, which is used to determine the individual's cognitive functioning, and therefore the ability of the individual to adequately respond to the DON questions about his or her functioning capacity in the completion of the DON. Home Service Program staff may choose to not administer the MMSE if interaction with the customer, during the interview to gather demographic information, reveals no cognitive problems. The Mini-Mental Status Examination section shall not be administered to individuals who:

1) are 12 years of age or younger;

2) manifest, or have been diagnosed with, mental retardation or a related condition that results in impairment of a person's general intellectual functioning; or

3) manifest adaptive behavior and require services similar to an individual with mental retardation.

b) Part A (Impairment) that~~which~~ measures the individual's functional limitations~~need for care~~ in the completion of ADLs; and

c) Part B (Needs) that~~which~~ measures the individual's unmet need for care in the completion of ADLs.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 679.30 Scoring of the DON ~~Except for Respite Cases~~

a) An individual receiving a 14 or more on the Mini-Mental Status Examination shall receive "zero" points towards his/her column A score. An individual receiving less than 14 points shall receive an additional "10" points added to his/her column A score for the determination of eligibility and a SCM.

b) The remaining two sections of the DON measure the individual's ability to complete the ADLs. The ADLs are specifically: eating, bathing, grooming, dressing, transferring, incontinence care, preparing meals, being alone, telephoning, managing money, routine health care tasks (or those health care tasks not requiring specialized training), specialized health care tasks (or those requiring assistance from trained medical practitioners), necessary travel outside the home, laundry, and housework.

1) Part A (Impairment) of the DON measures the individual's functional limitations~~need for assistance~~ in the completion of each of the ADLs on the following rating scale.

A) "0" – the individual can perform all essential components of the ADL with or without an existing assistive device;

B) "1" – the individual can perform most of the ADL, with or without an existing assistive device, but requires some supervision and/or assistance to ensure the task is fully completed;

C) "2" – the individual requires a great deal of supervision and/or assistance, with or without existing assistive devices, in the completion of the essential components of the task; and

D) "3" – the individual cannot perform any of the essential components of the task, with or without existing assistive devices and requires constant supervision and/or assistance.

2) Part B (Needs) of the DON measures the individual's unmet need for care in the completion of the ADLs on the following scale.

A) "0" – the individual has no unmet need for care in that the individual needs no assistance in completion of the essential components of the task, or family and/or other resources already provide for this task;

B) "1" – the individual's need for assistance in the completion of the task is met at least 50% of the time, and, without periodic assistance, there is a risk to the individual's health and safety;

C) "2" – the individual's need for assistance in the completion of the task is met less than 50% of the time and, without assistance, there is moderate risk to the individual's health and safety; and

D) "3" – the individual's need for assistance in the completion of the task is seldom (less than 10% of the time) or never met and, without assistance, there is extreme risk to the individual's health and safety.

c) In administering the DON for children, the assessor should ensure the ratings given reflect limitations due to the individual's disability and not the individual's age and/or the additional burden placed on the caregiver.

1) On Part A (Impairment), determine if a child of the individual's age should be able to complete all or part of the task. If the inability to perform the task relates only to the individual's age, a score of "zero" should be given. Otherwise, score "1", "2", or "3" according to the individual's impairment level.

2) On Part B (Needs), determine the additional burden placed on a caregiver providing the service. If, because of the individual's age, there is no increased burden, a score of "0" should be given. If there is an increased burden on the caregiver due to the individual's disability, score "1", "2", or "3" according to the increased level of burden in providing the task.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 679.40 Scoring the DON for Respite Cases (Repealed)

~~In order to be eligible for respite services, the individual must receive 29 points in Part A of the DON, which includes the 10 points from the Mini-Mental Status Examination, as appropriate. No points are necessary in Part B as respite services are to provide relief to a caregiver who normally provides all care for an individual which is at no cost to DHS.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 679.50 Service Cost Maximums (SCMs)

a) For each individual meeting the minimum required DON scores for eligibility (see 89 Ill. Adm. Code 682), there is a corresponding Service Cost Maximum (SCM) for his/her DON score which is the maximum amount that may be expended for services through HSP for an individual who chooses HSP services over institutionalization. This amount directly corresponds to the amount the State would expect to pay for the nursing care component of institutionalization if the individual chose institutionalization. A listing of the Service Cost Maximum amounts shall be available on the Department's website at www.dhs.state.il.us and may be accessed through the following links: for Customers; Services by Division; Rehabilitation Services; Home Services Program.

~~b) The monthly SCMs for individuals served under the HSP Disabled Individual Medicaid Waiver are:~~

~~DON Range~~	~~11/1/03 SCM~~	~~8/1/04 SCM~~	~~8/1/05 SCM~~	~~8/1/06 SCM~~	~~8/1/07 SCM~~
~~29-32~~	~~$1,154~~	~~$1,194~~	~~$1,249~~	~~$1,329~~	~~$1,488~~
~~33-40~~	~~$1,326~~	~~$1,371~~	~~$1,435~~	~~$1,527~~	~~$1,710~~
~~41-49~~	~~$1,475~~	~~$1,526~~	~~$1,597~~	~~$1,699~~	~~$1,902~~
~~50-59~~	~~$1,766~~	~~$1,827~~	~~$1,912~~	~~$2,034~~	~~$2,277~~
~~60-69~~	~~$2,076~~	~~$2,147~~	~~$2,247~~	~~$2,390~~	~~$2,677~~
~~70-79~~	~~$2,244~~	~~$2,322~~	~~$2,430~~	~~$2,585~~	~~$2,894~~
~~80-100~~	~~$2,412~~	~~$2,495~~	~~$2,612~~	~~$2,778~~	~~$3,111~~

~~c) The monthly SCMs for individuals served under the HSP AIDS Medicaid Waiver are:~~

~~DON Range~~	~~11/1/03 SCM~~	~~8/1/04 SCM~~	~~8/1/05 SCM~~	~~8/1/06 SCM~~	~~8/1/07 SCM~~
~~29-32~~	~~$1,486~~	~~$1,538~~	~~$1,609~~	~~$1,712~~	~~$1,917~~
~~33-40~~	~~$2,228~~	~~$2,305~~	~~$2,412~~	~~$2,566~~	~~$2,873~~
~~41-49~~	~~$2,970~~	~~$3,073~~	~~$3,216~~	~~$3,421~~	~~$3,831~~
~~50-59~~	~~$3,714~~	~~$3,842~~	~~$4,021~~	~~$4,278~~	~~$4,790~~
~~60-69~~	~~$4,458~~	~~$4,611~~	~~$4,827~~	~~$5,134~~	~~$5,749~~
~~70-79~~	~~$5,198~~	~~$5,378~~	~~$5,628~~	~~$5,987~~	~~$6,704~~
~~80-100~~	~~$5,943~~	~~$6,148~~	~~$6,435~~	~~$6,845~~	~~$7,664~~

~~d) The monthly SCMs for individuals served under the HSP Brain Injury Medicaid Waiver are:~~

~~DON Range~~	~~11/1/03 SCM~~	~~8/1/04 SCM~~	~~8/1/05 SCM~~	~~8/1/06 SCM~~	~~8/1/07 SCM~~
~~29-32~~	~~$1,286~~	~~$1,331~~	~~$1,393~~	~~$1,482~~	~~$1,659~~
~~33-40~~	~~$1,427~~	~~$1,476~~	~~$1,545~~	~~$1,644~~	~~$1,841~~
~~41-49~~	~~$1,586~~	~~$1,640~~	~~$1,717~~	~~$1,826~~	~~$2,045~~
~~50-59~~	~~$1,901~~	~~$1,966~~	~~$2,058~~	~~$2,189~~	~~$2,451~~
~~60-69~~	~~$2,234~~	~~$2,311~~	~~$2,419~~	~~$2,573~~	~~$2,881~~
~~70-79~~	~~$2,415~~	~~$2,499~~	~~$2,615~~	~~$2,782~~	~~$3,115~~
~~80-100~~	~~$2,597~~	~~$2,686~~	~~$2,811~~	~~$2,990~~	~~$3,349~~

b~~e~~) The SCM for an individual may be exceeded on a monthly basis to meet a temporary increase in need for services as long as the average monthly cost for services during the twelve month period does not exceed the SCM. Such an increase in services shall not last more than 3 months.

c~~f~~) The exceptional care rate (ECR) for individuals who cannot be served under an HSP waiver's SCM is established by the Department of Healthcare and Family Services (HFS) under 89 Ill. Adm. Code 140.569~~(i)~~. This rate is comparable to the assessed cost for institutionalization and shall not be exceeded. To determine the exceptional care rate for an individual served under an HSP waiver program:

1) the nearest approved exceptional care nursing facility to the individual's home is identified;

2) the exceptional care rate for that facility is requested from HFS; and

3) the daily exceptional care rate is multiplied by 30.3 to establish a monthly average.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Eligibility

2) Code Citation: 89 Ill. Adm. Code 682

3) Section Number: 682.100 — Proposed Action: Amendment

4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3]

5) A Complete Description of the Subjects and Issues Involved: The SMART Act (PA 97-689) increases the Determination of Need (DON) score from 29 to 37 for applicants of home and community based services under the Home Services Program (HSP). As a result, Section 682.100(f) (General Eligibility Criteria) is amended to reflect new DON scores and the addition of (Impairment) after Part A to reflect the type of assessment handled by this part of the DON.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

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

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

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/557-1544

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: Home Services Counselors have Masters Degrees.

14) Regulatory Agenda on which this rulemaking was summarized: July 2012

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: HOME SERVICES PROGRAM

PART 682
ELIGIBILITY

SUBPART A: GENERAL APPLICABILITY

Section
682.10 General Applicability

SUBPART B: NON-FINANCIAL ELIGIBILITY CRITERIA

Section
682.100 General Eligibility Criteria

SUBPART C: FINANCIAL ELIGIBILITY CRITERIA

Section
682.200 Assets Limitation
682.210 Transfer of Assets
682.220 Exempt Assets
682.230 Assets Held in Joint Ownership
682.240 Income Allowances (Repealed)
682.250 Cost Sharing Provisions (Repealed)
682.260 General Exceptions to Cost Share Provisions (Repealed)

SUBPART D: EFFECT OF OTHER SERVICES ON HSP

Section
682.300 Effect of Other Services on HSP

SUBPART E: REDETERMINATION OF ELIGIBILITY

Section
682.400 Redetermination Requirements
682.410 Redetermination Time Frames

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

SUBPART F: GRANDFATHERING PROVISIONS

Section
682.500 Exceptions to Eligibility Standards
682.510 Exceptions to Cost Sharing Provisions (Repealed)
682.520 Exceptions to Service Cost Maximums

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

SOURCE: Adopted at 19 Ill. Reg. 5070, effective March 21, 1995; amended at 20 Ill. Reg. 6307, effective April 18, 1996; amended at 20 Ill. Reg. 15749, effective December 3, 1996; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 22 Ill. Reg. 2226, effective January 12, 1998; amended at 23 Ill. Reg. 3981, effective March 19, 1999; amended at 23 Ill. Reg. 14450, effective December 6, 1999; amended at 24 Ill. Reg. 7724, effective May 12, 2000; amended at 25 Ill. Reg. 6278, effective May 15, 2001; emergency amendment at 28 Ill. Reg. 15183, effective November 8, 2004, for a maximum of 150 days; emergency expired April 6, 2005; amended at 31 Ill. Reg. 428, effective December 29, 2006; amended at 36 Ill. Reg. _____, effective _____.

SUBPART B: NON-FINANCIAL ELIGIBILITY CRITERIA

Section 682.100 General Eligibility Criteria

In order to receive services through HSP a customer must:

a) be a citizen of the United States, or be an individual who is living permanently in the United States after having been legally admitted;

b) have applied for, be a recipient of, or be found eligible for Medicaid benefits through HFS and within 60 days after the date of application for HSP provide verification to the HSP counselor of the customer's eligibility~~aforementioned~~. Customers may be found eligible for Medicaid and be placed on Spend Down. However, a customer is not required to meet the eligibility criteria for Medicaid to receive benefits, nor is Medicaid eligibility or verification of application required to receive Interim Services (see 89 Ill. Adm. Code 682). The customer must agree to apply for Medicaid, and cooperate with HFS, to receive Interim Services. Customers having applied for HSP services prior to October 1, 1991, may choose to apply for Medicaid;

c) be a resident of the State of Illinois;

d) be under the age of 60 at the time of application for HSP services, unless the individual is applying for services under the HSP AIDS Medicaid Waiver or under the HSP Brain Injury Medicaid Waiver, in which case there is no age criteria for application;

e) have a severe disability that~~which~~ is expected to last for at least 12 months or for the duration of life;

f) be an individual with a disability who is in need of long-term care, as determined by the DON score completed as a result of a prescreening (89 Ill. Adm. Code 679) or application for HSP services. In order to be determined to have met this criteria, the individual must receive a DON score of at least 19~~15~~ points on part A (Impairment), which includes, if applicable, the 10 points from the Mini-Mental Status Examination (89 Ill. Adm. Code 679.20), with a total DON score of at least 37~~29~~ points;

g) with DHS assistance, obtain certification at least every two years from a physician or from a neuropsychologist for a person with a brain injury (as defined in Section 676.30(r)) that indicates the individual is in need of long-term care and this care can safely and adequately be provided in the individual's home according to the physician and the HSP Service Plan; and

h) not require in-home services that are expected to cost more than the cost the State would pay for institutional care for an individual with a similar DON score.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Proceedings Pursuant to Specific Rules or Statutory Provisions

2) Code Citation: 35 Ill. Adm. Code 106

3)

Section Numbers:	Proposed Action:
106.100	Amended
106.900	New
106.902	New
106.904	New
106.906	New
106.908	New
106.910	New
106.912	New
106.914	New

4) Statutory Authority: Implementing and authorized by Section 21(q), 26, and 28.1 of the Environmental Protection Act [415 ILCS 5/21(q), 26, and 28.1]

5) A Complete Description of the Subjects and Issues Involved: A more-detailed description of this rulemaking and its procedural history is contained in the Board's third first notice opinion and order in Procedural Rules for Authorizations Under P. A. 97-220 for Certain Landscape Waste and Compost Applications and On-Farm Composting Facilities: New 35 Ill. Adm. Code 106.Subpart I, R 12-11 (June 21, 2012). This docket will establish adjusted standards procedural rules concerning authorizations under Section 21(q) of the Environmental Protection Act (Act), 415 ILCS 5/21(q). The text of that section was amended by P.A. 97-220, signed and effective July 28, 2011.

The recent amendment allows the Board, rather than the Illinois Environmental Protection Agency, to grant authorizations under two provisions of Section 21 (q). The first type of Board authorization is under Section 21(q)(2), and is limited to farm owners or operators of a composting facility on which the landscape waste composting material is utilized to operate the compost facility on more than 2% of the property's total acreage. The other type of authorization, available under Section 21(q)(3), would allow any person to apply landscape waste or composted landscape waste at a rate greater than "agronomic rates" of not more than 20 tons per acre per year. Without such Board authorizations, these activities are prohibited acts under Section 21(q), and violators are subject to enforcement.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

This is the Board's third Notice of Proposed Amendments in this docket. The proposed rules add a new subpart I to the Board's procedural rules for adjusted standards at 35 Ill. Adm. Code Part 106. These procedural rules are similar to those in other subparts in Part 106. The Board's first notice of the proposal, published at 35 Ill. Reg. 18492 (Nov. 14, 2011). The Board's first Notice of Proposed Amendments, was published at 35 Ill. Reg. 18492 (Nov. 14, 2011). Based on public comments, the Board made changes to the notice provisions of the rules, and published a second notice of proposed amendments on February 24, 2012 at 36 Ill. Reg. 2643. The Board specifically requested comments from the initial commenters and the IEPA, which did not comment on the Notice of Proposed Amendments published at 35 Ill. Reg. 18492 (Nov. 14, 2011).

Based on public comments received from the IEPA during the notice period following the February 24, 2012 publication, the Board decided to add specificity to the requirements for information to be provided in a petition, and also to give the IEPA 45-days to respond to the petition. Given the nature of the changes, the Board decided to withdraw both the Notices of Proposed Amendments published at 35 Ill. Reg. 18492, Nov. 14, 2011 and 36 Ill. Reg. 2643, Feb. 24, 2012 and to file a new Notice of Proposed Amendments. The Board particularly requested public comment from the original commenters, as well as from IEPA. *See* In the Matter of: Procedural Rules for Authorizations Under P. A. 97-220 for Certain Landscape Waste and Compost Applications and On-Farm Composting Facilities: New 35 Ill. Adm. Code 106.Subpart I, R12-11 (June 21, 2012) (third first notice opinion and order).

As the Board is not required to hold hearings to amend procedural rules, the Board does not intend to do so absent a request within the 45-day first notice period following this publication.

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 making contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

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

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

11) Statement of Statewide Policy Objectives: These proposed amendments do not create or enlarge a state mandate as defined in Section 3(b) of the State Mandates Act. [30 ILCS 805/3].

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: The Board 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 refer to docket R12-11 and be addressed to:

Clerk's Office
Illinois Pollution Control Board
100 W. Randolph St., Suite 11-500
Chicago, IL 60601

Interested persons may request copies of the Board's opinion and order in R12-11 by calling the Clerk's office at 312-814-3620, or may download copies from the Board's Web site at www.ipcb.state.il.us. For more information, contact hearing officer Kathleen Crowley at 312/814-6929 or e-mail crowleyk@ipcb.state.il.us.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Any small business, small municipalities, or not-for-profit corporations that own or operate a qualifying source could be affected by the proposed amendments.

B) Reporting, bookkeeping or other procedures required for compliance: Owner or operators of qualifying sources will have the same or fewer requirements for reporting, bookkeeping, or recordkeeping.

C) Types of Professional skills necessary for compliance: It is not anticipated that any additional skills will be necessary for compliance, as the goal of small source registration is to reduce the administrative requirements for owners or operators of qualifying units, while maintaining environmental effectiveness of substantive emissions requirements for these sources.

14) Regulatory Agenda in which these amendments were summarized: January 2011 Regulatory Agenda published at 35 Ill. Reg. 20774 (Dec. 23, 2011).

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

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

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE A: GENERAL PROVISIONS
CHAPTER I: POLLUTION CONTROL BOARD

PART 106
PROCEEDINGS PURSUANT TO SPECIFIC RULES OR STATUTORY PROVISIONS

SUBPART A: GENERAL PROVISIONS

Section
106.100 Applicability
106.102 Severability
106.104 Definitions

SUBPART B: HEATED EFFLUENT, ARTIFICIAL COOLING LAKE, AND SULFUR DIOXIDE DEMONSTRATIONS

Section
106.200 General
106.202 Petition Requirements
106.204 Additional Petition Requirements in Sulfur Dioxide Demonstrations
106.206 Notice
106.208 Recommendation and Response
106.210 Burden of Proof

SUBPART C: WATER WELL SETBACK EXCEPTION PROCEDURES

Section
106.300 General
106.302 Initiation of Proceeding
106.304 Petition Content Requirements
106.306 Response and Reply
106.308 Hearing
106.310 Burden of Proof

SUBPART D: REVOCATION AND REOPENING OF CLEAN AIR ACT PERMIT PROGRAM (CAAPP) PERMITS

Section

106.400 General
106.402 Definitions
106.404 Initiation of Proceedings
106.406 Petition Content Requirements
106.408 Response and Reply
106.410 Hearing
106.412 Burden of Proof
106.414 Opinion and Order
106.416 USEPA Review of Proposed Determination

SUBPART E: MAXIMUM ACHIEVABLE CONTROL TECHNOLOGY DETERMINATIONS

Section
106.500 General
106.502 Definitions
106.504 Initiation of Proceedings
106.506 Petition Content Requirements
106.508 Response and Reply
106.510 Hearing
106.512 Burden of Proof
106.514 Board Action

SUBPART F: CULPABILITY DETERMINATIONS FOR PARTICULATE MATTER LESS THAN OR EQUAL TO 10 MICRONS (PM-10)

Section
106.600 General
106.602 Initiation of Proceedings
106.604 Petition Content Requirements
106.606 Response and Reply
106.608 Hearing
106.610 Burden of Proof

SUBPART G: INVOLUNTARY TERMINATION OF ENVIRONMENTAL MANAGEMENT SYSTEM AGREEMENTS (EMSAs)

Section
106.700 Purpose

106.702 Applicability
106.704 Termination Under Section 52.3-4(b) or (b-5) of the Act
106.706 Who May Initiate, Parties
106.707 Notice, Statement of Deficiency, Answer
106.708 Service
106.710 Notice of Hearing
106.712 Deficient Performance
106.714 Board Decision
106.716 Burden of Proof
106.718 Motions, Responses
106.720 Intervention
106.722 Continuances
106.724 Discovery, Admissions
106.726 Subpoenas
106.728 Settlement Procedure
106.730 Authority of Hearing Officer, Board Members, and Board Assistants
106.732 Order and Conduct of Hearing
106.734 Evidentiary Matters
106.736 Post-Hearing Procedures
106.738 Motion After Entry of Final Order
106.740 Relief from Final Orders

SUBPART H: AUTHORIZATIONS UNDER THE REGULATION OF PHOSPHORUS IN DETERGENTS ACT

Section
106.800 General
106.802 Definitions
106.804 Initiation of Proceeding
106.806 Petition Content Requirements
106.808 Response and Reply
106.810 Hearing
106.812 Burden of Proof

SUBPART I: AUTHORIZATIONS FOR CERTAIN LANDSCAPE WASTE AND COMPOST APPLICATIONS AND ON-FARM COMPOSTING FACILITIES

Section
106.900 General
106.902 Initiation of Proceeding
106.904 Petition Content Requirements

106.906 Petition Notice Requirements
106.908 Proof of Petition Notice Requirements
106.910 Response and Reply
106.912 Hearing
106.914 Burden of Proof

SUBPART J: TEMPORARY LANDFILL BAN WAIVERS UNDER THE ELECTRONIC PRODUCTS RECYCLING AND REUSE ACT

Section
106.1000 General
106.1002 Definitions
106.1004 Initiation of Proceeding
106.1006 Petition Content Requirements
106.1008 Response and Reply
106.1010 Burden of Proof
106.1012 Board Decision

106.APPENDIX A Comparison of Former and Current Rules (Repealed)

AUTHORITY: Implementing and authorized by Sections 5, 14.2(c), 21(q), 22.4, 26, 27, 28, 28.1, 28.5, 35, 36, 37, 38, 39.5 and 52.3 of the Environmental Protection Act (the Act) [415 ILCS 5/5, 14.2(c), 21(q), 22.4, 26, 27, 28, 28.1, 28.5, 35, 36, 37, 38, 39.5 and 52.3], Section 5 of the Regulation of Phosphorus in Detergents Act [415 ILCS 92/5] and Section 95 of the Electronic Products Recycling and Reuse Act [415 ILCS 150/95].

SOURCE: Filed with Secretary of State January 1, 1978; amended at 4 Ill. Reg. 2, p. 186, effective December 27, 1979; codified at 6 Ill. Reg. 8357; amended in R85-22 at 10 Ill. Reg. 992, effective February 2, 1986; amended in R86-46 at 11 Ill. Reg. 13457, effective August 4, 1987; amended in R82-1 at 12 Ill. Reg. 12484, effective July 13, 1988; amended in R88-10 at 12 Ill. Reg. 12817, effective July 21, 1988; amended in R88-5(A) at 13 Ill. Reg. 12094, effective July 10, 1989; amended in R88-5(B) at 14 Ill. Reg. 9442, effective June 5, 1990; amended in R93-24 at 18 Ill. Reg. 4230, effective March 8, 1994; amended in R93-30 at 18 Ill. Reg. 11579, effective July 11, 1994; amended in R99-9 at 23 Ill. Reg. 2697, effective February 16, 1999; old Part repealed, new Part adopted in R00-20 at 25 Ill. Reg. 550, effective January 1, 2001; amended in R04-24 at 29 Ill. Reg. 8817, effective June 8, 2005; amended in R10-19 at 34 Ill. Reg. 11486, effective July 23, 2010; amended in R12-21 at 36 Ill. Reg. 9236, effective June 17, 2012; amended in R12-11 at 36 Ill. Reg. _____, effective _____.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

SUBPART A: GENERAL PROVISIONS

Section 106.100 Applicability

a) This Part applies to adjudicatory proceedings pursuant to specific rules or statutory provisions. Specifically, the Part applies to heated effluent, artificial cooling lake and sulfur dioxide demonstrations, water well setback exception procedures, revocation and reopening of CAAPP permits, maximum achievable control technology determinations, culpability determinations for particulate matter less than or equal to 10 microns, the involuntary termination of environmental management system agreements, authorization of use of cleaning agents under the Regulation of Phosphorus in Detergents Act [415 ILCS 92], and authorizations for certain landscape waste and compost applications and on-farm composting facilities.

b) This Part must be read in conjunction with 35 Ill. Adm. Code 101 which contains procedures generally applicable to all of the Board's adjudicatory proceedings. In the event of a conflict between the requirements of 35 Ill. Adm. Code 101 and those of this Part, the provisions of this Part apply.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART I: AUTHORIZATIONS FOR CERTAIN LANDSCAPE WASTE AND COMPOST APPLICATIONS AND ON-FARM COMPOSTING FACILITIES

Section 106.900 General

a) Applicability. This Subpart applies to any person who files a petition for Board authorization concerning an individual site to:

1) apply landscape waste or composted landscape waste at a rate greater than the agronomic rates of 20 tons per acre per year , pursuant to Section 21(q) and (q)(2) of the Act; or

2) operate an on-farm composting facility constituting more than 2% of the property's total acreage, pursuant to Section 21(q)(3) of the Act.

b) Demonstration. Any person who files a petition for Board authorization under this Subpart must demonstrate *that the site's soil characteristics or crop needs require a higher rate.* [415 ILCS 5/21(q) and (q)(3)(A)]

c) Parties. The person filing the petition for authorization must be named the petitioner and the Agency must be named the respondent.

d) Filing and Service. The filing and service requirements of 35 Ill. Adm. Code 101.Subpart C will apply to the proceedings under this Subpart.

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.902 Initiation of Proceeding

The petitioner must file the petition for authorization with the Clerk of the Board and must serve one copy upon the Agency.

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.904 Petition Content Requirements

The petition must contain the following information:

a) A written statement, signed by the petitioner or an authorized representative, concerning the property for which authorization is sought, outlining a description of the specific percentage of the property or the specific application rate sought and the duration of, the reasons for, and the basis for the authorization sought, consistent with the burden of proof stated in Section 106.914;

b) The nature of the petitioner's operations;

c) Any other applicable information that may be required by Section 21(q) of the Act, including but not limited to a map of the location where land application or composting would take place; a description of the uses of the surrounding areas; the method for nutrient calculations; the soil sampling analysis for samples taken within one year prior to the filing of the petition in accordance with the sampling protocols of subsections (e) and (f); the intended crop or planting; a description of any additives to the landscape waste; the method for incorporating the landscape waste or compost into the soil; the maximum time between acceptance of

landscape waste or compost and its incorporation into soil; the weather conditions under which incorporation will occur; the method of minimizing stormwater/snowmelt runoff; a screening plan to ensure materials accepted do not contain materials other than landscape waste; a contingency plan that describes methods for dealing with emergency situations and methods for the removal of material that is not landscape waste from incoming loads; and the method of preventing nuisance conditions such as vectors, odors, litter or dust.

d) For demonstrations under Section 106.914(a), a plan, including soil testing, in accordance with subsections (e) and (f) and no less than once every five years, to show when application of landscape waste or composted landscape waste at rates greater than an agronomic rate of 20 tons per acre per year will be, or will continue to be, beneficial to the site's soil characteristics or crop needs. Such a plan must specify any soil parameters to be analyzed, such as soil organic content and nutrients and any limits on them.

e) Soil samples collected that will represent the entire landscape waste or composted landscape waste application site.

1) Soil Plow Zone - one soil sample shall be collected per 8 acres of application site area to a depth of 12 inches. Each soil sample taken shall be a homogeneous mixture composed of at least 10 subsamples randomly collected within the 8 acre area.

2) Soil Profiles − one soil core sample per 8 acres of land application site shall be obtained to a depth of 5 feet using a soil tube or soil auger type implement. Soil cores shall be divided into 5 one foot subsamples and each subsample shall be analyzed separately.

3) Soil sample collection pursuant to subsections (a) and (b) may be modified by the Board upon request by the petitioner after considering the application rate of the landscape waste or composted landscape waste and the continuity of soil types of the application site.

f) Soil analysis performed in accordance with the following references unless equivalent results can be obtained by other methods. The petitioner shall demonstrate that equivalent results are obtainable based on the nature of the test methodology, the nature of the parameter and the level of statistical accuracy.

1) Physical Testing Methods
Methods of Soil Analysis - Part 1, Physical and Mineralogical Properties (1986), Soil Science Society of America (SSSA) and American Society of Agronomy, Inc. (ASA), 5585 Guilford Road, Madison, Wisconsin 53711.

2) Chemical Testing Methods
Methods of Soil Analysis - Part 3, Chemical Methods (1996), Soil Science Society of America (SSSA) and American Society of Agronomy, Inc. (ASA), 5585 Guilford Road, Madison, Wisconsin 53711.

3) For the purposes of this Subpart I, the Board incorporates by reference the soil test methods listed in subsections (f)(1) and (f)(2). This incorporation includes no later amendments or editions.

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.906 Petition Notice Requirements

a) The petitioner shall submit to the Board proof that, within 14 days after the filing of the petition, it has published notice of the filing of the petition by advertisement in a newspaper of general circulation in the area likely to be affected by the petitioner's activity that is the subject of the Section 21(q) petition.

b) The title of the notice must be in the following form: "Notice of Petition For Authorization Under 415 ILCS 5/21(q) by (petitioner's name) before the Illinois Pollution Control Board". The notice must contain the name and address of the petitioner and the statement that the petitioner has filed with the Board an authorization petition under Section 21(q). The notice must also provide the date upon which the petition was filed, the Board docket number, the proposed authorization, a general description of the petitioner's activity that is the subject of the authorization proceeding and the location of the petitioner's activity. This information must be presented so as to be understood in accordance with the context of this Section's requirements. The concluding portion of the notice must read as follows: "Any person may cause a public hearing to be held in the above-described authorization proceeding by filing a hearing request with the Illinois Pollution Control Board within 21 days after the date of the publication of this notice. The hearing request should clearly indicate the docket number for the adjusted standard proceeding, as found in this notice, and must be mailed to the Clerk of the Board, Illinois Pollution Control Board, 100 W. Randolph Street,

Suite 11-500, Chicago, Illinois 60601".

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.908 Proof of Petition Notice Requirements

Within 30 days after the filing of the petition, the petitioner must file a certificate of publication, issued by the publisher of the authorization petition notice certifying the publication of that notice. The certificate must be issued in accordance with Section 1 of the Notice by Publication Act [715 ILCS 5/1].

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.910 Response and Reply

a) Within 45 days after the filing of a petition, the Agency may file a response to any petition in which it has not joined as co-petitioner. The response must include the comments concerning potential Board action on the petition.

b) The petitioner may file a reply within 14 days after the service of any Agency response.

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.912 Hearing

a) Any person can request that a public hearing be held in an authorization proceeding. The requests must be filed not later than 21 days after the date of the publication of the petition notice in accordance with Section 106.906. Requests for hearing should make reference to the Board docket number assigned to the proceeding. A copy of each timely hearing request will be mailed to the petitioner and Agency by the Clerk of the Board. Participation by the public at the hearing must be in accordance with 35 Ill. Adm. Code 101.110 and 101.628. The Board may also, in its discretion, hold a public hearing when it determines a public hearing is advisable.

b) When all parties and participants who have requested a hearing pursuant to this Subpart have withdrawn their requests for a hearing, the hearing will not be held unless the Board, in its discretion, deems it advisable.

c) The hearing officer will set a time and place for the hearing. The hearing officer will make an attempt to consult with the petitioner and the Agency prior to the scheduling of a hearing. Hearings are to be held in the county likely to be affected by the petitioner's activity that is the subject of the proposed authorization proceeding.

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 106.914 Burden of Proof

The burden of proof is on the petitioner. A petitioner may seek authorization, for an individual site, to:

a) Apply landscape waste or composted landscape waste at rates greater than "agronomic rates" of not *more than 20 tons per acre per year*. [415 ILCS 5/21(q)]. An owner or operator seeking to apply landscape waste or composted landscape waste in accordance with Section 21(q)(2) of the Act at rates greater than agronomic rates must *demonstrate to the Board that the site's soil characteristics or crop needs require a higher rate* as specified in the petition. [415 ILCS 5/21(q)]

b) Increase in total acreage of on-farm composting facility. A farm owner or operator seeking to apply landscape waste or landscape waste compost in accordance with Section 21(q)(3)(A) of the Act at a *composting facility on which the composting material is utilized and* who proposes to do so on *more than 2% of the property's total acreage on which the composting material is utilized by the farmer, must demonstrate to the Board that the site's soil characteristics or crop needs require a higher rate* as specified in the petition.

(Source: Added at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004

2) Code Citation: 68 Ill. Adm. Code 1240

3)

Section Numbers:	Adopted Action:
1240.10	Amendment
1240.20	New Section
1240.100	Amendment
1240.110	New Section
1240.200	Amendment
1240.210	New Section
1240.300	Amendment
1240.310	Amendment
1240.320	Repealed
1240.330	New Section
1240.400	Amendment
1240.500	Amendment
1240.501	New Section
1240.502	New Section
1240.505	Amendment
1240.510	Amendment
1240.515	Amendment
1240.520	Amendment
1240.525	Amendment
1240.530	Amendment
1240.535	Amendment
1240.540	Amendment
1240.550	Amendment
1240.560	Amendment
1240.565	Amendment
1240.570	Amendment
1240.580	Amendment
1240.700	New Section
1240.710	New Section
1240.720	New Section
1240.730	New Section
1240.740	New Section

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

4) Statutory Authority: Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 [225 ILCS 446]

5) Effective Date of Amendments: July 13, 2012

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal Published in Illinois Register: March 23, 2012; 36 Ill. Reg. 4215

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

11) Differences between Proposal and Final Version: No substantive differences.

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? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: This rulemaking implements provisions from Public Act 95-613 by providing that persons using or handling a canine for the protection of persons or property or conducting investigations must have a canine handler authorization card or canine trainer authorization card issued by the Department. The rulemaking also implements provisions in Public Act 96-1445 by providing for additional consumer protection provisions regarding locksmiths, including requiring that any locksmith agency licensed to do business in Illinois must have an office within the State or have an out of state office no further than 50 miles from the Illinois border. It sets procedures for the issuance of licenses for private detective agencies, private alarm contractor agencies, private security contractor agencies, and locksmith agencies.

The rulemaking also provides procedures for the issuance of branch office licenses and requirements for an agency licensee-in-charge. It defines “armed employee” in reference to the registration of an armed proprietary security force and provides for the expiration and

renewal of approval as a firearm instructor. It also sets fees for certification and renewal as a firearm instructor, issuance and renewal of a canine handler authorization card, issuance and renewal of a canine trainer authorization card, approval of a canine handler training program, approval of a canine instructor training program, and approval of a firearm training program. It increases the current fees for issuance and renewal of a firearm control card and issuance and renewal of an armed proprietary security force registration and also provides for confidentiality of investigation files. The rulemaking also includes several technical and clean-up changes.

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

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

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

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1240
PRIVATE DETECTIVE, PRIVATE ALARM,
PRIVATE SECURITY, FINGERPRINT VENDOR, AND LOCKSMITH ACT OF 2004

SUBPART A: PRIVATE DETECTIVE

Section
1240.10 Application for Examination and Licensure – Private Detective
1240.20 Application for Licensure − Private Detective Agency

SUBPART B: PRIVATE ALARM

Section
1240.100 Application for Examination and Licensure – Private Alarm Contractor
1240.110 Application for Licensure − Private Alarm Contractor Agency

SUBPART C: PRIVATE SECURITY

Section
1240.200 Application for Examination and Licensure – Private Security Contractor
1240.210 Application for Licensure − Private Security Contractor Agency

SUBPART D: LOCKSMITH

Section
1240.300 Application for Examination and Licensure – Locksmith
1240.310 20-Hour Basic Training Course – Locksmith
1240.320 Recordkeeping Requirements – Locksmith (Repealed)
1240.330 Application for Licensure − Locksmith Agency

SUBPART E: PROPRIETARY SECURITY FORCE

Section
1240.400 Registration of Proprietary Security Force

SUBPART F: GENERAL

Section
1240.500 Definitions
1240.501 Licensee-in-charge

1240.502 Application for Branch Office License
1240.505 20-Hour Basic Training Course – Private Detective, Private Alarm Contractor, ~~and~~ Private Security Contractor and Proprietary Security Force Employee
1240.510 Firearm Training Course
1240.515 Approval of Firearm Training Programs and Firearm Instructors
1240.520 Permanent Employee Registration Card
1240.525 Refusal to Issue Employee Registration Card or Firearm Control~~Authorization~~ Card Due to Criminal History Record Information
1240.530 Firearm Control~~Authorization~~ Cards
1240.535 Recordkeeping Requirements
1240.540 Reporting Requirements
1240.550 Renewals
1240.555 Endorsement
1240.560 Restoration
1240.561 Inactive Status
1240.565 Requests for Duplicate Certificates
1240.570 Fees
1240.575 Conduct of Hearings
1240.580 Investigation by the Division
1240.585 Granting Variances

SUBPART G: FINGERPRINT VENDOR

1240.600 Application for Licensure – Fingerprint Vendor
1240.610 Licensure – Fingerprint Vendor Agency
1240.620 Fingerprint Vendor – Standards, Unethical, Unauthorized, or Unprofessional Conduct
1240.630 Fingerprint Vendor − Training

SUBPART H: CANINE HANDLER

1240.700 Canine Handler Training Course Requirements
1240.710 Canine Handler Authorization Card
1240.720 Canine Handler Training Program
1240.730 Canine Trainer Authorization Card
1240.740 Canine Handler and Canine Training Instructor – Unprofessional Conduct

AUTHORITY: Implementing the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 [225 ILCS 447] and authorized by Sections 2105-15(7) and

2105-100(b) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7) and 2105-100(b)].

SOURCE: Rules and Regulations Promulgated for the Administration of the Illinois Detective Act, effective October 7, 1975; amended at 4 Ill. Reg. 22, p. 251, effective May 15, 1980; codified at 5 Ill. Reg. 11032; 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; amended at 6 Ill. Reg. 8208, effective July 15, 1982; emergency amendment at 8 Ill. Reg. 903, effective January 6, 1984, for a maximum of 150 days; Part repealed and new Part adopted at 9 Ill. Reg. 18512, effective November 15, 1985; transferred from Chapter I, 68 Ill. Adm. Code 240 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1240 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2967; amended at 12 Ill. Reg. 20143, effective November 18, 1988; amended at 15 Ill. Reg. 3051, effective February 11, 1991; amended at 17 Ill. Reg. 1579, effective January 26, 1993; amended at 19 Ill. Reg. 954, effective January 17, 1995; amended at 19 Ill. Reg. 11473, effective July 28, 1995; emergency amendment at 19 Ill. Reg. 13460, effective September 8, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 3191, effective February 2, 1996; emergency amendment at 20 Ill. Reg. 14924, effective October 31, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 3135, effective March 4, 1997; amended at 24 Ill. Reg. 587, effective December 31, 1999; emergency amendment at 27 Ill. Reg. 1307, effective January 13, 2003, for a maximum of 150 days; emergency expired June 11, 2003; amended at 27 Ill. Reg. 9587, effective June 13, 2003; old Part repealed, new Part adopted at 28 Ill. Reg. 16209, effective December 2, 2004; amended at 36 Ill. Reg. 1486, effective February 3, 2012; amended at 36 Ill. Reg. 9938, effective July 13, 2012.

SUBPART A: PRIVATE DETECTIVE

Section 1240.10 Application for Examination and Licensure – Private Detective

a) Applications for licensure by examination, together with all supporting documentation, including verification of work experience, must be on file at least 60 days prior to the date of the examination.

b) No candidate shall be admitted to the examination until having fulfilled the experience and/or education requirements specified in Section 15-10(a)(6) of the Act. To determine such fulfillment, the following standards shall be applied:

1) The term "year" shall be 12 months with an average of at least 20 work days per month during which the applicant was engaged in full-time employment equal to 1500 hours or more annually.

2) "Full-time investigator~~supervisor in a law enforcement agency" shall mean a sworn peace officer serving in a full-time position responsible for the direction and performance of other law enforcement personnel. 3) "Investigator~~ in a law enforcement agency" shall mean a sworn peace officer, as defined in Section 5-10 of the Act, who serves in the capacity of a full-time detective/investigator or above rank.

c) The passing grade on the examination is 70 or above.

d) Upon notification of successful completion of the examination, the applicant may apply to the Department of Financial and Professional Regulation-Division of Professional Regulation (Division) for licensure. The application must be complete and must be accompanied by:

1) One of the following:

A) Copy of the verification of~~Verification of electronic~~ fingerprint processing from ISP~~the Illinois Department of State Police~~ or from one of the ISP live scan~~Illinois State Police approved~~ vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division~~. Applicants shall contact one of the approved vendors for fingerprint processing~~;

B) Out-of-state residents unable to utilize the ISP~~Illinois State Police~~ electronic fingerprint process may submit to ISP~~one of the Illinois State Police approved vendors~~ one fingerprint card issued by ~~the~~ ISP~~Illinois State Police~~, accompanied by the fee specified by ISP~~the vendor~~; or

C) In lieu of fingerpints, verification~~Verification~~, on forms provided by the Division, of proof of retirement as a peace officer, as defined in Section 5-10 of the Act, within 12 months prior to application in lieu of fingerprints. The~~*A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to*~~

~~*make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered peace officers.* (Section 5-10 of the Act). Such~~ verification shall be signed by the applicant's employer;

2) Proof of at least $1,000,000 of general liability insurance held by the applicant as evidenced by a certificate of insurance from the insurer; and

3) The required fees specified in Section 1240.570.

e) A successful examination score shall be valid for 6 years. After 6 years the examination score will be void and an applicant will be required to file a new application, meeting the requirements at the time of the new application, and will be required to sit for and pass the examination.

f) In addition to any other requirements, an applicant for licensure shall meet the following:

1) Has not been convicted of any felony in any jurisdiction or at least 10 years have lapsed since the time of full discharge from a sentence imposed for a felony conviction;

2) Is of good moral character. Good moral character is a continuing requirement of licensure. Conviction of crimes other than felonies may be used in determining moral character, but shall not constitute an absolute bar to licensure, except when the applicant is a registered sex offender;

3) Has not been declared by any court of competent jurisdiction to be incompetent by reason of mental or physical defect or disease, unless a court has subsequently declared the applicant to be competent;

4) Is not suffering from dependence on alcohol or from narcotic addiction or dependence;

5) Has not been dishonorably discharged from the armed forces of the United States;

6) Submits his or her fingerprints, in accordance with the provisions of the Act and this Part, including but not limited to the payment of any required fees;

7) Has not violated any provision of the Act or this Part.

g) For applicants utilizing the experience referenced in Section 15-10(c) where proof of canine odor detection services for hire since January 1, 2005 is required, at least the following shall be included:

1) Certified copies of a minimum of three canine odor detection services contracts prior January 1, 2005.

2) A completed VE-DET form to document the work experience in canine odor detection services since January 1, 2005.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.20 Application for Licensure – Private Detective Agency

a) An applicant for licensure as a private detective agency shall, in accordance with Section 15-15 of the Act, file an application with the Division, on forms provided by the Division, together with the following:

1) Agency name, address and telephone number of principal office in Illinois where services are provided. A post office box by itself is not acceptable.

2) If the agency does not maintain a principal office in Illinois, the address and telephone number of its out-of-state office where its licensee-in-charge is located and records of its operations within Illinois are kept in compliance with the requirements of the Act and this Part. A post office box by itself is not acceptable.

3) Name and Illinois private detective license number of its licensee-in-charge.

4) The required fees specified in Section 1240.570.

5) The type of business (sole proprietorship, partnership, corporation, etc.).

A) If a sole proprietorship, the name of the owner and his or her license number;

B) If a partnership, a listing of all partners and their license numbers;

C) If a corporation, a copy of the Articles of Incorporation, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the officers and directors of the corporation, including license numbers, if applicable. If using an assumed name (d/b/a), a copy of the assumed name registration issued by the Secretary of State. If the corporation is a foreign corporation, a copy of the authorization to conduct business in Illinois;

D) If a limited liability company, a copy of the Articles of Organization, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the members of the limited liability company and their license numbers, if applicable.

b) The name of the agency shall not include the words "law enforcement" or "police" or any other words or combination that implies that the agency is a law enforcement or police agency or a governmental agency.

c) Any unlicensed officers, directors or members of the applicant corporation or limited liability company shall be persons of good moral character as determined by the Division.

d) When the accuracy, relevance or sufficiency of any submitted documentation or information is questioned by the Division because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure or any of its owners, partners, officers, directors or members shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the accuracy, relevance or sufficiency of any submitted documentation or information or lack of information, discrepancies or conflicts in information given.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

SUBPART B: PRIVATE ALARM

Section 1240.100 Application for Examination and Licensure – Private Alarm Contractor

a) Application for~~An individual seeking~~ licensure by examination, together with all supporting documentation, including verification of work experience, must be on file at least 60 days prior to the date of examination. ~~as a private alarm contractor shall make application to the Department of Financial and Professional Regulation-Division of Professional Regulation (Division), on forms provided by the Division, at least 60 days prior to the examination. The application shall include proof acceptable to the Division that the applicant has~~

b) No candidate shall be admitted to the examination until having fulfilled the ~~required~~ experience and/or education requirements specified in Section 20-10(a)(6) of the Act. To determine such fulfillment, the~~the following standards shall be applied:~~ ~~1)The~~ term "year" shall be 12 months with an average of at least 20 work days per month during which the applicant was engaged in full-time employment equal to 1500 hours or more annually.

~~2)~~ ~~Applicants qualified to sit for the examination pursuant to Section 20-10 of the Act shall have private alarm experience which shall include, but not be limited to:~~

~~A)~~ ~~Private alarm contractor experience as defined in Section 5-10 of the Act gained while licensed or lawfully practicing in another jurisdiction with substantially equivalent licensure requirements as in effect in Illinois for 3 of the last 5 years; or~~

~~B)~~ ~~*A minimum of 3 years experience of the 5 years immediately preceding application working as a full-time manager for a licensed private alarm contractor agency or for an entity that designs, sells, installs, services, or monitors alarm systems that, in*~~

~~*the judgment of the Board, satisfies the standards of alarm industry competence.* (Section 20-10(a)(6))~~

c)~~b)~~ The passing score on the examination is 70 or above.

d)~~c)~~ Upon notification of successful completion of the examination, the applicant may apply to the Division for licensure. The application shall include:

1) One of the following:

A) Copy of the verification~~Verification~~ of ~~electronic~~ fingerprint processing from ISP~~the Illinois Department of State Police~~ or from one of the ISP live scan~~Illinois State Police approved~~ vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division~~. Applicants shall contact one of the approved vendors for fingerprint processing~~;

B) Out-of-state residents unable to utilize the ISP~~Illinois State Police~~ electronic fingerprint process may submit to ISP one ~~of the Illinois State Police approved vendors one~~ fingerprint card issued by ISP~~the Illinois State Police~~, accompanied by the fee specified by ISP~~the vendor~~; or

C) In lieu of fingerprints, verification~~Verification~~, on forms provided by the Division, of proof of retirement as a peace officer, as defined in Section 5-10 of the Act, within 12 months prior to application~~ in lieu of fingerprints~~. The~~*A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered peace officers.* (Section 5-10 of the Act) Such~~ verification shall be signed by the applicant's employer;

2) Proof of at least $1,000,000 of general liability insurance held by the applicant as evidenced by a certificate of insurance from the insurer; and

3) The required fees specified in Section 1240.570.

e)~~d)~~ A successful examination score shall be valid for 6 years. After 6 years the examination score will be void and an applicant will be required to file a new application, meeting the requirements at the time of the new application, and will be required to sit for and pass the examination.

f) In addition to any other requirements, an applicant for licensure shall meet the following:

1) Has not been convicted of any felony in any jurisdiction or at least 10 years have lapsed since the time of full discharge from a sentence imposed for a felony conviction;

2) Is of good moral character. Good moral character is a continuing requirement of licensure. Conviction of crimes other than felonies may be used in determining moral character, but shall not constitute an absolute bar to licensure, except when the applicant is a registered sex offender;

3) Has not been declared by any court of competent jurisdiction to be incompetent by reason of mental or physical defect or disease, unless a court has subsequently declared the applicant to be competent;

4) Is not suffering from dependence on alcohol or from narcotic addiction or dependence;

5) Has not been dishonorably discharged from the armed forces of the United States;

6) Submits his or her fingerprints, in accordance with the provisions of the Act and this Part, including but not limited to the payment of any required fees;

7) Has not violated any provision of the Act or this Part.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.110 Application for Licensure – Private Alarm Contractor Agency

a) An applicant for licensure as a private alarm contractor agency shall, in accordance with Section 20-15 of the Act, file an application with the Division, on forms provided by the Division, together with the following:

1) Agency name, address and telephone number of principal office in Illinois where services are provided. A post office box by itself is not acceptable.

2) If the agency does not maintain a principal office in Illinois, the address and telephone number of its out-of-state office where its licensee-in-charge is located and records of its operations within Illinois are kept in compliance with the requirements of the Act and this Part. A post office box by itself is not acceptable.

3) Name and Illinois private alarm contractor license number of its licensee-in-charge.

4) The required fees specified in Section 1240.570.

5) The type of business (sole proprietorship, partnership, corporation, etc.).

A) If a sole proprietorship, the name of the owner and his or her license number;

B) If a partnership, a listing of all partners and their license numbers;

C) If a corporation, a copy of the Articles of Incorporation, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the officers and directors of the corporation, including license numbers, if applicable. If using an assumed name (d/b/a), a copy of the assumed name registration issued by the Secretary of State. If the corporation is a foreign corporation, a copy of the authorization to conduct business in Illinois;

D) If a limited liability company, a copy of the Articles of Organization, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the members of the limited liability company and their license numbers, if applicable.

b) The name of the agency shall not include the words "law enforcement" or "police" or any other words or combination that implies that the agency is a law enforcement or police agency or a governmental agency.

c) Any unlicensed officers, directors or members of the applicant corporation or limited liability company shall be persons of good moral character as determined by the Division.

d) When the accuracy, relevance or sufficiency of any submitted documentation or information is questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure or any of its owners, partners, officers, directors or members shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the accuracy, relevance or sufficiency of any submitted documentation or information or lack of information, discrepancies or conflicts in information given.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

SUBPART C: PRIVATE SECURITY

Section 1240.200 Application for Examination and Licensure – Private Security Contractor

a) Applications for licensure by examination, together with all supporting documentation, including verification of work experience, must be on file at least 60 days prior to the date of the examination.

b) No candidate shall be admitted to the examination until having fulfilled the experience and/or education requirements specified in Section 25-10(a)(6) of the Act. To determine such fulfillment, the following standards shall be applied:

1) The term "year" shall be 12 months with an average of at least 20 work days per month during which the applicant was engaged in full-time employment equal to 1500 hours or more annually.

2) "Full-time supervisor in a law enforcement agency" shall mean a sworn peace officer serving in a full-time position responsible for the direction and performance of other law enforcement personnel.

c) The passing grade on the examination is 70 or above.

d) Upon notification of successful completion of the examination, the applicant may apply to the Division for licensure. The application must be complete and must be accompanied by:

1) One of the following:

A) Copy of the verification~~Verification~~ of electronic fingerprint processing from ISP~~the Illinois State Police~~ or from one of the ISP live scan~~Illinois State Police approved~~ vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division~~. Applicants shall contact one of the approved vendors for fingerprint processing~~;

B) Out-of-state residents unable to utilize the ISP~~Illinois State Police~~ fingerprint process may submit to ISP one ~~of the Illinois State Police approved vendors one~~ fingerprint card issued by ISP ~~the Illinois State Police~~, accompanied by the fee specified by ISP~~the vendor~~; or

C) In lieu of fingerprints, verification~~Verification~~, on forms provided by the Division, of proof of retirement as a peace officer, as defined in Section 5-10 of the Act, within 12 months prior to application ~~in lieu of fingerprints~~. The~~*A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered peace officers.* (Section 5-10 of the Act) Such~~ verification shall be signed by the applicant's employer;

2) Proof of at least $1,000,000 of general liability insurance held by the applicant as evidenced by a certificate of insurance from the insurer; and

3) The required fees specified in Section 1240.570.

e) A successful examination score shall be valid for 6 years. After 6 years the examination score will be void and an applicant will be required to file a new application, meeting the requirements at the time of the new application, and will be required to sit for and pass the examination.

f) In addition to any other requirements, an applicant for licensure shall meet the following:

1) Has not been convicted of any felony in any jurisdiction or at least 10 years have lapsed since the time of full discharge from a sentence imposed for a felony conviction;

2) Is of good moral character. Good moral character is a continuing requirement of licensure. Conviction of crimes other than felonies may be used in determining moral character, but shall not constitute an absolute bar to licensure, except when the applicant is a registered sex offender;

3) Has not been declared by any court of competent jurisdiction to be incompetent by reason of mental or physical defect or disease, unless a court has subsequently declared the applicant to be competent;

4) Is not suffering from dependence on alcohol or from narcotic addiction or dependence;

5) Has not been dishonorably discharged from the armed forces of the United States;

6) Submits his or her fingerprints, in accordance with the provisions of the Act and this Part, including but not limited to the payment of any required fees;

7) Has not violated any provision of the Act or this Part.

g) For applicants utilizing the experience referenced in Section 25-10(c) where proof of canine odor detection services for hire since January 1, 2005 is required, at least the following shall be included:

1) Certified copies of a minimum of three canine odor detection services contracts prior January 1, 2005.

2) A completed VE-DET form to document the work experience in canine odor detection services since January 1, 2005.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.210 Application for Licensure – Private Security Contractor Agency

a) An applicant for licensure as a private security contractor agency shall, in accordance with Section 25-15 of the Act, file an application with the Division, on forms provided by the Division, together with the following:

1) Agency name, address and telephone number of principal office in Illinois where services are provided. A post office box by itself is not acceptable.

2) If the agency does not maintain a principal office in Illinois, the address and telephone number of its out-of-state office where its licensee-in-charge is located and records of its operations within Illinois are kept in compliance with the requirements of the Act and this Part. A post office box by itself is not acceptable.

3) Name and Illinois private security contractor license number of its licensee-in-charge.

4) The required fees specified in Section 1240.570.

5) The type of business (sole proprietorship, partnership, corporation, etc.).

A) If a sole proprietorship, the name of the owner and his or her license number;

B) If a partnership, a listing of all partners and their license numbers;

C) If a corporation, a copy of the Articles of Incorporation, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the officers and directors of the corporation, including license numbers, if applicable. If using an assumed name (d/b/a), a copy of the assumed name registration issued by the Secretary of State. If the corporation is a foreign corporation, a copy of the authorization to conduct business in Illinois;

D) If a limited liability company, a copy of the Articles of Organization, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the members of the limited liability company and their license numbers, if applicable.

b) The name of the agency shall not include the words "law enforcement" or "police" or any other words or combination that implies that the agency is a law enforcement or police agency or a governmental agency.

c) Any unlicensed officers, directors or members of the applicant corporation or limited liability company shall be persons of good moral character as determined by the Division.

d) When the accuracy, relevance or sufficiency of any submitted documentation or information is questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure or any of its owners, partners, officers, directors or members shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the accuracy, relevance or sufficiency of any submitted documentation or information or lack of information, discrepancies or conflicts in information given.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

SUBPART D: LOCKSMITH

Section 1240.300 Application for Examination and Licensure – Locksmith

a) An individual seeking licensure by examination as a locksmith shall make application to the Division, on forms provided by the Division, at least 60 days prior to the examination. The application form shall include questions necessary for the Division to establish that the applicant meets the qualifications for licensure specified in Section 30-10 of the Act.

b) The passing score on the examination is 70 or above.

c) Upon notification of successful completion of the examination, the applicant may apply to the Division for licensure. The application shall include:

1) One of the following:

A) Copy of the verification~~Verification~~ of ~~electronic~~ fingerprint processing from ISP~~the Illinois Department of State Police~~ or one of the ISP live scan~~Illinois State Police approved~~ vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division~~. Applicants shall contact one of the approved vendors for fingerprint processing~~;

B) Out-of-state residents unable to utilize the ISP~~Illinois State Police~~ fingerprint process may submit to ISP one ~~of the Illinois State Police approved vendors one~~ fingerprint card issued by ISP~~the Illinois State Police~~, accompanied by the fee specified by the vendor; or

C) In lieu of fingerprints, verification~~Verification~~, on forms provided by the Division, of proof of retirement as a peace officer, as defined in Section 5-10 of the Act, within 12 months prior to application~~ in lieu of fingerprints~~. ~~*A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered*~~

~~*peace officers.* (Section 5-10 of the Act)~~ The~~Such~~ verification shall be signed by the applicant's employer;

2) Proof of at least $1,000,000 of general liability insurance held by the applicant as evidenced by a certificate of insurance from the insurer; and

3) The required fees specified in Section 1240.570.

d) A successful examination score shall be valid for 6 years. After 6 years the examination score will be void and an applicant will be required to file a new application, meeting the requirements at the time of the new application, and will be required to sit for and pass the examination.

e) In addition to any other requirements, an applicant for licensure shall meet the following:

1) Has not been convicted of any felony in any jurisdiction or at least 10 years have lapsed since the time of full discharge from a sentence imposed for a felony conviction;

2) Is of good moral character. Good moral character is a continuing requirement of licensure. Conviction of crimes other than felonies may be used in determining moral character, but shall not constitute an absolute bar to licensure, except when the applicant is a registered sex offender;

3) Has not been declared by any court of competent jurisdiction to be incompetent by reason of mental or physical defect or disease, unless a court has subsequently declared the applicant to be competent;

4) Is not suffering from dependence on alcohol or from narcotic addiction or dependence;

5) Has not been dishonorably discharged from the armed forces of the United States;

6) Submits his or her fingerprints, in accordance with the provisions of the Act and this Part, including but not limited to the payment of any required fees;

7) Has not violated any provision of the Act or this Part.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.310 20-Hour Basic Training Course – Locksmith

a) Every person employed as a registered employee of a locksmith agency certified under the Act shall complete, within 30 days after the applicant's employment, a course of basic training.

b) The training shall be a minimum of 20 hours of training related to the applicant's employment that shall be certified by the employer and shall include at a minimum the following subject areas:

1) Public Safety Codes (NFPA 80 & NFPA 101)

A) Life Safety Codes

B) Building Code

C) ADA Law

2) Practical Locksmithing

A) Master Keying

B) Key Records and Codes

C) Key Blanks and Keyways

D) Product Liability

E) Professional Installations

F) Do Not Duplicate

G) Basic Electronic Access Control

3) Responsibilities as Required by the Act

A) When to ask for identification

B) What identification is acceptable

C) Required Information for Consumers

D) Record Keeping

4) Permanent~~Personal~~ Employee Registration Card (PERC)

A) Cause for revoking the card

B) Disciplinary Sanctions

C) Renewal

c) Upon successful completion of the training prescribed in subsection (b), each individual shall be issued, by the employer or the instructor, a Certification of Completion of a Basic ~~and/or Refresher~~ Training Course and/or refresher course, which shall be signed by the instructor. The licensee-in-charge shall be responsible for the documentation of the training.

d) The Certification shall be the permanent record of training and shall be retained by the individual as proof of the training. During the term of the individual's employment with an agency licensed by the Division, the Certification or a certified copy shall be filed by the employer with the employee statement and shall remain in the file during the term of employment. Upon termination of employment the original Certification shall be returned to the employee.

e) In the case of an employee who is employed by more than one employer, a notarized copy of the Certification of Completion of a Basic ~~and/or Refresher~~ Training Course and/or refresher course shall be kept with the employee statement in lieu of the original Certification.

f) Basic training materials will be made available to Division personnel upon request to verify content.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.320 Recordkeeping Requirements – Locksmith (Repealed)

~~a)~~ ~~*A locksmith who bypasses, manipulates, or originates a first key by code for a device safeguarding an area where access is meant to be limited, whether or not for compensation, shall document where the work was performed and the name, address, date of birth, telephone number, and driver's license number or other identification number of the person requesting the work to be done and shall obtain the signature of that person. A copy of the work order form shall be kept by the licensed locksmith for a period of 2 years and shall include the name and license number of the locksmith or the name and identification number of the registered employee who performed the services. Work order forms required to be kept under this Section shall be available for inspection upon written request made 3 days in advance by a law enforcement agency.*~~ ~~(Section 30-25(a) of the Act)~~

~~b)~~ ~~*A locksmith who bypasses, manipulates, or originates a first key for a motor vehicle, whether or not for compensation, shall document the name, address, date of birth, telephone number, vehicle identification number, and driver's license number or other identification number of the person requesting entry and obtain the signature of that person. A copy of the work order form shall be kept by the licensed locksmith for a period of 2 years and shall include the name and license number of the locksmith or the name and identification number of the registered employee who performed the services. Work order forms required to be kept under this Section shall be available for inspection upon written request made 3 days in advance by a law enforcement agency.*~~ ~~(Section 30-25(b) of the Act)~~

(Source: Repealed at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.330 Application for Licensure – Locksmith Agency

a) An applicant for licensure as a locksmith agency shall, in accordance with Section 30-15 of the Act, file an application with the Division, on forms provided by the Division, together with the following:

1) Agency name, address and telephone number of principal office in Illinois where services are provided. A post office box by itself is not acceptable.

2) All trade or business names used by the applicant.

3) If the agency does not maintain a principal office in Illinois, the address and telephone number of its out-of-state office where its licensee-in-charge is located and records of its operations within Illinois are kept in compliance with the requirements of the Act and this Part. A post office box by itself is not acceptable. This office shall be located within 50 miles or less in distance from the borders of Illinois.

4) Name and Illinois locksmith license number of its licensee-in-charge.

5) The required fees specified in Section 1240.570.

6) The type of business (sole proprietorship, partnership, corporation, etc.).

A) If a sole proprietorship, the name of the owner and his or her license number;

B) If a partnership, a listing of all partners and their license numbers;

C) If a corporation, a copy of the Articles of Incorporation, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the officers and directors of the corporation, including license numbers, if applicable. If using an assumed name (d/b/a), a copy of the assumed name registration issued by the Secretary of State. If the corporation is a foreign corporation, a copy of the authorization to conduct business in Illinois;

D) If a limited liability company, a copy of the Articles of Organization, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of the members of the limited liability company and their license numbers, if applicable.

b) The name of the agency shall not include the words "law enforcement" or "police" or any other words or combination that implies that the agency is a law enforcement or police agency or a governmental agency.

c) Any unlicensed officers, directors or members of the applicant corporation or limited liability company shall be persons of good moral character as determined by the Division.

d) When the accuracy, relevance or sufficiency of any submitted documentation or information is questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure or any of its owners, partners, officers, directors or members shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the accuracy, relevance or sufficiency of any submitted documentation or information or lack of information, discrepancies or conflicts in information given.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

SUBPART E: PROPRIETARY SECURITY FORCE

Section 1240.400 Registration of Proprietary Security Force

a) Pursuant to Section 35-45 of the Act and Section 24-2 of the Criminal Code of 1961 [720 ILCS 5/24-2], all commercial or industrial operations who employ 5 or more persons as armed employees in accordance with Section 24-2(a)(6) and all financial institutions who employ armed employees in accordance with Section 24-2(a)(8) shall register their security forces with the Division, on forms provided by the Division, which include the following:

1) Business name and address of the proprietary security force;

2) Any doing business as (d/b/a) names used by~~of~~ the proprietary security force and proof of legal authorization to use that name;

3) The type of business (sole proprietorship, partnership, corporation, etc.).~~:~~

A) If a sole proprietorship, the name and address of the owner;

B) If a partnership, a listing of all partners and addresses;

C~~B~~) If a corporation, a copy of Articles of Incorporation, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of all officers and members of the board of directors. If the corporation is a foreign corporation, a copy of the authorization to conduct business in Illinois and a list of all officers and members of the board of directors shall be submitted;

D~~C~~) If a limited liability company, a copy of the Articles of Organization, a Certificate of Good Standing issued by the Secretary of State within the previous 60 days, and a listing of all officers and members of the board of directors;

4) The nature or type of business conducted or to be conducted;

5) The number of armed employees; and

6~~5~~) The name and title of the security director who will be registering armed employees and who is responsible for the daily activities of the force.

b) For the purposes of this Section, "armed employee" means an employee whose primary employment responsibility is one or more of the functions of a private security contractor as defined in Section 5-10 of the Act.

c) All armed ~~security guard~~ employees of the registered proprietary security force in subsection (a) shall be required to complete a 20-hour basic training course in accordance with Section 1240.505 and a 20-hour firearm training course in accordance with Section 1240.510.

d~~c~~) Each proprietary force shall be required to apply to the Division, on forms supplied by the Division, for the issuance of a firearm control~~authorization~~ card, in accordance with Section 1240.530(b) and (c), for each armed employee of the security force. Each application shall include:

1) One of the following:

A) Copy of the verification~~Verification~~ of ~~electronic~~ fingerprint processing from ISP~~the Illinois Department of State Police~~ or from

one of the ISP live scanIllinois State Police approved vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division. Applicants shall contact one of the approved vendors for fingerprint processing;

B) Out-of-state residents unable to utilize the ISPIllinois State Police electronic fingerprint process may submit to ISP one of the Illinois State Police approved vendors one fingerprint card issued by ISPthe Illinois State Police, accompanied by the fee specified by ISPthe vendor; or

C) In lieu of fingerprints, verificationVerification, on forms provided by the Division, of proof of retirement as a peace officer, as defined in Section 5-10 of the Act,subsection (j) within 12 months prior to application in lieu of the fingerprint cards. TheSuch verification shall be signed by the applicant's employer;

If the employee has State and federal fingerprints on file with the Division, additional fingerprints are not required;

2) Verification that the employee has completed the training required in subsection (c)(b). If the employee's firearm training was completed more than two years before the request for a firearm controlauthorization card, the employer shall submit evidence that the employee has requalified on the firing range within the one year preceding the request; and

3) The fee required in Section 1240.570.

ed) The firearm controlauthorization card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Division by the employer. In the event an employee fails to return a firearm controlauthorization card to the employer, the employer shall notify the Division in writing why the card was not returned.

fe) No employee shall carry a firearm until the requirements of this Section have been satisfied.

g~~f~~) If an employee is employed by more than one proprietary security force, that employee must possess a separate firearm control~~authorization~~ card for each proprietary security force for which he or she uses, carries, or possesses a firearm.

h~~g~~) The Division may conduct an inspection to verify the information on the application prior to the proprietary security force being registered or renewed with the Division.

i) All proprietary security force registrations and renewals shall expire on the date specified in the registration or last renewal. The Division shall renew the registration after payment of the renewal fee and upon proof that:

1) The proprietary security force still meets all requirements for registration under the Act and this Part; and

2) The proprietary security force has either updated or reaffirmed all required information on file with the Division.

j~~h~~) All armored car companies registered as proprietary security forces pursuant to this Section shall have all employees who are required to carry a firearm control~~authorization~~ card complete classroom and range training in weapons on an annual basis and shall maintain a copy of the verification of fingerprint processing from ISP~~the Illinois Department of State Police~~ or from one of the ISP live scan vendors~~State Police designated agents~~. The armored car company shall make these documents available to the Division upon request.

k~~i~~) Individuals ~~who are~~ currently employed as peace officers, as defined in Section 5-10 of the Act, who are in good standing are not required to obtain firearm control~~authorization~~ cards. If the individual ceases to be employed as a peace officer, then the individual is required to obtain a firearm control~~authorization~~ card in accordance with this Section. For active peace officers, the proprietary security force shall maintain on file a copy of the current police identification card and a signed letter from the peace officer's chief of police or his/her designee indicating current status as a peace officer. The proprietary security force shall annually re-verify and maintain proof of the employee's qualifications for the peace officer exemption.

l) Maintaining a security director responsible for the daily activities of the force is a continuing requirement for proprietary security force registration. The Division

must be notified within 14 days after any change in name or title of the security director.

m) When the accuracy, relevance or sufficiency of any submitted documentation or information is questioned by the Division because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking registration shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the accuracy, relevance or sufficiency of any submitted documentation or information or lack of information, discrepancies or conflicts in information given.

~~j) *A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered peace officers.* (Section 5-10 of the Act)~~

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

SUBPART F: GENERAL

Section 1240.500 Definitions

"Act" means Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 [225 ILCS 447].

"Board" means the Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Board.

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

"Director" means the Director of the Division of Professional Regulation with the authority delegated by the Secretary.

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

"ISP" means the Illinois State Police.

~~"Participation in agency affairs" – Participation in agency affairs includes but is not limited to responsibility for delivery of professional services and compliance with the Act, including employee recordkeeping, training, activities and conduct, and the review and approval of contracts and proposals. Participation in agency affairs also includes responsibility of the licensee-in-charge for maintaining at a location within Illinois all files subject to audit or inspection pursuant to Section 35-10 of the Act. The address of the location where files are maintained shall be on file with the Division. If an agency does not maintain an office or jobsite within Illinois or the licensee-in-charge resides outside of the State, it may seek a variance from the requirement of this Part pursuant to Section 1240.585. In determining whether a licensee-in-charge participates in agency affairs, the Division may consider those responsibilities identified in this Section, the number of employees under the direct supervision of the licensee-in-charge, and the employment relationship between the licensee-in-charge and the agency, including the existence of a contract for employment and any other relevant fact or circumstance.~~

"Qualified Instructor" – An individual employed or retained by a licensed agency under the Act who can provide the basic training as outlined in the Act. This shall include:

A licensed private detective, private alarm contractor, private security contractor or locksmith active and in good standing;

A registered employee, retained or employed by a licensed agency, who has a minimum of 5 years experience in the discipline being taught ~~and has been conducting training classes in at least 3 of the past 5 years~~;

Registered employees of licensed agencies with a least 3 years full-time supervisory experience in the area in which the individual will conduct training;

Full time or part-time faculty employed by an institution under the jurisdiction of the Illinois Board of Higher Education or the Illinois

Community College Board to teach firearms training courses or security training courses.

A registered employee, retained or employed by a licensed agency, who has a baccalaureate degree in education, business, law enforcement or other related degree to provide training in the discipline to be taught or has 3 years previous experience as a corporate trainer or equivalent in another industry.

For private alarm contractors, a qualified instructor may also include factory trained and certified personnel on the types of systems or work being trained; National Institute of Certification in Engineering Technologies (NICET) certified personnel; or a Certified Protection Professional (CPP) as designated by the American Society for Industrial Security.

"Related to" – The immediate family living in the same household.

"Restored" – A court has declared an individual to be competent, as referenced in Section 35-30 of the Act.

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

"Traffic Offense" – As used in Section 35-30(1)(C) of the Act, means a minor offense concerning the operation and use of a motor vehicle or is related to motor vehicles and that does not rise to the level of a~~include a misdemeanor or~~ felony or misdemeanor~~conviction related to vehicle usage~~.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.501 Licensee-in-charge

a) Every private detective agency, private alarm contractor agency, private security contractor agency, fingerprint vendor agency, and locksmith agency shall designate a licensee-in-charge. Maintaining a licensee-in-charge is a continuing requirement for agency licensure.

b) The licensee-in-charge shall be a full-time officer or employee of the agency and shall participate in agency affairs. Participation in agency affairs includes, but is

not limited to, responsibility for delivery of professional services and compliance with the Act and this Part, including employee recordkeeping, training, activities and conduct, and the review and approval of contracts and proposals. Participation in agency affairs also includes responsibility of the licensee-in-charge for maintaining at a location within Illinois all files subject to audit or inspection pursuant to Section 35-10 of the Act. If the agency does not maintain an office in Illinois, the licensee-in-charge is responsible for maintaining these records at the agency's out-of-state office named in its application for licensure.

c) The licensee-in-charge is responsible for notifying the Division, on forms provided by the Division, of any change of address of the agency or any other change of information required to be reported in any application for licensure within 14 days after the change. Placing this responsibility on the licensee-in-charge does not relieve the agency of any of its related legal obligations.

d) If the agency is a corporation or a limited liability company, the licensee-in-charge is responsible for maintaining the good standing of the corporation or limited liability company with the Secretary of State. If the agency is a foreign corporation, the licensee-in-charge is responsible for maintaining its authorization to conduct business in Illinois. Placing this responsibility on the licensee-in-charge does not relieve the agency of any of its related legal obligations.

e) In determining whether a licensee-in-charge participates in agency affairs, the Division may consider those responsibilities identified in this Section, the number of employees under the direct supervision of the licensee-in-charge, and the employment relationship between the licensee-in-charge and the agency, including the existence of a contract for employment and any other relevant fact or circumstance.

f) An agency applying for a temporary certificate of authority or an extension of a temporary certificate of authority pursuant to Section 15-15, 20-15, 25-15, 30-15, or 31-15 of the Act shall file an application with the Division on forms provided by the Division. The agency shall report to the Division the name and contact information of an officer or other authorized person who will serve as a contact person in the absence of the licensee-in-charge and who has access to agency records.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.502 Application for Branch Office License

a) A licensed private detective agency, private alarm contractor agency, private security contractor agency, or locksmith agency shall not operate a branch office within this State without first applying for and receiving a branch office license for each location. An applicant for a branch office license shall, in accordance with Section 10-5 of the Act, file an application with the Division, on forms provided by the Division, together with the following:

1) Agency name and license number;

2) Branch office address and telephone number. A post office box by itself is not acceptable;

3) County in which the branch office is located;

4) Name and license number of the licensee-in-charge; and

5) The required fees specified in Section 1240.570.

b) The branch office must use the same name as the licensed agency. Use of a different name shall require a new application for an agency license in that name.

c) If the branch office is relocated, a new branch office license application must be submitted to the Division.

d) This Section shall not apply to a licensed fingerprint vendor agency.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.505 20-Hour Basic Training Course – Private Detective, Private Alarm Contractor, ~~and~~ Private Security Contractor and Proprietary Security Force Employee

a) Every person employed as a registered employee of a private detective, private alarm or private security agency certified under the Act or as an armed employee of a proprietary security force shall complete, within 30 days after commencing employment, a course of basic training. The training shall be a minimum of 20 hours of classroom basic training related to the employment and shall be certified to by the employer. For purposes of this Section, "classroom instruction" shall

mean instruction that takes place in a setting where those individuals receiving the training learn through lectures, study papers, class discussion, textbook study or other means of organized formal education techniques (i.e., video or closed-circuit instruction), as distinguished from on-the-job training.

b) Registered employees of a private security contractor agency who provide guarding or other private security related functions, in addition to the classroom training required under subsection (a), within 6 months after their employment, shall complete an additional 8 hours of training on subjects to be determined by the employer. This training may be site-specific and may be conducted on the job.

c) In addition to the basic training provided for in subsections (a) and (b), registered employees of a private security contractor agency who provide guarding or other private security related functions shall complete an additional 8 hours of refresher training on subjects to be determined by the employer each calendar year commencing with the calendar year following the employee's first employment anniversary date. The refresher training may be site-specific and may be conducted on the job.

d) Upon successful completion of the training prescribed in subsections (a) through (c), each individual shall be issued, by the employer or the instructor, a Certification of Completion of Basic Training and/or refresher training courses~~Refresher Training~~ signed by the instructor or the employer. The licensee-in-charge shall be responsible for the documentation of the training. Documentation of the refresher training shall consist of the date and location of the training, the subject matter covered and instructor or employee who administered the training. The Certificate of Completion of Basic Training and/or refresher training courses~~Refresher Training~~ may be reproduced digitally provided the form is printed out and signed and the printed form is a virtual identical copy of the current form in use by the Division.

e) The Certification shall be the permanent record of training and shall be retained by the individual as proof of the training. During the term of the individual's employment with an agency licensed by the Division, the Certification or a certified copy shall be filed by the employer with the employee statement required by Section 35-30(b) of the Act and shall remain in the file during the term of employment. Upon termination of employment, the original Certification shall be returned to the employee.

f) In the case of an employee who is employed by more than one employer, a notarized copy of the Certification of Completion of Basic and/or Refresher Training shall be kept with the employee statement required by Section 35-30(b) of the Act in lieu of the original Certification.

g) Copies of basic training, additional training, site-specific training and refresher training materials shall be made available to Division personnel upon request.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.510 Firearm Training Course

a) No registered or armed employee shall be allowed to perform duties that require the use, carrying or possession of a firearm until that employee has completed the 20 hours of basic training required by the Act, and has satisfactorily completed a 20-hour firearm training course approved by the Division. The firearm training course shall include both classroom instruction and firing range experience. Classroom instruction shall include, but not be limited to, the following subject matter:

1) Legal use of firearms;

2) Ethical and moral considerations of weapons use;

3) Liability for acts while armed;

4) Use of deadly force;

5) Search, seizure and arrest procedures while armed;

6) Firearm safety and maintenance; and

7) Fundamentals of firearm use:

A) Stance;

B) Grip;

C) Sight alignment;

D) Sight picture; and

E) Trigger control.

b) Each student shall be allotted time on the firing range to apply, in supervised practice, the techniques and methods described in subsection (a). The personal firearm of each student or the firearm assigned to the student shall be inspected for safety and approved by the range master prior to the beginning of actual range firing. Instruction shall include double-action shooting.

c) The range where the training is to be given, whether indoor or outdoor, shall be maintained in a safe condition and shall be located in an area where the firing of live ammunition is allowed. In determining whether the range is maintained in a safe condition, the Division may~~shall~~ conduct an on-site inspection and may~~shall~~ consider the following factors:

1) Safety of participants;

2) Safety of any persons or property in the area;

3) Safety maintenance procedures; and

4) Operational rules and policy.

d) Upon application to the Division, any firearm training course approved by the Illinois Community College Board and/or Illinois Board of Higher Education that requires the firing of a minimum of 50 live rounds of ammunition and a minimum qualification score of 70% will be approved as satisfying the requirements of this Section.

e) Upon application to the Division, any Law Enforcement Firearms Instructor Course approved and registered by the National Rifle Association that requires the firing of a minimum of 50 live rounds of ammunition and a minimum qualification score of 70% will be approved for the range portion of the training.

f) Each individual shall be required to fire a minimum of 50 rounds of live ammunition (factory loaded service ammunition or factory reloaded ammunition).

g) Each student must qualify with a minimum score of 70% with each type of weapon (revolver, semi-automatic, shotgun, rifle) he/she will be authorized to carry.

h) The range instructor shall be responsible for maintaining a safe range environment. Any student who refuses to adhere to proper safety requirements shall be dismissed from training by the instructor or the range master. The range master shall also have full authority as to whether a weapon is in safe operating condition.

i) Upon completion of the training, each student must successfully complete a written examination. A copy of the examination shall be made available to the Division upon request (e.g., course audit). The examination shall test the subjects encompassed in both classroom and range instruction. Passage of the examination shall require a score of 75%.

j) Each instructor shall file with the Division, on forms provided by the Division, Certification of Completion of Firearm Training for each student who successfully completes the training. Upon receipt by the Division of the Certification of Completion of Firearm Training, a Certificate of Training shall be issued to the student which shall bear the training number assigned by the Division.

k) The Certificate of Firearm Training shall be the permanent record of firearm training and shall be retained by the individual as proof of the training. During the term of the individual's employment with an agency licensed by the Division, the Certificate of Training or certified copy shall be filed by the employer with the employee statement required by Section 35-30(b) of the Act and shall remain in the employee file during the term of employment. Upon termination of employment, the original Certificate of Firearm Training shall be returned to the employee.

l) In the case that the employee is employed by more than one employer, a notarized copy of the Certificate of Firearm Training shall be kept with the employee statement required by Section 35-30(b) of the Act in lieu of the original Certificate of Firearm Training.

m) Those persons employed as registered armed employees on August 5, 2003 shall be considered to have completed the training prescribed in this Section.

n) The training requirements of this Section shall be waived for an individual approved by the Division as an instructor under the provisions of Section 1240.515. Such individual shall, upon application to the Division, be issued a Certificate of Firearm Training by the Division.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.515 Approval of Firearm Training Programs and Firearm Instructors

a) Any person, business entity, agency, or institution offering the training courses described in Section 1240.505 of this Part shall first apply to and receive approval of the course, based upon compliance with Section 1240.510, from the Division. Application shall be made on forms provided by the Division and accompanied by the required application fee.

b) Any person teaching the firearms training course described in Section 1240.510 of this Part must be approved by the Division. Application for approval shall be on forms provided by the Division and must be accompanied by the required application fee and~~following~~:

1) Proof that the applicant is recognized and approved by the National Rifle Association (NRA) having taken a Law Enforcement Firearms Instructor Course that includes Security Personnel within the course. Proof shall be a copy of the applicant's Certificate from the NRA; or

2) Proof that the applicant is approved and recognized as a range instructor by the Illinois Police Training Board. Proof shall be a copy of the Instructor's Certificate issued by the Law Enforcement Training and Standards Board. Nothing in this subsection (b)(2) shall obligate the Police Training Board to train, recognize or approve range instructors for any purpose other than as specified in the Illinois Police Training Act [50 ILCS 705] and Peace Officers Firearm Training Act [50 ILCS 710]; or

3) Proof of other firearm instructor education or experience that the Division may consider to be substantially equivalent to subsection (b)(1) or (2),

such as experience or education received in military service or federal law enforcement service.

c) Upon application to the Division, any full-time or part-time faculty employed by an institution under the jurisdiction of the Illinois Board of Higher Education and/or the Illinois Community College Board to teach a firearms training course or security training course shall be approved as satisfying the requirements of this Section.

d) Any firearm training program approved by the Law Enforcement Training and Standards Board shall be approved as satisfying the requirements of this Section.

e) All approvals of firearm instructors shall expire on December 31, 2012 and then every five years thereafter. Failure to apply for and receive renewal of approval by that date shall cause the Division's previously granted approval to expire. The approval may be renewed by the firearm instructor by making application for renewal on forms provided by the Division and accompanied by the required renewal fee and an affirmation by the firearm instructor that the certification or other qualifying basis on which the Division originally granted approval remains current or in effect.

f) In addition to any other requirements, an applicant for approval as a firearm instructor shall meet the following:

1) Has not been convicted of any felony in any jurisdiction or at least 10 years have lapsed since the time of full discharge from a sentence imposed for a felony conviction;

2) Is of good moral character. Good moral character is a continuing requirement of licensure. Conviction of crimes other than felonies may be used in determining moral character, but shall not constitute an absolute bar to licensure, except when the applicant is a registered sex offender;

3) Has not been declared by any court of competent jurisdiction to be incompetent by reason of mental or physical defect or disease, unless a court has subsequently declared the applicant to be competent;

4) Is not suffering from dependence on alcohol or from narcotic addiction or dependence;

5) Has not been dishonorably discharged from the armed forces of the United States;

6) Has not violated any provision of the Act or this Part.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.520 Permanent Employee Registration Card

a) Any person seeking employee registration under Section 35-30 of the Act shall file an application with the Division, on forms provided by the Division, along with the following:

1) One of the following:

A) Copy of the verification of fingerprint processing from ISP or from one of the ISP live scan vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division;

B) Out-of-state residents unable to utilize the ISP electronicfingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP; or

C) In lieu of fingerprints, verification~~Verification~~, on forms provided by the Division, of proof of retirement as a peace officer, as defined in Section 5-10 of the Act,~~subsection (g)~~ within 12 months prior to application~~ in lieu of fingerprints~~. The~~Such~~ verification shall be signed by the applicant's employer;

2) The required registration fee specified in Section 1240.570~~, made payable to the Division of Professional Regulation~~.

b) An agency may employ an applicant in a temporary capacity in accordance with Section 35-30(k) of the Act by:

1) submitting the required application in accordance with subsection (a) on behalf of the person or verifying with the Division that an application has been submitted for the individual;

2) verifying on the Division's website (www.idfpr.com) that the applicant has no criminal conviction pursuant to the ISP criminal history check;

3) maintaining a separate roster of the names of all employees whose applications are pending; and

4) meeting any other requirements set forth in this Part or the Act.

c) If no record is found relating to the fingerprints and the applicant is otherwise qualified under the Act, the Division shall issue to the applicant a permanent employee registration card that shall be valid for the period specified on the face of the card and shall be renewable upon the conditions set forth in Section 1240.550 of this Part.

d) A valid permanent employee registration card shall serve as proof to an employer that the bearer is eligible for employment.

e) Exempt employees are as follows:

1) Private Detective. Persons who have no access to confidential or detective related information and who otherwise do not provide traditional detective related services are exempt from employee registration. Examples of exempt employees include reception personnel. Confidential or detective related information is that which pertains to employee files, scheduling, client contracts or technical data.

2) Private Alarm Contractor. Persons who have no access to confidential or alarm related information and who otherwise do not provide traditional alarm related services are exempt from employee registration. Examples of exempt employees include, but are not limited to, employees working in the capacity of reception personnel. Confidential or security information is that which pertains to employee files, scheduling, client contracts or technical alarm data.

3) Private Security Contractor. Persons who have no access to confidential or security information and who otherwise do not provide traditional security services are exempt from employee registration. Examples of exempt employees include, but are not limited to, employees working in the capacity of ticket takers, cashiers, drivers, ushers and reception personnel. Confidential or security information is that which pertains to employee files, scheduling, client contracts or technical security data.

4) Locksmith. *Persons who have no access to confidential or security information and who otherwise do not provide traditional locksmith services, as defined in this Act, are exempt from employee registration. Examples of exempt employees include, but are not limited to, employees working in the capacity of key cutters, cashiers, drivers, and reception personnel. Confidential or security information is that which pertains to employee files, scheduling, client contracts, master key charts, access codes, or technical security and alarm data.* (Section 30-5(10) of the Act)

5) Fingerprint Vendor

A) Persons who have no access to confidential or security information and who otherwise do not provide or operate fingerprint equipment or other equipment designed to obtain fingerprint images for the purpose of providing fingerprint images and associated demographic data to ISP are exempt from employee registration. Examples of exempt employees include, but are not limited to, employees working in the capacity of cashiers, ushers and reception personnel. Confidential or security information is that which pertains to employee files, scheduling, client contracts or technical security data.

B) *No registered employee of a licensed fingerprint vendor agency may operate live scan fingerprint equipment or other equipment designed to obtain fingerprint images for the purpose of providing fingerprint images and associated demographic data to* ISP. (Section 31-20(d) of the Act)

6) Individuals ~~who are~~ currently employed as peace officers, as defined in Section 5-10 of the Act, who are in good standing are not required to obtain permanent employee registration cards. If the individual ceases to

be employed as a peace officer, then the agency is required to obtain a permanent employee registration card in accordance with this Section.

7) ~~*A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered peace officers.* (Section 5-10 of the Act)8)~~All employees of any agency licensed under the Act who reside outside of Illinois and who perform no duties in Illinois.

8) Clerical or administrative personnel who do not perform services for clients but prepare or assist in the preparation of reports, memoranda, correspondence or other documents or records that contain confidential information are not exempt from employee registration.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.525 Refusal to Issue Employee Registration Card or Firearm Control~~Authorization~~ Card Due to Criminal History Record Information

a) For purposes of this Section, criminal history record information is defined as information collected by criminal justice agencies (defined in 20 ILCS 2630) on individuals consisting of identifiable descriptions and notation of arrests, detention, indictments, information, or other formal criminal charges, and any disposition arising from those charges, sentencing, correctional supervision and release. The individual records must contain both information sufficient to identify the subject of the record and notations regarding any formal criminal justice transaction involving the identified individual.

b) In determining whether an applicant for a permanent employee registration card or firearm control~~authorization~~ card is unfit for such registration because of criminal history record information, the Division shall consider the following standards:

1) Whether the crime was one of armed violence or any two or more repeated acts of violence towards persons or property [720 ILCS 5/Art. 33A] or:

A) Crimes involving dishonesty, false statement or some other element of deceit, untruthfulness or falsification (including, but not limited to perjury, inducement of perjury, false statement, criminal fraud, embezzlement, false pretense, forgery, counterfeiting and theft).

B) Drug offenses including, but not limited to, the Illinois Controlled Substances Act [720 ILCS 570/Art. I] and Federal Drug Enforcement Laws (21 USC 801 et seq.).

C) Sex offenses including, but not limited to, all crimes listed in Article 11 of the Criminal Code of 1961 [720 ILCS 5/Art. 11].

2) Whether the crime is related to the detective, security, alarm or locksmith profession.

3) Whether more than 10 years have elapsed since the date of completion of imposed sentence.

4) Whether the conviction was from a city ordinance violation or conviction for which a jail sentence was not imposed.

