



# TABLE OF CONTENTS

April 5, 2013 Volume 37, Issue 14

## PROPOSED RULES

### HEALTH FACILITIES AND SERVICES REVIEW BOARD

Narrative and Planning Policies

77 Ill. Adm. Code 1100.....3934

Processing, Classification Policies and Review Criteria

77 Ill. Adm. Code 1110.....3982

### NATURAL RESOURCES, DEPARTMENT OF

Construction in Floodways of Rivers, Lakes and Streams

17 Ill. Adm. Code 3700.....4156

Regulation of Public Waters

17 Ill. Adm. Code 3704.....4168

Floodway Construction in Northeastern Illinois

17 Ill. Adm. Code 3708.....4183

Rules Establishing Horizontal and Vertical Clearances for Bridges  
Over the Fox River

17 Ill. Adm. Code 3720.....4199

### SECRETARY OF STATE

Uniform Partnership Act (1997)

14 Ill. Adm. Code 166.....4203

Uniform Limited Partnership Act (2001)

14 Ill. Adm. Code 171.....4208

Certificates of Title, Registration of Vehicles

92 Ill. Adm. Code 1010.....4213

### VETERANS' AFFAIRS, DEPARTMENT OF

Survivors' Compensation Act Program

95 Ill. Adm. Code 120.....4226

## ADOPTED RULES

### CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF

Extensions of Jurisdiction

80 Ill. Adm. Code 305.....4231

State of Illinois Dependent Care Assistance Plan

80 Ill. Adm. Code 2110.....4235

State of Illinois Medical Care Assistance Plan

80 Ill. Adm. Code 2120.....4241

Commuter Savings Program

80 Ill. Adm. Code 2190.....4253

### EDUCATION, STATE BOARD OF

Programs for the Preparations of Principals in Illinois

23 Ill. Adm. Code 30.....4258

### SECRETARY OF STATE

Department of Personnel

80 Ill. Adm. Code 420.....	4282
Commercial Driver Training Schools	
92 Ill. Adm. Code 1060.....	4295
Certificates of Title, Registration of Vehicles	
92 Ill. Adm. Code 1010.....	4340
Illinois State Library Grant Programs	
23 Ill. Adm. Code 3035.....	4348
TRAVEL REGULATION COUNCIL	
The Travel Regulation Council	
80 Ill. Adm. Code 3000.....	4383
<b>PUBLIC HEARING ON PROPOSED RULES</b>	
OFFICE OF THE ATTORNEY GENERAL	
Hospital Financial Assistance under the Fair Patient Billing Act	
77 Ill. Adm. Code 4500.....	4391
<b>SECOND NOTICES RECEIVED</b>	
JOINT COMMITTEE ON ADMINISTRATIVE RULES	
Second Notices Received.....	4393
<b>EXECUTIVE ORDERS AND PROCLAMATIONS</b>	
PROCLAMATIONS	
Crossing Guard Appreciation Day	
2013-100.....	4394
Playground Safety Week	
2013-101.....	4394
American Genocide Remembrance Day	
2013-102.....	4395
Correctional Officers Week	
2013-103.....	4396
Emergency Medical Services Week	
2013-104.....	4397
Emergency Medical Services For Children Day	
2013-105.....	4397
National Work Zone Safety Month	
2013-106.....	4398
Postpartum Mood Disorders Awareness Month	
2013-107.....	4399
Child Abuse Prevention Month	
2013-108.....	4400
Illinois Beef Month	
2013-109.....	4401
Interior Design Week	
2013-110.....	4402
Mobility Awareness Month	
2013-111.....	4403
Osteopathic Medicine Week	
2013-112.....	4404

Cambodian Killing Fields Remembrance Day	
2013-113.....	4405
Huntington's Disease Awareness Week	
2013-114.....	4406
Lincoln Pilgrimage Weekend	
2013-115.....	4407
Exercise Is Medicine Month	
2013-116.....	4408
National Cancer Registrars Week	
2013-117.....	4409

## 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 2013

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 26, 2012	January 4, 2013
2	December 31, 2012	January 11, 2013
3	January 7, 2013	January 18, 2013
4	January 14, 2013	January 25, 2013
5	January 22, 2013	February 1, 2013
6	January 28, 2013	February 8, 2013
7	February 4, 2013	February 15, 2013
8	February 11, 2013	February 22, 2013
9	February 19, 2013	March 1, 2013
10	February 25, 2013	March 8, 2013
11	March 4, 2013	March 15, 2013
12	March 11, 2013	March 22, 2013
13	March 18, 2013	March 29, 2013
14	March 25, 2013	April 5, 2013
15	April 1, 2013	April 12, 2013
16	April 8, 2013	April 19, 2013
17	April 15, 2013	April 26, 2013
18	April 22, 2013	May 3, 2013
19	April 29, 2013	May 10, 2013
20	May 6, 2013	May 17, 2013
21	May 13, 2013	May 24, 2013
22	May 20, 2013	May 31, 2013
23	May 28, 2013	June 7, 2013

24	June 3, 2013	June 14, 