5) Whether the applicant has been sufficiently rehabilitated to warrant the public trust. The Division shall consider, but not be bound by, the following in considering whether an applicant has been presumed to be rehabilitated:

A) Completion of probation;

B) Completion of parole supervision; or

C) If no parole was granted, a period of 10 years has elapsed after final discharge or release from any term of imprisonment without any subsequent conviction.

c) If any one of the following factors exists, this outweighs the presumption of rehabilitation as defined in subsection (b)(5):

1) Lack of compliance with terms of punishment (i.e., failure to pay fines or make restitution, violation of the terms of probation or parole);

2) Unwillingness to undergo, or lack of cooperation in, medical or psychiatric treatment/counseling;

3) Falsification of an application for registration with the Division;

4) Failure to furnish to the Division additional information or failure to appear for a conference with the Division in relation to the applicant's application for registration.

d) The following criminal history records shall not be considered in connection with an application for registration:

1) Juvenile adjudications;

2) Records of arrest not followed by a conviction;

3) Convictions overturned by a higher court;

4) Convictions that have been the subject of a pardon or expungement.

e) If determination is made that the applicant is unfit for registration, the applicant shall be notified in writing that the Division intends to deny or intends to refuse to renew the permanent employee registration card or firearm control~~authorization~~ card. The applicant/licensee shall be given an opportunity to appear at a Division conference regarding the matter. Failure to appear at the conference shall result in the denial or the refusal to renew an applicant's permanent employee registration card or firearm control~~authorization~~ card. If the applicant chooses not to attend the conference, he/she may request a formal hearing regarding the~~such~~ determination prior to final action by the Division in accordance with 68 Ill. Adm. Code 1110.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.530 Firearm Control~~Authorization~~ Cards

a) Each employer shall make a request to the Division, on forms supplied by the Division, for the issuance of a firearm control~~authorization~~ card for each employee whose duties include the use, carrying or possession of a firearm. Each employee shall have an active permanent employee registration card issued in accordance with Section 1240.520 prior to applying for a firearm control~~authorization~~ card unless employed by a proprietary security force in accordance with Section 1240.400.

b) Upon verification by the Division that the individual employees have completed the required firearm training course within the 2 years preceding the request for a firearm control~~authorization~~ card, and meet all the requirements of the Act for issuance of a firearm control~~authorization~~ card, the Division shall issue a card to the employer for each employee. If the employee's firearm training was completed more than 2 years before the request for a firearm control~~authorization~~ card, the employer shall submit evidence that the employee has requalified on the firing range within one year preceding the request.

c) The firearm control~~authorization~~ card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Division by the employer. In the event an employee fails to return a firearm control~~authorization~~ card to the employer, the employer shall notify the Division in writing of the failure and the reason why the card was not returned.

d) No employee may carry a firearm until the requirements of this Section have been satisfied.

e) If an employee is employed by more than one agency, regardless of whether the agencies are owned or operated by the same person or different persons, that employee must possess a separate firearm control~~authorization~~ card for each agency.

f) Individuals ~~who are~~ employed as peace officers, as defined in Section 5-10 of the Act, who are in good standing are not required to obtain firearm control~~authorization~~ cards. If the individual ceases to be employed as a peace officer, then the individual is required to obtain a firearm control~~authorization~~ card in accordance with this Section.

g) ~~*A peace officer is defined as any person who by virtue of his/her office or public employment is vested by law with a primary duty to maintain public order or to*~~

~~*make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal criminal laws shall be considered peace officers.* (Section 5-10 of the Act) h)~~A person licensed as a fingerprint vendor or any employee of a licensed fingerprint vendor agency may not possess or carry a firearm in the course of providing fingerprinting services. This subsection shall not apply to an active duty sworn peace officer acting within the scope of his or her duties.

h~~i~~) The Division shall not grant or authorize the issuance of a firearm control~~authorization~~ card to a fingerprint vendor or any employee of a licensed fingerprint vendor agency unless:

1) the individual is licensed as a private detective, private alarm contractor or private security contractor; or

2) the individual is employed by a private detective agency, private alarm contractor agency or private security agency licensed under the Act who carries a weapon while engaged in the performance of his or her official duties providing detective, private security contracting or alarm contractor services within the course and scope of his or her employment during the hours and times the employee is scheduled to work or is commuting between his or her home or place of employment, provided that commuting is accomplished within one hour from departure from home or place of employment and the individual is not providing fingerprinting services while possessing or carrying a firearm; or

3) the person is employed by an armed proprietary security force registered under this Act who carries a weapon while engaged in the performance of his or her official duties within the course and scope of his or her employment during the hours and times the employee is scheduled to work or is commuting between his or her home or place of employment, provided that commuting is accomplished within one hour from departure from home or place of employment and the individual is not providing fingerprinting services.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.535 Recordkeeping Requirements

a) Each employer licensed under the Act shall maintain a file on each employee pursuant to Section 35-30 of the Act. The employee file shall be maintained by the agency for 5 years after termination of the employee, shall be accessible to duly authorized representatives of the Division with 24 hours prior notice (72 hours notice for files more than 2 years old), and shall contain the following information:

1) A photograph of the employee taken within 10 days after the date the employee commences employment. The photo shall be replaced every 3 calendar years;

2) The employee's statement required in Section 35-30(b) of the Act;

3) All correspondence or documents related to the character and integrity of the employee received by the employer from an official source or law enforcement;

4) The employee identification card of a terminated employee pursuant to Section 35-30(h);

5) A copy of the weapons discharge report, if applicable, during the course of the employee's duties or activities;

6) Application for employment;

7) Certification of Completion of Basic Training and/or refresher training courses~~Refresher Training~~ as provided in Section 1240.505 of this Part;

8) Certificate of Firearm Training, if applicable (or notarized copy as provided in Section 1240.510 of this Part) verified by the licensee in charge;

9) Copy of employee's permanent employee registration card and firearm control~~authorization~~ card and active Firearm Owner's Identification Card (FOID), if applicable;

10) Certification or certified copy of requalification (Section 1240.510);

11) Copy of employee's certification of completion of canine handler training, canine handler authorization card and canine trainer authorization card, if applicable;

12) Copy of the verification of fingerprint processing from ISP or from one of the ISP live scan vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division;

13~~12~~) A copy of the Division's webpage (www.idfpr.com) showing that an applicant has no criminal conviction pursuant to the ISP criminal history check for individuals employed prior to issuance of the permanent employee registration card; and

14~~13~~) For active peace officers, the agency employee file shall include a copy of the current police identification card and, within 14 days after employment a signed letter from the peace officer's chief of police or his/her designee (or Division verification of employment form) indicating current status as a peace officer, as well as items set forth in subsections (a)(1), (4), (5) and (6). The agency shall annually re-verify and maintain proof of the employee's qualifications for the peace officer exemption.

b) Private alarm contractors who provide monitoring services shall maintain a separate roster of the names of all licensed agencies and/or individuals, including license number, from whom they accept monitoring contracts or assignments. The roster shall be made available to the Division upon 24 hours notice. It shall be considered unprofessional conduct, subject to discipline by the Division, for a licensed alarm contractor or agency to accept monitoring contracts or assignments from an unlicensed entity.

c) Fingerprint Vendors Records

1) A fingerprint vendor or fingerprint vendor agency shall document in the form of a work order the date, time and location where each and every fingerprint service is provided;

2) The fingerprint vendor shall require each individual seeking to be fingerprinted to present a Primary, Secondary or Requesting Agency authorized form of identification in order to be fingerprinted by the

fingerprint vendor. The work order shall describe the form of identification presented by the individual seeking to be fingerprinted.

A) Primary Identification − The work order shall include the name, address, date of birth, aliases, telephone number and driver's license number or Secretary of State issued State identification number of the person requesting to be fingerprinted, the signature of that person, and the Transaction Control Number (TCN) for that fingerprint request.

B) Secondary Identification – The work order shall include all of the information set forth in subsection (c)(2)(A). In the absence of a driver's license or State identification number, the work order shall contain verification that the individual seeking to be fingerprinted provided at least two forms of identity verification described within the Identity Verification Program Guide (2006) developed and available from the National Crime Prevention and Privacy Compact Council at the Federal Bureau of Investigation's website (http://www.fbi.gov/about-us/cjis/cc), no later amendments or editions apply. A copy of the documentation used to establish identity verification shall be attached as part of the work order.

C) Requesting Agency Authorized Identification – The work order shall include all of the information set forth in subsection (c)(2)(A). If the individual is unable to provide a driver's license, Secretary of State issued State identification or any identity verification set forth in subsection (c)(2)(B), the agency requesting the individual to be fingerprinted must authorize an alternative form of identification to be used to verify the identity of the individual seeking to be fingerprinted. The work order must contain documentation confirming that the requesting agency authorized the use of an alternative form of identification in the absence of a Primary or Secondary form of identity verification. A copy of the requesting agency authorized identity verification documentation shall be attached as part of the work order;

3) All work orders shall contain the name and license number of the licensed fingerprint vendor who performed the services;

4) If a licensee is employed by more than one fingerprint vendor agency, the employer that the licensed employee is providing fingerprint services for must be identified on the work order by the agency license number;

5) All work orders, including fee applicant submissions, shall be maintained for a minimum of two years from the date of printing. The records may be maintained in an electronic format so long as the records cannot be altered. Corrections may be made but must be noted in the record;

6) Each fee applicant submission shall contain the originating identifier (ORI) number of the agency requesting the fingerprints;

7) Beginning January 1, 2014, all work orders, including fee applicant submissions, must contain a photograph of the individual who was fingerprinted. The photos shall be maintained in an electronic format and shall be forwarded to ISP along with any request for criminal history record information or other information;

8) A licensed fingerprint vendor must develop a written policy, made available to the public, establishing a retention schedule and guidelines for permanently destroying identifiers and other biometric information when the initial purpose for collecting or obtaining the identifiers or information has been satisfied or after 3 years from the individual's last interaction with the licensed fingerprint vendor, whichever occurs first. Absent a valid warrant or subpoena issued by a court of competent jurisdiction, a private entity in possession of biometric identifiers or biometric information must comply with its established retention schedule and destruction guidelines;

9) Work order forms, including fee applicant submissions, required to be kept under this Section shall be available for inspection by the Division or by ISP at the discretion of the Division or ISP, respectively. The Division shall have the right to audit records of a licensed fingerprint vendor to ensure compliance with the Act and this Part;

10) A licensed fingerprint vendor shall provide and obtain a signed consent form from the applicant prior to the fingerprinting of any individual fingerprinted for all civil submissions (i.e., passport, adoption and

employment related criminal background checks, etc.). The privacy statement within the consent form must be pre-approved by ISP.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.540 Reporting Requirements

a) All licensees and registrants shall notify the Division in writing within 30 days after any convictions, arrests, felony information, and/or indictments against him or her and shall provide a copy of that notification to his or her current employer, if any~~him/her~~.

b) All agencies shall submit a monthly roster of employees with PERC applications pending with the Division.

c) All agencies shall submit a weapons discharge report, on forms provided by the Division, along with the police report of the incident, within 30 days after the incident.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.550 Renewals

a) Beginning with the May 1999 renewal, every individual license issued under the Act shall expire on May 31 every 3 years. The holder of a license may renew such license during the month preceding the expiration date by paying the required fee set forth in Section 1240.570 and providing proof of liability insurance as evidenced by a certificate of insurance from the insurer.

b) Beginning with the May 1999 renewal, every certificate of registration for an agency and every branch office and proprietary security force certificate issued under the Act shall expire on August 31 every 3 years. The holder of a certificate of registration may renew such certificate during the month preceding the expiration date by paying the required fee.

c) Beginning with the May 2000 renewal, every employee registration card issued under the Act shall expire on May 31 every 3 years. The holder of the card may renew the card during the month preceding the expiration date by submitting the required fee to the Division.

d) It is the responsibility of each licensee and employee registration card 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 renew one's license or employee registration card or to pay the renewal fee. Practicing on an expired license or employee registration card is unlicensed practice and subject to discipline under Section 45-10 of the Act.

e) Every firearm control~~authorization~~ card shall expire on the date specified on the face of the card. The card shall be renewed upon proof that:

1) The employee has been requalified on the firing range within one year preceding the renewal date; and

2) The employee continues to be employed by the agency to which the card was issued.

f) No employer shall, after the expiration of a firearm control~~authorization~~ card, employ the holder of the card in an armed capacity.

g) In addition to the other requirements of this Section, fingerprint vendor licensees shall provide the following in order to renew:

1) verification that the applicant's fingerprinting equipment and software meets all specifications outlined in Section 1240.600 and that the equipment has been scheduled for recertification if required by ISP, or the licensee has received notice from ISP that recertification is not required at the time of renewal. The licensed vendor shall maintain all correspondence or notices related to recertification of equipment that have been received from ISP for a period of 6 years since the last renewal of the vendor's license. The correspondence or notices shall be made available to the Division upon request. Current certification with ISP is a continuing requirement of licensure;

2) verification that the licensee currently maintains insurance in the type and amounts required in Section 1240.600. Insurance in the type and amounts required in Section 1240.600 shall be a continuing requirement for licensure;

3) the licensee shall provide proof, acceptable to the Division, that the requirements of subsections (g)(1) and (2) have been met.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.560 Restoration

A licensee seeking restoration of a license shall file an application on forms provided by the Division and shall also submit the following:

a) If the license has been expired for 6 years or less, the application must be accompanied by the required fees specified in Section 1240.570 or an affidavit attesting to military service as provided in Section 10-25c of the Act.

b) If the license has been expired for more than 6 years, the applicant must submit proof of competence to resume practice satisfactory to the Division. The proof may include active practice in another jurisdiction; an affidavit attesting to military service; or passing a written examination. The applicant must also submit the required restoration fee specified in Section 1240.570.

c) *Any permanent employee registration card expired for less than one year may be restored upon payment of lapsed renewal fees. Any permanent employee registration card expired for one year or more may be restored by making application to the* Division *and filing proof acceptable* (proof of no past due child support) *to the* Division *of the licensee's fitness to have the permanent employee registration card restored, including verification of fingerprint processing through the Department of State Police and Federal Bureau of Investigation and paying the restoration fee.* (Section 10-25(d) of the Act)

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.565 Requests for Duplicate Certificates

a) Requests for duplicate certificates to replace ones that have been lost, stolen or destroyed shall be made in writing to the Division and shall be made by the individuals to whom the certificates were issued.

b) Any person requesting a duplicate firearm control~~authorization~~ card shall first file a report with the local police authority that specifies the circumstances under which the firearm control~~authorization~~ card was lost, stolen or destroyed.

c) Requests for a duplicate firearm control~~authorization~~ card shall be accompanied by an affidavit from the person making the request, specifying the date and with what police authority the above-mentioned police report was filed, and summarizing the circumstances under which the firearm control~~authorization~~ card was lost, stolen or destroyed. The fee, as required by Section 1240.570, shall also accompany the request.

d) For purposes of this Section, the word "certificates" shall mean and include the following:

1) Individual licenses (private detective, private security contractor, private alarm contractor, fingerprint vendor and locksmith)

2) Certificate of Registration for an agency

3) Licensee Pocket Cards

4) Permanent Employee Registration Cards

5) Certification of Completion of Firearm Training

6) Firearm Control~~Authorization~~ Card

7) Canine Handler Authorization Card

8) Canine Trainer Authorization Card

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.570 Fees

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

a) Application Fees

1) The fee for application for a license as a private detective, security contractor, alarm contractor, or locksmith is $500. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of providing 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.

2) The fee for application for a license as a fingerprint vendor is $150.

3) The fee for application for an agency license~~certificate~~ is $500.

4) The fee for application for a branch office license~~certificate~~ is $200.

5) The fee for issuance of a permanent employee registration card is $55.

6) The fee for issuance of a firearm control~~authorization~~ card is $75~~$55~~.

7) The fee for issuance of an armed proprietary security force registration is $300~~$20~~.

8) The fee for the ISP fingerprint training course is the fee, if any, charged by ISP.

9) The fee for ISP equipment certification or recertification is the fee, if any, charged by ISP.

10) The fee for certification as a firearm instructor is $75.

11) The fee for issuance of a canine handler authorization card is $75.

12) The fee for issuance of a canine trainer authorization card is $100.

13) The fee for issuance of a duplicate/replacement canine handler authorization card or a canine trainer authorization card is $20.

14) The fee for reissuance of a canine handler authorization card to an agency that has changed its name is $10.

15) The fee for approval of a canine handler training program is $100.

16) The fee for approval of a canine instructor training program is $100.

b) Renewal Fees

1) The fee for the renewal of a private detective, private alarm contractor, private security contractor or locksmith license~~, except for fingerprint vendors,~~ shall be calculated at the rate of $150 per year.

2) The fee for the renewal of a fingerprint vendor license shall be calculated at the rate of $50 per year.

3~~2~~) The fee for the renewal of an agency license~~certificate~~ is $450 for the renewal period~~ (see Section 1240.550(b))~~.

4~~3~~) The fee for the renewal of a branch office license~~certificate~~ is $200 for the renewal period~~ (see Section 1240.550(b))~~.

5~~4~~) The fee for the renewal of a permanent employee registration card is $45 for the renewal period~~ (see Section 1240.550(c))~~.

6~~5~~) The fee for the renewal of a firearm control~~authorization~~ card is $45 for the renewal period~~ (see Section 1240.550(c))~~.

7~~6~~) The fee for the renewal of an armed proprietary security force registration is $200~~$20~~ for the renewal period~~ (see Section 1240.550(b))~~.

8) The fee for renewal of certification as a firearm instructor is $45.

9) The fee for renewal of a canine handler authorization card is $45.

10) The fee for renewal of a canine trainer authorization card is $45.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $50 plus payment of all lapsed renewal fees; the fee for restoration from inactive status is the current renewal fee.

2) The fee for the issuance of a duplicate/replacement license, agency certificate of registration, permanent employee registration care, Certification of Firearm Training, firearm control~~authorization~~ card, or a certificate issued for 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 reissuance of a firearm control~~authorization~~ card to an agency that has changed its name is $10.

4) The fee for electronic fingerprint processing by ISP or one of the ISP live scan~~designated~~ vendors whose equipment has been certified by ISP or a fingerprint vendor agency licensed by the Division is the cost of processing that shall be made payable to the vendor.

5) The fee for a certification of a licensee's record for any purpose is $20.

6) The fee to have the scoring of an examination administered by the Division reviewed and verified is $20, plus any fee charged by the testing service.

7) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

8) The fee for a roster of licensees or registrants shall be the actual cost of producing the roster.

9) The fee for approval of a firearm training program is $100.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.580 Investigation by the Division

a) The~~Pursuant to Section 2105-100(b) of the Civil Administrative Code of Illinois, the~~ Division may conduct an investigation for the purpose of investigating an

applicant or application, an agency, a licensee, a registrant or any other party for an alleged violation of the Act or this Part or to determine qualifications to be granted a license or registration by the Division.

b) The Division may require an applicant, an agency, a licensee or registrant to produce relevant documents, records or any other material pertinent to the investigation of alleged violations of the Act or this Part. Failure to provide such material shall be grounds for disciplinary action, as authorized by Section 40-10 of the Act. Nothing in Section 35-10 of the Act shall be construed to interfere with the Division's authority to investigate licensees under the Act.

c) All information collected by the Division in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee filed with the Division and information collected to investigate any such complaint, shall be maintained for the confidential use of the Division and shall not be disclosed. The Division may not disclose the information to anyone other than law enforcement officials, regulatory agencies that have an appropriate regulatory interest as determined by the Secretary, or a party presenting a lawful subpoena to the Division. Information and documents disclosed to a federal, state, county, or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Division or any order issued by the Division against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

(Source: Amended at 36 Ill. Reg. 9938, effective July 13, 2012)

SUBPART H: CANINE HANDLER

Section 1240.700 Canine Handler Training Course Requirements

a) No licensed private detective, licensed private security contractor, or registered employee of a private detective agency or private security contractor agency shall use or handle a trained canine to protect persons or property or to conduct investigations until that person has satisfactorily completed a canine handler training course approved by the Division and has been issued a canine handler authorization card by the Division. The canine handler training course shall consist of basic training and specialized training and shall include both classroom instruction and practical field experience as set forth in this Section.

b) Basic training shall consist of a minimum of 100 hours and shall include:

1) canine handling safety procedures;

2) basic veterinary health and wellness principles, including canine first aid;

3) principles of canine conditioning;

4) canine obedience techniques;

5) search patterns and techniques; and

6) legal guidelines affecting canine odor detection operations.

c) Specialized training shall consist of a minimum of 80 hours of additional training related to the particular canine discipline or disciplines in which the canine and canine handler are to be used and may include, without limitation:

1) patrol;

2) narcotics odor detection;

3) explosives odor detection;

4) cadaver odor detection; or

5) any other specialized detection discipline in which the canine and canine handler are to be used.

d) All odor detection certification conducted with the canines shall use the actual explosive materials, controlled substances, fire accelerants, or sample human tissue to which the canine is being trained to identify and respond.

e) All training facilities shall be maintained in a safe and good working condition. The Division may conduct on-site inspections and may consider the following factors:

1) display of all required licenses under the Act and any other licenses required under federal or State law;

2) safety of persons and property in the area;

3) operational rules and policies;

4) canine training logs;

5) display of canine care logs;

6) storage of training materials;

7) training documentation and records; and

8) kennel facility compliance with United States Department of Agriculture animal welfare guidelines.

f) Upon completion of the training, each canine handler must successfully complete a written and practical examination. The canine training facility shall make a copy of the examination or a copy of any person's examination or related records available to the Division upon request. Passage of the written examination shall require a score of 70%. Passage of the field examination shall be determined by the canine training facility in accordance with United States Police Canine Association, Inc. (USPCA) Certification Standards (2012), no later editions or amendments included, or other nationally recognized standards. Every canine handler and canine shall be required to recertify annually according to the USPCA Certification Standards.

g) Each canine trainer shall issue a certification of completion of canine handler training for each person who successfully completes the course. This certification shall include the name of the canine handler, the name or identification of the canine with which he or she is certified to work, the patrol and/or detection specialty or specialties the canine handler and canine are certified to perform, the name of the canine instructor, and the name of the agency employing the canine instructor. This certification shall be the permanent record of canine handler training and shall be retained by the canine handler as proof of the training. During the term of a canine handler's employment with an agency licensed by the Division, the certification or a copy of the certification shall remain in the

employee's file as maintained by the employer. Upon termination of employment, an original certification shall be returned to the employee.

h) Upon application to the Division prior to 7/1/14, any canine handler who completed training from a canine training facility prior to the effective date of this Subpart and whose course syllabus meets or exceeds the requirements of this Section, shall be deemed by the Division to have complied with the requirements of this Section.

i) The training requirements of this Section shall be waived for a person who holds an active canine trainer authorization card issued by the Division.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.710 Canine Handler Authorization Card

a) The employer shall make a request to the Division, on forms supplied by the Division, for the issuance of a canine handler authorization card for each employee whose duties include the use or handling of a canine to protect persons or property or to conduct investigations.

b) Upon verification by the Division that the employee has completed the required canine handler training course within the one year preceding the request for a canine handler authorization card, or is exempt under Section 1240.700, has an active private detective license, private security contractor license, or permanent employee registration card, has paid the required fee, and meets all other requirements of the Act and this Part, the Division shall issue a canine handler authorization card to the employer for the employee. A photocopy of the certification of completion of canine handler training issued by the canine trainer pursuant to Section 1240.700(g) and submitted with the application for issuance of a canine handler authorization card shall suffice as verification.

c) The canine handler authorization card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Division by the employer. In the event an employee fails to return a canine handler authorization card to the employer, the employer shall notify the Division in writing of the failure and the reason why the card was not returned.

d) If an employee is employed by more than one agency, regardless of whether the agencies are owned or operated by the same person or entity or different persons or entities, that employee must possess a separate canine handler authorization card for each agency.

e) All canine handlers and canines certified in either explosives odor detection or narcotics odor detection shall be required to conduct, at a minimum, four hours per week of maintenance training. Maintenance training shall consist of classroom, self-study or field training exercises performed at the discretion of the agency. The maintenance training shall be fully documented and maintained by the agency in accord with other training documentation.

f) "Canine handler registration card", as used in Section 35-41 of the Act, means a canine handler authorization card.

g) In the event that the private detective license, private security contractor license, or permanent employee registration card issued to a person who also has been issued a canine handler authorization card is revoked, suspended, not renewed or otherwise terminated, the canine handler authorization card shall be terminated or cancelled. Any probationary terms or other restrictions imposed upon a private detective license, private security contractor license, or permanent employee registration card shall also be imposed on the person's canine handler authorization card.

h) Every canine handler authorization card shall expire on the date specified on the face of the card. The card shall be renewed, after payment of the renewal fee, upon proof that:

1) The employee has been recertified on the canine handler field training course within one year preceding the renewal date;

2) The employee continues to be employed by the agency to which the card was issued; and

3) The employee continues to hold a valid private detective license, private security contractor license, or permanent employee registration card.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.720 Canine Handler Training Program

a) Any person, business entity, agency, or institution offering the training courses described in Section 1240.700 shall first apply to and receive approval of the course or courses from the Division and pay the applicable fee. Application shall be made on forms provided by the Division.

b) Each applicant shall state on its application the types of odor detection training it intends to offer and shall provide copies of the following licenses, as applicable, to the Division prior to receiving canine training course approval:

1) United States Department of Transportation Hazardous Materials Certificate of Registration;

2) Drug Enforcement Administration Controlled Substance Registration;

3) Alcohol, Tobacco, and Firearms User of High Explosives Registration;

4) Illinois Department of Natural Resources Explosives Storage Certificate; or

5) Illinois Department of Financial and Professional Regulation Controlled Substances License Class I, II, IIN.

c) Any canine handler training program approved by the Division that utilizes human remains or human body parts as part of its odor detection training course shall ensure:

1) that the human remains or body parts are procured from a licensed medical facility or other lawful establishment authorized to provide human parts to medical schools, research institutions or canine agencies;

2) that the human remains or human body parts shall be stored and maintained in a manner consistent with all applicable local, state and federal public health codes.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.730 Canine Trainer Authorization Card

a) The employer shall make a request to the Division, on forms supplied by the Division, for the issuance of a canine trainer authorization card for each instructor applicant whose duties include the training of canine handlers and canines to protect persons or property or to conduct investigations.

b) The employer shall submit with its application evidence of the following in regards to each instructor applicant:

1) 2 years full-time employment as a canine handler in this or another state; and

2) Either:

A) 200 hours of canine instructor training from a program approved by the Division pursuant to this Section; or

B) Proof of other canine instructor education or experience that the Division may consider to be substantially equivalent to subsections (b)(1) and (2), such as experience or education received in military service or local, state or federal law enforcement service.

c) The 200 hours of canine instructor training referenced in subsection (b)(2)(A) shall include all elements of the training specified in Section 1240.700 and additional courses in instruction methods.

d) Upon verification by the Division that the instructor applicant has an active private detective license, private security contractor license, or permanent employee registration card, meets all requirements of the Act and this Part for the issuance of a canine trainer authorization card, and has paid the fee required by Section 1240.570, the Division shall issue a card to the employer for the instructor applicant.

e) The canine trainer authorization card shall be retained by the instructor for the term of employment. Upon termination of employment, the card shall be returned to the Division by the employer. In the event an instructor fails to return a canine trainer authorization card to the employer, the employer shall notify the Division in writing of the failure and the reason why the card was not returned.

f) If an instructor is employed by more than one agency, regardless of whether the agencies are owned or operated by the same person or entity or different persons or entities, that instructor must possess a separate canine trainer authorization card for each agency.

g) In the event that the private detective license, private security contractor license, or permanent employee registration card issued to a person who has been issued a canine trainer authorization card is revoked, suspended, not renewed or otherwise terminated, the canine trainer authorization card shall be terminated or cancelled. Any probationary terms or other restrictions imposed upon a private detective license, private security contractor license, or permanent employee registration card shall also be imposed on the person's canine trainer authorization card.

h) Every canine trainer authorization card shall expire on the date specified on the face of the card. The card shall be renewed, after payment of the renewal fee required by Section 1240.570, upon proof that:

1) The instructor has completed 10 hours of canine instructor training from a program approved by the Division since the card's issuance or last renewal;

2) The instructor continues to be employed by the agency to which the card was issued; and

3) The instructor continues to hold a valid private detective license, private security contractor license, or permanent employee registration card.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

Section 1240.740 Canine Handler and Canine Training Instructor – Unprofessional Conduct

The Division *may deny issuance,* or *refuse to renew or restore, or may reprimand, place on probation, suspend, revoke, or take other disciplinary or non-disciplinary action against any license, registration, permanent employee registration card, canine handler authorization card, canine trainer authorization card, or firearm control card, and may impose a fine not to exceed $10,000 for each violation,* (Section 40-10 of the Act) based on a finding of unprofessional conduct, which shall include, but is not limited to, the following acts or practices:

a) Failure to comply with all federal and State requirements regarding the, transportation of explosives, including obtaining the appropriate driver's license endorsement from the Illinois Secretary of State, as well as regulations regarding the proper placarding of vehicles used in the transport of the explosives; or

b) Failure to maintain the highest level of dignity and respect for human remains or human body parts while in possession of the remains or body parts or while displaying or utilizing them for any training program or other purpose.

(Source: Added at 36 Ill. Reg. 9938, effective July 13, 2012)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Optometric Practice Act of 1987

2) Code Citation: 68 Ill. Adm. Code 1320

3)

Section Numbers:	Adopted Action:
1320.80	Amendment
1320.90	Amendment
1320.95	Amendment
1320.105	New Section
1320.330	Amendment
1320.400	Amendment
1320.410	Repealed
1320.411	New Section

4) Statutory Authority: Optometric Practice Act of 1987 [225 ILCS 80]

5) Effective Date of Amendments: June 29, 2012

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal Published in *Illinois Register*: November 18, 2011, 35 Ill. Reg. 18993

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

11) Differences between Proposal and Final version: The only substantive differences are in Section 1320.105, concerning optical companies employing licensed optometrists, providing clarification regarding the maintenance of optometric records.

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? No

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: PA 97-170, effective July 22, 2011, added anti-dry eye agents and agents for the treatment of hypotrichosis to be included in the definition of "ocular pharmaceutical agents". This rulemaking implements its provisions. A new Section 1320.105 is also being added in an attempt to address and clarify long-standing questions regarding the maintenance of optometric records. Section 1320.410, regarding ancillary licenses, is being repealed and being replaced with Section 1320.411, directing optometrists to register ancillary locations with the Department. Clarification has also been made in Section 1320.95 regarding minimum equipment requirements for ancillary locations. Section 1320.80 clarifies language regarding out of state Council on Optometric Practitioner Education approved CE courses.

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

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

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

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1320
OPTOMETRIC PRACTICE ACT OF 1987

SUBPART A: OPTOMETRY

Section
1320.20 Approved Programs of Optometry
1320.30 Application for Licensure
1320.35 Application for a Limited Residency License
1320.40 Examinations
1320.45 Fees (Emergency Expired)
1320.50 Endorsement
1320.55 Renewals (Renumbered)
1320.60 Inactive Status
1320.70 Restoration
1320.80 Continuing Education
1320.90 Minimum Eye Examination
1320.95 Minimum Equipment List
1320.100 Practice of Optometry
1320.105 Recordkeeping
1320.110 Advertising
1320.120 Granting Variances (Renumbered)

SUBPART B: DIAGNOSTIC TOPICAL OCULAR PHARMACEUTICALS

Section
1320.200 Standards (Repealed)
1320.210 Application for Diagnostic Certification (Repealed)
1320.220 Approved Diagnostic Topical Ocular Pharmacological Training (Repealed)
1320.230 Approved Diagnostic Topical Ocular Pharmaceutical Agents Pursuant to Section 15.1 of the Act (Repealed)
1320.240 Restoration of Diagnostic Certification (Repealed)
1320.250 Endorsement of Diagnostic Certification (Repealed)
1320.260 Renewal of Certification (Repealed)
1320.270 Display of Certification (Repealed)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

SUBPART C: DIAGNOSTIC AND THERAPEUTIC OCULAR PHARMACEUTICAL AGENTS

Section
1320.300 Definitions and Standards
1320.310 Application for Therapeutic Certification (Repealed)
1320.315 Controlled Substance License Requirement
1320.320 Approved Therapeutic Ocular Training (Repealed)
1320.330 Approved Therapeutic Ocular Pharmaceutical Agents Pursuant to Section 15.1 of the Act
1320.335 Oral Pharmaceutical Agents
1320.340 Restoration of Therapeutic Certification (Repealed)
1320.350 Endorsement of Therapeutic Certification (Repealed)

SUBPART D: GENERAL

Section
1320.400 Fees
1320.410 Ancillary Licenses (Repealed)
1320.411 Ancillary Registrations
1320.420 Renewals
1320.430 Granting Variances

AUTHORITY: Optometric Practice Act of 1987 [225 ILCS 80]; Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 5 Ill. Reg. 5869, effective June 1, 1981; codified at 5 Ill. Reg. 11046; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; emergency amendment at 6 Ill. Reg. 2273, effective January 29, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 6 Ill. Reg. 10032, effective August 1, 1982; amended at 9 Ill. Reg. 1092, effective January 11, 1985; amended at 10 Ill. Reg. 7340, effective April 16, 1986; transferred from Chapter I, 68 Ill. Adm. Code 320 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1320 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 1821; emergency amendment at 12 Ill. Reg. 1925, effective January 1, 1988, for a maximum of 150 days; emergency expired May 30, 1988; amended at 12 Ill. Reg. 11447, effective June 27, 1988; amended at 13 Ill. Reg. 6994, effective April 25, 1989; amended at 14 Ill. Reg. 14128, effective August 15, 1990; amended at 17 Ill. Reg. 18096, effective October 4, 1993; amended at

17 Ill. Reg. 21501, effective December 1, 1993; amended at 19 Ill. Reg. 17150, effective December 19, 1995; amended at 20 Ill. Reg. 9068, effective July 1, 1996; amended at 21 Ill. Reg. 16040, effective November 24, 1997; amended at 23 Ill. Reg. 5744, effective April 30, 1999; amended at 24 Ill. Reg. 3656, effective February 15, 2000; amended at 27 Ill. Reg. 2677, effective January 31, 2003; amended at 28 Ill. Reg. 4945, effective March 3, 2004; amended at 28 Ill. Reg. 16247, effective December 2, 2004; amended at 29 Ill. Reg. 20616, effective December 6, 2005; amended at 31 Ill. Reg. 4339, effective March 5, 2007; amended at 32 Ill. Reg. 3243, effective February 21, 2008; amended at 34 Ill. Reg. 2883, effective February 18, 2010; amended at 36 Ill. Reg. 10006, effective June 29, 2012.

SUBPART A: OPTOMETRY

Section 1320.80 Continuing Education

a) Continuing Education Hour Requirements

1) Every renewal applicant shall complete 30 hours of Continuing Education (CE) relevant to the practice of optometry required during each pre-renewal period. A pre-renewal period is the 24 months preceding March 31 in the year of the renewal.

2) A CE hour equals 50 minutes. CE credit may be given only in one hour increments.

3) A renewal applicant is not required to comply with CE requirements for the first renewal following the original issuance of the license.

4) Optometrists licensed in Illinois but residing and practicing in other states must comply with the CE requirements set forth in this Section.

b) Approved Continuing Education

1) All continuing education hours must be earned by verified attendance at or participation in a program that is offered by an approved continuing education sponsor who meets the requirements set forth in subsection (c).

2) As part of the 30 hours of required continuing education, each licensee shall complete during each pre-renewal period at least 12 hours of credit that is certified by an approved optometry college in accordance with

Section 1320.20 of this Part, osteopathic or medical college or university pursuant to the Medical Practice Act of 1987 [225 ILCS 60], or a pharmacy college pursuant to the Pharmacy Practice Act [225 ILCS 85].

A) Each certified course shall include at least 2 hours of actual course presentation and shall include the successful completion of a post-course evaluation of the attendee's understanding of the course material. No additional credit may be given for the required post-course evaluation.

i) The post-course evaluation may be taken on-site immediately following the course presentation. An examination distributed on-site shall not be removed from the site.

ii) The post-course evaluation may be a correspondence evaluation mailed to the attendee and returned to the provider. The sponsor shall not distribute a post-course evaluation at the site.

iii) The post-course evaluation must consist of a minimum of 5 questions per course hour.

iv) At the sponsor's discretion, the attendee may be allowed one retake of a failed post-course evaluation in order to receive credit as certified continuing education.

B) Licensees who attend a certified education course without completion or passage of a post-course evaluation may apply the actual course hours toward fulfillment of the non-certified continuing education requirements as set forth in subsection (a)(1).

C) Any approved continuing education sponsor may offer, in conjunction with the above-referenced college or university, a certified course. However, certified continuing education shall not be provided, sponsored, co-sponsored or in any way supported or financially underwritten by a CE sponsor or others who may receive patient referrals from optometrists licensed under the Act. Approved optometry programs in subsection (b)(2) are not deemed

in violation of this Section. Faculty of an adjunct institution to an approved optometry program may present certified CE on the primary campus of the approved optometry program under this exception. Nothing in this Section shall prohibit the listing of courses in a professional journal or newsletter or prevent an approved school, college or university from certifying a course.

D) Transcript quality continuing education courses shall be deemed equivalent to the certified courses if they meet the requirements set forth in subsection (b)(2)(A).

E) Continuing education sponsors shall state in their course materials the type of post-course evaluation which will be given and whether the applicant will be allowed to retake the evaluation.

F) Certified continuing education courses shall be courses in which the attendees are in actual attendance. No self instruction or correspondence courses shall be considered certified continuing education courses.

3) Eighteen hours of CE credit may be earned as follows (not accepted for certified CE):

A) A maximum of 12 hours per pre-renewal period for papers prepared and delivered before recognized optometric organizations, papers published in nationally recognized optometric journals, or a chapter in a book of optometry, each appropriately verified.

B) A maximum of 12 hours per pre-renewal period for verified teaching of students at an optometry school approved by the Division, or practicing optometrists in approved CE programs. One hour of teaching at an optometry school approved by the Division is equal to one hour of continuing education.

C) A maximum of 4 hours per pre-renewal period for verified self-instruction or video teleconferencing that is sponsored or co-sponsored by any approved optometry college, institution or national or State optometry association.

D) A maximum of 4 hours per pre-renewal period for courses in practice management that includes business management.

E) A maximum of 2 hours of continuing education in cardiopulmonary resuscitation certified by the American Red Cross, American Heart Association, an Illinois licensed hospital or an approved medical or optometric institution may be earned per pre-renewal period.

4) Continuing education credit hours used to satisfy the CE requirements of another state may be submitted for approval for fulfillment of the CE requirements of the State of Illinois.

5) Credit shall not be given for courses taken in Illinois from unapproved sponsors except for a CPR course in accordance with subsection (b)(3)(E).

c) Continuing Education Sponsors and Programs

1) Sponsor, as used in this Section, shall mean a person, firm, association, corporation, or any other group that has been approved and authorized by the Division upon the recommendation of the Optometric Licensing and Disciplinary Board to coordinate and present continuing education courses or programs.

2) A sponsor shall file a sponsor application, along with the required fee set forth in Section 1320.400(a)(5), that includes:

A) Certification

i) That all courses and programs offered by the sponsor for CE credit will comply with the criteria in this Section;

ii) That the sponsor will be responsible for verifying attendance at each course or program or session thereof utilizing signature sheets or other means of attendance verification and for providing a certificate of completion as set forth in subsection (b);

iii) That, upon request by the Division, the sponsor will submit such evidence as is necessary to establish compliance with this Section;

iv) That each sponsor shall submit to the Division a written notice of a course offering 30 days prior to the course date. The notice shall include the description, location, date and time of the course to be offered;

B) A history and the experience of the sponsor as an educational provider;

C) A copy of a sample program with faculty, course materials and syllabi;

D) The name and address of the contact person responsible for all recordkeeping; and

E) A list of all principals of the organization applying for a sponsor license.

3) Each sponsor shall submit by March 31 of each even numbered year a sponsor application along with the required fee set forth in Section 1320.400(b)(2) of this Part. With the application, the sponsor shall be required to submit to the Division a list of all courses and programs offered in the pre-renewal period, which includes a description, location, date and time the course was offered.

4) All courses and programs shall:

A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of optometry;

B) Provide experiences that contain scientific integrity, relevant subject matter and course materials; and

C) Be developed and presented by persons with education and/or experience in subject matter of the program.

5) The tuition fees charged for programs conducted by approved sponsors shall be reasonable and directly related to the sponsor's actual expense in conducting the programs.

6) All programs given by approved sponsors shall be open to all licensed optometrists and not be limited to the members of a single organization or group and shall specify the number of CE hours and categories that may be applied toward Illinois CE requirements for licensure renewal.

7) Certificate of Attendance

A) It shall be the responsibility of the sponsor to provide each participant in a program with a certificate of attendance signed by the sponsor. The sponsor's certificate of attendance shall contain:

i) The name, sponsor number and address of the sponsor;

ii) The name of the participant and his/her optometry license number;

iii) A detailed statement of the subject matter;

iv) The number of hours actually attended in each topic;

v) The date of the program;

vi) Whether the course qualifies for certified continuing education.

B) A separate certification of passage or failure of the post-course evaluation shall be issued by the approved certifying institution when the course is for certified CE credit.

C) The sponsor shall maintain these records for not less than 5 years. These records shall include all test materials utilized for certified courses.

8) The sponsor shall be responsible for assuring verified continued

attendance at each program. No renewal applicant shall receive CE credit for time not actually spent attending the program.

9) Upon the failure of a 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 that sponsor's CE programs until such time as the Division receives reasonably satisfactory assurances of compliance with this Section.

d) Continuing Education Earned in Other States

1) If a licensee has earned CE hours in another jurisdiction for which he/she will be requesting credit toward full compliance in Illinois, the applicant shall submit an out of state CE approval form along with a $20 processing fee within 90 days prior to or after the course. The Board shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.

2) If a licensee fails to submit an out of state CE approval form within the required 90 days, late approval may be obtained by submitting the application along with the $20 processing fee plus a $50 per hour late fee not to exceed $300. The Board shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.

3) The Board has determined that the Council on Optometric Practitioner Education (C.O.P.E.) approved courses are acceptable for out of state continuing education. If a licensee attends an out of state C.O.P.E. approved course, the licensee will not be required to submit the out of state CE approval form and the $20 processing fee. All C.O.P.E. approved certified (tested) courses must contain certification by C.O.P.E. that the course was conducted in compliance with Section 1320.80(b)(2)(C) in order for certified credit to be granted under this Subpart.

e) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance with CE requirements set forth in subsection (a).

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 for a period of 5 years.

3) When there appears to be a lack of compliance with CE requirements, an applicant will be notified and may request an interview with the Board, at which time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].

f) Waiver of CE Requirements/Certification in Cardiopulmonary Resuscitation

1) Any renewal applicant seeking renewal of his/her license without having fully complied with the CE requirements or the certification in Cardiopulmonary Resuscitation (CPR) as required in Section 1320.420 shall file with the Division a renewal application, the renewal fee set forth in Section 1320.400(b)(1), a statement setting forth the facts (including time frames) concerning such non-compliance, and a request for waiver of the CE/CPR requirements on the basis of the facts. If the Division, upon the written recommendation of the Board, finds from such affidavit or any other evidence submitted, that good cause 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) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE/CPR requirements during the applicable pre-renewal period because of:

A) Full time service in the armed forces of the United States of America during a substantial part of such period; or

B) Extreme hardship, which shall be determined on an individual basis by the Board and shall be limited to documentation of:

i) An incapacitating illness documented by a currently licensed physician,

ii) A physical inability to travel to the sites of approved programs, or

iii) Any other similar extenuating circumstances.

3) If an interview with the Board is requested at the time the request for the waiver is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.

4) Any renewal applicant who submits a request for waiver pursuant to subsection (f)(1) of this Section shall be deemed to be in good standing until the Division's final decision on the application has been made.

(Source: Amended at 36 Ill. Reg. 10006, effective June 29, 2012)

Section 1320.90 Minimum Eye Examination

In the absence of good clinical reasons to the contrary as documented in the record, the following minimum examination shall be performed and findings recorded by an optometrist, and he/she shall keep a record for a period of 6 years:

a) Complete case history, including medical conditions.

b) Visual acuity.

1) Monocular.

2) Aided or unaided.

c) External examination, including pupil reactivity.

d) Internal examination (ophthalmoscopic examination) with dilation if indicated.

e) Retinoscopy or equivalent.

f) Subjective refraction to best visual acuity at distance and near.

g) Measurement of binocularity and ocular motility.

h) Color vision screening.

i) Tonometry.

(Source: Amended at 36 Ill. Reg. 10006, effective June 29, 2012)

Section 1320.95 Minimum Equipment List

a) Each office in which the practice of optometry is conducted shall contain, in good working condition, the following minimum equipment:

1)~~a)~~ Ophthalmoscope − Direct and Indirect

2)~~b)~~ Retinoscope or its equivalent

3)~~c)~~ Tonometer

4)~~d)~~ Automated Threshold Visual Field Testing Device

5)~~e)~~ Color Vision Testing Device

6)~~f)~~ Keratometer or its equivalent

7)~~g)~~ Biomicroscope

8)~~h)~~ Lenses for subjective testing

9)~~i)~~ Blood Pressure Measuring Device

b) An Automated Threshold Visual Field Testing Device, as specified in subsection (a)(4), is not required at an ancillary location where all prospective patients are unable to perform this test and this circumstance is reported in the application for an ancillary registration.

(Source: Amended at 36 Ill. Reg. 10006, effective June 29, 2012)

Section 1320.105 Recordkeeping

Every licensed optometrist shall keep a record of examinations made and prescriptions issued, which record shall include the names of persons examined and for whom prescriptions were prepared, and that *shall be signed by the licensed optometrist and retained by him* or her *in the office in which* the *professional service was rendered.* [225 ILCS 80/6]

a) Ownership of Records

1) Independent Optometric Practice
A licensed optometrist shall maintain full and independent responsibility and control over all records, including any prescriptions, relating to the patients. All such records shall remain confidential, except as otherwise provided by law, and shall be maintained by the licensed optometrist in compliance with this Section, Section 6 of the Act, HIPAA and Section 1320.90 of this Part. For purposes of this subsection (a)(1), "maintain full and independent responsibility and control" means that the records shall be maintained by the licensed optometrist and that the optometrist shall not share, delegate or relinquish either possession of the records, including any prescriptions, or his or her responsibility or control over those records with or to any entity that is not itself licensed by the Division unless the entity is a "covered entity" under HIPPA. The optometrist may transfer custody of his or her records including prescriptions to a covered entity under HIPPA so long as the covered entity has designated an Illinois licensed optometrist or ophthalmologist as the custodian of the records. In this case, the optometrist shall receive copies of any records of his or her patients upon request as needed for continued patient care. The original records shall be available to the optometrist for compliance with statutory and regulatory requirements or for use in other legal proceedings. In no case may records remain in the custody of a non-licensed individual. A custodian named under this Section shall be reported to the Department and shall be responsible for compliance with all laws regarding the maintenance of records.

2) Optometric Practice of an Employee of a Non-Medical Entity Not Licensed by the Division or the Department of Public Health

A) A licensed optometrist shall maintain responsibility and control over all records, including any prescriptions, relating to the patients examined while they are employed. All such patient records shall remain confidential, except as otherwise provided by

law, and shall be kept under the supervision of the licensed optometrist in compliance with this Section, Section 6 of the Act, HIPAA and Section 1320.90 of this Part. However, a person, firm or corporation who is a covered entity under HIPPA may maintain patient records under the supervision of the optometrists employed by the covered entity pursuant to Section 8 of the Act.

B) If the optometrist leaves the employ of the non-medical entity, the patient records, including any prescriptions, shall remain with the employer on the condition that an Illinois licensed optometrist or opthalmologist is named by the employer as the custodian for the purpose of keeping the records in compliance with HIPAA and the Act. All such records shall maintain patient confidentiality pursuant to HIPAA. The previously employed optometrist shall receive copies of any records of his or her patients upon request as needed for continued patient care. The original records shall be available to the optometrist for compliance with statutory and regulatory requirements or for use in other legal proceedings. In no case may records remain in the custody of a non-licensed individual. A custodian named under this Section shall be reported to the Department and shall be responsible for compliance with all laws regarding the maintenance of records.

3) Optometrists Employed by Other Division Licensees
Patient records, including any prescriptions, are the property and responsibility of the examining optometrist, except when the examining optometrist is employed by an optometrist or ophthalmologist. In this circumstance, the patient records are the property and responsibility of the optometrist or ophthalmologist who employs the optometrist, or remain the property and responsibility of the examining optometrist if agreed to by both parties under contract or other written agreement. In all circumstances, records must be available to the original optometrist for continued patient care and for compliance with statutory and regulatory recordkeeping requirements.

4) Multidiscipline Group Practice
The records including prescriptions relating to the patients of a multidisciplinary group of licensed optometry care professionals, or relating to the patients of a partnership or professional association, may be

maintained by the group practice, partnership or professional association on behalf of all licensed optometrists employed by the group practice, partnership or professional association. The optometrist may transfer ownership of his or her records, including any prescriptions, to another licensed optometrist or group of optometrists provided that the records are available to the original optometrist for continued patient care and for compliance with statutory and regulatory recordkeeping requirements.

5) Hospital, Clinic or Nursing Home Facility Practice
If an optometrist examines or writes a prescription for a patient in a hospital, clinic or nursing home, he or she may elect to utilize the recordkeeping system of the facility, if he or she determines that the system is accurate and secure and the records are available to the optometrist for compliance with statutory and regulatory recordkeeping requirements.

b) Transfer of Ownership of Records
Upon the sale of a practice or the disability or death of an optometrist, the records must be transferred to a licensed optometrist or ophthalmologist or a health care facility licensed by the Department of Public Health for compliance with this Section, Section 6 of the Act, HIPAA and Section 1320.90 of this Part. Patients are to be informed of the location of their records unless they are to be maintained at their original location. Copies of records must be made available, within 10 days after the death of an optometrist, to patients upon their request. Another optometrist or ophthalmologist may use these records to meet the patient's needs until their next regularly scheduled eye exam. Failure to provide records under this Section by a non-licensed individual shall be considered to be a violation under Section 4.5 of the Act and may result in fines or civil penalties provided for in the Act.

c) Necessity for Having Contract Provisions that Preserve the Optometrist's Statutory Recordkeeping Requirement
No agreement, lease or other contract entered into, renewed or extended between an optometrist and any entity that itself is not licensed by the Division as an optometrist or ophthalmologist or by the Department of Public Health as a health care facility shall contain any provision that:

1) Impedes an optometrist's ability to gain access to his or her professional office or patient records, including any prescriptions, provided any such

agreement, lease or other contract shall contain a provision that establishes reasonable protocol for the optometrist to gain access to the premises during non-business hours for medical emergencies; or

2) Limits, inhibits or prevents an optometrist's ability to communicate with his or her patients at any time.

d) Record Retention

1) All patient records including prescriptions shall be maintained by the examining optometrist at the location of the examination or shall be available at that location for inspection upon reasonable request if stored in a secure off-site location for six years pursuant to Section 1320.90. Records may be maintained on paper or in electronic format, as follows:

A) If records are maintained electronically, an optometrist shall keep either a duplicate hard-copy record or a back-up unalterable electronic record off-site. If a record request is made, and the off-site location is out of state, the optometrist is required to obtain the records in order to comply with the request. Electronic records must be keyed to record the time and date of any patient record transactions or alterations.

B) Any patient record that is created or maintained in an electronic format must have the capability of printing a paper record.

2) Failure to keep patient records for the statutory minimum of six years shall constitute "dishonorable or unprofessional conduct" as that phrase is used in Section 24 of the Act, and any such action may subject the licensee to disciplinary action by the Division.

e) Patient Record Requests, Charges and Fees
A copy of patient records shall be provided, upon written request of the patient or any person, entity or organization presenting a valid authorization for release of records signed by that patient or the patient's legally authorized presentative and payment of appropriate fees, to the person examined or his or her designee, in compliance with federal law.

f) Other Authorized Record Requests

Releasing records under a lawful subpoena in a criminal or civil proceeding, or pursuant to a subpoena issued by the Division or the Illinois Optometric Licensing and Disciplinary Board, is permissible in accordance with federal law. Document production compliance under a lawful subpoena is mandated by law. If the records sought are maintained at a location other than the optometrist's office where the subpoena was served, the optometrist is responsible for obtaining and producing the records to comply with the subpoena.

(Source: Added at 36 Ill. Reg. 10006, effective June 29, 2012)

SUBPART C: DIAGNOSTIC AND THERAPEUTIC OCULAR PHARMACEUTICAL AGENTS

Section 1320.330 Approved Therapeutic Ocular Pharmaceutical Agents Pursuant to Section 15.1 of the Act

a) The following categories of therapeutic ocular pharmaceutical agents are approved for use by licensed optometrists:

1) Anti-Infective Agents

2) Anti-Allergy Agents

3) Anti-Glaucoma Agents (except oral carbonic anhydrase inhibitors, which may be prescribed only in a quantity sufficient to provide treatment for up to 72 hours)

4) Anti-Inflammatory Agents (except oral steroids)

5) Topical Anesthetic Agents

6) Over the Counter Agents

7) ~~Oral~~ Analgesic Agents

8) Mydriatic Reversing Agents

9) Anti-Dry Eye Agents

10) Agents for the treatment of hypotrichosis

b) Licensed optometrists shall be permitted to use topical anesthetics, mydriatics, cycloplegics and miotics.

c) Oral pharmaceutical agents may be prescribed for a child under 5 years of age only in consultation with a physician licensed to practice medicine in all its branches.

(Source: Amended at 36 Ill. Reg. 10006, effective June 29, 2012)

SUBPART D: GENERAL

Section 1320.400 Fees

a) Application fees

1) The fee for application for an original license as an optometrist is $500.

2) ~~The fee for application for an ancillary optometric license is $50 per location unless waived in accordance with Section 1320.410(e).3)~~ Applicants for any examination shall be required to pay, either to the Division or its designated testing service, a fee covering the cost of determining the applicant's eligibility and providing the examination.

3)~~4)~~ The fee for application for licensure of a person licensed as an optometrist in another jurisdiction is $500.

4)~~5)~~ The fee for a sponsor of continuing education is $500.

5)~~6)~~ The fee for an optometry residency one year license shall be $100.

b) Renewal Fees

1) The fee for renewal of an optometrist license is $200 per year.

2) ~~The fee for renewal of an ancillary optometry license is $25 per year for each location unless waived in accordance with Section 1320.410(e). 3)~~ The fee for renewal as a sponsor of continuing education is $250 per year.

c) General Fees

1) The fee for restoration of a license other than from inactive status is $50 plus payment of all lapsed renewal fees. For the purposes of restoring from inactive status, the Division shall consider that no renewal fees have lapsed during the period of inactive status.

2) The fee for issuance of a duplicate license or for the issuance of a replacement license for a license which has been lost or destroyed is $20.

3) The fee for the issuance of a license with a change of name or address other than during the renewal period is $20.

4) The fee for the certification of a license for any purpose is $20.

5) The fee for a wall certificate showing licensure is the actual cost of producing the license.

6) The fee for a roster of persons licensed under the Act is the actual cost of producing the roster.

(Source: Amended at 36 Ill. Reg. 10006, effective June 29, 2012)

Section 1320.410 Ancillary Licenses (Repealed)

~~a) Ancillary license, as used in this Part, shall mean an optometry license that is issued pursuant to Section 7 of the Act to a licensed optometrist who is engaged in the practice of optometry at more than one address.~~

~~b) Each ancillary license shall be displayed in accordance with Section 6 of the Act.~~

~~c) An ancillary license shall be issued to a licensed optometrist upon submitting a completed application to the Division, on forms provided by the Division, and the required fee set forth in Section 1320.400(a)(2) of this Part. The application shall include the address of the branch office location for which the license will be issued.~~

~~d) An optometrist shall be required to obtain an ancillary license for each additional~~

~~location and to display the appropriate ancillary licenses at each location. Licensees may examine one new patient at facilities licensed by the Illinois Department of Public Health or their residence per address per month without an ancillary license.~~

~~e) Fees may be waived by the Division for an optometrist applying for an ancillary license to substitute for a licensee who has been called to active military duty. Applicants for such an ancillary license shall include a copy of the orders calling the licensee to active duty in addition to any other requirements.~~

~~f) Fees shall be waived by the Division for an optometrist applying for an ancillary license to practice as a volunteer for a charitable organization organized under section 501(c)(3) of the U.S. Internal Revenue Code at a location not otherwise licensed for the practice of optometry. All examinations performed under this license shall be done without remuneration to the licensee or the charitable organization and shall comply with Section 1320.100(g).~~

(Source: Repealed at 36 Ill. Reg. 10006, effective June 29, 2012)

Section 1320.411 Ancillary Registrations

a) Ancillary registrations, as used in this Part, shall mean registration of a practice location, pursuant to Section 7 of the Act, by a licensed optometrist who is engaged in the practice of optometry at more than one address.

b) An ancillary registration shall be submitted by the licensee on forms provided by the Division for each location in which a licensee practices optometry prior to practicing optometry at that location. The form shall include the address of the branch office location being reported.

c) An optometrist shall submit an ancillary registration for each additional location where he or she practices optometry and shall display a copy of his or her optometry license in a conspicuous place in each office.

d) Each licensee shall maintain a copy of his or her ancillary registration in the office registered and, upon request, shall exhibit this registration and a copy of his or her optometry license to any representative of the Division.

e) Registration of a location other than where a licensee actually practices optometry shall be considered a violation of the Act.

f) An ancillary registration expires with the expiration of the primary optometry license and a new application for ancillary registration must be submitted to the Division for all locations requiring an ancillary registration.

(Source: Added at 36 Ill. Reg. 10006, effective June 29, 2012)

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Video Gaming (General)

2) Code Citation: 11 Ill. Adm. Code 1800

3)

Section Numbers:	Adopted Action:
1800.1065	New Section
1800.1210	New Section
1800.1220	New Section
1800.1230	New Section
1800.1240	New Section
1800.1250	New Section
1800.1260	New Section

4) Statutory Authority: Implementing and authorized by the Video Gaming Act [230 ILCS 40/1 et seq.]

5) Effective date of rulemaking: June 28, 2012

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

7) Does this rulemaking contain an incorporation by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the principal office and is available for public inspection.

9) Notice of proposal published in Illinois Register: March 16, 2012; 36 Ill. Reg. 4012

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version: The final version rewrites the provisions relating to fingerprinting. In the proposal filed on First Notice, these provisions were contained in new Section 1800.590. In lieu of new Section 1800.590, the final version substitutes new Subpart L, Fingerprinting of Applicants, containing new Sections 1800.1210 through 1800.1260.

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? No

14) Are there any amendments pending on this part? Yes

Section Numbers:	Proposed Action:	Illinois Register Citation:
1800.590	New Section	36 Ill. Reg. 4012; March 16, 2012
1800.1065	New Section	36 Ill. Reg. 4012; March 16, 2012
1800.110	Amendment	36 Ill. Reg. 5935; April 20, 2012
1800.250	Amendment	36 Ill. Reg. 6197; April 27, 2012
1800.270	Amendment	36 Ill. Reg. 6197; April 27, 2012
1800.930	Amendment	36 Ill. Reg. 6197; April 27, 2012
1800.820	New Section	36 Ill. Reg. 9377; June 29, 2012
1800.230	Amendment	36 Ill. Reg. 9863; July 13, 2012
1800.250	Amendment	36 Ill. Reg. 9863; July 13, 2012
1800.260	Amendment	36 Ill. Reg. 9863; July 13, 2012
1800.310	Amendment	36 Ill. Reg. 9863; July 13, 2012
1800.520	Amendment	36 Ill. Reg. 9863; July 13, 2012
1800.830	New Section	36 Ill. Reg. 9863; July 13, 2012
1800.1310	New Section	36 Ill. Reg. 9863; July 13, 2012

15) Summary and purpose of rulemaking: The present rulemaking contains provisions relating to fingerprinting of applicants and registration of video gaming terminals. These provisions are as follows:

Fingerprinting: Section 1800.520 d) 4) of the video gaming rules requires the fingerprinting of persons required to submit Video Gaming Personal Disclosure Forms in connection with an application, as well as applicants for terminal handler and technician licenses. The large numbers of pending and anticipated applications, particularly applications for location licenses, has exceeded the capacity of the Department of State Police to conduct fingerprinting on its own, and it is therefore necessary for the Illinois Gaming Board to utilize the services of private businesses qualified to perform electronic, inkless fingerprinting. The Board, however, does not have authority under the statute or the present rule language to contract with outside businesses for this purpose. The present rulemaking is intended to establish such authority.

The present rulemaking replaces an emergency rule on the same subject, published at 36 Ill. Adm. Code 4150 (March 16, 2012). It adds a new Subpart L to the video gaming rules entitled "Fingerprinting of Applicants." The new subpart will enable fingerprinting to be performed by any of the following:

The Department of State Police (which has authority to perform fingerprinting under current law);

A livescan vendor (as defined in Section 1800.1210 of the Subpart) covered by a standardized contract with the Department of Public Health, as set forth in 77 Ill. Admin. Code 955.285 and meeting all the criteria of that Section; or

An entity approved by the Illinois Gaming Board which meets the qualifications set forth in new paragraph 1800.1230 a).
To gain Illinois Gaming Board approval as a livescan vendor qualified to perform inkless fingerprinting, an entity must satisfy all of the following requirements set forth in new Section 1800.1230:

Demonstrate to the Board that it has two or more years of experience transmitting fingerprints electronically to the Department, and that it can successfully transmit the required data to the Department in a manner prescribed by the Department;
Comply with all the technical fingerprinting requirements established under new Section 1800.1240;
Enter into a standardized contract with the Board for the performance of livescan fingerprinting services;
Provide a single preferred point of contact with the Department and Board;
Comply with all other Board requirements for livescan vendors; and
Not have its contract with the Board revoked or suspended under the criteria of new Section 1800.1260.

New Subpart L also contains provisions pertaining to definitions, fees for fingerprinting, required fingerprinting procedures, and grounds for revocation, suspension, or denial of contracts.

Registration of video gaming terminals: The rulemaking makes no changes to the registration language contained in the emergency rule published at 36 Ill. Reg. 4150 (March 16, 2012). The registration provisions are contained in new Section 1800.1065, Registration of Video Gaming Terminals. This section parallels the Board's current riverboat gambling Rule 280, Registration of All Gaming Devices [86 Ill. Adm. Code 3000.280], which requires holders of owners licenses to securely affix a registration tag issued by the Board on each Gaming Device in their possession. Analogously, the new section will require terminal operators licensed under the Video Gaming Act to affix registration tags on each Video Gaming Terminal ("VGT") in their possession.

16) Information and Questions regarding this adopted rulemaking may be addressed to:

Lynn J. Carter
General Counsel
Illinois Gaming Board
160 North LaSalle Street
Chicago, Illinois 60601

Fax No. 312/814-7253

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

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING
SUBTITLE D: VIDEO GAMING
CHAPTER I: ILLINOIS GAMING BOARD

PART 1800
VIDEO GAMING (GENERAL)

SUBPART A: GENERAL PROVISIONS

Section
1800.110 Definitions
1800.115 Gender
1800.120 Inspection

SUBPART B: DUTIES OF LICENSEES

Section
1800.210 General Duties of All Video Gaming Licensees
1800.220 Continuing Duty to Report Violations
1800.230 Duties of Licensed Manufacturers
1800.240 Duties of Licensed Distributors
1800.250 Duties of Licensed Video Terminal Operators
1800.260 Duties of Licensed Technicians
1800.270 Duties of Licensed Video Gaming Locations

SUBPART C: STANDARDS OF CONDUCT FOR LICENSEES

Section
1800.310 Grounds for Disciplinary Actions
1800.320 Minimum Standards for Use Agreements
1800.330 Economic Disassociation

SUBPART D: LICENSING QUALIFICATIONS

Section
1800.410 Coverage of Subpart
1800.420 Qualifications for Licensure
1800.430 Persons with Significant Influence or Control

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

SUBPART E: LICENSING PROCEDURES

Section
1800.510 Coverage of Subpart
1800.520 Applications
1800.530 Submission of Application
1800.540 Application Fees
1800.550 Consideration of Applications by the Board
1800.555 Withdrawal of Applications
1800.560 Issuance of License
1800.570 Renewal of License
1800.580 Renewal Fees and Dates

SUBPART F: DENIALS OF APPLICATIONS FOR LICENSURE

Section
1800.610 Coverage of Subpart
1800.615 Requests for Hearing
1800.620 Appearances
1800.625 Appointment of Administrative Law Judge
1800.630 Discovery
1800.635 Subpoenas
1800.640 Motions for Summary Judgment
1800.650 Proceedings
1800.660 Evidence
1800.670 Prohibition on Ex Parte Communication
1800.680 Sanctions and Penalties
1800.690 Transmittal of Record and Recommendation to the Board
1800.695 Status of Applicant for Licensure Upon Filing Request for Hearing

SUBPART G: DISCIPLINARY ACTIONS AGAINST LICENSEES

Section
1800.710 Coverage of Subpart
1800.715 Notice of Proposed Disciplinary Action Against Licensees
1800.720 Hearings in Disciplinary Actions
1800.725 Appearances
1800.730 Appointment of Administrative Law Judge
1800.735 Discovery

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

1800.740 Subpoenas
1800.745 Motions for Summary Judgment
1800.750 Proceedings
1800.760 Evidence
1800.770 Prohibition on Ex Parte Communication
1800.780 Sanctions and Penalties
1800.790 Transmittal of Record and Recommendation to the Board

SUBPART H: LOCATION OF VIDEO GAMING TERMINALS IN LICENSED VIDEO GAMING LOCATIONS

Section
1800.810 Location and Placement of Video Gaming Terminals

SUBPART I: SECURITY INTERESTS

Section
1800.910 Approvals Required, Applicability, Scope of Approval
1800.920 Notice of Enforcement of a Security Interest
1800.930 Prior Registration

SUBPART J: TRANSPORTATION, REGISTRATION, AND DISTRIBUTION OF VIDEO GAMING TERMINALS

Section
1800.1010 Restriction on Sale, Distribution, Transfer, Supply and Operation of Video Gaming Terminals
1800.1020 Transportation of Video Gaming Terminals into the State
1800.1030 Receipt of Video Gaming Terminals in the State
1800.1040 Transportation of Video Gaming Terminals Between Locations in the State
1800.1050 Approval to Transport Video Gaming Terminals Outside of the State
1800.1060 Placement of Video Gaming Terminals
1800.1065 Registration of Video Gaming Terminals
1800.1070 Disposal of Video Gaming Terminals

SUBPART K: STATE-LOCAL RELATIONS

Section
1800.1110 State-Local Relations

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

SUBPART L: FINGERPRINTING OF APPLICANTS

Section
1800.1210 Definitions
1800.1220 Entities Authorized to Perform Fingerprinting
1800.1230 Qualification as a Livescan Vendor
1800.1240 Fingerprinting Requirements
1800.1250 Fees for Fingerprinting
1800.1260 Grounds for Revocation, Suspension and Denial of Contract

AUTHORITY: Implementing and authorized by the Video Gaming Act [230 ILCS 40].

SOURCE: Adopted by emergency rulemaking at 33 Ill. Reg. 14793, effective October 19, 2009, for a maximum of 150 days; adopted at 34 Ill. Reg. 2893, effective February 22, 2010; emergency amendment at 34 Ill. Reg. 8589, effective June 15, 2010, for a maximum of 150 days; emergency expired November 11, 2010; amended at 35 Ill. Reg. 1369, effective January 5, 2011; emergency amendment at 35 Ill. Reg. 13949, effective July 29, 2011, for a maximum of 150 days; emergency expired December 25, 2011; amended at 36 Ill. Reg. 840, effective January 6, 2012; amended by emergency rulemaking at 36 Ill. Reg. 4150, effective February 29, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 5455, effective March 21, 2012; amended at 36 Ill. Reg. 9863, effective June 28, 2012; amended at 36 Ill. Reg. 10029, effective June 28, 2012.

SUBPART J: TRANSPORTATION, REGISTRATION,
AND DISTRIBUTION OF VIDEO GAMING TERMINALS

Section 1800.1065 Registration of Video Gaming Terminals

a) Any terminal operator that possesses any video gaming terminal shall have a registration tag issued by the Board securely affixed on each terminal.

b) Any video gaming terminal without a current registration tag shall be subject to seizure. Any agent of the Board may demand and gain access to any property relating to a licensed video gaming location or any location where video gaming terminals are stored, sold, distributed or transported, and seize any video gaming terminal that does not bear a current registration tag or is operating in a manner that violates any provision of the Act, this Part, or operating procedures established by the Board. Video gaming terminals so seized shall be subject to confiscation and forfeiture. In the event the Board seizes video gaming terminals

in accordance with this Section, the Board shall notify the terminal operator of the seizure and of the terminal operator's right to a hearing under Subpart G of this Part.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

SUBPART L: FINGERPRINTING OF APPLICANTS

Section 1800.1210 Definitions

As used in this Subpart:

"Department" means the Department of State Police.

"Person" means an individual required by the Board to be fingerprinted in connection with an application for licensure or as a requirement for continued licensure under the Act.

"Entity" means any individual, association, partnership or corporation qualified, or seeking qualification, as a livescan vendor.

"Livescan fingerprinting" or "fingerprinting" shall be the collection of inkless fingerprints in a manner prescribed by the Department and the electronic transmission of those fingerprints to the Department.

"Livescan technician" means an individual who is trained to collect fingerprints on livescan equipment and who meets any licensing requirements of the State or federal government.

"Livescan vendor" or "vendor" shall mean an entity besides the Department certified by the Board to conduct livescan fingerprinting.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

Section 1800.1220 Entities Authorized to Perform Fingerprinting

The Department or a livescan vendor may fingerprint persons required to be fingerprinted by the Board. The Board or Department may direct persons required to be fingerprinted to use the services of a livescan vendor in lieu of the services of the Department.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

Section 1800.1230 Qualification as a Livescan Vendor

The following entities shall qualify as livescan vendors:

a) An entity that:

1) Demonstrates to the Board that it has two or more years of experience transmitting fingerprints electronically to the Department, and that it can successfully transmit the required data to the Department in a manner prescribed by the Department;

2) Demonstrates ability to comply with all the requirements of Section 1800.1240;

3) Enters into a standardized contract with the Board for the performance of livescan fingerprinting services;

4) Provides a single preferred point of contact with the Department and Board;

5) Complies with all other Board requirements for livescan vendors; and

6) Has not had its contract with the Board revoked or suspended under the criteria of Section 1800.1260; or

b) An entity that:

1) Has entered into, and continues to be covered by, a standardized contract with the Department of Public Health as set forth in 77 Ill. Adm. Code 955.285 and has met all the criteria of that Section;

2) Complies with all other applicable Board requirements for livescan vendors; and

3) Has not had its contract with the Board revoked or suspended or been contractually disqualified by the Board under the criteria of Section

1800.1260.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

Section 1800.1240 Fingerprinting Requirements

All fingerprinting conducted under the provisions of this Subpart L by a livescan vendor shall comply with the following requirements:

a) The vendor shall use only equipment that is certified by the Department as meeting its requirements for inkless fingerprint collection.

b) The vendor shall electronically transmit the fingerprints and other data required by the Department through a secure network within one business day after the fingerprints are collected.

c) The vendor shall comply with all Electronic Fingerprint Submission Specifications (EFSS) of the Department (http://www.isp.state.il.us/docs/9-054.pdf) and all Electronic Fingerprint Transmission Specifications standards of the Federal Bureau of Investigation (http://fbi.gov/hq/cjisd/iafis/efts70/cover.htm).

d) Fingerprints may be taken and transmitted only by livescan technicians who have had a fingerprint-based criminal history records check and have not been convicted of crimes that, if committed by a person seeking licensure under the Act, would constitute a statutory disqualification for licensure. The Board may, in its discretion, disqualify individuals from taking fingerprints who have been convicted of crimes that, if committed by a person seeking licensure under the Act, would serve as a discretionary basis for license disqualification.

e) Fingerprints shall be collected directly from the person's hand and shall consist of 10 rolled impressions and 10 slap impressions in a format acceptable to the Department.

f) The vendor shall archive (store, back up, retrieve, etc.) the fingerprints transmitted to the Department in a secure and retrievable manner. Upon expiration or termination of the contract, the vendor shall provide the stored data to the Department in a format requested by the Department.

g) The vendor shall provide a single point of contact through which the Board or Department may contact the vendor.

h) If a person's fingerprints are rejected by the Department, the vendor shall collect a second or subsequent set of fingerprints. The vendor shall not charge for collecting the second or subsequent set of fingerprints.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

Section 1800.1250 Fees for Fingerprinting

A livescan vendor shall impose a fingerprinting fee on each person fingerprinted, payable to the vendor. For all vendors selected pursuant to Section 1800.1230(a), the amount of the permissible fee shall be set by the Board and shall include the costs of fingerprinting and all associated costs to the vendor, including, but not limited to, accounting charges, credit card fees, and charges in relation to the transmission and collection of fingerprints billed to the vendor by the Department, plus an additional amount based on customary profits earned by entities performing fingerprinting services for comparable governmental jurisdictions. The vendor shall compile and provide to the Board a complete record of all fees collected. The Board may establish policies governing the procedures for payment of fees under this Section and provision of fee records to the Board. For all vendors selected pursuant to Section 1800.1230(b), the fee shall be the fee shown in the contract between the vendor and the Illinois Department of Public Health.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

Section 1800.1260 Grounds for Revocation, Suspension or Denial of Contract

The Board has authority to revoke or suspend a contract it has entered into with a livescan vendor, and to deny the application of an entity applying to be a livescan vendor, for any of the following reasons:

a) Failure to comply with any of the requirements of Section 1800.1240;

b) Failure to comply with any order, ruling or directive of the Board or Department;

c) A rejection rate by the Department of 5% or greater of collected fingerprints;

d) Collection of fees exceeding maximum limits imposed by the Board;

e) Any other basis upon which the Department or Board concludes that fingerprints collected by the vendor are inadequately or unreliably collected; or

f) Any of the grounds for disciplinary action applicable to licensees under Section 1800.310.

(Source: Added at 36 Ill. Reg. 10029, effective June 28, 2012)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Maximum Setback Zones

2) Code Citation: 35 Ill. Adm. Code 618

3)

Section Numbers:	Adopted Action:
618.100	Amended
618.105	Amended
618.110	New
618.115	New
618.200	Amended
618.205	Amended
618.210	New
618.APPENDIX B	New

4) Statutory Authority: Implementing Section 14.3 and authorized by Section 27 of the Environmental Protection Act [415 ILCS 5/14.3, 27]

5) Effective Date of Amendments: June 27, 2012

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

7) Do this rulemaking contain incorporations by reference? No

8) A copy of the Adopted amendments, inlcuding any material incorporated by reference, is on file in the Board's Chicago office at the James R. Thompson Center, 100 W. Randolph Street, Suite 11-500, and is available there for public inspection.

9) Notice of Proposal Published in Illinois Register: March 16. 2012; 36 Ill. Reg. 4015.

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

11) Differences between proposal and final version: In proceeding from first notice to final adoption, the Board adopted two non-substantive corrections to the header of the key to Appendix B, "Boundaries of Fayette Water Company's Maximum Setback."

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements letter issued by JCAR? Yes

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

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: For a more detailed description of this rulemaking, please see the Board's March 1, 2012, first-notice opinion and order and its June 21, 2012 opinion and order adopting these rules. Setback Zone for Fayette Water Company Community Water Supply: Amendments to 35 Ill. Adm. Code 618, R11-25 (Mar. 1, 2012; June 21, 2012).

The Board has previously considered only one other proposal under Section 14.3(d) of the Act, which allows for establishment of "maximum setback zones" to prevent contamination of particularly vulnerable sources of groundwater. The setback zone restricts land use in the vicinity of the well, providing protection from potential sources or routes of contamination.

Fayette Water Company (FWC) obtains groundwater from six wells pumping a daily average of 494,830 gallons from the Cahokia Aquifer in Fayette County. FWC directly serves 6,510 persons and also serves four satellite systems in Fayette, Shelby, and Effingham Counties. On July 12, 2010, the Fayette County Board requested in writing that the Agency propose a maximum setback zone to the Board. Based on various assessments, the Agency concluded that the maximum setback zone was necessary to protect a highly vulnerable source of groundwater. As required by Section 14.3(d) of the Act, the Board concurred that expanded protection is justified.

The Board adopted amendments to Part 618 of its public water supplies regulations to establish a maximum setback zone for the six wells owned by FWC. The Board also adopted a limited reorganization of Part 618 in order to accommodate and simplify future establishment of additional maximum setback zones.

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

Timothy J. Fox
Illinois Pollution Control Board
100 W. Randolph Street, Suite 11-500
Chicago, IL 60601

312/814-6085
foxt@ipcb.state.il.us

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Copies of the Board's opinions and orders may be requested from the Clerk of the Board at the address listed in #8 above or by calling 312/814-3620. Please refer to the docket number R11-25 in your request. The Board order is also available from the Board's Web site (www.ipcb.state.il.us).

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

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE F: PUBLIC WATER SUPPLIES
CHAPTER I: POLLUTION CONTROL BOARD

PART 618
MAXIMUM SETBACK ZONES

SUBPART A: GENERAL

Section
618.100 Purpose and Applicability
618.105 Definitions
618.110 Regulated Activities, Facilities or Units
618.115 Prohibitions

SUBPART B: ESTABLISHED MAXIMUM SETBACK ZONES~~MARQUETTE HEIGHTS' MAXIMUM SETBACK ZONE~~

Section
618.200 Purpose ~~and Applicability~~
618.205 Marquette Heights' Maximum Setback Zone~~1,000 Foot Maximum Setback Zone Prohibition~~
618.210 Fayette Water Company's Maximum Setback Zone.

618.APPENDIX A Boundaries of Marquette Heights' Maximum Setback Zone
618.APPENDIX B Boundaries of Fayette Water Company's Maximum Setback Zone

AUTHORITY: Implementing Section 14.3 and authorized by Section 27 of the Illinois Environmental Protection Act [415 ILCS 5/14.3 and 27].

SOURCE: Adopted in R05-9 at 30 Ill. Reg. 10448, effective May 23, 2006; amended at 36 Ill. Reg. 10042, effective June 27, 2012.

SUBPART A: GENERAL

Section 618.100 Purpose and Applicability

a) This Part is established in the interest of securing the public health, safety, and welfare; to preserve the quality and quantity of groundwater resources in order to

assure a safe and adequate water supply for present and future generations; and to preserve groundwater resources currently in use and those aquifers having a potential for future use as a public water supply.

b) The ~~Pursuant to the authority of Section 14.3(d) of the Illinois Environmental Protection Act (Act) [415 ILCS 5/14.3(d)], the~~ provisions of this Part apply to all properties located wholly or partially within a maximum setback zone established under Section 14.3(d) of the Act and this Part.

(Source: Amended at 36 Ill. Reg. 10042, effective June 27, 2012)

Section 618.105 Definitions

a) Unless specified otherwise, all terms shall have the meanings set forth in the Illinois Environmental Protection Act [415 ILCS 5], the Illinois Groundwater Protection Act [415 ILCS 55], and 35 Ill. Adm. Code 671.~~Unless a different meaning of a word or term is clear from the context, the definitions of words or terms in this Part are the same as those used in the Act, the Illinois Groundwater Protection Act [415 ILCS 55], or 35 Ill. Adm. Code 671.~~

b) For the purposes of this Part, the following definitions apply:

"Act" means the Illinois Environmental Protection Act [415 ILCS 5].

"Agency" means the Illinois Environmental Protection Agency.

"Board" means the Illinois Pollution Control Board.

"Facility" means *the buildings and all real property contiguous thereto, and the equipment at a single location used for the conduct of business* [430 ILCS 45/3].

"New Potential Primary Source" means:

a potential primary source which is not in existence or for which construction has not commenced at its location as of January 1, 1988; or

a potential primary source which expands laterally beyond the currently permitted boundary or, if the primary source is not permitted, the boundary in existence as of January 1, 1988; or

a potential primary source which is part of a facility that undergoes major reconstruction. Such reconstruction shall be deemed to have taken place where the fixed capital cost of the new components constructed within a 2-year period exceed 50% of the fixed capital cost of a comparable entirely new facility [415 ILCS 5/3.345].

"New Potential Route" means:

a potential route which is not in existence or for which construction has not commenced at its location as of January 1,1988; or

a potential route which expands laterally beyond the currently permitted boundary or, if the potential route is not permitted, the boundary in existence as of January 1, 1988 [415 ILCS 5/3.350].

"New Potential Secondary Source":

means *a potential secondary source which:*

is not in existence or for which construction has not commenced at its location as of July 1, 1988; or

expands laterally beyond the currently permitted boundary or, if the secondary source is not permitted, the boundary in existence as of July 1, 1988, other than an expansion for handling of livestock waste or for treating domestic wastewaters; or

is part of a facility that undergoes major reconstruction. Such reconstruction shall be deemed to have taken place where the fixed capital cost of the new components constructed within a 2-year period exceed 50% of the fixed capital cost of a comparable entirely new facility [415 ILCS 5/3.355]; but

excludes an agrichemical facility that *modifies on-site storage capacity such that the volume of the pesticide storage does not exceed 125% of the available capacity in existence on April 1, 1990, or the volume of fertilizer storage does not exceed 150% of the available capacity in existence on April 1, 1990; provided that a written endorsement for an agrichemical*

facility permit is in effect under Section 39.4 of the Act and the maximum feasible setback is maintained. This on-site storage capacity includes mini-bulk pesticides, package agrichemical storage areas, liquid or dry fertilizers, and liquid or dry pesticides. [415 ILCS 5/14.2(g)(4)].

"Potential Primary Source" means *any unit at a facility or site not currently subject to a removal or remedial action which:*

is utilized for the treatment, storage, or disposal of any hazardous or special waste not generated at the site; or

is utilized for the disposal of municipal waste not generated at the site, other than landscape waste and construction and demolition debris; or

is utilized for the landfilling, land treating, surface impounding or piling of any hazardous or special waste that is generated on the site or at other sites owned, controlled or operated by the same person; or

stores or accumulates at any time more than 75,000 pounds above ground, or more than 7,500 pounds below ground, of any hazardous substances [415 ILCS 5/3.345].

"Potential route" means *abandoned and improperly plugged wells of all kinds, drainage wells, all injection wells, including closed loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel* [415 ILCS 5/3.350].

"Potential secondary source" means *any unit at a facility or a site not currently subject to a removal or remedial action, other than a potential primary source, which:*

is utilized for the landfilling, land treating, or surface impounding of waste that is generated on the site or at other sites owned, controlled or operated by the same person, other than livestock and landscape waste, and construction and demolition debris; or

stores or accumulates at any time more than 25,000 but not more than 75,000 pounds above ground, or more than 2,500 but not more than 7,500 pounds below ground, of any hazardous substances; or

stores or accumulates at any time more than 25,000 gallons above ground, or more than 500 gallons below ground, of petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance; or

stores or accumulates pesticides, fertilizers, or road oils for purposes of commercial application or for distribution to retail sales outlets; or

stores or accumulates at any time more than 50,000 pounds of any de-icing agent; or

is utilized for handling livestock waste or for treating domestic wastewaters other than private sewage disposal systems as defined in the Private Sewage Disposal Licensing Act [415 ILCS 5/3.355].

"Setback zone" means *a geographic area, designated pursuant to the Act, containing a potable water supply well or a potential source or potential route, having a continuous boundary, and within which certain prohibitions or regulations are applicable in order to protect groundwaters* [415 ILCS 5/3.450].

"Site" means *any location, place, tract of land, and facilities, including but not limited to buildings, and improvements used for purposes subject to regulation or control by the Act or regulations thereunder* [415 ILCS 5/3.460].

"Unit" means *any device, mechanism, equipment, or area (exclusive of land utilized only for agricultural production). This term includes secondary containment structures and their contents at agrichemical facilities.* [415 ILCS 5/3.515]

"Unit boundary" means a line at the land's surface circumscribing the area on which, above which, or below which waste, pesticides, fertilizers, road oils or de-icing agents will be placed during the active life of the facility. The space taken up by any liner, dike or other barrier designed to contain waste, pesticides, ferti1izer, road oils, or de-icing agents falls within the unit boundary.

(Source: Amended at 36 Ill. Reg. 10042, effective June 27, 2012)

Section 618.110 Regulated Activities, Facilities or Units

All new or existing activities, facilities or units located wholly or partially in any maximum setback zone created by this Part will be subject to the groundwater rules set forth in Section 14.4 of the Act and any Board regulations promulgated pursuant to Section 14.4 of the Act, including, but not limited to, 35 Ill. Adm. Code 615 and 616.

(Source: Added at 36 Ill. Reg. 10042, effective June 27, 2012)

Section 618.115 Prohibitions

New potential primary sources of groundwater contamination are prohibited from locating wholly or partially within any maximum setback zone established under Section 14.3 of the Act or this Part.

(Source: Added at 36 Ill. Reg. 10042, effective June 27, 2012)

SUBPART B: ESTABLISHED MAXIMUM SETBACK ZONES
~~MARQUETTE HEIGHTS, MAXIMUM SETBACK ZONE~~

Section 618.200 Purpose ~~and Applicability~~

~~a)~~This Subpart prescribes maximum setback zones for individual community water supply wells ~~zone prohibitions and the applicable technology control regulations that apply under 35 Ill. Adm. Code 615 and 616~~ in the interest of securing the public health, safety, and welfare; to preserve the quality and quantity of groundwater resources in order to assure a safe and adequate water supply for present and future generations; and to preserve groundwater resources currently in use and those aquifers having a potential for future use as a public water supply.

~~b) The provisions of this Subpart apply to all properties located wholly or partially within the maximum setback zone boundaries of Marquette Heights, as delineated in Appendix A of this Part:~~

~~1) That are new potential primary sources of groundwater contamination pursuant to Section 14.3(d) of the Act; or~~

~~2) That are existing or new activities regulated under 35 Ill. Adm. Code 615 or 616, excluding agrichemical facilities that affirmatively opt out of 35 Ill. Adm. Code 615 or 616, which are regulated instead under 8 Ill. Adm. Code 257 or 77 Ill. Adm. Code 830.~~

(Source: Amended at 36 Ill. Reg. 10042, effective June 27, 2012)

Section 618.205 Marquette Heights' Maximum Setback Zone~~1,000 Foot Maximum Setback Zone Prohibition~~

The~~New potential primary sources of groundwater contamination are prohibited from locating wholly or partially within the~~ Marquette Heights' maximum setback zone is established as~~boundaries~~ delineated in Appendix A of this Part.

(Source: Amended at 36 Ill. Reg. 10042, effective June 27, 2012)

Section 618.210 Fayette Water Company's Maximum Setback Zone

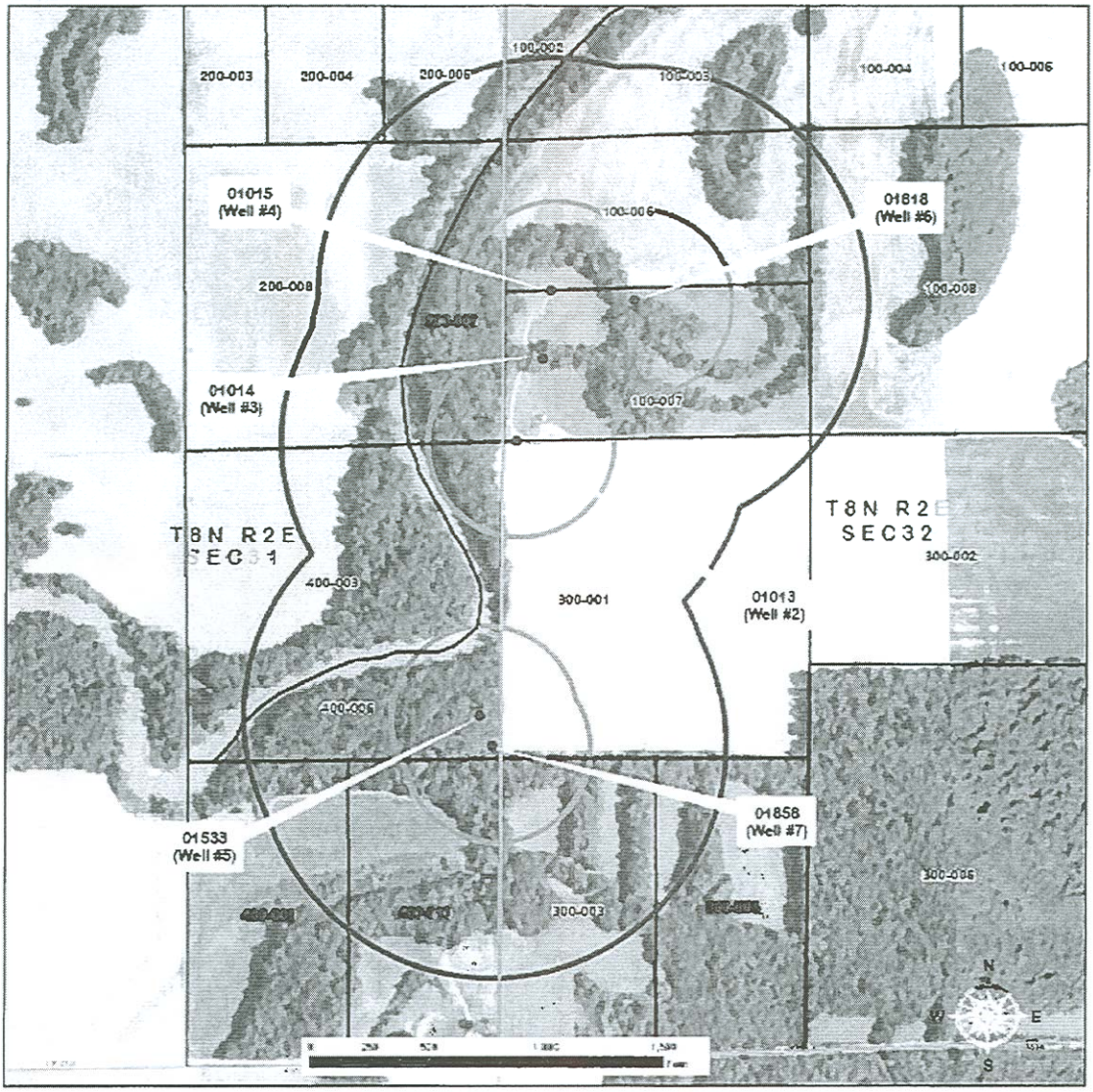
The Fayette Water Company's maximum setback zone is established as delineated in Appendix B of this Part.

(Source: Added at 36 Ill. Reg. 10042, effective June 27, 2012)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Section 618.APPENDIX B Boundaries of Fayette Water Company's Maximum Setback Zone



MAXIMUM SETBACK ZONE

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

FAYETTE WATER COMPANY (IL0510010)
T8N R2E 3rd PRINCIPAL MERIDIAN

SECTION 31

Partially Contained	Wholly Contained
200 - 004	400 - 008
200 - 005	
200 - 008	
400 - 003	
400 - 006	
400 - 008	
400 - 009	
400 - 010	

SECTION 32

Partially Contained	Wholly Contained
100 - 002	100 - 007
100 - 003	
100 - 006	
100 - 008	
300 - 001	
300 - 002	
300 - 003	
300 - 004	

Legend

- • Community Water Supply Wells
- CWS Wells Minimum Setback Zone
- Proposed Maximum Setback Zone
- Fayette County PINS
- Section Boundaries

SOURCE INFORMATION

Fayette County PINS obtained from the Fayette County Assessor's Office. Aerial photography obtained from Microsoft's Virtual Earth. Minimum and Maximum Setback zones, and CWS wells maintained by, and map compiled and created by the Illinois EPA, Division of Water Supplies, Groundwater Section.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 36 Ill. Reg. 10042, effective June 27, 2012)

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Cancellation, Revocation or Suspension of Licenses or Permits

2) Code Citation: 92 Ill. Adm. Code 1040

3)

Section Numbers:	Adopted Action:
1040.1	Amendment
1040.20	Amendment

4) Statutory Authority: 625 ILCS 5/1-197.6; 625 ILCS 5/2-104, 625 ILCS 5/6-206, 625 ILCS 5/11-501.1 and 625 ILCS 5/11-601.5

5) Effective Date of Amendments: June 29, 2012

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's Division of Driver's Services, and is available for public inspection.

9) Notice of Proposed Published in Illinois Register: 36 Ill. Reg. 3661; March 9, 2012

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Difference between Proposal and Final Version: No substantive changes were made.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

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

14) Are there any amendments pending on this Part? Yes

Sections Numbers:	Proposed Action:	*Illinois Register* Citation:
1040.33	Amendment	36 Ill. Reg. 4696; March 30, 2012

15) Summary and Purpose of Amendments: This rulemaking is being amended to include the definition of "Statutory Summary Revocation" that was effective on July 1, 2011 per

Public Act 096-1344. In addition, due to the passage of multiple Public Acts, it adds new offenses for which the Secretary of State may impose sanctions against a driver's license and removes the "serious" designation for multiple offenses.

16) Information and questions regarding this rulemaking shall be directed to:

Jennifer Egizii
Office of the Secretary of State
Driver Services Department
2701 South Dirksen Parkway
Springfield, Illinois 62723

217/557-4462

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

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1040
CANCELLATION, REVOCATION OR SUSPENSION
OF LICENSES OR PERMITS

Section
1040.1 Definitions
1040.10 Court to Forward Licenses and Reports of Convictions
1040.20 Illinois Offense Table
1040.25 Suspension or Revocation for Driving Without a Valid Driver's License
1040.28 Suspension or Revocation for Traffic Offense Committed by a Person Under the Age of 21 Years After a Prior Suspension Under Part 1040.29
1040.29 Suspension or Revocation for Two or More Traffic Offenses Committed Within 24 Months by a Person Under the Age of 21
1040.30 Suspension or Revocation for Three or More Traffic Offenses Committed Within 12 Months
1040.31 Operating a Motor Vehicle During a Period of Suspension or Revocation
1040.32 Suspension or Revocation of Driver's Licenses, Permits or Identification Cards Used Fraudulently
1040.33 Suspension or Revocation of Driver's Licenses/Permits for Fictitious or Unlawfully Altered Disability License Plate or Parking Decal or Device or Fraudulent Disability License Plate or Parking Decal or Device
1040.34 Suspension or Revocation for Conviction for Possession/Consumption of Alcohol for Persons Under Age 21
1040.35 Administrative Revocation for Commission of an Offense Requiring Mandatory Revocation Upon Conviction, and Suspension or Revocation Based Upon a Local Ordinance Conviction
1040.36 Suspension for Violation of Restrictions on Driver's License
1040.37 Suspension for Violation of Restrictions on Instruction Permit
1040.38 Commission of a Traffic Offense in Another State
1040.40 Suspension or Revocation for Repeated Convictions or Collisions
1040.41 Suspension of Licenses for Curfew or Night Time Driving Restriction Violations
1040.42 Suspension or Revocation for Fleeing and Eluding
1040.43 Suspension or Revocation for Illegal Transportation
1040.46 Suspension or Revocation for Fatal Accident and Personal Injury Suspensions or Revocations
1040.48 Vehicle Emission Suspensions (Repealed)

1040.50	Occupational Driving Permit
1040.52	Driver Remedial Education Course
1040.55	Suspension or Revocation for Driver's License Classification Violations
1040.60	Release of Information Regarding a Disposition of Court Supervision
1040.65	Offenses Occurring on Military Bases
1040.66	Invalidation of a Restricted Driving Permit
1040.70	Problem Driver Pointer System
1040.80	Cancellation of Driver's License Upon Issuance of a Disabled Person Identification Card
1040.100	Rescissions
1040.101	Reinstatement Fees
1040.102	Bankruptcy Rule for Suspensions, Cancellations, Failure to Pay and Returned Checks Actions
1040.105	Suspension for Five or More Tollway Violations and/or Evasions
1040.107	Suspension for Violation of Improperly Approaching a Stationary Emergency Vehicle
1040.108	Suspension for Failure to Make Report of Vehicle Accident Violations
1040.109	Suspension for Two or More Convictions for Railroad Crossing Violations
1040.110	Bribery
1040.111	Suspension for Failure to Yield upon Entering a Construction or Maintenance Zone when Workers Are Present
1040.115	Suspension for Theft of Motor Fuel
1040.116	Discretionary Suspension/Revocation; Committing Perjury; Submitting False/Fraudulent Documents; Notification by Department of Administrative Hearings

AUTHORITY: Implementing Articles II and VII of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Arts. II and VII] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

SOURCE: Filed September 22, 1972; amended at 3 Ill. Reg. 26, p. 282, effective June 30, 1979; amended at 5 Ill. Reg. 3533, effective April 1, 1981; amended at 6 Ill. Reg. 4239, effective April 2, 1982; codified at 6 Ill. Reg. 12674; amended at 8 Ill. Reg. 2200, effective February 1, 1984; amended at 8 Ill. Reg. 3783, effective March 13, 1984; amended at 8 Ill. Reg. 18925, effective September 25, 1984; amended at 8 Ill. Reg. 23385, effective November 21, 1984; amended at 10 Ill. Reg. 15265, effective September 4, 1986; amended at 11 Ill. Reg. 16977, effective October 1, 1987; amended at 11 Ill. Reg. 20659, effective December 8, 1987; amended at 12 Ill. Reg. 2148, effective January 11, 1988; amended at 12 Ill. Reg. 14351, effective September 1, 1988; amended at 12 Ill. Reg. 15625, effective September 15, 1988; amended at 12 Ill. Reg. 16153,

effective September 15, 1988; amended at 12 Ill. Reg. 16906, effective October 1, 1988; amended at 12 Ill. Reg. 17120, effective October 1, 1988; amended at 13 Ill. Reg. 1593, effective January 23, 1989; amended at 13 Ill. Reg. 5162, effective April 1, 1989; amended at 13 Ill. Reg. 7802, effective May 15, 1989; amended at 13 Ill. Reg. 8659, effective June 2, 1989; amended at 13 Ill. Reg. 17087, effective October 16, 1989; amended at 13 Ill. Reg. 20127, effective December 8, 1989; amended at 14 Ill. Reg. 2944, effective February 7, 1990; amended at 14 Ill. Reg. 3664, effective February 7, 1990; amended at 14 Ill. Reg. 5178, effective April 1, 1990; amended at 14 Ill. Reg. 5560, effective March 22, 1990; amended at 14 Ill. Reg. 14177, effective August 21, 1990; amended at 14 Ill. Reg. 18088, effective October 22, 1990; amended at 15 Ill. Reg. 14258, effective September 24, 1991; amended at 17 Ill. Reg. 8512, effective May 27, 1993; amended at 17 Ill. Reg. 9028, effective June 2, 1993; amended at 17 Ill. Reg. 12782, effective July 21, 1993; amended at 18 Ill. Reg. 7447, effective May 3, 1994; amended at 18 Ill. Reg. 10853, effective June 27, 1994; amended at 18 Ill. Reg. 11644, effective July 7, 1994; amended at 18 Ill. Reg. 16443, effective October 24, 1994; amended at 20 Ill. Reg. 2558, effective January 26, 1996; amended at 21 Ill. Reg. 8398, effective June 30, 1997; amended at 21 Ill. Reg. 10985, effective July 29, 1997; amended at 21 Ill. Reg. 12249, effective August 26, 1997; amended at 21 Ill. Reg. 12609, effective August 29, 1997; amended at 22 Ill. Reg. 1438, effective January 1, 1998; amended at 22 Ill. Reg. 5083, effective February 26, 1998; amended at 22 Ill. Reg. 13834, effective July 10, 1998; amended at 24 Ill. Reg. 1655, effective January 11, 2000; emergency amendment at 24 Ill. Reg. 8398, effective June 2, 2000, for a maximum of 150 days; emergency expired October 29, 2000; emergency amendment at 24 Ill. Reg. 16096, effective October 12, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 16689, effective October 30, 2000; amended at 25 Ill. Reg. 2723, effective January 31, 2001; amended at 25 Ill. Reg. 6402, effective April 26, 2001; emergency amendment at 26 Ill. Reg. 2044, effective February 1, 2002, for a maximum of 150 days; emergency expired June 30, 2002; emergency amendment at 26 Ill. Reg. 3753, effective February 21, 2002, for a maximum of 150 days; emergency expired July 20, 2002; amended at 26 Ill. Reg. 12373, effective July 25, 2002; amended at 26 Ill. Reg. 13684, effective August 28, 2002; amended at 29 Ill. Reg. 2441, effective January 25, 2005; amended at 29 Ill. Reg. 13892, effective September 1, 2005; amended at 29 Ill. Reg. 15968, effective October 7, 2005; amended at 30 Ill. Reg. 1896, effective January 26, 2006; amended at 30 Ill. Reg. 2557, effective February 10, 2006; amended at 30 Ill. Reg. 11299, effective June 12, 2006; amended at 31 Ill. Reg. 4792, effective March 12, 2007; amended at 31 Ill. Reg. 5647, effective March 20, 2007; amended at 31 Ill. Reg. 7296, effective May 3, 2007; amended at 31 Ill. Reg. 7656, effective May 21, 2007; amended at 31 Ill. Reg. 11356, effective July 19, 2007; amended at 31 Ill. Reg. 14559, effective October 9, 2007; amended at 31 Ill. Reg. 16880, effective January 1, 2008; amended at 33 Ill. Reg. 2603, effective January 22, 2009; amended at 33 Ill. Reg. 9801, effective June 25, 2009; amended at 33 Ill. Reg. 15073, effective October 21, 2009; amended at 34 Ill. Reg. 570, effective December 22, 2009;

amended at 35 Ill. Reg. 1667, effective January 13, 2011; amended at 35 Ill. Reg. 8512, effective May 31, 2011; amended at 36 Ill. Reg. 10055, effective June 29, 2012.

Section 1040.1 Definitions

Unless otherwise noted, the following definitions shall apply to this Part.

"Alcohol Related Suspension" – a suspension in accordance with IVC Sections 6-206(a)(6), (a)(17), (a)(23) and (a)(33), 11-501.1, 11-501.6 (only when the driver has a positive test for alcohol or drugs) and 11-501.8.

"Amnesty" – a sovereign act of forgiveness for past acts granted by a government to all persons (or to certain persons) generally conditioned upon their return to obedience and duty within a prescribed time as recognized by the Immigration Reform and Control Act of 1986 (P.L. 99-603).

"Applicant" − a person applying for an Illinois driver's license or permit.

"Authority" – Illinois State Toll Highway Authority.

"Authorized Holder" – an individual issued a disability license plate pursuant to IVC Section 3-616, an individual issued a parking decal or device pursuant to IVC Section 11-1301.2 or an individual issued a disabled veteran's license plate pursuant to IVC Section 3-609 or 3-609.01.

"Authorized Personnel" – the Director, a manager or administrator of the Driver Services Department or an instructor, Secretary of State Police or Inspector General.

"Auto Emissions Suspension" – a suspension for failing to have a vehicle tested pursuant to the Vehicle Emissions Inspection Law of the Illinois Vehicle Code.

"Automated Traffic Law Violation Suspension" – a suspension in accordance with IVC Section 6-306.5 for failure to satisfy fines or penalties for five or more automated traffic law violations.

"BAIID" – Breath Alcohol Ignition Interlock Device.

"Bankruptcy Debtor" – a debtor under any chapter of the federal Bankruptcy Code (11 USC).

"Bribe" – any item or thing of value, payment, or other personal advantage that an employee of the Office of the Secretary of State, the owner or employee of any commercial driver training school licensed by the Secretary of State, or any other individual authorized by the laws of this State to give driving instructions or administer any part of a driver's license examination is not authorized by law or administrative rule to accept, knowing or reasonably believing that the item, thing of value, payment or advantage was promised or tendered with the intent to influence or change the performance of any act or duty related to the issuance of a driver's license.

"Bribery" – the solicitation or accepting of any bribe or improper offering.

"Cancellation" – the annulment or termination by formal action of the Secretary of a person's driver's license or permit because of some error or defect in the license or because the licensee is no longer entitled to the license or permit.

"Chapter 13 Plan" – an order by a United States Bankruptcy Court requiring a monthly payment from the wages of a debtor.

"Clean File" – an electronic file that a state submits to the National Driver Register (NDR) containing all appropriate records from the state as of a given date, which will replace all prior records on the NDR database.

"Clearance Letter" – any document received from another state dated within 30 days prior to the current process date verifying that an individual has had his/her driving privileges restored in that state.

"Cleared Suspension or Revocation" – a suspension or revocation of driving privileges that has terminated.

"Commercial Driver's License" or "CDL" − a license issued by a state or other jurisdiction, in accordance with the standards contained in 49 CFR 383, to an individual, that authorizes the individual to operate a class of commercial motor vehicle as defined in IVC Section 1-111.6.

"Commercial Driver License Information System" or "CDLIS" − the information system established, pursuant to the Commercial Motor Vehicle Safety Act of 1986 (CMVSA) (49 USC 2701 et seq.), to serve as a clearinghouse for locating information related to the licensing and identification of commercial motor vehicle drivers [625 ILCS 5/1-111.7].

"Commercial Motor Vehicle" or "CMV" – a motor vehicle, used in commerce, except those referred to in IVC Section 6-500(6)(B), designed to transport passengers or property if:

the vehicle has a Gross Vehicle Weight Rating (GVWR) of 26,001 pounds or more or such a lesser GVWR as subsequently determined by federal regulations (49 CFR 383); or

any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 pounds or more, provided the GVWR of any vehicle or vehicles being towed is 10,001 pounds or more; or

the vehicle is designed to transport 16 or more persons, including the driver; or

the vehicle is transporting hazardous materials and is required to be placarded in accordance with 49 CFR 172, subpart F.

"Commercial Vehicle" – any vehicle operated for the transportation of persons or property in the furtherance of any commercial or industrial enterprise, For-Hire or Not-For-Hire, but not including a commuter van, a vehicle used in a ridesharing arrangement when being used for that purpose, or a recreational vehicle not being used commercially [625 ILCS 5/1-111.8].

"Concurrent Actions Requiring Reinstatement Fees" – a situation in which a driver has either two or more suspensions, except miscellaneous suspensions, or two or more revocations or a combination of suspensions and revocations, on the driving record that were in effect at the same time.

"Conviction" – a final adjudication of guilty by a court of competent jurisdiction either after a bench trial, trial by jury, plea of guilty, order of forfeiture, or default [625 ILCS 5/6-100(b)].

"Conviction – CDL Holder" – *an unvacated adjudication of guilt, or a determination that a person has violated or failed to comply with the law in a court of original jurisdiction or by an authorized administrative tribunal; an unvacated forfeiture of bail or collateral deposited to secure the person's appearance in court; a plea of guilty or nolo contendere accepted by the court; the payment of a fine or court cost regardless of whether the imposition of sentence is deferred and ultimately a judgment dismissing the underlying charge is entered; or a violation of a condition of release without bail, regardless of whether or not the penalty is rebated, suspended or probated.* [625 ILCS 5/6-500(8)]

"Creditor" – a person to whom a debt is owed by another.

"Curfew" – the hours by which any person under 17 years of age may not lawfully be present at or upon any public assembly, building, place, street or highway as provided in Section 1 of the Child Curfew Act [720 ILCS 555/1].

"Curfew Violation Suspension" – a suspension when a minor operates a vehicle on a highway during the prescribed hours without an adult or as otherwise provided for in Section 1 of the Child Curfew Act in accordance with IVC Section 6-206(a)(13).

"Debtor" – a person who owes a debt.

"Delayed Search" – the NDR will perform a delayed search of its Pointer File periodically for a duration of at least 104 days following an original inquiry. This search is done in order to insure that if an action occurs following an inquiry, that action will be sent to the SOI in the form of a Delayed Search Response (see 23 CFR 1325 and 1327).

"Deletion" – the permanent removal of an entry from a driving record.

"Denial of Driver's License" – to prohibit or disallow the privilege to obtain a driver's license while allowing the privilege to obtain an instruction permit and limiting privileges to that of an instruction permit, if a driver's license has previously been issued in accordance with IVC Sections 6-107(c) and 6-107(d).

"Denial of Driving Privilege" – to prohibit or disallow the privilege to obtain a driver's license or permit and/or the privilege to operate a motor vehicle in accordance with IVC Sections 6-107(c) and 6-108.1.

"Department" – the Department of Driver Services within the Office of the Secretary of State.

"Department of Administrative Hearings" – Department of Administrative Hearings within the Office of the Secretary of State.

"Department of Vehicle Services" – Department of Vehicle Services within the Office of the Secretary of State.

"Disability License Plate or Parking Decal or Device-Making Implement" – any implement specially designed or primarily used in the manufacture, assembly or authentication of a disability license plate or parking decal or device, or a license plate issued to a disabled veteran under IVC Section 3-609 or 3-609.01 issued by the Secretary of State or a unit of local government [625 ILCS 5/11-1301.6(a)].

"Disabled Person Identification Card" – a standard identification card as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A] issued for no fee to persons who meet the definition of disabled as defined in IVC Section 1-159.1 or who have a disability so severe that it precludes him/her from obtaining an Illinois driver's license (see Section 4A(b)).

"Disqualification" – the suspension, revocation, or cancellation of a CDL by the state or jurisdiction of issuance; any withdrawal of a person's privileges to drive a commercial motor vehicle by a state or other jurisdiction as a result of a violation of state or local law relating to motor vehicle traffic control (other than parking, vehicle weight or vehicle defect violations); a determination by the Federal Motor Carrier Safety Administration that a person is not qualified to operate a commercial vehicle under 49 CFR 391 [625 ILCS 5/1-115.3].

"Disqualified" − the denial of the issuance of a license or permit or the invalidation of any license or permit.

"Driving Abstract" − a record kept by the Department of Driver Services containing all information required by IVC Section 6-106(b) and all records of

violations of traffic laws and administrative actions pertaining to driving privileges.

"Driver's License or Permit" – a document that permits a person to legally operate a motor vehicle, including a restricted driving permit, judicial driving permit, instruction permit, traffic ticket issued when the person's driver's license is deposited in lieu of bail, suspension notice in which the suspension is not yet effective, duplicate or corrected driver's license, temporary instruction permit, temporary driver's license, temporary visitor instruction permit, temporary visitor driver's license, or probationary driver's license.

"Driver History Record" – a standardized form of limited information obtained from the SOR when an SOI makes a history request.

"Driver Remedial Education Course" – an organized remedial activity approved by the Driver Services Department for improving the driving habits of certain suspended drivers. The course shall consist of individual counseling and/or group sessions of instruction and shall not exceed two sessions or a total of nine hours of instruction.

"Driver Status" – the current status of a driver's license in the SOR, indicating whether the license is currently valid, revoked, suspended or withdrawn, that is supplied via computer automation when an SOI makes a request to an SOR.

"Facility Administered Test" – an actual demonstration of the driver's license applicant's ability to successfully pass a vision, written and/or drive test administered by a Driver Services Facility employee or individual or entity approved by the Department to administer such tests.

"Failure to Appear Suspension" – a suspension for failing to pay a fine or appear in court following the issuance of a traffic ticket as defined in IVC Section 6-306.3.

"Failure to Pay" – an indication on a driving record that an individual has failed to pay fines and costs in full on a traffic ticket, which prohibits the renewal, reissuance, or reinstatement of driving privileges pursuant to IVC Section 6-306.6.

"False Information" – any information concerning an individual's *legal name, address, sex, date of birth, social security number or any photograph that:*

falsifies all or in part the actual identity of the individual issued the license, permit or identification card;

in the case of information concerning an address, is information concerning a non-existent address that is used to obtain a license, permit or identification card; or

is any combination of a false identity and a non-existent address. [625 ILCS 5/6-301.1(a)(2) and 15 ILCS 335/14A(a)(2)].

"False Information – Disability Plate or Parking Placard Decal or Device" – any incorrect or inaccurate information concerning the name, date of birth, social security number, driver's license number, physician certification, or any other information required on the Persons with Disabilities Certification for Plate or Parking Placard, on the Application for Replacement Disability Parking Placard, or on the application for license plates issued to disabled veterans pursuant to IVC Section 3-609 or 3-609.01 that falsifies the content of the application.

"Family Financial Responsibility Suspension" – a suspension in accordance with IVC Section 7-702.

"Farm Tractor" – every motor vehicle designed and used primarily as a farm implement for drawing wagons, plows, mowing machines and other implements of husbandry, and every implement of husbandry that is self-propelled, excluding all-terrain vehicles and off-highway motorcycles [625 ILCS 5/1-120].

"Fictitious Driver's License or Permit" – any issued license or permit for which a computerized number and file have been created by the Secretary of State or other official driver's license agency in another jurisdiction that contains false information concerning the identity of the individual issued the license or permit [625 ILCS 5/6-301.1(a)(1)].

"Fictitious Disability License Plate or Parking Decal or Device" – any issued disability license plate or parking decal or device, or any license plate issued to a disabled veteran under IVC Section 3-609 or 3-609.01, that has been issued by the Secretary of State or an authorized unit of local government that was issued

based upon false information contained on the required application [625 ILCS 5/11-1301.5(a)].

"Fictitious Identification Card" – any issued identification card for which a computerized number and file have been created by the Secretary of State, the United States Government, or any other state or political subdivision thereof, or any governmental or quasi-governmental organization that contains false information concerning the identity of the individual issued the identification card [15 ILCS 335/14A(a)(1)].

"Financial Responsibility Suspension" – a suspension in accordance with IVC Section 7-304 and/or 7-305.

"Fraudulent Disability License Plate or Parking Decal or Device" – any disability license plate or parking decal or device that purports to be an official disability license plate or parking decal or device and that has not been issued by the Secretary of State or an authorized unit of local government [625 ILCS 5/11-1301.6(a)].

"Fraudulent Documents" or "Falsified Documents" − any documents submitted by or on behalf of a petitioner to the Secretary that purport or are represented to be prepared or composed by another person, agency or entity that did not actually prepare or compose the documents, or documents that were prepared for a person acting as the petitioner.

"Fraudulent Driver's License or Permit" – any license or permit that purports to be an official driver's license or permit for which a computerized number and file have not been created by the Secretary of State or other official driver's license agency in another jurisdiction [625 ILCS 5/1-123.4].

"Fraudulent Identification Card" – any identification card that purports to be an official identification card for which a computerized number and file have not been created by the Secretary of State, the United States Government or any state or political subdivision thereof, or any governmental or quasi-governmental organization. For the purpose of this definition, any identification card that resembles an official identification card in size, color, photograph location, or design, or uses the word "official", "State", "Illinois", or the name of any other state or political subdivision thereof, or any governmental or quasi-governmental organization individually or in any combination thereof to describe or modify the

term "identification card" or "I.D. card" anywhere on the card, or uses a shape in the likeness of Illinois or any other state on the photograph side of the card, is deemed to be a fraudulent identification card. [15 ILCS 335/1A]

"Hearing Officer" – any person designated by the Secretary of State to preside at any hearing conducted pursuant to the rules established by the Office of the Secretary of State (92 Ill. Adm. Code 1001).

"Hospital" − an institution that provides medical or surgical care and treatment for the sick and injured.

"Identification Card" – any document made or issued by or under the authority of the United States Government, the State of Illinois, or any other state or political subdivision thereof, or any other governmental or quasi-governmental organization that, when completed with information concerning the individual, is of a type intended or commonly accepted for the purpose of identification of an individual [15 ILCS 335/14A(a)(5)].

"Illinois Vehicle Code" or "Code" or "IVC" means the Illinois Vehicle Code [625 ILCS 5].

"Implement of Husbandry" – every vehicle designed and adapted exclusively for agricultural, horticultural, or livestock raising operations, including farm wagons, wagon trailers or like vehicles used in connection therewith, or for lifting or carrying an implement of husbandry, provided that no farm wagon, wagon trailer or like vehicle having a gross weight of more than 36,000 pounds shall be included under this definition [625 ILCS 5/1-130].

"Instruction Permit" – a driving permit issued to operate a motor vehicle pursuant to the requirements of IVC Section 6-105 or 6-107.1.

"Invalidate" – to render invalid any driver's license, permit or driving privileges.

"Judicial Driving Permit" – a driving permit issued to grant a driver limited driving privileges as provided in IVC Section 6-206.1.

"Law Enforcement Officials" − police agencies, state's attorneys' offices or court officials.

"Law Enforcement Sworn Report" – a confirmation of correctness and truth by an affidavit, oath or deposition, or a verification by certification, executed by a police officer in accordance with Section 1-109 of the Code of Civil Procedure [735 ILCS 5/1-109] and pursuant to IVC Section 11-501.1(d).

"License Classification" – a notation on a driver's license or permit indicating the type of vehicle a person is qualified to operate.

"Like Period of Time" – an equal amount of time as the original suspension specified.

"Mandatory Conviction Suspension" – a suspension in accordance with IVC Section 3-707.

"Materially Altered Documents" − any documents submitted by or on behalf of a petitioner to the Secretary that have been physically altered or changed by someone other than the author of the documents.

"Miscellaneous Suspension" – a suspension for safety responsibility, financial responsibility, warrant parking/traffic, auto emissions, failure to appear, curfew, mandatory conviction, tollway, family financial responsibility, automated traffic law violation, night time driving restriction, or unsatisfied judgment.

"Motor Carrier" − any person engaged in the transport of property or passengers, or both, for hire, over the public roads of this State, by motor vehicle [625 ILCS 5/18C-1104(19)].

"National Driver Register" or "NDR" – a computerized database of files on drivers maintained by the U.S. Department of Transportation, National Highway Traffic Safety Administration.

"Night Time Driving Restriction" – the hours during which a driver's privileges are not valid pursuant to IVC Sections 6-107.1(b), 6-110(a-1) or 6-110(a-3).

"Night Time Driving Restriction Suspension" − a suspension when a minor operates a vehicle on a highway during the prescribed hours without an adult or as otherwise provided for in accordance with IVC Sections 6-107.1(b) and 6-110(a-1).

"Notice of Automatic Stay" – any notice received by the Department that indicates a debtor has filed a petition in bankruptcy, which automatically stays any proceedings against him or her pursuant to Section 362 of the Bankruptcy Reform Act of 1978 (11 USC 362).

"Notice of Meeting of Creditors" – a notice from the United States Bankruptcy Court informing the entities that have a claim against the debtor that the debtor has filed bankruptcy.

"Occupational Driving Permit" – the document that grants and specifies limited privileges to drivers of commercial vehicles as an occupation who have had their full driving privileges suspended. The occupational driving permit is valid only when in the immediate possession of the driver to whom it is issued.

"Office" means the Office of the Secretary of State.

"Open Cancellation or Disqualification" – a cancellation or disqualification that appears on the driving record and is in effect.

"Open Suspension or Revocation" – a suspension or revocation that appears on the driving record and is in effect.

"Parking Suspension" – a suspension imposed for failure to pay fines or penalties for standing or parking violations pursuant to IVC Section 6-306.5.

"Pending Cancellation or Disqualification" – a cancellation or disqualification that appears on the driving record and is not yet in effect.

"Pending Suspension or Revocation" – a suspension or revocation that appears on the driving record and is not yet in effect.

"Petition for Discharge Filed in Bankruptcy" – an order by a United States Bankruptcy Court relieving an individual from all of his/her debts that are provable in bankruptcy, except those excluded by the federal Bankruptcy Code.

"Petition in Bankruptcy" – a petition filed in Bankruptcy Court, or with the Clerk, by a debtor seeking the protection of the federal Bankruptcy Code.

"Petitioner" − any person or party who is the subject of an administrative hearing before the Secretary under the provisions of the Illinois Vehicle Code (see 92 Ill. Adm. Code 1001).

"Prior Suspension or Revocation" – a suspension or revocation or extension of a suspension or revocation that appears on the driving record.

"Probationary License" – a conditional license granting full driving privileges during a period of suspension [625 ILCS 5/1-164.1].

"Problem Driver Pointer System" or "PDPS" – a pointer file consisting of an index of problem drivers (as determined by adverse driver's license actions) that is maintained by a driver's home state (SOR) and is accessed by other states (SOI) to determine a person's eligibility to apply for a driver's license.

"Reckless Driving" – driving a motor *vehicle with a willful or wanton disregard for the safety of persons or property or knowingly driving a vehicle using an incline in a roadway, such as a railroad crossing, bridge approach or hill to cause the vehicle to become airborne* [625 ILCS 5/11-503].

"Record of Judgment" – an adjudication by the court that the defendant is guilty, including the sentence pronounced by the court.

"Reinstatement Fee" – the fee required by IVC Section 6-118(b) to restore a person's driving privileges after driving privileges have been suspended or revoked.

"Request" – the written application upon the designated form, an approved electronic format, or an acceptable alternative for obtaining a driving abstract and supervision history record.

"Rescind" – to annul or void a suspension, revocation, cancellation, disqualification or denial.

"Restricted Driving Permit" or "RDP" – a document that grants and specifies limited privileges to drivers of motor vehicles who have had their full driving privileges suspended, revoked or cancelled [625 ILCS 5/1-173.1].

"Restriction" – the notation on a driver's license or permit indicating requirements deemed applicable to the licensee by the Secretary of State to assure safe operation of a motor vehicle.

"Returned Check" – a check delivered to the Office of the Secretary of State as payment of any fee when the check is not honored due to non-sufficient funds.

"Revocation" – the termination by formal action of the Secretary of a person's license or privilege to operate a motor vehicle on the public highways, which termination shall not be subject to renewal or restoration, except that an application for a new license may be presented and acted upon by the Secretary after the expiration of at least one year after the date of revocation [625 ILCS 5/1-176].

"Safety Responsibility Suspension" – a suspension in accordance with IVC Section 7-205 or 7-208.

"Schedule A-3" – a schedule of liabilities.

"Secretary of State" – the Secretary of State of Illinois [625 ILCS 5/1-184].

"State of Inquiry" or "SOI" – a licensing jurisdiction that originated the inquiry for a driver history record or driver status.

"State of Record" or "SOR" – a licensing jurisdiction that originally took action against a problem driver and reported that driver to the NDR.

"Statutory Summary Revocation" – the revocation by the Secretary of State of a person's license or privilege to operate a motor vehicle on the public highways for the period provided in IVC Section 6-208.1. Reinstatement after the revocation period shall occur after the person has been approved for reinstatement through an administrative hearing with the Secretary of State, has filed proof of financial responsibility, has paid the reinstatement fee as provided in IVC Section 6-118, and has successfully completed all necessary examinations. The basis for this revocation of driving privileges shall be the individual's refusal to submit to or failure to complete a chemical test or tests following an arrest for the offense of driving under the influence of alcohol, other drugs, or intoxicating compounds, or any combination thereof, involving a motor vehicle accident. [625 ILCS 5/1-197.6]

"Statutory Summary Suspension" – a withdrawal of a person's license or privilege to operate a motor vehicle on the public highways due to refusal to submit to or failure to complete or pass a chemical test or tests following an arrest for driving under the influence of alcohol, other drugs, or intoxicating compounds, or any combination thereof, for the periods provided in IVC Section 6-208.1.

"Stricken on Leave" or "SOL" – stricken from court docket with permission for charges to be reinstated at a later date.

"Supervision" – a disposition of conditional and revocable release without probationary supervision, but under such conditions and reporting requirements as are imposed by the court, at the successful conclusion of which disposition the defendant is discharged and a judgment dismissing the charges is entered [730 ILCS 5/5-1-21].

"Supervision History Record" − a record kept by the Department of Driver Services on each driver containing supervision disposition information provided in accordance with IVC Section 6-204(d).

"Suspension" – the temporary withdrawal by formal action of the Secretary of a person's license or privilege to operate a motor vehicle on the public highways, for a period specifically designated by the Secretary [625 ILCS 5/1-204].

"Suspension or Revocation in Effect" – a suspension or revocation that appears on the driving record and has not terminated.

"Terminated Suspension or Revocation" – a suspension or revocation that appears on the driving record and is no longer in effect.

"Tollway Suspension" − a suspension of a driver's license and/or driving privileges for failure to satisfy fines or penalties for five or more tollway violations, tollway evasions or any combination thereof, in accordance with IVC Section 6-306.7.

"Type A Injury" – an injury that requires immediate professional attention in either a doctor's office or a medical facility and includes severely bleeding wounds, distorted extremities and injuries that require the injured party to be carried from the scene.

"Trustee Report of No Assets" – a report from the trustee of the United States Bankruptcy Court indicating the debtor has no assets.

"Unlawfully Altered Disability License Plate or Parking Permit or Device" – any disability license plate or parking permit or device, or any license plate issued to a disabled veteran under IVC Section 3-609 or 3-609.01, issued by the Secretary of State or an authorized unit of local government that has been physically altered or changed in such manner that false information appears on the license plate or parking decal or device [625 ILCS 5/11-1301.5(a)].

"Unlawfully Altered Driver's License or Permit" – any issued license or permit for which a computerized number and file have been created by the Secretary of State or other official driver's license agency in another jurisdiction that has been physically altered or changed in such a manner that false information appears upon the license or permit [625 ILCS 5/6-301.1(a)(3)].

"Unlawfully Altered Identification Card" – any issued identification card for which a computerized number and file have been created by the Secretary of State, the United States Government, any other state or political subdivision thereof, or any governmental or quasi-governmental organization that has been physically altered or changed in such a manner that false information appears upon the identification card [15 ILCS 335/14A(a)(3)].

"Unsatisfied Judgment Suspension" – a suspension in accordance with IVC Section 7-303 or 7-313.

"Vacate" – to set aside, annul, rescind, render void, or cancel an order.

"Valid Driver's License or Permit" – a license or permit issued by the Secretary of State that is of the proper classification for the purposes for which it is being used and that has not been invalidated, denied, cancelled, revoked, suspended, disqualified or used after curfew or during a night time driving restriction.

"Warrant Parking/Traffic Suspension" – a suspension for arrest warrants issued for failure to pay fines for traffic or parking violations in accordance with Section 6-306.6 of the Illinois Vehicle Code or for failure to pay a fine or penalty for 10 or more standing, parking or compliance regulations in accordance with IVC Section 6-306.5.

"Withdrawal" – the negating of valid driving privileges by a state as the result of sanctions taken against driving privileges.

(Source: Amended at 36 Ill. Reg. 10055, effective June 29, 2012)

Section 1040.20 Illinois Offense Table

a) The conviction report furnished to the Driver Services Department by the court where a person was convicted of a traffic violation shall be entered upon the driving record by classification (Type Action) and used as a source of information. In the absence of statutory amendment, this Section shall be followed and the number of points assigned to a person's driving record shall be determined by using the point table set out in subsections (c) and (d).

1) Classification for convictions of traffic offenses:

Type Action 68: Record history item only
Type Action 82: Conviction
Type Action 83: Immediate action (no points assigned)
Type Action 85: Conviction (no points assigned)
Type Action 87: Conviction (points assigned)
Type Action 89: Withdrawal (no points assigned)
Type Action 93: Immediate action bond forfeiture (no points assigned)
Type Action 94: Immediate action conviction (no points assigned)
Type Action 95: Bond forfeiture (no points assigned)
Type Action 96: Conviction (no points assigned)
Type Action 97: Bond forfeiture (points assigned − moving violation)
Type Action 99: Conviction (points assigned − moving violation)

2) Description of Offense: The code used to describe the offense is composed of the IVC Chapter and/or Section number, the Municipal Code of the City of Chicago (Municipal Code of Chicago, ch. 27), the Criminal Code of 1961 [720 ILCS 5], the Cannabis Control Act [720 ILCS 550], the Illinois Controlled Substances Act [720 ILCS 570], the Liquor Control Act of 1934 [235 ILCS 5/Art. VI], or the Illinois Identification Card Act [15 ILCS 335]. Preceding the Section number for these codes, with the exception of those listed in subsection (a)(1), will be a single digit code to identify the specific law that will be as follows:

0 – Criminal Code, Cannabis Control Act, Illinois Controlled Substances Act, the Liquor Control Act of 1934, or the Illinois Identification Card Act
1 – Illinois Vehicle Code
2 – Local ordinance (all municipal ordinance convictions), or violations occurring on military installations, to be considered, are to be coded exactly as Illinois Vehicle Code Violations with the exception of the first digit that shall be a "2"
4 – Motor Vehicle Theft Law of the Illinois Vehicle Title and Registration Law of the IVC [625 ILCS 5/Ch. 4, Art. I]
6 – The Illinois Driver Licensing Law
7 – Chicago Municipal Ordinance
8 – Foreign state and other (all out-of-state convictions to be considered are to be coded exactly as Illinois Vehicle Code violations with the exception of the first digit, which shall be an "8")

NOTE: The position for the single digit codes 1, 2, 6, or 8, will be symbolized by a # throughout the point table set out in this Part.

3) Any one of the last positions of the offense code may be used to indicate the paragraph of the Section violated, or refer to the number of miles per hour (in code form) the driver was operating above the posted speed limit (refer to Electronic Data Processing Machine (EDPM) Offense Codes set out in this Part).

4) The Secretary of State's Traffic Violation Advisory Committee relied upon the following criteria in determining whether specific convictions for traffic violations should be utilized in determining driver license suspension or revocation under the authority of IVC Section 6-206(a)(2) , as well as the number of points that should be assigned to those convictions, which in turn determines the length and/or type of such action.

A) A thorough review of literature relating to the general concept of point systems utilized by other states.

B) A specific review of point systems and ranges of point assignments utilized by other states.

C) An exhaustive and detailed review of the current Illinois point system.

D) Based on the above, the relative criticality of the violations was determined and the specific number of points to be assigned was proposed, discussed, and agreed upon by the consensus of the group.

b) Illinois Vehicle Code, Criminal Code, the Liquor Control Act of 1934, the Cannabis Control Act, the Illinois Controlled Substances Act and the Illinois Identification Card Act. The following violations of the Illinois Vehicle Code, Criminal Code, the Liquor Control Act of 1934, the Cannabis Control Act, the Illinois Controlled Substances Act and the Illinois Identification Card Act will not be assigned points but will be entered on the record as Type Action -93- bond forfeiture immediate action; or Type Action -94- conviction immediate action.

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
3-707(c-1)	707301	3 707 C1	Convicted of driving without liability insurance
4-102	102000	4 102 00	Motor Vehicle Anti-Theft Law, misdemeanor [625 ILCS 5/4-100]
4-103	103000	4 103 00	Motor Vehicle Anti-Theft Law, felony [625 ILCS 5/Ch. 4, Art. I]
4-103.1	103100	4 103 01	Motor Vehicle Anti-Theft Law, conspiracy [625 ILCS 5/Ch. 4, Art. I]
6-101	101000	# 101 00	Operating a motor vehicle without a valid license or permit (a serious traffic violation if committed in a commercial motor vehicle)

6-104(a)	104001	# 104 01	Violation of license classification for first and second division vehicles (a serious traffic violation if committed in a commercial motor vehicle)
6-104(b)	104002	# 104 02	Violation of classification for transporting persons for hire (a serious traffic violation if committed in a commercial motor vehicle)
6-104(c)	104003	# 104 03	Violation of classification for transporting property for hire (a serious traffic violation if committed in a commercial motor vehicle)
6-104(d)	104004	# 104 04	Violation of school bus driver permits (a serious traffic violation if committed in a commercial motor vehicle)
6-104(e)	104005	# 104 05	Violation of religious bus driver endorsement (a serious traffic violation if committed in a commercial motor vehicle)
6-104(f)	104006	# 104 06	Violation of classification for transportation of the elderly (a serious traffic violation if committed in a commercial motor vehicle)
6-105	105000	6 105 00	Violation of instruction permit (a serious traffic violation if committed in a commercial motor vehicle)
6-107.1(a)	107110	6 107.1A	Violation of instruction permit
6-107.1(b)	107120	6 107.1B	Violation of curfew law (prior to 1-1-08)

6-107.1(b)	107102	6 107.1B	Violation of nighttime driving restrictions – under the age of 18 (effective 1-1-08)
6-110(a)	110000	6 110 00	Violation of curfew law – under age of 17 (Child Curfew Act [720 ILCS 555/1 and 2])
6-110(a-1)	110101	6 110 A-1	Violation of nighttime driving restrictions
6-113(e)	113501	# 113 E1	Violation of driver's license restriction ~~(a serious traffic violation if committed in a commercial motor vehicle)~~
6-113(e)	113502	# 113 E2	Violation of restriction on special restricted license or permit ~~(a serious traffic violation if committed in a commercial motor vehicle)~~
6-205(a)3	205103	# 205 A3	Any felony under the laws of any state or federal government in the commission of which a vehicle was used
6-205(a)5	205105	6 205 A5	Conviction of perjury or making of false affidavit or statement under oath to the Secretary of State under the Driver License Act or any other law relating to the ownership or the operation of a motor vehicle
6-205(b)1	205201	6 205 B1	Notice provided for in Section 1-8 of the Juvenile Court Act [705 ILCS 405/1-8] that minor has been adjudicated under that Act as having committed an offense relating to

			motor vehicles described in Section 4-103
6-205(b)2	205202	6 205 B2	When any other law of this State requires either the revocation or suspension of such license or permit
6-206.2(a)	206201	6 206.2 A	Operating a vehicle without interlock device when one is required
6-206.2(a-5)	206215	6 206.2 A-5	Allowing an unauthorized person to blow into an interlock device
6-206.2(c)	206203	# 206 02c	Tamper with or circumvent a BAIID
6-210(1)	210001	# 210 01	Driving during the period of suspension/revocation
6-210(2)	210002	# 210 02	Driving during the period of suspension/revocation
6-301(1)	301001	# 301 01	To display or cause to be displayed or have in his possession any cancelled, revoked, or suspended license or permit
6-301(2)	301002	# 301 02	To lend his license or permit to any other person or knowingly allow the use thereof by another
6-301(3)	301003	# 301 03	To display or represent as his own any license or permit issued to another
6-301(4)	301004	# 301 04	To fail or refuse to surrender to the Secretary of State or his agent or any peace officer, upon his lawful demand, any license or permit that has been suspended, revoked or

			cancelled
6-301(5)	301005	# 301 05	To allow any unlawful use of a license or permit issued to him
6-301(6)	301006	# 301 06	To submit to an examination or to obtain the services of another person to submit to an examination for the purpose of obtaining a driver's license or permit for some other person
6-301.1(b)1	301121	# 301121	Possess fictitious altered driver's license or permit
6-301.1(b)2	301122	# 301122	Possess/display altered fictitious driver's license or permit
6-301.1(b)3	301123	# 301123	Possess fictitious altered driver's license or permit
6-301.1(b)4	301124	# 301124	Possess fictitious altered driver's license or permit
6-301.1(b)5	301125	# 301125	Possess fictitious altered driver's license or permit
6-301.1(b)6	301126	# 301126	Possess fictitious altered driver's license or permit
6-301.1(b)7	301127	# 301127	Issue fictitious driver's license or permit
6-301.1(b)8	301128	# 301128	Alter/attempt to alter driver's license or permit
6-301.1(b)9	301129	# 301129	Provide ID for obtaining fictitious driver's license or permit

6-301.1(b)10	301120	# 301120	To knowingly use any fictitious or unlawfully altered driver's license or permit to purchase or attempt to purchase any ticket for, or to board or attempt to board any common carrier
6-301.1(b)11	011211	# 3011211	To knowingly possess any fictitious or unlawfully altered driver's license or permit if the person has, at the time, a different driver's license issued by the Illinois Secretary of State or other driver's license agency in another jurisdiction that is suspended or revoked
6-301.2(b)1	301221	# 301221	Possess fraudulent driver's license or permit
6-301.2(b)2	301222	# 301222	Possess/display fraudulent driver's license or permit
6-301.2(b)3	301223	# 301223	Possess fraudulent driver's license or permit
6-301.2(b)4	301224	# 301224	Possess fraudulent driver's license or permit
6-301.2(b)5	301225	# 301225	Possess fraudulent driver's license or permit
6-301.2(b)6	301226	# 301226	Possess fraudulent driver's license or permit
6-301.2(b)7	301227	# 301227	Possess driver's license making implement
6-301.2(b)8	301228	# 301228	Possess stolen driver's license making implement

6-301.2(b)9	301229	# 301229	Duplicate/sell fraudulent driver's license or permit
6-301.2(b)10	301220	# 301220	Advertise or distribute fraudulent driver's license or permit
6-301.2(b)11	012211	# 3012211	To knowingly use a fraudulent driver's license or permit to purchase or attempt to purchase any ticket for a common carrier or to board or attempt to board any common carrier as used in this Section
6-301.2(b)12	012212	# 3012212	To knowingly possess any fraudulent driver's license or permit if the person has, at the time, a different driver's license issued by the Secretary of State or another official driver's license agency in another jurisdiction that is suspended or revoked
6-301.2(b-1)	301201	# 3012b-1	Possess, use, or allow to be used any material to obtain information from the bar code or magnetic strip of an official Illinois Driver's License issued by the Secretary of State
6-302(a)1	302101	# 302101	Present false information in an application. For driver's license/permit
6-302(a)2	302102	# 302102	Accept false information/ID in an application for driver's license/permit
6-302(a)3	302103	# 302103	Make false affidavit swear or affirm falsely

NOTICE OF ADOPTED AMENDMENTS

6-303(a)1	303101	# 303 Al	Driving during a suspension or revocation
6-303(a)2	303102	# 303 A2	Driving during a revocation or suspension
6-303(d)	303400	# 303 D0	Second conviction of driving during revocation for a violation of Sections 11-401 and 11-501 and Section 9-3 of the Criminal Code or similar provisions of a local ordinance
6-303(d)2	303402	# 303 D2	Third conviction of driving during a revocation or violations of Sections 11-401 and 11-501 and Section 9-3 of the Criminal Code or similar provisions of a local ordinance
6-303(d)3	303403	# 303 D3	Fourth or subsequent conviction of driving during revocation for a violation of Sections 11-401 and 11-501 and Section 9-3 of the Criminal Code or similar provisions of a local ordinance
6-303(d)4	303404	6-303(D-4)	Tenth through fourteenth conviction of driving during revocation or suspension for a violation of Section 11-401 or 11-501 or Section 9-3 of the Criminal Code or similar provisions of a local ordinance
6-303(d)5	303405	6-303(D-5)	Fifteenth or subsequent conviction of driving during revocation or suspension for a violation of Section 11-401 or 11-501 or Section 9-3 of the Criminal Code or a similar provision of a local ordinance

6-507(a)2	507102	# 507 A2	Driving a commercial motor vehicle (CMV) without obtaining a commercial driver's license (CDL)
6-507(a)3	507103	# 507 A3	Driving without the proper commercial driver's license classification or endorsements
6-507(b)	507200	6 507 B0	No person may drive a commercial motor vehicle while driving privilege, license or permit is suspended, revoked, cancelled, nor while subject to disqualification or while subject to or in violation of an "out-of-service" order
6-507(b)1	507201	# 507 B1	No person may drive a commercial motor vehicle while driving privileges, license, or permit is suspended, revoked, cancelled or disqualified
6-507(b)2	507202	# 507 B2	No person may drive a commercial motor vehicle while driving privileges, license, or permit is subject to or in violation of an out-of-service order
6-507(b)3	507203	# 507 B3	No person may drive commercial motor vehicle while driving privileges, license, or permit is subject to or in violation of an out-of-service order and while transporting passengers or hazardous materials
6-507(b)5	507250	# 507 B5	Driving commercial motor vehicle in violation of out-of-service order
8-101	008000	8000	Failure to show proof of financial

			responsibility – persons who operate motor vehicles in transportation of passengers for hire
11-204	020400	# 0204 00	Fleeing or attempting to elude a peace officer
11-204.1	020401	# 0204 01	Aggravated fleeing or eluding a peace officer
11-401	040100	# 0401 00	Leaving scene or failure to report an accident involving death or personal injury
11-402(b)	040202	# 0402 02	Leaving the scene of an accident involving damage to a vehicle in excess of $1000
11-406(a)	040610	# 0406 A0	Failure to make report of vehicle accident
11-406(b)	040620	# 0406 B0	Failure to make report of school bus accident
11-501(a)1	050111	# 0501 A1	Driving with a blood alcohol concentration above the legal limit
11-501(a)2	050112	# 0501 A2	Driving while under the influence of alcohol
11-501(a)3	050113	# 0501 A3	Driving while under the influence of any other drug or combination of drugs (prior to 1-1-99)
11-501(a)3	050113	# 0501 A3	Driving while under the influence of any intoxicating compound or combination of intoxicating compounds (effective 1-1-99)

11-501(a)4	050114	# 0501 A4	Driving under the combined influence of alcohol and other drug or drugs (prior to 1-1-99)
11-501(a)4	050114	# 0501 A4	Driving while under the influence of any other drug or combination of drugs (effective 1-1-99)
11-501(a)5	050115	# 0501 A5	Driving while there is any amount of a drug, substance or compound in such person's blood or urine resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act, or a controlled substance listed in the Illinois Controlled Substances Act (prior to 1-1-99)
11-501(a)5	050105	# 0501 A5	Driving while under the combined influence of alcohol and other drug or drugs or intoxicating compound or compounds (effective 1-1-99)
11-501(a)6	050106	# 0501 A6	Driving while there is any amount of a drug, substance or compound in the person's breath, blood or urine resulting from the unlawful use or consumption of cannabis, a controlled substance or an intoxicating compound (effective 1-1-99)
11-501(b)	501200	# 11-0501 B	Initial conviction of violating Section 11-501(b)
11-501(b-3)	050123	# 0501 B-3	Second conviction of violating Section 11-501(a) or a similar provision committed within 5 years of a previous violation of Section 11-

			501(a) or similar provision
11-501(b-4)	050124	# 0501 B-4	Third or subsequent violation committed within 5 years of a previous violation of Section 11-501(a) or a similar provision
11-501(c)	501300	# 11-0501 C	A violation of Section 11-501(c)
11-501(c-1)1	501311	# 0501 C11	Driving under the influence while revoked for driving while under the influence, Section 11-501, leaving the scene, Section 11-401, reckless homicide, Section 9-3 of the Criminal Code, or suspended for statutory summary suspension under Section 11-501.1
11-501(c-1)2	501312	# 0501 C12	Third violation of driving under the influence while revoked for driving under the influence, Section 11-501, leaving the scene, Section 11-401, reckless homicide, Section 9-3 of the Criminal Code, or suspended for statutory summary suspension under Section 11-501.1
11-501(c-1)3	501313	# 0501 C13	Fourth or subsequent violation of driving under the influence while revoked for driving under the influence, Section 11-501, leaving the scene, Section 11-401, reckless homicide, Section 9-3 of the Criminal Code, or suspended for statutory summary suspension under Section 11-501.1
11-501(c-4)1	501341	# 0501 C41	Convicted of violating Section 11-501(a) for first time when blood,

			breath, or urine was .16 or more, or is convicted of violating Section 11-501 while transporting a child under the age of 16
11-501(c-4)2	501342	# 0501 C42	Second conviction within 10 years for violating Section 11-501(a) when blood, breath or urine was .16 or more, or is convicted of violating Section 11-501 while transporting a child under the age of 16
11-501(c-4)3	501343	# 0501 C43	Third conviction within 20 years for violating Section 11-501(a) when blood, breath or urine was .16 or more, or is convicted of violating Section 11-501 while transporting a child under the age of 16. This is considered a Class 4 felony
11-501(c-4)4	501344	# 0501 C44	Fourth or subsequent conviction for violating Section 11-501(a) when blood, breath, or urine was .16 or more, or is convicted of violating Section 11-501 while transporting a child under the age of 16. This is considered a Class 2 felony
11-501(c-5)1	501351	# 0501 C5(1)	Violation of Section 11-501(a) while transporting a person under the age of 16
11-501(c-5)2	501352	# 0501 C5(2)	Second violation of Section 11-501(a) and at the time of the violation the person was transporting a person under the age of 16
11-501(c-5)3	501353	# 0501 C5(3)	Second violation of Section 11-

			501(a) or a similar provision within 10 years and at the time of the violation the person was transporting a person under the age of 16
11-501(c-5)4	501354	# 0501 C5(4)	Second conviction of Section 11-501(a) or a similar provision within 5 years and at the time of the violation the person was transporting a person under the age of 16
11-501(c-5)5	501355	# 0501 C5(5)	Third conviction for violating Section 11-501(a) or a similar provision and at the time of the violation the person was transporting a person under the age of 16 (felony)
11-501(c-5)6	501356	# 0501 C5(6)	Third conviction of Section 11-501(a) or a similar provision within 20 years and at the time the person was transporting a person under the age of 16 (felony)
11-501(c-5)7	501357	# 0501 C5(7)	Fourth or subsequent conviction for violating Section 11-501(a) or similar provision and at the time of the fourth or subsequent violation the person was transporting a person under age 16, 3 prior violations of transporting a person under age 16 or while BAC .16 or more (felony)
11-501(c-6)1	501361	# 0501 C6(1)	Conviction of Section 11-501(a) or a similar provision and the alcohol concentration was .16 or more

11-501(c-6)2	501362	# 0501 C6(2)	Second conviction of Section 11-501(a) or a similar provision within 10 years and at the time the BAC was .16 or more
11-501(c-6)3	501363	# 0501 C6(3)	Third conviction of Section 11-501(a) or a similar provision within 20 years and at the time of the violation the person's BAC was .16 or more (felony)
11-501(c-6)4	501364	# 0501 C6(4)	Fourth or subsequent conviction for violating Section 11-501(a) or a similar provision and at the time of the fourth or subsequent violation the person's BAC was .16 or more, three prior convictions of transporting a person under the age of 16 or while BAC was .16 or more (felony)
11-501(d)	501400	# 0501 D	A violation of Section 11-501(d)
11-501(d)1	050141	# 0501 D1	Such person committed a violation of Section 11-501(a) for the third or subsequent time
11-501(d)2	050142	# 0501 D2	Such person committed a violation of Section 11-501(a) while driving a school bus with children on board
11-501(d)3	050143	# 0501 D3	Such person in committing a violation of Section 11-501(a) was involved in a motor vehicle accident that resulted in great bodily harm or permanent disability or disfigurement to another, when such violation was the proximate

			cause of such injuries
11-501(d)4	050144	# 0501 D4	Committed a violation of Section 11-501(a) for a second time and was previously convicted of violating Section 9-3 of the Criminal Code for reckless homicide in which the person was determined to have been under the influence of alcohol or other drug as an element of the offense
11-501(d)1A	501411	# 0501D1A	Convicted of committing a violation of Section 11-501(a) for the third or subsequent time
11-501(d)1B	501412	# 0501D1B	Such person committed a violation of Section 11-501(a) while driving a school bus with children on board
11-501(d)1C	501413	# 0501D1C	Such person, in committing a violation of Section 11-501(a), was involved in a motor vehicle accident that resulted in great bodily harm or permanent disability or disfigurement to another when such violation was the proximate cause of such injuries
11-501(d)1D	501414	# 0501D1D	Committed a violation of Section 11-501(a) for a second time and was previously convicted of violating Section 9-3 of the Criminal Code for reckless homicide in which the person was determined to have been under the influence of alcohol or other drug as an element of the offense or Section 11-501(d)(1)(C) or (F)

11-501(d)1E	501415	# 0501D1E	Committed a violation of Section 11-501(a) in a school zone when a 20 MPH speed limit was in effect and was involved in an accident that resulted in bodily harm
11-501(d)1F	501416	# 0501D1F	Committed a violation of Section 11-501(a) and was involved in a motor vehicle, snowmobile, all-terrain vehicle or water craft accident that resulted in the death of another person when the violation of Section 11-501(a) was a proximate cause of death
11-501(d)1G	501417	# 0501D1G	Committed a violation of Section 11-501(a) and the driver did not possess a valid driver's license or permit
11-501(d)1H	501418	# 0501D1H	Committed a violation of Section 11-501(a) and the driver knew that the vehicle being driven was not covered by a liability insurance policy
11-503(b)1	503201	# 0503B1	Reckless driving, bodily harm to a child or school crossing guard
11-503(c)	050303	# 050303	Aggravated reckless driving
11-503(d)	050304	# 0503 04	Aggravated reckless driving, great bodily harm to a child or school crossing guard
11-504	050400	# 0504 00	Drag racing
11-506(a)	050601	#050601	Street racing

11-907(c)	090763	# 0907 P3	Failure to yield to a stopped emergency vehicle resulting in property damage
11-907(c)	090773	# 0907 I3	Failure to yield to a stopped emergency vehicle resulting in personal injury
11-907(c)	090783	# 0907 D3	Failure to yield to a stopped emergency vehicle resulting in death
11-908(a)1	090811	1 908 A1	Failure to yield and proceed with due caution upon entering a construction zone when workers are present
11-1301 3a-1	301311	# 13013A1	Unauthorized use of handicap placard or device
11-1301.5(b)1	301521	1 13015B1	To knowingly possess any fictitious or unlawfully altered person-with-disabilities license plate or parking decal or device
11-1301.5(b)2	301522	1 13015B2	To knowingly issue or assist in the issuance of, by the Secretary of State or unit of local government, any fictitious person-with-disabilities license plate or parking decal or device
11-1301.5(b)3	301523	1 13015B3	To knowingly alter any person-with-disabilities license plate or parking decal or device

11-1301.5(b)4	301524	1 13015B4	To knowingly manufacture, possess, transfer, or provide any documentation used in the application process, whether real or fictitious, for the purpose of obtaining, a fictitious person-with-disabilities license plate or parking decal or device
11-1301.5(b)5	301525	1 13015B5	To knowingly provide any false information to the Secretary of State or a unit of local government in order to obtain a person-with-disabilities license plate or parking decal or device
11-1301.5(b)6	301526	1 13015B6	To knowingly transfer a person-with-disabilities license plate or parking decal or device for the purpose of exercising the privileges granted to any authorized holder of a person-with-disabilities license plate or parking decal or device under this Code in the absence of the authorized holder
11-1301.6(b)1	301621	1 13016B1	To knowingly possess any fraudulent person-with-disabilities license plate or parking decal or devise
11-1301.6(b)2	301622	1 13016B2	To knowingly possess without authority any implement to duplicate and/or manufacture any person-with-disabilities license plate or parking decal or device
11-1301.6(b)3	301623	1 13016B3	To knowingly duplicate, manufacture, sell, or transfer any

			fraudulent or stolen person-with-disabilities license plate or parking decal or devise
11-1301.6(b)4	301624	1 13016B4	To knowingly assist in the duplication, manufacturing, selling, or transferring of any fraudulent or stolen person-with-disabilities license plate or parking decal or device
11-1301.6(b)5	301625	1 13016B5	To advertise or distribute a fraudulent person-with-disabilities license plate or parking decal or device
11-1425(b)	142520	# 1425b	Failure to have space to drive through railroad crossing
12-215(g)	221507	# 2215 07	Conviction of Section 12-215 without lawful authority to stop

CRIMINAL CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	********	**********	**********
9-3	009003	9 03	Reckless homicide resulting from operation of a motor vehicle
11-15.1	011151	11 151	Conviction of soliciting for a juvenile prostitute
11-19.1	011191	11 191	Conviction of juvenile pimping
12-5	012005	12 05	Conviction of reckless conduct
12-13	012013	12 13	Conviction of criminal sexual assault

12-14	012014	12 14	Conviction of aggravated criminal sexual assault
12-15	012015	12 15	Conviction of criminal sexual abuse
12-16	012016	12 16	Conviction of aggravated criminal sexual abuse
16J-15	161015	16J-15	Conviction for violation of theft of motor fuel
16K-15	161115	16K-15	Conviction for violation of theft of motor fuel
18-3	0018003	18 3	Conviction of vehicular hijacking
18-4	0018004	18 4	Conviction of aggravated vehicular hijacking
21-2	021002	21 02	Criminal trespass to motor vehicles
22-51	022051	22 51	Violation of the Hypodermic Syringes and Needles Act [720 ILCS 635/2] concerning the sale of instruments used for illegal drug use or abuse
24-1(a)3	241103	241 A3	Conviction of unlawful use of weapons while using a motor vehicle
24-1(a)4	241104	241 A4	Conviction of unlawful use of weapons while using a motor vehicle
24-1(a)7	241107	241 A7	Conviction of unlawful use of weapons while using a motor vehicle

24-1(a)9	241109	241 A9	Conviction of unlawful use of weapons while using a motor vehicle
24-1.2	241200	241 200	Conviction of aggravated discharge of a firearm
24-1.5(b)	241520	24 15B	Conviction of reckless discharge of a firearm

THE LIQUOR CONTROL ACT OF 1934	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
43-131(a)	431311	43 131A	Minor presents false ID to buy alcoholic beverage
6-20	006020	6-20	Violation of Section 6-20
6-20(a)	060201	6-20A	Violation of Section 6-20(a) of the Liquor Control Act
6-20(c)	060203	6-20C	Violation of Section 6-20(c) of the Liquor Control Act
6-20(d)	060204	6-20D	Violation of Section 6-20(d) of the Liquor Control Act
6-20(e)	060205	6-20E	Violation of Section 6-20(e) of the Liquor Control Act

CANNABIS CONTROL ACT	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
704(a)	070401	704 01	Conviction for violation of Section 4(a) concerning the possession of

			not more than 2.5 grams of any substance containing cannabis
704(b)	070402	704 02	Conviction for violation of Section 4(b) concerning the possession of more than 2.5 grams but more than 10 grams of any substance containing cannabis
704(c)	070403	704 03	Conviction for violation of Section 4(c) concerning the possession of more than 10 grams but not more than 30 grams of any substance containing cannabis
704(d)	070404	704 04	Conviction for violation of Section 4(d) concerning the possession of more than 30 grams but not more than 500 grams of any substance containing cannabis
704(e)	070405	704 05	Conviction for violation of Section 4(e) concerning the possession of more than 500 grams of any substance containing cannabis
705	00705	705 00	Violation of the Cannabis Control Act concerning the unauthorized manufacture or delivery of cannabis
707	00707	707 00	Violation of the Cannabis Control Act concerning the unauthorized delivery of cannabis to a person under 18 by an adult
ILLINOIS CONTROLLED SUBSTANCES ACT	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

**********	********	**********	**********
1401(a)	140101	1401 01	Class X violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(b)	140102	1401 02	Class 1 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(c)	140103	1401 03	Class 2 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(d)	140104	1401 04	Class 3 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(e)	140105	1401 05	Class 3 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(f)	140106	1401 06	Class 3 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(g)	140107	1401 07	Class 3 violation of the Illinois Controlled Substances Act

			concerning the unauthorized manufacture or delivery of a controlled substance
1402(a)1	014201	1402 01	Conviction for violation of Section 402(a) concerning the possession of 15 grams or more of any substance containing heroin
1402(a)2	014202	1402 02	Conviction for violation of Section 402(a) concerning the possession of 15 grams or more of any substance containing cocaine
1402(a)3	014203	1402 03	Conviction for violation of Section 402(a) concerning the possession of 15 grams or more of any substance containing morphine
1402(a)4	014204	1402 04	Conviction for violation of Section 402(a) concerning the possession of 200 grams or more of any substance containing peyote
1402(a)5	014205	1402 05	Conviction for violation of Section 402(a) concerning the possession of 200 grams or more of any substance containing a derivative of barbituric acid or any of the salts of a derivative of barbituric acid
1402(a)6	014206	1402 06	Conviction for violation of Section 402(a) concerning the possession of 200 grams or more of any substance containing amphetamine or any salt of an optical isomer of amphetamine or methamphetamine

1402(a)7	014207	1402 07	Conviction for violation of Section 402(a) concerning the possession of 15 grams or more, but less than 100 grams of any substance containing lysergic acid diethylamide (LSD)
1402(a)8	014208	1402 08	Conviction for violation of Section 402(a) concerning the possession of 30 grams or more of any substance containing pentazocine or any of the salts, isomers and salts of isomers of pentazocine
1402(a)9	014209	1402 09	Conviction for violation of Section 402(a) concerning the possession of 30 grams or more of any substance containing methaqualone or any of the salts, isomers and salts of isomers of methaqualone
1402(a)10	014210	1402 10	Conviction for violation of Section 402(a) concerning the possession of 30 grams or more of any substance containing phencyclidine or any of the salts, isomers and salts of isomers of phencyclidine (PCP)
1402(a)11	014211	1402 11	Conviction for violation of Section 402(a) concerning the possession of 200 grams or more of any other controlled or counterfeit substance classified as a narcotic drug in Schedule I or II that is not otherwise included in this subsection
1402(b)	014220	1402 20	Conviction for violation of Section 402(b) concerning the possession of any other amount of a controlled or

			counterfeit substance
1407	014070	1407 00	Adult delivers controlled or counterfeit substances to minor
1407.1	014701	1407 01	Adult uses minor to deliver controlled/counterfeit substances
2103	021003	21 03	Violation of the Drug Paraphernalia Control Act [720 ILCS 600] concerning the sale of instruments used for illegal drug use or abuse

ILLINOIS IDENTIFICATION CARD ACT	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	**********	**********	**********
335-14a1	014101	14A1	To possess, display, or cause to be displayed any cancelled or revoked identification card
335-14a2	014102	14A2	To display or represent as the person's own any identification card issued to another
335-14a3	014103	14A3	To allow any unlawful use of an identification card issued to another person
335-14a4	014104	14A4	To lend an identification card to another or knowingly allow the use thereof

335-14a5	014105	14A5	To fail or refuse to surrender to the Secretary of State, the Secretary's agent, or any peace officer upon lawful demand, any identification card that has been revoked or cancelled
335-14a6	014106	14A6	To knowingly possess, use or allow to be used any materials, hardware or software specifically designed for or primarily used in the manufacture, assembly, issuance or authentication of an official Illinois identification card or Illinois disabled person identification card by the Secretary of State
335-14a7	014107	14A7	To knowingly possess, use or allow to be used a stolen identification card making implement
335-14(A-1)	014011	14-A-1	Possess or use materials to obtain information from an identification card
335-14ab1	014121	14AB1	To knowingly possess, display, or cause to be displayed any fictitious or unlawfully altered identification card
335-14ab2	014122	14AB2	To knowingly possess, display, or cause to be displayed any fictitious or unlawfully altered identification card for the purpose of obtaining any account, credit, credit card, or debit card from a bank, financial institution, or retail mercantile establishment

335-14ab3	014123	14AB3	To knowingly possess any fictitious or unlawfully altered identification card with the intent to commit a theft, deception or credit or debit card fraud in violation of any law of this state or any law of any other jurisdiction
335-14ab4	014124	14AB4	To knowingly possess any fictitious or unlawfully altered identification card with the intent to commit any other violation of any law of this State or any law of any other jurisdiction for which a sentence to a term of imprisonment in a penitentiary for one year or more is provided
335-14ab5	014125	14AB5	To knowingly possess any fictitious or unlawfully altered identification card while in unauthorized possession of any document, instrument or device capable of defrauding another
335-14ab6	014126	14AB6	To knowingly possess any fictitious or unlawfully altered identification card with the intent to use the identification card to acquire any other identification document
335-14ab7	014127	14AB7	To knowingly issue or assist in the issuance of any fictitious identification card
335-14ab8	014128	14AB8	To knowingly alter or attempt to

			alter any identification card
335-14ab9	014129	14AB9	To knowingly manufacture, possess transfer, or provide any identification document for the purpose of obtaining a fictitious identification card
335-14ab10	0141210	14AB10	To make application for the purpose of obtaining a fictitious identification card for another person
335-14ab11	0141211	14AB11	To obtain the services of another person to make application for the purpose of obtaining a fictitious identification card
335-14bb2	014221	14BB2	To knowingly possess, display or cause to be displayed any fraudulent identification card
335-14bb1	014222	14BB1	To knowingly possess, display or cause to be displayed any fraudulent identification card for the purpose of obtaining any account, credit, credit card or debit card from a bank, financial institution or retail mercantile establishment
335-14bb3	014223	14BB3	To knowingly possess any fraudulent identification card with the intent to commit a theft, deception or credit or debit card fraud in violation of any law of this State or any law of any other jurisdiction

335-14bb4	014224	14BB4	To knowingly possess any fraudulent identification card with the intent to commit any other violation of any law of this State or any law of any other jurisdiction for which a sentence to a term of imprisonment in a penitentiary for one year or more is provided
335-14bb5	014225	14BB5	To knowingly possess any fraudulent identification card while in unauthorized possession of any document, instrument or device capable of defrauding another
335-14bb6	014226	14BB6	To knowingly possess any fraudulent identification card with the intent to use the identification card to acquire any other identification document
335-14bb7	014227	14BB7	To knowingly possess without authority any identification card making implement
335-14bb8	014228	14BB8	To knowingly possess any stolen implement for duplicating or manufacturing an identification card
335-14bb9	014229	14BB9	To knowingly duplicate, manufacture, sell or transfer any fraudulent identification card
335-14bb10	0142210	14BB10	To advertise or distribute any information or materials that promote the selling, giving, or

			furnishing of a fraudulent identification card
335-14cal	014311	14CA1	Present false information in application for identification card
335-14ca2	014312	14CA2	Accept false information in application for identification card
335-14ca3	014313	14CA3	Make false affidavit, swear or affirm falsely

c) Illinois Vehicle Code
The following point assigned violations will be entered on the driving record as Type Action -97- Bond forfeiture or Type Action -99- conviction

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE	POINTS
**********	*********	**********	**********	********
6-107(e)	107005	6 107 05	Violation of Graduated Driver's License (GDL) restrictions on passengers	10
6-107(f)	107006	6 107 06	Violation of GDL restrictions on passenger seat belt/child restraints	10
6-107(g)	107007	6 107 07	Violation of GDL restrictions on number of passengers	10
6-501	501000	6 501 00	Violation of more than one driver's license ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	50

6-507(a)(1)	507101	6 507 A1	Driving without a commercial driver's license (CDL) in possession (a serious traffic violation if committed in a commercial motor vehicle)	50
11-203	020300	# 0203 00	Failure to obey lawful order of authorized officer	10
11-305	030500	# 0305 00	Disregarding official traffic control device	20
11-306	030600	# 0306 00	Disregarding traffic control light	20
11-308	030800	# 0308 00	Disregarding lane control signal ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-309	030900	# 0309 00	Disregarding flashing traffic signal	20
11-402(a)	040201	# 0402 01	Collision involving damage to vehicles only – failure to stop, exchange information and make report	25
11-403	040300	# 0403 00	Failure to stop and exchange information after motor vehicle collision property damage only	25
11-403	040370	# 0403 G0	Failure to stop and exchange information or give aid after motor vehicle collision – personal injury involved	50
11-403	040380	# 0403 H0	Failure to stop and exchange information or give aid after	50

			motor vehicle collision − fatality	
11-404	040400	# 0404 00	Failure to notify owner after collision with unattended vehicle or other property	15
11-502(a)	050201	# 0502 01	Illegal transportation, of any alcoholic liquor within the passenger area of any motor vehicle	25
11-503	050300	# 0503 00	Reckless driving (a serious traffic violation if committed in a commercial motor vehicle)	55
11-505	050500	# 0505 00	Squealing or screeching tires	10
11-507	050700	# 0507 00	Supervising minor driver while under the influence	20
11-601(a)	060100	# 0601 00	Speeding too fast for conditions or failure to reduce speed to avoid an accident (a serious traffic violation if committed in a commercial motor vehicle)	10
11-601(b)	060101	# 0601 01	1-10 MPH above limit	5
11-601(b)	060103	# 0601 03	11-14 MPH above limit	15
11-601(b)	060105	# 0601 05	15-25 MPH above limit (a serious traffic violation if committed in a commercial motor vehicle)	20
11-601(b)	060107	# 0601 07	Over 25 MPH above limit (a serious traffic violation if committed in a commercial	50

			motor vehicle)	
11-601(b)	060108	# 0601 08	26-29 MPH above limit (a serious violation if committed in a commercial motor vehicle) (arrests occurring prior to 1/27/11)	50
11-601(b)	601008	# 6010 08	26-30 MPH above limit (a serious violation if committed in a commercial motor vehicle) (arrests occurring on or after 1/27/11)	50
11-601(b)	060109	# 0601 09	Over 29 MPH above limit (a serious violation if committed in a commercial motor vehicle)	50
11-601(b)	601009	#6010 09	Over 30 MPH above limit (a serious violation if committed in a commercial motor vehicle)	50
11-601.5	060109	# 0601 09	Driving 40 MPH or more in excess of the applicable speed limit (a serious violation if committed in a commercial motor vehicle)	50
11-601.5(a)	060151	# 06015A	30-39 MPH above limit (a serious violation if committed in a commercial motor vehicle)	50
11-601.5(a)	601051	#60105A	31-39 MPH above limit (a serious violation if committed in a commercial motor vehicle)	50
11-6~~5~~01.5(b)	060152	# 06015B	40 or more MPH above limit (a serious violation if committed in a commercial motor vehicle)	50

11-605	060500	# 0605 00	Exceeding the maximum speed limit in a school zone (a serious traffic violation if committed in a commercial motor vehicle)	20
11-605(a)	060501	# 0605 01	Exceeding the maximum speed limit in a school zone (a serious violation in a commercial motor vehicle)	20
11-605(b)	060502	# 060502	Exceeding the maximum speed limit through a highway construction or maintenance zone (a serious traffic violation if committed in a commercial motor vehicle)	20
11-605.1	060510	# 0605 1	Exceeding the maximum speed limit in a construction zone	20
11-605.3b	060532	# 0605 3b	Exceeding the maximum speed limit on a park zone street	20
11-605.3c	060533	# 0605 3c	Failure to obey stop sign or red light on a park zone street	20
11-606(a)	060601	# 0606 01	Driving below minimum speed limit	5
11-606(b)	060602	# 0606 02	Driving below minimum speed limit on Illinois Tollway	20
11-608	060800	# 0608 00	Exceeding maximum speed limit on bridge or elevated structure	10
11-701	070100	# 0701 00	Failure to drive on right side of roadway ~~(a serious traffic~~	20

			~~violation if committed in a commercial motor vehicle)~~	
11-702	070200	# 0702 00	Improper passing upon meeting an approaching vehicle ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-703(a)	070301	# 0703 01	Improper passing on left ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-703(b)	070302	# 0703 02	Failure to yield right-of-way to vehicle passing on the left ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-703(c)	070303	# 0703 03	Improper passing with a two wheeled vehicle	20
11-703(d)	070304	# 0703 04	Improper passing of bicycle or pedestrian	20
11-703(e)	070305	# 0703 05	Driving too close to, toward, or near a bicyclist, pedestrian or person riding a horse or driving an animal drawn vehicle	20
11-704	070400	# 0704 00	Improper passing on the right ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-705	070500	# 0705 00	Improper passing on the left ~~(a serious traffic violation if committed in a commercial~~	20

			~~motor vehicle)~~	
11-706	070600	# 0706 00	Driving on left side of roadway where prohibited ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-707(b)	070702	# 0707 02	Driving on left side of roadway in a no passing zone ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-707(d)	070704	# 0707 04	No passing in unincorporated area where there exists a school speed zone as defined in Section 11-605 ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	10
11-708	070800	# 0708 00	Driving wrong way on one-way street or highway or around traffic island ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	5
11-709(a)	070901	# 0709 01	Improper traffic lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20
11-709(b)	070902	# 0709 02	Improper center lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20
11-709(c)	070903	# 0709 03	Improper traffic lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20

11-709(d)	070904	# 0709 04	Improper traffic lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20
11-709.1	070911	# 0709 11	Passing on shoulder while merging into traffic ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-710	071000	# 0710 00	Following too closely (a serious traffic violation if committed in a commercial motor vehicle)	25
11-711(a)	071101	# 0711 01	Improper entry or exit from controlled access roadway	10
11-711(b)	071102	# 0711 02	Operating an improper vehicle on a controlled access roadway	10
11-801	080100	# 0801 00	Improper turn at intersection	10
11-802	080200	# 0802 00	Improper U-turn	20
11-803	080300	# 0803 00	Unsafe movement of vehicle from parked position	15
11-804	080400	# 0804 00	Failure to give stop or turn signal	15
11-805	080500	# 0805 00	Improper stop or turn signal	15
11-806	080600	# 0806 00	Improper arm signal	15
11-901	090100	# 0901 00	Failure to yield right-of-way at intersection	15
11-901.1	090101	# 901 01	Failure to yield right-of-way at	15

			T intersection	
11-902	090200	# 0902 00	Improper left turn with oncoming traffic	25
11-903	090300	# 0903 00	Failure to stop or yield right-of-way to pedestrians at intersections or crosswalks with traffic control devices	20
11-904	090400	# 0904 00	Failure to obey stop or yield right-of-way sign	20
11-905	090500	# 0905 00	Improper merging into traffic	20
11-906	090600	# 0906 00	Failure to yield right-of-way upon emerging from private road or roadway	20
11-907	090700	# 0907 00	Failure to yield right-of-way to emergency vehicle	15
11-907(c)	090703	# 0907 03	Failure to yield the right-of-way or drive with due caution upon approaching a stationary emergency vehicle	15
11-908(a)	090801	# 0908 01	Failure to yield right-of-way to authorized vehicle or pedestrian engaged in work within any highway construction or maintenance area	15
11-908(b)	090802	# 0908 02	Failure to yield right-of-way to authorized vehicle displaying flashing lights engaged in work upon a highway	15

11-908(c)	090803	# 0908 03	Failure to stop at highway construction sign	15
11-1002(a)	100201	# 1002 01	Failure to stop and/or yield right-of-way to pedestrians at crosswalks without traffic control devices	20
11-1002(d)	100204	# 1002 04	Passing vehicle stopped for pedestrian ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20
11-1002(e)	100205	# 1002 05	Failure to yield right-of-way to pedestrian at an intersection	20
11-1002.5	100250	# 1002 50	Failure to stop and/or yield to a pedestrian at crosswalk in school zone	20
11-1003.1	100301	# 1003 01	Failure to exercise due care for pedestrian or bicyclist	10
11-1004	100400	# 1004 00	Failure to yield right-of-way to a blind or hearing impaired pedestrian	20
11-1008	100800	# 1008 00	Failure to yield to a pedestrian on a sidewalk	20
11-1101	110100	# 1101 00	Improper passing of street car on the left	10
11-1102	110200	# 1102 00	Improper passing on the right or failure to stop for a street car	20
11-1103	110300	# 1103 00	Obstructing street car traffic	5

11-1104	110400	# 1104 00	Driving through safety zone	20
11-1201	120100	# 1201 00	Failure to stop for approaching railroad train, railroad track equipment or signal	20
11-1201(a)	120110	# 1201 A	For drivers who are not always required to stop, failing to stop before reaching the railroad crossing, if tracks are not clear (serious traffic violation if committed in a commercial motor vehicle)	20
11-1201(a)2	120112	# 1201 A2	Failing to obey a traffic control device or the directions of an enforcement official at the railroad crossing	20
11-1201(a-5)	120115	# 1201 A5	For drivers who are not always required to stop, failing to slow down and check that the tracks are clear of approaching train or railroad track equipment (serious traffic violation if committed in a commercial motor vehicle)	20
11-1201(d-1)	120141	# 1201 D1	For all drivers, failing to negotiate a railroad-highway grade crossing because of insufficient undercarriage clearance (serious traffic violation if committed in a commercial motor vehicle)	20
11-1202	120200	# 1202 00	Failure to stop at railroad grade crossing	20

11-1202	120020	# 1202	Failure to stop before driving onto crossing	20
11-1203	120300	# 1203 00	Improper movement of heavy equipment across railroad grade crossing	5
11-1204	120400	# 1204 00	Disregarding stop or yield sign at an intersection	20
11-1205	120500	# 1205 00	Failure to yield right-of-way upon emerging from alley or driveway	20
11-1402(a)	140201	# 1402 01	Limitations on backing	10
11-1402(b)	140202	# 1402 02	Limitations on backing upon controlled access highway	20
11-1403	140300	# 1403 00	Motorcycle operating violation or passenger equipment violation	5
11-1403.1	140301	# 1403 01	Motorized pedalcycle operating violation	5
11-1403.2	140302	# 1403 02	Operation of motorcycle on one wheel – reckless driving	55
11-1404	140400	# 1404 00	Motorcycle glasses, goggles or shield violation	5
11-1405	140500	# 1405 00	Motorcycle equipment violation	5
11-1412.1	141201	# 1412 01	Driving upon sidewalk ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	20

11-1414(a)	141401	# 1414 01	Passing school bus receiving or discharging children ~~(a serious traffic violation if committed in a commercial motor vehicle)~~	25
11-1418	141800	# 1418 00	Illegal operation of farm tractor upon highway	10
11-1426.2g	142627	# 14262g	Operating a low speed vehicle without a valid license	15
11-1505	150500	# 1505 00	Improper position of motorized pedalcycles on roadway	10
11-1505.1	150501	# 1505 01	Riding motorized pedalcycle more than two abreast on roadways	10
11-1507.1	150701	# 1507 01	Violation of lamps on motorized pedalcycles	10
11-1510(b)	151020	# 1510 B0	Improper left turn on pedalcycle	10
12-201(b)	220102	# 2201 02	Head, tail or side light violation	10
12-208(a)	220801	# 2208 01	No stop lights	5
12-208(b)	220802	# 2208 02	No turn signal lights	5
12-208(c)	220803	# 2208 03	No turn signal lights on trailers or semi-trailers	5
12-301	230100	# 2301 00	Defective brakes	20
12-610.1b	261012	# 2610 1B	Driver under age 18 using a wireless phone	10
12-610.1b	261010	# 2610 1b	Driving under age 19 using a	

			wireless phone	
12-610.1e	261015	# 2610 1e	Using a wireless phone in a school or construction zone	15
12-610.2b	261022	# 2610 2b	Using an electronic communications device to compose, send or read a message	20
12-610.5b	261052	# 2610 5b	Unlawful use of registration plate covers	5
12-804	280400	# 2804 00	School bus identification and warning light violation	5
15-106	510600	# 5106 00	Failure to fasten or secure any protruding component of a vehicle	15
15-109	510900	# 5109 00	Spilling or unsafe load	15
15-110	511000	# 5110 00	Improper towing of a vehicle	10
15-114	511400	# 5114 00	Improper pushing of another vehicle	10

d) City of Chicago Traffic Regulations – Chapter 27 of the Municipal Code of Chicago
The following point assigned violations will be entered on the driving record as Type Action -97- bond forfeiture or Type Action -99- conviction

CHICAGO TRAFFIC CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE	POINTS
**********	*********	**********	**********	*******
7-201	201000	7 201 00	Disregarding official traffic	20

			control device	
7-202	202000	7 202 00	Disregarding traffic control light	20
7-203	203000	7 203 00	Disregarding flashing traffic signal	20
7-204	204000	7 204 00	Disregarding lane control light	20
7-205	205000	7 205 00	Avoiding official traffic control device	20
7-210	210000	7 210 00	Driving motor-driven cycle on access roadway	10
7-211	211000	7 211 00	Improper traffic lane usage	20
7-212	212000	7 212 00	Speeding too fast for conditions	10
7-212.01	212001	7 212 01	1-10 MPH above limit	5
7-212.03	212003	7 212 03	11-14 MPH above limit	15
7-212.05	212005	7 212 05	15-25 MPH above limit (a serious traffic violation if committed in a commercial motor vehicle)	20
7-212.07	212007	7 212 07	Over 25 MPH above limit (a serious traffic violation if committed in a commercial motor vehicle)	50

7-213	213000	7 213 00	Driving below minimum speed limit	5
7-214	214000	7 214 00	Improper turn at intersection	10
7-215	215000	7 215 00	Improper or illegal turn on red signal light	20
7-216	216000	7 216 00	Improper U-turn	10
7-217	217000	7 217 00	Improper U-turn in Loop district	10
7-218	218000	7 218 00	Disobeying no-turn sign	10
7-219	219000	7 219 00	Driving wrong way on one-way street	5
7-220	220000	7 220 00	Driving wrong way on one-way street – restrictive period	5
7-221	221000	7 221 00	Disregarding stop sign at intersection	20
7-222	222000	7 222 00	Failure to yield right-of-way at stop intersection	20
7-223	223000	7 223 00	Failure to yield right-of-way upon emerging from alley or driveway	20
7-224	224000	7 224 00	Entering intersection when traffic is obstructed	20
7-225	225000	7 225 00	Failure to observe yield right-of-way	20

7-226	226000	7 226 00	Failure to stop for approaching railroad train or signal	20
7-227	227000	7 227 00	Failure to observe bridge signal	20
7-228	228000	7 228 00	Failure to yield right-of-way to emergency vehicles	15
7-229	229000	7 229 00	Failure to yield right-of-way to pedestrian at intersection	20
7-230	230000	7 230 00	Failure to yield right-of-way at intersection	15
7-231	231000	7 231 00	Failure to yield right-of-way to pedestrian	20
7-232	232000	7 232 00	Failure to yield right-of-way to equestrian	20
7-233	233000	7 233 00	Failure to yield right-of-way to blind person	20
7-236(a)	236001	7 236 01	Improper passing on the left	20
7-236(b)	236002	7 236 02	Failure to yield right-of-way to vehicle passing on the left	20
7-237	237000	7 237 00	Improper passing on the right	20
7-238	238000	7 238 00	Improper passing on the left	20
7-239	239000	7 239 00	Failure to drive on right side of roadway	5
7-240	240000	7 240 00	Passing stopped school bus receiving or discharging	25

			children	
7-241	241000	7 241 00	Passing vehicle stopped for pedestrian	20
7-244	244000	7 244 00	Failure to obey lawful order or authorized officer	10
7-247	247000	7 247 00	Driving in area designated as play street	20
7-248	248000	7 248 00	Driving on sidewalk or parkway	20
7-249	249000	7 249 00	Driving through safety zone	20
7-250	250000	7 250 00	Driving in bus lane	20
7-251	251000	7 251 00	Driving on left side of roadway where prohibited	20
7-252	252000	7 252 00	Improper backing	10
7-253	253000	7 253 00	Improper entry or exit from controlled access roadway	10
7-255	255000	7 255 00	Negligent driving	10
7-256	256000	7 256 00	Following too closely	25
7-257	257000	7 257 00	Failure to exercise due care for pedestrian	10
7-260	260000	7 260 00	Unsafe movement of vehicle from parked position	15
7-261	261000	7 261 00	Failure to give stop or turn signal	15

7-262	262000	7 262 00	Improper stop or turn signal	15
7-266	266000	7 266 00	Improper towing or pushing of vehicle	10
7-270	270000	7 270 00	Failure to drive within bus lane – bus drivers	20
7-271	271000	7 271 00	Failure to observe mass transportation vehicle regulations	20
7-278	278000	7 278 00	Illegal operation of motorcycle or motor driven cycle	10
7-342	342000	7 342 00	Defective brakes	20
7-346	346000	7 346 00	Head, tail, or side light violation	10
7-359	359000	7 359 00	Towing vehicles without bar or other safety device	10
7-369	369000	7 369 00	Failure to notify owner after collision with unattended vehicle	25
7-402(c)	402003	7 402 03	Restricted turn signs – prohibited right or left turn	10

e) Illinois Vehicle Code

The following violations will be entered on the driving record as Type Action -95- bond forfeiture or Type Action -96- conviction with no point value:

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********

NOTICE OF ADOPTED AMENDMENTS

11-407(a)	040710	# 0407 A0	Failure of driver to give notice of accident
11-407(b)	040720	# 0407 B0	Failure of passenger to give notice of accident
11-506(b)	050602	# 0506 B	Vehicle owner permitting street racing
11-1412	141200	# 1412 00	Crossing fire hose
11-1420	142000	# 1420 00	Funeral procession violation
12-201(c)	220103	# 2201 03	Registration light violation
12-203	220300	# 2203 00	Lamps on parked vehicle
12-207	220700	# 2207 00	Spot light or auxiliary light violation
12-209	220900	# 2209 00	Other light violation
12-211(a)	221101	# 2211 01	Headlight violation
12-211(b)	221102	# 2211 02	Front light violation
12-212	221200	# 2212 00	Front red or flashing light violation
12-214	221400	# 2214 00	Special lighting equipment on rural mail delivery vehicle
12-603.1	260301	# 2603 01	Violation of the seat belt act
12-604.1	260401	# 260401	Driving while using prohibited video devices
12-613(a)	261301	# 2613 A	Violation of possession and use of radar or laser jamming devices
12-714(a)	271401	# 2714 01	Violation of possession and use of a radar detecting device in a commercial motor vehicle

12-715(a)	271501	# 2715 01	Violation of possession and use of a radar jamming device in a commercial motor vehicle
1104	001104	# 01104 00	Violation of the Child Passenger Protection Act [625 ILCS 25] − child under age 4
1104(a)	101104	# 01104 10	Violation of the Child Passenger Protection Act [625 ILCS 25] − child age 4 but under age 6
25/4	250400	25 04	Violation of the Child Passenger Protection Act [625 ILCS 25] − child under age 4
25/4a	250401	25 04A	Violation of the Child Passenger Protection Act [625 ILCS 25] − child age 4 but under age 16
25/4b	250402	25 04B	Unrestrained – age 8 but under age 19 [625 ILCS 25]

f) City of Chicago Traffic Regulations – Chapter 27 of the Municipal Code of Chicago
The following violations will be entered on the driving record as Type Action -95- bond forfeiture or Type Action -96- conviction with no point value:

CHICAGO TRAFFIC CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
7-235	235000	7 235 00	Driving through a funeral procession
7-246	246000	7 246 00	Crossing fire hose
7-274	274000	7 274 00	Driving in a funeral procession
7-342.1	342001	7 342 01	Violation of seat belt ordinance
7-347	347000	7 347 00	Spotlight violation

7-348	348000	7 348 00	Other light violation
7-349	349000	7 349 00	Front red or flashing light

g) Case Review

1) After each case is entered to the appropriate driving record, suspension, revocation, disqualification or cancellation action is determined by review of the driving record by a trained Driver Services Technician or action is taken for suspension, revocation, or disqualification by automated computer programs using criteria set forth in this Part.

2) Driver control action shall be entered upon the driver's record by classification (Type Action).

A) Classification for driver control actions:

Type Action 01	Mandatory Revocation
Type Action 02	Discretionary Revocation
Type Action 03	Discretionary Suspension
Type Action 04	Safety Responsibility Suspension
Type Action 05	Financial Responsibility Suspension
Type Action 06	Unsatisfied Judgment Suspension
Type Action 07	Mandatory Suspension
Type Action 08	Cancellation of License
Type Action 09	Mandatory Suspension
Type Action 17	Statutory Summary Suspension
~~Type Action 18~~	~~Vehicle Emissions Suspension~~
Type Action 45	Cancellation/Suspension/Denial of School Bus Permit
Type Action DN	Denial of License and/or Privileges
Type Action DQ	Discretionary/Mandatory Disqualification
Type Action FR	Family Financial Responsibility Suspension
Type Action IV	Invalidation of License
Type Action MC	Mandatory Conviction Suspension
Type Action OS	Out of Service Law Enforcement

Type Action ZT	History Item Zero Tolerance Suspension

B) Description of driver control action:
The code used to describe the action is composed of the Chapter and/or Section number of the Illinois Vehicle Code that provides the Secretary of State with the authority to take such action.

h) Mandatory Revocation – Type Action 01

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-205(a)1	205101	6 205 A1	Reckless homicide
6-205(a)2	205102	6 205 A2	Driving while under the influence of alcohol, other drug, or combination thereof
6-205(a)3	205103	6 205 A3	Felony involving the use of a motor vehicle
6-205(a)4	205104	6 205 A4	Leaving the scene of a traffic accident involving death of personal injury – violation of Section 11-401
6-205(a)5	205105	6 205 A5	Perjury under oath relating to ownership or operation of a motor vehicle
6-205(a)6	205106	6 205 A6	Three convictions of reckless driving committed within a 12-month period
6-205(a)7	205107	6 205 A7	Conviction of motor vehicle theft as defined in Section 4-102
6-205(a)8	205108	6 205 A8	Conviction of drag racing under Section 11-504

6-205(a)9	205109	6 205 A9	Violation of financial responsibility in operation of a motor vehicle for the purpose of hire (Chapter 8) or for rent (Chapter 9)
6-205(a)10	205110	6 205 A10	Reckless conduct, Section 12-5 Illinois Criminal Code of 1961
6-205(a)11	205111	6 205 A11	Conviction of aggravated fleeing or eluding a peace officer
6-205(a)12	205112	6 205 A12	Violation of Section 6-507(b) or a similar law of another state relating to the unlawful operation of a commercial motor vehicle
6-205(a)13	205113	6 205 A13	A second or subsequent violation of Section 11-502(a) or a similar provision of a local ordinance and the driver was less than 21 years of age at the time of the offense.
6-205(a)14	205114	6 205 A14	Conviction of Section 11-506(a) or a similar provision of a local ordinance relating to street racing
6-205(a)15	205115	6 205 A15	A second or subsequent conviction of driving while the person's driver's license, permit or privilege was revoked for reckless homicide or a similar out-of-state offense
6-205(a)16	205116	6 205 A16	Conviction of any offense regulating the movement of traffic that was the proximate cause of death of any person
6-205(b)1	205201	6 205 B1	Notice provided for in Section 1-8 of the Juvenile Court Act, that minor has been adjudicated under that Act as having committed an offense relating to motor vehicles prescribed in IVC Section 4-103
6-205(b)2	205202	6 205 B2	When any other law of this State requires

			either the revocation or suspension of such license or permit
6-205(b)3	205203	6 205 B3	Committing a gang-related offense involving a motor vehicle or driver's license
6-205(c)	205300	6 205 C0	Revocation of a restricted driving permit
11-501.1	050101	1 0501 01	Statutory Summary Revocation

i) Discretionary Revocations and Suspensions – Type Action 02 or 03

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-113(d)	113400	6 113 D0	Violation of a restriction on a license or permit
6-206(a)1	206101	6 206 A1	Has committed an offense requiring revocation upon conviction
6-206(a)2	206102	6 206 A2	Three or more convictions of moving traffic violations committed within a 12-month period
6-206(a)3	206103	6 206 A3	Habitually been in violation of vehicle laws
6-206(a)4	206104	6 206 A4	Accident resulting in death or injury
6-206(a)5	206105	6-206 A5	Permitted unlawful or fraudulent use of license, ID card or permit
6-206(a)6	206106	6 206 A6	Conviction of an offense in another state requiring a suspension or revocation in this State including authorization contained in Section 6-203.1
6-206(a)7	206107	6 206 A7	Refused or failed to submit to an

			examination
6-206(a)8	206108	6 206 A8	Ineligible for license or permit under Section 6-103.
6-206(a)9	206109	6 206 A9	False statement or knowingly concealed a material fact in application for license, ID card or permit
6-206(a)10	206110	6 206 A10	Has displayed or attempted to fraudulently use any driver's license, ID card or permit not issued to such person
6-206(a)11	206111	6 206 A11	Driving while license or permit has been revoked
6-206(a)12	206112	6-206 A12	Obtained the services of another person to take an examination for the purpose of obtaining a license, ID card or permit for some other person
6-206(a)13	206113	6 206 A13	Violation of Curfew Act (prior to 1-1-08)
6-206(a)13	206113	6 206 A13	Violation of nighttime driving restrictions (effective 1-1-08)
6-206(a)14	206114	6 206 A14	Unlawful use of license or permit under IVC Section 6-301 or Section 14, 14A or 14B of the Illinois Identification Card Act [15 ILCS 335]
6-206(a)15	206115	6 206 A15	Conviction of criminal trespass to vehicles as defined in Section 21-2 of the Criminal Code of 1961 [725 ILCS 5/100-1]
6-206(a)16	206116	6 206 A16	Violation of Section 11-204, fleeing from a peace officer
6-206(a)17	206117	6 206 A17	Has refused to submit to a test as required

			under Section 11-501.1, and such person has not sought a hearing as provided for in Section 11-501.1
6-206(a)18	206118	6 206 A18	Has been adjudged to be afflicted with or suffering from any mental disability or disease
6-206(a)19	206119	6 206 A19	Has violated Section 6-101 – driving without a valid license
6-206(a)20	206120	6 206 A20	Has violated Section 6-104 – driving without a proper classification on a driver's license
6-206(a)21	206121	6 206 A21	Has violated Section 11-402 relating to leaving the scene of an accident resulting in damage to a vehicle in excess of $1000
6-206(a)22	206122	6 206 A22	Has used a motor vehicle in violation of Section 24-1(a)(3), (4), (7), or (9) of the Criminal Code of 1961
6-206(a)23	206123	6 206 A23	Has been convicted of violating Section 11-502(a) for a second or subsequent time within one year
6-206(a)24	206124	6 206 A24	Has been convicted by court martial or punished by non-judicial punishment by military authorities of the United States at a military installation in Illinois of a traffic related offense that is the same or similar to an offense specified under Section 6-205 or 6-206
6-206(a)25	206125	6 206 A25	Has permitted any form of identification to be used by another in the application process in order to obtain a license, identification card or permit

6-206(a)26	206126	6 206 A26	Has altered or attempted to alter a license or has possessed an altered license, identification card or permit
6-206(a)27	206127	6 206 A27	Has violated Section 6-16 of the Liquor Control Act of 1934
6-206(a)28	206128	6 206 A28	Conviction for the illegal possession of any controlled substance prohibited under the Illinois Controlled Substances Act or any cannabis prohibited under the Cannabis Control Act while operating a motor vehicle
6-206(a)29	206129	6 206 A29	Conviction of criminal sexual assault, aggravated criminal sexual assault, criminal sexual abuse, aggravated criminal sexual abuse, juvenile pimping, soliciting for a juvenile prostitute or the manufacture, sale or delivery of controlled substances or instruments used for illegal drug use or abuse while operating a motor vehicle
6-206(a)30	206130	6 206 A30	Conviction of a second or subsequent time of a sex offense and/or an offense against drug laws while operating a motor vehicle as enumerated in Section 6-206(a)(29)
6-206(a)31	206131	6 206 A31	Refused to submit/failed test as required by Section 11-501.6
6-206(a)32	206132	6 206 A32	Has used a motor vehicle in violation of Section 24-1.2 of the Criminal Code of 1961
6-206(a)33	206133	6 206 A33	A violation of Section 11-502(a) or a similar provision of a local ordinance and the driver was less than 21 years of age at the time of the offense
6-206(a)34	206134	6 206 A34	Two or more convictions of moving traffic

			violations committed within a 24-month period (Type Action 02 prior to 8-8-98) (Type Action 03 prior to 8-11-98)
6-206(a)34	206134	6 206 A34	Use of fictitious or unlawfully altered person-with-disabilities license plate or parking decal or device as defined in Section 11-1301.5 (effective 8-8-98)
6-206(a)35	206135	6 206 A35	Use of fictitious or unlawfully altered person-with-disabilities license plate or parking decal or device as defined in Section 11-1301.5 (prior to 8-8-98)
6-206(a)35	206135	6 206 A35	Use of fraudulent person-with-disabilities license plate or parking decal or device as defined in Section 11-1301.6 (effective 8-8-98)
6-206(a)36	206136	6 206 A36	Use of fraudulent person-with-disabilities license plate or parking decal or device as defined in Section 11-1301.6 (prior to 8-8-98)
6-206(a)36	206136	6 206 A36	Two or more convictions of moving traffic violations committed within a 24 month period (Type Action 02 effective 8-8-98) (Type Action 03 effective 8-11-98)
6-206(a)37	206137	6 206 A37	Has been convicted of a violation of Section 11-907(c) that resulted in property damage, personal injury, or death
6-206(a)38	206138	6 206 A38	Has been convicted of a violation of Section 6-20 of the Liquor Control Act of 1934
6-206(a)39	206139	6 206 A39	Has committed a second or subsequent violation of Section 11-1201

6-206(a)40	206140	6 206 A40	Failure to yield and proceed with due caution upon entering a construction zone when workers are present
6-206(a)41	206141	6 206 A41	Committed a second or subsequent violation of Section 11-605.1 of the Illinois Vehicle Code, a similar provision of a local ordinance or a similar violation in any other state, within 2 years of the date of the previous violation
6-206(a)42	206142	6 206 A42	Has committed a violation of Section 11-1301.3(a-1)
6-206(a)43	206143	6 206 A43	Supervision for violation of Section 6-20 of the Liquor Control Act
6-206(a)44	206144	6 206 A44	Has been convicted of a moving violation after having previously been suspended or revoked pursuant to Section 6-206(a)36
6-206(a)45	206145	6 206 A45	Committed perjury or submitted false documents at a formal hearing
6-206(c)3	206303	6 206 C3	Conviction of an offense while holding a Restricted Driving Permit
6-206.1(J)	206010	6 206.1 J	Violation of the requirements of the monitoring device driving permit (MDDP)
6-206.1(L)	206012	6 206.1 L	Convicted or received court supervision of violation listed in Section 6-206.1(c-1) or de-installed MDDP without authorization

j) Discretionary or Mandatory – Suspension – Type Action 03, 07, 09, 17, or 18, or ZT

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-205(c)	205300	6 205 C0	Suspension of a Restricted Driving Permit
6-205.2	205002	6 205 02	Theft of motor fuel
6-303(b)	303200	6 303 B0	Driving while license or permit has been revoked or suspended
6-306.3	306003	6 306 03	Failure to appear in court to answer a traffic violation charge after depositing a valid Illinois license in lieu of bail
6-306.5	306005	6 306 05	Failure to pay fines – parking violations or automated traffic law violations
6-306.7	306007	6 306 07	Failure to pay fines – Illinois State Toll Highway Authority
11-406(e)	040650	1 0406 E0	Suspended for failure or neglect to make a report of a traffic accident as required by Section 11-406
11-501.1	050101	1 0501 01	Statutory Summary Suspension
11-501.8	050108	1 0501 08	Zero Tolerance Suspension
11-1414(f)	141460	1 1414 F0	Failure to stop for school bus when loading or discharging passengers
11-1425(d)	142540	1 1425 D	Failure to have space to drive through railroad crossing
13A 112(b)	311122	13A 112 B	Vehicle Emissions Suspension
13B 55(b)	132552	13B 55B	Vehicle Emissions Suspension

k) Safety Responsibility Suspension – Type Action 04

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
7-201			Motor vehicle operator and/or owner of a vehicle involved in an accident in excess of $500 without liability insurance coverage, with a reasonable possibility of a civil judgment being entered in court

l) Financial Responsibility Suspension – Type Action 05

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
7-305			Failure to maintain proof of financial responsibility (SR-22 insurance) for a designated period of time

UNIFIED CODE OF CORRECTIONS	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
730/5	5-6-3.1(m)		Fail to file proof of financial responsibility after receiving supervision or three convictions for a mandatory insurance violation

m) Unsatisfied Judgment Suspension – Type Action 06

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********

7-303	Failure to satisfy court judgment relating to property damage or personal injury resulting from the operation of any motor vehicle

n) Cancellation – Type Action 08

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-108(1)	108001	6 108 01	Request for withdrawal of consent
6-108(2)	108002	6 108 02	Death of person giving consent
6-108(3)	108003	6 108 03	Person giving consent no longer has legal custody
6-108(4)	108004	6 108 04	Reported to be a chronic or habitual truant as defined in Section 26-2a of the School Code [105 ILCS 5/26-2a]
6-113(d)	113400	6 113 D0	Cancellation of a Restricted Driving Permit based on evidence of violation of restriction
6-201(a)1	201101	6 201 A1	Not entitled to the issuance of the license or permit
6-201(a)2	201102	6 201 A2	Failed to give the required or correct information
6-201(a)3	201103	6 201 A3	Failed to pay fees or taxes due
6-201(a)4	201104	6 201 A4	Committed any fraud in the making of such application
6-201(a)5	201105	6 201 A5	Ineligible therefore under the provisions of Section 6-103
6-201(a)6	201106	6 201 A6	Has refused or neglected to submit to

			examination or re-examination as required under this Code
6-201(a)7	201107	6 201 A7	Has violated the Cannabis Control Act or the Illinois Controlled Substances Act while in physical control of a motor vehicle
6-201(a)8	201108	6 201 A8	Failed to notify Secretary of State of a medical condition that is likely to cause loss of consciousness or loss of ability to safely operate a motor vehicle within 10 days after becoming aware of the condition
6-201(a)9	201109	6 201 A9	Convicted of a sex offense as defined in the Sex Offender Registration Act
6-201(a)11	201111	6 201 A11	Refused or neglected to appear at a driver services facility to have a license corrected or failed to appear to present documentation for verification of identity
6-205(c)	205300	6 205 C0	Cancellation of a permit issued subsequent to a mandatory revocation pursuant to Section 6-205
6-206(c)3	206303	6 206 C3	Cancellation of a permit subsequent to a discretionary revocation or suspension pursuant to Section 6-206
6-206.1(a)4	206014	6 206.1 A4	Failure to install BAIID
6-206.1(c-1)	206013	6 206.1 C-1	De-installed BAIID without prior authorization from Secretary of State

ILLINOIS IDENTIFICATION CARD ACT	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
335 13(b)1	013201	335-13 B1	Not entitled to the issuance of an

			identification card
335 13(b)2	013202	335-13 B2	False statement or knowingly concealed a material fact in your application for an identification card
335 13(b)3	013203	335-13 B3	Displayed or represented as your own an identification card not issued to you
335 13(b)4	013204	335-13 B4	Permitted an unlawful use of your identification card by allowing another person to use your identification card
335 13(b)5	013205	335-13 B5	Signature of the applicant or the signature on the identification card is a forgery
335 13(b)6	013206	335-13 B6	Identification card has been used for an unlawful or fraudulent purpose
335 13(b)7	013207	335-13 B7	Identification card has been altered or defaced
335 13(b)8	013208	335-13 B8	Identification card has been duplicated for any purpose
335 13(b)9	013209	335-13 B9	Identification card was utilized for counterfeit purposes
335 13(b)10	013210	335-13 B10	Not a disabled person as defined in Section 4A of the Illinois Identification Card Act
335 13(b)11	013211	335-13 B11	The holder failed to appear at a Driver Services Facility for the re-issuance of an identification card or was issued based on invalid, altered, fictitious or fraudulent documents

o) Discretionary/Mandatory Cancellation/Suspension/Denial of School Bus Driver Permit – Type Action 45

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-106.1	106001	6 106 01	Discretionary/mandatory suspension/ cancellation/denial of a school bus driver permit pursuant to Section 6-106.1
6-106.1(a)	106011		Zero tolerance cancellation of school bus driver permit

p) Denial – Type Action DN

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-103(18)			Denial of driver's license and/or driving privileges pursuant to Section 6-103(18)
6-107(c)			Denial of driver's license and/or driving privileges pursuant to Section 6-107(c)
6-107(d)			Denial of driver's license pursuant to Section 6-107(d)
6-108.1			Denial of driver's license pursuant to Section 6-108.1

q) Discretionary/Mandatory Disqualification –Type Action DQ

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
6-514(a)1	514101	6 514 A1	Refusal to submit/failure to complete chemical test

6-514(a)2	514102	6 514 A2	Operating commercial motor vehicle/non-commercial motor vehicle with alcohol concentration .04 or more or any amount of a drug, substance, or compound in such person's blood or urine resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act or a controlled substance listed in the Illinois Controlled Substances Act
6-514(a)3I	514131	6 514 A31	Driving under influence of alcohol/other drugs
6-514(a)3II	514132	6 514 A32	Leaving scene of accident while operating commercial motor vehicle
6-514(a)3III	514133	6 514 A33	Driving commercial motor vehicle while committing any felony
6-514(b)	514200	6 514 B	Second conviction of violation Section 6-514(a)
6-514(c)	514300	6 514 C	Conviction of felony drug offenses using commercial motor vehicle
6-514(e)	514500	6-514 E	Conviction of 2 or more serious traffic violations within 3 years
6-514(i)1	514901	6-514 I1	Conviction for a first violation of operating a commercial motor vehicle while driving privileges, license or permit is subject to or in violation of an out-of-service order
6-514(i)2	514902	6 514 I2	Conviction for a second violation of operating a commercial motor vehicle while driving privileges, license or permit is subject to or in violation of an out-of-service order

6-514(i)3	514903	6 514 I3	Conviction for a third or more violation of operating a commercial motor vehicle while driving privileges, license or permit is subject to or in violation of an out-of-service order
6-514(i)4	514904	6 514 I4	Conviction for a first violation of operating a commercial motor vehicle while driving privileges, license, or permit is subject to or in violation of an out-of-service order and while transporting passengers or hazardous materials
6-514(i)5	514905	6 514 I5	Conviction for a second violation of operating a commercial motor vehicle while driving privileges, license or permit is subject to or in violation of an out-of-service order and while transporting passengers or hazardous materials
6-514(i)6	514906	6 515 I6	Conviction for a third or more violation of operating a commercial motor vehicle while driving privileges, license or permit is subject to or in violation of an out-of-service order and while transporting passengers or hazardous materials
6-514(j)2i	514021	6 514 J2i	Convicted for a first violation of railroad-highway grade crossing
6-514(j)2ii	514022	6 514 J2ii	Convicted for a second violation of railroad-highway grade crossing within a three-year period
6-514(j)2iii	514023	6 514 J2iii	Convicted of a third or subsequent violation of railroad-highway grade crossing within a three-year period

6-514(k)	514110	6 514 K	Notification of a disqualification of a driver's CMV privileges imposed by USDOT, Federal Motor Carrier Safety Administration, in accordance with 49 CFR 383.52, the Secretary of State shall immediately record the notice of disqualification and confirm the action to the driver
6-514(a)3iv	514134	6 514 A3iv	Driving a CMV when, as a result of prior violations committed while operating a CMV, the driver's CDL is revoked, suspended, disqualified or cancelled
6-514(a)3v	514135	6 514 3v	Causing a fatality through the negligent operation of a CMV, including but not limited to the crimes of motor vehicle manslaughter, homicide by motor vehicle and negligent homicide

r) Family Financial Responsibility Suspension – Type Action FR

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
**********	*********	**********	**********
7-702	702000	7 702 00	Individuals who are 90 days or more delinquent in court ordered child support payments and have been found in contempt by the court
7-703			Individuals who are 90 days or more delinquent in court ordered child support payment
7-704.1			Individual certified by Illinois Department of Healthcare & Family Services of delinquency of child support payments

s) Invalidation – Type Action IV

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
6-301.3			Invalidation of driver's license or permit pursuant to Section 6-301.3

t) Out-Of-Service – Law Enforcement Sanction History Item – Type Action OS

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
6-515	515000	6 515	24 hour out-of-service order

u) The following violations will not be assigned points but will be entered on the driving record as Type Action -68- record history item conviction. In the following Table, ACD means AAMVANet Code Dictionary.

ACD CODE	DESCRIPTION OF OFFENSE
A24	Driving under the influence of medication not intended to intoxicate
A33	Illegal possession of drugs (controlled substances)
A60	Underage conviction of drinking and driving at .02 or higher BAC
A61	Underage Administrative Per Se – drinking and driving at .02 or higher BAC
B63	Failed to file future proof of financial responsibility
B64	Failed to file insurance certification
B65	Failed to file medical/certification disability information
B74	Failed to show insurance certification

B78	Failed to show non-commercial driver's license (includes Instruction Permit)
D02	Misrepresentation of identity or other facts on application for driver's license (includes DL, CDL, and Instruction Permit)
D16	Present or use improperly driver's license (includes DL, CDL, and Instruction Permit)
D35	Failure to comply with financial responsibility law
D36	Failure to maintain required liability insurance
D37	Failure to pay for damages or make installment payment
D38	Failure to post security or obtain release from liability
D39	Unsatisfied judgment
D45	Failure to appear for trial or court appearance
D51	Failure to make required payment of child support
D53	Failure to make required payment of fines and costs
D56	Failure to answer a citation, pay fines, penalties and/or costs related to the original violation
D72	Inability to control vehicle
D74	Operating a motor vehicle improperly due to drowsiness
D75	Operating a motor vehicle improperly due to physical or mental disability
E03	Operating without HAZMAT safety equipment as required by law
E04	Operating without HAZMAT placards/markings as required by law
E33	Defective HAZMAT safety devices

E37	Defective tires
E50	Failure to use equipment as required
E53	Failure to use HAZMAT safety devices as required
E54	Failure to use headlight dimmer as required
E57	Failure to use snow tires or chains as required
E70	Equipment used improperly or obstructed
F05	Carrying unsecured passengers in open area of vehicle
F06	Improper operation of or riding on a motorcycle
F34	Stopping, standing or parking: obstructing or impeding traffic
F66	Unsafe condition of vehicle (no specified component)
M02	Failure to obey barrier
M03	Failure to obey construction or maintenance zone markers
M04	Failure to obey flagger
M09	Failure to obey railroad crossing restrictions
M13	Failure to obey school crossing guard
M32	Following emergency vehicle unlawfully
M33	Following fire equipment unlawfully
M43	Ran off road
M47	Improper lane or location – in bicycle lane

M55	Improper lane or location – on rail or streetcar tracks
M80	Inattentive, careless or negligent driving
M81	Careless driving
M82	Inattentive driving
M83	Negligent driving
N02	Failure to yield right of way to animal rider or animal-drawn vehicle
N41	Failure to cancel directional signals
N44	Giving wrong signal
N80	Coasting (operating with gears disengaged)
N84	Unsafe operation
S97	Operating at erratic or suddenly changing speeds
U02	Resisting arrest
U04	Using a motor vehicle in connection with a misdemeanor (not a traffic offense)
U05	Using a motor vehicle to aid and abet a felon
U06	Vehicular assault
U21	Illegal operation of emergency vehicle
W80	Failed employer-directed drug test
W81	Refusal to submit to an employer-directed drug test

v) The following violations will not be assigned points but will be entered on the driving record as Type Action -82- conviction immediate action:

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NOTICE OF ADOPTED AMENDMENTS

ACD CODE	DESCRIPTION OF OFFENSE
A04	Driving under the influence of alcohol with BAC of at least .04 but not greater than .079
A08	Driving under the influence of alcohol with BAC at or over .08
A10	Driving under the influence of alcohol with BAC at or over .10
A11	Driving under the influence of alcohol with BAC at _____
A12	Refuse to submit to test for alcohol – Implied Consent Law
A20	Driving under the influence of alcohol or drugs
A21	Driving under the influence of alcohol
A22	Driving under the influence of drugs
A23	Driving under the influence of alcohol and drugs
A25	Driving while impaired
~~A26~~	~~Drinking alcohol while operating a vehicle~~
A90	Admin Per Se for BAC at or over .10
A91	Admin Per Se for BAC at _____ (detail field required)
A94	Admin Per Se for BAC of at least .04 but not greater than .079
A98	DUI at .08 Admin
B21	Driving while license barred
B22	Driving while license cancelled

B23	Driving while license denied
B27	Driving while license out-of-service order is in effect (for violations not covered by B19)
D06	Misrepresentation of identify or other facts to obtain alcohol
D07	Possess multiple driver's licenses (including DL, CDL, and Instruction Permit) (Serious violation)
D10	Manufacture or duplicate false driver's license (includes DL, CDL, and Instruction Permit)
D27	Violate limited license conditions (Serious violation)
D29	Violate restrictions of driver's license (includes DL, CDL, and Instruction Permit) (Serious violation)
S95	Speed contest (racing) on road open to traffic

w) The following violations will not be assigned points but will be entered on the driving record as Type Action -83- conviction immediate action:

ACD CODE	DESCRIPTION OF OFFENSE
A41	Driver violation of ignition interlock or immobilization device
A50	Motor vehicle used in the commission of a felony involving manufacturing, distribution, or dispensing a controlled substance
B06	Leaving scene of an accident before police arrive – fatal accident
B07	Leaving scene of an accident before police arrive – personal injury accident
B19	Driving while out-of-service order is in effect and transporting 16 or more passengers, including the driver, and/or transporting hazardous materials that require a placard

B20	Driving while license withdrawn
B24	Driving while license disqualified
B25	Driving while license revoked
B26	Driving while license suspended
B41	Possess or provide counterfeit or altered driver's license (includes DL, CDL, and Instruction Permit) or ID
B51	Expired or no driver's license (includes DL, CDL, and Instruction Permit) ~~(Serious violation)~~
B56	Driving a CMV without obtaining a CDL (Serious violation)
B91	Improper classification or endorsement on driver's license (includes DL, CDL, and Instruction Permit) (Serious violation)
D78	Perjury about the operation of a motor vehicle
M23	Failure to have space to drive through railroad crossing
U01	Fleeing or evading police or roadblock
U03	Using a motor vehicle in connection with a felony (not traffic offense)
U07	Vehicular homicide
U08	Vehicular manslaughter (Serious violation)
U09	Negligent homicide while operating a CMV
U10	Causing a fatality through the negligent operation of a CMV
U27	Vehicular feticide (first degree)
U28	Vehicular feticide (second degree)

x) The following violations will not be assigned points but will be entered on the driving record as Type Action -85- conviction:

ACD CODE	DESCRIPTION OF OFFENSE
B61	Failed to file accident report
D70	Driver's view obstructed
E01	Operating without equipment as required by law
E23	Use of radar or laser detector prohibited by law
E34	Defective lights
E54	Failure to use headlight dimmer as required
F02	Child or youth restraint not used properly as required
F04	Seat belt not used properly as required
M30	Following improperly
M56	Improper lane or location – on fire hose
N05	Failure to yield right of way to funeral procession, procession or parade

y) The following point assigned violations will be entered on the driving record as Type Action -87- conviction:

ACD CODE	DESCRIPTION OF OFFENSE	POINTS
A26	Drinking alcohol while operating a vehicle	25
A31	Illegal possession of alcohol	25
A35	Possession of open alcohol container	25

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NOTICE OF ADOPTED AMENDMENTS

B01	Hit and run – failure to stop and render aid after accident	25
B02	Hit and run – failure to stop and render aid after accident – fatal accident	50
B02	Hit and run – failure to stop and render aid after accident – fatal accident	50
B03	Hit and run – failure to stop and render aid after accident – personal injury accident	50
B04	Hit and run – failure to stop and render aid after accident – property damage accident	25
B05	Leaving scene of accident before police arrive	25
B08	Leaving scene of accident before police arrive – property damage accident	25
B14	Failure to reveal identity after fatal or personal injury accident	50
E02	Operating without brakes as required by law	20
E05	Operating without lights as required by law	10
E06	Operating without school bus equipment as required by law	5
E31	Defective brakes	20
E36	Defective school bus equipment	5
E51	Failure to use brakes	20
E55	Failure to use lights as required	10
E56	Failure to use school bus safety equipment as required	5
E71	Brakes used improperly	20

F03	Motorcycle safety equipment not used properly as required	5
M05	Failure to obey land markings or signal	20
M08	Failure to obey police of peace officer	10
M10	Failure to obey railroad gates, signs, or signals	20
M11	Failure to obey restricted lane (Serious violation)	20
M12	Failure to obey safety zone	20
M14	Failure to obey sign or traffic control device	20
M15	Failure to obey stop sign	20
M16	Failure to obey traffic signal or light	20
M17	Failure to obey traffic sign	20
M18	Failure to obey warning light or flasher	20
M19	Failure to obey yield sign, or when entering roadway	20
M20	Failure to slow down at a railroad crossing and check tracks are clear	20
M21	Failure to stop before reaching tracks at a railroad-highway grade crossing when the tracks are not clear	20
M22	Failure to stop as required before driving onto railroad-highway grade crossing	20
M24	Fail to negotiate a railroad-highway grade crossing because of insufficient undercarriage clearance	20
M25	Failure to stop; basic rule at unsigned intersection or when entering roadway from private driveway, alley, etc.	20

M31	Failure to leave sufficient distance for overtaking by other vehicles ~~(Serious violation)~~	20
M34	Following too closely (Serious violation)	20
M40	Improper lane or location ~~(Serious violation)~~	20
M41	Failure to keep in proper lane ~~(Serious violation)~~	20
M42	Improper or erratic (unsafe) lane changes (Serious violation)	20
M44	Improper lane or location – crossover ~~(Serious violation)~~	20
M45	Improper lane or location – crosswalk ~~(Serious violation)~~	20
M46	Improper lane or location – entrance/exit ramp or way	10
M48	Improper lane or location – in occupied lane ~~(Serious violation)~~	20
M49	Improper lane or location – in human occupant violator or restricted lane ~~(Serious violation)~~	20
M50	Improper lane or location – limited access highway	10
M51	Improper lane or location – median ~~(Serious violation)~~	20
M57	Improper lane or location – oncoming traffic lane ~~(Serious violation)~~	20
M58	Improper lane or location – road shoulder, ditch, or sidewalk ~~(Serious violation)~~	20
M60	Improper lane or location – slower vehicle lane	20
M61	Improper lane or location – straddling center line(s) ~~(Serious violation)~~	20

M62	Improper lane or location – traveling in turn (or center) lane ~~(Serious violation)~~	20
M70	Improper passing	10
M71	Passing in violation of posted sign or pavement marking ~~(Serious violation)~~	20
M72	Passing in violation of opposite directions restrictions	10
M73	Passing on wrong side ~~(Serious violation)~~	20
M74	Passing on hill or curve ~~(Serious violation)~~	20
M75	Passing school bus displaying warning not to pass	25
M76	Passing where prohibited ~~(Serious violation)~~	20
M77	Passing with insufficient distance or visibility ~~(Serious violation)~~	20
M84	Reckless driving (Serious violation)	55
N01	Failure to yield right of way	20
N03	Failure to yield right of way to cyclist	10
N04	Failure to yield right of way (i.e., ambulance, fire equipment, police, etc.)	15
N06	Failure to yield right of way to other vehicle	20
N07	Failure to yield right of way to overtaking vehicle ~~(Serious violation)~~	20
N08	Failure to yield right of way to pedestrian (includes handicapped or blind)	20
N09	Failure to yield right of way to school bus	20

N20	Failure to yield right of way at crosswalk	20
N21	Failure to yield right of way at rotary/roundabout/circular intersection	20
N22	Failure to yield right of way at stop sign	20
N23	Failure to yield right of way at traffic sign	20
N24	Failure to yield right of way at traffic signal	20
N25	Failure to yield right of way at unsigned intersection	15
N26	Failure to yield right of way at yield sign	20
N30	Failure to yield right of way when warning displayed on other vehicle	15
N31	Failure to yield right of way when turning	20
N40	Failure to use or improper signal	15
N42	Failure to signal intent to pass	15
N43	Failure to signal lane change or turn	15
N50	Improper turn	10
N51	Improper method of turning	10
N52	Improper position for turning	10
N53	Making improper left turn	10
N54	Making improper right turn	10
N55	Making improper turn around (not U turn)	10

N56	Making improper U turn	20
N60	Driving wrong way ~~(Serious violation)~~	5
N61	Driving wrong way at rotary/roundabout/circular intersection	5
N62	Driving wrong way on divided highway ~~(Serious violation)~~	5
N63	Driving wrong way on one way street or road ~~(Serious violation)~~	5
N70	Driving on wrong side ~~(Serious violation)~~	20
N71	Driving on wrong side of divided highway ~~(Serious violation)~~	20
N72	Driving on wrong side of undivided street or road ~~(Serious violation)~~	20
N82	Improper backing	10
N83	Improper start from a parked position	15
S01	01-05 mph over speed limit (detail optional)	5
S06	06-10 mph over speed limit (detail optional)	5
S14	11-14 mph over speed limit	15
S15	Speeding 15 mph or more over the speed limit (detail optional) (Serious violation)	20
S16	16-20 mph over speed limit (detail optional) (Serious violation)	20
S21	21-25 mph over speed limit (detail optional) (Serious violation)	20
S26	26-30 mph over speed limit (detail optional) (Serious violation)	50

S31	31-35 mph over the speed limit (detail optional) (Serious violation)	50
S36	36-40 mph over the speed limit (detail optional) (Serious violation)	50
S41	41 mph or more over the speed limit (detail optional) (Serious violation)	50
S51	01-10 mph over speed limit (detail optional)	5
S71	21-30 mph over speed limit (detail optional) (Serious violation)	20
S81	31-40 mph over speed limit (detail optional) (Serious violation)	50
S91	41 mph or more over speed limit (detail optional) (Serious violation)	50
S92	Speeding – speed limit and actual speed (detail required)	10
S93	Speeding	10
S94	Prima facie speed violation or driving too fast for conditions ~~(Serious violation)~~	10
S96	Speed less than minimum	5
S98	Speeding on freeway (wasting fuel)	10
U31	Violation resulting in fatal accident (Serious violation)	20

z) The following withdrawals will not be assigned points but will be entered on the driving record as Type Action -89- withdrawal:

ACD CODE	DESCRIPTION OF OFFENSE

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NOTICE OF ADOPTED AMENDMENTS

********** **********

A04	Driving under the influence of alcohol with BAC at or over .04
A08	Driving under the influence of alcohol with BAC at or over .08
A10	Driving under the influence of alcohol with BAC at or over .10
A11	Driving under the influence of alcohol with BAC at or over _____ (detail field required)
A12	Refused to submit to test for alcohol-Implied Consent Law
A20	Driving under the influence of alcohol or drugs
A21	Driving under the influence of alcohol
A22	Driving under the influence of drugs
A23	Driving under the influence of alcohol and drugs
A24	Driving under the influence of medication not intended to intoxicate
A25	Driving while impaired
A26	Drinking alcohol while operating a vehicle
A31	Illegal possession of alcohol
A33	Illegal possession of drugs (controlled substances)
A35	Possession of open alcohol container
A41	Driver violation of ignition interlock or immobilization device
A50	Motor vehicle used in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance
A60	Underage convicted of drinking and driving at .02 or higher BAC

A61	Underage Administrative Per Se – drinking and driving at .02 or higher BAC
A90	DUI at .10 Admin
A94	DUI at .04 Admin
A98	DUI at .08 Admin
B01	Hit and run – failure to stop and render aid after accident
B02	Hit and run – failure to stop and render aid after accident – fatal accident
B03	Hit and run – failure to stop and render aid after accident – personal injury accident
B04	Hit and run – failure to stop and render aid after accident – property damage accident
B05	Leaving accident scene before police arrive
B06	Leaving accident scene before police arrive – fatal accident
B07	Leaving accident scene before police arrive – personal injury accident
B08	Leaving accident scene before police arrive – property damage accident
B14	Failure to reveal identity after fatal or personal injury accident
B19	Driving while out-of-service order is in effect and transporting 16 or more passengers, including the driver and/or transporting hazardous materials that require a placard
B20	Driving while license withdrawn
B21	Driving while license barred
B22	Driving while license cancelled
B23	Driving while license denied

B24	Driving while license disqualified
B25	Driving while license revoked
B26	Driving while license suspended
B27	Driving while license out of service order is in effect
B41	Possess or provide counterfeit or altered driver's license (includes DL, CDL, and Instruction Permit) or ID
B51	Expired or no driver's license (includes DL, CDL, and Instruction Permit)
B56	Driving a CMV without obtaining a CDL
B61	Failed to file accident report
B63	Failed to file future proof of financial responsibility
B64	Failed to file insurance certification
B65	Failed to file medical certification/disability information
B74	Failed to show insurance certification
B78	Failed to show non-commercial driver's license (includes Instruction Permit)
B91	Improper classification or endorsement on driver's license (includes DL, CDL, and Instruction Permit)
D02	Misrepresentation of identity or other facts on application for driver's license (includes DL, CDL, and Instruction Permit)
D06	Misrepresentation of identity or other facts to obtain alcohol
D07	Possess multiple driver's licenses (includes DL, CDL, and Instruction Permit)

D10	Manufacture or duplicate false driver's license (includes DL, CDL, and Instruction Permit)
D16	Present or use improperly – driver's license (includes DL, CDL and Instruction Permit)
D27	Violate limited license conditions
D29	Violate restrictions of driver's license (includes DL, CDL, and Instruction Permit)
D35	Failure to comply with financial responsibility law
D36	Failure to maintain required liability insurance
D37	Failure to pay for damages or make installment payment
D38	Failure to post security or obtain release from liability
D39	Unsatisfied judgment
D45	Failure to appear for trial or court appearance
D51	Failure to make required payment of child support
D53	Failure to make required payment of fines and costs
D56	Failure to answer a citation, pay fines, penalties and/or costs related to the original violation
D70	Driver's view obstructed
D72	Inability to control vehicle
D74	Operating a motor vehicle improperly because of drowsiness
D75	Operating a motor vehicle improperly due to physical or mental disability
D78	Perjury about the operation of a motor vehicle

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

E01	Operating without equipment as required by law
E02	Operating without brakes as required by law
E03	Operating without HAZMAT safety equipment as required by law
E04	Operating without HAZMAT placards/markings as required by law
E05	Operating without lights as required by law
E06	Operating without school bus equipment as required by law
E23	Use of radar or laser detector prohibited by law
E31	Defective brakes
E33	Defective HAZMAT safety devices
E34	Defective lights
E36	Defective school bus equipment
E37	Defective tires
E50	Failure to use equipment as required
E51	Failure to use brakes
E53	Failure to use HAZMAT safety devices as required
E55	Failure to use lights as required
E56	Failure to use school bus safety equipment as required
E57	Failure to use snow tires or chains as required
E70	Equipment used improperly or obstructed

E71	Brakes used improperly
F02	Child or youth restraint not used properly as required
F03	Motorcycle safety equipment not used properly as required
F04	Seat belt not used properly as required
F05	Carrying unsecured passengers in open area of vehicle
F06	Improper operation of or riding on a motorcycle
F34	Stopping, standing, or parking: obstructing or impeding traffic
F66	Unsafe condition of vehicle (no specified component)
M02	Failure to obey barrier
M03	Failure to obey construction or maintenance zone markers
M04	Failure to obey flagger
M05	Failure to obey lane markings or signal
M08	Failure to obey police or peace officer
M09	Failure to obey railroad highway traffic control device
M10	Failure to obey railroad traffic control device
M11	Failure to obey restricted lane
M12	Failure to obey safety zone
M13	Failure to obey school crossing guard
M14	Failure to obey sign or traffic control device
M15	Failure to obey stop sign

M16	Failure to obey traffic signal or light
M17	Failure to obey traffic signal
M18	Failure to obey warning light or flasher
M19	Failure to obey yield sign
M20	Failure to slow down at a railroad crossing and check tracks are clear
M21	Failure to stop before reaching tracks at a railroad-highway grade crossing when the tracks are not clear
M22	Failure to stop as required before driving onto railroad-highway grade crossing
M23	Failure to have sufficient space to drive completely through the highway crossing
M24	Failure to negotiate a railroad-highway grade crossing because of insufficient undercarriage clearance
M25	Failure to stop; basic rule at unsigned intersection or when entering roadway from private driveway, alley, etc.
M30	Following improperly
M31	Failure to leave sufficient distance for overtaking by other vehicles
M32	Following emergency vehicle unlawfully
M33	Following fire equipment unlawfully
M34	Following too closely
M40	Improper lane or location
M41	Failure to keep in proper lane

M42	Improper or erratic (unsafe) lane changes
M43	Ran off road
M44	Improper lane or location – crossover
M45	Improper lane or location – crosswalk
M46	Improper lane or location – entrance/exit ramp or way
M47	Improper lane or location – in bicycle lane
M48	Improper lane or location – in occupied lane
M49	Improper lane or location – in human occupant violator or restricted lane
M50	Improper lane or location – limited access highway
M51	Improper lane or location – median
M55	Improper lane or location – on rail or streetcar tracks
M56	Improper lane or location – on fire hose
M57	Improper lane or location – oncoming traffic lane
M58	Improper lane or location – road shoulder, ditch or sidewalk
M60	Improper lane or location – slower vehicle lane
M61	Improper lane or location – straddling center line(s)
M62	Improper lane or location – traveling in turn (or center) lane
M70	Improper passing
M71	Passing in violation of posted sign or pavement marking

M72	Passing in violation of opposite directions restriction
M73	Passing on wrong side
M74	Passing on hill or curve
M75	Passing school bus displaying warning not to pass
M76	Passing where prohibited
M77	Passing with insufficient distance or visibility
M80	Inattentive, careless, or negligent driving
M81	Careless driving
M82	Inattentive driving
M83	Negligent driving
M84	Reckless driving
N01	Failure to yield right of way
N02	Failure to yield right of way to animal rider or animal drawn vehicle
N03	Failure to yield right of way to cyclist
N04	Failure to yield right of way to emergency vehicle (i.e., ambulance, fire equipment, police, etc.)
N05	Failure to yield right of way to funeral procession, procession or parade
N06	Failure to yield right of way to other vehicle
N07	Failure to yield right of way to overtaking vehicle
N08	Failure to yield right of way to pedestrian (includes handicapped or blind)

N09	Failure to yield right of way to school bus
N20	Failure to yield right of way at crosswalk
N21	Failure to yield right of way at rotary/roundabout/circular intersection
N22	Failure to yield right of way at stop sign
N23	Failure to yield right of way at traffic sign
N24	Failure to yield right of way at traffic signal
N25	Failure to yield right of way at unsigned intersection
N26	Failure to yield right of way at yield sign
N30	Failure to yield right of way when warning displayed on other vehicle
N31	Failure to yield right of way when turning
N40	Failure to use signal or improper signal
N41	Failure to cancel directional signals
N42	Failure to signal intention to pass
N43	Failure to signal lane change
N44	Giving wrong signal
N50	Improper turn
N51	Improper method of turning
N52	Improper position for turning
N53	Making improper left turn
N54	Making improper right turn

N55	Making improper turn around (not U turn)
N56	Making improper U turn
N60	Driving wrong way
N61	Driving wrong way at rotary/roundabout/circular intersection
N62	Driving wrong way on divided highway
N63	Driving wrong way on one way street or road
N70	Driving on wrong side
N71	Driving on wrong side of divided highway
N72	Driving on wrong side of undivided street or road
N80	Coasting (operating with gears disengaged)
N82	Improper backing
N83	Improper start from parked position
N84	Unsafe operations
S01	01-05 mph above speed limit (detail optional)
S06	06-10 mph above speed limit (detail optional)
S14	11-14 mph over speed limit
S15	Speeding 15 mph or more above speed limit (detail optional)
S16	16-20 mph above speed limit (detail optional)
S21	21-25 mph above speed-limit (detail optional)

S26	26-30 mph above speed limit (detail optional)
S31	31-35 mph above speed limit (detail optional)
S36	36-40 mph above speed limit (detail optional)
S41	41 mph or more above speed limit (detail optional)
S51	01-10 mph above speed limit (detail optional)
S71	21-30 mph above speed limit (detail optional)
S81	31-40 mph above speed limit (detail optional)
S91	41 mph or more above speed limit (detail optional)
S92	Speeding; speed limit and actual speed (detail required)
S93	Speeding
S94	Prima facie speed violation or driving too fast for conditions
S95	Speed contest (racing) on road open to traffic
S96	Speed less than minimum
S97	Operating at erratic or suddenly changing speeds
S98	Speeding or freeway (wasting fuel)
U01	Fleeing or evading police or roadblock
U02	Resisting arrest
U03	Using motor vehicle in connection with a felony (not traffic offense)
U04	Using a motor vehicle in connection with a misdemeanor (not traffic offense)

U05	Using a motor vehicle to aid and abet a felon
U06	Vehicular assault
U07	Vehicular homicide
U08	Vehicular manslaughter
U09	Negligent homicide while operating a CMV
U10	Causing a fatality through the negligent operation of a CMV
U21	Illegal operation of emergency vehicle
U27	Vehicular feticide (first degree)
U28	Vehicular feticide (second degree)
U31	Violation resulting in fatal accident
W00	Withdrawal, non-ACD violation
W01	Accumulation of convictions (including point systems and/or being judged a habitual offender or violator)
W09	Failure to surrender hazmat endorsement as required by the USA Patriot Act
W13	Parental consent withdrawn
W14	Physical or mental disability
W15	Physician's or specialist's report recommended
W20	Unable to pass DL test(s) or meet qualifications
W30	2 serious violations within 3 years
W31	3 serious violations within 3 years

W40	The accumulation of two or more major offenses
W41	An additional major offense after reinstatement
W45	Suspended for driving a CMV while disqualified for previous violations in a CMV
W50	The accumulation, within 10 years, of two out-of-service general violations
W51	The accumulation of two out-of-service order violations within 10 years when the second is while transporting 16 or more passengers, including the driver, and/or transporting hazardous materials that require a placard
W52	The accumulation of three or more out-of-service order violations within 10 years
W60	Accumulation of two railroad-highway grade crossing violations within a three year period
W61	Accumulation of three or more railroad-highway grade crossing violations in a three year period
W70	Imminent hazard
W72	Suspended pending final disposition
W80	Failed employer-directed drug test
W81	Refusal to submit to an employer-directed drug test

(Source: Amended at 36 Ill. Reg. 10055, effective June 29, 2012)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: General Provisions

2) Code Citation: 89 Ill. Adm. Code 101

3)

Section Numbers:	Emergency Action:
101.10	Amendment
101.20	Amendment
101.30	Amendment
101.40	Amendment
101.50	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 97-689

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: This Part is being amended to comply with the elimination of General Assistance as mandated by PA 97-689, the SMART Act. Effective July 1, 2012, State support for medical benefits under General Assistance is eliminated entirely. The rulemaking also clarifies fraud and abuse reporting

and makes necessary clarifications in the names of State agencies to clarify which is responsible.

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

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

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER a: GENERAL PROVISIONS

PART 101
GENERAL ADMINISTRATIVE PROVISIONS

Section
101.1 Incorporation by Reference
101.10 Applicability
EMERGENCY
101.20 Definitions
EMERGENCY
101.30 Assistance Programs
EMERGENCY
101.40 Assistance Program Restrictions
EMERGENCY
101.50 Reporting Suspected Fraud or Abuse
EMERGENCY

AUTHORITY: Implementing Articles I, II and VIIIA, and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I, II and VIIIA, and 12-13].

SOURCE: Filed and effective December 30, 1977; emergency amendment at 2 Ill. Reg. 5, p. 194, effective January 23, 1978, for a maximum of 150 days; emergency amendment at 2 Ill. Reg. 19, p. 108, effective May 1, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 25, p. 50, effective June 24, 1978; amended at 2 Ill. Reg. 33, p. 27, effective August 17, 1978; amended at 3 Ill. Reg. 43, p. 196, effective October 15, 1979; emergency amendment at 4 Ill. Reg. 1, p. 78, effective January 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 23, p. 80, effective May 23, 1980; amended at 5 Ill. Reg. 1369, effective January 29, 1981; peremptory amendments at 5 Ill. Reg. 10072, 10076, and 10079, effective October 1, 1981; amended at 5 Ill. Reg. 12728, effective November 1, 1981; codified at 7 Ill. Reg. 5195; amended at 13 Ill. Reg. 3897, effective March 17, 1989; emergency amendment at 19 Ill. Reg. 10220, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15676, effective November 3, 1995; emergency amendment at 21 Ill. Reg. 8638, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13619, effective October 1, 1997; amended at 22 Ill. Reg. 6991, effective April 1, 1998; amended at 26 Ill. Reg. 2039, effective February 1, 2002; emergency amendment at 36 Ill. Reg. 10176, effective July 1, 2012 through June 30, 2013.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 101.10 Applicability
EMERGENCY

a) These Rules apply to activities of the Illinois Department of Healthcare and Family Services, the Illinois Department of Human Services~~the Illinois Department of Public Aid~~ and local governmental units in administering those programs and activities authorized by Sections 1-1 et seq. of the Illinois Public Aid Code (Ill. Rev. Stat. 1981, ch. 23, pars. 1-1 et seq.) and any other applicable statutes.

b) This codification of Rules incorporates into one set the Rules of the Department, and replaces the Administrative and Categorical Rules and Regulations and the General Assistance and Local Aid to the Medically Indigent Rules and Regulations previously on file with the Secretary of State. These Rules in no way affect the Rules for Medical Vendor Administrative Proceedings filed and effective on an emergency basis December 27, 1977.

c) Should any Rule, subdivision, clause, phrase, or provision of these Rules be unconstitutional or invalid for any reason whatsoever, such holdings shall not affect the validity of the remaining portions of these Rules.

d) All Rules and Regulations of the Illinois Department of Public Aid previously filed with the Secretary of State, with the exception of the Rules for Medical Vendor Administrative Proceedings filed and effective on an emergency basis December 27, 1977, are hereby replaced by this codification.

e) These Rules shall be operative only to the extent that they do not conflict with any Federal law or regulation governing Federal grants to this State for public assistance programs.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10176, effective July 1, 2012 through June 30, 2012)

Section 101.20 Definitions
EMERGENCY

"AABD." Aid to the Aged, Blind or Disabled – financial assistance and medical assistance available to individuals who have been determined to be aged, blind or disabled as defined by the Social Security Administration.

"Adequate Consideration." The receipt of goods, monies or services at least in the amount of the fair market value of the property sold.

"Adult Cases." A case in which no child is included in the assistance unit.

"Adverse Action." Any action which reduces food stamp benefits or terminates participation in the food stamp program within a certification period.

"AFDC." Aid to Families with Dependent Children – financial assistance and medical assistance available to families with one or more dependent children or in behalf of dependent children placed in foster care by the Department of Children and Family Services (DCFS).

AFDC-F: Medical Assistance for an eligible child under DCFS guardianship.

"Agency Error." An action or inaction of DHS or HFS~~the Department~~ resulting in assistance benefits being furnished to or in behalf of a client for which the client is not eligible.

"Applicant." An individual requesting assistance by completion of a signed, written application form or a person in whose behalf a signed written application form is completed requesting assistance.

"Application." A request for assistance by means of a completed, signed designated form. For food stamp purposes, only a name, address and signature are needed on the form.

"Assistance Unit." The individual or individuals living together for whom DHS or HFS~~the Department~~ determines eligibility and, if eligible, provides financial and/or medical assistance as one unit.

"Caretaker Relative." A relative, as specified below, with whom a child must live to be eligible for TANF and who is providing care, supervision and a home for the child.

Blood or adoptive relatives within the fifth degree of kinship:

Father – Mother

Brother – Sister
Grandmother – Grandfather (including up to great-great-great)
Uncle – Aunt (including up to great-great)
Nephew – Niece (including up to great-great)
First Cousin
First Cousin once removed (child of first cousin)
Second Cousin (child of great-aunt/uncle)

Step-Relatives:

Step-Father – Step-Mother
Step-Brother – Step-Sister

Person who is or has been married to one of the above relatives

"Categorical Assistance Programs." TANF, AABD and related MANG programs.

"Categorically Eligible." The meeting of all eligibility requirements for a categorical assistance program other than financial needs.

"Certification for Food Stamps." Authorization of eligibility of a household for the food stamp program.

"Certification Period." The period of time for which a household is authorized to participate in the food stamp program.

"Certifying Office." The DHS~~IDPA~~ local office ~~or General Assistance unit office~~ responsible for certification of food stamp program participants.

"Client." The adult in the family or unit applying for assistance or receiving assistance on behalf of the family.

"Client Error." A client's mistake, misunderstanding, misrepresentation or concealment of information or failure to report information promptly which results in financial and/or medical assistance being paid to or in behalf of a recipient for which the recipient is not eligible.

"Correspondent." A specific individual who has been legally designated to handle the affairs of another individual, that is, parents, court appointed guardian or

conservator.

"Coupon Allotment." The total dollar value of the food stamp coupons that a household is authorized to receive.

"DCFS." Illinois Department of Children and Family Services.

"Department." ~~The~~ Illinois Healthcare and Family Services (HFS)~~Department of Public Aid~~.

"Dependent Child." A child age 18 or under who is living with a relative. If age 18, the child must be a full-time high school (or equivalent) student.

"DHS." Illinois Department of Human Services.

"Disbursing Order." An invoice voucher form given to a client authorizing a vendor to provide specified goods and/or services.

"Disposition of an Application." The determination of eligibility or ineligibility.

"Diverted Income." Earned or unearned income of a parent used to meet the needs of ineligible person or persons, including the parent, their dependent child or children or their spouse.

"DMHDD." Formerly Illinois Department of Mental Health and Developmental Disabilities. Now part of DHS.

"DOC." Illinois Department of Corrections.

"DOL." Illinois Department of Labor.

"DORS." Formerly Illinois Department of Rehabilitation Services. Now part of DHS.

"Earmarked Income." Income restricted for the use of an individual by court order or by legal stipulation of a contributor. Only income of a child may be considered earmarked for HFS or DHS~~Departmental~~ purposes. The income of an eligible child who has siblings in the home receiving TANF financial assistance cannot be earmarked.

"Earned Income." Remuneration derived through the receipt of wages or salary for services performed as an employee or profits from activity in which the individual is self-employed.

"Effective Date." The date for which case action is authorized.

"Enrolled MANG Participant." Person or unit meeting the nonfinancial factors of eligibility.

"Established Twelve-Month Period." The period of 12 calendar months over which income is compared to the applicable MANG standard.

"Expedited Issuance." Authorization of food stamp benefits after the household has been determined to be destitute or to have zero net income.

"Expedited Service." An immediate processing of a food stamp application and determination of eligibility for expedited issuance.

"Family and Children Assistance Case." A General Assistance case in which case eligibility is based on the presence of an eligible child.

"FCS." The Food and Consumer Service of the United States Department of Agriculture.

"Final Administrative Decision." A decision made by HFS or DHS~~the Department~~ as a result of an appeal. It either upholds or reverses the appealed action or determines a lack of jurisdiction.

"Financial Assistance." Public Assistance paid in the form of a cash benefit to a recipient for income maintenance needs. Medical assistance and food stamp benefits are not considered financial assistance.

"Financial Factors of Eligibility." Income, assets and Department levels of assistance.

"Financially Eligible." The meeting of all financial factors of eligibility.

"Fiscal Month." Begins on a given day in one calendar month and ends on the

day prior to the same given day in the next calendar month.

"Food Coupons." Same as food stamps.

"Food Stamp Benefits." The cash value of benefits which a food stamp unit receives from the program.

"Food Stamp Employment and Training." Employment and training program for food stamp recipients.

"Food Stamp Household or Unit." For purposes of the food stamp program, a household or unit is defined as any of the following:

An individual living alone;

An individual living with others but customarily purchasing food and preparing meals for home consumption separate and apart from others;

A group of individuals who live together and customarily purchase food and prepare meals together for home consumption or who, because of their relationship, are required to qualify for food stamps as a unit.

"Full-Time Employment." Employment of 30 hours per week or more.

"GA." General Assistance – financial and medical assistance provided by a local government unit~~available~~ to eligible needy families or individuals who are ineligible to receive assistance through a categorical assistance program.

~~"GA Community Work and Training Program." A program, applicable to GA outside the City of Chicago only, designed to increase employability of General Assistance recipients through constructive work experience, adult education, vocational training and gainful employment.~~

"Grant." The total amount of a monthly financial assistance payment.

"Grant Cases." Public assistance cases authorized for financial assistance payments to the recipient.

"Head of Household." The person in whose name application is made for

participation in the food stamp program. This person is normally the individual who is the household's primary source of income.

"Health Maintenance Organization (HMO)." Licensed by the Illinois Department of Insurance as a non-profit incorporated agency whose purpose is to provide preventive health care and medical services.

"Healthy Kids." Early and periodic screening, diagnosis and treatment services provided to children from birth through 20 years of age.

"Hearing." The actual presentation and consideration of the issue under appeal before a hearing officer of the Department.

"HFS" Illinois Department of Healthcare and Family Services.

"HIB." Hospital Insurance Benefits provided by Title XVIII of the Social Security Act (Medicare) (42 U.S.C., 1395 et seq.).

"Initial Prorated Entitlement (IPE)." Financial Assistance to cover the period from the initial point of eligibility (application for assistance or initial needs of a person being added to the assistance unit) through two days after the mailing date of the first regular monthly assistance warrant.

"In-Kind Income." Income received by or paid in behalf of an individual in a form other than money.

"Intermediate Care Facility (ICF)." Provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long term illnesses or disabilities which may have reached a relatively stable plateau.

"Intermediate Care Facility for the Mentally Retarded (ICF/MR)." Provides primarily for ambulatory adults with developmental disabilities and addresses itself to the needs of mentally retarded and/or with related conditions. Such facilities are for residents who have physical, intellectual, social and emotional needs.

"JTPA." Job Training Partnership Act.

"Local Governmental Unit." Every county, city, village, incorporated town or township charged with the duty of providing public aid under General Assistance and County Veterans Assistance Commissions providing assistance to indigent war veterans and their families.

"Local Office." DHS~~Department of Public Aid~~ offices which serve clients living within a designated geographical area.

"Lump-Sum Payment." An extraordinary or non-recurring income payment received by a client.

"MAG." Medical Assistance Grant cases – medical assistance paid on behalf of a recipient of financial assistance.

"MANG." Medical Assistance No Grant-cases – medical assistance paid on behalf of a recipient of categorical assistance who is not receiving financial assistance.

"MANG(AABD)." Medical assistance available to individuals who have sufficient income and assets to meet all maintenance needs other than medical care and who are receiving Supplemental Security Income benefits or who are determined to be aged, blind or disabled by DHS or HFS~~the Department of Public Aid~~.

"MANG(C)." Medical Assistance to Needy Families with Children – available to families with one or more children who would qualify for TANF on the basis of non-financial eligibility factors but have sufficient income and assets to meet all maintenance needs other than medical care.

"Medicaid." Medical assistance issued by HFS~~the Department~~ under provisions of Title XIX of the Social Security Act (42 U.S.C. 1396); MAG and MANG.

"Medical Assistance." Medicaid.

"Medical Card." A means of identification used to verify an individual's eligibility for medical assistance.

"Medicare." Payment for medical care under the provisions of Title XVIII of the Social Security Act.

"Migrant Worker." Any person residing temporarily in and employed in Illinois who moves seasonally from one place to another for the purpose of employment in agricultural activities, including the planting, raising or harvesting of any agricultural or horticultural commodities and the handling, packing or processing of such commodities on the farm where produced or at the point of first processing.

"OASDI." Old Age, Survivors, and Disability Insurance – often termed "Social Security".

"OJT." On the Job Training programs sponsored through the TANF or AFDC JOBS Program, Food Stamp Employment and Training Program or JTPA.

"Participant." A person taking part in the food stamp program or a DHS~~Departmental~~ employment and training program.

"Prepaid Health Plan." An organized system of health care responsible for providing or assuring the delivery of comprehensive health maintenance and treatment services to a voluntarily enrolled population.

"Recipient." An individual who receives benefits under an assistance program.

"Skilled Nursing Facility (SNF)." A group care facility licensed by the Illinois Department of Public Health which provides skilled nursing care, continuous skilled nursing observations, restorative nursing and other services under professional direction with frequent medical supervision. Such facilities 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.

"Skilled Nursing Facility for Pediatrics (SNF/PED)." A group care facility licensed by the Illinois Department of Public Health which provides nursing care and habilitative and/or rehabilitative care to children under eighteen years of age. Such facilities are for residents primarily diagnosed mentally retarded or having related conditions.

"SMIB." Supplementary Medical Insurance Benefits – coverage provided under Title XVIII of the Social Security Act for medical services other than

hospitalization.

"Specified Relative." Same as caretaker relative.

"Spenddown." The amount by which a client's nonexempt income during the eligibility period exceeds the MANG income and asset standards.

"SSA." The Social Security Administration – of the Department of Health and Human Services.

"SSI." Supplemental Security Income – a program administered by the Social Security Administration providing monthly aid to Aged, Blind and Disabled individuals.

"Student." An individual who is enrolled at least half time (as defined by the institution) in any grade school, high school, vocational school, technical school, training program or institution of higher education. Enrollment in a mail, self-study or correspondence course does not meet the definition of a student.

"Supervision." Exercising of responsibility for the child's welfare by the caretaker.

"TANF." Temporary Assistance for Needy Families. Financial and medical assistance available to families with one or more dependent children.

"Temporary Caretaker." Another individual temporarily acting as a caretaker (not included in the assistance unit) when no specified relative is available.

"UI." Unemployment Insurance Benefits.

"Unearned Income." All income other than earned income.

"Utilization Control." Evaluation and review ~~by the Department~~ of a recipient's need for care ~~facility~~, and certification of a patient's need for care as established by HFS~~physicians~~, DHS, the~~staff and~~ Department of Public Health or other designated agencies or authorities.

"Vendor Payment." Direct payment to vendors for items or services provided to clients.

"Work and Basic Skills Training Program." DHS's~~The Department's~~ employment and training program for TANF recipients.

"Work Experience." DHS~~A Department~~ program which provides experience in a job.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10176, effective July 1, 2012 through June 30, 2012)

Section 101.30 Assistance Programs
EMERGENCY

a) The types of assistance programs administered by DHS~~the Illinois Department of Public Aid~~ include: financial assistance~~, medical assistance~~ and food stamps. The types of assistance programs administered by HFS include: medical assistance and child support services.

b) Financial Assistance Programs – consists primarily of direct cash payments to recipients. The various financial assistance programs are:

1) Aid to the Aged, Blind or Disabled – State Supplemental Payment
For aged, blind or disabled persons.

2) Temporary Assistance for Needy Families
For families with one or more children.

3) Refugee Resettlement Program (RRP)
For refugees from any country.

4) Repatriate Program
For United States citizens and their dependents returned from a foreign country by the U.S. Department of State.

~~5) General Assistance~~
~~For individuals and families who do not qualify for assistance under the Aid to the Aged, Blind or Disabled (AABD) – State Supplemental Payment (SSP), Temporary Assistance for Needy Families (TANF) or federal Supplement Security Income (SSI) programs and who meet GA~~

~~program requirements.~~

c) Medical Assistance – under which payments are made to medical providers for services provided to recipients.

1) Medicaid
For persons eligible for financial assistance under the AABD-SSP and TANF programs and for individuals not eligible for financial assistance but who meet the requirements of the Illinois Public Aid Code~~those programs~~ for medical assistance~~ only~~. This includes pregnant women of any age with no other children who would be eligible for TANF or MANG (CR) if the child had already been born. Medicaid is provided under the AFDC-F program for children under DCFS guardianship who have been placed in licensed foster care or in the home of a relative.

2) Healthy Kids
A preventative health program for all clients who are under 21 years of age and who are receiving AFDC, AABD, RRA, ~~GA,~~ MANG or TANF. Through Healthy Kids, persons are given periodic screening examinations at certain ages from birth through age 20. The screening is to diagnose and treat health problems at an early stage.

~~3) General Assistance Medical~~
~~For persons receiving financial benefits under the GA program.~~

d) Food Stamps – provides increased food purchasing benefits to recipients. Food Stamp benefits are available to individuals who meet the eligibility requirements of the Food and Nutrition Service of the U.S. Department of Agriculture in accordance with the Food Stamp Act of 1977 (7 U.S.C. 2017 et seq.).

e) Title IV-D – attempts to collect child support payments from absent parents in behalf of children receiving assistance. HFS~~The Department~~ enlists the cooperation of the caretaker relative in identifying, locating and securing support from an absent parent or parents or putative father. Such support received is subsequently paid directly to HFS~~the Department~~.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10176, effective July 1, 2012 through June 30, 2012)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 101.40 Assistance Program Restrictions
EMERGENCY

a) An individual shall be eligible to receive financial assistance under only one of the following types of assistance programs at any one time:

1) Categorical Assistance (TANF or AABD), or

~~2) General Assistance, or~~

2)~~3)~~ Assistance to Refugees, Entrants and Repatriates.

b) An individual shall be eligible to receive financial and medical assistance in only one case under one assistance program, at any one time, except that an~~:1)An~~ individual who currently receives Categorical Assistance from another State and has established Illinois residence (in accordance with 89 Ill. Adm. Code 112.20, 113.20, 114.20, 120.211, 120.311, or 121.21) may receive Supplemental Categorical Assistance in Illinois when the amount of the Illinois assistance payment level to which the individual is entitled exceeds the amount received from the other State, if the excess is at least $10.00 ~~2)An individual who is currently receiving General Assistance shall be eligible to receive GA during the pendency of an application for Categorical Assistance or to receive the difference between the amount of the GA grant and the amount of the Categorical Grant for the month in which the individual is determined eligible for Categorical Assistance.~~

c) An individual shall not be eligible to receive food stamps as a member of more than one household at any one time.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10176, effective July 1, 2012 through June 30, 2012)

Section 101.50 Reporting Suspected Fraud or Abuse
EMERGENCY

a) Any suspected fraud or abuse related to the Medical Assistance, Children's Health Insurance (Part 125), or Covering All Kids Health Insurance (Part 123)~~KidCare~~, Child Support Enforcement, Transitional Assistance, Aid to the Aged, Blind and Disabled, Temporary Assistance to Needy Families, Food Stamp and Child Care

Programs, and all other programs administered ~~by the Department or~~ by the Department of Human Services or the Department of Healthcare and Family Services as successor agency to the Department, should be reported:

1) in person or by U.S. Mail to the Office of Inspector General, Healthcare and Family Services~~Department of Public Aid~~, 404 North Fifth Street, Springfield, Illinois 62702;

2) or by:

A) telephone to the Office of Inspector General at 217/524-6037~~7658~~; or

B) toll free telephone to the Medicaid and Welfare Fraud Hotline at 800/252-8903; or

C) e-mail at hfs.oigwebmaster@illinois.gov ~~oigwebmaster@mail.idpa.state.il.us~~

D) online at http://www.state.il.us/agency/oig/reportfraud.asp

b) Referrals

1) Referrals of suspected fraud or abuse on the part of providers, contractors, State or other governmental employees, recipients of services or any other person will be accepted.

2) Referrals may be made anonymously.

3) All referrals, other than anonymous referrals, will be acknowledged, either in writing, by telephone, by e-mail or in person, within 30 calendar days after receipt of the referral.

c) Evaluations

1) All referrals of suspected fraud or abuse will be evaluated within 60 calendar days after receipt of the referral to determine what, if any, follow up action is appropriate.

2) Factors considered during the evaluation of any referral include, but are not limited to:

A) source of the allegation;

B) quality of the evidence of wrongdoing;

C) potential loss to the program; and

D) availability of investigative and other resources necessary for successful follow up on the referral.

3) Follow up actions include, but are not limited to, the following measures:

A) When the evaluation identifies possible criminal or civil fraud violations of the Medical Assistance Program or the Children's Health Insurance~~KidCare~~ Program (Part 125) or the Covering All Kids Health Insurance Program (Part 123) by a medical provider or contractor, the referral shall be sent to the Medicaid Fraud Control Unit of the Illinois State Police for its review for possible criminal investigation.

B) When the evaluation identifies possible criminal or civil fraud violations of any program by a recipient of services or other private citizen and is eligible for follow up action, the Office of Inspector General may initiate an investigation. Should the investigation establish evidence of a criminal or civil fraud violation, the case may be referred to the appropriate United States Attorney, the Office of Attorney General or the appropriate State's Attorney for prosecutorial consideration.

C) When the evaluation identifies possible administrative violation and is eligible for follow up action, the Office of Inspector General may initiate a review to determine the appropriate administrative action. Administrative actions include, but are not limited to:

i) claims analysis;

ii) audit;

iii) peer review;

iv) recipient restriction;

v) eligibility review; or

vi) administrative hearing.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10176, effective July 1, 2012 through June 30, 2012)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Practice in Administrative Hearings

2) Code Citation: 89 Ill. Adm. Code 104

3)

Section Numbers:	Emergency Action:
104.74	New Section
104.75	New Section
104.206	Amendment
104.208	Amendment
104.221	Amendment
104.244	Amendment
104.272	Amendment
104.274	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 97-689

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: PA 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: These changes are implemented pursuant to amendments to 305 ILCS 5/12-4.25. The amendments:

- broaden the circumstances in which the Department is authorized to collect interest on overpayments paid to a vendor or alternate payee;

- authorize the Department to terminate, suspend or exclude vendors who pose a risk of fraud, waste, abuse or harm, and providers who constitute an immediate danger to the public, from program participation prior to an evidentiary hearing;

- authorize the Department to deny medical assistance program eligibility to individuals and entities with prior unpaid debts owed the Department, or who have been transferred assets, ownership or control from a vendor with unpaid debts;

- broaden the Department's authority to withhold payments to a vendor or alternate payee prior to the pendency of an audit, administrative appeal or administrative review, and to a vendor or alternate payee who is not properly licensed, certified, or in compliance with State or federal regulations; and

- authorize the Department to deny requests to pay or credit services provided by vendors that were rendered subsequent to a vendor's receipt of a notice to suspend or exclude the vendor from the medical assistance program.

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

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

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER a: GENERAL PROVISIONS

PART 104
PRACTICE IN ADMINISTRATIVE HEARINGS

SUBPART A: ASSISTANCE APPEALS

Section

104.1 Assistance Appeals
104.10 Initiation of Appeal Process
104.11 Pre-Appeal Review
104.12 Notice of Hearing
104.20 Conduct of Hearings
104.21 Representation
104.22 Appellant Participation in Hearing
104.23 Evidentiary Requirements
104.30 Subpoenas
104.35 Amendment of Appeal
104.40 Consolidation of Appeals
104.45 Postponement or Continuation of Hearings
104.50 Withdrawal of Appeal
104.55 Closing of Hearing Record
104.60 Dismissal of Appeal
104.70 Final Administrative Decision
104.74 Surety Bonds
EMERGENCY
104.75 Immediate Suspension of a Vendor
EMERGENCY
104.80 Public Aid Committee

SUBPART B: RESPONSIBLE RELATIVE AND JOINT PAYEE PETITIONS

Section

104.100 Support Order, Responsible Relative and Joint Payee Petitions
104.101 Petition for Hearing
104.102 Conduct of Administrative Support Hearings
104.103 Conduct of Hearings to Contest the Determination of Past-Due Support or of a Failure of a Licensee to Comply with a Subpoena or Warrant in a Paternity or

Child Support Proceeding or of Share of Jointly-Owned Federal or State Income Tax Refunds or Other Joint Federal or State Payments
104.104 Conduct of Other Hearings
104.105 Conduct of Hearings on Petitions for Release from Administrative Paternity Orders
104.106 Conduct of Hearings on Petitions for Family Financial Responsibility Driving Permits
104.110 Conduct of Hearings on Joint Owner's Contest of Levy of Jointly-Owned Personal Property

SUBPART C: MEDICAL VENDOR AND ALTERNATE PAYEE HEARINGS

Section
104.200 Applicability
104.202 Definitions
104.204 Notice of Denial of An Application
104.206 Notice of Intent to Recover Money
EMERGENCY
104.207 Notice of Contested Paternity Hearing
104.208 Notice of Intent to Terminate, Suspend, Exclude or Not Renew Provider Agreement or to Revoke Alternate Payee
EMERGENCY
104.209 Notice of Intent to Certify Past-Due Support Owed by a Responsible Relative to, or Failure to Comply with a Subpoena or Warrant from, a State Licensing Agency and to Take Disciplinary Action (Repealed)
104.210 Right to Hearing
104.211 Notice of Termination or Suspension Pursuant to Exclusion by the Department of Health and Human Services
104.212 Prior Factual Determinations
104.213 Demand for Judicial Determination of the Existence of the Father and Child Relationship
104.215 Notice of Formal Conference
104.216 Formal Conference on Recovery of Money
104.217 Purpose of Formal Conference
104.220 Notice of Hearing
104.221 Issues at Hearings
EMERGENCY
104.225 Legal Counsel
104.226 Appearance of Attorney or Other Representative
104.230 Notice, Service and Proof of Service

104.231 Form of Papers
104.235 Discovery
104.240 Conduct of Hearings
104.241 Amendments
104.242 Motions
104.243 Subpoenas
104.244 Burden of Proof
EMERGENCY
104.245 Witness at Hearings
104.246 Evidence at Hearings
104.247 Cross-Examination
104.248 Disqualification of Hearing Officers
104.249 Genetic Testing in Contested Paternity Hearings
104.250 Official Notice
104.255 Computer Generated Documents
104.260 Recommendation of Peer Review Committee
104.270 Time Limits for Hearings
104.271 Continuances and Extensions
104.272 Withholding of Payments and Release of Withholds~~During Pendency of Proceedings~~
EMERGENCY
104.273 Continuation of Payments During Pendency of Proceedings
104.274 Denial of Payments for Services During Pendency of Proceedings
EMERGENCY
104.280 Record of Hearings
104.285 Failure to Appear or Proceed
104.290 Recommended Decision
104.295 Director's Decision

SUBPART D: RULES FOR JOINT DEPARTMENT ACTIONS AGAINST SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES PARTICIPATING IN THE MEDICAID PROGRAM

Section
104.300 Authority
104.302 Definitions
104.304 Department Actions Against Nursing Homes Facilities
104.310 Certification
104.320 Joint Administrative Hearing
104.330 Facilities Certified Under Both Medicare and Medicaid

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

SUBPART E: FOOD STAMP ADMINISTRATIVE DISQUALIFICATION HEARINGS

Section
104.400 Suspected Intentional Violation of the Program
104.410 Advance Notice of Administrative Disqualification Hearing
104.420 Postponement of Hearing
104.430 Administrative Disqualification Hearing Procedures
104.440 Failure to Appear
104.450 Participation While Awaiting a Hearing
104.460 Consolidation of Administrative Disqualification Hearing with Fair Hearing
104.470 Administrative Disqualification Hearing Decision and Notice of Decision
104.480 Appeal Procedure

SUBPART F: INCORPORATION BY REFERENCE

Section
104.800 Incorporation by Reference

SUBPART G: UNAUTHORIZED USE OF MEDICAL ASSISTANCE

Section
104.900 Unauthorized Use of Medical Assistance
104.910 Definitions
104.920 Applicability
104.930 Notice of Intent to Recover Money
104.940 Request for Hearing
104.950 Representation
104.960 Conduct of Hearings
104.970 Recommended Decision
104.980 Final Administrative Decision

AUTHORITY: Implementing Sections 11-8 through 11-8.7, 12-4.9 and 12-4.25 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/11-8 through 11-8.7, 12-4.9, 12-4.25 and 12-13].

SOURCE: Filed and effective December 30, 1977; emergency rule at 2 Ill. Reg. 11, p. 151, effective March 9, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 10, effective May 26, 1978; amended at 2 Ill. Reg. 33, p. 57, effective August 17, 1978; peremptory amendment at 3 Ill. Reg. 11, p. 38, effective March 1, 1979; amended at 4 Ill. Reg. 21, p.80,

effective May 8, 1980; peremptory amendment at 5 Ill. Reg. 1197, effective January 23, 1981; amended at 5 Ill. Reg. 10753, effective October 1, 1981; amended at 6 Ill. Reg. 894, effective January 7, 1982; codified at 7 Ill. Reg. 5706; amended at 8 Ill. Reg. 5274, effective April 9, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 16979; amended at 8 Ill. Reg. 18114, effective September 21, 1984; amended at 10 Ill. Reg. 10129, effective June 1, 1986; amended at 11 Ill. Reg. 9213, effective April 30, 1987; amended at 12 Ill. Reg. 9142, effective May 16, 1988; amended at 13 Ill. Reg. 3944, effective March 10, 1989; amended at 13 Ill. Reg. 17013, effective October 16, 1989; amended at 14 Ill. Reg. 18836, effective November 9, 1990; amended at 15 Ill. Reg. 5320, effective April 1, 1991; amended at 15 Ill. Reg. 6557, effective April 30, 1991; amended at 16 Ill. Reg. 12903, effective August 15, 1992; amended at 16 Ill. Reg. 16632, effective October 23, 1992; amended at 16 Ill. Reg. 18834, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 659, effective January 7, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 7025, effective April 30, 1993; amended at 18 Ill. Reg. 11260, effective July 1, 1994; amended at 19 Ill. Reg. 1321, effective January 30, 1995; emergency amendment at 19 Ill. Reg. 10268, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 15521, effective October 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15711, effective November 6, 1995; amended at 20 Ill. Reg. 1229, effective December 29, 1995; amended at 20 Ill. Reg. 5699, effective March 28, 1996; amended at 20 Ill. Reg. 14891, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 8671, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9306, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13648, effective October 1, 1997; amended at 21 Ill. Reg. 14977, effective November 7, 1997; emergency amendment at 22 Ill. Reg. 17113, effective September 10, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. 2393, effective January 22, 1999; emergency amendment at 23 Ill. Reg. 11734, effective September 1, 1999, for a maximum of 150 days; amended at 24 Ill. Reg. 2418, effective January 27, 2000; amended at 25 Ill. Reg. 5351, effective April 1, 2001; amended at 26 Ill. Reg. 9836, effective June 26, 2002; emergency amendment at 26 Ill. Reg. 11022, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 12306, effective July 26, 2002; amended at 26 Ill. Reg. 17743, effective November 27, 2002; amended at 27 Ill. Reg. 5853, effective March 24, 2003; amended at 27 Ill. Reg. 13771, effective August 1, 2003; amended at 28 Ill. Reg. 2735, effective February 1, 2004; emergency amendment at 29 Ill. Reg. 2735, effective February 7, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 10187, effective June 30, 2005; amended at 31 Ill. Reg. 2387, effective January 19, 2007; amended at 32 Ill. Reg. 16797, effective October 6, 2008; amended at 33 Ill. Reg. 6283, effective April 15, 2009; amended at 35 Ill. Reg. 2030, effective January 21, 2011; amended at 35 Ill. Reg. 12900, effective July 25, 2011; amended at 36 Ill. Reg. 7530, effective May 7, 2012; amended at 36 Ill. Reg. 9086, effective June 11, 2012; emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days.

SUBPART A: ASSISTANCE APPEAL

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 104.74 Surety Bonds
EMERGENCY

a) The following individuals and entities may be required to post a surety bond as part of a condition of enrollment or participation in the medical assistance program:

1) a vendor or a prior vendor who has been terminated, excluded, or suspended from the Medical Assistance Program, or from another state or federal medical assistance or health care program;

2) any individual currently or previously barred from the Medical Assistance Program, or from another state or federal medical assistance or health care program, as a result of being an officer or a person owning, directly or indirectly, 5% or more of the shares of stock or other evidences of ownership in a corporate or limited liability company vendor during the time of any conduct which served as the basis for that vendor's termination, suspension, or exclusion;

3) a vendor or a prior vendor who has a debt owed to the Department;

4) any individual currently or previously barred from the Medical Assistance Program, or from another state or federal medical assistance or health care program, as a result of being an officer or a person owning, directly or indirectly, 5% or more of the shares of stock or other evidences of ownership in that corporate or limited liability company vendor who has a debt owed to the Department, where the individual was in such position during the time of any conduct which served as the basis for the vendor's debt; or

5) vendors, individuals or entities that demonstrated previous poor performance or conduct who pose a risk of fraud, waste, abuse, or harm, as defined in 89 Ill. Adm. Code 140.13.

b) When required by the Department, the value of surety bond shall be based on:

1) the potential for loss to the Department;

2) the value of claims historically submitted by the individual or entity to the Department, or to another state or federal medical assistance or health care program;

3) the previous performance and conduct of the individual or entity; and

4) where a debt is owed the Department, the amount of the debt.

c) As used in this Section, "surety bond" means a bond executed by the individual or entity for enrollment or participation in the medical assistance program and a person or firm authorized to conduct surety business in Illinois, which obligates the guarantor to pay the Department or its designee upon default by the individual or entity in the performance of any duty the individual or entity owes to the Department or a third party.

(Source: Added by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

Section 104.75 Immediate Suspension of a Vendor
EMERGENCY

a) Anything in this Part to the contrary notwithstanding, upon making a determination based upon information in the possession of the Department that continuation of participation in the Medical Assistance Program by a vendor would constitute an immediate danger to the public, the Department may immediately suspend such vendor's participation in the Medical Assistance Program without a prior hearing.

b) In instances in which the Illinois Department immediately suspends the medical assistance program participation of a vendor under subsection (a) of this Section:

1) The Department shall notify the vendor of the action in writing.

2) A hearing upon the vendor's participation shall be convened by the Department within 15 days of suspension and completed without appreciable delay.

3) The sole issue at hearing shall be held to determine whether to recommend to the Department Director that the vendor's medical assistance program

participation be denied, terminated, suspended, placed on provisional status, or reinstated.

4) The standard of proof at the hearing shall be a preponderance of the evidence.

5) Any evidence relevant to the vendor constituting an immediate danger to the public may be introduced against such vendor. The vendor, or his or her counsel, shall have the opportunity to discredit, impeach, and submit evidence rebutting such evidence.

(Source: Added by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

SUBPART C: MEDICAL VENDOR AND ALTERNATE PAYEE HEARINGS

Section 104.206 Notice of Intent to Recover Money
EMERGENCY

a) Institutional Vendors

1) For purposes of this Section, institutional vendors means providers enrolled in the Medical Assistance Program to provide inpatient or residential services, such as hospitals and long term care facilities.

2) The Department shall notify the institutional vendor in writing of an intent to recover money, setting forth:

A) the reason for the Department's action,

B) a statement of the right to request a hearing,

C) a statement of the time, place and nature of the hearing,

D) a statement of the legal authority and jurisdiction under which the hearing is to be held, and

E) a reference to the Sections of the statutes and rules involved.

3) For institutional vendors, the Department will not recover money prior to

the issuance of a final administrative decision, unless the Department determines that the recovery of money would be in jeopardy if the recovery does not occur prior to the completion of the hearing due to events such as, but not limited to, pending decertification of the provider or the filing of a False Claims Act (31 USC 3729) action against the provider. In such circumstances, the Department may recover the money prior to the completion of the hearing, and the notice shall set forth:

A) the date after which the Department will start to recover money by deducting from Department obligations to the vendor,

B) a statement that the Department will recover the money in this manner prior to the completion of any hearing requested,

C) a statement that any money so recovered will be repaid to the vendor if it is determined at hearing that the recovery was not warranted, and

D) a statement that the vendor has the opportunity to respond prior to the date the Department will start to recover money during the pendency of the hearing and a statement of how and to whom such a response should be made.

4) Nothing in this subsection (a), except as provided in subsection (a)(3), shall preclude a vendor who is enrolled to provide inpatient or residential services from voluntarily having the Department recover money by deducting from Department obligations to the vendor all or part of the claimed overpayment prior to the completion of any hearing.

b) Noninstitutional Vendors

1) For purposes of this Section, noninstitutional vendors means providers enrolled in the Medical Assistance Program that do not provide inpatient or residential services.

2) The Department shall notify the noninstitutional vendor in writing of an intent to recover money setting forth:

A) the requirements described in subsections (a)(2)(A) through (E) of this Section,

B) the date after which the Department will start to recover money by deducting from Department obligations to the vendor,

C) a statement that the Department will recover the money in this manner prior to the completion of any hearing requested,

D) a statement that any money so recovered will be repaid to the vendor if it is determined at hearing that the recovery was not warranted, and

E) a statement that the vendor has the opportunity to respond prior to the date the Department will start to recover money during the pendency of the hearing and a statement of how and to whom such a response should be made.

c) Alternate Payee
The Department shall notify the alternate payee in writing of an intent to recover money, setting forth:

1) the requirements described in subsections (a)(2)(A) through (E) of this Section,

2) the date after which the Department will start to recover money by deducting from Department obligations to the alternate payee,

3) a statement that the Department will recover the money in this manner prior to the completion of any hearing requested,

4) a statement that any money so recovered will be repaid to the alternate payee if it is determined at hearing that the recovery was not warranted, and

5) a statement that the alternate payee has the opportunity to respond prior to the date the Department will start to recover money during the pendency of the hearing and a statement of how and to whom such a response should be made.

d) Recovery of Interest

1) The Department may~~shall~~ recover interest on the amount of an overpayment or other benefit at the rate of five percent per annum if it is established through an administrative hearing that the overpayment resulted from the institutional or noninstitutional vendor or alternate payee knowingly~~willfully~~ making, using~~,~~ or causing to be made or used, a false record or statement to obtain payment or other benefit from~~or misrepresentation of a material fact in connection with billings and payments under~~ the medical assistance program.

2) The Department shall notify the institutional or noninstitutional vendor or alternate payee in writing of its intent to recover interest on the amount of overpayment by setting forth:

A) the requirements described in subsections (a)(2)(A) through (E) of this Section,

B) a statement of the amount of overpayment or other benefit subject to recovery of interest,

C) a statement of the amount of interest as of the date of notice,

D) a statement that the amount of interest may continue to accrue until such time as the amount of overpayment or other benefit subject to interest has been paid,

E) a statement that any amounts withheld pursuant to Section 104.272 shall first be applied to the amount not subject to the interest provisions of this subsection (c). If the amounts subject to recovery of interest are withheld, the interest will be adjusted to reflect the withholding, and

F) a statement that any money so recovered will be repaid to the vendor if it is determined at hearing that the recovery was not warranted.

e) Nothing in this Section shall preclude a vendor or alternate payee from voluntarily paying the amount of interest or having the Department recover the interest by deducting from Department obligations to the vendor prior to completion of the hearing. If the vendor or alternate payee has voluntarily paid the amount of overpayment subject to recovery of interest prior to the issuance of a final

administrative decision, the amount of interest will cease to accrue.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

Section 104.208 Notice of Intent to Terminate, Suspend, Exclude or Not Renew Provider Agreement or to Revoke Alternate Payee
EMERGENCY

a) Except for actions brought jointly by the Department of Healthcare and Family Services and the Department of Public Health pursuant to Section 104.300, the following provisions apply. If, in an action other than one under 89 Ill. Adm. Code 140.16(a)(2), ~~or~~ one under 89 Ill. Adm. Code 140.16(a)(9) based on a conviction for a violation of the Illinois Public Aid Code, or an action under 89 Ill. Adm. Code 140.16(c), the Department intends to terminate, ~~or~~ suspend, or exclude a vendor's eligibility to participate in the Medical Assistance Program, or terminate (or not renew) a vendor's provider agreement, it shall notify the vendor in writing, setting forth:

1) the reason for the Department's action,

2) a statement of the right to request a hearing prior to the intended action taking effect,

3) a statement of the time, place and nature of the hearing,

4) a statement of the legal authority and jurisdiction under which the hearing is to be held, and

5) a reference to the provisions of the statutes and rules involved.

b) Except for actions brought jointly by the Department of Healthcare and Family Services and the Department of Public Health pursuant to Section 104.300, the following provisions apply. If, in an action under 89 Ill. Adm. Code 140.16(a)(2) or under 89 Ill. Adm. Code 140.16(c), except in an action initiated pursuant to Section 104.211, an action under 89 Ill. Adm. Code 140.16(a)(9) based on a conviction for a violation of the Illinois Public Aid Code, or an action brought against a non-emergency transportation vendor under 89 Ill. Adm. Code 140.16(a), the Department intends to terminate or suspend, or in the case of actions brought under 89 Ill. Adm. Code 140.16(c), exclude, a vendor's eligibility

to participate in the Medical Assistance Program, or terminate (or not renew) a vendor's provider agreement, it shall notify the vendor in writing, setting forth:

1) the reason for the Departments' action,

2) the effective date of the action,

3) a statement that the vendor has the opportunity to respond prior to the effective date and a statement of how and to whom such a response should be made,

4) a statement that the action will be effective on such date regardless of whether any hearing requested has been completed,

5) a statement of the right to request a hearing,

6) a statement of the time, place and nature of the hearing,

7) a statement of the legal authority and jurisdiction under which the hearing is to be held, and

8) a reference to the provisions of the statutes and rules involved.

c) In an action brought jointly against a nursing home (not an ICF/MR facility) by the Illinois Department of Healthcare and Family Services and the Illinois Department of Public Health pursuant to Section 104.300 in which the Department of Healthcare and Family Services intends to terminate, suspend or deny the provider agreement, and the Department of Public Health intends to deny certification, the Departments shall notify the vendor in writing, setting forth:

1) the reason for the Departments' action,

2) the effective date of the action,

3) a statement that the vendor has an opportunity to respond prior to the effective date and a statement of how and to whom such a response should be made,

4) a statement that the action will be effective on such date regardless of

whether any hearing requested has been completed,

5) a statement of the right to request a hearing,

6) a statement that a hearing will be scheduled to take place within 30 days after receipt of a request for hearing,

7) a statement of the legal authority and jurisdiction under which the hearing is to be held, and

8) a reference to the Sections of the statutes and rules involved.

d) In an action brought jointly against an ICF/MR facility by the Illinois Department of Healthcare and Family Services and the Illinois Department of Public Health pursuant to Section 104.300 in which the Department of Healthcare and Family Services intends to terminate, suspend or deny the provider agreement, and the Department of Public Health intends to deny certification, the Departments shall notify the vendor in writing, setting forth:

1) the reason for the Departments' action,

2) a statement of the right to request a hearing prior to the intended action taking effect,

3) a statement that a hearing will be scheduled to take place within 30 days after receipt of a request for hearing,

4) a statement of the legal authority and jurisdiction under which the hearing is to be held, and

5) a reference to the provisions of the statutes and rules involved.

e) In an action in which the Department intends to seek revocation of an alternate payee in the Medical Assistance Program, it shall notify the alternate payee in writing, setting forth:

1) the reason for the Department's action,

2) a statement of the right to request a hearing prior to the intended action taking effect,

3) a statement of the time, place and nature of the hearing,

4) a statement of the legal authority and jurisdiction under which the hearing is to be held, and

5) a reference to the provisions of the statutes and rules involved.

f) The notice shall also inform the vendor, where applicable, that the final administrative decision of the Department could result in suspension for a specific period of time as well as termination.

g) For actions of the Department for the purpose of immediate suspension of a provider pursuant to 89 Ill. Adm. Code 104.74, the Department shall notify the vendor in writing, set forth:

1) the reason for the Department's action;

2) the effective date of the action;

3) a statement that the action will be effective on such date regardless of whether any hearing requested has been completed;

4) a statement of the time, place and nature of the hearing;

5) that the purpose of the hearing shall be to determine whether to recommend to the Director that the vendor's medical assistance program participation be denied, terminated, suspended, placed on provisional status, or reinstated;

6) a statement of the legal authority and jurisdiction under which the hearing is to be held; and

7) a reference to the provisions of the statutes and rules involved.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

Section 104.221 Issues at Hearings
EMERGENCY

a) The sole issue at a hearing in which the basis for denial of an application pursuant to 89 Ill. Adm. Code 140.14(d) is that the vendor does not have a necessary license, certificate or authorization shall be whether the vendor has such a license, certificate or authorization.

b) The sole issue at a hearing in which the basis of the denial of an application is as set forth in 89 Ill. Adm. Code 140.14(b) shall be whether the vendor has demonstrated, according to the factors listed in that Section, in light of the prior activities, that he or she should be admitted to the Medical Assistance Program.

c) The only issues at a hearing in which the basis of the denial of an application is as set forth: in 89 Ill. Adm. Code 140.14

1) (e)(1), shall be whether the applicant or any person with management responsibility for the applicant; an officer or member of the board of directors of the applicant; an entity owning (directly or indirectly) 5% or more of the shares of stock or other evidences of ownership in a corporate vendor applicant; an owner of a sole proprietorship applicant; a partner in a partnership applicant; or a technical or other advisor to the applicant, has a debt owed to the Department and/or whether payment arrangements acceptable to the Department have been made by the applicant.

2) (e)(2), shall be whether the applicant or any person with management responsibility for the applicant; an officer or member of the board of directors of the applicant; an entity owning (directly or indirectly) 5% or more of the shares of stock or other evidences of ownership in a corporate vendor applicant; an owner of a sole proprietorship applicant; a partner in a partnership vendor applicant; or a technical or other advisor to the applicant was a person with management responsibility, an officer or member of the board directors of an applicant, an entity owning (directly or indirectly) 5% or more of the shares of stock or other evidences or ownership in a corporate vender, an owner of a sole proprietorship, a partner in a partnership vendor, or a technical or other advisor to a vendor, during the period of time where the conduct of that vendor resulted in a debt owed to the Department and/or whether payment arrangements acceptable to the Department have been made by that vendor.

3) (e)(3), shall be whether the allegation of the use, transfer, or lease of assets of any kind to the applicant from a current or prior vendor who has a debt

owed to the Department is credible; whether payment arrangements acceptable to the Department have been made by that vendor or the vendor's alternate payee; and/or whether the applicant knows or should have known of such debt.

4) (e)(4), shall be whether the allegation of a transfer of management responsibilities, or direct or indirect ownership, to an applicant from a current or prior vendor who has a debt owed to the Department have been made by that vendor or the vendor's alternate payee; and/or whether the applicant knows or should have known of such debt.

5) (e)(5), shall be whether the allegation of the use, transfer, or lease of assets of any kind to an applicant who is a spouse, child, brother, sister, parent, grandparent, grandchild, uncle, aunt, niece, nephew, cousin, relative by marriage, or relative of a current or prior vendor who has a debt owed to the Department is credible and/or whether payment arrangements acceptable to the Department have been made.

6) (e)(6), shall be whether the allegation that the applicant's previous affiliations with a provider of medical services that has an uncollected debt, a provider that has been or is subject to a payment suspension under the federal health care program, or a provider that has been previously excluded from participation in the medical assistance program, poses a risk of fraud, waste, or abuse to the Department, is credible.

d)~~c)~~ The sole issue at a hearing in which the basis for termination is as set forth in 89 Ill. Adm. Code 140.16(a)(2) shall be whether the appropriate licensing, certifying or authorizing agency has determined that the vendor does not have a necessary license, certification or authorization.

e)~~d)~~ The sole issue at a hearing requested by a previously suspended vendor that is being terminated pursuant to 89 Ill. Adm. Code 140.19(b) shall be whether the vendor has corrected the deficiencies on which the suspension was based.

f)~~e)~~ At a hearing conducted pursuant to Subpart D of this Part, the sole relevant time with respect to the existence of the violations of the Department's requirements alleged in the notice shall be the date or dates in the notice.

~~f) The only issue at a hearing initiated pursuant to 89 Ill. Adm. Code 140.16(c) is whether the vendor is not in compliance with State income tax requirements, child~~

~~support requirements of Article X of the Public Aid Code, or educational loans guaranteed by the Illinois Student Assistance Commission.~~

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

Section 104.244 Burden of Proof
EMERGENCY

a) The burden of proof in hearings conducted pursuant to 89 Ill. Adm. Code 140.14 shall be on the Department if the application was denied because the vendor engaged in activities that constitute grounds for termination or was denied pursuant to 89 Ill. Adm. Code 140.14(c). The burden of proof shall be on the applicant if the application was denied because of:

1) a determination that a previously terminated or barred vendor cannot reasonably be expected to meet the requirements of the Department; ~~or~~

2) a determination that based on the activities that served as the basis for terminating or barring a vendor, the application should not be approved; or~~.~~

3) denial of the eligibility of the applicant pursuant to 89 Ill. Adm. Code 140.14(e).

b) The burden of proof in hearings conducted pursuant to 89 Ill. Adm. Code 140.15 or Subpart D of this Part shall be on the Department.

c) The burden of proof in hearings conducted pursuant to 89 Ill. Adm. Code 140.16 shall be on the Department.

d) The burden of proof in hearings conducted pursuant to 89 Ill. Adm. Code 140.32 shall be on the party seeking special permission, and in hearings conducted pursuant to 89 Ill. Adm. Code 140.19(b) shall be on the vendor.

e) In the case of any new matter introduced in connection with any affirmative defense, the burden of proof with respect to that new matter shall be upon the party that alleges the new matter.

f) The standard of proof with respect to all hearings conducted pursuant to this Part

shall be a preponderance of the evidence.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

Section 104.272 Withholding of Payments and Release of Withholds~~During Pendency of Proceedings~~
EMERGENCY

a) Payments to any vendor or alternate payee on pending and subsequently submitted bills may be withheld prior to or during the pendency of any audit, administrative appeal or administrative review by any court~~the administrative~~ proceeding:

1) Where:

A) the administrative proceeding seeks the termination of the provider or revocation of the alternate payee; or

B) the administrative hearing is seeking recovery of money and the recovery is at risk due to the financial or other circumstances of the provider or the alternate payee.

2) Where the administrative proceeding is seeking recovery of money only, the withholding shall be limited to the amount sought in the recovery and in conformance with Section 104.273.

b) A provider or alternate payee may request a full or partial release of withheld payments. The provider must submit a request, in writing, setting forth the reasons the payments should be released, to the Office of Inspector General at either 404 North Fifth Street, Springfield, Illinois 62702, or by e-mail to Oigwebmaster@illinois.gov.state.il.us. The request should set forth the reasons for the request in conformance with subsection (c) of this Section.

c) Partial or full release of payments on pending and subsequently submitted bills may be granted, at the discretion of the Inspector General of the Department, based on the following factors:

1) The Department has not proceeded in a timely manner in presentation of its case in the administrative proceeding, including, but not limited to,

lengthy delays in the availability of Department witnesses, attorneys or Administrative Law Judges.

2) Where it is in the best interests of the recipients of medical assistance. This may include, but is not limited to, access to medical services for recipients or the potential movement of patients from long term care settings.

3) Where, based on the reasons for the initiation of the proceeding, the full or partial release of payments would not be, in the judgment of the Inspector General, detrimental to the recipients or the Department.

4) Whether the provider or alternate payee has caused delays in proceeding in a timely manner, including, but not limited to, delays in the availability of witnesses or attorneys.

d) The Inspector General will notify the provider or alternate payee in writing of the decision on the request for release of payments.

e) Payments on pending and subsequently submitted bills will not be released if:

1) The basis for the termination or revocation is a criminal conviction.

2) The basis for the termination or revocation is the termination, revocation or denial of a professional license or certification.

3) The provider or alternate payee has had payments suspended pursuant to 305 ILCS 5/12-4.25(K), 305 ILCS 5/12-4.25(K-5) or 42 CFR 455.23.

4) The provider or alternate payee has had payments suspended pursuant to 305 ILCS 5/12-4.25(F-5).

f) The Inspector General may release partial payment when, in the judgment of the Inspector General, full release of payments is not warranted pursuant to subsection (b) of this Section, but a partial release would meet these criteria.

g) The Inspector General may again institute full or partial withholding of payments after a full or partial release of payments if:

1) The provider or alternate payee has not proceeded in a timely manner in

presentation of its case in the administrative proceeding, including, but not limited to, lengthy delays in the availability of witnesses or attorneys.

2) The provider's or alternate payee's professional license or certification has been revoked, suspended, denied or otherwise not renewed.

h) If the provider is terminated, excluded, or suspended, or the alternate payee is revoked ,as a result of final agency action, payments or credit for any services rendered subsequent to receipt of the notice of intent to terminate, after a final decision has been rendered, or after the conclusion of any administrative appeal, shall be denied. The provider or alternate payee will receive payment or credit for services rendered prior to receipt of the notice of intent to terminate or revoke subject to setoff for recovery of the amount sought in the proceeding.

i) If the payments have been suspended pursuant to 305 ILCS 5/12-4.25(F-5) and the indictment or charge results in conviction, all withheld payments shall be considered forfeited to the Department. If the indictment or charge does not result in conviction, payments pending and subsequently submitted bills will be released, unless the provider is involved in any other proceeding in which payments are being withheld.

j) If the provider or alternate payee is convicted of an~~a felony~~ offense of the type described in 305 ILCS 5/12-4.25(F-5), the Department may withhold payments from the provider or alternate payee from the date of conviction until the date the provider or alternate payee receives a notice of intent to terminate or revoke. Once the provider or alternate payee receives a notice of intent to terminate or revoke, the Department may continue to withhold payments during the pendency of the administrative proceeding.

k) If payments have been withheld pursuant to 305 ILCS 5/12-4.25(K), 305 ILCS 5/12-4.25(K-5), 42 CFR 455.23, or 89 Ill. Adm. Code 140.44, and the Department commences an administrative proceeding that seeks the termination of the provider or revocation of the alternate payee, the Department shall continue to withhold payments during the pendency of the administrative proceeding. If the provider is terminated or alternate payee is revoked as a result of final agency action, the withheld payments shall be denied.

l) The Department may withhold payments to any vendor or alternate payee who is not properly licensed, certified, or in compliance with State or federal agency regulations. Payments may be denied for bills submitted with service dates

occurring during the period of time that a vendor is not properly licensed, certified, or in compliance with State or federal regulations; provided, however, that facilities licensed under the Nursing Home Care Act shall have payments denied or withheld pursuant to 305 ILCS 5/12-4.25(I).

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

Section 104.274 Denial of Payments for Services During Pendency of Proceedings EMERGENCY

If the vendor is terminated, suspended, or excluded, or the alternate payee is revoked as a result of final agency action, payments or credit for any services rendered subsequent to receipt of the notice of intent to terminate, suspend, exclude, or revoke shall be denied unless:

a) Pursuant to Section 104.273, payments were not withheld; or

b) Pursuant to Section 104.272, previously withheld payments for such services had been released.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10195, effective July 1, 2012, for a maximum of 365 days)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Application Process

2) Code Citation: 89 Ill. Adm. Code 110

3)

Section Numbers:	Emergency Action:
110.36	Repeal
110.38	Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 97-689

5) Effective Date: July 1, 2012

6) If these emergency amendments are to expire before the end of the 365-day period, please specify the date on which they are to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and are available for public inspection.

9) Reason for Emergency: PA 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: PA 97-689, the Save Medicaid Access and Resources Together (SMART) Act, addresses the significant spending and liability deficits in the Medicaid program. SMART authorizes the elimination of the General Assistance Program.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

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

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 110
APPLICATION PROCESS

Section

110.1 Incorporation by Reference
110.10 Application for Assistance
110.15 Local Office Action on Application for Public Assistance
110.20 Time Limitations on the Disposition of an Application
110.30 Approval of an Application and Initial Authorization of Financial Assistance
110.32 Initial Authorization of Medical Assistance (MAG)
110.34 Approval of an Application and Initial Authorization of Medical Assistance – (MANG)
110.36 Initial Authorization of General Assistance – Medical (Repealed)
EMERGENCY
110.38 General Assistance and Aid to the Medically Indigent Special Approval Provisions (Repealed)
EMERGENCY
110.40 Denial of an Application

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

SOURCE: Filed and effective December 30, 1977; emergency amendment at 2 Ill. Reg. 44, p. 167, effective October 19, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 6 Ill. Reg. 8125, effective July 1, 1982; codified at 7 Ill. Reg. 5195; amended at 8 Ill. Reg. 6760, effective May 3, 1984; amended at 9 Ill. Reg. 6798, effective April 30, 1985; amended at 9 Ill. Reg. 13087, effective August 16, 1985; amended at 12 Ill. Reg. 11457, effective July 1, 1988; amended at 13 Ill. Reg. 3836, effective March 10, 1989; amended at 13 Ill. Reg. 10628, effective June 22, 1989; amended at 14 Ill. Reg. 13198, effective August 6, 1990; amended at 16 Ill. Reg. 16618, effective October 23, 1992; amended at 17 Ill. Reg. 640, effective December 31, 1992; emergency amendment at 19 Ill. Reg. 8429, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15053, effective October 17, 1995; amended at 20 Ill. Reg. 14834, effective November 1, 1996; amended at 36 Ill. Reg. 4126,

effective March 1, 2012; emergency amendment at 36 Ill. Reg. 10219, effective July 1, 2012 through June 30, 2013.

Section 110.36 Initial Authorization of General Assistance – Medical (Repealed)

~~General Assistance (GA) medical assistance, except for clients determined by the Department to be disabled, shall be authorized, dependent on the specific case situation, effective:~~

~~a) The first day of the month of application providing the client was eligible that month; or~~

~~b) The first day of the month immediately prior to the month of application; or~~

~~c) The first day of the month of initial eligibility subsequent to the month in which application is made.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10219, effective July 1, 2012 through June 30, 2013)

Section 110.38 General Assistance and Aid to the Medically Indigent Special Approval Provisions (Repealed)

~~Temporary assistance shall be authorized in General Assistance cases in which it is verified that an applicant meets all eligibility criteria other than the requirement of citizenship/alienage status and such verification is expected to be received but to take a length of time which would cause undue hardship to the applicant, such that he would be unable to meet his basic maintenance needs of food, shelter and other necessities and the applicant has submitted verification that the required documents have been requested.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10219, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Special Eligibility Groups

2) Code Citation: 89 Ill. Adm. Code 118

3) Section Number: 118.600 — Emergency Action: Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: Effective July 1, 2012, the Save Medicaid Access and Resources Together (SMART) Act mandates that FamilyCare eligibility will be limited to individuals in families with income at or below 133 percent of the federal poverty levels as established in 89 Ill. Adm. Code 120.32.

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

12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any State mandate affecting units of local government.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 118
SPECIAL ELIGIBILITY GROUPS
SUBPART A: DISABLED ADULT CHILDREN

Section
118.100 Disabled Adult Children

SUBPART B: PERSONS WITH ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) OR AIDS RELATED COMPLEXES (ARC)

Section
118.150 Continuation of Health Insurance Coverage
118.200 Drugs to Prolong the Lives of Persons With Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complexes (ARC)

SUBPART C: WIDOWS AND WIDOWERS

Section
118.300 Widows and Widowers

SUBPART D: MISCELLANEOUS PROGRAM PROVISIONS

Section
118.400 Incorporation by Reference

SUBPART E: CERTAIN NON-CITIZEN CHILDREN

Section
118.500 Medical Services for Certain Non-Citizen Children

SUBPART F: FAMILYCARE ELIGIBILITY

Section
118.600 Limited FamilyCare Expansion (Repealed)
EMERGENCY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

AUTHORITY: Implementing Articles III, IV, VI and Section 5-18 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI, 5-18 and 12-13].

SOURCE: Emergency rule adopted at 12 Ill. Reg. 3037, effective January 15, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 6301, effective March 18, 1988; amended at 12 Ill. Reg. 8068, effective April 26, 1988; amended at 13 Ill. Reg. 3950, effective March 10, 1989; amended at 14 Ill. Reg. 10442, effective June 20, 1990; emergency amendment at 15 Ill. Reg. 8708, effective June 1, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 11607, effective July 15, 1992; emergency amendment at 17 Ill. Reg. 11217, effective July 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19956, effective November 12, 1993; amended at 19 Ill. Reg. 7959, effective June 5, 1995; emergency amendment at 22 Ill. Reg. 15724, effective August 12, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. 562, effective December 24, 1998; recodified from Department of Public Aid to the Department of Healthcare and Family Services at 29 Ill. Reg. 5601, effective July 1, 2005; emergency amendment at 30 Ill. Reg. 10129, effective May 17, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 16966, effective October 13, 2006; emergency amendment at 33 Ill. Reg. 10780, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 15702, effective November 2, 2009; emergency amendment at 36 Ill. Reg. 10223, effective July 1, 2012 through June 30, 2013.

SUBPART F: FAMILYCARE ELIGIBILITY

Section 118.600 Limited FamilyCare Expansion (Repealed)
EMERGENCY

~~a) Caretaker relatives who were enrolled in FamilyCare as of June 30, 2009, as caretaker relatives (see 89 Ill. Adm. Code 120.390), qualify for medical assistance as long as they maintain continuous enrollment, and their countable income is above 185 percent and at or below 400 percent of the Federal Poverty Income Guidelines, as published annually in the Federal Register, for the appropriate family size. All other requirements applicable to caretaker relatives eligible under 89 Ill. Adm. Code 120.34 must be met.~~

~~b) If a caretaker relative becomes otherwise eligible for medical assistance under 89 Ill. Adm. Code 120, the provisions of this Section shall no longer apply, and nothing in this Section shall preclude a caretaker relative from otherwise qualifying for medical assistance.~~

~~c) Caretaker relatives qualifying under subsection (a) will be covered as follows:~~

~~1) If monthly countable income is above 185 percent and at or below 200 percent of the Federal Poverty Level (FPL) for the number of persons in the family, an eligible caretaker relative will be covered under FamilyCare Premium Level 1.~~

~~2) If monthly countable income is above 200 percent and at or below 300 percent of the FPL for the number of persons in the family, an eligible caretaker relative will be covered under FamilyCare Premium Level 2.~~

~~3) If monthly countable income is above 300 percent and at or below 400 percent of the FPL for the number of persons in the family, an eligible caretaker relative will be covered under FamilyCare Premium Level 3.~~

~~4) Premium amounts will be adjusted to reflect adding or removing an eligible caretaker relative from the case and changes in countable income.~~

~~d) Caretaker relatives shall pay premiums as follows:~~

~~1) Caretaker relatives enrolled in FamilyCare Premium Level 1 who are not in families with American Indians or Alaska Natives shall pay premiums as set forth in 89 Ill. Adm. Code 120.34(c).~~

~~2) Caretaker relatives enrolled in FamilyCare Premium Level 2 shall pay premiums of $80 per person per month.~~

~~3) Caretaker relatives enrolled in FamilyCare Premium Level 3 shall pay premiums of $140 per person per month.~~

~~e) Caretaker relatives enrolled under this Section may receive coverage, and pay the same co-payments, for those medical services available to caretaker relatives eligible under 89 Ill. Adm. Code 120.34.~~

~~f) Caretaker relatives enrolled under this Section have appeal rights, as set forth at 89 Ill. Adm. Code 102.80. The provisions of Subpart A of the Department's administrative rules at 89 Ill. Adm. Code 104, Practice in Administrative Hearings, shall govern any appeals under this Subpart F.~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10223, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY REPEALER

1) Heading of the Part: Illinois Cares Rx Program

2) Code Citation: 89 Ill. Adm. Code 119

3)

Section Numbers:	Emergency Action:
119.10	Repeal
119.20	Repeal
119.30	Repeal
119.40	Repeal
119.50	Repeal
119.60	Repeal
119.70	Repeal
119.80	Repeal
119.90	Repeal
119.100	Repeal
119.110	Repeal
119.120	Repeal
119.130	Repeal

4) Statutory Authority: Implementing and authorized by PA 97-689

5) Effective Date of Repealer: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: PA 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may

continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) A Complete Description of the Subjects and Issues Involved: Effective July 1, 2012, SMART mandates the elimination of the Illinois Cares Rx Program.

11) Are there any proposed amendments to this Part pending? No

12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any State mandate affecting units of local government.

13) Information and questions regarding this emergency repealer shall be directed to:

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY REPEALER

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 119
ILLINOIS CARES RX PROGRAM (REPEALED)

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY REPEALER

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

SOURCE: Adopted by emergency rulemaking at 28 Ill. Reg. 13816, effective October 1, 2004, for a maximum of 150 days; adopted at 29 Ill. Reg. 4069, effective February 25, 2005; emergency amendment at 30 Ill. Reg. 482, effective January 1, 2006, for a maximum of 150 days; emergency amendment modified in response to the Joint Committee on Administrative Rules' Objection at 30 Ill. Reg. 5436, effective February 28, 2006, for the remainder of the maximum 150 days; amended at 30 Ill. Reg. 10274, effective May 26, 2006; amended at 31 Ill. Reg. 5537, effective March 26, 2007; emergency amendment at 32 Ill. Reg. 373, effective January 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 7717, effective May 5, 2008; emergency amendment at 33 Ill. Reg. 1220, effective January 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 5765, effective May 1, 2009; amended at 34 Ill. Reg. 6788, effective May 1, 2010; emergency amendment at 35 Ill. Reg. 15163, effective September 1, 2011, for a maximum of 150 days; amended at 36 Ill. Reg. 1516, effective January 23, 2012; repealed by emergency rulemaking at 36 Ill. Reg. 10229, effective July 1, 2012 through June 30, 2013.

Section 119.10 Definitions
EMERGENCY

The following definitions apply for purposes of this Part:

"Act" means the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act [320 ILCS 25].

"AIDS Drug Assistance Program" or "ADAP" means the program administered by the Illinois Department of Public Health (DPH) that provides pharmaceutical assistance for AIDS/HIV drugs for eligible Illinois citizens.

"AIDS Drug Assistance Program formulary" or "ADAP formulary" means the formulary developed and published by DPH for ADAP.

"Applicant" means any person in a household who has requested pharmaceutical assistance benefits on an application filed by an applicant.

"Beneficiary" means a person whose application for pharmaceutical assistance benefits under the Act has been approved by the Department on Aging.

"Brand name drug" means those drugs as defined in 89 Ill. Adm. Code 140.440(g)(3) when dispensed to an individual not enrolled in Medicare Part D. When dispensed to an individual enrolled in Medicare Part D, brand name drugs means those legend drugs defined as brand name drugs by the individual's Medicare Prescription Drug Plan (PDP).

"Coordinating Prescription Drug Plan" means a Medicare Part D Prescription Drug Plan that has signed a coordination agreement with the Department and to which the Department pays a per member/per month (PM/PM) payment for each Illinois Cares Rx beneficiary enrolled in that plan.

"Department" means the Illinois Department of Healthcare and Family Services.

"Director" means the Director of the Illinois Department of Healthcare and Family Services.

"Disabled person" means a person who is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. [320 ILCS 25/3.14]

"Disease" means a chronic and possibly recurrent illness of long duration, as distinguished from an acute illness that is of short duration with recovery due to limited medical treatment (such as in the case of colds, flu, pneumonia, bronchitis, or other similar illnesses).

"Domiciled" means having a fixed habitation at a permanent residence in Illinois at the time of filing the application and during the coverage year.

"Electronic application" means the electronic document set forth in 86 Ill. Adm. Code 530.305(a).

"FPL" means the federal poverty income guideline as determined annually by the United States Department of Health and Human Services.

"Generic drug" means those legend drugs as defined in 89 Ill. Adm. Code 140.440(g)(2) when dispensed to individuals not enrolled in Medicare Part D. When dispensed to individuals enrolled in Medicare Part D, generic drugs means

those legend drugs defined as generic drugs by the individual's Medicare Prescription Drug Plan (PDP).

"Household" means an applicant or an applicant and *his* or her *spouse living together in the same residence*. [320 ILCS 25/3.05]

"Household income" means the combined income of the members of a household for a year. [320 ILCS 25/3.06]

"Illinois Cares Rx Plus" means the provision of benefits to individuals in eligibility group 2, 3 or 4, as defined in 320 ILCS 25/4(g).

"Illinois Cares Rx Basic" means the provision of benefits to individuals in eligibility group 1, as defined in 320 ILCS 25/4(g).

"Illinois Cares Rx Basic Covered Prescription Drug" means any drug included in the categories listed in Section 119.80 and prescribed as set forth in Section 119.80.

"Illinois Cares Rx Rebate" means an Illinois Cares Rx benefit in the form of a monthly monetary payment made to an individual enrolled in a third-party plan that provides a pharmacy benefit or a PDP that is not a Coordinating Medicare PDP. The payment is made in lieu of the covered services described in Section 119.60.

"Income" means adjusted gross income, properly reportable for federal income tax purposes under the provisions of the Internal Revenue Code, modified as defined in 320 ILCS 25/3.07.

"Non-Preferred Drug" means those drugs that are 3rd tier or higher on an individual's Medicare Part D Prescription Drug Plan's (PDPs) formulary or are listed as non-preferred on the Department's Preferred Drug List.

"Over-the-counter items" means those pharmaceutical items that may be purchased off the shelf by the general public.

"Pharmaceutical product" means a brand name drug, a generic drug, or an over-the-counter item.

"Prescription Drug Plan" or "PDP" means a Medicare Part D Prescription Drug Plan.

"Program" means the Illinois Cares Rx Pharmaceutical Assistance Program provided for under the Act.

"Projected income" means household income expected to be received for a coverage year.

Section 119.20 Eligibility
EMERGENCY

a) Illinois Cares Rx Eligibility Qualifications
To be eligible for Illinois Cares Rx pharmaceutical benefits, an individual must meet all of the following requirements:

1) Be:

A) 65 years of age or older; or

B) a disabled person.

2) Be domiciled in Illinois at the time of filing an application, and during the coverage period.

3) Be enrolled in a Coordinating Medicare Part D PDP if eligible for Medicare Part D.

4) Apply for all available subsidies under Medicare Part D. The Department may deem individuals to be compliant with this requirement in cases where the Department's data clearly indicates the individual would not be eligible for any low income subsidy.

5) Have a maximum household income at or below 200% of the Federal Poverty Level (FPL).

b) Illinois Cares Rx Plus Eligibility Qualifications

To be eligible for Illinois Cares Rx Plus pharmaceutical benefits as described in Section 119.60(a), an individual must meet all of the eligibility requirements described in subsection (a) and meet the following requirements:

1) Be Medicare-eligible; or

2) Meet the following requirements:

A) Be a U.S. citizen or qualify as an eligible non-citizen pursuant to 89 Ill. Adm. Code 120.310; and

B) Be 65 years of age or older.

c) Proof of Eligibility Qualifications
An applicant must submit proof of his or her eligibility qualifications as described in subsections (a) and (b).

1) Examples of proof of date of birth include:

A) a baptismal record; or

B) a birth certificate; or

C) a driver's license; or

D) an identification card from the Secretary of State's office; or

E) an insurance policy; or

F) naturalization papers.

2) Examples of proof of disability include:

A) proof that an applicant is eligible to receive disability benefits under the federal Social Security Act of 1935 (see 42 USC 423); or

B) issuance of an Illinois Disabled Person Identification Card stating that an applicant is under a Class 2 disability, as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A]; or

C) status of an applicant as a disabled person determined by a physician designated by the Department on Aging using the same standards as used by the Social Security Administration with the costs of any required examination paid by the applicant (see 42 USC 423); or

D) receipt by an applicant of Railroad (see 45 USC 231), Civil Service, or Veterans' total disability benefits (see 38 USC 101). (See 320 ILCS 25/3.14.)

3) Applicants age 64 and older who are ineligible for Medicare must submit proof of citizenship as set forth in section 6036 of the federal Deficit Reduction Act of 2005. This requirement becomes inapplicable if federal funding for these individuals becomes unavailable.

d) Income
Income shall be based on income for the full calendar year prior to the year the applicant filed an application for pharmaceutical benefits, unless the applicant requests consideration of projected income as described in subsections (d)(1)(A), (B), (C), (D) and (E).

1) Projected Income

A) An applicant may request that projected income for the coverage year be used as current income in determining eligibility at the time an application is filed if projected income for the coverage year will be lower than current income for the coverage year. The application must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable an applicant to qualify for this program.

B) An applicant whose application has been denied for exceeding maximum household income eligibility qualifications may file a Schedule P requesting use of projected income for the coverage

year as current income for the coverage year in re-determining eligibility if projected income for the coverage year will be lower than current income for the coverage year. The Schedule must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable an applicant to qualify for this program.

C) A beneficiary whose application has been approved for Illinois Cares Rx Basic may file a Schedule P requesting use of projected income for the coverage year as current income for the coverage year in redetermining the eligibility for Illinois Cares Rx Plus if projected income for the coverage year will be lower than current income for the coverage year. The Schedule must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable a beneficiary to qualify for Illinois Cares Rx Plus.

D) Amended applications for pharmaceutical assistance benefits must be filed on the appropriate paper forms approved by the Department on Aging prior to the expiration of the coverage year for the coverage year at issue.

E) A beneficiary may not use projected income for two consecutive years, except in the case of hardship such as death, change in marital status or retirement.

2) Countable Income
The earned and unearned income of the applicant and his or her spouse (if the spouse resides with the applicant) shall be counted when determining eligibility.

3) Assets shall not be considered.

4) Illinois Cares Rx Plus participants shall be exempt from the requirements of 89 Ill. Adm. Code 102.210, Estate Claims, with regard to expenditures made for Illinois Cares Rx benefits.

e) An individual who is eligible for medical assistance with a spenddown may participate in Illinois Cares Rx, if that individual meets all of the eligibility requirements for participation in the program.

f) An individual who receives benefits from any of the Medicare Savings programs, the Qualified Medicare Beneficiary (QMB) program, the Specified Low Income Medicare Beneficiary (SLIB) program, or the Qualified Individual (QI) program may participate in Illinois Cares Rx, if that individual meets all of the eligibility requirements for participation in the program.

g) Application Process

1) An application for pharmaceutical assistance benefits under the Act must be filed on the appropriate paper or electronic forms approved by the Department on Aging.

2) Individuals shall apply by completing and submitting an application as specified by the Illinois Department on Aging.

3) Spouses who live together in the same residence may apply on the same application as long as the application contains both signatures.

4) After eligibility is determined by the Illinois Department on Aging, notice of the outcome shall be sent to the applicant.

5) An individual enrolled in Illinois Cares Rx shall receive coverage under his or her own name and unique Recipient Identification Number.

h) Enrollment Periods

1) Enrollment shall be effective the first of the month no later than the second month after the date when the applicant was determined to be eligible for the program.

2) The initial coverage period shall continue from the effective date of the enrollment through the end of the calendar year following the year in which the beneficiary filed the application for Illinois Cares Rx benefits.

3) Individuals must reapply annually.

4) Subsequent uninterrupted periods of enrollment shall be for 12 months and shall be coincident with the calendar year.

i) Authorization of Illinois Cares Rx
Once an individual has been determined eligible for Illinois Cares Rx, an Illinois Cares Rx identification card shall be sent to the individual.

j) Illinois Cares Rx coverage shall terminate:

1) at the end of a participant's coverage period unless the participant reapplies timely and is found to continue to be eligible;

2) when a participant no longer resides in Illinois;

3) when a participant becomes an inmate of a public institution;

4) upon a participant's death;

5) upon discovery that the initial determination of the participant's eligibility was incorrect; or

6) when a participant fails to apply for any low income subsidy available under Medicare Part D, except in cases where the Department has deemed the individual to be compliant based on the Department's data.

k) Appeal Rights
Any applicant or beneficiary aggrieved by action of the Department on Aging under the Act, whether in the denial of an application or amended application may request in writing that the Department on Aging reconsider its action, setting out the facts on which the request is based. The Department on Aging will consider the request and either affirm or modify its action.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY REPEALER

Section 119.30 Low Income Subsidy
EMERGENCY

a) To be eligible for Illinois Cares Rx, Medicare-eligible enrollees must apply for all available subsidies under Medicare Part D. The Department may deem individuals to be compliant with this requirement in cases where the Department's data clearly indicate the individual would not be eligible for any low-income subsidy (LIS) as described in 89 Ill. Adm. Code 127.

b) Eligibility of individuals who do not apply for LIS, except in cases where Department data clearly indicate the individual would not be eligible for any LIS, may be terminated at the end of the month following the month in which written notice of termination was given to the individual.

c) If the beneficiary provides proof of application for LIS prior to the scheduled termination date, eligibility will not be terminated.

Section 119.40 Automatic Enrollment of Program Beneficiaries
EMERGENCY

The Department may auto-enroll beneficiaries with a Coordinating Medicare Part D Prescription Drug Plan authorized under Section 1860D-1 of the Social Security Act. The Department shall enroll the eligible beneficiaries into a Coordinating Medicare Part D PDP in order to coordinate the members' Medicare prescription drug benefit coverage with coverage under the program.

Section 119.50 Assignment and Coordination of Benefits
EMERGENCY

a) Acceptance of benefits under Illinois Cares Rx constitutes assignment of benefits from any private plan of assistance, including any insurance plan, public assistance program, or third party for covered prescription drugs under this program.

b) The Department shall charge or collect payments from any private plan of assistance, including any insurance plan, public assistance program, or third party for any claims assigned by a beneficiary.

Section 119.60 Covered Services
EMERGENCY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY REPEALER

a) Illinois Cares Rx Plus

1) For an individual enrolled in a Coordinating Medicare Part D Plan coverage under the Illinois Cares Rx Plus Program shall consist of:

A) Payment to the individual's Coordinating Medicare Part D PDP for premium and deductible and cost sharing expenses, except for applicable cost sharing and co-payments set forth in Section 119.90 for pharmaceutical products covered by the individual's Medicare Part D PDP.

B) Payment to a pharmacy for pharmaceutical products excluded by Medicare Part D but covered by the Medical Assistance Program operated pursuant to Article V of the Public Aid Code, subject to applicable cost sharing and co-payments set forth in Section 119.90.

2) For an individual not eligible for Medicare Part D, covered services under the Illinois Cares Rx Plus Program shall consist of payment to a pharmacy for pharmaceutical products that are covered by the Medical Assistance Program operated pursuant to Article V of the Public Aid Code, subject to applicable cost sharing and co-payments set forth in Section 119.90.

3) For a Medicare-eligible individual who is enrolled in a non-coordinating Medicare Part D PDP, payment of the monthly Part D premium for basic coverage.

b) Illinois Cares Rx Basic
Except for those products prescribed as described in Section 119.80(k), covered services under the Illinois Cares Rx Basic Program shall consist of payment to a pharmacy for pharmaceutical products that are prescribed as described in Section 119.80, subject to applicable cost sharing and co-payments set forth in Section 119.90.

c) If a coordinating Medicare Part D PDP has an approved actuarially equivalent benefit design pursuant to section 1860D-2(a)(3)(B) of the Social Security Act, the Department may adjust the threshold at which a beneficiary begins paying 20 percent cost sharing if necessary for the PDP to coordinate administration of the

Illinois Cares Rx benefit with the Medicare Part D benefit. The threshold may not be lower than $1,750.

Section 119.70 Prior Authorization and Preferred Drug List (PDL)
EMERGENCY

a) For Medicare-eligible individuals enrolled in a coordinating Medicare Part D PDP, the Department may enforce the PDP's Preferred Drug List by requiring tiered copays of $15 for each dispensing of a non-preferred drug.

b) For individuals not enrolled in Medicare, the Department may utilize a Preferred Drug List (PDL) enforced through the prior approval process and other utilization controls including, but not limited to, maximum quantity, daily dose and refill-too-soon.

Section 119.80 Illinois Cares Rx Basic Covered Prescription Drugs
EMERGENCY

The Illinois Cares Rx Basic Program shall cover pharmaceutical products as described in this Section for the treatment of heart disease and its related conditions, diabetes, arthritis, cancer, Alzheimer's disease, Parkinson's disease, glaucoma, lung disease and smoking related illnesses, osteoporosis and multiple sclerosis.

a) Drugs prescribed for treatment of heart disease and its related conditions that fall within the following categories qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:

1) Antihypertensives

2) Antiarrhythmics

3) Antihyperlipidemics

4) Cardiac Glycosides

5) Calcium Channel Blockers

6) Vasodilators

7) Anti-Adrenergic/Sympatholytics

8) Renin Angiotensin System Antagonists

9) Diuretics

10) Potassium Supplements

11) Anticoagulants

12) Vasopressor Used in Shock

13) Potassium Removing Agents

14) System Alkalinizers

b) Drugs that fall within the following categories for the treatment of diabetes qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:

1) Insulin

2) Syringes and Needles

3) Oral Hypoglycemics

4) Posterior Pituitary Hormones

5) Hyperglycemics

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

1) Adrenocortical Steroids

2) Antimalarials

3) Analgesics

4) Antirheumatic Agents

5) Immunomodulators

6) Immunosuppressives

7) NSAIDS

8) Penicillamine

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

1) Analgesics

2) Anticonvulsants

3) Antineoplastics

4) Immunomodulators

e) Drugs that fall within the following categories and are prescribed for the treatment of Alzheimer's disease qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:

1) NMDA Receptor Antagonists

2) Cholinesterase Inhibitors

f) Drugs that fall within the following categories and are prescribed for the treatment of Parkinson's disease qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:

1) Antiparkinson Agents, Anticholinergics

2) Antiparkinson Agents, Other

3) Pituitary Suppressive Agents

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

1) Miotics/Other Introcular Pressure Reducers

2) Mydriatics

3) Carbonic Anhydrase Inhibitors

h) Drugs that fall within the following categories and are prescribed for the treatment of lung disease and smoking related illnesses qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:

1) Bronchodilators

2) Diluents

3) Mucolytics

4) Pancreatic Enzymes

5) Smoking Cessation Products

6) Corticosteroid Respiratory Inhalants and Combinations

7) Antituberculosis Agents

8) Mast Cell Stabilizers

9) Leukotriene Receptor Antagonists

10) Leukotriene Formation Inhibitors

11) Monoclonal Antibodies

12) Respiratory Enzymes

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

j) Multiple Sclerosis

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

A) Immunomodulators

B) Immunosuppresives

C) Adrenocortical Steroids

D) Urinary Tract Anti-Spasmodic/Anti-Incontinence Agents,

E) Antibiotics Used in the Treatment of Urinary Tract Infections

F) Antidepressants

G) Urinary Tract Anesthetic/Analgesic Agents

H) Stimulants

I) The following Skeletal Muscle Relaxants: baclofen, dantrolene, tizanidine

2) Coverage of Urinary Tract Anti-Spasmodic/Anti-Incontinence Agents, Antibiotics, Antidepressants, Urinary Tract Anesthetic/Analgesic Agents and Stimulants may be limited to generic agents when appropriate generic agents are available.

k) An Illinois Cares Rx Basic covered prescription drug must be approved by the Food and Drug Administration of the federal Department of Health and Human Services for the treatment of a specific disease category.

Section 119.90 Co-Payments and Cost Sharing
EMERGENCY

Unless a federal low-income subsidy results in lesser co-payments and cost sharing, a beneficiary enrolled in Illinois Cares Rx shall be responsible for payment of co-payments and cost sharing as follows:

a) Except for the cost-sharing described in subsection (c) of this Section, Medicare-eligible beneficiaries shall pay a co-payment equal to the greater of the co-payments required under Medicare Part D for "other low-income subsidy eligible individuals" pursuant to 42 CFR 423.782(b) (2005), or $5 for each prescription of a Tier 1 drug, $20 for each prescription of a Tier 3 drug, and $15 for each prescription of a Tier 2 or 4 drug on the Medicare Part D plan's formulary. Beneficiaries shall pay $5 for each prescription of a generic drug and $15 for each prescription of a brand name drug when the drug is a Medicare Part D-excluded drug covered by the Department. Beneficiaries not eligible for Medicare shall pay a co-payment of $5 for each prescription of a generic drug and $15 for each prescription of a brand name drug when the drug is covered by the Department.

b) Except for cost sharing described in subsection (c), 25 percent of the reimbursable amount of the prescription plus the applicable co-payment for each prescription dispensed after the Illinois Cares Rx benefit amount has reached $1,750 for the calendar year or the beneficiary has reached the Medicare Part D Coverage Gap phase.

c) Effective January 1, 2007, for individuals enrolled in Medicare Part D who have been identified to the Department as having a diagnosis of HIV or AIDS, the applicable co-payment for drugs that are listed on the ADAP formulary shall be equal to that required by Medicare Part D for "other low income subsidy eligibles" pursuant to 42 CFR 423.782(b). The co-payments described in this subsection are applicable throughout the Plan Year.

d) For those enrolled in Medicare Part D, the Illinois Cares Rx benefit amount is the total payments made by the PDP to pharmacies on behalf of the beneficiary, whether paid as a part of the Medicare benefit or the Illinois Cares Rx benefit.

For those not eligible for Medicare Part D, the Illinois Cares Rx benefit amount is the total payments made by the Department to pharmacies on behalf of the beneficiary.

e) A beneficiary also must pay to an authorized pharmacy an ancillary charge for any covered prescription drug that is a brand name product if the pharmacy is reimbursed at the generic price as provided in Section 119.100(b)(2) and (3).

Section 119.100 Pharmacy Payment
EMERGENCY

a) Direct payment to pharmacies by the Department is made only for pharmaceutical products for individuals not enrolled in Medicare Part D or for Medicare Part D excluded pharmaceutical products covered by the Department when dispensed to individuals enrolled in Medicare Part D.

b) Reimbursable Amount

1) Except as provided in subsections (b)(2), (3) and (4) of this Section, the reimbursable amount for a pharmaceutical product eligible for direct payment by the Department shall be:

A) For legend (prescription) drugs, the Department shall pay the lower of:

i) the pharmacy's prevailing charge to the general public; or

ii) the Department's maximum price plus a dispensing fee of $2.25 for both generic and brand name drugs less applicable co-payments and cost sharing as set forth in Section 119.90.

B) For generic drugs, the Department's maximum price is calculated as the lowest of:

i) the average wholesale price minus 25 percent; or

ii) the Federal Upper Limit; or

iii) the State Upper Limit.

C) For brand name drugs, the Department's maximum price is calculated as the average wholesale price minus 14 percent.

D) For those over-the-counter drugs that are covered, the Department shall pay the lower of:

i) the pharmacy's prevailing charge to the general public; or

ii) the average wholesale price plus 25 percent; or

iii) the State Upper Limit.

2) If a generic drug is available, based upon the Illinois Formulary for Drug Product Selection Program (77 Ill. Adm. Code 790), and the individual wants the brand name equivalent of the drug, the reimbursable amount shall be that of the generic drug.

3) If a brand name drug is dispensed when the reimbursable amount is that for the generic drug, the individual shall be responsible for paying the difference between the reimbursable amount (based upon the generic drug) and what would have been the reimbursable amount for the brand name drug, plus the applicable co-payment and cost sharing, as described in Section 119.90.

4) Payment by the Department to a participating pharmacy for a pharmaceutical product dispensed to an individual eligible for Illinois Cares Rx shall be the difference of the reimbursable amount, as described in subsection (b) of this Section, less applicable co-payments, and cost sharing, as described in Section 119.90, and any amount paid or payable by Medicare or another third party as described at 89 Ill. Adm. Code 140.12(h)(2).

5) The reimbursable amount to pharmacies for prescriptions processed by a Medicare Part D PDP shall be at the contracted rate between the pharmacy and the PDP.

c) Provider Participation

In order to bill the Department directly for prescriptions dispensed to participants in the Illinois Cares Rx Program, pharmacies shall be enrolled in the Medical Assistance Program under Article V of the Public Aid Code.

Section 119.110 Inspection and Disclosure of Records
EMERGENCY

a) In order to ensure compliance with the requirements of the Act and to prevent fraud, the Department, or its designee, shall have the right:

1) to inspect the books and records of all authorized pharmacies (see 320 ILCS 25/6(d)(5)); and

2) to require disclosure of information on individuals who receive health coverage, pharmaceutical benefits, or related services as policyholders, subscribers, or plan participants from entities subject to the Illinois Insurance Code [215 ILCS 5], Comprehensive Health Insurance Plan Act [215 ILCS 105], Dental Service Plan Act [225 ILCS 25], Children's Health Insurance Program Act [215 ILCS 106], Health Care Purchasing Group Act [215 ILCS 123], Health Maintenance Organization Act [215 ILCS 125] Limited Health Service Organization Act [215 ILCS 130], Voluntary Health Services Plans Act [215 ILCS 165], and Worker's Compensation Act [820 ILCS 305].

b) Information received by the Department or its designee shall be confidential except for official purposes and as otherwise provided in the Act. (See 320 ILCS 25/4.1.)

Section 119.120 Establishment of Liens
EMERGENCY

The Director is entitled to establish a lien on any and all causes of action that accrue to a beneficiary as a result of injuries for which covered prescription drugs are directly or indirectly prescribed and for which payment was made under this program.

Section 119.130 Penalties
EMERGENCY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY REPEALER

a) Any person who takes any of the following actions is guilty of a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense:

1) on behalf of an authorized pharmacy, files a fraudulent claim for payment; or

2) for compensation, prepares a claim for this program and knowingly enters false information on the claim for an applicant or a beneficiary; or

3) fraudulently files multiple claims; or

4) fraudulently states that a nondisabled person is disabled; or

5) fraudulently procures a card; or

6) fraudulently uses a card to obtain covered prescription drugs. (See 320 ILCS 25/9.)

b) *The Department*, in cooperation with the Department on Aging, will *recover from* any beneficiary or *authorized pharmacy any amount paid under this program on account of an erroneous or fraudulent claim, together with 6 percent interest per year.*

c) *A prosecution for violation of the provisions of the Act may be undertaken at any time within three years after the commission of that violation.* [320 ILCS 25/9]

Section 119.140 Penalties (Repealed)
EMERGENCY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Medical Assistance Programs

2) Code Citation: 89 Ill. Adm. Code 120

3)

Section Numbers:	Emergency Action:
120.34	Repeal
120.80	Amendment
120.347	Amendment
120.379	Amendment
120.380	Amendment
120.381	Amendment
120.385	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 97-689

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 29, 2012

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: These administrative rules are authorized pursuant to PA 97-689, the Save Medicaid Access and Resources Together (SMART) Act. The SMART Act terminates, as of July 1, 2012, eligibility for caretaker

relatives in the FamilyCare Program who have income over 133% of the federal poverty level. The SMART Act also authorizes the tightening of the long term care asset testing policy for persons who seek to utilize institutional services.

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

Section Numbers:	Proposed Action	Illinois Register Citation
120.335	Amendment	35 Ill. Reg. 19337; December 2, 2011
120.310	Amendment	35 Ill. Reg. 19635; December 9, 2011

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

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120
MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1 Incorporation by Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10 Eligibility for Medical Assistance
120.11 MANG(P) Eligibility
120.12 Healthy Start – Medicaid Presumptive Eligibility Program For Pregnant Women
120.14 Presumptive Eligibility for Children
120.20 MANG(AABD) Income Standard
120.30 MANG(C) Income Standard
120.31 MANG(P) Income Standard
120.32 FamilyCare Assist
120.34 FamilyCare Share and FamilyCare Premium Level 1 (Repealed)
EMERGENCY
120.40 Exceptions To Use Of MANG Income Standard (Repealed)
120.50 AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60 Community Cases
120.61 Long Term Care
120.62 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643 (Repealed)
120.63 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings (Repealed)
120.64 MANG(P) Cases
120.65 Department of Mental Health and Developmental Disabilities (DMHDD)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Licensed Community – Integrated Living Arrangements (Repealed)

SUBPART D: MEDICARE PREMIUMS

Section
120.70 Supplementary Medical Insurance Benefits (SMIB) Buy-In Program
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)
120.73 Eligibility for Payment of Medicare Part B Premiums for Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified Individuals-1 (QI-1)
120.74 Qualified Medicare Beneficiary (QMB) Income Standard
120.75 Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified Individuals-1 (QI-1) Income Standards
120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section
120.80 Recipient Restriction Program

EMERGENCY

SUBPART F: MIGRANT MEDICAL PROGRAM

Section
120.90 Migrant Medical Program (Repealed)
120.91 Income Standards (Repealed)

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section
120.200 Elimination Of Aid To The Medically Indigent
120.208 Client Cooperation (Repealed)
120.210 Citizenship (Repealed)
120.211 Residence (Repealed)
120.212 Age (Repealed)
120.215 Relationship (Repealed)
120.216 Living Arrangement (Repealed)
120.217 Supplemental Payments (Repealed)
120.218 Institutional Status (Repealed)
120.224 Foster Care Program (Repealed)
120.225 Social Security Numbers (Repealed)
120.230 Unearned Income (Repealed)

120.235 Exempt Unearned Income (Repealed)
120.236 Education Benefits (Repealed)
120.240 Unearned Income In-Kind (Repealed)
120.245 Earmarked Income (Repealed)
120.250 Lump Sum Payments and Income Tax Refunds (Repealed)
120.255 Protected Income (Repealed)
120.260 Earned Income (Repealed)
120.261 Budgeting Earned Income (Repealed)
120.262 Exempt Earned Income (Repealed)
120.270 Recognized Employment Expenses (Repealed)
120.271 Income From Work/Study/Training Program (Repealed)
120.272 Earned Income From Self-Employment (Repealed)
120.273 Earned Income From Roomer and Boarder (Repealed)
120.275 Earned Income In-Kind (Repealed)
120.276 Payments from the Illinois Department of Children and Family Services (Repealed)
120.280 Assets (Repealed)
120.281 Exempt Assets (Repealed)
120.282 Asset Disregards (Repealed)
120.283 Deferral of Consideration of Assets (Repealed)
120.284 Spend-down of Assets (AMI) (Repealed)
120.285 Property Transfers (Repealed)
120.290 Persons Who May Be Included in the Assistance Unit (Repealed)
120.295 Payment Levels for AMI (Repealed)

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section
120.308 Client Cooperation
120.309 Caretaker Relative
120.310 Citizenship
120.311 Residence
120.312 Age
120.313 Blind
120.314 Disabled
120.315 Relationship
120.316 Living Arrangements
120.317 Supplemental Payments
120.318 Institutional Status
120.319 Assignment of Rights to Medical Support and Collection of Payment

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

120.320 Cooperation in Establishing Paternity and Obtaining Medical Support
120.321 Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.322 Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.323 Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause
120.324 Health Insurance Premium Payment (HIPP) Program
120.325 Health Insurance Premium Payment (HIPP) Pilot Program
120.326 Foster Care Program
120.327 Social Security Numbers
120.328 Compliance with Employment and Work Activity Requirements (Suspended; Repealed)
120.329 Compliance with Non-Economic Eligibility Requirements of Article IV (Suspended; Repealed)
120.330 Unearned Income
120.332 Budgeting Unearned Income
120.335 Exempt Unearned Income
120.336 Education Benefits
120.338 Incentive Allowance
120.340 Unearned Income In-Kind
120.342 Child Support and Spousal Maintenance Payments
120.345 Earmarked Income
120.346 Medicaid Qualifying Trusts
120.347 Treatment of Trusts and Annuities
EMERGENCY
120.350 Lump Sum Payments and Income Tax Refunds
120.355 Protected Income
120.360 Earned Income
120.361 Budgeting Earned Income
120.362 Exempt Earned Income
120.363 Earned Income Disregard – MANG(C)
120.364 Earned Income Exemption
120.366 Exclusion From Earned Income Exemption
120.370 Recognized Employment Expenses
120.371 Income From Work/Study/Training Programs
120.372 Earned Income From Self-Employment
120.373 Earned Income From Roomer and Boarder
120.375 Earned Income In-Kind
120.376 Payments from the Illinois Department of Children and Family Services

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

120.379 Provisions for the Prevention of Spousal Impoverishment
EMERGENCY
120.380 Resources
EMERGENCY
120.381 Exempt Resources
EMERGENCY
120.382 Resource Disregard
120.383 Deferral of Consideration of Assets
120.384 Spenddown of Resources
120.385 Factors Affecting Eligibility for Long Term Care Services
EMERGENCY
120.386 Property Transfers Occurring On or Before August 10, 1993
120.387 Property Transfers Occurring On or After August 11, 1993 and Before January 1, 2007
120.388 Property Transfers Occurring On or After January 1, 2007
120.390 Persons Who May Be Included In the Assistance Unit
120.391 Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG And Children Born October 1, 1983, or Later
120.392 Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
120.393 Pregnant Women And Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project
120.395 Payment Levels for MANG (Repealed)
120.399 Redetermination of Eligibility
120.400 Twelve Month Eligibility for Persons under Age 19

SUBPART I: SPECIAL PROGRAMS

Section
120.500 Health Benefits for Persons with Breast or Cervical Cancer
120.510 Health Benefits for Workers with Disabilities
120.520 SeniorCare (Repealed)
120.530 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
120.540 Illinois Healthy Women Program
120.550 Asylum Applicants and Torture Victims

120.TABLE A Value of a Life Estate and Remainder Interest
120.TABLE B Life Expectancy (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

AUTHORITY: Implementing Articles III, IV, V and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13] and implementing the federal Deficit Reduction Act of 2005.

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective

May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, l983; amended at 7 Ill. Reg. 8264, effective July 5, l983; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116,

effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective October 17, 1995; amended at 20 Ill. Reg. 5068, effective March 20, 1996; amended at 20 Ill. Reg. 15993, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 692, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7423, effective May 31, 1997; amended at 21 Ill. Reg. 7748, effective June 9, 1997; amended at 21 Ill. Reg. 11555, effective August 1, 1997; amended at 21 Ill. Reg. 13638, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 1576, effective January 5, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 7003, effective April 1, 1998; amended at 22 Ill. Reg. 8503, effective May 1, 1998; amended at 22 Ill. Reg. 16291, effective August 28, 1998; emergency amendment at 22 Ill. Reg. 16640, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19875, effective October 30, 1998; amended at 23 Ill. Reg. 2381, effective January 22, 1999; amended at 23 Ill.

Reg. 11301, effective August 27, 1999; amended at 24 Ill. Reg. 7361, effective May 1, 2000; emergency amendment at 24 Ill. Reg. 10425, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15075, effective October 1, 2000; amended at 24 Ill. Reg. 18309, effective December 1, 2000; amended at 25 Ill. Reg. 8783, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 10533, effective August 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16098, effective December 1, 2001; amended at 26 Ill. Reg. 409, effective December 28, 2001; emergency amendment at 26 Ill. Reg. 8583, effective June 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 9843, effective June 26, 2002; emergency amendment at 26 Ill. Reg. 11029, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 15051, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16288, effective October 25, 2002; amended at 27 Ill. Reg. 4708, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10793, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18609, effective November 26, 2003; amended at 28 Ill. Reg. 4701, effective March 3, 2004; amended at 28 Ill. Reg. 6139, effective April 1, 2004; emergency amendment at 28 Ill. Reg. 6610, effective April 19, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 7152, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11149, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12921, effective September 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13621, effective September 28, 2004; amended at 28 Ill. Reg. 13760, effective October 1, 2004; amended at 28 Ill. Reg. 14541, effective November 1, 2004; amended at 29 Ill. Reg. 820, effective January 1, 2005; amended at 29 Ill. Reg. 10195, effective June 30, 2005; amended at 29 Ill. Reg. 14939, effective September 30, 2005; emergency amendment at 30 Ill. Reg. 521, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10314, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 15029, effective September 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 2629, effective January 28, 2007; emergency amendment at 31 Ill. Reg. 7323, effective May 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11667, effective August 1, 2007; amended at 31 Ill. Reg. 12756, effective August 27, 2007; emergency amendment at 31 Ill. Reg. 15854, effective November 7, 2007, for a maximum of 150 days; emergency rule suspended at 31 Ill. Reg. 16060, effective November 13, 2007; emergency rule repealed, effective May 10, 2008; peremptory amendment at 32 Ill. Reg. 7212, effective April 21, 2008; peremptory amendment suspended at 32 Ill. Reg. 8450, effective May 20, 2008; peremptory amendment repealed under Section 5-125 of the Illinois Administrative Procedure Act, effective November 16, 2008; amended at 32 Ill. Reg. 17428, effective November 1, 2008; peremptory amendment at 32 Ill. Reg. 18889, effective November 18, 2008; peremptory amendment suspended at 32 Ill. Reg. 18906, effective November 19, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 33 Ill. Reg. 6551, effective April 28, 2009; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 6712, effective April 28, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 1681, effective February 1, 2009; amended at 33 Ill. Reg. 2289, effective March 1, 2009; emergency amendment at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150

days; emergency expired August 29, 2009; emergency amendment at 33 Ill. Reg. 10785, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 12703, effective September 7, 2009; amended at 33 Ill. Reg. 15707, effective November 2, 2009; amended at 33 Ill. Reg. 17070, effective December 2, 2009; amended at 34 Ill. Reg. 889, effective December 30, 2009; emergency rulemaking at 34 Ill. Reg. 13538, effective September 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 379, effective December 27, 2010; amended at 35 Ill. Reg. 979, effective January 1, 2011; amended at 35 Ill. Reg. 18645, effective January 1, 2012; amended at 36 Ill. Reg. 4133, effective March 1, 2012; amended at 36 Ill. Reg. 9095, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013.

SUBPART B: ASSISTANCE STANDARDS

Section 120.34 FamilyCare Share and FamilyCare Premium Level 1 (Repealed) EMERGENCY

a) ~~A caretaker relative (see Section 120.390) who is 19 years of age or older qualifies for medical assistance when countable income is at or below the appropriate income standard.~~

b) ~~The caretaker relative may not be otherwise eligible for medical assistance, including Section 120.32.~~

c) T~~he appropriate income standard is 185 percent of the Federal Poverty Income Level Guidelines, as published annually in the Federal Register, for the appropriate family size. If income is greater than this amount, the Department shall compare it to the MANG(C) Income Standard in Section 120.30 to determine the spenddown amount.~~

d) ~~Caretaker relatives will be enrolled into either FamilyCare Share or FamilyCare Premium Level 1 as follows:~~

1) ~~If monthly countable income is above 133 percent and at or below 150 percent of the Federal Poverty Level (FPL) for the number of persons in the family, coverage under FamilyCare Share shall be effective as established in 89 Ill. Adm. Code 110.34.~~

2) ~~If monthly countable income is above 150 percent and at or below 185 percent of the FPL for the number of persons in the family, an eligible caretaker relative shall be enrolled prospectively in FamilyCare Premium~~

~~Level I and premiums shall be payable as established in subsection (f)(1) of this Section. Coverage for months prior to the first prospective month of coverage as established in 89 Ill. Adm. Code 110.34 shall be dependent on payment of premiums for those months as set forth in subsection (f)(2) of this Section.~~

~~3) The first month of prospective eligibility for caretaker relatives whose eligibility for FamilyCare Premium Level 1 is determined by the 15th of the month will be the following month. The first month of prospective eligibility for caretaker relatives whose eligibility for FamilyCare Premium Level 1 is determined after the 15th day of the month will be the second month following that determination.~~

~~e) Caretaker relatives enrolled in FamilyCare Premium Level 1 must pay monthly premiums based upon based upon the total number of adults in the family enrolled in FamilyCare Premium Level 1 and children in the family enrolled under 89 Ill. Adm. Code 125.240(c)(2).~~

~~1) The premium amounts are $15 for one person, $25 for two persons, $30 for three persons, $35 for four persons, and $40 for five or more persons.~~

~~2) Premiums are billed by and payable to the Department, or its authorized agent, on a monthly basis.~~

~~3) The premium due date will be the last day of the calendar month preceding the month of coverage.~~

~~4) No premiums will be charged to families with an enrolled person who is an American Indian or Alaska Native.~~

~~f) FamilyCare Premium Level 1 premiums shall be due as follows:~~

~~1) Premiums owed for the first prospective month of coverage and each subsequent month shall be due by the last day of the month preceding the month of coverage. Participants shall have a minimum grace period through the end of the month of coverage to pay the premium. Failure to pay the full monthly premium by the last day of the grace period will result in termination of coverage.~~

~~2) Coverage for the months of eligibility prior to the first prospective month of eligibility will not be authorized until the premium payment is received.~~

~~3) Partial premium payments will not be refunded.~~

~~g) An eligible caretaker relative becomes ineligible due to:~~

~~1) For those with countable income above 150 percent FPL, not paying the required premiums.~~

~~2) For those with countable income above 150 percent FPL, not repaying a rebate overpayment under 89 Ill. Adm. Code 125 to the Department, according to terms established by the Department, which may include recoupment out of future rebate payments or a payment plan.~~

~~h) Following termination of coverage under FamilyCare, the following action is required before the caretaker relative can be re-enrolled:~~

~~1) For caretaker relatives with countable income above 150 percent of the FPL, there must be full payment of premiums under Section 120.510 of FamilyCare, AllKids Premium Levels 1-8 under 89 Ill. Adm. Code 123 or 89 Ill. Adm. Code 125, Health Benefits for Workers with Disabilities under Section 120.510 of this Part, or Veterans Care under 89 Ill. Adm. Code 128, for periods in which a premium was owed, including premiums owed when the caretaker relative was, for purposes of this Part, a member of another family;~~

~~2) For persons with countable income above 150 percent of the FPL, any overpayment of rebates must be repaid to the Department. A rebate overpayment shall be considered repaid if the Department can recoup the overpayment out of future rebate payments; and~~

~~3) The first month's premium must be paid if the caretaker relative is eligible for FamilyCare Premium Level 1 and there was an unpaid premium on the date the caretaker relative's previous eligibility was cancelled.~~

~~i) An application will be denied if any of the eligible caretaker relatives with income above 150 percent of the FPL in the family was responsible as a caretaker relative, or eligible as a caretaker relative during a period for which a premium under FamilyCare was due to the Department, and the premium remains unpaid at~~

~~the time of application. That application shall be denied, regardless of whether the caretaker relative for whom the premium remains unpaid is included in the application.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section 120.80 Recipient Restriction Program
EMERGENCY

a) The Recipient Restriction Program (RRP) shall identify recipients who unnecessarily utilize medical services. When the Department determines, on the basis of statistical norms and the medical judgment of individual practitioners and/or pharmacists, that a Medicaid recipient has received medical services that are not medically necessary based on the recipient's diagnoses and/or medical condition or conditions or in such a manner as to constitute an abuse of medical privileges, the decision to restrict a recipient to one or more primary provider types will be made. For purposes of this Section, "primary provider type" means a provider type as determined by the Department.~~a primary care provider, primary care pharmacy, primary care dentist, primary care podiatrist, or primary durable medical equipment provider.~~ RRP applies to all medical assistance programs administered by the Department, with the exception of full risk Managed Care Organizations (MCO).

b) Primary and Secondary Sources of Recipient Identification

1) The primary source of recipient identification shall be the Surveillance and Utilization Review Subsystem (SURS) of the Medicaid Management Information System (MMIS). On an ongoing basis, SURS analyzes the Medicaid population, determines medical usage per recipient and will identify recipients with usages in excess of the established norm of recipients in the same category of assistance and like demographic areas.

2) Secondary sources of identification shall be incoming referrals, such as referrals from medical providers, law enforcement officials or members of the general public. All referrals shall be reviewed and analyzed. Recipients found to have loaned or altered their medical cards for the purpose of obtaining medical benefits for which they or other persons are

not legitimately entitled; falsely represented medical coverage; found in possession of blank or forged prescription pads; or who knowingly assisted providers in rendering excessive services or defrauding the Medical Assistance Program shall be restricted.

c) Once a recipient is identified, medical usage based on diagnoses and/or medical condition for the preceding 24 months shall be reviewed. Medical Assistance Consultants and licensed individual practitioners and/or pharmacists will determine if the recipient should be restricted due to the medical services received being not medically necessary. The Department shall initially designate, without regard to choice, a primary provider type or types (type). The Department's designation shall remain in effect for the entire period of the restriction unless the recipient changes this designation pursuant to subsection (f) of this Section. Each recipient to be restricted will be notified in writing. This notice will also contain a statement relating to the medical necessity of services consistent with the findings of the professional consultants; a statement advising the recipient of his or her right to appeal; and a toll-free number to call for information.

d) Department Designated Primary Provider Type

1) The Department will select the applicable primary provider type in reasonable geographical proximity to the recipient's home to serve as the recipient's primary provider type.

2) The primary provider type must be a properly enrolled Medicaid provider in good standing with the Department, properly licensed and credentialed and willing to serve as a primary provider type.

3) If a primary care provider is selected as the primary provider type, he or she shall be a medical doctor or doctor of osteopathy licensed to practice medicine in all of its branches or a clinic enrolled to provide primary care.

e) Types of Services Provided or Authorized

1) Once restricted, the Recipient Eligibility Verification (REV) system shall display information regarding the primary provider type. REV will also display information that emergency services will not be restricted.

2) If restricted to a primary care provider, the primary care provider must provide or authorize the following non-emergency ambulatory care

services for the restricted recipient before the Department will render payment for the services:

A) Clinic

B) Laboratory

C) Outpatient Hospital

D) Pharmacy

E) Physician

3) If restricted to a primary care pharmacy, the primary care pharmacy must supply all prescriptions for the restricted recipient. Authorization to obtain non-emergency prescriptions from any other source will only be approved when a specific item is not part of the primary care pharmacy's inventory and cannot be acquired through the primary care pharmacy.

4) If restricted to a primary care dentist, the primary care dentist must provide or authorize all dental services for the restricted recipient before the Department will render payment for the dental services.

5) If restricted to a primary care podiatrist, the primary care podiatrist must provide or authorize all podiatric services for the restricted recipient before the Department will render payment for the podiatric services.

6) If restricted to a primary durable medical equipment provider, the primary durable medical equipment provider must supply all medical supplies for the restricted recipient. Authorization to obtain medical supplies from any other source will only be approved when a specific item is not part of the primary durable medical equipment provider's inventory and cannot be acquired through the primary durable medical equipment provider.

7) Other covered services may be provided by a qualified provider in the Department's Medical Program.

f) Changing the Designated Primary Provider Type

1) The recipient may change the Department's initial designation of a

primary provider type once without cause. The request for change must be submitted to the Department in writing. The Department, by notice, shall inform the recipient how to request a change in primary provider type.

2) The recipient may change his or her designated provider for cause if one of the following circumstances is verified:

A) Change of recipient's residence from the geographical area of the primary provider type;

B) Change in the recipient's medical condition that the primary provider type is unable to treat or refer to another provider;

C) Death of the primary provider type;

D) Disenrollment of the primary provider type from the Medical Assistance Program; and

E) Notice from the primary provider type that he, she or it will no longer serve as the primary provider type.

3) The Department will notify the recipient in writing if the primary provider type has disenrolled as a provider of Medicaid services or if the provider notifies the Department of his, her or its unwillingness to continue to serve as the recipient's primary provider type.

4) Changes in designated primary provider type shall be processed effective with the earliest possible date reflected on the eligibility file.

5) For the designated primary provider type, the Department will determine if the requested change meets the criteria in subsection (d) of this Section.

g) Length of Restriction

1) Once recipients are restricted they remain in restriction for a minimum of four full quarters. If restricted recipients transfer to a different assistance unit, the restriction will be processed to follow the recipient. If a restricted recipient becomes inactive and is subsequently reactivated, the restriction will be reactivated until such time as four full quarters have elapsed.

2) Reevaluation of the Recipient's Medical Usage

A) When a recipient has had his or her medical card restricted for four full quarters, the Department shall reevaluate the recipient's medical usage to determine whether the recipient continues to receive medical services that are not medically necessary. The Department shall evaluate each case not later than eighteen months after the effective date of restriction. If the recipient is still receiving medical services that are not medically necessary, the restriction shall be continued for an additional period of eight full quarters. This additional period of eight full quarters shall begin with the first month immediately following the end of the first four full quarter restriction period. If the recipient no longer is receiving medical services that are not medically necessary, the restriction shall be discontinued. A "quarter", for purposes of this Section, shall be defined as one of the following three-month periods of time: January-March, April-June, July-September or October-December.

B) If necessary to determine if medical services that are not medically necessary are still being received, the Department shall obtain a complete copy of the recipient's medical record from the primary provider type. The medical record will be reviewed by the Medical Assistant Consultant with a final determination by a licensed individual practitioner to determine if the medical services received were medically necessary.

C) If the decision is to release the recipient from restriction, such release will be processed effective with the earliest possible date reflected on the eligibility file.

D) If the services are determined to be medically unnecessary, the recipient will be notified in writing of the continued restriction. The Department may designate a different individual provider type. The criteria in subsection (d) of this Section shall apply. This notice will also contain a statement relating to the medical necessity of services consistent with the findings of the professional consultants; a statement advising the recipient of his or her right to appeal; and a toll-free number to call for

information.

3) If the restriction is continued, a review will be conducted in accordance with subsection (g)(2) of this Section, subsequent to the additional eight quarter period.

4) A recipient who has been restricted under this Section, is released and then is restricted under this Section a subsequent time, shall be restricted for a period of eight full quarters. Subsequent to this eight quarter period, a review will be conducted in accordance with subsection (g)(2) of this Section.

h) Recipients have the right to appeal inclusion in the program. (See 89 Ill. Adm. Code 102.80 through 102.84.)

i) Any recipient in the RRP who subsequently enrolls in a full risk MCO will be released from the RRP.

(Source: Emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section 120.347 Treatment of Trusts and Annuities
EMERGENCY

a) This Section applies to trusts established on or after August 11, 1993.

b) A trust is any arrangement in which a grantor transfers property to a trustee or trustees with the intention that it be held, managed or administered by the trustee or trustees for the benefit of the grantor or designated beneficiaries. A trust also includes any legal instrument or device that is similar to a trust, including an annuity.

c) A person shall be considered to have established a trust if resources of the person were used to form all or part of the principal of the trust and the trust is established (other than by will) by any of the following:

1) the person;

2) the person's spouse; or

3) any other person, including a court or administrative body, with legal authority to act on behalf of or at the direction of the person or the person's spouse.

d) This Section does not apply to the following trusts:

1) an irrevocable trust containing the resources of a person who is determined disabled (as provided in Section 120.314) and under age 65 that is established by a parent, grandparent, legal guardian or court for the sole benefit (as defined in Section 120.388(m)(2)) of the person, if language contained in the trust stipulates that any amount remaining in the trust (up to the amount expended by the Department on medical assistance) shall be paid to the Department upon the death of the person. This exclusion continues after the person reaches age 65 as long as the person continues to be disabled but any additions made by the person to the trust after age 65 will be treated as a transfer of assets under Sections 120.387 and 120.388. If the trust contains proceeds from a personal injury settlement, any Department charge (as described at 89 Ill. Adm. Code 102.260) must be satisfied in order for the trust to be excluded under this subsection; or

2) an irrevocable trust containing the resources of a person who is determined disabled (as provided in Section 120.314) that is established and managed by a non-profit association that pools funds but maintains a separate account for each beneficiary that is established by the disabled person, a parent, grandparent, legal guardian or court for the sole benefit of the disabled person, if language contained in the trust stipulates that any amount remaining in the trust (up to the amount expended by the Department on medical assistance) that is not retained by the trust for reasonable administrative costs related to wrapping up the affairs of the subaccount shall be paid to the Department upon the death of the person. After a person reaches age 65, any funding by or on behalf of the person to the trust shall be treated as a transfer of assets for less than fair market value unless the person is a ward of a county public guardian or the State guardian pursuant to Section 13-5 of the Probate Act of 1975 or Section 30 of the Guardianship and Advocacy Act and lives in the community or the person is a ward of a county public guardian or the State guardian pursuant to Section 13-5 of the Probate Act of 1975 or Section 30 of the

Guardianship and Advocacy Act and a court has found that any expenditures from the trust will maintain or enhance the person's quality of life. ~~This exclusion continues after the person reaches age 65 as long as the person continues to meet the definition of disabled (to the extent permitted under federal law). Any funding of a subaccount in a pooled trust by a person over age 64 will be treated as a transfer for fair market value under Section 120.388 so long as the person meets the definition of disabled.~~ If the trust contains proceeds from a personal injury settlement, any Department charge (as described at 89 Ill. Adm. Code 102.260) must be satisfied in order for the trust to be excluded under this subsection (d).

e) Subsections (f) and (g) of this Section apply to the portion of the trust attributable to the person and without regard to:

1) the purpose for establishment of the trust;

2) whether the trustee has or exercises any discretion under the trust; or

3) whether there are any restrictions on distributions or use of distributions from the trust.

f) For revocable trusts, the Department shall:

1) treat the principal as an available resource;

2) treat as income payments from the trust that are made to or for the benefit of the person; and

3) treat any other payments from the trust as transfers of assets by the person (subject to the provisions of, and depending on the date of the payment, Section 120.387 or 120.388).

g) For irrevocable trusts, the Department shall:

1) treat as an available resource the amount of the trust from which payment to or for the benefit of the person could be made;

2) treat as income payments from the trust that are made to or for the benefit of the person;

3) treat any other payments from the trust as transfers of assets by the person (subject to the provisions of Section 120.387 or 120.388, as applicable); and

4) treat as a transfer of assets by the person the amount of the trust from which no payment could be made to the person under any circumstances (subject to the provisions of Section 120.387 or 120.388, as applicable). The date of the transfer is the date the trust was established or, if later, the date that payment to the person was foreclosed. The amount of the trust is determined by including any payments made from the trust after the date that payment to the person was foreclosed.

h) Trust Income. For married couples, income from trusts shall be attributed to each spouse as provided in the trust, unless:

1) payment of income is made solely to one spouse, in which case the income shall be attributed to that spouse;

2) payment of income is made to both spouses, in which case one-half of the income shall be attributed to each spouse; or

3) payment of income is made to either spouse, or both, and to another person or persons, in which case the income shall be attributed to each spouse in proportion to the spouse's interest, or, if payment is made to both spouses and no such interest is specified, one-half of the joint interest shall be attributed to each spouse.

i) Annuities are treated similar to trusts.

1) Revocable and assignable annuities are considered available resources.

2) Any portion of an annuity from which payment to or for the benefit of the person or the person's spouse could be made is an available resource. An annuity that may be surrendered to its issuing entity for a refund or payment of a specified amount or provides a lump-sum settlement option is an available resource valued at the amount of any such refund, surrender or settlement.

3) Income received from an annuity by an institutionalized person is considered non-exempt income. Income received by the community

spouse of an institutionalized person is treated as available to the community spouse for the purpose of determining the community spouse income allowance under Section 120.379(e).

4) An annuity that fails to name the State of Illinois as a remainder beneficiary as required under Section 120.385(b) shall result in denial or termination of eligibility for long term care services.

j) The principal of a trust fund established under the Self Sufficiency Trust Fund Program (see 20 ILCS 1705/21.1) is an exempt resource.

(Source: Emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

Section 120.379 Provisions for the Prevention of Spousal Impoverishment
EMERGENCY

a) The provisions for the prevention of spousal impoverishment apply only to an institutionalized person (as defined in Section 120.388(c)) whose spouse resides in the community. For purposes of this Section, those persons shall be referred to as the institutionalized spouse and the community spouse.

b) Income. In determining the financial eligibility of an institutionalized spouse, only non-exempt income attributed to the institutionalized spouse shall be considered available. The following rebuttable presumptions shall apply in determining the income attributed to each spouse:

1) if payment of income is made solely in the name of one spouse, the income will be considered available only to that spouse;

2) if payment of income is made in the names of both spouses, one-half of the income shall be considered available to each spouse;

3) if payment of income is made in the names of either spouse, or both, and to another person or persons, the income shall be considered available to each spouse in proportion to the spouse's interest (or, if payment is made to both spouses and no other interest is specified, one-half of the joint interest shall be considered available to each spouse);

4) if payment of income is made from a trust, the income shall be considered available to each spouse as provided under Section 120.347(h); and

5) if there is no trust or instrument establishing ownership, one-half of the income shall be considered available to the institutionalized spouse and one-half to the community spouse.

c) Resources. In determining the financial eligibility of an institutionalized spouse, the following shall apply:

1) At the beginning of a continuous period of institutionalization, the total value of resources owned by either or both spouses shall be computed.

2) Assessment. Upon the request of an institutionalized spouse, community spouse, or a representative of either, at the beginning of a continuous period of institutionalization, the Department shall conduct an assessment of the couple's resources for the purpose of determining the combined amount of nonexempt resources in which either spouse has an ownership interest. The person requesting the assessment shall be responsible for providing documentation and verification necessary for the Department to complete the assessment.

3) For purposes of this subsection (c), a continuous period of institutionalization is defined as at least 30 days of continuous institutional care. An initial assessment remains effective during that period if:

A) a resident of a long term care facility is discharged for a period of less than 30 days and then reenters the facility;

B) a resident of a long term care facility enters a hospital and then returns to the facility from the hospital;

C) a person discontinues receiving home and community-based services for a period of less than 30 days; or

D) a person discontinues receiving home and community-based services due to hospitalization and then is discharged and begins to receive home and community-based services.

4) At the time of an institutionalized spouse's application for medical

assistance, all nonexempt resources held by either the institutionalized person, the community spouse, or both shall be considered available to the institutionalized spouse. From this amount may be deducted and transferred to the community spouse the Community Spouse Resource Allowance (CSRA), as provided under subsection (d) of this Section. The remaining amount shall be the total amount of resources considered available to the institutionalized spouse.

d) Transfer of Resources to the Community Spouse. From the amount of nonexempt resources considered available to the institutionalized spouse, as described in subsection (c)(4) of this Section, a transfer of resources is allowed by the institutionalized spouse to the community spouse or to another individual for the sole benefit (as defined in Section 120.388(m)(2)(B)) of the community spouse in an amount that does not exceed the CSRA. The CSRA is the difference between the amount of resources otherwise available to the community spouse and the greatest of:

1) the greater of the minimum amount permitted under 1924(f)(2 of the Social Security Act, 42 USC 1396r-5(f)(2) or~~established annually by the US Department of Health and Human Services (DHHS) (as of January 1, 2011,~~ $109,560~~)~~;

2) the amount established through a fair hearing under subsection (f)(3) of this Section; or

3) the amount transferred under a court order against an institutionalized spouse for the support of the community spouse.

e) Deductions are allowed from an institutionalized spouse's post-eligibility income (pursuant to Section 120.61(d) and (e)) for a community spouse income allowance and a family allowance. The deductions are determined as follows:

1) Community Spouse Maintenance Allowance.

A) The amount of monthly income that may be deducted from the institutionalized spouse's post-eligibility income for the benefit of the community spouse is equal to the minimum monthly maintenance needs allowance (MMMNA) less the amount of monthly income otherwise available to the community spouse (as determined under subsection (b) of this Section.The amount

established as the MMMNA is greater of the minimum amount permitted under 1924(d)(3) of the Social Security Act, 42 USC 1396r-5(d)(3) or ~~(as of January 1, 2011,~~ $2,739 per month~~) shall be provided for calendar years after 2011 by DHHS~~.

B) The deduction is allowed only to the extent the income of the person is in fact contributed to the community spouse. However, the deduction for the community spouse income allowance shall not be less than the amount ordered by a court for support of the community spouse or the amount determined as the result of a fair hearing provided for under subsection (f) of this Section.

C) For purposes of this Section, all income of the institutionalized spouse that can be made available to the community spouse shall be made available before resources may be transferred in excess of the CSRA specified under subsection (d)(1) of this Section that will generate income to make up the difference between the MMMNA and the amount of income available to the community spouse.

2) Family Allowance. The amount of monthly income that may be deducted from the institutionalized spouse's post-eligibility income for the benefit of each family member is equal to one-third of the difference between the family maintenance needs standard (150% of the annual Federal Poverty Level for two persons) and any nonexempt income of the family member. Family members only include dependent children under age 21, dependent adult children, dependent parents or dependent siblings of either spouse who reside with the community spouse.

3) A deduction is also allowed from the institutionalized spouse's post-eligibility income for dependent children under age 21 who do not reside with the community spouse pursuant to Section 120.61(e)(5).

4) The term "dependent" has the meaning ascribed to a "qualified" person under 26 USC 152.

f) Fair Hearings. Either the institutionalized spouse or the community spouse may request a hearing (as described in 89 Ill. Adm. Code 104.1) under this Section for the following reasons:

1) either spouse is dissatisfied with a determination of:

A) the community spouse income allowance under subsection (e)(1) of this Section;

B) the amount of the monthly income treated as otherwise available to the community spouse (as applied under subsection (e)(1) of this Section);

C) the attribution of resources under subsection (c)(4) of this Section; or

D) the determination of the CSRA under subsection (d) of this Section.

2) Either spouse may request an increase in the MMMNA under subsection (e)(1). If either spouse establishes that, due to exceptional circumstances resulting in significant financial duress, the community spouse needs income above the level provided by the MMMNA, an amount adequate to provide that additional income shall be substituted. For purposes of this subsection (f)(2), significant financial distress means expenses that the community spouse incurs in excess of the income standard, including:

A) recurring or extraordinary medical expenses of the community spouse that are not covered by any third party resource, including insurance or the Medical Assistance Program;

B) amounts necessary to preserve, maintain or make major repairs to homestead property; or

C) amounts necessary to preserve an income producing resource, subject to the limitations on that property under Section 120.381(a)(3) and as long as the expense is reasonable in relation to the income produced by the resource.

3) Either spouse may request that an alternative CSRA be substituted for the standard CSRA calculated under subsection (d) of this Section if it can be established that the standard CSRA (in relation to the amount of income it generates) is inadequate to raise the community spouse's income to the MMMNA.

A) Before a substitute CSRA may be allocated under this subsection (f)(3), the amount of income attributed to the institutionalized spouse that may be transferred to the community spouse under subsection (e) of this Section shall first be considered available to raise the community spouse's income to the MMMNA.

B) If the sum of income otherwise available to the community spouse and income that may be transferred from the institutionalized spouse is insufficient to raise the community spouse's income to the MMMNA, then a substitute CSRA may be allowed. The amount the substitute CSRA may exceed the CSRA provided for under subsection (d) of this Section is limited to the amount of resources necessary to generate income to raise the community spouse's total income to the MMMNA.

C) In determining the amount of income that a substitute CSRA under this subsection (f)(3) may generate, the Department will use, for purposes of comparison, the cost to purchase an actuarially sound single premium life annuity producing monthly payments that, when added to the community spouse's total income, will be sufficient to raise the community spouse's income to, but not more than, the MMMNA. If resources are insufficient to purchase an annuity that will raise the community spouse's income to the MMMNA, the Department will measure the amount of an allowable increase in the CSRA by the cost to purchase an actuarially sound single premium life annuity producing monthly payments using available resources.

D) It is the requesting person's responsibility to provide the Department with an estimate from a reputable company of the cost to purchase the annuity described in subsection (f)(3)(C).

E) The Department may compare the estimate with available information on the cost of other single premium life annuities.

F) In calculating the amount of the community spouse's income after approval of a substitute CSRA, the Department shall deem the amount of the monthly annuity payments as being available to the

community spouse, although it will not require the actual purchase of an annuity.

g) The appeal hearing described in subsection (d)(2) of this Section shall be held within 30 days after the date the appeal is filed.

h) A transfer of resources under subsection (d) of this Section from the institutionalized spouse to the community spouse shall be made as soon as practicable after the date of initial determination of eligibility and before the first regularly scheduled redetermination of eligibility, taking into account such time as may be necessary to obtain a court order under subsection (d)(3) of this Section. If a transfer of resources to a community spouse has not been made by the first scheduled redetermination and no petition for an order of spousal support is pending judicial review, the resources shall be considered available to the institutionalized spouse.

i) Assignment of Support Rights. The institutionalized spouse shall not be ineligible by reason of resources determined under subsection (c)(4) to be available for the cost of care when:

1) the institutionalized spouse has assigned to the State any rights to support from the community spouse (see Section 120.319);

2) the institutionalized spouse lacks the ability to execute an assignment due to physical or mental impairment, but the State has the right to bring a support proceeding against a community spouse without that assignment; or

3) the State determines that denial of eligibility would work an undue hardship (see Section 120.388(r)(1)).

j) If an institutionalized spouse or community spouse refuses to provide the Department the total value of assets, including income and resources, to the extent either the institutionalized spouse or community spouse has ownership interest in them, such refusal may result in the institutionalized spouse being denied eligibility and continuing to remain ineligible for long term care based on failure to cooperate.

k) The Department may pursue any available legal process to enforce its right of assignment to support against the community spouse or any other responsible

person pursuant to Section 120.319. ~~These processes may include, but shall not be limited to, the administrative support procedures provided under 89 Ill. Adm. Code 103.~~

1) The Department may seek support for an institutionalized spouse who has assigned his or her right of support from his or her spouse to the State, from the resources and income available to the community spouse.

2) The Department may bring an action in the circuit court to establish support orders or itself establish administrative support orders by any means and procedures authorized under the Public Aid Code, as applicable, except that the standard and regulations for determining ability to support in Section 10-3 of the Public Aid Code shall not limit the amount of support that may be ordered.

3) Proceedings may be initiated to obtain support, or for the recovery of aid granted during the period such support was not provided, or both, for the obtainment of support and the recovery of the aid provided. Proceedings for the recovery of aid may be taken separately or they may be consolidated with actions to obtain support. Such proceedings may be brought in the name of the person or persons requiring support or may be brought in the name of the Department, as the case requires.

4) The orders for the payment of moneys for the support of the person shall be just and equitable and may direct payment thereof for such period or periods of time as the circumstances require, including support for a period before the date the order for support is entered. In no event shall the orders reduce the community spouse resource allowance below the level established in subsection (d) of this Section or an amount set after a fair hearing pursuant to subsection (f) of this Section, whichever is greater, or reduce the monthly maintenance allowance for the community spouse below the level permitted pursuant to subsection (e) of this Section.

(Source: Emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

Section 120.380 Resources

EMERGENCY

a) Unless otherwise specified and for purposes of this Part, the term "resource" (as

defined in 42 USC 1382b, except subsection (a)(1) of that section, which excludes the home as a resource) means cash or any other personal or real property that a person owns and has the right, authority or power to liquidate.

b) A resource is considered available to pay for a person's own care when at the disposal of that person; when the person has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance or medical care; or when the person has the lawful power to make the resource available or to cause the resource to be made available.

c) The value of nonexempt resources shall be considered in determining eligibility for any means-tested public benefit program administered by the Department, the Department of Human Services or the Department on Aging if eligibility is determined, in part, on the basis of resources as provided under this Section.

d) Determination of Resources.

1) In determining initial financial eligibility for medical assistance, the Department considers nonexempt verified resources available to a person as of the date of decision on the application for medical assistance. The date of verification (see Section 120.308(f)) may be prior to the date of decision. Resources applied to a spenddown obligation in a retroactive month (see Section 120.61(b)) shall not be treated as available in the determination of initial financial eligibility. Money considered as income for a month is not considered a resource for that same month. If income for a month is added to a bank account that month, the Department will subtract the amount of income from the bank balance to determine the resource level. Any income remaining in the following months is considered a resource.

2) An applicant for medical assistance may be eligible for up to 3 months prior to the date of application if the person would have been eligible for medical assistance at the time he or she received services if he or she had applied, regardless of whether the person is alive when the application for medical assistance is made. In determining financial eligibility for retroactive months, the Department will consider the amount of income and resources and exemptions available to a person as of the first day of each of the backdated months for which eligibility is sought. ~~Resources spent prior to the end of the month of application to purchase a Pre-paid Funeral/Burial Contract in compliance with Section 120.381(b), (c) or (d),~~

~~to pay for incurred medical expenses or to pay legal fees up to $10,000 (which shall be adjusted annually for any increase in the Consumer Price Index), incurred in the month of application or in any of the three months prior to the month of application, that are related to the eligibility application for long term care assistance shall not be considered available.~~

3) In determining a person's spenddown obligation (see Section 120.384), the Department considers the amount of nonexempt resources available as of the date of decision, in the case of initial eligibility, and the first day of the month, in the case of retroactive eligibility, that are in excess of the applicable resource disregard (see Section 120.382).

e) Subject to subsection (c) of this Section and 89 Ill. Adm. Code 113.140, the entire equity value of jointly held resources shall be considered available in determining a person's eligibility for assistance, unless:

1) The resource is a joint income tax refund, in which case one-half of the refund is considered owned by each person; or

2) The person documents that he or she does not have access to the resource. Appropriate documents may include, but are not limited to, bank documents, signature cards, trust documents, divorce papers, and papers from court proceedings that show the person is legally unable to access the resource; or

3) The resource is held jointly with an individual eligible under any means-tested public health benefit program (other than the Supplemental Nutrition Assistance Program) administered by the Department, the Department of Human Services, or the Department on Aging; or

4) The person can document the amount of his or her legal interest in the resource and that such amount is less than the entire value of the resource, then the documented amount shall be considered. Appropriate documentation may include, but is not limited to, bank documents, trust documents, signature cards, divorce papers, or court orders that show the person's legal interest is less than the entire value of the resource; or

5) The person documents that the resource or a portion of the resource is not owned by the person and the person's accessibility to the resource is

changed (see subsections (e)(2) and (4) of this Section for documentation examples).

f) In determining the eligibility of a person for long term care services whose spouse resides in the community, all nonexempt resources owned by the institutionalized spouse, the community spouse, or both shall be considered available to the institutionalized spouse in determining his or her eligibility for medical assistance. From the total amount of such resources may be deducted a Community Spouse Resource Allowance as provided under Section 120.379.

g) Trusts established prior to August 11, 1993 shall be treated in the manner described in Section 120.346.

h) Trusts established on or after August 11, 1993 shall be treated in the manner described in Section 120.347.

i) The value of a life estate shall be determined at the time the life estate in the property is established and at the time the property (for example, resources) is liquidated. In determining the value of a life estate and remainder interest based on the value of the property at the time the life estate is established or of the amount received when the property is liquidated, the Department shall apply the values described in Section 120.Table A. The life estate and remainder interest are based on the age of the person at the time the life estate in the property is established and at the time the property is liquidated and the corresponding values described in Section 120.Table A.

j) A person's entrance fee in a continuing care retirement community or life care community (as those entities are described in 42 USC 1396r(c)(5)(B)) shall be considered an available resource to the extent that:

1) the person has the ability to use the entrance fee, or the contract provides that the entrance fee may be used to pay for care should other resources or income of the person be insufficient to pay for the care;

2) the person is eligible for a refund of any remaining entrance fee when the person dies or terminates the continuing care retirement community or life care community contract and leaves the community; and

3) the entrance fee does not confer an ownership interest in the continuing care retirement community or life care community.

k) Non-homestead real property, including homestead property that is no longer exempt (see Section 120.381(a)(1)), is considered an available resource unless:

1) the property is exempted as income-producing to the extent permitted under Section 120.381(a)(3)~~, except Section 120.381(a)(3) shall not apply to farmland property and personal property used in the income-producing operations related to the farmland (e.g., equipment and supplies, motor vehicles, tools, etc.)~~;

2) ownership of the property consists of a fractional interest of such a small value that a substantial loss to the person would occur if the property were sold;

3) the property has been listed for sale, in which case the property will not be counted as available for at least six months as long as the person continues to make a good faith effort to sell the property. This effort can be verified by evidence, including advertisements or documentation of the listing of the property with licensed real estate agents or brokers that includes a report of any offer from prospective buyers. The Department will review cases in which the property has not been sold after six months and will consider the following factors in determining if extensions of the initial six months are warranted:

A) the asking price is less than the fair market value of the property;

B) the property is marketed through a qualified realtor who is acting in good faith;

C) there is not a substantial market for the type of property being sold; and

D) the person has not rejected any reasonable offer to buy the property; or

4) the homestead property that is no longer exempt (see Section 120.381(a)(1)) is producing annual net income for the person in an amount that is not less than six percent of the person's equity value in the property. In determining net income, the Department shall recognize business expenses allowed for federal income tax purposes.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

Section 120.381 Exempt Resources
EMERGENCY

a) The following resources are exempt from consideration in determining eligibility for medical assistance:

1) Homestead Property.

A) Homestead property is any property in which a person (and spouse, if any) has an ownership interest and that serves as the person's principal place of residence. This property includes the shelter in which a person resides, the adjoining land on which the shelter is located and related outbuildings.

B) If a person (and spouse, if any) moves out of his or her home without the intent to return, the home is no longer exempt because it is no longer the person's principal place of residence. If a person leaves his or her home to live in a long term care facility, the property is considered exempt, irrespective of the person's intent to return, as long as a spouse or dependent relative of the eligible person continues to live there. The person's equity in the former home is treated as an available resource effective with the first day of the month following the month it is no longer his or her principal place of residence.

C) Subject to federal approval, real property, including real property claimed as homestead, held in trust is not exempt unless the Department determines that the person's spouse, minor child or disabled child resides in the property.

2) Personal effects and household goods are exempt to the extent they are excluded under 20 CFR 416.1216.

3) Resources (for example, land, buildings, equipment and supplies or tools), including farmland property and personal property used in the income producing operations related to the farmland (for example, equipment and

supplies, motor vehicles or tools) necessary for self-support up to $6,000 of the person's equity in the income producing property are exempt provided the property produces a net annual income of at least six percent of the excluded equity value of the property. The equity value in excess of $6,000 is not excluded. If the activity produces income that is less than six percent of the exempt equity due to reasons beyond the person's control (for example, the person's illness or crop failure) and there is a reasonable expectation that the property will again produce income equal to six percent of the equity value (for example, a medical prognosis that the person is expected to respond to treatment or that drought resistant corn will be planted), the equity value in the property up to $6,000 is exempt. If the person owns more than one piece of property and each produces income, each is looked at to determine if the six percent rule is met and then the amounts of the person's equity in all of those properties are totaled to see if the total equity is $6,000 or less. The total equity value of all properties that is exempt under this subsection is limited to $6,000.

4) Automobile.

A) Exclude one automobile, regardless of value, used by the client, spouse or other dependent if:

i) it is necessary for employment;

ii) it is necessary for the medical treatment of a specific or regular medical problem;

iii) it is modified for operation by, or transportation of, a handicapped person;

iv) it is necessary because of factors such as climate, terrain or distance to provide necessary transportation to perform essential daily activities; or

v) one vehicle for each spouse is exempt in determining the amount allowed as the Community Spouse Resource Allowance (as described in Section 120.379(d)).

B) If not excluded in subsection (a)(4)(A) of this Section, one

automobile is excluded to the extent its equity value does not exceed $4500. Any excess equity value is applied toward the applicable resource disregard (see Section 120.382).

C) For all other automobiles, apply the equity value toward the resource disregard (see 89 Ill. Adm. Code 113.142).

5) Life insurance policies with a total face value of $1,500 or less and all term life insurance policies. If the total face value exceeds $1,500, the cash surrender value must be counted as a resource.

6) For purposes of this Section, the term "equity value" refers to:

A) in the case of real property, the value described in Section 120.385(c); and

B) in the case of personal property, the price that an item can reasonably be expected to sell for on the open market in the particular geographic area involved, minus any encumbrances (as described in Section 120.385(c)(1)(C)).

b) Burial spaces that are intended for the use of the person, his or her spouse, or any other member of his or her immediate family are exempt. Immediate family is defined as a person's minor and adult children, including adopted children and stepchildren, a person's brothers, sisters, parents and adoptive parents, and the spouses of these individuals.

c) Funds that are set aside for the burial expenses of a person and his or her spouse in a bank account owned by the person that is clearly identified as a burial fund is exempt up to $1500. This amount is reduced by the face value of any excluded life insurance on the person and the amount of any funds held in an irrevocable trust or other irrevocable arrangement that is available for burial expenses per person.

d) Prepaid Funeral/Burial Contracts. Prepaid funeral/burial contracts are exempt to the following extent:

1) Funds in a revocable prepaid funeral/burial contract are exempt up to $1500, except that any portion of a contract that clearly represents the

purchase of burial space, as that term is defined for purposes of the Supplemental Security Income program, is exempt regardless of value.

2) Funds~~Effective January 1, 2012, funds~~ in an irrevocable prepaid funeral/burial contract are exempt up to $5,874~~$10,000~~, except that any portion of a contract that clearly represents the purchase of burial space, as that term is defined for purposes of the Supplemental Security Income program is exempt regardless of value~~which shall include the costs of both goods and services~~. This amount shall be adjusted annually for any increase in the Consumer Price Index. The amount exempted shall be limited to the price of the funeral goods and services to be provided upon death. The contract must provide a complete description of the funeral goods and services to be provided and the price thereof. Any amount in the contract not so specified shall be treated as a transfer of assets for less than fair market value.

3) A prepaid, guaranteed price funeral/burial contract~~ up to $10,000, which shall include the costs of both goods and services and which shall be adjusted annually for any increase in the Consumer Price Index~~, funded by an irrevocable assignment of a person's life insurance policy to a trust, is exempt. The amount exempted shall be limited to the amount of the insurance benefit designated for the cost of the funeral goods and services to be provided upon the person's death. The contract must provide a complete description of the funeral goods and services to be provided and the price thereof. Any amount in the contract not so specified shall be treated as a transfer of assets for less than fair market value. The trust must include a statement that, upon the death of the person, the State will receive all amounts remaining in the trust, including any remaining payable proceeds under the insurance policy up to an amount equal to the total medical assistance paid on behalf of the person. The trust is responsible for ensuring that the provider of funeral services under contract receives the proceeds of the policy when it provides the funeral goods and services specified under the contract. The irrevocable assignment of ownership of the insurance policy must be acknowledged by the insurance company.

e) Resources necessary for fulfillment of an approved plan for achieving self-support under 42 CFR 416.1220.

f) Resources excluded by express provision of 20 CFR 416.1236 (2009).

g) *Donations or benefits from fund raisers held for a seriously ill client provided the client or a responsible relative of the client does not have control* (for example, not available to the client or the responsible relative) *over the donations or benefits or the disbursement of donations or benefits* [305 ILCS 5/5-2].

h) Payments made to veterans who receive an annual disability payment or to the survivors of deceased veterans who receive a one-time lump sum payment from the Agent Orange Settlement Fund or any other fund referencing Agent Orange product liability under Public Law 101-201.

i) Money received from the Social Security Administration under a Plan to Achieve Self-Support (PASS) and held in a separate account.

j) Disaster relief payments provided by federal, State or local government or a disaster assistance organization.

k) The amount of earned income tax credit that the client receives as advance payment or as a refund of federal income tax.

l) For disabled persons who have lost eligibility under Section 120.510 and who are only requesting services other than those described in Section120.61(a) (except that subsection's reference to services provided through a Community Integrated Living Facility (CILA)), the following additional exemptions shall apply:

1) Retirement accounts that a person with a disability cannot access without penalty before the age of 59½ and medical savings accounts established pursuant to 26 USC 220; and

2) Up to $25,000 if the person owned assets of equal value when his or her eligibility under Section 120.510 ended.

m) The amount of damages recovered by a resident of a nursing home for any act that injures the resident pursuant to 210 ILCS 45/3-605.

n) Certain payments received under the American Recovery and Reinvestment Act of 2009.

1) Payments to World War II veterans who served in the Philippines and spouses of those veterans under Div. A, Title X, Sec. 1002 of P.L. 111-5.

2) Payments or reimbursements for Premium Assistance for COBRA Continuous Coverage under Div. B, Title III, Sec. 3001 of P.L. 111-5.

o) Certain payments received under the American Recovery and Reinvestment Act of 2009 are exempt as an asset the month of receipt and two months thereafter.

1) Making Work Pay Credit under Div. B, Title I, Sec. 1001 of P.L. 111-5.

2) Tax Credit for Certain Government Retirees under Div. B, Title II, Sec. 2202 of P.L. 111-5.

p) Economic Recovery Payments under the American Recovery and Reinvestment Act of 2009 under Div B, Title II, Sec. 2201 of P.L. 111-5 are exempt as an asset the month of receipt and nine months thereafter.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

Section 120.385 Factors Affecting Eligibility for Long Term Care Services
EMERGENCY

a) For purposes of this Section, the terms "institutionalized persons" and "long term care services" shall have the meanings described in Section 120.388 of this Part. The terms "institutionalized spouse" and "community spouse" shall have the meanings described in Section 120.379(a) of this Part.

b) Disclosure of Annuity and Naming the State as Remainder Beneficiary.

1) Effective January 1, 2012, an application (or redetermination related to an application) for long term care services shall include a disclosure by an institutionalized person or his or her community spouse of any interest either or both may have in any annuity or similar financial instrument purchased, regardless of whether the annuity is irrevocable or is treated as an asset. The application or recertification form shall also include a statement that the State of Illinois becomes a remainder beneficiary under such an annuity or similar financial instrument to the extent that the State has provided medical assistance to the institutionalized person.

2) Failure of an institutionalized person, his or her community spouse, or his or her representative to disclose information or to name the State as a remainder beneficiary as provided for in subsection (b)(1) of this Section, or to disclose sufficient information regarding an annuity in order to establish eligibility for long term care services, shall result in denial or termination of the eligibility. Failure of an institutionalized person, his or her community spouse or his or her representative to disclose the information provided for in subsection (b)(1) of this Section, or to disclose sufficient information regarding an annuity in order to establish eligibility for medical assistance, may also result in denial or termination of eligibility for failure to cooperate under Section 120.308.

c) Home Equity Interest.

1) A~~Effective January 1, 2012, a~~ person shall not be eligible for long term care services if the person's equity interest in his or her homestead exceeds the minimum home equity as allowed and increased annually under federal law, 42 U.S.C.A. § 1396p(f)(1)(C), which for calendar year 2012 is $525,000.~~$750,000.~~ This amount shall be increased, beginning with 2013, from year to year based on the percentage increase in the Consumer Price Index for all urban consumers (all items: United States city average), rounded to the nearest $1000. A person's equity interest in his or her homestead shall be determined as follows:

A) The current market value (CMV) of the property is the going price for which it can reasonably be expected to sell on the open market in the particular geographic area involved. The CMV of the property may be established by:

i) an appraisal report, no more than six months old at the time of the application for long term care services, completed by an appraiser who is licensed or otherwise meets the requirements under the Real Estate Appraiser Licensing Act [225 ILCS 458]; or

ii) a county real estate assessor's current estimate of the market value or fair cash value of the property used in determining the assessed value of a property; or

iii) any other reliable and verifiable indicia of the price that a property would bring in a sale between a willing buyer and seller under arms-length conditions unaffected by undue pressures;

B) Equity value (EV) is the CMV of the property minus any encumbrance on it;

C) An encumbrance is a legally binding debt against a specific property. Such a debt reduces the value of the encumbered property but does not necessarily prevent the property owner from transferring ownership (selling) to a third party. However, if the owner of encumbered property does sell, the creditor will nearly always require debt satisfaction from the proceeds of sale. Examples of encumbrances include mortgages, reverse mortgages, home equity loans or other debt that is secured by the property;

D) If property is held in any form of shared ownership (e.g., joint tenancy, tenancy in common or other similar arrangement) only the fractional interest in the property shall be considered in determining the person's equity in that property.

2) The eligibility of a person for long term care services shall not be affected under this subsection (c) if any of the following are lawfully residing in the person's home:

A) the person's spouse;

B) the person's child who is under age 21; or

C) the person's adult child who is blind (as described in Section 120.313 of this Part) or disabled (as described in Section 120.314 of this Part).

3) A person whose eligibility for long term care services is affected under this subsection (c) may request a hardship waiver. The process and basis for requesting such a waiver shall be the same as described in Section 120.388(r) of this Part. In determining whether a waiver should be granted, the Department shall also take into account:

A) the amount of time the person has resided in and owned the home;

B) whether a substantial increase in property values in the home's geographic area occurred after the person purchased the home;

C) whether the home comprises a substantial portion of the person's assets (as defined in Section 120.388(d)); and

D) whether the person intends to return to the home after a period of institutionalization or, if the person does not intend to return, whether the home can be sold after being listed for sale or, if it cannot be sold, can produce income commensurate with similar income producing properties in the geographic area.

4) For purposes of this Section the words, "homestead" and "home" have the same meaning as the term "homestead" in Section 120.381(a)(1)(A) of this Part.

d) Disclosure of Purchase of Promissory Notes, Loans and Mortgages and Assigning Interest to the State.

1) Effective January 1, 2012, an application (or redetermination related to an application) for long term care services shall include a disclosure by an institutionalized person or his or her community spouse of any purchase of a promissory note, loan or mortgage either or both may have made. The application or recertification form shall also include a statement that the instrument shall provide for the assignment to the State of Illinois, as of the date of death, of up to the total amount of medical assistance paid on behalf of the institutionalized person.

2) Failure of an institutionalized person, his or her community spouse, or his or her representative to disclose information or to assign interest to the State as provided for in subsection (d)(1) of this Section, or to disclose sufficient information regarding a promissory note, loan or mortgage in order to establish eligibility for long term care services, shall result in denial or termination of the eligibility. Failure of an institutionalized person, his or her community spouse, or his or her representative to disclose the information provided for in subsection (d)(1) of this Section, or to disclose sufficient information regarding a promissory note, loan or mortgage in order to establish eligibility for medical assistance, may also

result in denial or termination of eligibility for failure to cooperate under Section 120.308.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Children's Health Insurance Program

2) Code Citation: 89 Ill. Adm. Code 125

3)

Section Numbers:	Emergency Action:
125.110	Amendment
125.200	Amendment
125.205	Amendment
125.220	Amendment
125.225	Amendment
125.240	Amendment
125.245	Amendment
125.250	Amendment
125.260	Amendment
125.265	Repeal
125.300	Amendment
125.305	Amendment
125.310	Amendment
125.320	Amendment
125.330	Amendment
125.340	Amendment
125.400	Amendment
125.420	Amendment
125.430	Amendment
125.440	Amendment
125.445	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: This Part is being amended to comply with the reduction in FamilyCare eligibility mandated by PA 97-689, the SMART Act. Effective July 1, 2012, FamilyCare eligibility will be limited to individuals in families with income at or below 133 percent of the federal poverty level as established in 89 Ill. Adm. Code 120.32. The rulemaking also makes name changes to avoid inadvertent establishment of provisions, necessary to implement SMART that could be construed as conflicting with other Parts of Title 89. For example, KidCare is changed to All Kids because the name KidCare is no longer used and Premium is changed to Premium Level 1 to avoid confusion with the Premium Level 2 co-payments established under 89 Ill. Adm. Code 123.

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

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

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 125
CHILDREN'S HEALTH INSURANCE PROGRAM

SUBPART A: GENERAL PROVISIONS

Section
125.100 General Description
125.110 Definitions
EMERGENCY

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section
125.200 Eligibility for Children's Health Insurance Program ~~and Family Care~~
EMERGENCY
125.205 Eligibility Exclusions and Terminations
EMERGENCY
125.220 Application Process
EMERGENCY
125.225 Presumptive Eligibility for Children
EMERGENCY
125.230 Determination of Monthly Countable Income
125.240 Eligibility Determination and Enrollment Process
EMERGENCY
125.245 Appeals
EMERGENCY
125.250 Annual Renewals
EMERGENCY
125.260 Adding Children to the Program and Changes in Participation
EMERGENCY
125.265 Adding Eligible Adults to the Program and Changes in Participation (Repealed)
EMERGENCY

SUBPART C: ALL KIDS ~~KIDCARE/FAMILYCARE~~ HEALTH PLAN

Section
125.300 Covered Services

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

EMERGENCY
125.305 Service Exclusions
EMERGENCY
125.310 Copayments
EMERGENCY
125.320 Premium Requirements
EMERGENCY
125.330 Non-payment of Premium
EMERGENCY
125.340 Provider Reimbursement
EMERGENCY

SUBPART D: ALL KIDS ~~KIDCARE/FAMILYCARE~~ REBATE

Section
125.400 Minimum Coverage Requirements
EMERGENCY
125.420 Coverage Verification Process
EMERGENCY
125.430 Provision of Policyholder's Social Security Number
EMERGENCY
125.440 All Kids ~~KidCare/FamilyCare~~ Insurance Rebate
EMERGENCY
125.445 Rebate Overpayments
EMERGENCY

AUTHORITY: Implementing and authorized by the Children's Health Insurance Program Act [215 ILCS 106] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 15706, effective August 12, 1998, for a maximum of 150 days; adopted at 23 Ill. Reg. 543, effective December 24, 1998; emergency amendment at 24 Ill. Reg. 4217, effective March 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11822, effective July 28, 2000; amended at 26 Ill. Reg. 12313, effective July 26, 2002; emergency amendment at 26 Ill. Reg. 15066, effective October 1, 2002, for a maximum of 150 days; amended at 27 Ill. Reg. 4723, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10807, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18623, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 7163, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13632, effective September 28, 2004; emergency amendment at 30 Ill. Reg. 535, effective January 1,

2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10328, effective May 26, 2006; emergency amendment at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013.

SUBPART A: GENERAL PROVISIONS

Section 125.110 Definitions
EMERGENCY

For the purpose of this Part, the following terms shall be defined as follows:

"Act" means the Children's Health Insurance Program Act [215 ILCS 106].

"All Kids Health Plan" means the health benefits coverage containing cost sharing features that is available to eligible children under the Act and includes All Kids Share (no premium required) and All Kids Premium Level 1 (premium required).

"All Kids Rebate" means the program available under the Act for which the Department, on behalf of an eligible child, makes rebate payments to offset a family's cost of insuring that child under privately sponsored or employer-based health insurance.

"Caretaker Relative" means a relative as specified in this definition, with whom the child lives, who is providing care, supervision and a home for the child. Caretaker relatives include:

Blood or adoptive relatives within the fifth degree of kinship:

father and mother

brother and sister

grandmother and grandfather (including up to great-great-great)

uncle and aunt (including up to great-great)

nephew and niece (including up to great-great)

first cousin

first cousin once removed (child of first cousin)

second cousin (child of great-aunt/uncle)

Step relatives:

step-father and step-mother

step-brother and step-sister

A person who is or has been married to one of the above relatives.

"Department" means the Department of Healthcare and Family Services and any successor agencies.

"Eligible Adult" means an individual 19 years of age or older who is a parent or other caretaker relative and that individual's spouse if they reside together.

"Family" means the child applying for the Program and the following individuals who live with the child:

The child's parents

The spouse of the child's parent

Children under 19 years of age of the parents or the parent's spouse

The spouse of the child

The children of the child

If any of the above is pregnant, the unborn children.

"FamilyCare Premium" means ~~expansion of~~ coverage of parents and caretaker relatives in families with income above 150 percent of the Federal Poverty Level. The FamilyCare Premium program ceased effective June 30, 2012, but unpaid premiums may be relevant to children's eligibility under this Part.~~to include eligible adults as permitted by the KidCare Parent Coverage Waiver.~~

"FamilyCare Rebate" means the program under which the Department, on behalf of an eligible adult, made rebate payments to offset a family's cost of insuring an individual under privately sponsored or employer-based health insurance. The FamilyCare Rebate

program ceased effective June 30, 2012, but unreturned overpayments may be relevant to children's eligibility under this Part.

"Federal Poverty Level" means the federal poverty income guidelines as established by the federal Department of Health and Human Services and published in the *Federal Register*.

~~"KidCare/FamilyCare Health Plan" means the health benefits coverage containing cost sharing features that is available to eligible families under the Children's Health Insurance Program or the KidCare Parent Coverage Waiver, and includes KidCare/FamilyCare Share (no premium required) and KidCare/FamilyCare Premium (premium required).~~

~~"KidCare/FamilyCare Rebate" means the program under which the Department, on behalf of an eligible individual, makes rebate payments to offset a family's cost of insuring an individual under privately sponsored or employer-based health insurance.~~

"Medical Assistance" means health care benefits provided under Article V of the Illinois Public Aid Code.

"Program" means the program created under the Children's Health Insurance Program Act and this Part.

"Rebate" means the payment made by the Department under All Kids~~KidCare~~ Rebate.

"REV" means the Recipient Eligibility Verification system through which medical providers can obtain eligibility and claim status information electronically.

"Significant Health Insurance" means coverage that includes physician services and inpatient hospital services that would qualify for coverage under All Kids~~KidCare~~ Rebate.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section 125.200 Eligibility for Children's Health Insurance Program and FamilyCare EMERGENCY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

A child ~~or eligible adult~~ may be eligible under the Program provided that all of the following eligibility criteria are met:

a) The child ~~or eligible adult~~ is not eligible for Medical Assistance including Part~~Section~~ 120~~.32~~.

b) The child is under 19 years of age.

c) Countable Income

~~1)~~ A child is a member of a family whose monthly countable income is above 133 percent of the Federal Poverty Level and at or below 200 percent of the Federal Poverty Level.

~~2) An eligible adult is a member of a family whose monthly income is above 133 percent of the Federal Poverty Level and at or below 185 percent of the Federal Poverty Level.~~

d) The individual is a resident of the State of Illinois.

e) The individual is either a United States citizen or included in one of the following categories of non-citizens:

1) United States veterans honorably discharged or individuals on active military duty, or the spouse or unmarried dependent children of such persons.

2) Refugees under Section 207 of the Immigration and Nationality Act.

3) Asylees under Section 208 of the Immigration and Nationality Act.

4) Individuals for whom deportation has been withheld under Section 243(h) of the Immigration and Nationality Act.

5) Individuals granted conditional entry under Section 203(a)(7) of the Immigration and Nationality Act as in effect prior to April 1, 1980.

6) Individuals lawfully admitted for permanent residence under the Immigration and Nationality Act.

7) Parolees, for at least one year, under Section 212(d)(5) of the Immigration and Nationality Act.

8) Nationals of Cuba or Haiti.

9) Individuals identified by the Federal Office of Refugee Resettlement (ORR) as victims of trafficking.

10) Amerasians from Vietnam.

11) Members of the Hmong or Highland Laotian tribe when the tribe helped United States personnel by taking part in military or rescue operations.

12) American Indians born in Canada.

13) Individuals who are a spouse, widow or child of a United States citizen or a spouse or a child or a legal permanent resident (LPR) who have been battered or subjected to extreme cruelty by the United States citizen or LPR or a member of that relative's family who lived with them, who no longer live with the abuser or plan to live separately within one month after assistance and whose need for assistance is due, at least in part, to the abuse.

f) The individual's Social Security Number (SSN) is provided to the Department, or if it has not been issued or is not known, proof that application has been made for an SSN is provided.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.205 Eligibility Exclusions and Terminations
EMERGENCY

a) An individual shall not be determined eligible for coverage under the Program if:

1) The individual is an inmate of a public institution.

2) The individual is a patient in an institution for mental diseases.

3) The individual is a member of a family that is eligible for health benefits coverage under a State of Illinois health benefits plan on the basis of a member's employment with a public agency.

4) The individual is in categories described in Section 125.200(e)(6) or (e)(7), and the individual entered the United States on or after August 22, 1996; he or she shall not be eligible for five years beginning on the date the individual entered the United States.

b) An individual with significant health insurance can choose between All Kids~~KidCare/FamilyCare~~ Health Plan and All Kids~~KidCare/FamilyCare~~ Rebate.

c) Termination of an individual's coverage under the Program shall be initiated upon the occurrence of any of the following events:

1) A child becomes ineligible due to:

A) Losing his or her Illinois residency.

B) Attaining 19 years of age.

C) Becoming enrolled in Medical Assistance.

D) Meeting the provisions of subsection (a)(1) or (a)(3) of this Section.

~~2) An eligible adult becomes ineligible due to:~~

~~A) Losing his or her Illinois residency.~~

~~B) No child under 19 years of age remaining in the family.~~

~~C) Becoming enrolled in Medical Assistance.~~

~~D) Meeting the provisions of subsection (a)(1) or (a)(3) of this Section.~~

~~E) Income exceeding the range established in Section 125.200(b)(2).~~

2)~~3)~~ A child ~~or an eligible adult~~ becomes ineligible due to:

A) The required premiums under the All Kids~~KidCare/FamilyCare~~ Health Plan are not paid, as specified in Sections 125.320 and

125.330.

B) An individual enrolled in All Kids~~KidCare~~ Rebate is no longer being covered under a private or employer-based health insurance plan, except that an individual may change enrollment from All Kids~~KidCare/FamilyCare~~ Rebate to the All Kids~~KidCare/FamilyCare~~ Health Plan pursuant to Section 125.260(c).

C) The individual fails to report to the Department changes in information that impacts upon the individual's eligibility for the Program.

D) The individual makes a request to the Department to terminate the coverage.

E) The Department determines that the individual is no longer eligible based on any other applicable State or federal law or regulation.

F) The Department determines that the individual failed to provide eligibility information that was truthful and accurate to the best of the applicant's knowledge and belief and that affected the eligibility determination.

G) There has been a Rebate overpayment and it has not been repaid to the Department according to terms established by the Department, which may include recoupment out of future Rebate payments or a payment plan.

H) The Department determines that the individual's eligibility was incorrectly determined.

I) The application was approved pending receipt of the individual's Social Security Number and it is not provided later when requested.

d) Following termination of an individual's coverage under the Program, the following action is required before the individual can be re-enrolled:

1) A new application must be completed and the individual must be

determined otherwise eligible;

2) There must be full payment of premiums under the All Kids~~KidCare~~ Health Plan, for periods in which a premium was owed and not paid for the individual, including premiums owed when the individual was, for purposes of this Part, a member of another family;

3) Any overpayment of Rebates paid on behalf of the individual must be repaid to the Department. A Rebate overpayment shall be considered repaid if the Department can recoup the overpayment out of future Rebate payments;

4) If the termination was the result of non-payment of premiums, the individual must be out of the Program for three months before re-enrollment; and

5) The first month's premium must be paid if the individual is eligible for All Kids~~KidCare/FamilyCare~~ Premium and the individual's family chose to have coverage under subsection (g) of this Section when the individual was initially enrolled in the Program or if there was an unpaid premium on the date the individual's previous case was canceled.

e) An application will be denied if any of the ~~eligible~~ adults in the family was responsible as a caretaker relative or was enrolled in FamilyCare Premium~~eligible adult~~ during a period for which a premium under the Program was due to the Department and the premium remains unpaid at the time of application. Such an application shall be denied regardless of whether the individual for whom the premium remains unpaid is included in the application.

f) An application will be denied if any of the eligible adults in the family, was enrolled in FamilyCare Rebate~~received benefits~~ or was a caretaker relative of a child during a period for which a Rebate overpayment was received or was the payee of a Rebate overpayment and the overpayment has not been repaid to the Department. Such an application shall be denied regardless of whether the individual for whom the Rebate overpayment remains unpaid is included in the application.

g) A certificate of prior creditable coverage will be issued when the individual's coverage is terminated under the All Kids~~KidCare/FamilyCare~~ Health Plan.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.220 Application Process
EMERGENCY

a) Families will be able to apply for the Program using any of the following methods:

1) Submit the Department's application to an address specified by the Department.

2) Apply at a Department of Human Services (DHS) local office.

3) Apply through a All Kids~~KidCare~~ Application Agent that has an agreement in place with the Department.

4) Apply online at www.allkids.com~~www.kidcareillinois.com~~.

5) Additional methods that the Department establishes.

b) The application will meet all requirements found at 89 Ill. Adm. Code 110.10.

c) Families are obligated to provide truthful and accurate information for determining eligibility and to report promptly to the Department any change in non-financial information provided on the application or financial information for eligible adults.

d) The Department may cease accepting or processing applications if enrollment in the Program is closed due to limited appropriations.

e) The Department shall send a notification of its determination within 45 calendar days after the date the application was received.

f) The 45 calendar days may be extended when a decision cannot be reached because:

1) information necessary for a determination is available only from a third party and the party fails to respond or delays his or her response to the request for such information, or

2) additional information is needed from the applicant.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.225 Presumptive Eligibility for Children
EMERGENCY

a) A child younger than 19 years of age may be presumed eligible for a All Kids~~KidCare~~ Health Plan under this Part if all of the following apply:

1) an application for medical benefits has been made on behalf of the child;

2) the child is a resident of Illinois;

3) the child is not an inmate of a public institution as described in Section 125.205(a)(1);

4) the child is a member of a family whose monthly countable income, as stated on the application, is above 133 percent of the Federal Poverty Level and at or below 200 percent of the Federal Poverty Level;

5) the State employee who registers the application has no information that the child is not a U.S. citizen or a qualified non-citizen as described in 89 Ill. Adm. Code 125.200(e) or 89 Ill. Adm. Code 118.500; and

6) the child has not been presumed eligible under this Part 125 or 89 Ill. Adm. Code 118 or 120 within the past 12 months.

b) Entities qualified to make a determination of presumptive eligibility include State employees involved in enrolling children in programs under this Part 125 or 89 Ill. Adm. Code 118 or 120.

c) The presumptive eligibility period begins on the date of application.

d) The presumptive eligibility period ends on the date the State's determination of the child's eligibility under this Part 125 or 89 Ill. Adm. Code 118 or 120 is updated in the data system.

e) No copayment or premium requirements apply during the period of presumptive eligibility.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.240 Eligibility Determination and Enrollment Process
EMERGENCY

a) If the monthly countable income is at or below 133 percent of the Federal Poverty Level for the number of individuals in the family, the individual will be enrolled in Medical Assistance, if otherwise determined eligible pursuant to 89 Ill. Adm. Code 120, Subpart H.

b) If the monthly countable income is above 133 percent and at or below 200 percent of the Federal Poverty Level for a child, ~~or at or below 185 percent of the Federal Poverty Level for an adult,~~ for the number of individuals in the family, and all other eligibility requirements of this Part are met and enrollment is open, the individual will be enrolled in the Program.

c) For purposes of cost sharing, children~~families~~ in the All Kids~~KidCare/FamilyCare~~ Health Plan will be enrolled into either All Kids~~KidCare/FamilyCare~~ Share or All Kids~~KidCare/FamilyCare~~ Premium as follows:

1) If monthly countable income is above 133 percent and at or below 150 percent of the Federal Poverty Level for the number of individuals in the family, the individual will be enrolled in All Kids~~KidCare/FamilyCare~~ Share.

2) If monthly countable income is above 150 percent and at or below 200 percent of the Federal Poverty Level for the number of individuals in the family, a child will be enrolled in All Kids~~KidCare~~ Premium. ~~or, if monthly countable income is above 150 percent and at or below 185 percent of the Federal Poverty Level for the number of individuals in the family, an eligible adult will be enrolled in FamilyCare Premium.~~

d) Applicants will be notified, in writing, regarding the outcome of their eligibility determination.

e) Eligibility determinations for the Program made by the fifteenth day of the month will be effective the first day of the following month. Eligibility determinations for the Program made after the fifteenth day of the month will be effective no later than the first day of the second month following that determination. The duration of eligibility for the Program for children will be 12 months unless one of the events described in Section 125.205(c)(1) or (c)(3) occurs. The 12 months of eligibility will commence when the first child in a family is covered under the Program. Children added to the Program after the eligibility period begins will be eligible for the balance of the 12-month eligibility period.

f) Individuals determined to be eligible for the All Kids~~KidCare/FamilyCare Health~~ Plan may obtain coverage for a period prior to the date of application for the Program. This coverage shall be subject to the following:

1) The family must request the prior coverage for the individual within six months following the initial date of coverage under the All Kids~~KidCare/FamilyCare~~ Health Plan.

2) The prior coverage will be individual specific and will only be available the first time the individual is enrolled in the Program.

3) The prior coverage will begin with services rendered during the two weeks prior to the date the individual's application for the All Kids~~KidCare/FamilyCare~~ Health Plan was filed and will continue until the individual's coverage under the All Kids~~KidCare/FamilyCare~~ Health Plan is effective pursuant to subsection (e).

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.245 Appeals
EMERGENCY

a) Any person who applies for or receives assistance under the Program shall have the right to appeal any of the following actions:

1) Refusal to accept an application.

2) Denial of an application or cancellation at the annual renewal including denial based on failure to meet one or more of the eligibility requirements

specified in this Part. If the denial or cancellation is not upheld on appeal, coverage under the Program shall be retroactive to the date the coverage would have commenced had the application or annual determination been approved. However, if the individual is eligible for All Kids~~KidCare/FamilyCare~~ Premium Level 1, it will be at the family's option whether coverage following a successful appeal shall be prospective only for the remainder of the 12-month period following application or retroactive to the date the coverage would have commenced had the application been approved. All premium and copayment requirements shall apply to the retroactive period.

3) Termination of coverage based on failure to continue to meet one or more of the eligibility requirements specified in this Part. If the termination is not upheld on appeal and benefits were not continued during the appeal, coverage under the Program shall be reinstated retroactive to the termination date. However, if an individual is eligible for All Kids~~KidCare/FamilyCare~~ Premium Level 1, it will be at the family's option whether coverage following a successful appeal shall be prospective only for the remainder of the 12-month period following application or retroactive to the date of termination. All premium and copayment requirements shall apply to any retroactive period.

4) Determination of the amount of the premium, Rebate, or copayments required. Coverage, Rebate amount and any premium or copayment requirements, as determined by the Department, shall remain in force during the appeal process.

b) In addition to the actions that are appealable under subsection (a) of this Section, individuals covered under the All Kids~~KidCare/FamilyCare~~ Health Plan shall have the right to appeal any of the following actions:

1) Termination of coverage due to non-payment of the required premium.

2) Denial of payment for a medical service or item that requires prior approval.

3) Decision granting prior approval for a lesser or different medical service or item than was originally requested.

c) The Department's decision to deny an application due to closing of enrollment for

the Program shall not be appealable.

d) Individuals may initiate the appeal process by:

1) Filing a written, signed request for a hearing directed to the Department's Assistance Hearings Section;

2) Calling a toll free telephone number (800/435-0774, or as designated by the Department).

e) The request for a hearing may be filed by the individual affected by the action or by the individual's authorized representative.

f) For purposes of initiating the appeal process, a copy of a written, signed request for a hearing is considered the same as the original written, signed request.

g) The request for a hearing must be filed no later than 60 days after notice of the appealable action has been given.

h) If an appeal is initiated within ten calendar days after the notice of intended Department action and the individual specifically requests that the benefits be continued, benefits shall be continued at the level in effect prior to the proposed action, pending the results of the fair hearing process. All copayment obligations including premiums must be met during the period.

i) The provisions of Subpart A of the Department's administrative rules at 89 Ill. Adm. Code 104, Practice in Administrative Hearings, shall govern the handling of appeals and the conduct of hearings under the Program.

j) An individual can, prior to a decision being rendered on the appeal, reapply for the Program.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.250 Annual Renewals
EMERGENCY

a) Eligibility shall be reviewed by the Department, or its authorized agent, at least annually following the process set forth at 305 ILCS 5/11-5.3.1.

~~b)~~ ~~Prior to the 12-month eligibility period ending, and in sufficient time for the Family to respond to the Department's request for information, the Department or its designee will send an annual renewal notice to the Family.~~

b)~~c)~~ Annual renewals shall be subject to all eligibility requirements set forth in Sections 125.200 and 125.205.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1 2012 through June 30, 2013)

Section 125.260 Adding Children to the Program and Changes in Participation EMERGENCY

a) Families may add eligible children to the Program during the 12-month eligibility period, without eligibility being reviewed by the Department. Coverage for children added shall be prospective from the effective date determined according to Section 125.240(e) and shall continue for the remainder of the family's original 12-month eligibility period and may also include any prior coverage established pursuant to Section 125.240(f).

b) Premium amounts under the All Kids~~KidCare~~ Health Plan and Rebates under All Kids~~KidCare~~ Rebate will be adjusted to reflect adding or removing a child from the Program.

c) A child who would otherwise be terminated from All Kids~~KidCare~~ Rebate because of losing private or employer-sponsored health insurance may change coverage to the All Kids~~KidCare~~ Health Plan without eligibility being reviewed by the Department if there is no unpaid Rebate overpayment. Coverage under the All Kids~~KidCare~~ Health Plan shall be prospective from the effective date determined according to Section 125.240(e) and shall continue for the remainder of the existing 12-month eligibility period. However, at the time of the change in coverage, a family may choose to have the All Kids~~KidCare~~ Share or Premium coverage retroactive to the first day of the first month following the last month of coverage under the private or employer sponsored insurance if the family refunds within 30 days after the Department's notice that the child's coverage has been changed to All Kids~~KidCare~~ Health Plan any Rebate payment received for a month in which there was no private or employer based insurance coverage, notwithstanding Section 125.445(c).

d) A child with significant health insurance may choose to change coverage from the All Kids~~KidCare~~ Health Plan to All Kids~~KidCare~~ Rebate without eligibility being reviewed by the Department if the family returns a Rebate form and there are no unpaid premiums owed to the Department. Coverage under All Kids~~KidCare~~ Rebate shall be prospective from the effective date determined according to Section 125.240(e), following receipt by the Department of a completed Rebate Form and shall continue for the remainder of the existing 12-month eligibility period.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.265 Adding Eligible Adults to the Program and Changes in Participation
(Repealed)
EMERGENCY

~~a)~~ ~~Families may add eligible adults to the Program during the 12-month eligibility period if the family income meets the income levels as stated in Section 125.240. Coverage for the added eligible adult shall be prospective from the effective date determined according to Section 125.240(e) and may also include any prior coverage established pursuant to Section 125.240(f).~~

~~b)~~ ~~Premium amounts under the FamilyCare Health Plan and Rebates under FamilyCare Rebate will be adjusted to reflect adding or removing an eligible adult from the Program.~~

~~c)~~ ~~An eligible adult who would otherwise be terminated from FamilyCare Rebate because of losing private or employer-sponsored health insurance may change coverage to the FamilyCare Health Plan if there is no unpaid Rebate overpayment. Coverage under the FamilyCare Health Plan shall be prospective from the effective date determined according to Section 125.240(e). However, at the time of the change in coverage, a family may choose to have the FamilyCare Share or Premium coverage retroactive to the first day of the first month following the last month of coverage under the private or employer sponsored insurance if the family refunds, within 30 days after the Department's notice that the person's coverage has been changed to FamilyCare Health Plan, any Rebate payment received for a month in which there was no private or employer based insurance coverage, except as described in Section 125.445(c).~~

~~d) An eligible adult with significant health insurance may change coverage to FamilyCare Rebate if the family returns a Rebate form and there are no unpaid premiums owed to the Department. Coverage under FamilyCare Rebate shall be prospective from the effective date determined according to Section 125.240(e), following receipt by the Department of a completed Rebate Form.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

SUBPART C: ALL KIDS~~KIDCARE/FAMILYCARE~~ HEALTH PLAN

Section 125.300 Covered Services
EMERGENCY

~~a)~~For children covered under the All Kids~~KidCare~~ Health Plan, covered health care services shall be the same covered services for children as described at 89 Ill. Adm. Code 140, 77 Ill. Adm. Code 2090, and 59 Ill. Adm. Code 132, except as provided in Section 125.305, and subject to appropriation and any applicable cost sharing requirements defined in Section 125.310 and Section 125.320. ~~b)For eligible adults covered under the FamilyCare Health Plan, covered health care services shall be the same covered services for adults as described at 89 Ill. Adm. Code 140, 77 Ill. Adm. Code 2090, and 59 Ill. Adm. Code 132, except as provided at Section 125.305, and subject to appropriation and any applicable cost sharing requirements defined in Section 125.310 and Section 125.320.~~

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.305 Service Exclusions
EMERGENCY

The following health care services will not be covered under the All Kids~~KidCare/FamilyCare~~ Health Plan:

a) Services provided only through a waiver approved under Section 1915(c) of the Social Security Act.

b) Abortion services.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.310 Copayments
EMERGENCY

a) Copayments may be charged to the family by a health care professional whenever the service is performed in an office or home setting, except for visits scheduled for well-baby care, well-child care or age-appropriate immunizations. Copayments may also be charged to the family by hospitals, once per inpatient admission or outpatient encounter (including the emergency room). No copayment is permitted for visits to health care professionals or hospitals made solely for speech, occupational or physical therapy, audiology, radiology or laboratory services (including APL Group 2 procedures). Families with an enrolled individual who is an American Indian or Alaska Native shall not be charged copayments.

b) Copayment requirements are as follows:

1) Practitioner office visit:

A) All Kids~~KidCare/FamilyCare~~ Share copayment: $3.65~~$2~~ per visit.

B) All Kids~~KidCare/FamilyCare~~ Premium Level 1 copayment: $5 per visit.

2) Home health care visit:

A) All Kids~~KidCare/FamilyCare~~ Share copayment: $3.65~~$2~~ per visit.

B) All Kids~~KidCare/FamilyCare~~ Premium Level 1 copayment: $5 per visit.

3) Inpatient hospitalization:

A) All Kids~~KidCare/FamilyCare~~ Share copayment: $3.65~~$2~~ per admission.

B) All Kids~~KidCare/FamilyCare~~ Premium Level 1 copayment: $5 per admission.

4) Outpatient encounter (including the emergency room):

A) All Kids~~KidCare/FamilyCare~~ Share copayment: $3.65~~$2~~ per visit.

B) All Kids~~KidCare/FamilyCare~~ Premium Level 1 copayment: $5 per visit.

5) Prescription drugs:

A) All Kids~~KidCare/FamilyCare~~ Share copayment: $2 for a 1-day to 30-day supply on ~~both~~ generic drugs, including over-the-counter drugs and $3.65 for a 1-day to 30-day supply on brand name drugs.

B) All Kids~~KidCare/FamilyCare~~ Premium Level 1 copayments: $3 for a 1-day to 30-day supply on generic drugs including over-the-counter drugs or $5 for 1-day to 30-day supply on brand name drugs.

6) Nonemergency visit to an emergency room:

A) All Kids~~KidCare/FamilyCare~~ Share copayments: $10~~$2~~ per visit.

B) All Kids~~KidCare/FamilyCare~~ Premium Level 1 copayment: $25 per visit.

c) The maximum out-of-pocket expense a family will incur for copayments during a 12-month eligibility period is $100.

d) Once the family has satisfied the copayment cap, the family is responsible for submitting receipts, to the Department, documenting the payment of copayments. The Department may return partial documentation received on copayments to the family.

e) Upon the Department determining that the copayment cap has been satisfied, the following will occur:

1) A notice stating that the copayment cap has been satisfied, and the date satisfied, will be sent to the family.

2) A message that the copayment cap has been satisfied, and the date satisfied, will be available through the family's identification card.

3) REV will be updated to reflect that the copayment cap has been reached.

f) Providers will be responsible for collecting copayments under the All Kids~~KidCare/FamilyCare~~ Health Plan.

g) Providers may elect not to charge copayments. If copayments are charged, the copayment must comply with the requirements in this Section.

h) Providers shall be responsible for refunding to the family copayments they collect after the family has reached the copayment cap.

i) The Department will not require providers to deliver services when copayments properly charged under the All Kids~~KidCare/FamilyCare~~ Health Plan are not paid.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.320 Premium Requirements
EMERGENCY

a) Families with individuals enrolled in All Kids~~KidCare/FamilyCare~~ Premium pursuant to Section 125.240(c) must pay the premiums established by this Section.

b) The premium amounts are $15 for one individual, $25 for two individuals, $30 for three individuals, $35 for four individuals, and $40 for five or more individuals.

c) Premiums are billed by and payable to the Department, or its authorized agent, on a monthly basis.

d) The premium due date will be 26 days after the fifth day of the calendar month preceding the month of coverage.

e) The premium will not change during the eligibility period, unless the family adds or removes individuals from the coverage.

f) No premiums shall be charged to families with an enrolled individual who is an American Indian or Alaska Native.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.330 Non-payment of Premium
EMERGENCY

a) All Kids~~KidCare/FamilyCare~~ Health Plan participants will have a grace period through the end of the month following the coverage month to pay the premium.

b) Failure to pay the full monthly premium by the last day of the grace period will result in termination of coverage.

c) Partial premium payments will not be refunded.

d) Collection action will be initiated by the Department to collect unpaid premiums.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.340 Provider Reimbursement
EMERGENCY

a) Providers under this Part shall be subject to approval by the Department to provide health care under the Illinois Public Aid Code.

b) Provider participation under this Part shall be voluntary.

c) Providers under this Part shall be reimbursed in accordance with the established rates of the Department or other appropriate State agency.

d) In addition to reimbursements received from the Department, providers may retain copayments defined in Section 125.310.

e) Providers under this Part shall be prohibited from billing families covered under the All Kids~~KidCare/FamilyCare~~ Health Plan any difference between the charge amount and the amount paid by the Department, except for copayments as specified in Section 125.310.

f) Providers shall be responsible for refunding to the family copayments collected in

excess of the amounts permitted by this Part.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

SUBPART D: ALL KIDS~~KIDCARE/FAMILYCARE~~ REBATE

Section 125.400 Minimum Coverage Requirements
EMERGENCY

For an eligible individual to participate in All Kids~~KidCare/FamilyCare~~ Rebate, the eligible individual must be covered by an insurance plan that offers comprehensive major medical coverage providing benefits for physician services and hospital inpatient services.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.420 Coverage Verification Process
EMERGENCY

a) All applications for participation in All Kids~~KidCare/FamilyCare~~ Rebate must be accompanied by the Department's Insurance Rebate Form.

b) Verification of insurance coverage for the previous coverage period will be required at the annual renewal of All Kids~~KidCare/FamilyCare~~ Rebate.

c) The Department, or its authorized agent, may verify insurance coverage for participants under All Kids~~KidCare/FamilyCare~~ Rebate.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.430 Provision of Policyholder's Social Security Number
EMERGENCY

For an eligible individual to participate in All Kids~~KidCare/FamilyCare~~ Rebate, the policyholder's valid Social Security Number must be provided.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.440 All Kids~~KidCare/FamilyCare Insurance~~ Rebate
EMERGENCY

a) The Rebate will be paid to the individual policyholder insuring the individual.

b) The Department will issue Rebates on a monthly basis.

c) The total dollar amount of the Rebate paid by the Department per individual per month shall be the lesser of:

1) The maximum monthly amount set by the Department calculated in accordance with the restrictions in 215 ILCS 106/25 and available appropriations, or

2) The policyholder's monthly portion of the premium paid for coverage of individuals enrolled under All Kids~~KidCare/FamilyCare~~ Rebate.

d) The Department shall set the amount of the Rebate, described in subsection (c) of this Section, prospectively.

e) To be eligible for payment, a Rebate must equal at least one dollar.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

Section 125.445 Rebate Overpayments
EMERGENCY

a) For purposes of this Part, a Rebate overpayment occurs in any of the following circumstances:

1) the monthly Rebate paid was higher than the policyholder's portion of the premium for the individuals enrolled in All Kids~~KidCare/~~Family Care Rebate;

2) the monthly Rebate paid per individual was higher than the maximum monthly amount set by the Department pursuant to Section 125.440(c)(1);

3) the Rebate was paid for an individual who was incorrectly enrolled in All

KidsKidCare/Family Care Rebate due to inaccurate or untruthful information provided on the application;

4) the Rebate was paid for a period during which the individual was not covered by private or employer-based insurance meeting the requirements of Section 125.400; or

5) the Rebate was paid for an eligible adult for whom an increase in income was not reported within ten days after the change and the family's income exceeded the upper limit set at Section 125.200(c)(2).

b) Collection action will be initiated by the Department to collect Rebate overpayments.

c) In cases where the family notified the Department of the loss of insurance of any enrolled individual or the increase of income with respect to an eligible adult within ten days after the change but past the date when the Department was able to stop issuance or adjust the amount of the next Rebate, the relevant portion of the Rebate is not an overpayment.

d) In cases where an individual is covered by private or employer-based insurance (regardless of whether the coverage meets the requirements of Section 125.400) and, due to Department error, Department of Human Services error or inaccurate information from an employer or other third party, an individual is enrolled in Rebate that should not have been or a Rebate payment is higher than it would have been if properly calculated based on accurate information, no overpayment occurs, provided the amount sent in any month does not exceed the maximum monthly amount set by the Department pursuant to Section 125.440(c)(1).

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3)

Section Numbers:	Proposed Action:
148.70	Amendment
148.117	Amendment
148.126	Amendment
148.140	Amendment
148.190	Amendment
148.240	Amendment
148.285	Repeal
148.295	Amendment
148.458	Amendment
148.510	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 29, 2012

8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

10) Complete Description of the Subjects and Issues Involved: These administrative rules are authorized by the SMART Act, which mandates adjustments to co-pays and any rate of reimbursement for services or other payments or alteration of any methodologies authorized by the Public Aid Code to reduce any rate of reimbursement for services or other payments.

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

SectionNumbers:	Proposed Action:	Illinois Register Citation:
148.70	Amendment	36 Ill. Reg. 8117; June 1, 2012

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

13) Information and questions regarding these emergency amendments shall be directed to:

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER d: MEDICAL PROGRAMS

PART 148
HOSPITAL SERVICES

SUBPART A: GENERAL PROVISIONS

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

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

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

148.130 Outlier Adjustments for Exceptionally Costly Stays
148.140 Hospital Outpatient and Clinic Services
EMERGENCY
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
EMERGENCY
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
EMERGENCY
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 (Repealed)
EMERGENCY
148.290 Adjustments and Reductions to Total Payments
148.295 Critical Hospital Adjustment Payments (CHAP)
EMERGENCY
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
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

EMERGENCY

148.460 Catastrophic Relief Payments
148.462 Hospital Medicaid Stimulus Payments

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section
148.500 Definitions
148.510 Reimbursement
EMERGENCY

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

SUBPART E: INSTITUTION FOR MENTAL DISEASES PROVISIONS FOR HOSPITALS

Section
148.700 General Provisions

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

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

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired

January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of

150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002; amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866, effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg. 8320, effective April 28, 2003, for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18843, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 1418, effective January 8, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 1766, effective January 10, 2004, for a maximum of 150 days; emergency expired June 7, 2004; amended at 28 Ill. Reg. 2770, effective February 1, 2004; emergency amendment at 28 Ill. Reg. 5902, effective April 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7101, effective May 3, 2004; amended at 28 Ill. Reg. 8072, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 8167, effective June 1, 2004, for a maximum of 150 days; amended at

28 Ill. Reg. 9661, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10157, effective July 1, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12036, effective August 3, 2004, for a maximum of 150 days; emergency expired December 30, 2004; emergency amendment at 28 Ill. Reg. 12227, effective August 6, 2004, for a maximum of 150 days; emergency expired January 2, 2005; amended at 28 Ill. Reg. 14557, effective October 27, 2004; amended at 28 Ill. Reg. 15536, effective November 24, 2004; amended at 29 Ill. Reg. 861, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2026, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 5514, effective April 1, 2005; emergency amendment at 29 Ill. Reg. 5756, effective April 8, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 11622, effective July 5, 2005, for the remainder of the 150 days; amended at 29 Ill. Reg. 8363, effective June 1, 2005; emergency amendment at 29 Ill. Reg. 10275, effective July 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 15629, effective October 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 19973, effective November 23, 2005; amended at 30 Ill. Reg. 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;

emergency amendment at 34 Ill. Reg. 15856, effective October 1, 2010, for a maximum of 150 days; emergency expired February 27, 2011; amended at 34 Ill. Reg. 17737, effective November 8, 2010; amended at 35 Ill. Reg. 420, effective December 27, 2010; amended at 35 Ill. Reg. 10033, effective June 15, 2011; amended at 35 Ill. Reg. 16572, effective October 1, 2011; emergency amendment at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013.

SUBPART A: GENERAL PROVISIONS

Section 148.70 Limitation On Hospital Services
EMERGENCY

a) Payment for inpatient hospital care in general and specialty hospitals, including psychiatric hospitals, shall be made only when it is recommended by a qualified physician, and the care is essential as determined by the appropriate utilization review authority. For hospitals or distinct part units reimbursed on a per diem basis under Sections 148.160 through 148.170 and 148.250 through 148.300, payment shall not exceed the number of days approved for the recipient's care by the appropriate utilization review authority (see Section 148.240). If Medicare benefits are not paid because of non-approval by the utilization review authority, payment shall not be made on behalf of the Department.

b) For hospitals or distinct part units reimbursed on a per case basis, payment for inpatient hospital services shall be made in accordance with 89 Ill. Adm. Code Part 149.

c) For hospitals, or distinct part units reimbursed on a per diem basis, under Sections 148.160 through 148.170 and 148.250 through 148.300, payment for inpatient hospital services shall be made based on calendar days. The day of admission shall be counted. The day of discharge shall not be counted. An admission with discharge on the same day shall be counted as one day. If a recipient is admitted, discharged and re-admitted on the same day, only one day shall be counted.

d) In obstetrical cases, payment for services to both the mother and the newborn child shall be made at one per diem rate, or one per case rate, whichever is applicable. Only in instances in which the medical condition of the newborn, as certified by the utilization review authority, necessitates care in other than the newborn nursery, shall payment be made in the child's name separately.

e) Payment for inpatient psychiatric hospital care in a psychiatric hospital, as defined

in 89 Ill. Adm. Code 149.50(c)(1), shall be made only when such services have been provided in accordance with federal regulations at 42 CFR 441, Subparts C and D.

f) Payment for transplantation costs (with the exception of kidney and cornea transplants), including organ acquisition costs, shall be made only when provided by an approved transplantation center as described in Section 148.82. Payment for kidney and cornea transplantation costs does not require enrollment as an approved transplantation center and is only provided to hospitals reimbursed on a per case basis in accordance with 89 Ill. Adm. Code 149.

g) Effective with inpatient admissions on and after July 1, 2012, and pursuant to the SMART Act (P.A. 97-0689), the Department will deny payment to hospitals for the entire inpatient stay if a designated Provider-Preventable Condition (PPC) presents during the inpatient admission. This policy applies to all hospitals. Provider-Preventable Conditions are those conditions or events that are considered reasonably preventable through compliance with evidence-based guidelines. For the category of PPCs defined as Hospital-Acquired Conditions (HACs), hospitals are required to code inpatient claims with a Present on Admission (POA) indicator for principal and secondary diagnosis codes billed. The POA indicator will identify if the condition was introduced after the inpatient admission. The Department will specify to hospitals the list of diagnosis codes or diagnosis/procedure code combinations that will be used as HACs via provider releases and posting on the Department's Web site. For the category of PPCs defined as Other Provider Preventable Conditions (OPPCs), the Department will deny payment for claims relating to a wrong surgical procedure performed on a patient; a surgical procedure performed on the wrong body part; or a surgical procedure performed on the wrong patient. Hospitals must submit claims to report these incidents and will be instructed to populate the inpatient claims with specific supplementary diagnosis coding.

h) Payment for caesarean sections shall be at the normal vaginal delivery rate unless a caesarean section is medically necessary.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 148.117 Outpatient Assistance Adjustment Payments
EMERGENCY

a) Qualifying Criteria. Outpatient Assistance Adjustment Payments, as described in subsection (b) of this Section, shall be made to Illinois hospitals meeting one of the criteria identified in this subsection (a):

1) A hospital that qualifies for Disproportionate Share Adjustment Payments for rate year 2007, as defined in Section 148.120, has an emergency care percentage greater than 70% and has provided greater than 10,500 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

2) A general acute care hospital that qualifies for Disproportionate Share Adjustment Payments for rate year 2007, as defined in Section 148.120, has an emergency care percentage greater than 85%.

3) A general acute care hospital that does not qualify for Medicaid Percentage Adjustment Payments for rate year 2007, as defined in Section 148.122, located in Cook County, outside the City of Chicago, has an emergency care percentage greater than 63%, has provided more than 10,750 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year and has provided more than 325 Medicaid surgical group outpatient ambulatory procedure listing services in the outpatient assistance base year.

4) A general acute care hospital located outside of Cook County that qualifies for Medicaid Percentage Adjustment Payments for rate year 2007 as defined in Section 148.122, is a trauma center recognized by the Illinois Department of Public Health (DPH) as of July 1, 2006, has an emergency care percentage greater than 58%, and has provided more than 1,000 Medicaid Non-emergency/Screening outpatient ambulatory procedure listing services in the outpatient assistance base year.

5) A hospital that has an MIUR of greater than 50% and an emergency care percentage greater than 80%, and that provided more than 6,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

6) A hospital that has an MIUR of greater than 70% and an emergency care percentage greater than 90%.

7) A general acute care hospital, not located in Cook County, that is not a trauma center recognized by DPH as of July 1, 2006 and did not qualify for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Section 148.122, has an MIUR of greater than 25% and an emergency care percentage greater than 50%, and that provided more than 8,500 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

8) A general acute care hospital, not located in Cook County, that is a Level I trauma center recognized by DPH as of July 1, 2006, has an emergency care percentage greater than 50%, and provided more than 16,000 Medicaid outpatient ambulatory procedure listing services, including more than 1,000 non-emergency screening outpatient ambulatory procedure listing services, in the outpatient assistance base year.

9) A general acute care hospital, not located in Cook County, that qualified for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Section 148.122, has an emergency care percentage greater than 55%, and provided more than 12,000 Medicaid outpatient ambulatory procedure listing services, including more than 600 surgical group outpatient ambulatory procedure listing services and 7,000 emergency services in the outpatient assistance base year.

10) A general acute care hospital that has an emergency care percentage greater than 75% and provided more than 15,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

11) A rural hospital that has an MIUR of greater than 40% and provided more than 16,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

12) A general acute care hospital, not located in Cook County, that is a trauma center recognized by DPH as of July 1, 2006, had more than 500 licensed beds in calendar year 2005, and provided more than 11,000 Medicaid outpatient ambulatory procedure listing services, including more than 950

surgical group outpatient ambulatory procedure listing services, in the outpatient assistance base year.

13) A general acute care hospital located outside of Illinois that provided more than 300 high tech diagnostic Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

14) A general acute care hospital is recognized as a Level I trauma center by DPH on the first day of the OAAP rate period, has Emergency Level I services greater than 2,000, Emergency Level II services greater than 8,000, and greater than 19,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

b) Outpatient Assistance Adjustment Payments

1) For hospitals qualifying under subsection (a)(1), the rate is $139.00.

2) For hospitals qualifying under subsection (a)(2), the rate is $850.00.

3) For hospitals qualifying under subsection (a)(3), the rate is $425.00.

4) For hospitals qualifying under subsection (a)(4), the rate is $665.00 through December 31, 2014~~June 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $375.00.

5) For hospitals qualifying under subsection (a)(5), the rate is $250.00.

6) For hospitals qualifying under subsection (a)(6), the rate is $336.25.

7) For hospitals qualifying under subsection (a)(7), the rate is $110.00

8) For hospitals qualifying under subsection (a)(8), the rate is $200.00.

9) For hospitals qualifying under subsection (a)(9), the rate is $128.50 through June 30, 2010. For dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~, this rate shall be increased by $74.00, to $202.50. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $48.50.

10) For hospitals qualifying under subsection (a)(10), the rate is $135.00. For dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~, this rate shall be increased by $70.00, to $205.00. For dates of service on or after January 1, 2015, the rate is $135.00.

11) For hospitals qualifying under subsection (a)(11), the rate is $65.00.

12) For hospitals qualifying under subsection (a)(12), the rate is $90.00.

13) For hospitals qualifying under subsection (a)(13) that have an emergency care percentage greater than 19% but less than 25%, the rate is $141.00. For hospitals qualifying under subsection (a)(13) that have an emergency care percentage greater than 25%, the rate is $494.00.

14) For hospitals qualifying under subsection (a)(14), the rate is $47.00 for dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $0.00.

c) Payment to a Qualifying Hospital

1) The total annual payments to a qualifying hospital shall be the product of the hospital's rate multiplied by the Medicaid outpatient ambulatory procedure listing services in the outpatient assistance adjustment base year.

2) For the outpatient assistance adjustment period for fiscal year 2010 and after, total payments will equal the amount determined using the methodologies described in subsection (c)(1) of this Section and shall be paid to the hospital, at least, on a quarterly basis.

3) Payments described in this Section are subject to federal approval.

d) Definitions

1) "Emergency care percentage" means a fraction, the numerator of which is the total Group 3 ambulatory procedure listing services as described in Section 148.140(b)(1)(C), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in

the Department's data base adjudicated through June 30, 2006, and the denominator of which is the total ambulatory procedure listing services as described in Section 148.140(b)(1), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006.

2) "General acute care hospital" is a hospital that does not meet the definition of a hospital contained in 89 Ill. Adm. Code 149.50(c).

3) "Outpatient Ambulatory Procedure Listing Payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.

4) "Outpatient assistance year" means, beginning January 1, 2007, the 6-month period beginning on January 1, 2007 and ending June 30, 2007, and beginning July 1, 2007, the 12-month period beginning July 1 of the year and ending June 30 of the following year.

5) "Outpatient assistance base period" means the 12-month period beginning on July 1, 2004 and ending June 30, 2005.

6) "Surgical group outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 148.140(b)(1)(A), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.

7) "Non-emergency/screening outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 148.140(b)(1)(C)(iii), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's

paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.

8) "High tech diagnostic Medicaid outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services described in Section 148.140(b)(1)(B)(ii), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.

e) Payment Limitations: In order to be eligible for any new payment or rate increase under this Section that would otherwise become effective for dates of service on or after July 1, 2010, a hospital located in a geographic area of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a Care Coordination program as defined in 305 ILCS 5/5-30 must be a Coordinated Care Participating Hospital as defined in Section 148.295(g)(5). This payment limitation takes effect six months after the Department begins mandatory enrollment in the geographic area.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.126 Safety Net Adjustment Payments
EMERGENCY

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

1) The hospital has, as provided in subsection (e)(6) of this Section, an MIUR equal to or greater than 40 percent.

2) The hospital has the highest number of obstetrical care days in the safety net hospital base year.

3) The hospital is, as of October 1, 2001, a sole community hospital, as defined by the United States Department of Health and Human Services (42 CFR 412.92).

4) The hospital is, as of October 1, 2001, a rural hospital, as described in Section 148.25(g)(3), that meets all of the following criteria:

A) Has an MIUR greater than 33 percent.

B) Is designated a perinatal level two center by the Illinois Department of Public Health.

C) Has fewer than 125 licensed beds.

5) The hospital is a rural hospital, as described in Section 148.25(g)(3).

6) The hospital meets all of the following criteria:

A) Has an MIUR greater than 30 percent.

B) Had an occupancy rate greater than 80 percent in the safety net hospital base year.

C) Provided greater than 15,000 total days in the safety net hospital base year.

7) The hospital meets all of the following criteria:

A) Does not already qualify under subsections (a)(1) through (a)(6) of this Section.

B) Has an MIUR greater than 25 percent.

C) Had an occupancy rate greater than 68 percent in the safety net hospital base year.

D) Provided greater than 12,000 total days in the safety net hospital base year.

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

A) Is a rural hospital, as described in Section 148.25(g)(3).

B) Has an MIUR greater than 18 percent.

C) Has a combined MIUR greater than 45 percent.

D) Has licensed beds less than or equal to 60.

E) Provided greater than 400 total days.

F) Provided fewer than 125 obstetrical care days.

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

A) Is a psychiatric hospital, as described in 89 Ill. Adm. Code 149.50(c)(1).

B) Has licensed beds greater than 120.

C) Has an average length of stay less than ten days.

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

A) Does not already qualify under subsections (a)(1) through (a)(9) of this Section.

B) Has an MIUR greater than 17 percent.

C) Has licensed beds greater than 450.

D) Has an average length of stay less than four days.

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

A) Does not already qualify under subsections (a)(1) through (a)(10) of this Section.

B) Has an MIUR greater than 21 percent.

C) Has licensed beds greater than 350.

D) Has an average length of stay less than 3.15 days.

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

A) Does not already qualify under subsections (a)(1) through (a)(11) of this Section.

B) Has an MIUR greater than 34 percent.

C) Has licensed beds greater than 350.

D) Is designated a perinatal Level II center by the Illinois Department of Public Health.

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

A) Does not already qualify under subsections (a)(1) through (a)(12) of this Section.

B) Has an MIUR greater than 35 percent.

C) Has an average length of stay less than four days.

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

A) Does not already qualify under subsections (a)(1) through (a)(13) of this Section.

B) Has a Combined MIUR greater than 25 percent.

C) Has an MIUR greater than 12 percent.

D) Is designated a perinatal Level II center by the Illinois Department of Public Health.

E) Has licensed beds greater than 400.

F) Has an average length of stay less than 3.5 days.

15) A hospital provider that would otherwise be excluded from payment by subsection (a) because it does not operate a comprehensive emergency room, if the hospital provider operates within 1 mile of an affiliate hospital provider that is owned and controlled by the same governing body that operates a comprehensive emergency room, as defined in 77 Ill. Adm. Code 250.710(a), and the provider operates a standby emergency room, as defined in 77 Ill. Adm. Code 250.710(c), and functions as an overflow emergency room for its affiliate hospital provider.

16) The hospital has an MIUR greater than 90% in the safety net hospital base year.

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

A) Does not already qualify under subsections (a)(1) through (a)(16) of this Section.

B) Is located outside HSA 6.

C) Has an MIUR greater than 16%.

D) Has licensed beds greater than 475.

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

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

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

B) Has a combined MIUR greater than 80%.

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

A) Does not already qualify under subsections (a)(1) through (a)(18) of this Section.

B) Has a CMIUR greater than 28 percent.

C) Is designated a perinatal Level II center by the Illinois Department of Public Health.

D) Has licensed beds greater than 320.

E) Had an occupancy rate greater than 37 percent in the safety net hospital base year.

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

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

A) Does not already qualify under subsections (a)(1) through (a)(19) of this Section.

B) Is a general acute care hospital.

C) Is designated a perinatal Level II center by the Illinois Department of Public Health.

D) Provided greater than 1,000 rehabilitation days in the safety net hospital base year.

b) The following five classes of hospitals are ineligible for safety net adjustment payments associated with the qualifying criteria listed in subsections (a)(1) through (a)(4), subsections (a)(6) through (a)(8), subsections (a)(10) through (a)(15) and subsections (a)(17) through (a)(19) of this Section:

1) Hospitals located outside of Illinois.

2) County-owned hospitals, as described in Section 148.25(b)(1)(A).

3) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).

4) Psychiatric hospitals, as described in 89 Ill. Adm. Code 149.50(c)(1).

5) Long term stay hospitals, as described in 89 Ill. Adm. Code 149.50(c)(4).

c) Safety Net Adjustment Rates

1) For a hospital qualifying under subsection (a)(1) of this Section, the rate is the sum of the amounts for each of the following criteria for which it qualifies:

A) A qualifying hospital – $15.00.

B) A rehabilitation hospital, as described in 89 Ill. Adm. Code 149.50(c)(2) – $20.00.

C) A children's hospital, as described in 89 Ill. Adm. Code 149.50(c)(3) – $20.00.

D) A children's hospital that has an MIUR greater than or equal to 80 per centum that is:

i) Located within HSA 6 or HSA 7 – $296.00.

ii) Located outside HSA 6 or HSA 7 – $35.00.

E) A children's hospital that has an MIUR less than 80 per centum, but greater than or equal to 60 per centum, that is:

i) Located within HSA 6 or HSA 7 – $35.00.

ii) Located outside HSA 6 or HSA 7 – $15.00.

F) A children's hospital that has an MIUR less than 60 per centum, but greater than or equal to 45 per centum, that is:

i) Located within HSA 6 or HSA 7 – $12.00.

ii) Located outside HSA 6 or HSA 7 – $5.00.

G) A children's hospital with more than 25 graduate medical education programs, as listed in the "2000-2001 Graduate Medical Education Directory" – $160.25.

H) A children's hospital that is a rural hospital – $145.00.

I) A qualifying hospital that is neither a rehabilitation hospital nor a children's hospital that is located in HSA 6 and that:

i) Provides obstetrical care – $10.00.

ii) Has at least one graduate medical education program, as listed in the "2000-2001 Graduate Medical Education Directory" – $5.00.

iii) Has at least one obstetrical graduate medical education program, as listed in the "2000-2001 Graduate Medical Education Directory" – $5.00.

iv) Provided more than 5,000 obstetrical days during the safety net hospital base year – $35.00.

v) Provided fewer than 4,000 obstetrical days during the safety net hospital base year and its average length of stay is: less than or equal to 4.50 days – $5.00; less than 4.00 days – $5.00; less than 3.75 days – $5.00.

vi) Provides obstetrical care and has an MIUR greater than 65 percent – $11.00.

vii) Has greater than 700 licensed beds – $37.75.

J) A qualifying hospital that is neither a rehabilitation hospital nor a children's hospital, that is located outside HSA 6, that has an MIUR greater than 50 per centum, and that:

i) Provides obstetrical care – $280.00 if federal approval is received by the Department for such a rate; otherwise, the

rate shall be $70.00.

ii) Does not provide obstetrical care – $120.00 if federal approval is received by the Department for such a rate; otherwise, the rate shall be $30.00.

iii) Is a trauma center, recognized by the Illinois Department of Public Health (DPH), as of July 1, 2005 – $173.50.

K) A qualifying hospital that provided greater than 35,000 total days in the safety net hospital base year – $43.25.

L) A qualifying hospital with two or more graduate medical education programs, as listed in the "2000-2001 Graduate Medical Education Directory", with an average length of stay fewer than 4.00 days – $48.00.

2) For a hospital qualifying under subsection (a)(2) of this Section, the rate shall be $123.00.

3) For a hospital qualifying under subsection (a)(3) of this Section, the rate is the sum of the amounts for each of the following criteria for which it qualifies:

A) A qualifying hospital – $40.00.

B) A hospital that has an average length of stay of fewer than 4.00 days, and:

i) More than 150 licensed beds – $20.00.

ii) Fewer than 150 licensed beds – $40.00.

C) A qualifying hospital with the lowest average length of stay – $15.00.

D) A hospital that has a CMIUR greater than 65 per centum – $35.00.

E) A hospital that has fewer than 25 total admissions in the safety net

hospital base year – $160.00.

4) For a hospital qualifying under subsection (a)(4) of this Section, the rate shall be $110.00 if federal approval is received by the Department for such a rate; otherwise, the rate shall be $55.00.

5) For a hospital qualifying under subsection (a)(5) of this Section, the rate is the sum of the amounts for each of the following for which it qualifies, divided by the hospital's total days:

A) The hospital that has the highest number of obstetrical care admissions – $30,840.00.

B) The greater of:

i) The product of $115.00 multiplied by the number of obstetrical care admissions.

ii) The product of $11.50 multiplied by the number of general care admissions.

6) For a hospital qualifying under subsection (a)(6) of this Section, the rate is $56.00 if federal approval is received by the Department for such a rate; otherwise, the rate shall be $53.00.

7) For a hospital qualifying under subsection (a)(7) of this Section, the rate is $315.50 through December 31, 2014~~June 30, 2012~~ if federal approval is received by the Department for that rate; otherwise, the rate shall be $210.50. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $210.50.

8) For a hospital qualifying under subsection (a)(8) of this Section, the rate is $124.50.

9) For a hospital qualifying under subsection (a)(9) of this Section, the rate is $133.00. For dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~, this rate shall be increased by $72.00, to $205.00. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $85.50.

10) For a hospital qualifying under subsection (a)(10) of this Section, the rate is $13.75. For dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~, this rate shall be increased by $25.00, to $38.75. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $13.75.

11) For a hospital qualifying under subsection (a)(11) of this Section, the rate is $421.00 through December 31, 2014~~June 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $39.50.

12) For a hospital qualifying under subsection (a)(12) of this Section, the rate is $240.50 if federal approval is received by the Department for such a rate; otherwise, the rate shall be $120.25.

13) For a hospital qualifying under subsection (a)(13) of this Section, for dates of service on or after April 1, 2009, the rate is $815.00.

14) For a hospital qualifying under subsection (a)(14) of this Section, the rate is $443.75 if federal approval is received by the Department for such a rate; otherwise, the rate shall be $343.75.

15) For a hospital qualifying under subsection (a)(16) of this Section, the rate is $39.50.

16) For a hospital qualifying under subsection (a)(17) of this Section, the rate is $69.00. This reimbursement rate is contingent on federal approval.

17) For a hospital qualifying under subsection (a)(18) of this Section, the rate is $56.00 through December 31, 2014J~~une 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $16.00. This reimbursement rate is contingent on federal approval.

18) For a hospital qualifying under subsection (a)(19) of this Section, the rate is $229.00. For dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~, this rate shall be increased by $113.00, to $342.00. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $145.00.

19) For a hospital qualifying under subsection (a)(20) of this Section, the rate is $71.00 through December 31, 2014~~June 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $0.00.

d) Payment to a Qualifying Hospital

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

2) For the safety net adjustment period occurring in State fiscal year 2011, total payments will be determined through application of the methodologies described in subsection (c) of this Section.

3) For safety net adjustment periods occurring after State fiscal year 2010, total payments made under this Section shall be paid in installments on, at least, a quarterly basis.

e) Definitions

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

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

3) "General care admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department by June 30, 2001, excluding admissions for: obstetrical care, as defined in subsection (e)(7) of this Section; normal newborns; psychiatric care; physical rehabilitation; and those covered in whole or in part by Medicare (Medicaid/Medicare crossover admissions).

4) "HSA" means Health Service Area, as defined by the Illinois Department of Public Health.

5) "Licensed beds" means, for a given hospital, the number of licensed beds, excluding long term care and substance abuse beds, as listed in the July 25, 2001, Illinois Department of Public Health report entitled "Percent Occupancy by Service in Year 2000 for Short Stay, Non-Federal Hospitals in Illinois."

6) "MIUR", for a given hospital, has the meaning as defined in Section 148.120(i)(5) and shall be determined in accordance with Section 148.120(c) and (f). For purposes of this Section, the MIUR determination that was used to determine a hospital's eligibility for Disproportionate Share Hospital Adjustment payments in rate year 2002 shall be the same determination used to determine a hospital's eligibility for safety net adjustment payments in the Safety Net Adjustment Period.

7) "Obstetrical care admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, as tabulated from the Department's claims data, for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001, and were assigned by the Department a diagnosis related grouping (DRG) code of 370 through 375.

8) "Obstetrical care days" means, for a given hospital, days of hospital inpatient service associated with the obstetrical care admissions described in subsection (e)(7) of this Section.

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

10) "Safety net hospital base year" means the 12-month period beginning on July 1, 1999, and ending on June 30, 2000.

11) "Safety net adjustment period" means, beginning July 1, 2002, the 12 month period beginning on July 1 of a year and ending on June 30 of the following year.

12) "Total admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover admissions), as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001.

13) "Total days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001.

f) Payment Limitations: In order to be eligible for any new payment or rate increase under this Section that would otherwise become effective for dates of service on or after July 1, 2010, a hospital located in a geographic area of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a Care Coordination program as defined in 305 ILCS 5/5-30 must be a Coordinated Care Participating Hospital as defined in Section 148.295(g)(5). The payment limitation takes effect six months after the Department begins mandatory enrollment in the geographic area.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.140 Hospital Outpatient and Clinic Services
EMERGENCY

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.

2) Except for the procedures under the APL groupings described in 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).

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 July 1, 2012~~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 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) 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 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.

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.~~

~~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 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; and 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 (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 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 claims data multiplied by the hospital's cost-to-charge ratio.

6) Critical Access Hospital Rate Adjustment
Hospitals designated by the Illinois Department of Public Health as Critical Access Hospital (CAH) providers in accordance with 42 CFR 485.subpart F shall be eligible for an outpatient rate adjustment for services identified in subsections (b)(1)(A) through (b)(1)(F), excluding services for Medicare/Medicaid crossover claims. This adjustment shall be calculated as follows:

A) An annual distribution factor shall be calculated as follows:

i) The numerator shall be $33 million.

ii) The denominator shall be the RY 2011 total outpatient cost coverage deficit calculated in accordance with 89 Ill. Adm. Code 148.115, less the RY 2011 Rural Adjustment Outpatient Payments calculated in accordance with 89 Ill. Adm. Code 148.115, plus the annual outpatient supplemental payment calculated in accordance with 89 Ill. Adm. Code 148.456.

B) Hospital Specific Adjustment Value

For each hospital qualified under this subsection (b)(6) the hospital specific adjustment value shall be the product of each hospital's specific cost coverage deficit calculated in subsection (b)(6)(A)(ii) and the distribution factor calculated in subsection (b)(6)(A):

C) Final APL Rate Adjustment Values shall be the quotient of:

i) The hospital specific adjustment value identified in subsection (b)(6)(B) divided by

ii) The total outpatient services identified in subsections (b)(1)(A) through (b)(1)(F), excluding services for Medicare/Medicaid crossover claims for calendar year 2009, adjudicated and contained in the Department's paid claims database as of December 31, 2010.

D) Non-State Government Owned Provider Adjustment
Final APL rates for hospitals identified in non-State government owned or operated providers in the State's Upper Payment Limits demonstration shall be adjusted when necessary to assure compliance with federal upper payment limits as stated in 42 CFR 447.304.

E) Applicability
The rates calculated in accordance with subsection (b)(6)(A) shall be effective for dates of service beginning January 1, 2011 and shall be adjusted each State fiscal year beginning July 1, 2011.

i) For State fiscal year 2011, the rate year shall begin January 1, 2011 and end June 30, 2011.

ii) For State fiscal year 2012 and beyond, the rate year shall be for dates of services beginning July 1 through June 30 of the subsequent year.

iii) For purposes of this adjustment, a children's hospital identified in Section 149.50(c)(3)(B) shall be combined with the corresponding general acute care parent hospital.

iv) Beginning with State fiscal year 2012 and each subsequent State fiscal year thereafter, the adjustment to the FY 2011 final APL Rate adjustment shall be limited to 2% in accordance with spending limits in 35 ILCS 5/201.5.

7) No Year-End Reconciliation
With the exception of the retrospective rate adjustment described in subsection (b)(9) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (b).

8) 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.

9) 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.

10) 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 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.

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.

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) 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 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.

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.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.190 Copayments
EMERGENCY

a) With the exception of those classes of individuals identified in 89 Ill. Adm. Code 140.402(d), copayments will be assessed on inpatient services provided under all Medical Assistance Programs administered by the Department. Copayments will be in the following amounts:

1) Inpatient hospital services, a daily co-payment amount as defined in federal regulations at 42 CFR 447.50 et seq., which for federal fiscal year 2012 is $3.65 ~~in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of $325 or more ..... $3 per day~~.

2) Non-emergency services defined as Emergency Level II and Non-emergency/Screening Level in 148.140 (b) rendered in an emergency room may require a nominal copayment amount as defined in federal regulations at 42 CFR 447.50 et seq., which for federal fiscal year 2012 is $3.65. Individuals identified in 89 Ill. Adm. Code 140.402 (d)(1) and (d)(2) are subject to this copayment.

~~2) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of more than $275 but less than $325 ..... $2 per day.~~

~~3) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a))~~

~~of $275 or less ..... No Copayment.~~

b) In each instance where a copayment is payable, the Department will reduce the amount payable to the affected provider by the amount of the required copayment.

c) No provider may deny care or services on account of an individual's inability to pay a copayment; this requirement, however, shall not extinguish the liability for payment of the copayment by the individual to whom the care or services were furnished.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.240 Utilization Review and Furnishing of Inpatient Hospital Services Directly or Under Arrangements
EMERGENCY

a) Utilization Review
The Department, or its designated peer review organization, shall conduct utilization review in compliance with Section 1152 of the Social Security Act and 42 CFR Subchapter F (October 1, 2001). A peer review shall be conducted by a Physician Peer Reviewer who is licensed to practice medicine in all its branches, engaged in the active practice of medicine, board certified or board eligible in his or her specialty and has admitting privileges in one or more Illinois hospitals. Payment will only be made for those admissions and days approved by the Department or its designated peer review organization. Utilization review may consist of, but not be limited to, preadmission, concurrent, prepayment, and postpayment reviews to determine, pursuant to 42 CFR 476, Subpart C (October 1, 2001), the following:

1) Whether the services are or were reasonable and medically necessary for the diagnosis and treatment of illness or injury;

2) The medical necessity, reasonableness and appropriateness of hospital admissions and discharges, including, but not limited to, the coordination of care requirements defined in Section 148.40(a)(10) for the Children's Mental Health Screening, Assessment and Support Services (SASS) Program;

3) Through DRG (Diagnosis Related Grouping) (see 89 Ill. Adm. Code 149) validation, the validity of diagnostic and procedural information supplied by the hospital;

4) The completeness, adequacy and quality of hospital care provided;

5) Whether the quality of the services meets professionally recognized standards of health care; or

6) Whether those services furnished or proposed to be furnished on an inpatient basis could, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient health care facility of a different type.

b) Notice of Utilization Review
The Department shall provide hospitals with notice 30 days before a service is subject to utilization review, as described in subsections (c), (d), (e) and (f) of this Section, that the service is subject to such review. In determining whether a particular service is subject to utilization review, the Department may consider factors that include:

1) Assessment of appropriate level of care;

2) The service could be furnished more economically on an outpatient basis;

3) The inpatient hospital stays for the service deviate from the norm for inpatient stays using accepted length of stay criteria;

4) The cost of care for the service;

5) Denial rates; and

6) Trends or patterns that indicate potential for abuse.

c) Preadmission Review
Preadmission review may be conducted prior to admission to a hospital to determine if the services are appropriate for an inpatient setting. The Department shall provide hospitals with notice of the criteria used to determine medical necessity in preadmission reviews 30 days before a service is subject to

preadmission review.

d) Concurrent Review
Concurrent review consists of a certification of admission and, if applicable, a continued stay review.

1) The certification of admission is performed to determine the medical necessity of the admission and to assign an initial length of stay based on the criteria for the admission. Admissions will be denied for patients age 21 years of age or over who present at a hospital within 60 days of a previous admission for specified alcohol-induced or drug-induced detoxification. The Department will specify to hospitals the lists of affected diagnosis codes via provider releases and postings on the Department's Web site.

2) The continued stay review is conducted to determine the medical necessity and appropriateness of continuing the inpatient hospitalization. More than one continued stay review can be performed in an inpatient stay.

e) Prepayment Review
The Department may require hospitals to submit claims to the Department for prepayment review and approval prior to rendering payment for services provided.

f) Postpayment Review
Postpayment review shall be conducted on a random sample of hospital stays following reimbursement to the hospital for the care provided. The Department may also conduct postpayment review on specific types of care.

g) Hospital Utilization Control
Hospitals and distinct part units that participate in Medicare (Title XVIII) must use the same utilization review standards and procedures and review committee for Medicaid as they use for Medicare. Hospitals and distinct part units that do not participate in Medicare (Title XVIII) must meet the utilization review plan requirements in 42 CFR, Ch. IV, Part 456 (October 1, 2001). Utilization control requirements for inpatient psychiatric hospital care in a psychiatric hospital, as defined in 89 Ill. Adm. Code 149.50(c)(1) shall be in accordance with the federal regulations.

h) Denial of Payment as a Result of Utilization Review

1) If the Department determines, as a result of utilization review, that a hospital has misrepresented admissions, length of stay, discharges, or billing information, or has taken an action that results in the unnecessary admission or inappropriate discharge of a program participant, unnecessary multiple admissions of a program participant, unnecessary transfer of a program participant, or other inappropriate medical or other practices with respect to program participants or billing for services furnished to program participants, the Department may, as appropriate:

A) Deny payment (in whole or in part) with respect to inpatient hospital services provided with respect to such an unnecessary admission, inappropriate length of stay or discharge, subsequent readmission, transfer of an individual or failure to comply with the coordination of care requirements of Section 148.40.

B) Require the hospital to take action necessary to prevent or correct the inappropriate practice.

2) When payment with respect to the discharge of an individual patient is denied by the Department or its designated peer review organization, under subsection (h)(1)(A) of this Section as a result of prepayment review, a reconsideration will be provided within 30 days upon the request of a hospital or physician if such request is the result of a medical necessity or appropriateness of care denial determination and is received within 60 days after receipt of the notice of denial. The date of the notice of denial is counted as day one.

3) When payment with respect to the discharge of an individual patient is denied by the Department or its designated peer review organization under subsection (h)(1)(A) of this Section as a result of a preadmission or concurrent review, the hospital or physician may request an expedited reconsideration. The request for expedited reconsideration must include all the information, including the medical record, needed for the Department or its designated peer review organization to make its determination. A determination on an expedited reconsideration request shall be completed within one business day after the Department's or its designated peer review organization's receipt of the request. Failure of the

hospital or physician to submit all needed information shall toll the time in which the reconsideration shall be completed. The results of the expedited reconsideration shall be communicated to the hospital by telephone within one business day and in writing within three business days after the determination.

4) A determination under subsection (h)(1) of this Section, if it is related to a pattern of inappropriate admissions, length of stay and billing practices that has the effect of circumventing the prospective payment system, may result in:

A) withholding Medicaid payment (in full or in part) to the hospital until the hospital provides adequate assurances of compliance; or

B) termination of the hospital's Provider Agreement.

i) Furnishing of Inpatient Hospital Services Directly or Under Other Arrangements

1) The applicable payments made under Sections 148.82, 148.120, 148.130, 148.150, 148.160, 148.170, 148.175 and 148.250 through 148.300 are payment in full for all inpatient hospital services other than for the services of nonhospital-based physicians to individual program participants and the services of certain hospital-based physicians as described in subsections (i)(1)(B)(i) through (i)(1)(B)(v) of this Section .

A) Hospital-based physicians who may not bill separately on a fee-for-service basis:

i) A physician whose salary is included in the hospital's cost report for direct patient care may not bill separately on a fee-for-service basis.

ii) A teaching physician who provides direct patient care may not bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital or other institution includes a component for treatment services.

B) Hospital-based physicians who may bill separately on a fee-for-service basis:

i) A physician whose salary is not included in the hospital's cost report for direct patient care may bill separately on a fee-for-service basis.

ii) A teaching physician who provides direct patient care may bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital or other institution does not include a component for treatment services.

iii) A resident may bill separately on a fee-for-service basis when, by the terms of his or her contract with the hospital, he or she is permitted to and does bill private patients and collect and retain the payments received for those services.

iv) A hospital-based specialist who is salaried, with the cost of his or her services included in the hospital reimbursement costs, may bill separately on a fee-for-service basis when, by the terms of his or her contract with the hospital, he or she may charge for professional services and do, in fact, bill private patients and collect and retain the payments received.

v) A physician holding a nonteaching administrative or staff position in a hospital or medical school may bill separately on a fee-for-service basis to the extent that he or she maintains a private practice and bills private patients and collects and retains payments made.

2) Charges are to be submitted on a fee-for-service basis only when the physician seeking reimbursement has been personally involved in the services being provided. In the case of surgery, it means presence in the operating room, performing or supervising the major phases of the operation, with full and immediate responsibility for all actions performed as a part of the surgical treatment.

j) "Designated peer review organization" means an organization designated by the Department that is experienced in utilization review and quality assurance, which meets the guidelines in Section 1152 of the Social Security Act and 42 CFR 475

(October 1, 2001).

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.285 Excellence in Academic Medicine Payments (Repealed) EMERGENCY

~~Payments for Qualified Academic Medical Center Hospitals providing graduate medical education shall be made for inpatient admissions occurring on or after July 1, 1996, and for Independent Academic Medical Center Hospitals providing graduate medical education shall be made for inpatient admissions occurring on or after July 1, 2001, as follows:~~

~~a)~~ ~~Subject to the availability of funds from the accounts within the Medical Research and Development Fund, including any federal financial participation reimbursed for payments under this subsection (a), payments shall be made to hospitals under the following criteria:~~

~~1)~~ ~~Each Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital shall receive a percentage of the amount available from the National Institutes of Health Account, equal to that hospital's percentage of the total contracts and grants from the National Institutes of Health awarded to Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospitals and their affiliated medical schools during the preceding calendar year as reported to the Department.~~

~~2)~~ E~~ach Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital shall receive payment from the Philanthropic Medical Research Account equal to 25 percent of all funded grants (other than grants funded by the State of Illinois or the National Institutes of Health) for biomedical research, technology, or programmatic development received by the Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital during the preceding calendar year as reported to the Department.~~

~~3)~~ ~~Each Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital shall receive payment from the Market Medical Research Account equal to 20 percent of the funding for the project, if, based upon submission of information to the Department, the hospital:~~

~~A) contributes 40 percent of the funding, that is at least $100,000, for a biomedical research or technology project or a programmatic development project, and~~

~~B) obtains contributions from the private sector equal to 40 percent of the funding for the project.~~

~~b) No hospital receiving payments from the Medical Research and Development Fund shall receive more than 20 percent of the total amount appropriated to the Fund, except that total payments from the Fund to the primary teaching hospitals affiliated with the Southern Illinois University School of Medicine in Springfield, considered as a single entity, may not exceed the product of:~~

~~1) One-sixth of the total amount available for distribution from the Medical Research and Development Fund, and~~

~~2) The quotient of the National Institutes of Health grants or contracts awarded to the Southern Illinois University School of Medicine in Springfield and its affiliated primary teaching hospitals in the previous calendar year divided by $8,000,000.~~

~~c) The Southern Illinois University School of Medicine in Springfield and its affiliated primary teaching hospitals located in Springfield, considered as a single entity, shall be deemed to be a Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital for the purposes of calculating subsections (a) and (b) of this Section. Payments under subsections (a) and (b) of this Section made to the Southern Illinois University School of Medicine in Springfield and its affiliated primary teaching hospitals located in Springfield shall be made to, and divided equally between, the primary teaching hospitals in Springfield.~~

~~d) Subject to the availability of funds from the Post-Tertiary Clinical Services Fund, including any federal financial participation reimbursed for payments under this subsection (d), payments shall be made to Qualified Academic Medical Center Hospitals for up to three Qualified Programs in any given year as reported to the Department. Qualified Academic Medical Center Hospitals may receive continued funding for previously funded Qualified Programs rather than receive funding for a new program so long as the number of Qualified Programs receiving funding does not exceed three. Each hospital receiving payments under this~~

~~subsection (d) shall receive an equal percentage of the Post-Tertiary Clinical Services Fund to be used in the funding of Qualified Programs.~~

~~e)~~ ~~Subject to the availability of funds from the Independent Academic Medical Center Fund, including any federal financial participation reimbursed for payments under this subsection (e), payments shall be made to Independent Academic Medical Center Hospitals.~~

~~f)~~ ~~Payments from funds under this Section are made to cover the direct costs associated with providing Medicaid services and shall be made directly to the Qualified Academic Medical Center Hospitals or Independent Academic Medical Center Hospitals due the funds, except any funds due to any primary teaching hospital for the University of Illinois School of Medicine at Rockford and the University of Illinois School of Medicine at Peoria shall be paid to the University of Illinois at Chicago Medical Center, which shall be bound to expend the funds on its affiliated hospitals due the funds.~~

~~g)~~ ~~No Academic Medical Center Hospital shall be eligible for payments from the Medical Research and Development Fund unless the Academic Medical Center Hospital, in connection with its affiliated medical school, received at least $8,000,000 in the preceding calendar year in grants or contracts from the National Institutes of Health, except that this restriction does not apply to the entity specified in subsection (c) of this Section.~~

~~h)~~ ~~The rate period for payments made under this Section shall be the 12 month period beginning July 1, 1996, for Qualified Academic Medical Center Hospitals, and July 1, 2001, for Independent Academic Medical Center Hospitals. A qualifying hospital's total annual payments from each fund and account described in this Section shall be divided into four equal payments and be made by the later of:~~

~~1)~~ ~~the fifteenth working day after July 1, October 1, January 1, and March 1, or~~

~~2)~~ ~~the fifteenth working day after the Department's receipt of reporting information required under subsection (j) of this Section.~~

~~i)~~ ~~Payments made under this Section are for inpatient Medicaid services provided in the 12 month period preceding the rate period.~~

~~j)~~ ~~Qualified Academic Medical Center Hospitals initially identified by the Department as qualifying under any payment criteria of this Section must complete and return a survey, developed by the Department, attesting to information required to calculate payments under this Section. The Department will mail the survey at least 21 days prior to its due date. Failure to complete and submit required information by the due dates established by the Department will result in forfeiture of payments under this Section.~~

~~k)~~ ~~If a hospital is eligible for funds from the Independent Academic Medical Center Fund, that hospital shall not receive funds from the Medical Research and Development Fund or the Post-Tertiary Clinical Services Fund. If a hospital receives funds from the Medical Research and Development Fund or the Post-Tertiary Clinical Services Fund, that hospital is ineligible to receive funds from the Independent Academic Medical Center Fund.~~

~~l)~~ ~~Definitions~~
~~As used in this Section, unless the context requires otherwise:~~

~~1)~~ ~~"Academic Medical Center Hospital" means a hospital located in Illinois which is either under common ownership with the college of medicine of a college or university, or a free-standing hospital in which the majority of the clinical chiefs of service are department chairmen in an affiliated medical school.~~

~~2)~~ ~~"Academic Medical Center Children's Hospital" means a children's hospital which is separately incorporated and non-integrated into the Academic Medical Center Hospital, but which is the pediatric partner for an Academic Medical Center Hospital and serves as the primary teaching hospital for pediatrics for its affiliated medical school. Children's hospitals which are separately incorporated, but integrated into the Academic Medical Center Hospital, are considered part of the Academic Medical Center Hospital.~~

~~3)~~ ~~"Chicago Metropolitan Statistical Area Academic Medical Center Hospital" means an Academic Medical Center Hospital located in the Chicago Metropolitan Statistical Area.~~

~~4)~~ ~~"Non-Chicago Metropolitan Statistical Area Academic Medical Center~~

~~Hospital" means an Academic Medical Center Hospital located outside the Chicago Metropolitan Statistical Area.~~

~~5)~~ ~~"Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital" means any Chicago Metropolitan Statistical Area Academic Medical Center Hospital that either directly or in connection with its affiliated medical school receives in excess of $8,000,000 in grants or contracts from the National Institutes of Health during the calendar year preceding the beginning of the State fiscal year, except for the purposes of subsection (c) of this Section.~~

~~6)~~ ~~"Qualified Non-Chicago Metropolitan Statistical Area Academic Medical Center Hospital" means the primary teaching hospital of the University of Illinois School of Medicine at Peoria, the primary teaching hospital for the University of Illinois School of Medicine at Rockford and the primary teaching hospitals for Southern Illinois University School of Medicine in Springfield.~~

~~7)~~ ~~"Qualified Academic Medical Center Hospital" means a Qualified Chicago Metropolitan Statistical Area Academic Medical Center Hospital, a Qualified Non-Chicago Metropolitan Statistical Area Academic Medical Center Hospital or an Academic Medical Center Children's Hospital.~~

~~8)~~ ~~"Independent Academic Medical Center Hospital" means the primary teaching hospital for the University of Illinois College of Medicine that is located in Urbana.~~

~~9)~~ ~~"Qualified Program" includes:~~

~~A)~~ ~~Thoracic transplantation: heart and lung, in particular,~~

~~B)~~ ~~Cancer: particularly biologic modifiers of tumor response, and mechanisms of drug resistance in cancer therapy,~~

~~C)~~ S~~hock/Burn: development of biological alternatives to skin for grafting in burn injury, and research in mechanisms of shock and tissue injury in severe injury,~~

~~D)~~ ~~Abdominal transplantation: kidney, liver, pancreas, and~~

~~development of islet cell and small bowel transplantation technologies,~~

~~E) Minimally invasive surgery: particularly laparoscopic surgery,~~

~~F) High performance medical computing: telemedicine and teleradiology,~~

~~G) Transmyocardial laser revascularization: a laser creates holes in heart muscles to allow new blood flow,~~

~~H) PET scanning: viewing how organs function (CT and MRI only allow viewing of the structure of an organ),~~

~~I) Strokes in the African-American community: particularly risk factors for cerebral vascular accident (strokes) in the African-American community at much higher risk than the general population,~~

~~J) Neurosurgery: particularly focusing on interventional neuroradiology,~~

~~K) Comprehensive eye center: including further development in pediatric eye trauma,~~

~~L) Cancers: particularly melanoma, head and neck,~~

~~M) Pediatric cancer,~~

~~N) Invasive pediatric cardiology,~~

~~O) Pediatric organ transplantation: transplantation of solid organs and marrow and other stem cells, and~~

~~P) Such other programs as may be identified by the Department and the Qualified Academic Medical Center Hospital, and approved by the Department, for those programs that meet appropriate biomedical research, technology, or programmatic development standards. Programs that meet appropriate biomedical research,~~

te~~chnology or programmatic development standards are those programs that help prevent, detect, diagnose, and treat disease and disability in humans by conducting research that seeks to produce new knowledge, developing or refining medical technologies, or creating, strengthening or expanding the clinical programs of academic medical centers. Moreover, such programs meet the purpose of the Excellence in Academic Medicine Act [30 ILCS 775/5]. That is, they stimulate excellence in academic medicine in Illinois for this and future generations, elevate Illinois as a national center for academic medicine and for health care innovation in the United States, and reverse the current health care trade imbalance so Illinois citizens may obtain highest quality post-tertiary care at home in Illinois.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.295 Critical Hospital Adjustment Payments (CHAP)
EMERGENCY

Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25(b)(1)(A), unless otherwise noted in this Section, and hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section. For a hospital that is located in a geographic area of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a Care Coordination program as defined in 305 ILCS 5/5-30 no new payment or rate increase that would otherwise become effective for dates of service on or after July 1, 2010 shall take effect under this Section unless the qualifying hospital also meets the definition of a Coordinated Care Participating Hospital as defined in subsection (g)(5) of this Section no later than six months after the effective date of the first mandatory enrollment in the Coordinated Care Program.

a) Trauma Center Adjustments (TCA)
The Department shall make a TCA to hospitals recognized, as of the first day of July in the CHAP rate period, as a Level I or Level II trauma center by the Illinois Department of Public Health (DPH) in accordance with the provisions of subsections (a)(1) through (a)(4) of this Section. For the purpose of a TCA, a children's hospital, as defined under 89 Ill. Adm. Code 149.50(c)(3), operating

under the same license as a hospital designated as a trauma center, shall be deemed to be a trauma center.

1) Level I Trauma Center Adjustment.

A) Criteria. Hospitals that, on the first day of July in the CHAP rate period, are recognized as a Level I trauma center by DPH shall receive the Level I trauma center adjustment. Hospitals qualifying under subsection (a)(2) are not eligible for payment under this subsection.

B) Adjustment. Hospitals meeting the criteria specified in subsection (a)(1)(A) of this Section shall receive an adjustment as follows:

i) Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of $21,365 per Medicaid trauma admission in the CHAP base period.

ii) Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of $14,165 per Medicaid trauma admission in the CHAP base period.

2) Level I Trauma Center Adjustment for hospitals located in the same city, that alternate their Level I trauma center designation.

A) Criteria. Hospitals that are located in the same city and participate in an agreement in effect as of July 1, 2007, whereby their designation as a Level I trauma center by the Illinois Department of Public Health is rotated among qualifying hospitals from year to year or during a year, that are in the following classes:

i) A children's hospital − All children's hospitals as defined in 89 Ill. Adm. Code 149.50(c)(3), in a given city, qualifying under subsection (a)(2)(A) shall be considered one entity

for the purpose of calculating the adjustment in subsection (a)(2)(B).

ii) A general acute care hospital − All general acute care adult hospitals, in a given city, affiliated with a children's hospital, as defined in subsection (a)(2)(A)(i), qualifying under subsection (a)(2)(A) shall be considered one entity for the purposes of calculating the adjustment in subsection (a)(2)(B).

B) Adjustment. Hospitals meeting the criteria specified in subsection (a)(2)(A) shall receive an adjustment as follows:

i) If the sum of Medicaid trauma center admissions within either class, as described in subsection (a)(2)(A), is equal to or greater than the mean Medicaid trauma admissions for the 2 classes under subsection (a)(2)(A) of this Section, then each member of that class shall receive an adjustment of $5,250 per Medicaid trauma admission for that class, in the CHAP base period.

ii) If the sum of Medicaid trauma center admissions within either class, as described in subsection (a)(2)(A), is less than the mean Medicaid trauma admissions of the 2 classes under subsection (a)(2)(A) of this Section, then each member of that class shall receive an adjustment of $3,625 per Medicaid trauma admission for that class in the CHAP base period.

3) Level II Rural Trauma Center Adjustment. Rural hospitals, as defined in Section 148.25(g)(3), that, on the first day of July in the CHAP rate period, are recognized as a Level II trauma center by the Illinois Department of Public Health shall receive an adjustment of $11,565 per Medicaid trauma admission in the CHAP base period.

4) Level II Urban Trauma Center Adjustment. Urban hospitals, as described in Section 148.25(g)(4), that, on the first day of July in the CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of $11,565 per

Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:

A) The hospital is located in a county with no Level I trauma center; and

B) The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the first day of July in the CHAP rate period, and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in subsection (a)(4) of this Section; or the hospital is not located in an HPSA and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(4) of this Section; and

C) The hospital does not qualify under subsection (a)(2).

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

b) Rehabilitation Hospital Adjustment (RHA)
Illinois hospitals that, on the first day of July in the CHAP rate period, qualify as free-standing acute comprehensive rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), and that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission (previously known as the Joint Committee on Accreditation of Healthcare Organizations), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following four components:

1) Treatment Component. All hospitals defined in subsection (b) of this Section shall receive $4,215 per Medicaid Level I rehabilitation admission in the CHAP base period.

2) Facility Component. All hospitals defined in subsection (b) of this Section shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:

A) Hospitals with fewer than 60 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of $229,360 in the CHAP rate period.

B) Hospitals with 60 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of $527,528 in the CHAP rate period.

3) Health Professional Shortage Area Adjustment Component. Hospitals defined in subsection (b) of this Section that are located in an HPSA on July 1, 1999, shall receive $276.00 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.

4) Hospitals qualifying under this subsection (b) that are, as of July 1, 2010, designated as a "magnet hospital" by the American Nurses' Credentialing Center will receive a magnet component of $1,500,000 annually for the period July 1, 2010 through June 30, 2012.

c) Direct Hospital Adjustment (DHA) Criteria

1) Qualifying Criteria
Hospitals may qualify for the DHA under this subsection (c) under the following categories unless the hospital does not provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on or after July 1, 2006, but did provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on January 1, 2006:

A) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals and long term stay hospitals, all other hospitals located in Health Service Area (HSA) 6 that either:

i) were eligible for Direct Hospital Adjustments under the CHAP program as of July 1, 1999 and had a Medicaid inpatient utilization rate (MIUR) equal to or greater than the statewide mean in Illinois on July 1, 1999;

ii) were eligible under the Supplemental Critical Hospital Adjustment Payment (SCHAP) program as of July 1, 1999 and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999; or

iii) were county owned hospitals as defined in 89 Ill. Adm. Code 148.25(b)(1)(A), and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999.

B) Illinois hospitals located outside of HSA 6 that had an MIUR greater than 60 percent on July 1, 1999 and an average length of stay less than ten days. The following hospitals are excluded from qualifying under this subsection (c)(1)(B): children's hospitals; psychiatric hospitals; rehabilitation hospitals; and long term stay hospitals.

C) Children's hospitals, as defined under 89 Ill. Adm. Code 149.50(c)(3), on July 1, 1999.

D) Illinois teaching hospitals, with more than 40 graduate medical education programs on July 1, 1999, not qualifying in subsection (c)(1)(A), (B), or (C) of this Section.

E) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals qualifying in subsection (c)(1)(A), (B), (C) or (D) of this Section, all other hospitals located in Illinois that had an MIUR equal to or greater than the mean plus one-half standard deviation on July 1, 1999 and provided more than 15,000 total days.

F) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in

subsection (c)(1)(A), (B), (C), (D), or (E) of this Section, all other hospitals that had an MIUR greater than 40 percent on July 1, 1999 and provided more than 7,500 total days and provided obstetrical care as of July 1, 2001.

G) Illinois teaching hospitals with 25 or more graduate medical education programs on July 1, 1999 that are affiliated with a Regional Alzheimer's Disease Assistance Center as designated by the Alzheimer's Disease Assistance Act [410 ILCS 405/4], that had an MIUR less than 25 percent on July 1, 1999 and provided 75 or more Alzheimer days for patients diagnosed as having the disease.

H) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A) through (c)(1)(G) of this Section, all other hospitals that had an MIUR greater than 50 percent on July 1, 1999.

I) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A) through (c)(1)(H) of this Section, all other hospitals that had an MIUR greater than 23 percent on July 1, 1999, had an average length of stay less than four days, provided more than 4,200 total days and provided 100 or more Alzheimer days for patients diagnosed as having the disease.

J) A hospital that does not qualify under subsection (c)(1) of this Section because it does not operate a comprehensive emergency room will qualify if the hospital provider operates a standby emergency room, as defined in 77 Ill. Adm. Code 250.710(c), and functions as an overflow emergency room for its affiliate hospital provider, owned and controlled by the same governing body, that operates a comprehensive emergency room, as defined in 77 Ill. Adm. Code 250.710(a), within one mile of the hospital provider.

2) DHA Rates

A) For hospitals qualifying under subsection (c)(1)(A) of this Section, the DHA rates are as follows:

i) Hospitals that have a Combined MIUR that is equal to or greater than the Statewide mean Combined MIUR, but less than one standard deviation above the Statewide mean Combined MIUR, will receive $69.00 per day for hospitals that do not provide obstetrical care and $105.00 per day for hospitals that do provide obstetrical care.

ii) Hospitals that have a Combined MIUR that is equal to or greater than one standard deviation above the Statewide mean Combined MIUR, but less than one and one-half standard deviation above the Statewide mean Combined MIUR, will receive $105.00 per day for hospitals that do not provide obstetrical care and $142.00 per day for hospitals that do provide obstetrical care.

iii) Hospitals that have a Combined MIUR that is equal to or greater than one and one-half standard deviation above the Statewide mean Combined MIUR, but less than two standard deviations above the Statewide mean Combined MIUR, will receive $124.00 per day for hospitals that do not provide obstetrical care and $160.00 per day for hospitals that do provide obstetrical care.

iv) Hospitals that have a Combined MIUR that is equal to or greater than two standard deviations above the Statewide mean Combined MIUR will receive $142.00 per day for hospitals that do not provide obstetrical care and $179.00 per day for hospitals that do provide obstetrical care.

B) Hospitals qualifying under subsection (c)(1)(A) of this Section will also receive the following rates:

i) County owned hospitals as defined in Section 148.25 with more than 30,000 total days will have their rate increased by $455.00 per day.

ii) Hospitals that are not county owned with more than 30,000 total days will have their rate increased by $354.00 per day for dates of service on or after April 1, 2009.

iii) Hospitals with more than 80,000 total days will have their rate increased by an additional $423.00 per day.

iv) Hospitals with more than 4,500 obstetrical days will have their rate increased by $101.00 per day.

v) Hospitals with more than 5,500 obstetrical days will have their rate increased by an additional $194.00 per day.

vi) Hospitals with an MIUR greater than 74 percent will have their rate increased by $147.00 per day.

vii) Hospitals with an average length of stay less than 3.9 days will have their rate increased by $385.00 per day through December 31, 2014~~June 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $131.00.

viii) Hospitals with an MIUR greater than the statewide mean plus one standard deviation that are designated a Perinatal Level 2 Center and have one or more obstetrical graduate medical education programs as of July 1, 1999 will have their rate increased by $360.00 per day for dates of service on or after April 1, 2009.

ix) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an average length of stay less than four days will have their rate increased by $650.00 per day for dates of service on or after April 1, 2009.

x) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an MIUR greater than 60 percent will have their rate increased by $320.50 per day.

xi) Hospitals receiving payments under subsection (c)(2)(A)(iv) of this Section that have an MIUR greater

than 70 percent and have more than 20,000 days will have their rate increased by $185.00 per day for dates of service on or after April 1, 2009.

xii) Hospitals with a Combined MIUR greater than 75 percent that have more than 20,000 total days, have an average length of stay less than five days and have at least one graduate medical program will have their rate increased by $148.00 per day.

C) Hospitals qualifying under subsection (c)(1)(B) of this Section will receive the following rates:

i) Qualifying hospitals will receive a rate of $421.00 per day.

ii) Qualifying hospitals with more than 1,500 obstetrical days will have their rate increased by $824.00 per day through December 31, 2014~~June 30, 2012~~. For dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $369.00.

D) Hospitals qualifying under subsection (c)(1)(C) of this Section will receive the following rates:

i) Hospitals will receive a rate of $28.00 per day.

ii) Hospitals located in Illinois and outside of HSA 6 that have an MIUR greater than 60 percent will have their rate increased by $55.00 per day.

iii) Hospitals located in Illinois and inside HSA 6 that have an MIUR greater than 80 percent will have their rate increased by $573.00 per day. For dates of service on or after July 1, 2010 through December 31, 2014~~June 30, 2012~~, this rate shall be increased by an additional $47.00, to $620.00.

iv) Hospitals that are not located in Illinois that have an MIUR greater than 45 percent will have their rate increased by:

- For hospitals that have fewer than 4,000 total days, $32.00 per day.

- For hospitals that have more than 4,000 total days but fewer than 8,000 total days, $363.00 per day for dates of service through December 31, 2014~~June 30, 2012~~; for dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $246.00 per day.

- For hospitals that have more than 8,000 total days, $295.00 per day for dates of service through December 31, 2014~~June 30, 2012~~; for dates of service on or after January 1, 2015~~July 1, 2012~~, the rate is $178 per day.

v) Hospitals with more than 3,200 total admissions will have their rate increased by $328.00 per day.

E) Hospitals qualifying under subsection (c)(1)(D) of this Section will receive the following rates:

i) Hospitals will receive a rate of $41.00 per day.

ii) Hospitals with an MIUR between 18 percent and 19.75 percent will have their rate increased by an additional $14.00 per day.

iii) Hospitals with an MIUR equal to or greater than 19.75 percent will have their rate increased by an additional $191.00 per day for dates of service on or after April 1, 2009.

iv) Hospitals with a combined MIUR that is equal to or greater than 35 percent will have their rate increased by an additional $41.00 per day. For dates of service on or after July 1, 2010 through December 21, 2014~~June 30, 2012~~, this rate shall be further increased by $54.00 per day, to $95.00 per day.

F) Hospitals qualifying under subsection (c)(1)(E) of this Section will receive $188.00 per day.

G) Hospitals qualifying under subsection (c)(1)(F) of this Section will receive a rate of $55.00 per day.

H) Hospitals that qualify under subsection (c)(1)(G) of this Section will receive the following rates:

i) Hospitals with an MIUR greater than 19.75 percent will receive a rate of $69.00 per day.

ii) Hospitals with an MIUR equal to or less than 19.75 percent, will receive a rate of $11.00 per day.

I) Hospitals qualifying under subsection (c)(1)(H) of this Section will receive a rate of $268.00 per day.

J) Hospitals qualifying under subsection (c)(1)(I) of this Section will receive a rate of $328.00 per day if federal approval is received by the Department for such a rate; otherwise, the rate shall be $238.00 per day.

K) Hospitals that qualify under subsection (c)(1)(A)(iii) of this Section will have their rates multiplied by a factor of two. The payments calculated under this Section to hospitals that qualify under subsection (c)(1)(A)(iii) of this Section may be adjusted by the Department to ensure compliance with aggregate and hospital specific federal payment limitations. A portion of the payments calculated under this Section may be classified as disproportionate share adjustments for hospitals qualifying under subsection (c)(1)(A)(iii) of this Section.

3) DHA Payments

A) Payments under this subsection (c) will be made at least quarterly, beginning with the quarter ending December 31, 1999.

B) Payment rates will be multiplied by the total days.

C) For the CHAP rate period occurring in State fiscal year 2011, total payments will equal the methodologies described in subsection (c)(2) of this Section.

d) Rural Critical Hospital Adjustment Payments (RCHAP)
RCHAP shall be made to rural hospitals, as described in 89 Ill. Adm. Code 140.80(j)(1), for certain inpatient admissions. The hospital qualifying under this subsection that has the highest number of Medicaid obstetrical care admissions during the CHAP base period shall receive $367,179 per year. The Department shall also make an RCHAP to hospitals qualifying under this subsection at a rate that is the greater of:

1) the product of $1,367 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or

2) the product of $138.00 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.

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

f) Critical Hospital Adjustment Limitations
Hospitals that qualify for trauma center adjustments under subsection (a) of this Section shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (a)(1) of this Section, or a Level II trauma center as required for the adjustment described in subsection (a)(2) or (a)(3) of this Section. In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased. This limitation does not apply to hospitals qualifying under subsection (a)(2). Payments under this Section are subject to federal approval.

g) Critical Hospital Adjustment Payment Definitions
The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:

1) "Alzheimer days" means total paid days contained in the Department's paid claims database with a ICD-9-CM diagnosis code of 331.0 for dates of service occurring in State fiscal year 2001 and adjudicated through June 30, 2002.

2) "CHAP base period" means State Fiscal Year 1994 for CHAP calculated for the July 1, 1995 CHAP rate period; State Fiscal Year 1995 for CHAP calculated for the July 1, 1996 CHAP rate period; etc.

3) "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.

4) "Combined MIUR" means the sum of Medicaid Inpatient Utilization Rate (MIUR) as of July 1, 1999, and as defined in Section 148.120(k)(5), plus the Medicaid obstetrical inpatient utilization rate, as described in Section 148.120(k)(6), as of July 1, 1999.

5) "Coordinated Care Participating Hospital" means a hospital that is located in a county~~geographic area~~ of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a care coordination program as defined in 305 ILCS 5/5-30 that is one of the following:

   A) Has entered into a contract to provide hospital services to enrollees of the care coordination program.

   B) Has not been offered a contract by a care coordination plan that pays not less than the Department would have paid on a fee-for-service basis, but excluding disproportionate share hospital adjustment payments or any other supplement payment that the Department pays directly.

   C) Is not licensed to serve the population mandated to enroll in the care coordination program.

6) "Medicaid general care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the

Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.

7) "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.

8) "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (g)(5) of this Section.

9) "Medicaid obstetrical care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with Diagnosis Related Grouping (DRG) of 370 through 375; and specifically excludes Medicare/Medicaid crossover claims.

10) "Medicaid trauma admission" means those claims billed as admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.31, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0

through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925 through 925.2, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99.

11) "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all Level II urban trauma centers.

12) "RCHAP general care admissions" means Medicaid General Care Admissions, as defined in subsection (g)(4) of this Section, less RCHAP Obstetrical Care Admissions, occurring in the CHAP base period.

13) "RCHAP obstetrical care admissions" means Medicaid Obstetrical Care Admissions, as defined in subsection (g)(7) of this Section, with a Diagnosis Related Grouping (DRG) of 370 through 375, occurring in the CHAP base period.

14) "Total admissions" means total paid admissions contained in the Department's paid claims database, including obstetrical admissions multiplied by two and excluding Medicare crossover admissions, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.

15) "Total days" means total paid days contained in the Department's paid claims database, including obstetrical days multiplied by two and excluding Medicare crossover days, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.

16) "Total obstetrical days" means hospital inpatient days for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th digit of 1 or 2; V27 through V27.9; V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery

procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

Section 148.458 General Provisions
EMERGENCY

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

a) Definitions.

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

"Capital cost per diem" means, for a given hospital, the quotient of (i) the total capital costs determined using the most recent 2005 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on December 31, 2006, divided by (ii) the total inpatient days from the same cost report to calculate a capital cost per day. The resulting capital cost per day is inflated to the midpoint of State fiscal year 2009 utilizing the national hospital market price proxies hospital cost index. If a hospital's 2005 Medicare cost report is not contained in the Healthcare Cost Report Information System, the Department shall use the data reported on the hospital's 2005 Medicaid cost report.

"Case mix index" means, for a given hospital, the quotient resulting from dividing (i) the sum of the all diagnosis related grouping relative weighting factors in effect on January 1, 2005, for all category of service 20 admissions for State fiscal year 2005, excluding Medicare crossover admissions and transplant admissions reimbursed under 89 Ill. Adm. Code 148.82, by (ii) the total number of category of service 20 admissions for State fiscal year 2005, excluding Medicare crossover admissions and transplant admissions reimbursed under 89 Ill. Adm. Code 148.82.

"Children's hospital" means a hospital as described in Section 149.50(c)(3).

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

"Freestanding children's hospital" means an Illinois Children's hospital that is licensed by the Illinois Department of Public Health as a pediatric hospital.

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

"General acute care hospital" means an Illinois hospital that operates under a general license (i.e., is not licensed by the Illinois Department of Public Health as a psychiatric, pediatric, rehabilitation, or tuberculosis specialty hospital) and is not a long term stay hospital, as described in Section 149.50(c)(4).

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

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

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

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

"Medicare crossover rate" means, for a given hospital, a fraction, the numerator of which is the number patient days provided to individuals eligible for both Medicare under Title XVIII and Medicaid under Title XIX of the federal Social Security Act and the denominator of which is the number patient days provided to individuals eligible for medical programs administered by the Department, both as recorded in the Department's paid claims data.

"MIUR" means Medicaid inpatient utilization rate as defined in Section 148.120(K)(4).

b) Payment.

1) The annual amount of each payment for which a hospital qualifies shall be made in 12 equal installments on or before the seventh State business day of each month. If a hospital closes or ceases to do business, payments will be prorated based on the number of days the hospital was open during the State fiscal year in which the hospital closed or ceased to do business.

2) Monthly payments may be combined into a single payment to a qualifying hospital. Such a payment will represent the total monthly payment a qualifying hospital receives pursuant to Sections 148.440 through 148.456.

3) The Department may adjust payments made pursuant to Article V-A of the Public Aid Code to comply with federal law or regulations regarding hospital-specific payment limitations on government-owned or government-operated hospitals.

4) If the federal Centers for Medicare and Medicaid Services finds that any federal upper payment limit applicable to the payments under Article V-A of the Illinois Public Aid Code is exceeded, then the payments under Article V-A of the Illinois Public Aid Code that exceed the applicable federal upper limit shall be reduced uniformly to the extent necessary to comply with the federal limit.

c) Rate reviews.

1) A hospital shall be notified in writing of the results of the payment determination pursuant to Sections 148.440 through 148.456.

2) Hospitals shall have a right to appeal the calculation of, or their ineligibility for, payment if the hospital believes that the Department has made a technical error. The appeal must be submitted in writing to the Department and must be received or postmarked within 30 days after the date of the Department's notice to the hospital of its qualification for the payment amounts, or a letter of notification that the hospital does not qualify for payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section 148.510 Reimbursement
EMERGENCY

When a hospital or ambulance provider furnishes emergency services, a hospital or health care professional or laboratory provides follow-up healthcare, or a pharmacy dispenses prescribed medications to any sexual assault survivor who is neither eligible to receive those services under the Illinois Public Aid Code [305 ILCS 5/5] nor covered for those services by a policy of insurance, the hospital, ambulance provider, health care professional, laboratory or pharmacy shall furnish the services without charge to that person, and shall be entitled to be reimbursed in providing the services, under the following conditions:

a) An Illinois hospital shall be eligible for reimbursement only after receiving Department of Public Health approval for participation as a Sexual Assault Treatment Facility or as a Sexual Assault Transfer Facility.

b) Charges for outpatient emergency care, physician, and ambulance transportation, and other related charges, shall be reimbursed only through the hospital outpatient billing department.

1) Physicians, ambulance providers, and other miscellaneous medical

providers rendering services in the hospital emergency department shall not be directly reimbursed by the Department of Healthcare and Family Services.

2) Charges for inpatient care shall not be reimbursed.

3) Charges must be directly related to care rendered for examinations, injuries, or trauma resulting from a sexual assault and/or the completion of sexual assault evidence collection through the use and application of the Illinois State Police Sexual Assault Evidence Collection Kit.

4) Emergency services must have been provided within the hospital emergency department or under the direction of an attending emergency room physician at the facility who supervised or provided the hospital emergency care of the sexual assault survivor, or during the ambulance transport of the sexual assault survivor.

5) Charges may include, but are not limited to, outpatient emergency care, physician, laboratory, x-ray, pharmacy and ambulance services, including charges for follow-up visits to the emergency department that are related to the sexual assault and occur within 90 days after the initial visit.

6) Services~~The billed charges for services~~ provided to sexual assault survivors shall be reimbursed at the Department's reimbursement rates.~~no greater than the provider's customary charges to the general public for those types of services. Physician fees shall be no greater than those considered usual and customary in the community. Pharmacy services shall be reimbursed at the Department's pharmacy reimbursement rates established in 89 Ill. Adm. Code 140.445 and 89 Ill. Adm. Code 140.446.~~

7) Claims must be received by the Department within 180 days~~12 months~~ from the date of service to be eligible for payment pursuant to 89 Ill. Adm. Code 140.20.

c) The hospital shall maintain sufficient records to document its charges for services to each sexual assault survivor. The records shall be available for the Department's review upon its request and shall contain at least the following:

1) Sexual assault survivor's name, address, date of birth, Social Security

Number, marital status, sex, employer and name of parent or guardian (if minor patient);

2) Date of service;

3) Hospital patient number and name of attending physician;

4) List of services provided;

5) Charges for each service;

6) Any documentation concerning the sexual assault survivor's insurance coverage; and

7) A report outlining each service provided and paid for by the Department and the services available to sexual assault survivors.

d) The hospital outpatient-billing department shall submit the following documentation in order to be considered for reimbursement:

~~1) The Illinois Department of Healthcare and Family Services Sexual Assault Survivor Program Outpatient Hospital Billing Form, completed in its entirety for the initial visit and follow-up visits;~~

1~~2~~) Documentation~~When applicable, the Billing Form with documentation~~ of any insurance payment that has been received, or a copy of the denial from the insurance carrier;

2~~3~~) A legible copy of the emergency room admission form with physician's notes and orders and nurse's notes; and

3~~4~~) A Universal Billing (UB) Form and itemized~~Itemized~~ statement of all charges~~ from each provider~~.

e) The health care professional who provides follow-up healthcare, the laboratory that furnishes follow-up services, and the pharmacy that dispenses related prescribed medications to a sexual assault survivor are responsible for submitting the request for reimbursement for follow-up healthcare, laboratory services or pharmacy services to the Illinois Sexual Assault Emergency Treatment Program

under the Department of Healthcare and Family Services. Health care professionals, ~~and~~ laboratories and pharmacies are ~~entitled~~ to be reimbursed at the Department's reimbursement rates~~for their billed charges~~. ~~Pharmacies shall be reimbursed at the Department's pharmacy reimbursement rates established in 89 Ill. Adm. Code 140.445 and 140.446.~~

f) Under no circumstances shall a sexual assault survivor be billed for outpatient hospital care, emergency room care, follow-up health care or transportation services when the services are directly related to the sexual assault.

g) A request for reimbursement that is rejected by the Department shall be returned to the requestor and accompanied by an explanation that specifies the basis for rejection. Corrected or amended requests may be resubmitted to the Department within 12 months from the date of service pursuant to 89 Ill. Adm. Code 140.20.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Hospital Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 152

3)

Section Numbers:	Emergency Action:
152.100	New Section
152.200	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: These administrative rules are authorized by the SMART Act, which mandates adjustments to any rate of reimbursement for services or other payments to hospitals with certain limited exceptions

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

Sections	Proposed Action	Illinois Register Citation
152.150	Amendment	36 Ill. Reg. 7959; May 25, 2012
152.200	Amendment	36 Ill. Reg. 7959; May 25, 2012

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

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

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 152
HOSPITAL REIMBURSEMENT CHANGES

Section
152.100 Hospital Rate Reductions~~Reimbursement Add-on Adjustments (Repealed)~~
EMERGENCY
152.150 Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)
152.200 Non-DRG Reimbursement Methodologies
EMERGENCY
152.250 Appeals (Repealed)

AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Sections 12-13 and 14-8 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and Sections 12-13 and 14-8].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2150, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10141, effective June 17, 1994; emergency amendment at 19 Ill. Reg. 6706, effective May 12, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10236, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16272, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9272, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15712, effective November 27, 1996; emergency amendment at 21 Ill. Reg. 9544, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16153, effective November 26, 1997; emergency amendment at 25 Ill. Reg. 218, effective January 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6966, effective May 28, 2001; emergency amendment at 25 Ill. Reg. 16122, effective December 3, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 7309, effective April 29, 2002; emergency amendment at 29 Ill. Reg. 10299, effective July 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 19997, effective November 23, 2005; emergency amendment at 30 Ill. Reg. 11847, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18703, effective November 27, 2006; emergency amendment at 32 Ill. Reg. 529, effective January 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 8730, effective May 29, 2008; amended at 35 Ill. Reg. 10114, effective June 15, 2011; emergency amendment at 36 Ill. Reg. 10410, effective July 1, 2012 through June 30, 2013.

Section 152.100 Hospital Rate Reductions~~Reimbursement Add-on Adjustments (Repealed)~~
EMERGENCY

Notwithstanding any provision to the contrary in 89 Ill. Adm. Code Parts 148, 149 and this Part 152, effective for dates of service on or after July 1, 2012, any rate of reimbursement for services to hospitals or other payments to hospitals shall be reduced by an additional 3.5% from the rates that are otherwise in effect on July 1, 2012, except that such reductions shall not apply to:

a) Rates or payments for hospital services delivered by a hospital defined as a Safety-Net Hospital under Section 5-5e.1 of the Illinois Public Aid Code.

b) Rates or payments for hospital services delivered by a hospital defined as a Critical Access Hospital that is an Illinois hospital designated as a critical care hospital by the Department of Public Health in accordance with 42 CFR 485, Subpart F.

c) Rates or payments for hospital services delivered by a hospital that is operated by a unit of local government or state university that provides some or all of the non-federal share of such services.

d) Payments authorized under 305 ILCS 5/5-5A-12.4.

(Source: Section repealed at 19 Ill. Reg. 16272, effective November 27, 1995; new Section added by emergency rulemaking at 36 Ill. Reg. 10410, effective July 1, 2012 through June 30, 2013)

Section 152.200 Non-DRG Reimbursement Methodologies
EMERGENCY

a) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 148, the changes described in subsection (b) of this Section will be effective January 18, 1994.

b) All per diem payments calculated under 89 Ill. Adm. Code 148, except for those described in 89 Ill. Adm. Code 148.120, 148.160, 148.170, 148.175 and 148.290(a), (c) and (d), in effect on January 18, 1994, less the portion of such rates attributed by the Department to the cost of medical education, shall remain in effect hereafter.

c) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 148, Hospital Services, and 89 Ill. Adm. Code 146, Subpart A, Ambulatory Surgical Treatment Centers, the changes described in this subsection (c) shall be effective January 1, 2001. Payments for hospital inpatient and outpatient services and ambulatory

surgical treatment services shall not exceed charges to the Department. This payment limitation shall not apply to government owned or operated hospitals or children's hospitals as defined at 89 Ill. Adm. Code 149.50(c)(3). This payment limitation shall not apply to or affect disproportionate share payments as described at 89 Ill. Adm. Code 148.120, payments for outlier costs as described at 89 Ill. Adm. Code 148.130 or payments for Medicaid High Volume Adjustments as described at 89 Ill. Adm. Code 148.290(d).

d) Notwithstanding the provisions of subsections (a), (b) and (c) of this Section, payment for outlier adjustments provided for exceptionally costly stays pursuant to 89 Ill. Adm. Code 148.130 shall be determined using the following factors:

1) For admissions on December 3, 2001 through June 30, 2005, a factor of 0.22 in place of the factor 0.25 described at 89 Ill. Adm. Code 148.130(b)(3)(D).

2) For admissions on or after July 1, 2005 through June 30, 2006, a factor of 0.20 in place of the factor 0.22 as described in subsection (d)(1) of this Section.

3) For admissions on or after July 1, 2006 through December 31, 2007, a factor of 0.18 in place of the factor 0.20 as described in subsection (d)(2) of this Section.

4) For admissions on or after January 1, 2008, a factor of 0.17 in place of the factor 0.18 as described in subsection (d)(3) of this Section.

e) Notwithstanding any provisions set forth in any other provisions of 89 Ill. Adm. Code Parts 148, 149 or this Part 152, long term acute care supplemental per diem rates, as authorized under the Long Term Acute Care Hospital Quality Improvement Transfer Program Act, effective July 1, 2012, shall be the amount in effect as of October 1, 2010. The July 1, 2012, rate will then be subject to the rate reductions detailed in Section 152.100. No new hospital may qualify under the Long Term Acute Care Hospital Quality Improvement Transfer Program Act after June 14, 2012.

f) Notwithstanding any provisions set forth in any other provisions of 89 Ill. Adm. Code Parts 148, 149 or this Part 152, a hospital that is located in a county of the State in which the Department mandates some or all of its beneficiaries of the Medical Assistance Program residing in the county to enroll in a Care

Coordination Program, as defined in 305 ILCS 5/5-30, shall not be eligible for any non-claims based payments not mandated by Article V-A of the Public Aid Code, for which it would otherwise be qualified to receive, unless the hospital is a Coordinated Care Participating Hospital as defined in 89 Ill. Adm. Code 148.295(g)(5), no later than August 14, 2012 or 60 days after the first mandatory enrollment of a beneficiary in a Coordinated Care Program.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10410, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Long Term Care Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 153

3) Section Number: 153.126 — Emergency Action: Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.

7) Date Filed with the Index Department: June 30, 2012

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Public Act 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in SMART, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of SMART.

10) Complete Description of the Subjects and Issues Involved: These administrative rules are authorized by the SMART Act, which mandates adjustments to rates for the services provided by the long term care facilities identified in this rulemaking.

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

Section Numbers	Proposed Action:	Illinois Register Citation:
153.126	Amendment	36 Ill. Reg. 7966; May 25, 2012
153.100	Amendment	36 Ill. Reg. 8128; June 1, 2012

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any State mandate affecting units of local government.

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 153
LONG TERM CARE REIMBURSEMENT CHANGES

Section
153.100 Reimbursement for Long Term Care Services
153.125 Long Term Care Facility Rate Adjustments
153.126 Long Term Care Facility Medicaid Per Diem Adjustments
EMERGENCY
153.150 Quality Assurance Review (Repealed)

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 and VI and 12-13].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12794, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13638, effective November 1, 1999; emergency amendment at 24 Ill. Reg. 10421, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15071, effective October 1, 2000; emergency amendment at 25 Ill. Reg. 8867, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14952, effective November 1, 2001; emergency amendment at 26 Ill. Reg. 6003, effective April 11, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 12791, effective August 9, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11087, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17817, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 11088, effective July 1, 2003, for a maximum of 150 days; amended at

27 Ill. Reg. 18880, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 10218, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 15584, effective November 24, 2004; emergency amendment at 29 Ill. Reg. 1026, effective January 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 4740, effective March 18, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 6979, effective May 1, 2005; amended at 29 Ill. Reg. 12452, effective August 1, 2005; emergency amendment at 30 Ill. Reg. 616, effective January 1, 2006, for a maximum of 150 days; emergency amendment modified pursuant to the Joint Committee on Administrative Rules Objection at 30 Ill. Reg. 7817, effective April 7, 2006, for the remainder of the maximum 150 days; amended at 30 Ill. Reg. 10417, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11853, effective July 1, 2006, for a maximum of 150 days; emergency expired November 27, 2006; amended at 30 Ill. Reg. 14315, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 18779, effective November 28, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 6954, effective April 26, 2007; emergency amendment at 32 Ill. Reg. 535, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 4105, effective March 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 7761, effective May 5, 2008; amended at 32 Ill. Reg. 9972, effective June 27, 2008; amended at 33 Ill. Reg. 9347, effective July 1, 2009; emergency amendment at 34 Ill. Reg. 17462, effective November 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 6171, effective March 28, 2011; amended at 35 Ill. Reg. 19524, effective December 1, 2011; emergency amendment at 36 Ill. Reg. 10416, effective July 1, 2012 through June 30, 2013.

Section 153.126 Long Term Care Facility Medicaid Per Diem Adjustments
EMERGENCY

a) Notwithstanding the provisions set forth in Section 153.100, the socio-development component for facilities that are federally defined as Institutions for Mental Disease (see 89 Ill. Adm. Code 145.30) shall be increased by 253 percent beginning with services provided on and after March 1, 2008.

b) Notwithstanding the provisions set forth in Section 153.100, daily residential rates effective on March 1, 2008, for intermediate care facilities for persons with developmental disabilities (ICF/DD), including skilled nursing facilities for persons under 22 years of age (SNF/Ped), for which a patient contribution is required, shall be increased by 2.2 percent.

c) Notwithstanding the provisions set forth in Section 153.100, developmental training rates effective on March 1, 2008 shall be increased by 2.5 percent.

d) Notwithstanding the provisions set forth in Section 153.100 and Section 153.125, for dates of services provided on or after July 1, 2012, the $10 per day, per individual payment for individuals with developmental disabilities in nursing facilities as described in 89 Ill. Adm. Code 147.350 shall be eliminated.

e) Notwithstanding the provisions set forth in Section 153.100 and Section 153.125, on or after July 1, 2012, nursing facilities not designated as Institutions for Mental Disease shall have rates effective May 1, 2011, adjusted as follows:

1) Individual nursing rates for residents classified in Resource Utilization Groups IV (RUG-IV) PA1, PA2, BA1 and BA2, during the quarter ending March 31, 2012, shall be reduced by 10 percent;

2) Individual nursing rates for residents classified in all other RUG-IV groups shall be reduced by 1.0 percent; and

3) Facility rates for the support and capital components shall be reduced by 1.7 percent.

f) Notwithstanding the provisions set forth in Section 153.100 and Section 153.125, on or after July 1, 2012, nursing facilities designated as Institutions for Mental Disease and facilities licensed under the Specialized Mental Health Rehabilitation Act shall have the nursing, socio-development, capital and support components of their reimbursement rate effective May 1, 2011, reduced in total by 2.7 percent.

g) Notwithstanding the provisions set forth in Section 153.100 and Section 153.125, on or after July 1, 2012, no payments for bed reserves on behalf of adult residents shall be made to nursing facilities or ICF/MRs, as previously allowed pursuant to 89 Ill. Adm. Code 140.523 and facilities licensed under the Specialized Mental Health Rehabilitation Act.

h) Notwithstanding the provisions set forth in Section 153.100 and Section 153.125, on or after July 1, 2012, supportive living facilities as defined in 89 Ill. Adm. Code 146.205 shall have rates reduced by 2.7 percent.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10416, effective July 1, 2012 through June 30, 2013)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: General Administrative Provisions

2) Code Citation: 89 Ill. Adm. Code 10

3)

Section Numbers:	Emergency Action:
10.120	Amendment
10.130	Amendment
10.140	Amendment
10.430	Amendment
10.438	Repealed

4) Statutory Authority: Implementing Articles I through IX and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13] and PA 97-689

5) Effective Date of Amendments: July 1, 2012

6) If these emergency amendments are to expire before the end of the 365-day period, please specify the date on which they are to expire: These emergency amendments will expire on June 30, 2013, or upon adoption of permanent rules, whichever comes first.

In accordance with provisions of PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply to rules adopted under Section 5-45(p) of the IAPA and the effective period may continue through June 30, 2013.

7) Date filed with the Index Department: June 26, 2012

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: This emergency rulemaking is necessary to comply with provisions of PA 97-689. Emergency rules implementing any provisions of PA 97-689 may be adopted in accordance with Section 5-45(p) of the IAPA by the agency charged with administering that provision or initiative. The adoption of emergency rules authorized by this Section 5-45(p) of the IAPA is deemed to be necessary for the public interest, safety and welfare.

10) A complete description of the subject and issues: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the

provisions of PA 97-689, this rulemaking makes changes to 89 Ill. Adm. Code 10 that are necessary due to the elimination of the State funded General Assistance program. Companion amendments are also being proposed to 89 Ill. Adm. Code 114, 117 and 165.

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

12) Statement of statewide policy objectives: This rulemaking does not create or expand a State mandate.

13) Information and questions regarding these emergency amendments shall be directed to:

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

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 10
GENERAL ADMINISTRATIVE PROVISIONS

SUBPART A: APPLICABILITY AND DEFINITIONS

Section
10.101 Incorporation by Reference
10.110 Applicability
10.120 Definitions
EMERGENCY
10.130 Assistance Programs
EMERGENCY
10.140 Assistance Program Restrictions
EMERGENCY

SUBPART B: RIGHTS AND RESPONSIBILITIES

Section
10.210 Rights of Clients
10.220 Nondiscrimination
10.225 Grievance Rights of Clients
10.230 Confidentiality of Case Information
10.235 Case Records
10.250 Reporting Change of Circumstances
10.263 Reporting Child Abuse/Neglect
10.268 Reporting Elder Abuse/Neglect
10.270 Notice to Client
10.280 Right to Appeal
10.281 Continuation of Assistance Pending Appeal
10.282 Time Limit for Filing an Appeal
10.283 Examining Department Records
10.284 Child Care
10.290 Voluntary Repayment of Assistance
10.295 Correction of Underpayments
10.300 Recovery of Assistance

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

10.310 Estate Claims
10.320 Real Property Liens
10.330 Filing and Renewal of Liens
10.340 Foreclosure of Liens
10.350 Release of Liens
10.360 Personal Injury Claims
10.370 Convictions of Fraud – Eligibility
10.380 Single Conviction of Fraud – Administrative Review Board
10.390 Request for Case Transfer

SUBPART C: APPLICATION PROCESS

Section
10.410 Application for Assistance
10.415 Local Office Action on Application for Public Assistance
10.420 Time Limitations on the Disposition of an Application
10.430 Approval of an Application and Initial Authorization of Financial Assistance
EMERGENCY
10.438 General Assistance Approval Provisions (Repealed)
EMERGENCY
10.440 Denial of an Application

AUTHORITY: Implementing Articles I through IX and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13].

SOURCE: Emergency rules adopted at 21 Ill. Reg. 9515, effective July 1, 1997, for a maximum of 150 days; adopted at 21 Ill. Reg. 15515, effective November 26, 1997; amended at 22 Ill. Reg. 19816, effective November 1, 1998; amended at 23 Ill. Reg. 6944, effective June 1, 1999; amended at 24 Ill. Reg. 7856, effective May 16, 2000; amended at 24 Ill. Reg. 18153, effective November 30, 2000; amended at 25 Ill. Reg. 7170, effective May 24, 2001; amended at 28 Ill. Reg. 1083, effective December 31, 2003; amended at 28 Ill. Reg. 5650, effective March 22, 2004; amended at 29 Ill. Reg. 8148, effective May 18, 2005; amended at 31 Ill. Reg. 6962, effective April 30, 2007; amended at 31 Ill. Reg. 7638, effective May 15, 2007; amended at 32 Ill. Reg. 4375, effective March 12, 2008; amended at 33 Ill. Reg. 16814, effective November 30, 2009; amended at 33 Ill. Reg. 17345, effective December 14, 2009; amended at 34 Ill. Reg. 10079, effective July 1, 2010; amended at 35 Ill. Reg. 7670, effective April 29, 2011; emergency amendment at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days.

SUBPART A: APPLICABILITY AND DEFINITIONS

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 10.120 Definitions
EMERGENCY

"AABD" or "Aid to the Aged, Blind or Disabled" – Financial assistance and medical assistance available to individuals who have been determined to be aged, blind or disabled as defined by the Social Security Administration.

"Adequate Consideration" − The receipt of goods, monies or services at least in the amount of the fair market value of the property sold.

"Adult Cases" − A case in which no child is included in the assistance unit.

"Adverse Action" − Any action that reduces SNAP benefits or terminates participation in SNAP within a certification period.

"AFDC-F" − Medical Assistance for an eligible child under DCFS guardianship.

"Agency Error" − An action or inaction of the Department resulting in assistance benefits being furnished to or in behalf of a client for which the client is not eligible.

"Applicant" − An individual requesting assistance by completion of a signed, written application form or a person in whose behalf a signed written application form requesting assistance is completed.

"Application" − A request for assistance by means of a completed, signed designated form. For SNAP purposes, only a name, address and signature are needed on the form.

"Assistance Unit" − The individual or individuals living together for whom the Department determines eligibility and, if eligible, provides financial and/or medical assistance as one unit.

"Beneficiary" − Any person nominated in a will to receive an interest in property other than in a fiduciary capacity.

"Caretaker Relative" or "Specified Relative" − A relative, as specified in this definition, with whom a child must live to be eligible for TANF and who is providing care, supervision and a home for the child.

Blood or adoptive relatives within the fifth degree of kinship:

Father – Mother

Brother – Sister

Grandmother – Grandfather (including up to great-great-great)

Uncle – Aunt (including up to great-great)

Nephew – Niece (including up to great-great)

First Cousin

First Cousin once removed (child of first cousin)

Second Cousin (child of great-aunt/uncle)

Step-Relatives:

Step-Father – Step-Mother

Step-Brother – Step-Sister

Person who is or has been married to one of the above relatives.

"Categorical Assistance Programs" − TANF, AABD and related MANG programs.

"Categorically Eligible" − The meeting of all eligibility requirements for a categorical assistance program other than financial need.

"Certification for SNAP" − Authorization of eligibility of a household for SNAP.

"Certification Period" − The period of time for which a household is authorized to participate in SNAP.

"Certifying Office" − The DHS local office or General Assistance unit office

responsible for certification of SNAP participants.

"Child and Family Assistance Case" − A General Assistance case in which case eligibility is based on pregnancy or the presence of an eligible child.

"Client" − The adult in the family or unit applying for assistance or receiving assistance on behalf of the family.

"Client Error" − A client's mistake, misunderstanding, misrepresentation or concealment of information or failure to report information promptly that results in financial and/or medical assistance being paid to or in behalf of a recipient for which the recipient is not eligible.

"Correspondent" − A specific individual who has been legally designated to handle the affairs of another individual, that is, parents, court-appointed guardian or conservator.

"DCFS" − Illinois Department of Children and Family Services.

"Department" − The Illinois Department of Human Services.

"Dependent Child" − A child age 18 or under who is living with a relative. If age 18, the child must be a full-time high school (or equivalent) student.

"Disbursing Order" − An invoice voucher form given to a client authorizing a vendor to provide specified goods and/or services.

"Disposition of an Application" − The determination of eligibility or ineligibility.

"Diverted Income" − Earned or unearned income of a parent used to meet the needs of ineligible person or persons, including the parent, their dependent child or children or their spouse.

"DOC" − Illinois Department of Corrections.

"DOL" − Illinois Department of Labor.

"Earmarked Income" − Income restricted for the use of an individual by court order or by legal stipulation of a contributor. Only income of a child may be

considered earmarked for Departmental purposes. The income of an eligible child who has siblings in the home receiving TANF financial assistance cannot be earmarked.

"Earned Income" − Pay derived through the receipt of wages or salary for services performed as an employee or profits from activity in which the individual is self-employed.

"Effective Date" − The date for which case action is authorized.

"Enrolled MANG Participant" − Person or unit meeting the nonfinancial factors of eligibility.

"Established 12-Month Period" − The period of 12 calendar months over which income is compared to the applicable MANG standard.

"Estate" − All real and personal property within an individual's estate as provided in Illinois probate law. For a decedent who received benefits under a long term care insurance policy in connection with which assets were disregarded, the term "estate" includes all real and personal property in which the individual had legal title or interest at the time of death (to the extent of such interest), including assets conveyed to a survivor, heir or assignee of the deceased person through joint tenancy, tenancy in common, survivorship, life estate, living trust or other arrangement.

"Expedited Issuance" − Authorization of SNAP benefits after the household has been determined to be destitute or to have zero net income.

"Expedited Service" − An immediate processing of a SNAP application and determination of eligibility for expedited issuance.

"Final Administrative Decision" − A decision made by the Department as a result of an appeal. It either upholds or reverses the appealed action or determines a lack of jurisdiction.

"Financial Assistance" − Public assistance paid in the form of a cash benefit to a recipient for income maintenance needs. Medical assistance and SNAP benefits are not considered financial assistance.

"Financial Factors of Eligibility" − Income, assets and Department levels of assistance.

"Financially Eligible" − The meeting of all financial factors of eligibility.

"Fiscal Month" − Begins on a given day in one calendar month and ends on the day prior to the same given day in the next calendar month.

"FNS" − The Food and Nutrition Service of the United States Department of Agriculture.

"Full-Time Employment" − Employment of 30 hours per week or more.

"GA" or "General Assistance" – Financial and medical assistance available to eligible needy families or individuals who are ineligible to receive assistance through a categorical assistance program. All State funded General Assistance and related medical benefits were eliminated effective July 1, 2012.

~~"GA Community Work and Training Program" − A program, applicable to GA outside the City of Chicago only, designed to increase employability of General Assistance recipients through constructive work experience, adult education, vocational training and gainful employment.~~

"Grant" − The total amount of a monthly financial assistance payment.

"Grant Cases" − Public assistance cases authorized for financial assistance payments to the recipient.

"Head of Household" − The person in whose name application is made for participation in SNAP. This person is normally the individual who is the household's primary source of income.

"Hearing" − The actual presentation and consideration of the issue under appeal before a hearing officer of the Department.

"Heir" − Any person entitled under the statutes to an interest in property of a decedent.

"HFS" − Illinois Department of Healthcare and Family Services, formerly known

as the Illinois Department of Public Aid (DPA).

"Initial Prorated Entitlement" or "IPE" − Financial assistance to cover the period from the initial point of eligibility (application for assistance or initial needs of a person being added to the assistance unit) through two days after the mailing date of the first regular monthly assistance warrant.

"In-Kind Income" − Income received by or paid in behalf of an individual in a form other than money.

"Interim Assistance" − Assistance furnished to or in behalf of an individual financed totally from State and/or local funds for basic maintenance needs and furnished during the period beginning with the month in which the individual filed an application for Supplemental Security Income (SSI) and for which the individual was found eligible.

"Local Governmental Unit" − Every county, city, village, incorporated town or township charged with the duty of providing public aid under General Assistance and County Veterans Assistance Commissions providing assistance to indigent war veterans and their families.

"Local Office" − Department of Human Services-Division of Human Capital Development office that serves clients.

"Lump-Sum Payment" − An extraordinary or non-recurring income payment received by a client.

"MAG" or "Medical Assistance Grant" – Medical assistance paid on behalf of a recipient of financial assistance.

"MANG" or "Medical Assistance No Grant" – Medical assistance paid on behalf of a recipient of categorical assistance who is not receiving financial assistance.

"MANG(AABD)" − Medical assistance available to individuals who have sufficient income and assets to meet all maintenance needs other than medical care and who are receiving Supplemental Security Income benefits or who are determined to be aged, blind or disabled by the Department of Human Services.

"MANG(C)" − Medical Assistance to Needy Families with Children, which is

available to families with one or more children who would qualify for TANF on the basis of non-financial eligibility factors but have sufficient income and assets to meet all maintenance needs other than medical care.

"Medicaid" − Medical assistance issued by the Department under provisions of Title XIX of the Social Security Act (42 USC 1396); MAG and MANG.

"Medical Assistance" − Medicaid.

"MediPlan Card" − A document that identifies individuals for whom HFS will pay for essential medical services and supplies.

"Migrant Worker" − Any person residing temporarily in and employed in Illinois who moves seasonally from one place to another for the purpose of employment in agricultural activities, including the planting, raising or harvesting of any agricultural or horticultural commodities and the handling, packing or processing of those commodities on the farm where produced or at the point of first processing.

"OASDI" or "Old Age, Survivors, and Disability Insurance" – Often termed "Social Security".

"OJT" − On-the-job training programs sponsored through the TANF Program, Supplemental Nutrition Assistance Employment and Training Program or WIA.

"Participant" − A person taking part in SNAP or a Departmental employment and training program.

"Recipient" − An individual who receives benefits under an assistance program.

"SNAP" − Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. A food and nutrition supplement program available to individuals and families.

"SNAP Benefits" − The cash value of benefits that a SNAP unit receives from the program.

"SNAP Household" or "SNAP Unit" − For purposes of SNAP, a household or unit is defined as any of the following:

An individual living alone;

An individual living with others, who customarily purchases food and prepares meals for home consumption separate and apart from others;

A group of individuals who live together and customarily purchase food and prepare meals together for home consumption or who, because of their relationship, are required to qualify for SNAP as a unit.

"Specified Relative" − Same as caretaker relative.

"Spenddown" − The amount by which a client's nonexempt income during the eligibility period exceeds the MANG income and asset standards.

"SSA" − The Social Security Administration of the Department of Health and Human Services.

"SSI" or "Supplemental Security Income" – A program administered by the Social Security Administration providing monthly aid to aged, blind and disabled individuals.

"Student" − An individual who is enrolled at least half time (as defined by the institution) in any elementary/middle school, high school, vocational school, technical school, training program or institution of higher education. Enrollment in a mail, self-study or correspondence course does not meet the definition of a student.

"Supervision" − Exercising of responsibility for the child's welfare by the caretaker.

"Supplemental Nutrition Assistance Employment and Training Program" − Employment and training program for SNAP recipients.

"TANF" or "Temporary Assistance for Needy Families" − Financial and medical assistance available to families with one or more dependent children.

"Temporary Caretaker" − Another individual temporarily acting as a caretaker (not included in the assistance unit) when no caretaker relative is available.

"UI" − Unemployment Insurance Benefits.

"Unearned Income" − All income other than earned income.

"Vendor Payment" − Direct payment to vendors for items or services provided to clients.

"WIA" − The federal Workforce Investment Act (29 USC 2801 et seq.).

"Work Experience" − A Department program that provides experience in a job.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days)

Section 10.130 Assistance Programs
EMERGENCY

a) The types of assistance programs administered by the Illinois Department of Human Services include: financial assistance and food stamps.

b) Financial Assistance Programs – consists primarily of direct cash payments to recipients. The various financial assistance programs are:

1) Aid to the Aged, Blind or Disabled – State Supplemental Payment for aged, blind or disabled persons.

2) Temporary Assistance for Needy Families for families with one or more children.

3) Refugee Resettlement Program (RRP) for refugees from any country.

4) Repatriate Program for United States citizens and their dependents returned from a foreign country by the U.S. Department of State.

~~5) General Assistance for individuals and families who do not qualify for assistance under the Aid to the Aged, Blind or Disabled (AABD) State Supplemental Payment (SSP), Temporary Assistance for Needy Families (TANF) or federal Supplemental Security Income (SSI) programs and~~

~~who meet GA program requirements. Medical assistance is also provided under GA.~~

c) Food Stamps – provides increased food purchasing benefits to recipients. Food stamp benefits are available to individuals who meet the eligibility requirements of the Food and Nutrition Service of the U.S. Department of Agriculture in accordance with the Food Stamp Act of 1977 (7 U.S.C. 2017 et seq.).

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days)

Section 10.140 Assistance Program Restrictions
EMERGENCY

a) An individual shall be eligible to receive financial assistance under only one of the following types of assistance programs at any one time:

1) Categorical Assistance (TANF or AABD), or

2) ~~General Assistance, or~~

~~3)~~ Assistance to Refugees, Entrants and Repatriates.

b) An individual shall be eligible to receive financial and medical assistance in only one case under one assistance program, at any one time, except~~:~~

~~1)~~ an~~An~~ individual who currently receives Categorical Assistance from another state and has established Illinois residence (in accordance with 89 Ill. Adm. Code 112.20, 113.20, 114.20, 120.211, 120.311, or 121.21) may receive Supplemental Categorical Assistance in Illinois when the amount of the Illinois assistance payment level to which the individual is entitled exceeds the amount received from the other state, if the excess is at least $10.

~~2)~~ ~~An individual who is currently receiving General Assistance shall be eligible to receive GA during the pendency of an application for Categorical Assistance or to receive the difference between the amount of the GA grant and the amount of the Categorical Grant for the month in which the individual is determined eligible for Categorical Assistance.~~

c) An individual shall not be eligible to receive food stamps as a member of more than one household at any one time.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days)

SUBPART C: APPLICATION PROCESS

Section 10.430 Approval of an Application and Initial Authorization of Financial Assistance
EMERGENCY

a) Financial assistance (for Aid to the Aged, Blind or Disabled~~ and General Assistance~~) shall be authorized effective 30 days after the date of application, provided the case is eligible on that date.
Exception: Financial assistance for an AABD ~~or General Assistance~~ client residing in a sheltered care facility shall be authorized effective the date of application, or the date of entry into the sheltered care facility, whichever is later.

b) Financial assistance for the Temporary Assistance for Needy Families program shall be authorized effective the date of application, provided the case is eligible on that date.

c) ~~Financial assistance for General Assistance shall be authorized effective: 1)Thirty days following the date of application. 2)If General Assistance (GA) is approved as a result of termination of Temporary Assistance for Needy Families (TANF) or Aid to the Aged, Blind or Disabled (AABD) assistance or deletion (TANF only) for certain non-financial reasons (see Section 10.270(f)), assistance shall be authorized with no gap if an application is filed within 30 days after the notice of termination of TANF or AABD or deletion (TANF only) (see also Section 10.270). d)~~If the applicant is determined eligible for financial assistance, the notice (see Section 10.420) shall state the amount of financial assistance to be provided, and a statement of the reasons for any partial grant amounts. Partial grant amount is defined as the maximum grant that a family unit for whom application for public assistance was filed is eligible to receive, less any reductions resulting from the consideration.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days)

Section 10.438 General Assistance Approval Provisions (Repealed) EMERGENCY

~~Temporary assistance shall be authorized in General Assistance cases in which it is verified that an applicant meets all eligibility criteria other than the requirement of citizenship/alienage status and such verification is expected to be received but to take a length of time that would cause undue hardship to the applicant, such that he would be unable to meet his basic maintenance needs of food, shelter and other necessities and the applicant has submitted verification that the required documents have been requested.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

1) Heading of the Part: General Assistance

2) Code Citation: 89 Ill. Adm. Code 114

3)

Section Numbers:	Emergency Action:
114.1	Repeal
114.2	Repeal
114.3	Repeal
114.5	Repeal
114.9	Repeal
114.10	Repeal
114.20	Repeal
114.30	Repeal
114.40	Repeal
114.50	Repeal
114.52	Repeal
114.60	Repeal
114.61	Repeal
114.62	Repeal
114.63	Repeal
114.64	Repeal
114.70	Repeal
114.80	Repeal
114.85	Repeal
114.101	Repeal
114.120	Repeal
114.135	Repeal
114.200	Repeal
114.201	Repeal
114.202	Repeal
114.203	Repeal
114.204	Repeal
114.210	Repeal
114.221	Repeal
114.222	Repeal
114.223	Repeal
114.224	Repeal
114.225	Repeal
114.226	Repeal

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

114.227	Repeal
114.228	Repeal
114.229	Repeal
114.230	Repeal
114.235	Repeal
114.241	Repeal
114.242	Repeal
114.243	Repeal
114.244	Repeal
114.245	Repeal
114.246	Repeal
114.247	Repeal
114.250	Repeal
114.251	Repeal
114.252	Repeal
114.280	Repeal
114.350	Repeal
114.351	Repeal
114.352	Repeal
114.353	Repeal
114.400	Repeal
114.401	Repeal
114.403	Repeal
114.404	Repeal
114.405	Repeal
114.408	Repeal
114.420	Repeal
114.430	Repeal
114.440	Repeal
114.442	Repeal

4) Statutory Authority: Implementing Article VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. VI and 12-13] and PA 97-689

5) Effective Date of Repealer: July 1, 2012

6) If this emergency repealer is to expire before the end of the 365-day period, please specify the date on which they are to expire: This emergency repealer will expire June 30, 2013, or upon adoption of permanent rules, whichever comes first.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

In accordance with provisions of PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply to rules adopted under Section 5-45(p) of the IAPA, and the effective period may continue through June 30, 2013.

7) Date filed with the Index Department: June 26, 2012

8) A copy of the emergency repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: This emergency rulemaking is necessary to comply with provisions of PA 97-689. Emergency rules implementing any provisions of PA 97-689 may be adopted in accordance with Section 5-45(p) of the IAPA by the agency charged with administering that provision or initiative. The adoption of emergency rules is deemed to be necessary for the public interest, safety and welfare.

10) A complete description of the subject and issues: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the provisions of PA 97-689, this emergency rulemaking repeals the State funded General Assistance program effective July 1, 2012. Companion amendments are also being proposed to 89 Ill. Adm. Code 10, 117 and 165.

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

12) Statement of statewide policy objectives: This rulemaking does not create or expand a State mandate.

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

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

217/785-9772

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

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

PART 114
GENERAL ASSISTANCE (REPEALED)

SUBPART A: GENERAL PROVISIONS

Section
114.1 Description of the Assistance Program
EMERGENCY
114.2 Determination of Not Employable
EMERGENCY
114.3 Advocacy Program for Persons Receiving State Transitional Assistance
EMERGENCY
114.5 Incorporation By Reference
EMERGENCY

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
114.9 Client Cooperation
EMERGENCY
114.10 Citizenship
EMERGENCY
114.20 Residence
EMERGENCY
114.30 Age
EMERGENCY
114.40 Relationship
EMERGENCY
114.50 Living Arrangement
EMERGENCY
114.52 Social Security Numbers
EMERGENCY
114.60 Work Registration Requirements (Outside City of Chicago only)
EMERGENCY
114.61 Individuals Exempt From Work Registration Requirements (Outside City of

Chicago only)
EMERGENCY
114.62 Job Service Registration (Outside City of Chicago only)
EMERGENCY
114.63 Failure to Maintain Current Job Service Registration (Outside City of Chicago only)
EMERGENCY
114.64 Responsibility to Seek Employment (Outside City of Chicago only)
EMERGENCY
114.70 Initial Employment Expenses (Outside City of Chicago only)
EMERGENCY
114.80 Downstate General Assistance Work and Training Programs
EMERGENCY
114.85 Downstate General Assistance – Food Stamps Employment and Training Pilot Project
EMERGENCY
114.90 Work and Training Programs (Renumbered)
EMERGENCY
114.100 General Assistance Jobs Program (Repealed)
EMERGENCY
114.101 Persons Ineligible for TANF Due to Time Limits
EMERGENCY

SUBPART C: PROJECT ADVANCE

Section
114.108 Project Advance (Repealed)
EMERGENCY
114.109 Project Advance Participation Requirements of Adjudicated Fathers (Repealed)
EMERGENCY
114.110 Project Advance Cooperation Requirements of Adjudicated Fathers (Repealed)
EMERGENCY
114.111 Project Advance Sanctions (Repealed)
EMERGENCY
114.113 Project Advance Good Cause for Failure to Comply (Repealed)
EMERGENCY
114.115 Individuals Exempt From Project Advance (Repealed)
EMERGENCY
114.117 Project Advance Supportive Services (Repealed)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

EMERGENCY

SUBPART D: EMPLOYMENT AND TRAINING REQUIREMENTS

Section
114.120 Employment and Training Requirements
EMERGENCY
114.121 Persons Required to Participate in Project Chance (Repealed)
EMERGENCY
114.122 Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act (Repealed)
EMERGENCY
114.123 Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed)
114.124 Employment and Training Participation/Cooperation Requirements (Repealed)
EMERGENCY
114.125 Employment and Training Program Orientation (Repealed)
EMERGENCY
114.126 Employment and Training Program Full Assessment Process/Development of an Employment Plan (Repealed)
EMERGENCY
114.127 Employment and Training Program Components (Repealed)
EMERGENCY
114.128 Employment and Training Sanctions (Repealed)
EMERGENCY
114.129 Good Cause For Failure to Cooperate With Work and Training Participation Requirements (Repealed)
EMERGENCY
114.130 Employment and Training Supportive Services (Repealed)
EMERGENCY
114.135 Conciliation and Fair Hearings (Repealed)
EMERGENCY
114.140 Employment Child Care (Repealed)

SUBPART E: FINANCIAL FACTORS OF ELIGIBILITY

Section
114.200 Unearned Income
EMERGENCY
114.201 Budgeting Unearned Income

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

EMERGENCY
114.202 Budgeting Unearned Income of Applicants
EMERGENCY
114.203 Initial Receipt of Unearned Income
EMERGENCY
114.204 Termination of Unearned Income
EMERGENCY
114.210 Exempt Unearned Income
EMERGENCY
114.220 Education Benefits (Repealed)
EMERGENCY
114.221 Unearned Income In-Kind
EMERGENCY
114.222 Earmarked Income
EMERGENCY
114.223 Lump-Sum Payments
EMERGENCY
114.224 Protected Income
EMERGENCY
114.225 Earned Income
EMERGENCY
114.226 Budgeting Earned Income
EMERGENCY
114.227 Budgeting Earned Income of Applicants
EMERGENCY
114.228 Initial Employment
EMERGENCY
114.229 Termination of Employment
EMERGENCY
114.230 Exempt Earned Income
EMERGENCY
114.235 Recognized Employment Expenses
EMERGENCY
114.240 Income From Work/Study/Training Program (Repealed)
EMERGENCY
114.241 Earned Income From Self-Employment
EMERGENCY
114.242 Earned Income From Roomer and Boarder
EMERGENCY

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

114.243 Earned Income From Rental Property
EMERGENCY
114.244 Earned Income In-Kind
EMERGENCY
114.245 Payments from the Illinois Department of Children and Family Services
EMERGENCY
114.246 Budgeting Earned Income for Contractual Employees
EMERGENCY
114.247 Budgeting Earned Income for Non-contractual School Employees
EMERGENCY
114.250 Assets
EMERGENCY
114.251 Exempt Assets
EMERGENCY
114.252 Asset Disregards
EMERGENCY
114.260 Deferral of Consideration of Assets (Repealed)
EMERGENCY
114.270 Property Transfers (Repealed)
EMERGENCY
114.280 Supplemental Payments
EMERGENCY

SUBPART F: PAYMENT AMOUNTS

Section
114.350 Payment Levels
EMERGENCY
114.351 Payment Levels in Group I Counties
EMERGENCY
114.352 Payment Levels in Group II Counties
EMERGENCY
114.353 Payment Levels in Group III Counties
EMERGENCY

SUBPART G: OTHER PROVISIONS

Section
114.400 Persons Who May Be Included In the Assistance Unit
EMERGENCY

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

114.401 Eligibility of Strikers
EMERGENCY
114.402 Special Needs Authorizations (Repealed)
EMERGENCY
114.403 Institutional Status
EMERGENCY
114.404 Budgeting
EMERGENCY
114.405 Budgeting Schedule
EMERGENCY
114.406 Limitation on Amount of General Assistance to Recipients from Other States (Repealed)
EMERGENCY
114.408 Responsibility of Sponsors of Non-citizens Entering the Country On or After 8/22/96
EMERGENCY
114.420 Redetermination of Eligibility
EMERGENCY
114.430 Extension of Medical Assistance Due to Increased Income from Employment
EMERGENCY
114.440 Attorney's Fees for VA Appellants
EMERGENCY
114.442 Attorney's Fees for SSI Applicants
EMERGENCY

SUBPART H: CHILD CARE

Section
114.450 Child Care (Repealed)
EMERGENCY
114.452 Child Care Eligibility (Repealed)
EMERGENCY
114.454 Qualified Provider (Repealed)
EMERGENCY
114.456 Notification of Available Services (Repealed)
EMERGENCY
114.458 Participant Rights and Responsibilities (Repealed)
EMERGENCY
114.462 Additional Service to Secure or Maintain Child Care Arrangements (Repealed)
EMERGENCY

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

114.464 Rates of Payment for Child Care (Repealed)
EMERGENCY
114.466 Method of Providing Child Care (Repealed)
EMERGENCY

SUBPART I: TRANSITIONAL CHILD CARE

Section
114.500 Transitional Child Care Eligibility (Repealed)
EMERGENCY
114.504 Duration of Eligibility for Transitional Child Care (Repealed)
EMERGENCY
114.506 Loss of Eligibility for Transitional Child Care (Repealed)
EMERGENCY
114.508 Qualified Provider (Repealed)
EMERGENCY
114.510 Notification of Available Services (Repealed)
EMERGENCY
114.512 Participant Rights and Responsibilities (Repealed)
EMERGENCY
114.514 Child Care Overpayments and Recoveries (Repealed)
EMERGENCY
114.516 Fees for Service for Transitional Child Care (Repealed)
EMERGENCY
114.518 Rates of Payment for Transitional Child Care (Repealed)
EMERGENCY

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

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at

3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective April 9, 1984; amended at 8 Ill. Reg.

6764, effective April 27, 1984; amended at 8 Ill. Reg. 11435, effective June 27, 1984; amended at 8 Ill. Reg. 13319, effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17896; amended at 9 Ill. Reg. 314, effective January 1, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986; amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 14, 1986; amended at 10 Ill. Reg. 15118, effective September 5, 1986; amended at 10 Ill. Reg. 15640, effective September 19, 1986; amended at 10 Ill. Reg. 19079, effective October 24, 1986; amended at 11 Ill. Reg. 2307, effective January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 12948, effective August 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 18311, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 18689, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; SUBPARTS C, D and E recodified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; Section 114.110 recodified to Section 114.52 at 12 Ill. Reg. 2984; amended at 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12 Ill. Reg. 6170, effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Reg. 9699, effective May 24, 1988; amended at 12 Ill. Reg. 9940, effective May 31, 1988; amended at 12 Ill. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amendment at 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg. 16169, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 16015, effective October 6, 1989; amended at 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 Ill. Reg. 13215, effective August 6, 1990; amended at 14 Ill. Reg. 13777, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, 1990;

amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at 15 Ill. Reg. 288, effective January 1, 1991; amended at 15 Ill. Reg. 5710, effective April 10, 1991; amended at 15 Ill. Reg. 11164, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3512, effective February 20, 1992; emergency amendment at 16 Ill. Reg. 4540, effective March 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 11662, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 13297, effective August 15, 1992; emergency amendment at 16 Ill. Reg. 13651, effective September 1, 1992, for a maximum 150 days; emergency amendment at 16 Ill. Reg. 14769, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 16276, effective October 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17772, effective November 13, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 18815, effective November 24, 1992; amended at 17 Ill. Reg. 1091, effective January 15, 1993; amended at 17 Ill. Reg. 2277, effective February 15, 1993; amended at 17 Ill. Reg. 3255, effective March 1, 1993; amended at 17 Ill. Reg. 3639, effective February 26, 1993; amended at 17 Ill. Reg. 3255, effective March 1, 1993; amended at 17 Ill. Reg. 6814, effective April 21, 1993; emergency amendment at 17 Ill. Reg. 19728, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3436, effective February 28, 1994; amended at 18 Ill. Reg. 7390, effective April 29, 1994; amended at 18 Ill. Reg. 12839, effective August 5, 1994; emergency amendment at 19 Ill. Reg. 8434, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15058, effective October 17, 1995; emergency amendment at 20 Ill. Reg. 4445, effective February 28, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 9970, effective July 10, 1996; emergency amendment at 21 Ill. Reg. 682, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7413, effective May 31, 1997; emergency amendment at 21 Ill. Reg. 8652, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15545, effective November 26, 1997; emergency amendment at 22 Ill. Reg. 16356, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19820, effective November 1, 1998; emergency amendment at 23 Ill. Reg. 588, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1619, effective January 20, 1999; amended at 23 Ill. Reg. 6067, effective May 4, 1999; amended at 23 Ill. Reg. 6434, effective May 15, 1999; amended at 23 Ill. Reg. 6948, effective May 30, 1999; emergency amendment at 23 Ill. Reg. 8661, effective July 13, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13863, effective November 19, 1999; amended at 24 Ill. Reg. 2338, effective February 1, 2000; amended at 24 Ill. Reg. 5688, effective March 20, 2000; amended at 25 Ill. Reg. 10325, effective August 3, 2001; amended at 26 Ill. Reg. 164, effective January 1, 2002; amended at 26 Ill. Reg. 9821, effective June 24, 2002; emergency amendment at 26 Ill. Reg. 11009, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17198, effective November 15, 2002; amended at 27 Ill. Reg. 7263, effective April 7, 2003; amended at 27 Ill. Reg. 18433, effective November 20, 2003; amended at 28 Ill. Reg.

5682, effective March 22, 2004; amended at 29 Ill. Reg. 5487, effective April 1, 2005; emergency amendment at 32 Ill. Reg. 10622, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; peremptory amendment at 32 Ill. Reg. 18076, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 5004, effective March 19, 2009, for a maximum of 150 days; emergency expired August 15, 2009; emergency amendment at 33 Ill. Reg. 7355, effective May 21, 2009, for a maximum of 150 days; emergency expired October 17, 2009; amended at 33 Ill. Reg. 12785, effective September 8, 2009; amended at 33 Ill. Reg. 13857, effective September 17, 2009; amended at 33 Ill. Reg. 16863, effective November 30, 2009; emergency amendment at 34 Ill. Reg. 6955, effective May 1, 2010, for a maximum of 150 days; emergency expired September 27, 2010; amended at 35 Ill. Reg. 1023, effective December 28, 2010; emergency amendment at 35 Ill. Reg. 6962, effective April 6, 2011, for a maximum of 150 days; emergency expired September 2, 2011; amended at 35 Ill. Reg. 17108, effective October 5, 2011; amended at 35 Ill. Reg. 18766, effective October 28, 2011; repealed by emergency rulemaking at 36 Ill. Reg. 10437, effective July 1, 2012, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 114.1 Description of the Assistance Program
EMERGENCY

a) The General Assistance program provides – financial and medical assistance to eligible needy families or individuals who are ineligible to receive assistance through a categorical or Federal Assistance Program.

1) Individuals who do not qualify for TANF solely because of refusal or failure to cooperate with Targeted Work Initiative requirements do not qualify for General Assistance.

2) An 18 year old child, who is ineligible for TANF due to the income or assets of his or her parent or parents who are living in the same household, is ineligible to receive Family and Children Assistance as a child only unit.

b) General Assistance is provided to eligible families and to pregnant women, as defined in Section 114.400, through the Family and Children Assistance program. Assistance is provided without regard to any limitation on the number of months an eligible family or pregnant woman may receive such benefits.

c) For Fiscal Year 1992 (July 1, 1991 through June 30, 1992), General Assistance is

provided to individual adults, as defined in Section 114.400, through the Transitional Assistance program, with the following limitations:

1) Individuals receiving Transitional Assistance may only receive such assistance for nine calendar months. Receipt of General Assistance or Transitional Assistance for any month in Fiscal Year 1992 (July 1991 through June 1992), shall count towards this limitation.

2) Transitional Assistance shall not be continued pending a final decision in an appeal past the nine month limitation in subsection (c)(1) above, under any circumstances, unless the client has appealed a determination of employability on a timely basis and the hearing is pending on the date the nine month limitation would become effective for that client.

3) Notwithstanding subsection (c)(1) above, eligible individuals may qualify for Transitional Assistance without regard to any limitations on the number of months of eligibility during any time period if the individual is determined to be not employable pursuant to Section 114.2.

d) Effective July 1, 1995, General Assistance is provided to individual adults, as defined in Section 114.400, through the Transitional Assistance program only for those individuals determined to be not employable pursuant to Section 114.2.

e) Individuals determined to be not employable under Section 114.2(b)(1) whose disability is based solely on substance addictions (drug abuse and alcoholism) and whose disability would cease were their addictions to end shall not be eligible for cash benefits, but shall only be eligible for medical assistance.

f) Individuals determined to be not employable under Section 114.2(b)(1) shall be entitled to medical services under 89 Ill. Adm. Code 140.3. All other General Assistance recipients shall be entitled to medical services under 89 Ill. Adm. Code 140.5.

Section 114.2 Determination of Not Employable
EMERGENCY

a) Unless determined not employable pursuant to this Section, a client shall be considered employable.

b) A client shall be determined not employable if determined to meet one of the following criteria:

1) Disabled as determined by the Department, using the same criteria as the Social Security Administration (SSA) under the Supplemental Security Income (SSI) program (see 20 CFR 416, Subpart I, April 1, 1994) in accordance with the provisions of this subsection (b)(1).

A) As a condition of eligibility, the individual must have filed an application for SSI and:

i) The application is pending;

ii) The application was denied due to a finding of not blind or not disabled and an appeal of the decision is pending with SSA at the reconsideration or Administrative Law Judge (ALJ) level; or

iii) The application has been approved for temporary SSI benefits.

B) The individual must sign an authorization form for repayment of assistance paid while an SSI application is pending.

C) If the individual has been denied SSI due to a finding of not disabled (either at the ALJ level or above, or at a lower level if that determination is not appealed) the Department shall adopt that finding and the individual shall not be eligible for State Transitional Assistance.

D) An individual who has been denied SSI within the previous 12 months due to a finding of not disabled (either at the ALJ level or above, or at a lower level if that determination is not appealed) cannot be determined disabled by the Department unless the individual shows that there has been a substantial change in medical condition or that there has been a substantial change in other factors, such as age or work experience, which now make the individual disabled.

E) If the individual has been denied SSI due to a finding of not disabled and the client notifies the Department within 10 days after the date of the Department notice of termination that an appeal has been filed, assistance will be continued with no break. If the client notifies the Department within 11 through 65 days after the date of the notice of termination, assistance will be reinstated back to the date of the cancellation. If the client notifies the Department that an appeal has been filed more than 65 days from the date of the notice of termination, assistance will be provided prospectively, unless the client filed the appeal within 65 days after the Department notice, in which case assistance will be reinstated back to the date of the cancellation.

F) If the ALJ finds the individual not disabled, the Department shall accept the finding as final. The individual is no longer eligible for State Transitional Assistance, unless the individual is eligible under one of the other criteria in this subsection (b). The individual may appeal this determination only through an appeal of the ALJ's decision with the SSA's appeal system.

G) If an individual is determined eligible for SSI, eligibility for Aid to the Aged, Blind or Disabled will be determined under 89 Ill. Adm. Code 113. The individual is not eligible for General Assistance.

H) The individual must cooperate with any requirements of the SSI advocacy program. The individual must cooperate by appealing any denial of SSI through the ALJ level.

2) Age 55 or over and has not had gross earnings totaling $2,000 or more in the past year and also has not earned at least $200 a month in seven of the last twelve months;

3) Needed at home to care for another person, as determined by a medical provider;

4) Is homeless due to the occurrence within six months of the date of application of a court-ordered evacuation of a building in which he or she lived, domestic violence, fire or natural disaster. Homeless, for this purpose, is defined as residing in a homeless or domestic violence shelter.

An individual can be considered not employable for this reason until the client is no longer homeless or until six months have elapsed from the date of application, whichever is earlier;

5) Under the age of 20 and in full-time school attendance in high school or the equivalent vocational or other training school;

6) Required to take medication to control diabetes, hypertension or seizure disorders; or

7) Temporarily ill or incapacitated. The client is only eligible during the period of medically documented illness or incapacity.

Section 114.3 Advocacy Program for Persons Receiving State Transitional Assistance EMERGENCY

a) The Department shall establish advocacy programs to help clients pursue Supplemental Security Income (SSI) applications and, for those found ineligible for SSI initially, to help clients pursue the SSI reconsideration and appeal process. The programs may be limited to specific geographic areas. These programs are not available to persons whose disability is based solely on substance addictions (see Section 114.1(e)).

b) For those geographic areas of the State where an advocacy program is established, it shall be a condition of eligibility for State Transitional Assistance for the client to participate in and cooperate with the advocacy program.

c) Responsibilities of SSI advocacy programs include but are not limited to:

1) Assisting the client in completing all forms required for the SSI process;

2) Assisting the client in securing and providing all medical information required for the SSI process;

3) Ensuring that the client attends all scheduled SSI appointments including issuing carfare or arranging for other transportation, when necessary;

4) Contacting the Social Security Administration (SSA) to request rescheduling of a client appointment, when required;

5) Maintaining contact with the SSA regarding the status of the SSI application;

6) Documenting all contacts with the client or SSA;

7) Initiating the SSI appeal and reconsideration process if the SSI application is denied, through the Administrative Law Judge level;

8) Referring the case for assistance under the Aid to the Aged, Blind or Disabled (AABD) Program upon approval of the SSI application, and advising the GA office to cancel the GA case;

9) Follow-up after a decision by the Administrative Law Judge, including obtaining a copy of the decision and referring the case for appropriate re-evaluation in the case of a decision by the Administrative Law Judge that the client is not disabled or blind; and

10) Maintaining statistics on case referrals, actions taken and dispositions.

Section 114.5 Incorporation By Reference
EMERGENCY

Any rules or regulations of an agency of the United States or of a nationally recognized organization or association that are incorporated by reference in this Part are incorporated as of the date specified, and do not include any later amendments or editions.

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section 114.9 Client Cooperation
EMERGENCY

a) As a condition of eligibility, clients must cooperate:

1) in the determination of eligibility;

2) with Department programs conducted for the purposes of acquisition or verification of information upon which eligibility may depend;

3) in applying for all financial benefits for which they may qualify and to avail themselves of such benefits at the earliest possible date.

b) Clients are required to avail themselves of all potential resources.

c) When eligibility cannot be conclusively determined because the individual is unwilling or fails to provide essential information or to consent to verification, the client is ineligible.

d) At screening, applicants shall be informed, in writing, of any information they are to provide at the eligibility interview.

e) At the eligibility interview or at any time during the application process, when the applicant is requested to provide information in his or her possession, the Department will allow ten (10) days for the return of the requested information. The first day of the ten (10) day period is the calendar day following the date the information request form is sent or given to the applicant. The last day of the ten (10) day period shall be a work day and is to be indicated on the information request form. If the applicant does not provide the information by the date on the information request form, the application shall be denied on the following work day.

f) At the eligibility interview or at any time during the application process, when the applicant is requested to provide third party information, the Department shall allow ten (10) days for the return of the requested information or for verification that the third party information has been requested. The first day of the ten (10) day period is the calendar day following the date the information request form is sent or given to the applicant. The last day of the ten (10) day period shall be a work day and is to be indicated on the information request form. It is to be indicated on the information request form that the applicant shall provide written verification of the request for the third party information. If the applicant does not provide the information or the verification that the information was requested by the date on the information request form, the application shall be denied on the following work day.

1) Third party information is defined as information which must be provided by someone other than the applicant. An authorized representative or person applying on another's behalf is not a third party but is treated as if he were the applicant.

2) The Department shall advise clients of the need to provide written verification of third party information requests and the consequences of failing to provide such verification.

3) If the applicant requests an extension either verbally or in writing in order to obtain third party information and provides written verification of the request for the third party information such as a copy of the request that was sent to the third party, an extension of ninety (90) days from the date of application shall be granted. The first day of the ninety (90) day period is the calendar day following the date of application. The 90th day must be a work day.

4) If an applicant's attempt to obtain third party information is unsuccessful, upon the applicant's request the Department will assist in securing evidence to support the client's eligibility for assistance.

Section 114.10 Citizenship
EMERGENCY

To be eligible for assistance, an individual shall be either a U.S. citizen or a non-citizen within specific categories and subject to the following specific restrictions:

a) Citizenship status – Persons born in the U.S., or in its possessions, are U.S. citizens. Citizenship can also be acquired by naturalization through court proceedings, or by certain persons born in a foreign country of U.S. citizen parents.

b) Non-citizens

1) The following categories of non-citizens may receive assistance, if otherwise eligible:

A) A United States veteran honorably discharged and a person on active military duty, and the spouse and unmarried dependent children of such a person;

B) Refugees under section 207 of the Immigration and Nationality Act (INA);

C) Asylees under section 208 of the INA;

D) Persons for whom deportation has been withheld under section 243(h) of the INA;

E) Persons granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980;

F) Persons lawfully admitted for permanent residence under the INA including;

i) Afghani immigrants with special immigrant status under section 101(a)(27) of the INA. The five-year residency requirement set forth in subsection (b)(2) of this Section does not apply to this sub-group.

ii) Iraqi immigrants with special immigrant status under section 101(a)(27) of the INA. The five-year residency requirement set forth in subsection (b)(2) of this Section does not apply to this sub-group;

G) Parolees, for at least one year, under section 212(d)(5) of the INA;

H) Persons who are a spouse, widow or child of a U.S. citizen or a spouse or child of a legal permanent resident (LPR) who have been battered or subjected to extreme cruelty by the U.S. citizen or LPR or a member of that relative's family who lived with them, who no longer live with the abuser or plans to live seperately within one month after receipt of assistance and whose need for assistance is due, at least in part, to the abuse; and

I) Victims of trafficking, or the minor child, spouse, parent or sibling of the trafficking victim, who have been certified by or whose status has been verified by the federal Office of Refugee Resettlement (ORR).

2) Those persons who are in the categories set forth in subsections (b)(1)(F) and (b)(1)(G) of this Section, who enter the United States on or after

August 22, 1996, shall not be eligible for five years beginning on the date the person entered the United States.

Section 114.20 Residence
EMERGENCY

a) Only those persons who are legally admitted to the United States can be found to be residents of the State of Illinois.

b) In order to be eligible for General Assistance (GA), individual must be a resident of Illinois and have no present intention to move from Illinois.

Section 114.30 Age
EMERGENCY

a) Age is not a criterion for inclusion in the assistance unit, except children who are 16 or 17 years of age, and not in full-time school attendance must meet mandatory registration requirements for Work Demonstration Program/Illinois State Employment Services (WDP/ISES).

b) Full-time attendance must be in a school approved by the Illinois Office of Education, and is defined as follows:

1) High School – 25 clock hours per week, or in a special secondary education program of training which is designed to fit him for gainful employment and is defined by the school as full-time attendance.

2) Vocational or technical school – 30 clock hours per week when program involves shop practice, 25 clock hours per week when program does not involve shop practice.

c) During summer vacation, a child who intends to return to school is to be considered a full-time student.

Section 114.40 Relationship
EMERGENCY

This sections refers only to family cases as defined in 89 Ill. Adm. Code 101.10.

a) The child(ren) must be living with blood relatives, step-relatives or adoptive relatives in that relative's home.

b) The required relationship does not exist between a child born-out-of-wedlock and the child's father or the father's relatives unless:

1) paternity has been adjudicated;

2) the father has acknowledged paternity in open court or by notarized written statement within the last two years; or

3) the father has contributed to the child's support within the last two years and had previously acknowledged paternity in open court or by notarized written statement.

c) A child conceived or born-in-wedlock is presumed to be the child of that marriage in the absence of a court finding to the contrary.

d) The child may be living with a non-relative who is the legal guardian of the child.

e) Children living with a non-relative who is not the legal guardian may continue to be eligible for GA if:

1) The non-related adult has continuously received GA for the child since April, 1976, and

2) The case has been referred to the Department of Children and Family Services (DCFS) and no disposition has yet been received from DCFS.

f) When the required relationship exists between the child and the relative or nonrelative, the relative, or non-relative is referred to as an adult.

Section 114.50 Living Arrangement
EMERGENCY

a) For family cases, all persons included in the assistance unit must be residing in the same household.

b) To be included in the assistance unit as a child, the child must be living with an

adult who exercises primary responsibility for the care and supervision of the child, even though either the child or the adult is temporarily absent from the customary family setting.

Section 114.52 Social Security Numbers
EMERGENCY

a) Applicants and recipients are requested, but not required to furnish their Social Security Numbers.

b) GA applicants and recipients shall be advised:

1) that disclosure of a Social Security Number is voluntary;

2) by what statute the Social Security Number is requested; and

3) that the Social Security Number will be used only in the administration of the GA programs.

Section 114.60 Work Registration Requirements (Outside City of Chicago only)
EMERGENCY

a) As a condition of eligibility, all applicants for and recipients of General Assistance, 18 years of age or over and through age 59, who are not exempt shall maintain current registration for employment with Job Service in Illinois.

b) Registration with Job Service shall be considered current if the individual has registered or extended registration for employment within the last 60 days. For downstate GA Units in areas where there are no Job Service offices and registration is accomplished through Job Service's itinerant service, registration shall be considered current if the individual has registered for employment on the most recent itinerant service date in that county.

Section 114.61 Individuals Exempt From Work Registration Requirements (Outside City of Chicago only)
EMERGENCY

An individual is exempt from the Job Service registration requirement when that individual:

a) Is a child under 18 years of age (does not apply to persons under 16 years of age who are included in the assistance unit as adults);

b) Is medically exempt as determined by the Department based on a report from a physician or psychologist (pursuant to the Clinicial Psychologist Licensing Act [225 ILCS 15]) and relevant social information;

c) Is 60 years of age or older;

d) Has another household member who requires the full-time care of this individual;

e) Has a child under age 6 in the home for whom that individual must provide care;

f) Is full-time employed (100 hours a month or more);

g) Is a full time VISTA volunteer under Title I of the 1973 Domestic Volunteer Services Act who was a recipient of public assistance under Article VI of the Illinois Public Aid Code [305 ILCS 5/Art. VI] when he/she joined VISTA, or is a full-time volunteer under Title II (i.e., foster grandparents, senior health aides, senior companions, or persons serving in the Senior Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE)) of the Act.

Section 114.62 Job Service Registration (Outside City of Chicago only)
EMERGENCY

a) Nonexempt GA clients must maintain current registration with Job Service as a condition of eligibility for assistance. Failure to register or willfully present oneself to Job Service by a nonexempt client receiving assistance in an Adult GA case (one person case) as defined in 89 Ill. Adm. Code 101.20 renders the case ineligible for assistance for as long as the refusal persists. Failure to register or willfully present oneself to Job Service by a nonexempt individual receiving assistance in a Family GA case, as defined in 89 Ill. Adm. Code 101.20, renders only that individual ineligible for assistance. Such individual shall be ineligible for assistance for only as long as the refusal persists.

b) Nonexempt individuals who are otherwise eligible to be added to an existing GA grant must be currently registered with Job Service before assistance will be authorized.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

Section 114.63 Failure to Maintain Current Job Service Registration (Outside City of Chicago only)
EMERGENCY

a) Nonexempt GA caretakers as defined in 89 Ill. Adm. Code 101.20 must maintain current registration with Job Service as a condition of eligibility for the entire assistance unit. Failure to register or willfully present oneself to Job Service as unavailable for employment shall result in denial or cancellation of assistance for the entire assistance unit for only as long as the refusal persists.

b) If a nonexempt GA client in an Adult GA case fails or refuses to seek or accept employment, he shall be ineligible to receive assistance for only as long as the refusal persists. If a nonexempt GA client in a Family GA case fails or refuses to seek or accept employment, he shall be ineligible to receive assistance for only as long as the refusal persists.

Section 114.64 Responsibility to Seek Employment (Outside City of Chicago only)
EMERGENCY

a) In addition to maintaining current registration with Job Service, all non-exempt clients must accept employment referrals from Job Service and accept an offer of suitable and available employment as a condition of eligibility. In order to be a suitable and available offer of employment:

1) There must be a definite offer of employment at wages meeting any applicable minimum wage requirements and which are customary for such work in the community; and

2) There is no question as to the individual's ability to engage in such employment for physical reasons or because he has no way to get to or from the particular job; and

3) There is no question as to working conditions, such as risks to health, safety, or lack of workers' compensation protection.

b) If a nonexempt GA caretaker fails or refuses to seek or accept employment, the entire assistance unit shall be ineligible for assistance for only as long as the refusal persists.

c) If a nonexempt client other than the caretaker in family cases fails or refuses to seek or accept employment, that individual shall be ineligible for assistance.

Section 114.70 Initial Employment Expenses (Outside City of Chicago only)
EMERGENCY

a) Car-fare for transportation to employment referrals shall be authorized by the Department on request. Initial employment expenses shall be authorized if the individual secures employment but due to lack of funds would be unable to accept the job. Initial employment expenses shall be authorized to cover such items as special clothing and tools.

b) Initial employment expenses may be authorized up to the receipt of the first paycheck only.

Section 114.80 Downstate General Assistance Work and Training Programs
EMERGENCY

a) All nonexempt GA clients outside the City of Chicago shall accept assignment with Work and Training Programs as a condition of eligibility for General Assistance, unless there is good cause for exception. Good cause for exception includes, but is not limited to:

1) there is an unreasonable degree of risk to the client's health and safety;

2) the client is not physically or mentally competent to perform the work; or

3) the assignment is not within reasonable distance of the client's home. (Commuting time would represent more than 25% of the client's work time.)

b) Work and Training Projects

1) The local governmental unit shall cooperate with State and local agencies in establishing employment and training projects and shall itself establish projects when necessary. Such projects shall provide employment and training in one or a number of local units. Projects shall be approved pursuant to Section 9-6 of the Illinois Public Aid Code by the Department. In local governmental units receiving State funds, projects shall be

established and approved within 30 days of the date the unit begins to receive State funds. If a GA receiving unit fails to have a project in operation within 30 days, further allocation of State funds may be denied.

2) If a GA Unit has tried to establish a work project but has been unsuccessful, the GA Unit may request an exception to the requirement of having a work project. The Department will review the request, and grant an exception to the requirement if there is good cause for the unit's inability to establish a work project, and the unit has tried unsuccessfully to establish a project in cooperation with other local governmental units and/or agencies. Good cause in such instances includes, but is not limited to, inability to locate a sponsor, inability to obtain worker's compensation insurance or small caseload size where a work project would not be cost effective. When an exception is granted it will be reviewed every six (6) months to determine if the GA Unit continues to qualify for the exception.

c) If the recipient fails or refuses to cooperate with Work and Training Program requirements as set out in Section 9-6 of the Illinois Public Aid Code, the case will be cancelled due to non-cooperation. The client will be ineligible to receive general assistance benefits for a sanction period of three (3) payment months.

Section 114.85 Downstate General Assistance – Food Stamps Employment and Training Pilot Project
EMERGENCY

a) The Department shall establish an employment and training pilot project in East St. Louis Township in St. Clair County for General Assistance recipients who receive Food Stamps.

b) The project shall maintain a maximum of 500 non-exempt and voluntary individuals at any period during the duration of the project. Individuals determined by Project Chance staff who will most benefit from the project shall be selected based on the individual's employability assessment of skills proficiencies and deficiencies, education level, work history, employment goals, interests, aptitudes, and employment preferences as well as factors affecting employability or ability to meet participation requirements (e.g., health, physical or mental limitations).

c) Individuals participating in this project are subject to Sections 114.121 and 114.124 through 114.130 (City of Chicago General Assistance – Food Stamps Project Chance Program) with the following exceptions:

1) Section 114.123 (Work Rehabilitative Services (WRS)) referenced in Section 114.121(e) is not applicable. The following applies:

A) Individuals who are participating and cooperating in a rehabilitative program to assist them in overcoming drug and alcohol related barriers to employment shall be referred to existing Drug or Alcohol Abuse programs in the community when the Department determines that drug and alcohol abuse is raising a substantial barrier to the client's ability to participate in employment and training programs. (A substantial barrier in this case shall include but is not limited to skills deficiencies, education level, work history, and employment goals). However, the client may also voluntarily participate and cooperate in employment or training programs to the extent such participation does not interfere with treatment under the rehabilitation program.

B) Individuals who are mentally incapacitated shall be referred to existing public and private social service agencies, such as the Department of Mental Health and Developmental Disabilities, when the Department determines that such mental incapacity raises a substantial barrier to the client's ability to participate in employment and training programs. (A substantial barrier in the case shall include but is not limited to skills deficiencies, education level, work history, and employment goals). However, the client may also voluntarily participate and cooperate in employment and training programs to the extent such participation does not interfere with treatment under the rehabilitation program.

2) Section 114.122 (SSI Advocacy Program) and 114.123 (Work Rehabilitative Services) referenced in Section 114.124(c)(2)(E)(v) are not applicable. Good faith effort exists when the client's job search performance indicates that he be placed into a different Project Chance component, apply for SSI, or is in need of rehabilitation services due to a mental or substance abuse disorder.

3) The Work Rehabilitative Services (WRS) program referenced in Section 114.129(a)(11) is not applicable. Good cause for not complying with employment and training participation requirements exists when the individual fails to cooperate due to symptoms of conditions for which the client has been referred to existing rehabilitation services in the community.

4) The Work Rehabilitative Service (WRS) component and SSI Advocacy referenced in Section 114.129(a)(15) are not applicable. Good cause exists when the individual fails to cooperate because it is determined that the client should be in a different Project Chance component, be in an existing rehabilitation program in the community, or apply for SSI.

Section 114.90 Work and Training Programs (Renumbered)
EMERGENCY

Section 114.100 General Assistance Jobs Program (Repealed)
EMERGENCY

Section 114.101 Persons Ineligible for TANF Due to Time Limits
EMERGENCY

Persons and families who are ineligible for Temporary Assistance for Needy Families (TANF) due to having reached any maximum time limits for the receipt of TANF benefits, imposed by the Illinois Department of Human Services, shall not be eligible for General Assistance under this Part.

SUBPART C: PROJECT ADVANCE

Section 114.108 Project Advance (Repealed)
EMERGENCY

Section 114.109 Project Advance Participation Requirements of Adjudicated Fathers
EMERGENCY

Section 114.110 Project Advance Cooperation Requirements of Adjudicated Fathers
EMERGENCY

Section 114.111 Project Advance Sanctions (Repealed)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

EMERGENCY

Section 114.113 Project Advance Good Cause for Failure to Comply (Repealed)
EMERGENCY

Section 114.115 Individuals Exempt From Project Advance (Repealed)
EMERGENCY

Section 114.117 Project Advance Supportive Services (Repealed)
EMERGENCY

SUBPART D: EMPLOYMENT AND TRAINING REQUIREMENTS

Section 114.120 Employment and Training Requirements
EMERGENCY

a) Transitional Assistance clients who are not exempt and who are receiving food stamps may be required to participate in the Food Stamp Employment and Training Program. Refer to 89 Ill. Adm. Code 121.160.

b) Non-exempt clients receiving Family and Children Assistance may be required to participate in the Food Stamp Employment and Training program. See 89 Ill. Adm. Code 112.70 through 112.76 for requirements for these clients.

Section 114.121 Persons Required to Participate in Project Chance (Repealed)
EMERGENCY

Section 114.122 Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act (Repealed)
EMERGENCY

Section 114.123 Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed)
EMERGENCY

Section 114.124 Employment and Training Participation/Cooperation Requirements (Repealed)
EMERGENCY

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

Section 114.125 Employment and Training Program Orientation (Repealed) **Section 114.125 Employment and Training Program Orientation** (Repealed)
EMERGENCY

Section 114.126 Employment and Training Program Full Assessment Process/Development of an Employment Plan (Repealed)
EMERGENCY

Section 114.127 Employment and Training Program Components (Repealed)
EMERGENCY

Section 114.128 Employment and Training Sanctions (Repealed)
EMERGENCY

Section 114.129 Good Cause For Failure to Cooperate With Work and Training Participation Requirements (Repealed)
EMERGENCY

Section 114.130 Employment and Training Supportive Services (Repealed)
EMERGENCY

Section 114.135 Conciliation and Fair Hearings (Repealed)
EMERGENCY

Section 114.140 Employment Child Care (Repealed)
EMERGENCY

SUBPART E: FINANCIAL FACTORS OF ELIGIBILITY

Section 114.200 Unearned Income
EMERGENCY

a) All currently available, unearned income which is not specified as exempt shall be considered in the determination of eligibility and the level of the assistance payment.

b) Unearned income is all income other than that received in the form of salary for services performed as an employee or profits from self-employment.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

Section 114.201 Budgeting Unearned Income
EMERGENCY

a) Budgeting is the method by which nonexempt income (see Sections 114.210 and 114.230 for exempt income) is compared to the applicable payment levels (as contained in Sections 114.350 and 114.351 to 114.353) to determine the amount of the monthly assistance payment for the assistance unit.

b) Monthly unearned income of a client is budgeted on the basis of the income anticipated to be received during the payment month (see Section 114.404).

c) If a recipient has more than one source of unearned income, the monthly income shall be calculated from all nonexempt sources.

Section 114.202 Budgeting Unearned Income of Applicants
EMERGENCY

a) The unearned income received or expected to be received during a 30 day period commencing with the day of application shall be considered in the determination of eligibility.

b) If the client is eligible, the amount of his initial prorated entitlement period (IPE) grant shall be based on the nonexempt income the client expects to receive during the IPE period. The IPE period is the period of time from when assistance first begins to the time recipient receives the first regular grant.

c) For the months following the IPE, the amount of each grant shall be based on the amount of nonexempt income anticipated to be received during the payment month.

Section 114.203 Initial Receipt of Unearned Income
EMERGENCY

a) When a recipient reports that he has begun receiving unearned income, a determination of continued eligibility shall be made.

b) Nonexempt income the recipient expects to receive during the payment month shall be considered in the determination of eligibility.

c) If the recipient remains eligible, the income anticipated to be received during the payment month shall be budgeted for the payment month.

d) If a recipient fails to report that he has begun to receive unearned income, a determination of eligibility shall be conducted when the Department learns of the receipt. The Department shall also determine at that time whether there has been overpayment (in accordance with 89 Ill. Adm. Code 102.100).

Section 114.204 Termination of Unearned Income
EMERGENCY

If a recipient reports that unearned income has ended, income will be budgeted prospectively for the month following the receipt of the last unearned income benefit.

Section 114.210 Exempt Unearned Income
EMERGENCY

The following unearned income shall be exempt from consideration in determining eligibility and the level of assistance payment.

a) The value of the benefit allotment under the Food and Nutrition Act of 2008 (7 USC 2017(b));

b) The value of the U.S. Department of Agriculture donated foods (surplus commodities);

c) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 USC 4636);

d) Any per capita judgment funds paid under P.L. 92-254 to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana and the Gros Ventre Tribe of the Fort Belknap Reservation, Montana (25 USC 1264);

e) Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended (42 USC 3030e);

f) Any compensation provided to individual volunteers under the Retired Senior Volunteer Program (42 USC 5001) and the Foster Grandparent Program (42 USC 5011) and Older Americans Community Service Employment Program (42 USC

3056) established under Title II of the Domestic Volunteer Service Act (42 USC 5001 thru 5023), as amended;

g) Income received under the provisions of Section 4(c) of the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act [320 ILCS 25/4(c)]. This includes both the benefits commonly known as the circuit breaker and additional grants;

h) Payments Under Certain Federal Programs

1) Any payment to volunteers in programs under Title II of the 1973 Domestic Volunteer Services Act, as amended (42 USC 5044(q)). Examples of these programs include RSVP, Foster Grandparents and other programs.

2) Payments made under Title I (VISTA, University Year for Action and Urban Crime Prevention Program) are exempt only if the individual was receiving public assistance at the time he/she joined VISTA;

i) Unearned income such as need based payments, cash assistance, compensation in lieu of wages and allowances received through the Workforce Investment Act (29 USC 2801);

j) Any payment received under Title I of P.L. 100-383 of the Civil Liberties Act of 1988 (50 USC 1989b thru 1989b-8);

k) Any payment received under Title II of P.L. 100-383 of the Aleutian and Pribilof Islands Restitution Act (50 USC 1989c thru 1989c-8);

l) Payments made by the Illinois Department of Human Services under the Family Assistance Law for Mentally Disabled Children under P.A. 86-921 [405 ILCS 80/Art. III];

m) Disaster relief payments provided by federal, State or local government or a disaster assistance organization;

n) Employment-related reimbursement for past or future expenses to the extent that they do not exceed actual expenses incurred and do not represent a gain or benefit to the client;

o) Payments made under the federal Crime Act of 1984 (as amended by P.L. 104-132, Section 234, Crime Victims Fund);

p) All educational loans, grants, scholarships, fellowships, veteran's educational benefits, and federal and State work study programs;

q) The $25 per week increase in Unemployment Compensation Benefits authorized under the American Recovery and Reinvestment Act of 2009 (Div. B, Title II, Sec. 2002 of P.L. 111-5);

r) The Economic Recovery Payment to recipients of Social Security, Supplemental Security Income (SSI), Railroad Retirement Benefits, and Veterans Disability Compensation or Pension Benefits authorized under the American Recovery and Reinvestment Act of 2009 (Div. B, Title II, Sec. 2201 of P.L. 111-5);

s) Payments to eligible persons who served in the United States Armed Forces in the Far East during World War II authorized under the American Recovery and Reinvestment Act of 2009 (Div. A, Title X, Sec. 1002 of P.L. 111-5).

Section 114.220 Education Benefits (Repealed)
EMERGENCY

Section 114.221 Unearned Income In-Kind
EMERGENCY

a) Unearned Income in-kind is payment made by a non-member of the assistance unit in behalf of or in the name of a member of the assistance unit.

b) Payments made by a non-member of the assistance unit for obligations incurred in the name of a member of the assistance unit shall be considered non-exempt, unearned income. A payment obligation shall be considered as having been incurred in an individual's name if:

1) The individual has signed an agreement to pay for a debt or service. Examples include mortgages and other loans, utilities, charge accounts, credit cards, leases.

2) There is no signed agreement but the provider of goods or services expects

the individual to make payment. Examples include rent, child care, private school tuition.

c) Payments made by a non-member of the assistance unit for obligations incurred jointly in the names of assistance unit members and non-assistance unit members shall be considered unearned income in the same proportion as the payment obligation of the assistance unit member(s).

d) When the assistance unit shares a dwelling unit with another family or individual(s), the exchange of cash for purposes of satisfying payment of shelter related obligations shall not constitute an income in-kind payment and shall not be considered available to meet the needs of the persons who receives and disburses the shelter-related payment.

Section 114.222 Earmarked Income
EMERGENCY

a) Earmarked income is income restricted for the use of a specified individual by court order or by legal stipulation of a contributor.

b) Earmarked income shall restricted to meet the need of the person for whom it is intended, unless the head of the household decides that such income should be applied to the needs of the total assistance unit and that decision would be to the advantage of that unit.

Section 114.223 Lump-Sum Payments
EMERGENCY

a) Income received either in the form of a one-time only, payment that does not continue on a regular basis or in the form of a retroactive payment for income that continues on a regular basis is considered nonrecurring lump-sum income (a lump-sum payment). Examples of nonrecurring lump-sum income are retroactive social security payments, retroactive unemployment insurance benefits, personal injury settlements, Workers' Compensation injury settlements, lottery winnings, inheritances and insurance settlements.

b) Any portion of the lump-sum payment used to pay for expenses incurred as a result of the lump-sum payment shall be exempt from consideration as nonrecurring lump-sum income as follows:

1) Personal Injury Settlement – That portion of a personal injury payments is exempt which is used to pay for:

A) necessary costs of litigation or settlement, including attorney's fees;

B) the Department's charge (see 89 Ill. Adm. Code 102.260);

C) medical costs resulting from the injury and paid by the client;

D) expenses to repair or replace personal property which was damaged as a result of the injury.

2) Workers' Compensation Payment – That portion of a Workers' Compensation payment is exempt which is used to pay for:

A) necessary costs of litigation or settlement, including attorney's fees;

B) medical costs resulting from the injury and paid by the client.

3) Insurance Payments

A) Insurance Payments – That portion of an insurance payment received due to loss is exempt when used to:

i) repair or replace a lost or damaged resource including but not limited to repair or replacement of home, furniture, or clothing lost or damaged in a fire or flood and repair or replacement of a car as a result of an accident or fire;

ii) pay the funeral/burial or medical expenses of an insured where the client is the beneficiary of the insured's life insurance policy.

B) Any insurance proceeds not spent or contracted to be spent as specified in subsection (b)(3)(A) of this Section within 60 days after receipt shall be budgeted as nonrecurring lump-sum income.

A payment receipt shall be required as verification of any insurance-related expense claimed as exempt under subsection (b)(3)(A) of this Section.

c) A SSI lump-sum payment made on behalf of a child that is paid directly into a dedicated account is disregarded.

d) Lump-sum payments are considered nonexempt unearned income for the month of receipt. Any amount remaining is considered an asset for the following month.

Section 114.224 Protected Income
EMERGENCY

Supplemental Security Income (SSI) shall be protected income which shall not be considered available to meet the needs of any other individual.
Agency Note: Retroactive lump-sum payments made by the Social Security Administration to SSI recipients, except those paid directly on behalf of a child into a dedicated account, are not protected income but are to be considered as any other lump-sum payment.

Section 114.225 Earned Income
EMERGENCY

a) All currently available income which is not specified as exempt shall be considered in the determination of eligibility and the level of the assistance payment.

b) Earned income is remuneration acquired through the receipt of salaries or wages for services performed as an employee or profits from an activity in which the individual is self-employed.

c) Earned income received through the Job Training Partnership Act must be budgeted against the GA grant.

Section 114.226 Budgeting Earned Income
EMERGENCY

a) Budgeting is the method by which nonexempt income (see Sections 114.210 and 114.230 for exempt income) is compared to the applicable payment levels (as contained in Sections 114.350 and 114.351 to 114.353) to determine the amount

of the monthly assistance payment for the assistance unit.

b) Monthly earned income of a client is budgeted on the basis of the income the client anticipates to be received during the payment month (see Section 114.404).

c) If a recipient has more than one employer, the monthly income shall be calculated from all jobs.

Section 114.227 Budgeting Earned Income of Applicants
EMERGENCY

a) The earned income received or expected to be received during a thirty day period commencing with the day of application shall be considered in the determination of eligibility.

b) If the client is eligible, the amount of his initial prorated entitlement period (IPE) grant shall be based on the nonexempt income which the client expects to receive during the IPE period. The IPE period is the period of time from when assistance first begins to the time the recipient receives the first regular grant.

c) For the months following the IPE, the amount of the grant shall be based on the amount of nonexempt income anticipated to be received during the payment month.

Section 114.228 Initial Employment
EMERGENCY

a) When a recipient reports that he has begun employment, a determination of continued eligibility shall be made.

b) Income the recipient expects to receive during the payment month shall be considered in the determination of eligibility.

c) If the recipient remains eligible, the income anticipated to be received during the payment month shall be budgeted for the payment month.

d) If a recipient fails to report that he has begun to work, a determination of eligibility shall be conducted when the Department learns of the employment. The Department shall also determine at that time whether there has been

overpayment (in accordance with 89 Ill. Adm. Code 102.100).

Section 114.229 Termination of Employment
EMERGENCY

If a recipient reports that employment has ended, income will be budgeted prospectively for the month following the receipt of the last paycheck.

Section 114.230 Exempt Earned Income
EMERGENCY

a) The earned income of a child included in the assistance unit who is a full-time student shall be exempt.

b) For adult General Assistance cases the following amounts are exempt:

1) the first $75 of earned income; and

2) an additional $332 for three months in a 12 consecutive month period.

c) Earned income from the U.S. Census Bureau for temporary census employment is exempt for up to 12 weeks in a calendar year.

Section 114.235 Recognized Employment Expenses
EMERGENCY

a) For earnings from self-employment and rental property, an amount equal to the expenses directly attributable to producing goods or services or an amount equal to the expenses of rental shall be deducted from income.

b) For employment expenses, $90.00 shall be deducted from the gross earned income of each employed individual.

c) Child Care

1) Child care expenses for children under the age of 13 are to be covered as direct payment. Children age 13 and over may be covered by direct payment if they are physically or mentally incapable of self-care or under court supervision. A statement from a physician or certified psychologist

or copy of the court order is required.

2) Direct payment is not allowed when the child care provider is a responsible relative of the child receiving care as defined in 89 Ill. Adm. Code 103.10(b).

3) Direct payment for child expenses shall be made to qualified child care providers in accordance with Section 114.454.

Section 114.240 Income From Work/Study/Training Program (Repealed)
EMERGENCY

Section 114.241 Earned Income From Self-Employment
EMERGENCY

a) Income realized from self-employment shall be considered earned income.

b) Accurate and complete records shall be kept on all monies received and spent through self-employment. If the individual fails or refuses to maintain complete business records, the assistance unit shall be ineligible.

c) Business expenses shall be verified. The individual shall have full responsibility for proof of any business expense. No deduction shall be allowed for depreciation, obsolescence or any similar losses in the operation of the business. Gross income from the business shall be turned back into the business only to replace stock actually sold.

d) The net income shall be the gross remaining after the replacement of stock and business expenses have been considered, and $90.00 appropriate employment expenses as specified in Section 114.235 have been deducted. No deduction for child care expenses is allowed.

Section 114.242 Earned Income From Roomer and Boarder
EMERGENCY

The gross income from a roomer and/or boarder shall be considered earned income.

Section 114.243 Earned Income From Rental Property
EMERGENCY

a) Income which a client receives from rental property which he owns shall be considered earned income if the client is actively engaged in the management of the property for an average (as determined by looking at the term of the certification period) of at least 20 hours per week.

b) When determining net income, the reasonable and necessary rental expenses which the client incurs in the production of income may be deducted from the gross income. Reasonable and necessary rental expenses include repairs, taxes, insurance, and utilities if the landlord pays them.

c) If a client is responsible for cleaning a room and providing clean linens, the income which he receives shall be considered earned income from a roomer rather than earned income from rental property.

d) After deduction of rental expenses, the appropriate employment expenses, as specified in Section 114.235, shall be deducted to determine net rental income. No deduction for child care expenses is allowed.

Section 114.244 Earned Income In-Kind
EMERGENCY

a) Earned income in-kind is remuneration received in a form other than cash for services performed. Such remuneration shall include but is not limited to, housing, food (except meals provided while working), satisfaction of a debt, or a service provided by the employer for the employee.

b) Earned income-in-kind shall be exempt.

Section 114.245 Payments from the Illinois Department of Children and Family Services
EMERGENCY

Foster Care Payments

a) The following foster care payments made by the Department of Children and Families Services (DCFS) are to be considered exempt unearned income when determining the eligibility of the assistance unit (exclusive of the foster child).

1) Basic maintenance payments.

2) Special service fee payments.

3) Intensive service fee payments.

4) Monthly retainer fee payments.

5) Adoption Subsidies.

b) Independent living arrangement payments.
Payments made by DCFS to wards living independently of a foster home shall be considered nonexempt unearned income when determining the eligibility of the ward's children for assistance.

Section 114.246 Budgeting Earned Income for Contractual Employees
EMERGENCY

a) Contractual employees are:

1) construction workers with a written agreement to perform a task for specified compensation;

2) teachers;

3) substitute teachers in some school systems;

4) educational administrators; and

5) any person whose job duties and compensation are specified for a distinct time period by a written agreement.

b) The contractural income shall be averaged over the total period of the contract. This shall be done even though the income may be received in fewer months than are covered by contract.

c) Determination of eligibility shall be based on the averaged monthly income.

d) The amount of the assistance grant shall be based on the income the client anticipates to be received according to the contract during the payment month.

e) A determination of eligibility shall be conducted when the recipient's contract is renegotiated. For school employees, a determination of eligibility shall be conducted at the beginning of the academic year if the employee received a raise.

Section 114.247 Budgeting Earned Income for Non-contractual School Employees
EMERGENCY

a) Non-contractual school employees are:

1) teachers aides;

2) school secretaries and other clerical workers;

3) school cafeteria workers;

4) school custodians; and

5) other school employees who either have no contract and are laid off during the summer or have a contract or letter of agreement that does not state it is an annual contract or agreement and does not require the employee to work during the summer.

b) The income expected to be received during the first 30 days after application shall be used to determine eligibility and the amount of the assistance grant for the first payment month.

c) A redetermination of eligibility shall be conducted at the beginning of the academic year if the employee received a raise. For the determination of eligibility, income expected to be received during the first payment month for which a grant change could be effected shall be considered. The income is not averaged.

d) Determination of eligibility and the amount of the assistance grant shall be based on the income anticipated to be received during the payment month.

Section 114.250 Assets
EMERGENCY

a) The value of non-exempt assets shall be considered in determining eligibility for an assistance payment.

b) The entire equity value of jointly held assets shall be considered in determining eligibility for an assistance payment, unless:

1) The asset is a joint income tax refund; or

2) The client documents that he/she does not have access to the asset. Appropriate documents may include, but are not limited to, bank documents, signature cards, trust documents, divorce papers, and papers from court proceedings; or

3) The client can document the amount of his legal interest in the asset, and that such amount is less than the entire value of the asset, then the documented amount shall be considered. Appropriate documentation may include, but is not limited to, bank documents, trust documents, signature cards, divorce papers, or court orders; or

4) The asset is held jointly with a client of any Illinois Department of Human Services assistance program, other than Food Stamps; or

5) The client documents that the asset or a portion of the asset is not owned by the client and the client's accessibility to the asset is changed (see subsections (b)(2) and (b)(3) for documentation examples).

c) Income tax refunds

1) A federal income tax refund received after December 31, 2009 and before January 1, 2013 is considered an exempt asset. All income tax refunds received on or after January 1, 2013 shall be considered available assets and are to be considered against the appropriate nonexempt asset limitation of the assistance unit. One-half of joint tax refunds shall be considered available for each payee.

2) A client who declares that less than one-half of the joint income tax was received may claim an exception. Only the amount claimed to be received shall be considered.

d) Trust Fund for the Benefit of a Dependent Child

1) When trust fund exists in the name of a child or for the benefit of a child included in the assistance unit and the amount of the trust fund by itself or combined with other nonexempt assets of the assistance unit exceeds the asset disregard, the caretaker shall be allowed 45 days to petition the court for release of the funds. When someone other than the caretaker is the trustee of the trust fund, the caretaker is responsible for taking action within 45 days of the Department's becoming aware of the existence of the trust fund to petition the court to order the trustee to release the funds. The child for whom the trust fund was established shall remain in the assistance unit for the 45 days.

2) When the trust fund combined with other nonexempt assets of the assistance unit does not exceed the asset disregard, petitioning the court for release of the funds is not required.

3) At the end of 45 days, if the caretaker:

A) does not provide verification that the court has been petitioned, the amount of the trust fund shall be considered a nonexempt asset and shall be applied to the asset disregard of the assistance unit. When the trust fund and other nonexempt assets exceed the asset disregard, the child may be deleted or if the child is the only child in the assistance unit, the case may be changed to an adult only case. The eligibility of all other members of the assistance unit shall not be affected unless the child with the trust fund is the only child in the assistance unit, or

B) provides verification that the court has been petitioned and the court denied the request for release of the funds, the amount of the trust fund shall be considered an exempt asset, or

C) provides verification the court will release the funds for the child, the released amounts shall be considered as follows:

i) When the petition and court order direct the money be used for the child's income maintenance needs or do not specify a purpose, payments shall be budgeted as nonexempt

unearned income. The caretaker may request the child be removed from the assistance unit if the earmarked income meets the child's needs. The earmarked income shall be considered available to meet the needs of the child only and the other assistance unit members remain eligible.

ii) When the petition and court order direct the money be used for the child's income maintenance needs or do not specify a purpose, a one-time only release of the money shall be considered an asset subject to the asset disregard. If the payment plus other nonexempt assets exceed the asset disregard, the caretaker may choose to delete the child from the assistance unit. The other assistance unit members shall remain eligible.

iii) When the petition and court-order direct the money be used for a specific purpose other than the income maintenance needs of the child, the money shall be considered exempt and does not affect eligibility, or

D) provides verification the court was petitioned but a decision was not made, assistance shall be continued for the child and a control established for 30 days.

e) Pension plans are exempt from consideration as an asset, including accounts owned solely by an individual, such as an Individual Retirement Account (IRA), 401 K or Keogh Plan.

Section 114.251 Exempt Assets
EMERGENCY

a) The following assets are exempt from consideration in determining eligibility for assistance:

1) Homestead property.

2) Household furnishings.

3) Clothing and personal effects.

4) One motor vehicle.

5) The principal and interest of a court-ordered trust fund established for a child which, upon petition, the court refuses to release and one-time only payments released for a specific purpose other than the income maintenance needs of the child.

6) Donations or benefits from fund raisers held for a seriously ill client provided the client or responsible relative of the client does not have control over the donations or benefits or the disbursement of the donations or benefits and the donations or benefits are not available to the client or the responsible relative.

7) A federal income tax refund received after December 31, 2009 and before January 1, 2013.

b) The following payments are also exempt:

1) The value of any savings in which the money is accumulated from the earnings of a child.

2) Any payment received under Title I of P.L. 100-383 of the Civil Liberties Act of 1988 (50 USC 1989b through 1989b-8).

3) Any payment received under Title II of P.L. 100-383 of the Aleutian and Pribilof Islands Restitution Act (50 USC 1989c through 1989c-8).

4) Payments made by the Illinois Department of Mental Health and Developmental Disabilities under the Family Assistance Program for Mentally Disabled Children under PA 86-921.

5) Disaster relief payments provided by federal, State or local governments or a disaster assistance organization.

Section 114.252 Asset Disregards
EMERGENCY

In addition to the exempt assets listed in Section 114.251, the cash value of assets shall be

disregarded as follows:
All assets or the cash value of assets other than those listed in Section 114.251 are nonexempt and must be considered in determining initial or continued eligibility for assistance and level of assistance payment. The client's asset disregard is the same as the TANF asset disregard contained in 89 Ill. Adm. Code 112.152.

Section 114.260 Deferral of Consideration of Assets (Repealed)
EMERGENCY

Section 114.270 Property Transfers (Repealed)
EMERGENCY

Section 114.280 Supplemental Payments
EMERGENCY

If an individual is eligible for State Supplemental Payments (SSP), that individual may not receive GA.

SUBPART F: PAYMENT AMOUNTS

Section 114.350 Payment Levels
EMERGENCY

a) The payment levels for GA cases are flat, monthly standard amounts. The amount for an assistance unit is based on three variables:

1) the number in the assistance unit;

2) the presence or absence of an adult in the assistance unit;

3) the grouping of the county in which the assistance unit lives.

b) Local governmental units which receive State funds and whose administration is thus subject to the Department's supervision may not establish payment levels whose amounts exceed the payment standards established herein without prior permission of the Department. Such permission will be granted only if proper administrative controls and agreements can be established which will insure that the Department will not thereby be required to expend more funds than it would have expended had the payment levels in this Part been employed by the local

governmental unit.

Section 114.351 Payment Levels in Group I Counties
EMERGENCY

a) The following payment levels are established for the GA Program.

b) The counties included in Group I are:

Boone	Kane	Ogle
Champaign	Kankakee	Whiteside
Cook	Kendall	Winnebago
DeKalb	Lake	Woodford
Dupage	McHenry	

1) Family and Children Assistance Case Payment Levels

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE OR RELATIVE AND CHILD OR CHILDREN CURRENT	CHILD ONLY CURRENT
1	243	117
2	318	230
3	432	284
4	474	365
5	555	434
6	623	465
7	657	501
8	691	536
9	727	576
10	765	616
11	807	659
12	848	703
13	894	751
14	941	800
15	991	851
16	1,043	908
17	1,098	965
18	1,156	

2) The Transitional Assistance case payment level in Group I Counties is $100.

Section 114.352 Payment Levels in Group II Counties
EMERGENCY

a) The following payment levels are established for the GA Program in Group II Counties.

b) The counties included in Group II are:

Adams	Lee	St. Clair
Bureau	Livingston	Stephenson
Carroll	Logan	Tazewell
Clinton	Macon	Vermilion
Coles	Macoupin	Wabash
DeWitt	Madison	Warren
Douglas	McDonough	Will
Effingham	McLean	
Ford	Mercer	
Fulton	Monroe	
Grundy	Morgan	
Henry	Moultrie	
Iroquois	Peoria	
Jackson	Piatt	
Jo Daviess	Putnam	
Knox	Rock Island	
LaSalle	Sangamon	

1) Family and Children Assistance Case Payment Levels

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE OR RELATIVE AND CHILD OR CHILDREN CURRENT	CHILD OR CHILDREN ONLY CURRENT
1	233	111
2	307	222

3	417	277
4	461	356
5	540	422
6	605	455
7	638	488
8	673	525
9	709	562
10	746	601
11	784	642
12	825	686
13	870	725
14	915	774
15	962	824
16	1,014	877
17	1,069	933
18	1,124	

2) The Transitional Assistance case payment level in Group II Counties is $100.

Section 114.353 Payment Levels in Group III Counties
EMERGENCY

a) The following payment levels are established for the GA Program in Group III Counties.

b) The counties included in Group III are:

Alexander	Edgar	Jasper	Montgomery	Shelby
Bond	Edwards	Jefferson	Perry	Stark
Brown	Fayette	Jersey	Pike	Union
Calhoun	Franklin	Johnson	Pope	Washington
Cass	Gallatin	Lawrence	Pulaski	Wayne
Christian	Greene	Marion	Randolph	White
Clark	Hamilton	Marshall	Richland	Williamson
Clay	Hancock	Mason	Saline	
Crawford	Hardin	Massac	Schuyler	
Cumberland	Henderson	Menard	Scott	

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

1) Family and Children Assistance Case Payment Levels

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE OR RELATIVE AND CHILD OR CHILDREN CURRENT	CHILD OR CHILDREN ONLY CURRENT
1	198	108
2	294	215
3	399	271
4	445	346
5	519	411
6	585	443
7	616	474
8	647	509
9	683	546
10	718	584
11	758	623
12	797	665
13	839	692
14	883	739
15	930	788
16	979	840
17	1,030	895
18	1,085	

2) The Transitional Assistance case payment level in Group III Counties is $100.

SUBPART G: OTHER PROVISIONS

Section 114.400 Persons Who May Be Included In the Assistance Unit
EMERGENCY

a) Family and Children Assistance cases

1) General Assistance cases that include a child or a pregnant woman in the assistance unit are provided assistance through the Children and Family Assistance program. Children and Family assistance cases must include at

least one eligible child or a pregnant woman. A child is defined as a person who is:

A) under age 18

B) Age 18, and is living with his/her natural or adoptive parent, and is a full time student in a secondary school, or the equivalent level of vocational or technical training and reasonably can be expected to graduate, or complete the program, before reaching age 19.

2) In order for an assistance unit to be eligible, an application for a child must also include, if living in the same household and otherwise eligible for assistance:

A) any legal parent of the dependent child; and

B) any blood-related or adoptive brother or sister of the dependent child.

3) All eligible children who are blood-related or adoptive siblings in a family unit shall be included in one case.

4) Only the following adults may be included in a family case:

A) A specified relative of the child and the spouse of the specified relative; or

B) The legal guardian of the child and the spouse of the legal guardian; or

C) The child's parents, regardless of age or marital status.

b) Transitional Assistance cases

1) General Assistance is provided through the Transitional Assistance program when assistance is being requested by or on behalf of an individual defined by the Department as an adult. An adult is defined as a person who is:

A) Age 18 or over; or

B) Married and living with spouse, regardless of age, even if living in the residence of a natural or adoptive parent.

2) In a Transitional Assistance case, only the eligible individual shall be included in the assistance unit.

c) Any person under the age of 18 who does not reside with a parent, legal guardian or spouse is ineligible for Transitional or Children and Family Assistance.

Section 114.401 Eligibility of Strikers
EMERGENCY

If a client is not working due to a strike, the strike must be sanctioned by union management and not prohibited by law. If the strike is not sanctioned by union management or is prohibited by law, eligibility for General Assistance shall not exist. The client shall register with Job Service and cooperate with the Department's GA Job Placement Unit in Chicago or with Work and Training Programs outside the City of Chicago, as a condition of initial and continued eligibility for assistance.

Section 114.402 Special Needs Authorizations (Repealed)
EMERGENCY

Section 114.403 Institutional Status
EMERGENCY

a) Individuals residing in non-medical, public institutions or receiving non-medical care in a medical public institution, other than an individual receiving shelter care in a county owned and operated institution are ineligible for assistance. These individuals shall be eligible for assistance while temporarily discharged for the purpose of obtaining necessary medical care provided all eligibility requirements are met.

b) Individuals confined in or under the jurisdiction of any local, state, or federal penal or correctional institution or law enforcement authority are ineligible for assistance.

c) Residents of a private psychiatric hospital or a public tuberculosis hospital

certified for participation in the Medicare Program who are 65 years of age or older may be eligible for assistance. Those individuals residing in a private psychiatric hospital or a public tuberculosis hospital not certified to participate in the Medicare Program are not eligible for public assistance.

d) Individuals under age 21 residing in a private psychiatric hospital having JCAH accreditation may also be eligible for public assistance.

e) A resident of a private institution who has a contract with the institution providing for his total needs throughout his life is ineligible, as no needs remain to be met.

f) Residents of private institutions (other than those who have purchased life care contracts) are ineligible for public assistance when they have purchased care and maintenance to provide for all their needs in the institution and the amount paid has not been wholly consumed for care.

g) Individuals, living in a public or a private facility which has official policies and administrative procedures which are not in conformance or are in conflict with the Public Aid Code provision or Department rules governing eligibility for public assistance, are ineligible for public assistance.

h) Individuals residing in a public tuberculosis or state psychiatric hospital are not eligible for GA.

Section 114.404 Budgeting
EMERGENCY

a) All GA recipients shall have income and attendant circumstances budgeted on a prospective basis.

b) The payment month is the fiscal month the assistance grant covers.

c) There is no quarterly reporting requirement in GA. Once a determination of a client's nonexempt income is made, it is presumed to remain the same, unless the Department learns of a change in income through notification by the client, periodic redetermination or some other means.

Section 114.405 Budgeting Schedule
EMERGENCY

a) The payment month for each GA case is determined by the schedule in which the unit is placed. The schedule the unit is in also governs the approximate mailing date of the assistance grant.

SCHEDULE NUMBER	PAYMENT MONTH DATES
01	1st through last Day of Calendar Month
03	1st through last Day of Calendar Month
04	1st through last Day of Calendar Month
05	16th through 15th of next Calendar Month
06	16th through 15th of next Calendar Month
07	16th through 15th of next Calendar Month
08	16th through 15th of next Calendar Month
09	16th through 15th of next Calendar Month

b) The above table applies to all GA units.

Section 114.406 Limitation on Amount of General Assistance to Recipients from Other States (Repealed)

EMERGENCY

Section 114.408 Responsibility of Sponsors of Non-citizens Entering the Country On or After 8/22/96

EMERGENCY

a) This Section applies to all non-citizens who entered the country on or after August 22, 1996, and whose sponsors signed an Affidavit of Support under Section 213A of the Immigration and Nationality Act (INA) (8 USCA 1183A).

b) This Section applies to all non-citizens except the following:

1) persons granted asylum by the U.S. Attorney General under Section 208 of the INA (8 USCA 1158);

2) persons admitted as Cuban or Haitian entrants;

3) persons admitted as refugees by application after March 31, 1980, under Section 207 of the INA (8 USCA 1157); and

4) persons whose deportation is being withheld under Section 243(h) of the INA (8 USCA 1253(h)).

c) Certain amounts of the income and assets of a sponsor and of a sponsor's spouse, if they live together, are deemed to be available unearned income and/or assets of the individual non-citizen applying for or receiving General Assistance if:

1) the sponsor signed an Affidavit of Support under Section 213A of the INA (8 USCA 1183A) assuring that the non-citizen would not become a public charge;

2) the sponsor is not a recipient of GA, TANF, SSI or SSP; and

3) the non-citizen is not a child or spouse of the sponsor.

d) A sponsor is an individual, private organization or agency, or public organization or agency.

e) The sponsor's spouse's income and assets will be counted even if the sponsor and spouse married after the agreement was signed.

f) The sponsor, if found able to support the non-citizen wholly or partially, is liable for the needs of the individual non-citizen only. The sponsor is not responsible for the needs of the spouse or child or children of the non-citizen if he or she did not sponsor them.

g) If two or more non-citizens applying for assistance are sponsored by the same sponsor, the income of the sponsor is deemed available and is divided equally among the non-citizens.

h) The sponsor's income and assets available to meet the needs of the non-citizen are determined in the following manner:

1) Determination of Available Sponsor's Income

A) The Department shall disregard 20 %, not to exceed $175, of the earned income of the sponsor or of the sponsor and sponsor's spouse if they live together. This includes net earnings from self-

employment, allowing business expenses incurred in the production of self-employment income.

B) The Department shall add the unearned income of the sponsor and spouse if they live together.

C) The Department shall deduct 3 times the appropriate TANF cash payment level for the size of the sponsor's family unit. This includes the sponsor and other individuals living with the sponsor who are claimed as federal tax dependents.

D) The Department shall deduct any amount paid to individuals outside the home whom the sponsor claims as federal tax dependents.

E) The Department shall subtract any alimony or child support paid to individuals not living with the sponsor.

2) Any remaining income is applied to the needs of the non-citizen.

3) Determination of Sponsor's Assets

The asset disregard for a sponsor of a non-citizen is $1500. The same assets are exempt for a GA case as provided in Section 114.251.

i) If nonexempt assets are more than the $1500 disregard, the amount over the disregard shall be considered as available to the non-citizen.

j) The sponsor's income and assets shall be deemed available to meet the needs of the non-citizen until the non-citizen is naturalized or has worked 40 qualifying quarters of coverage as specified in Section 421 of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996.

Section 114.420 Redetermination of Eligibility
EMERGENCY

a) For Family and Children Assistance cases and Transitional Assistance cases, a redetermination of eligibility shall be conducted every 12 months.

b) For all cases, when information is received which indicates a change in eligibility or amount of assistance or change of address, a review of eligibility will be conducted within 30 days.

Section 114.430 Extension of Medical Assistance Due to Increased Income from Employment
EMERGENCY

a) A six (6) month extension of medical assistance shall be provided for General Assistance cases consisting of at least one adult and one child when General Assistance is terminated due to increased income from employment. This extension shall begin with the General Assistance case's first month of ineligibility. Ineligibility may result from initial or increased earnings.

b) The initial six (6) month medical assistance period can be extended for a total of six (6) additional months. Eligibility for an extension beyond the initial six (6) month period shall exist if:

1) the Medical Extension Report Forms are returned by the due date;

2) an eligible child is still in the home;

3) the client's earnings from the past three (3) months minus child care costs are less than 185% of the AFDC poverty line; and

4) the client has not quit employment without good cause.

Section 114.440 Attorney's Fees for VA Appellants
EMERGENCY

a) The Department will pay any attorney, or advocate working under the supervision of an attorney, who represents a recipient of cash benefits under the General Assistance program administered by the Department in an appeal of any claim for federal Veterans' benefits before a hearing officer at a Veterans' Administration Regional Office or upon an initial appeal to the Board of Veterans' Appeals, which is decided in favor of the recipient. The amount of the payment will be 25 percent of the maximum federal Supplemental Security Income grant payable to the individual for a period of one year.

b) To receive payment, the attorney or advocate must submit his or her request for payment to the Department. The request for payment must be postmarked no more than 60 days from the date of the notice of the favorable decision by the Hearing Officer. The following information must be included with the request:

1) proof that the attorney or advocate represented the client;

2) a copy of the favorable decision;

3) the attorney's or advocate's bill;

4) the GA recipient's name, address and Public Aid case number; and

5) the attorney's or advocate's Federal Employee Identification number or Social Security number.

c) The Department will make payment within 30 days after receipt of the information listed in subsection (b) above.

d) The attorney or advocate must agree to waive the right to charge or collect fees and expenses from the General Assistance recipient.

Section 114.442 Attorney's Fees for SSI Applicants
EMERGENCY

a) The Department will pay any attorney, or advocate working under the supervision of an attorney, who represents a recipient of cash benefits under the General Assistance program administered by the Department in an appeal of any claim for Supplemental Security Income (SSI) benefits before an Administrative Law Judge, which is decided in favor of the recipient. The amount of the payment will be 25 percent of the maximum SSI grant payable to the individual for a period of one year. The Department will not pay attorney's fees in cases of concurrent awards where the client is awarded both SSI and Title II (SSA) benefits.

b) To receive payment, the attorney or advocate must submit his or her request for payment to the Department. The request for payment must be postmarked no more than 60 days from the date of the notice of the favorable decision by the Administrative Law Judge. The following information must be included with the request:

1) proof that the attorney or advocate represented the client;

2) a copy of the favorable decision;

3) the attorney's or advocate's bill;

4) the General Assistance recipient's name, address and Public Aid case number; and

5) the attorney's or advocate's Federal Employee Identification number or Social Security number.

c) The Department will make payment within 30 days after receipt of the information listed in subsection (b) above.

d) The attorney or advocate must agree to waive the right to charge or collect fees and expenses from the General Assistance recipient.

SUBPART H: CHILD CARE

Section 114.450 Child Care (Repealed)
EMERGENCY

Section 114.452 Child Care Eligibility (Repealed)
EMERGENCY

Section 114.454 Qualified Provider (Repealed)
EMERGENCY

Section 114.456 Notification of Available Services (Repealed)
EMERGENCY

Section 114.458 Participant Rights and Responsibilities (Repealed)
EMERGENCY

Section 114.462 Additional Service to Secure or Maintain Child Care Arrangements (Repealed)
EMERGENCY

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEALER

Section 114.464 Rates of Payment for Child Care (Repealed)
EMERGENCY

Section 114.466 Method of Providing Child Care (Repealed)
EMERGENCY

SUBPART I: TRANSITIONAL CHILD CARE

Section 114.500 Transitional Child Care Eligibility (Repealed)
EMERGENCY

Section 114.504 Duration of Eligibility for Transitional Child Care (Repealed)
EMERGENCY

Section 114.506 Loss of Eligibility for Transitional Child Care (Repealed)
EMERGENCY

Section 114.508 Qualified Provider (Repealed)
EMERGENCY

Section 114.510 Notification of Available Services (Repealed)
EMERGENCY

Section 114.512 Participant Rights and Responsibilities (Repealed)
EMERGENCY

Section 114.514 Child Care Overpayments and Recoveries (Repealed)
EMERGENCY

Section 114.516 Fees for Service for Transitional Child Care (Repealed)
EMERGENCY

Section 114.518 Rates of Payment for Transitional Child Care (Repealed)
EMERGENCY

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Related Program Provisions

2) Code Citation: 89 Ill. Adm. Code 117

3)

Section Numbers:	Emergency Action:
117.20	Amendment
117.40	Repeal
117.60	Amendment
117.80	Amendment
117.90	Amendment

4) Statutory Authority: Implementing Articles III, IV and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV and VI and 12-13] and PA 97-689

5) Effective Date of Amendments: July 1, 2012

6) If these emergency amendments are to expire before the end of the 365-day period, please specify the date on which they are to expire: These emergency amendments will expire June 30, 2013, or upon adoption of permanent rules, whichever comes first.

In accordance with provisions of PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply to rules adopted under Section 5-45(p) of the IAPA and the effective period may continue through June 30, 2013.

7) Date filed with the Index Department: June 26, 2012

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: This emergency rulemaking is necessary to comply with provisions of PA 97-689. Emergency rules implementings any provisions of PA 97-689 may be adopted in accordance with Section 5-45(p) of the IAPA by the agency charged with administering that provision or initiative. The adoption of emergency rules authorized by Section 5-45(p) of the IAPA is deemed to be necessary for the public interest, safety and welfare.

10) A complete description of the subject and issues: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the

provisions of PA 97-689, this rulemaking makes changes to 89 Ill. Adm. Code 117 that are necessary due to the elimination of the State funded General Assistance program. Companion amendments are also being proposed to 89 Ill. Adm. Code 10, 114 and 165.

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

12) Statement of statewide policy objective: This rulemaking does not create or expand a State mandate.

13) Information and questions regarding these emergency amendments shall be directed to:

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

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

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

PART 117
RELATED PROGRAM PROVISIONS

Section

117.1 Incorporation By Reference
117.10 Payee for Financial Assistance
117.11 Issuance of Cash Assistance Benefits
117.12 Client Training Brochure for the Electronic Benefits Transfer (EBT) System
117.13 Replacement of the EBT Card
117.15 Reinstatement Upon Cooperation
117.20 Replacement of Missing Warrants
EMERGENCY
117.30 Withholding of Rent (Repealed)
117.40 Recovery of Interim Assistance – Aid to the Aged, Blind or Disabled and General Assistance (Repealed)
EMERGENCY
117.50 Funerals and Burials
117.51 Funeral Home Services
117.52 Burial Expenses
117.53 Payment to Vendor(s)
117.54 Claims for Reimbursement
117.55 Submittal of Claims
117.60 Substitute Parental Care/Supplemental Child Care – TANF and, AABD ~~and GA Family Cases~~
EMERGENCY
117.70 Charge for Replacement of Photo ID Cards (Repealed)
117.80 Direct Deposit of Recipients' Warrants
EMERGENCY
117.90 State Income Tax Match
EMERGENCY
117.91 New Hire Match
117.92 Electronic Finger Imaging

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

SOURCE: Filed and effective December 30, 1977; amended at 2 Ill. Reg. 31, p. 68, effective August 3, 1978; amended at 3 Ill. Reg. 38, p. 258, effective September 20, 1979; amended at 3 Ill. Reg. 41, p. 167, effective October 1, 1979; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 16111, effective November 22, 1983; amended at 9 Ill. Reg. 3726, effective March 13, 1985; amended at 9 Ill. Reg. 4526, effective March 20, 1985; amended at 9 Ill. Reg. 8733, effective May 29, 1985; amended at 9 Ill. Reg. 10779, effective July 5, 1985; amended at 9 Ill. Reg. 16914, effective October 16, 1985; amended at 11 Ill. Reg. 4759, effective March 13, 1987; amended at 12 Ill. Reg. 2985, effective January 13, 1988; amended at 12 Ill. Reg. 13608, effective August 15, 1988; amended at 12 Ill. Reg. 14296, effective August 30, 1988; amended at 13 Ill. Reg. 3936, effective March 10, 1989; amended at 14 Ill. Reg. 780, effective January 1, 1990; amended at 14 Ill. Reg. 9488, effective June 1, 1990; amended at 15 Ill. Reg. 13533, effective August 1, 1991; amended at 16 Ill. Reg. 16644, effective October 23, 1992; emergency amendment at 17 Ill. Reg. 2368, effective February 8, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 8191, effective May 24, 1993; amended at 18 Ill. Reg. 3746, effective February 28, 1994; amended at 18 Ill. Reg. 7403, effective April 29, 1994; amended at 19 Ill. Reg. 1103, effective January 26, 1995; amended at 19 Ill. Reg. 10702, effective July 7, 1995; emergency amendment at 19 Ill. Reg. 15267, effective November 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 877, effective January 1, 1996; amended at 20 Ill. Reg. 5706, effective March 30, 1996; emergency amendment at 20 Ill. Reg. 10381, effective July 23, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 395, effective December 20, 1996; amended at 21 Ill. Reg. 7759, effective June 4, 1997; emergency amendment at 21 Ill. Reg. 8677, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15591, effective November 26, 1997; amended at 22 Ill. Reg. 16251, effective September 1, 1998; amended at 22 Ill. Reg. 18951, effective October 1, 1998; amended at 23 Ill. Reg. 5263, effective April 19, 1999; amended at 23 Ill. Reg. 11174, effective August 27, 1999; amended at 23 Ill. Reg. 12638, effective October 15, 1999; emergency amendment at 24 Ill. Reg. 6723, effective April 14, 2000, for maximum of 150 days; amended at 24 Ill. Reg. 13422, effective August 18, 2000; amended at 24 Ill. Reg. 16305, effective October 17, 2000; amended at 27 Ill. Reg. 14028, effective August 7, 2003; amended at 30 Ill. Reg. 11549, effective June 20, 2006; amended at 32 Ill. Reg. 9614, effective June 23, 2008; emergency amendment at 36 Ill. Reg. 10503, effective July 1, 2012, for a maximum of 150 days.

Section 117.20 Replacement of Missing Warrants
EMERGENCY

a) When a client reports the non-receipt of a warrant, the Department shall replace the warrant, unless the warrant was endorsed by the payee, after the client has

signed a request to stop payment and an agreement that recovery may be made. The replacement shall be made only if the request is received within 60 days of the date of mailing of the warrant in question.

b) In the event the missing warrant is actually received and cashed by the client and a replacement warrant has been received and cashed by the client, pursuant to the terms of the recovery agreement, the Department shall recoup or recover the amount of the replacement warrant as follows:

1) For Aid to Families with Dependent Children (AFDC) and Temporary Assistance for Needy Families (TANF); 1/36 of the amount of the replacement warrant shall be recouped each month until the entire amount is recouped. AFDC and TANF recoupment under this Section shall not take place while recoupment under 89 Ill. Adm. Code 165.70 is in process.

2) For Aid to the Aged Blind or Disabled (AABD) ~~and General Assistance (GA)~~ cases as provided in 89 Ill. Adm. Code 165.70.

3) For supportive service payments issued to participants, the replacement warrant will be recovered under Subpart D of 89 Ill. Adm. Code 165, after financial assistance is cancelled.

c) The determination that the missing warrant was actually received and cashed by the client shall be made by comparing the signature of endorsement appearing on the warrant with a specimen signature of the client.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10503, effective July 1, 2012, for a maximum of 150 days)

Section 117.40 Recovery of Interim Assistance – Aid to the Aged Blind or Disabled (AABD) and General Assistance (GA) **(Repealed)**
EMERGENCY

~~a) Interim assistance shall be provided only when an applicant authorizes the Department to recover that assistance from the individual's initial Supplemental Security Income benefit award.~~

~~b) State Supplemental Payments (SSP) issued to meet basic income maintenance needs during the pendency of the individual's Supplemental Security Income~~

~~(SSI) application and/or General Assistance issued to an individual who has been denied SSI due to a finding or "not aged", "not blind" or "not disabled" and has filed for a reconsideration (or appeal) of the SSI denial shall be subject to recovery by the Department.~~

(Source: Repealed by emergency rulemaking at 36 Ill. Reg. 10503, effective July 1, 2012, for a maximum of 150 days)

Section 117.60 Substitute Parental Care/Supplemental Child Care – TANF and~~,~~ AABD ~~and GA Family Cases~~
EMERGENCY

a) Substitute Parental Care/Supplemental Child Care

1) Subject to prior approval, payment shall be authorized by the Department for Substitute Parental/Supplemental Child Care when there is a need for child care because of the absence from the home or incapacity of the child's caretaker. Prior approval consists of verification of the need based on a statement from the client's physician or law enforcement officials. When prior approval cannot be obtained due to emergency hospitalization or the incarceration of the caretaker, payment shall be authorized if the request is received within 10 calendar days after the caretaker's release from the hospital or incarceration.

2) Payment shall not be made to:

A) Individuals living in the home with the caretaker and child, or

B) A responsible relative (as defined in 89 Ill. Adm. Code 103.10(b)(2)) of the caretaker or child.

b) Substitute Parental Care

1) Substitute parental care is care and supervision provided to children by an individual when the caretaker is required to be absent from the home for a period of 24 hours or more. Reasons for substitute parental care shall include but are not limited to hospitalization or incarceration. The substitute parent is not a day care provider.

2) The Department shall authorize payment up to $25 per day. When substitute parental care is provided at no costs, day care is paid only during the hours of the substitute parent's absence for reasons of employment, education or training. Day Care payment rates as established by the Department of Children and Family Services are applicable for Public Aid purposes. This type of care shall be provided for no more than 30 days. However, if the client documents (i.e., through a doctor's statement or social service agency statement that care was needed for a longer period of time) payment shall be authorized.

c) Supplemental Child Care

1) Supplemental child care is care needed for less than 24 hours when the child's caretaker is in the home but incapacitated.

2) Supplemental child care is provided when a physician, psychiatrist or psychologist verifies that, due to illness or incapacity, the child's caretaker is unable to provide care and supervision of the child.

3) Maximum Payment Amounts and Types of Tasks Provided to the Child and/or the Caretaker
Payment is limited to the following tasks and will be allowed up to $3.35 per hour:

A) Meal Preparation – Maximum 1 hour per meal
Grocery shopping; preparation of meals; service of meals (to include incapacitated caretaker and infant); and dishwashing and cleanup.

B) Personal Care – Maximum 7 hours per week
Assistance with bathing and shampooing hair; assistance with dental care; assistance with care and diapering of infants; and assistance with dressing.

C) Laundry – Maximum 3 hours per week
Washing clothing and linens; and folding and storing clothes and linens.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10503, effective July 1, 2012, for a maximum of 150 days)

Section 117.80 Direct Deposit of Recipients' Warrants
EMERGENCY

a) Warrants of AABD and~~,~~ AFDC ~~and GA~~ recipients shall be deposited directly into their banks, savings and loan associations or credit unions when requested by such recipients.

b) Warrants issued to Protective Payees of AABD and~~,~~ AFDC ~~and GA~~ clients are required to be deposited directly into a bank, savings and loan association or credit union account.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10503, effective July 1, 2012, for a maximum of 150 days)

Section 117.90 State Income Tax Match
EMERGENCY

The Department conducts a yearly State Income Tax Match. Department records are matched with Illinois Department of Revenue records to obtain possible sources of unreported income.

a) Type I-Income Only cases are those cases that received AFDC or~~,~~ AABD ~~or GA~~ cash assistance for each month beginning with March of a tax year through February of the next year, reported earned income on the State income tax return for that tax year, but had no earned income budgeted for the months of cash assistance receipt.

b) Type II-Joint Return Only cases are those cases that received AFDC cash assistance for each month beginning with March of a tax year through February of the next year, filed a joint State income tax return for that year, but who only had one adult's needs included in the AFDC case for the entire period of AFDC cash assistance receipt.

c) Type III cases are AFDC cash assistance cases that are a combination of Type I and Type II cases, having all characteristics of both types.

d) Each client will be notified of an appointment for an interview, advising of the

date, time and place, the reason, a statement of the information obtained from the State Income Tax Match and a list of items to bring to the interview.

e) If the client fails to appear for the interview, the case will be discontinued due to the receipt of income and an overpayment will be determined for the relevant time period.

f) If the client appears for the interview, the following actions will be taken:

1) For Type I and Type III cases, appropriate actions regarding termination or reduction of benefits and determination of any overpayment will be made based on the information provided by the client regarding income and employment.

2) For Type II and Type III cases, the client will be advised that signing the joint income tax refund creates the inference that the income was available to the client and that the Department will consider the income, less the spouse's share based on the Department's Standard of Need, as available, unless the client can prove all or part of the income was not available. The client can do this in one of the following ways:

A) signing an affidavit that the client's signature on the joint income tax return is a forgery or that it was signed under duress;

B) having the spouse sign an affidavit that the client and the spouse did not live together and that the client did not receive or have access to the spouse's income;

C) signing an affidavit that the client did not have access to the spouse's income or only had access to part of the spouse's income;

D) receipt of child support from the spouse during the relevant time period; or

E) stating that an amended State income tax return was filed by the client, with the spouse filing separately, and providing a copy of the amended return.

3) If the client proves that the income was not available, no negative actions

will be taken. If the client proves that only part of the income was available, then appropriate actions of termination, reduction or overpayment will be taken based on that information.

g) For all cases, if a client appears for the interview, but then fails to provide the necessary information, the case will be discontinued for failure to cooperate and any overpayment will be calculated based on State Income Tax Match as well as other available information.

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10503, effective July 1, 2012, for a maximum of 150 days)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Collections and Recoveries

2) Code Citation: 89 Ill. Adm. Code 165

3) Section Number: 165.70 Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 11-18, 12-4.4 and 12-13 of the Illinois Public Aid Code [305 ILCS 5/11-18, 12-4.4 and 12-13] and PA 97-689

5) Effective Date of Amendments: July 1, 2012

6) If this emergency amendment is to expire before the end of the 365-day period, please specify the date on which it is to expire: This emergency amendment will expire June 30, 2013, or upon adoption of permanent rules, whichever comes first.

In accordance with provisions of PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply to rules adopted under Section 5-45(p) of the IAPA, and the effective period may continue through June 30, 2013.

7) Date filed with the Index Department: June 26, 2012

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: This emergency rulemaking is necessary to comply with provisions of PA 97-689. Emergency rules implementing any provisions of PA 97-689 may be adopted in accordance with Section 5-45(p) of the IAPA by the agency charged with administering that provision or initiative. The adoption of emergency rules authorized by Section 5-45(p) of the IAPA is deemed to be necessary for the public interest, safety and welfare.

10) A complete description of the subject and issues: PA 97-689 eliminates all State funded General Assistance and related medical benefits effective July 1, 2012. Pursuant to the provisions of PA 97-689, this rulemaking makes changes to 89 Ill. Adm. Code 165 that are necessary due to the elimination of the State funded General Assistance program. Companion amendments are also being proposed to 89 Ill. Adm. Code 10, 114 and 117.

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENT

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

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

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

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER f: COLLECTIONS

PART 165
COLLECTIONS AND RECOVERIES

SUBPART A: GENERAL OVERPAYMENT PROVISIONS

Section
165.1 Incorporation By Reference
165.10 Overpayments
165.20 Determination of Financial Assistance Overpayments
165.30 Types of Food Stamp Overpayment Claims
165.40 Determination of Food Stamp Overpayments
165.42 Establishment of Claims for Food Stamp Overpayments
165.44 Acceptable Forms of Food Stamp Payments
165.50 Suspension and Termination of Food Stamp Claims

SUBPART B: COLLECTION OF FINANCIAL ASSISTANCE
OVERPAYMENTS FROM CURRENT CASES

Section
165.70 Recoupment of Overpayments from Current Temporary Assistance to Needy Families (TANF) and~~,~~ Aid to the Aged, Blind or Disabled (AABD)~~ and General Assistance (GA)~~ Cases

EMERGENCY

SUBPART C: COLLECTION OF FOOD STAMP OVERPAYMENTS FROM
CURRENTLY PARTICIPATING HOUSEHOLDS

Section
165.80 Initiating Collection from Currently Participating Households
165.82 Methods of Food Stamp Claim Repayment
165.84 Determination of Monthly Benefit Reduction Amount
165.86 Failure to Respond to Initial Demand Letter
165.88 Failure to Comply with Repayment Schedule (Repealed)

SUBPART D: COLLECTION OF OVERPAYMENTS FROM NON-RECIPIENTS

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENT

Section
165.100 Collection of Overpayments from Persons Not Receiving Financial Assistance or Food Stamps
165.102 Demand for Repayment
165.104 Methods of Involuntary Repayment
165.106 Effect of Return to Active Assistance Status

AUTHORITY: Implementing and authorized by Sections 11-18, 12-4.4 and 12-13 of the Illinois Public Aid Code [305 ILCS 5/11-18, 12-4.4 and 12-13].

SOURCE: Recodified from 89 Ill. Adm. Code 102.100 and 102.110 and 89 Ill. Adm. Code 121.200 through 121.208 at 10 Ill. Reg. 21094; amended at 11 Ill. Reg. 10604, effective May 29, 1987; amended at 12 Ill. Reg. 18192, effective November 4, 1988; amended at 13 Ill. Reg. 3843, effective March 17, 1989; amended at 17 Ill. Reg. 8187, effective May 24, 1993; amended at 17 Ill. Reg. 18113, effective September 29, 1993; emergency amendment at 20 Ill. Reg. 13376, effective October 1, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 3151, effective February 28, 1997; emergency amendments at 21 Ill. Reg. 8607, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15502, effective November 26, 1997; amended at 22 Ill. Reg. 18939, effective October 1, 1998; amended at 26 Ill. Reg. 400, effective January 1, 2002; amended at 26 Ill. Reg. 16495, effective October 28, 2002; amended at 32 Ill. Reg. 7916, effective May 7, 2008; amended by peremptory amendment at 33 Ill. Reg. 5549, effective April 1, 1009; amended by peremptory amendment at 33 Ill. Reg. 11336, effective July 15, 2009; emergency amendment at 36 Ill. Reg. 10513, effective July 1, 2012, for a maximum of 150 days.

SUBPART B: COLLECTION OF FINANCIAL ASSISTANCE OVERPAYMENTS FROM CURRENT CASES

Section 165.70 Recoupment of Overpayments from Current Temporary Assistance for Needy Families (TANF) and~~,~~ Aid to the Aged, Blind or Disabled (AABD)~~ and General Assistance (GA)~~ Cases
EMEGENCY

a) When the Department determines that a TANF or~~,~~ AABD~~ or GA~~ assistance unit has received assistance to which it is not entitled, the Department shall recoup the overpayment from:

1) the current assistance grant;

2) the assistance grant case that now contains the former grantee of the overpaid assistance case; or

3) the assistance grant case that now contains any adult member of the overpaid assistance case.

b) The entire overpayment will be recouped in as short a time as possible. For AABD ~~and GA~~ cases, the amount to be deducted for any one month shall not reduce the family's or individual's total income and assets to an amount less than 90% of the respective payment standard for a family or individual of that size with no income. (For overpayments due to the receipt of duplicate warrants, see 89 Ill. Adm. Code 117.20.)

c) For TANF ~~and GA~~ cases, the family's or individual's total income shall include all gross earned income, less the earned income disregard and child care deduction if applicable, all unearned income, and all assistance payments. For AABD, total income shall include net earned income, all unearned income, and all assistance payments.

d) Families participating in the TANF program who have received an overpayment of AFDC or TANF, and have not repaid the money, will have the overpayment recouped from the TANF payment. The amount to be deducted for any one month shall not reduce the family's or individual's total income and assets to an amount less than 90% of the applicable assistance payment level with a $75 monthly maximum deduction. (For overpayments due to the receipt of duplicate warrants, see 89 Ill. Adm. Code 117.20.)

(Source: Amended by emergency rulemaking at 36 Ill. Reg. 10513, effective July 1, 2012, for a maximum of 365 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3) Section Number: 310.600 — Peremptory Action: Amendment

4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute which Requires this Peremptory Rulemaking: The Department of Central Management Services (CMS) is amending the Pay Plan (80 Ill. Adm. Code 310) Section 310.600 to reflect two Memoranda of Understanding. The first Memorandum of Understanding (MOU) is between the State of Illinois and the American Federation of State, County and Municipal Employees (AFSCME) signed June 25, 2012. The MOU reinstates the payment of general increases, longevity pay increases (or extended service increases) and step increases (or satisfactory performance increases) for employees represented by AFSCME bargaining units at the Deaf and Hard of Hearing Commission, Guardianship and Advocacy Commission, Historic Preservation Agency (HPA) and Prisoner Review Board effective July 1, 2011. In other words, the employees represented by AFSCME bargaining units at the Deaf and Hard of Hearing Commission, Guardianship and Advocacy Commission, HPA and Prisoner Review Board are not subject to the frozen negotiated-rates-of-pay during fiscal year (FY) 2012. The second MOU is between the State of Illinois and the Illinois Federation of Public Employees (IFPE) signed June 26, 2012. The MOU reinstates the payment of general increases, longevity pay increases (or extended service increases) and step increases (or satisfactory performance increases) for employees represented by the IFPE bargaining unit at the HPA effective July 1, 2011. In other words, the employees represented by the IFPE bargaining unit at the HPA are not subject to the frozen negotiated-rates-of-pay during FY2012.

5) Statutory Authority: Authorized by Sections 8, 8a and 9(7) of the Personnel Code [20 ILCS 415/8, 20 ILCS 415/8a and 20 ILCS 415/9(7)], subsection (d) of Section 1-5 of the Illinois Administrative Procedure Act [5 ILCS 100/1-5(d)] and by Sections 4, 6, 15 and 21 of the Illinois Public Labor Relations Act [5 ILCS 315/4, 5 ILCS 315/6, 5 ILCS 315/15 and 5 ILCS 315/21].

6) Effective Date: June 27, 2012

7) A Complete Description of the Subjects and Issues Involved: In Section 310.600, the bargaining units at the work locations in the Deaf and Hard of Hearing Commission, Guardianship and Advocacy Commission, Historic Preservation Agency and Prisoner

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

Review Board are removed from the work locations affected by the frozen negotiated-rates-of-pay during fiscal year 2012.

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

9) Date filed with the Index Department: June 27, 2012

10) This and other Pay Plan amendments are available in the Division of Technical Services of the Bureau of Personnel.

11) Is this in compliance with Section 5-50 of the Illinois Administrative Procedure Act? Yes

12) Are there any other proposed amendments pending on this Part? Yes.

Section Numbers	Proposed Action	Ill. Reg. Citation
310.47	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.130	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.600	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.630	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.640	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.660	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.670	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.Appendix A Table S	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.Appendix A Table W	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.Appendix A Table AA	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.Appendix B Table S	Amendment	36 Ill. Reg. 4991; April 6, 2012
310.Appendix B Table W	Amendment	36 Ill. Reg. 4991; April 6, 2012

13) Statement of Statewide Policy Objectives: The amendment to the Pay Plan affects only the employees subject to the Personnel Code and does not set out any guidelines that affect local or other jurisdictions in the State.

14) Information and questions regarding this peremptory amendment shall be directed to:

Mr. Jason Doggett
Manager
Compensation Section
Division of Technical Services and Agency Training and Development

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

Bureau of Personnel
Department of Central Management Services
504 William G. Stratton Building
Springfield IL 62706

217/782-7964
Fax: 217/524-4570
CMS.PayPlan@Illinois.gov

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section
310.20 Policy and Responsibilities
310.30 Jurisdiction
310.40 Pay Schedules
310.45 Comparison of Pay Grades or Salary Ranges Assigned to Classifications
310.47 In-Hiring Rate
310.50 Definitions
310.60 Conversion of Base Salary to Pay Period Units
310.70 Conversion of Base Salary to Daily or Hourly Equivalents
310.80 Increases in Pay
310.90 Decreases in Pay
310.100 Other Pay Provisions
310.110 Implementation of Pay Plan Changes (Repealed)
310.120 Interpretation and Application of Pay Plan
310.130 Effective Date
310.140 Reinstitution of Within Grade Salary Increases (Repealed)
310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section
310.205 Introduction
310.210 Prevailing Rate
310.220 Negotiated Rate
310.230 Part-Time Daily or Hourly Special Services Rate (Repealed)
310.240 Daily or Hourly Rate Conversion
310.250 Member, Patient and Inmate Rate
310.260 Trainee Rate

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

310.270 Legislated Rate
310.280 Designated Rate
310.290 Out-of-State Rate (Repealed)
310.295 Foreign Service Rate (Repealed)
310.300 Educator Schedule for RC-063 and HR-010
310.310 Physician Specialist Rate
310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections (Repealed)
310.330 Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

Section
310.410 Jurisdiction
310.415 Merit Compensation Salary Range Assignments
310.420 Objectives
310.430 Responsibilities
310.440 Merit Compensation Salary Schedule
310.450 Procedures for Determining Annual Merit Increases and Bonuses
310.455 Intermittent Merit Increase (Repealed)
310.456 Merit Zone (Repealed)
310.460 Other Pay Increases
310.470 Adjustment
310.480 Decreases in Pay
310.490 Other Pay Provisions
310.495 Broad-Band Pay Range Classes
310.500 Definitions
310.510 Conversion of Base Salary to Pay Period Units (Repealed)
310.520 Conversion of Base Salary to Daily or Hourly Equivalents
310.530 Implementation
310.540 Annual Merit Increase and Bonus Guidechart
310.550 Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

SUBPART D: FROZEN NEGOTIATED-RATES-OF-PAY
DUE TO FISCAL YEAR 2012 APPROPRIATIONS

Section
310.600 Jurisdiction

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

310.610 Pay Schedules
310.620 In-Hiring Rate
310.630 Definitions
310.640 Increases in Pay
310.650 Other Pay Provisions
310.660 Effective Date
310.670 Negotiated Rate
310.680 Trainee Rate
310.690 Educator Schedule for Frozen RC-063 and Frozen HR-010

310.APPENDIX A Negotiated Rates of Pay
310.TABLE A RC-104 (Conservation Police Supervisors, Laborers' – ISEA Local #2002)
310.TABLE B VR-706 (Assistant Automotive Shop Supervisors, Automotive Shop Supervisors and Meat and Poultry Inspector Supervisors, Laborers' – ISEA Local #2002)
310.TABLE C RC-056 (Site Superintendents and Veterans' Affairs, Natural Resources, Human Services, Historic Preservation Agency and Agriculture Managers, IFPE)
310.TABLE D HR-001 (Teamsters Local #700)
310.TABLE E RC-020 (Teamsters Local #330)
310.TABLE F RC-019 (Teamsters Local #25)
310.TABLE G RC-045 (Automotive Mechanics, IFPE)
310.TABLE H RC-006 (Corrections Employees, AFSCME)
310.TABLE I RC-009 (Institutional Employees, AFSCME)
310.TABLE J RC-014 (Clerical Employees, AFSCME)
310.TABLE K RC-023 (Registered Nurses, INA)
310.TABLE L RC-008 (Boilermakers)
310.TABLE M RC-110 (Conservation Police Lodge)
310.TABLE N RC-010 (Professional Legal Unit, AFSCME)
310.TABLE O RC-028 (Paraprofessional Human Services Employees, AFSCME)
310.TABLE P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
310.TABLE Q RC-033 (Meat Inspectors, IFPE)
310.TABLE R RC-042 (Residual Maintenance Workers, AFSCME)
310.TABLE S VR-704 (Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002)

310.TABLE T HR-010 (Teachers of Deaf, IFT)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

310.TABLE U HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
310.TABLE V CU-500 (Corrections Meet and Confer Employees)
310.TABLE W RC-062 (Technical Employees, AFSCME)
310.TABLE X RC-063 (Professional Employees, AFSCME)
310.TABLE Y RC-063 (Educators, AFSCME)
310.TABLE Z RC-063 (Physicians, AFSCME)
310.TABLE AA NR-916 (Departments of Central Management Services, Natural Resources and Transportation, Teamsters)
310.TABLE AB RC-150 (Public Service Administrators Option 6, AFSCME)
310.TABLE AC RC-036 (Public Service Administrators Option 8L Department of Healthcare and Family Services, INA)
310.TABLE AD RC-184 (Public Service Administrators Option 8X Department of Natural Resources, SEIU Local 73)
310.TABLE AE RC-090 (Internal Security Investigators, Metropolitan Alliance of Police Chapter 294)

310.APPENDIX B Frozen Negotiated-Rates-of-Pay

310.TABLE A Frozen RC-104-Rates-of-Pay (Conservation Police Supervisors, Laborers' – ISEA Local #2002)
310.TABLE C Frozen RC-056-Rates-of-Pay (Site Superintendents and Veterans' Affairs, Natural Resources, Human Services, Historic Preservation Agency and Agriculture Managers, IFPE)
310.TABLE H Frozen RC-006-Rates-of-Pay (Corrections Employees, AFSCME)
310.TABLE I Frozen RC-009-Rates-of-Pay (Institutional Employees, AFSCME)
310.TABLE J Frozen RC-014-Rates-of-Pay (Clerical Employees, AFSCME)
310.TABLE K Frozen RC-023-Rates-of-Pay (Registered Nurses, INA)
310.TABLE M Frozen RC-110-Rates-of-Pay (Conservation Police Lodge)
310.TABLE N Frozen RC-010 (Professional Legal Unit, AFSCME)
310.TABLE O Frozen RC-028-Rates-of-Pay (Paraprofessional Human Services Employees, AFSCME)
310.TABLE P Frozen RC-029-Rates-of-Pay (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
310.TABLE R Frozen RC-042-Rates-of-Pay (Residual Maintenance Workers, AFSCME)
310.TABLE S Frozen VR-704-Rates-of-Pay (Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002)
310.TABLE T Frozen HR-010-Rates-of-Pay (Teachers of Deaf, IFT)
310.TABLE V Frozen CU-500-Rates-of-Pay (Corrections Meet and Confer Employees)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

310.TABLE W	Frozen RC-062-Rates-of-Pay (Technical Employees, AFSCME)
310.TABLE X	Frozen RC-063-Rates-of-Pay (Professional Employees, AFSCME)
310.TABLE Y	Frozen RC-063-Rates-of-Pay (Educators, AFSCME)
310.TABLE Z	Frozen RC-063-Rates-of-Pay (Physicians, AFSCME)
310.TABLE AB	Frozen RC-150-Rates-of-Pay (Public Service Administrators Option 6, AFSCME)
310.TABLE AD	Frozen RC-184-Rates-of-Pay (Public Service Administrators Option 8X Department of Natural Resources, SEIU Local 73)
310.TABLE AE	Frozen RC-090-Rates-of-Pay (Internal Security Investigators, Metropolitan Alliance of Police Chapter 294)
310.APPENDIX C	Medical Administrator Rates (Repealed)
310.APPENDIX D	Merit Compensation System Salary Schedule
310.APPENDIX E	Teaching Salary Schedule (Repealed)
310.APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
310.APPENDIX G	Broad-Band Pay Range Classes Salary Schedule

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 3230, effective January 24, 1986; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986;

emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455,

effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill.

Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; peremptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; peremptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998;

peremptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; peremptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999; amended at 23 Ill. Reg. 13053, effective September 27, 1999; peremptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; peremptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; emergency expired November 27, 2000; peremptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; peremptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; peremptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; peremptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; peremptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; peremptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; peremptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; peremptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; peremptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; emergency expired March 22, 2003; peremptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. 3261, effective February 11, 2003; expedited correction at 28 Ill. Reg. 6151, effective February 11, 2003; amended at 27 Ill. Reg. 8855, effective May 15, 2003; amended at 27 Ill. Reg. 9114, effective May 27, 2003; emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days; emergency expired November 27, 2003; peremptory amendment at 27 Ill. Reg. 17433, effective November 7, 2003; amended at 27 Ill. Reg. 18560, effective December 1, 2003; peremptory amendment at 28 Ill. Reg. 1441, effective January 9, 2004; amended at 28 Ill. Reg. 2684, effective January 22, 2004; amended at 28 Ill. Reg. 6879, effective April 30, 2004; peremptory amendment at 28 Ill. Reg. 7323, effective May 10, 2004; amended at 28 Ill. Reg. 8842, effective June 11, 2004; peremptory amendment at 28 Ill. Reg. 9717, effective June 28, 2004; amended at 28 Ill. Reg. 12585, effective August 27, 2004; peremptory amendment at 28 Ill. Reg. 13011, effective September 8, 2004; peremptory amendment at 28 Ill. Reg. 13247, effective September 20, 2004; peremptory amendment at 28 Ill. Reg. 13656, effective September 27, 2004; emergency amendment at 28 Ill. Reg. 14174, effective October 15, 2004, for a maximum of 150 days; emergency expired March 13, 2005; peremptory amendment at 28 Ill. Reg. 14689, effective October 22, 2004; peremptory amendment at 28 Ill. Reg. 15336, effective November 15, 2004; peremptory amendment at 28 Ill. Reg. 16513, effective December 9, 2004; peremptory amendment at 29 Ill. Reg. 726, effective December 15, 2004; amended at 29 Ill. Reg. 1166, effective January 7, 2005; peremptory amendment at 29 Ill. Reg. 1385, effective January 4, 2005; peremptory amendment at 29 Ill. Reg. 1559, effective January 11, 2005; peremptory amendment at 29 Ill. Reg. 2050, effective January 19, 2005; peremptory amendment at 29 Ill. Reg. 4125, effective February 23, 2005; amended at 29 Ill. Reg. 5375, effective April 4, 2005; peremptory amendment at 29 Ill. Reg. 6105, effective April 14, 2005; peremptory amendment at 29 Ill. Reg. 7217, effective May 6, 2005; peremptory amendment at 29 Ill. Reg. 7840, effective May 10, 2005; amended at 29 Ill. Reg. 8110, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8214, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8418, effective June 1, 2005; amended at 29 Ill. Reg. 9319, effective July 1, 2005; peremptory amendment at 29 Ill. Reg. 12076, effective July 15, 2005; peremptory amendment at 29 Ill. Reg. 13265, effective August 11, 2005; amended at 29 Ill. Reg. 13540, effective August 22, 2005; peremptory amendment at 29 Ill. Reg. 14098, effective September 2, 2005; amended at 29 Ill. Reg. 14166, effective September 9, 2005; amended at 29 Ill. Reg. 19551, effective November 21, 2005; emergency amendment at 29 Ill. Reg. 20554, effective December 2, 2005, for a maximum of 150 days; peremptory amendment at 29 Ill. Reg. 20693, effective December 12, 2005; peremptory amendment at 30 Ill. Reg. 623, effective December 28, 2005; peremptory amendment at 30 Ill. Reg. 1382, effective January 13, 2006; amended at 30 Ill. Reg. 2289, effective February 6, 2006; peremptory amendment at 30 Ill. Reg. 4157, effective February 22, 2006; peremptory

amendment at 30 Ill. Reg. 5687, effective March 7, 2006; peremptory amendment at 30 Ill. Reg. 6409, effective March 30, 2006; amended at 30 Ill. Reg. 7857, effective April 17, 2006; amended at 30 Ill. Reg. 9438, effective May 15, 2006; peremptory amendment at 30 Ill. Reg. 10153, effective May 18, 2006; peremptory amendment at 30 Ill. Reg. 10508, effective June 1, 2006; amended at 30 Ill. Reg. 11336, effective July 1, 2006; emergency amendment at 30 Ill. Reg. 12340, effective July 1, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 12418, effective July 1, 2006; amended at 30 Ill. Reg. 12761, effective July 17, 2006; peremptory amendment at 30 Ill. Reg. 13547, effective August 1, 2006; peremptory amendment at 30 Ill. Reg. 15059, effective September 5, 2006; peremptory amendment at 30 Ill. Reg. 16439, effective September 27, 2006; emergency amendment at 30 Ill. Reg. 16626, effective October 3, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 17603, effective October 20, 2006; amended at 30 Ill. Reg. 18610, effective November 20, 2006; peremptory amendment at 30 Ill. Reg. 18823, effective November 21, 2006; peremptory amendment at 31 Ill. Reg. 230, effective December 20, 2006; emergency amendment at 31 Ill. Reg. 1483, effective January 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 2485, effective January 17, 2007; peremptory amendment at 31 Ill. Reg. 4445, effective February 28, 2007; amended at 31 Ill. Reg. 4982, effective March 15, 2007; peremptory amendment at 31 Ill. Reg. 7338, effective May 3, 2007; amended at 31 Ill. Reg. 8901, effective July 1, 2007; emergency amendment at 31 Ill. Reg. 10056, effective July 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 10496, effective July 6, 2007; peremptory amendment at 31 Ill. Reg. 12335, effective August 9, 2007; emergency amendment at 31 Ill. Reg. 12608, effective August 16, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 13220, effective August 30, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 13357, effective August 29, 2007; amended at 31 Ill. Reg. 13981, effective September 21, 2007; peremptory amendment at 31 Ill. Reg. 14331, effective October 1, 2007; amended at 31 Ill. Reg. 16094, effective November 20, 2007; amended at 31 Ill. Reg. 16792, effective December 13, 2007; peremptory amendment at 32 Ill. Reg. 598, effective December 27, 2007; amended at 32 Ill. Reg. 1082, effective January 11, 2008; peremptory amendment at 32 Ill. Reg. 3095, effective February 13, 2008; peremptory amendment at 32 Ill. Reg. 6097, effective March 25, 2008; peremptory amendment at 32 Ill. Reg. 7154, effective April 17, 2008; expedited correction at 32 Ill. Reg. 9747, effective April 17, 2008; peremptory amendment at 32 Ill. Reg. 9360, effective June 13, 2008; amended at 32 Ill. Reg. 9881, effective July 1, 2008; peremptory amendment at 32 Ill. Reg. 12065, effective July 9, 2008; peremptory amendment at 32 Ill. Reg. 13861, effective August 8, 2008; peremptory amendment at 32 Ill. Reg. 16591, effective September 24, 2008; peremptory amendment at 32 Ill. Reg. 16872, effective October 3, 2008; peremptory amendment at 32 Ill. Reg. 18324, effective November 14, 2008; peremptory amendment at 33 Ill. Reg. 98, effective December 19, 2008; amended at 33 Ill. Reg. 2148, effective January 26, 2009; peremptory amendment at 33 Ill. Reg. 3530, effective February 6, 2009; peremptory amendment at 33 Ill. Reg. 4202, effective February 26, 2009; peremptory

amendment at 33 Ill. Reg. 5501, effective March 25, 2009; peremptory amendment at 33 Ill. Reg. 6354, effective April 15, 2009; peremptory amendment at 33 Ill. Reg. 6724, effective May 1, 2009; peremptory amendment at 33 Ill. Reg. 9138, effective June 12, 2009; emergency amendment at 33 Ill. Reg. 9432, effective July 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 10211, effective July 1, 2009; peremptory amendment at 33 Ill. Reg. 10823, effective July 2, 2009; peremptory amendment at 33 Ill. Reg. 11082, effective July 10, 2009; peremptory amendment at 33 Ill. Reg. 11698, effective July 23, 2009; peremptory amendment at 33 Ill. Reg. 11895, effective July 31, 2009; peremptory amendment at 33 Ill. Reg. 12872, effective September 3, 2009; amended at 33 Ill. Reg. 14944, effective October 26, 2009; peremptory amendment at 33 Ill. Reg. 16598, effective November 13, 2009; peremptory amendment at 34 Ill. Reg. 305, effective December 18, 2009; emergency amendment at 34 Ill. Reg. 957, effective January 1, 2010, for a maximum of 150 days; peremptory amendment at 34 Ill. Reg. 1425, effective January 5, 2010; peremptory amendment at 34 Ill. Reg. 3684, effective March 5, 2010; peremptory amendment at 34 Ill. Reg. 5776, effective April 2, 2010; peremptory amendment at 34 Ill. Reg. 6214, effective April 16, 2010; amended at 34 Ill. Reg. 6583, effective April 30, 2010; peremptory amendment at 34 Ill. Reg. 7528, effective May 14, 2010; amended at 34 Ill. Reg. 7645, effective May 24, 2010; peremptory amendment at 34 Ill. Reg. 7947, effective May 26, 2010; peremptory amendment at 34 Ill. Reg. 8633, effective June 18, 2010; amended at 34 Ill. Reg. 9759, effective July 1, 2010; peremptory amendment at 34 Ill. Reg. 10536, effective July 9, 2010; peremptory amendment at 34 Ill. Reg. 11864, effective July 30, 2010; emergency amendment at 34 Ill. Reg. 12240, effective August 9, 2010, for a maximum of 150 days; peremptory amendment at 34 Ill. Reg. 13204, effective August 26, 2010; peremptory amendment at 34 Ill. Reg. 13657, effective September 8, 2010; peremptory amendment at 34 Ill. Reg. 15897, effective September 30, 2010; peremptory amendment at 34 Ill. Reg. 18912, effective November 15, 2010; peremptory amendment at 34 Ill. Reg. 19582, effective December 3, 2010; amended at 35 Ill. Reg. 765, effective December 30, 2010; emergency amendment at 35 Ill. Reg. 1092, effective January 1, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 2465, effective January 19, 2011; peremptory amendment at 35 Ill. Reg. 3577, effective February 10, 2011; emergency amendment at 35 Ill. Reg. 4412, effective February 23, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 4803, effective March 11, 2011; emergency amendment at 35 Ill. Reg. 5633, effective March 15, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 5677, effective March 18, 2011; amended at 35 Ill. Reg. 8419, effective May 23, 2011; amended at 35 Ill. Reg. 11245, effective June 28, 2011; emergency amendment at 35 Ill. Reg. 11657, effective July 1, 2011, for a maximum of 150 days; emergency expired November 27, 2011; peremptory amendment at 35 Ill. Reg. 12119, effective June 29, 2011; peremptory amendment at 35 Ill. Reg. 13966, effective July 29, 2011; peremptory amendment at 35 Ill. Reg. 15178, effective August 29, 2011; emergency amendment at 35 Ill. Reg. 15605, effective September 16, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 15640, effective September 15, 2011; peremptory amendment at 35 Ill. Reg.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

19707, effective November 23, 2011; amended at 35 Ill. Reg. 20144, effective December 6, 2011; amended at 36 Ill. Reg. 153, effective December 22, 2011; peremptory amendment at 36 Ill. Reg. 564, effective December 29, 2011; peremptory amendment at 36 Ill. Reg. 3957, effective February 24, 2012; peremptory amendment at 36 Ill. Reg. 4158, effective March 5, 2012; peremptory amendment at 36 Ill. Reg. 4437, effective March 9, 2012; amended at 36 Ill. Reg. 4707, effective March 19, 2012; amended at 36 Ill. Reg. 8460, effective May 24, 2012; peremptory amendment at 36 Ill. Reg. 10518, effective June 27, 2012.

SUBPART D: FROZEN NEGOTIATED-RATES-OF-PAY
DUE TO FISCAL YEAR 2012 APPROPRIATIONS

Section 310.600 Jurisdiction

a) Overview – The Frozen Negotiated-Rates-of-Pay due to Fiscal Year 2012 Appropriations (Subpart D) shall apply to the positions and employees represented by the CU-500, HR-010, RC-006, RC-009, RC-010, RC-014, RC-023, RC-028, RC-029, RC-042, RC-056, RC-062, RC-063, RC-090, RC-104, RC-110, RC-150, RC-184 or VR-704 bargaining units and with work location located at the Departments of Corrections, Human Rights, Human Services, Juvenile Justice, Labor, Natural Resources, Public Health or Revenue, the Criminal Justice Information Authority or~~, Deaf and Hard of Hearing Commission, Guardianship and Advocacy Commission,~~ Human Rights Commission~~, Historic Preservation Agency or Prisoner Review Board~~. The positions and employees shall be covered by the provisions of the Narrative (Subpart A) and Schedule of Rates (Subpart B) except as provided in the sections of Subpart D. The Deaf and Hard of Hearing Commission, Guardianship and Advocacy Commission, Historic Preservation Agency and Prisoner Review Board are removed from the work locations where frozen negotiated-rates-of-pay are effective during fiscal year 2012.

b) Exception – The employees represented by the American Federation of State, County and Municipal Employees (AFSCME) bargaining units CU-500, RC-006, RC-009, RC-010, RC-014, RC-028, RC-042, RC-062, RC-063 and RC-150 who by May 1, 2011 submitted for retirement prior to January 1, 2012 are excluded from Subpart D. The employees represented by AFSCME who by May 1, 2011 submitted for retirement prior to January 1, 2012 shall be paid at a rate of pay or step in the appropriate pay grade rate table in Appendix A for the position in which the employee is employed.

12

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

(Source: Amended by peremptory rulemaking at 36 Ill. Reg. 10518, effective June 27, 2012)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of June 26, 2012 through July 2, 2012 and have been scheduled for review by the Committee at its August 14, 2012 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.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
8/9/12	Department of Agriculture, Swine Brucellosis (8 Ill. Adm. Code 100)	4/20/12 36 Ill. Reg. 5904	8/14/12
8/9/12	Department of Agriculture, Swine Disease Control and Eradication Act (8 Ill. Adm. Code 105)	4/20/12 36 Ill. Reg. 5907	8/14/12
8/9/12	Department of Agriculture, Livestock Auction Markets (8 Ill. Adm. Code 40)	4/20/12 36 Ill. Reg. 5888	8/14/12
8/9/12	Department of Agriculture, Animal Disease Laboratories Act (8 Ill. Adm. Code 110)	4/20/12 36 Ill. Reg. 5924	8/14/12
8/9/12	Department of Agriculture, Bovine Brucellosis (8 Ill. Adm. Code 75)	4/20/12 36 Ill. Reg. 5894	8/14/12
8/10/12	Department of Human Services, Referral for VR Services (89 Ill. Adm. Code 552)	4/6/12 36 Ill. Reg. 5074	8/14/12
8/10/12	Illinois Student Assistance Commission, Illinois Future Teacher Corps (IFTC) Program (23 Ill. Adm. Code 2764)	4/27/12 36 Ill. Reg. 6509	8/14/12

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

8/10/12	Illinois Commerce Commission, (83 Ill. Adm. Code 737)	10/7/11 35 Ill. Reg. 15727	8/14/12
8/15/12	Executive Ethics Commission, Organization, Information, Rulemaking and Hearings (2 Ill. Adm. Code 1620)	2/24/12 36 Ill. Reg. 2618	8/14/12

POLLUTION CONTROL BOARD

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

1) Heading of the Part: Proceedings Pursuant to Specific Rules or Statutory Provisions

2) Code Citation: 35 Ill. Adm. Code 106

3)

Section Numbers:	Proposed Action:
106.100	Amended
106.900	New
106.902	New
106.904	New
106.906	New
106.908	New
106.910	New
106.912	New
106.914	New

4) Date Notice of Proposed Amendments Published in the Illinois Register: 35 Ill. Reg. 18492, November 14, 2011; 36 Ill. Reg. 2643, February 24, 2012.

5) Reason for the Withdrawal: The above-cited publication was authorized by the Pollution Control Board's opinion and order of February 2, 2012. *See* In the Matter of: Procedural Rules for Authorizations Under P. A. 97-220 for Certain Landscape Waste and Compost Applications and On-Farm Composting Facilities: New 35 Ill. Adm. Code 106.Subpart I, R12-11 (Feb. 2, 2012) (second first notice opinion and order). These rules are to be codified at 35 Ill. Adm. Code 106.Subpart I, and will apply to Board authorizations made under P.A. 97-220, signed and effective July 28, 2011. Among other things, P.A. 97-220 amends Section 21(q) of the Environmental Protection Act (Act), 415 ILCS 5/21(q) (2010). The amendments to Section 21(q) specify that the Board (rather than the Illinois Environmental Protection Agency (IEPA) as previously provided) may authorize certain exceptions to the provisions of that section.

One type of Board authorization available under Section 21(q)(2) would allow any person to apply landscape waste or composted landscape waste at a rate greater than "agronomic rates" of not more than 20 tons per acre per year. Under Section 21(q)(3), farmers who operate a composting facility may be authorized to use landscape waste compost to operate the compost facility on more than 2% of the property's total acreage. Without such Board authorizations, these activities are prohibited acts under Section 21(q), and violators are subject to enforcement.

POLLUTION CONTROL BOARD

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

The Board's first Notice of Proposed Amendments was published November 14, 2011 at 35 Ill. Reg. 18492. Based on public comments from a citizen and units of local government, the Board made changes to the notice provisions of the rules, determined to withdraw the original first notice at the suggestion of the Joint Committee on Administrative Rules (JCAR) , and published a second Notice of Proposed Amendments on February 24, 2012 at 36 Ill. Reg. 2643. The Board specifically requested comments from the initial commenters and the IEPA, which did not comment on the original first notice.

Based on public comments received from the IEPA during the notice period following the February 24, 2012 publication of a Notice of Proposed Amendments the Board decided additional changes were necessary. The Board proposed to add specificity to the requirements for information to be provided in a petition, and also to give the IEPA 45-days in which to respond to the petition.

Given the nature of the changes to the informational requirements in a petition made at IEPA request, the Board determined that additional changes to the proposal were necessary. The Board decided to withdraw the second first notice proposal, and to again publish a third Notice of Proposed Amendments. In its June 21, 2012 opinion and order, the Board stated its belief that this was the most efficient way to: a) publicize proposed changes to rules implementing the new legislative mandate to the Board in P.A. 97-220; and b) allow the Agency and the affected composting persons and entities, as well as the public, adequate notice and opportunity to comment on the proposed changes. *See* In the Matter of: Procedural Rules for Authorizations Under P. A. 97-220 for Certain Landscape Waste and Compost Applications and On-Farm Composting Facilities: New 35 Ill. Adm. Code 106.Subpart I, R12-11 (June 21, 2012) (third first notice opinion and order). The June 21, 2012 revised proposal will be published in the *Illinois Register* soon.

Questions regarding this matter should reference Board Docket R12-11, and be directed to:

Kathleen Crowley
Senior Attorney
Illinois Pollution Control Board
100 W. Randolph—Suite 11-500
Chicago, IL 60601
312-814-6929

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 36, Issue 28 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

PROPOSED RULES

89 - 240 9812
14 - 528 9823
14 - 532 9841
11 - 1800 9863
89 - 104 9883
89 - 110 9886
89 - 118 9888
89 - 119 9890
89 - 10 9892
89 - 114 9894
89 - 117 9898
89 - 165 9900
89 - 676 9902
89 - 679 9910
89 - 682 9919
35 - 106 9924
35 - 106 10537

ADOPTED RULES

68 - 1240 7/13/2012 9938
68 - 1320 6/29/2012 10006
11 - 1800 6/28/2012 10029
35 - 618 6/27/2012 10042
92 - 1040 6/29/2012 10055

EMERGENCY RULES

89 - 101 7/1/2012 10176
89 - 104 7/1/2012 10195
89 - 110 7/1/2012 10219
89 - 118 7/1/2012 10223
89 - 119 7/1/2012 10229
89 - 120 7/1/2012 10253
89 - 125 7/1/2012 10298
89 - 148 7/1/2012 10326
89 - 152 7/1/2012 10410
89 - 153 7/1/2012 10416
89 - 10 7/1/2012 10421
89 - 114 7/1/2012 10437
89 - 117 7/1/2012 10503
89 - 165 7/1/2012 10513

PEREMPTORY RULES

80 - 310 6/27/2012 10518

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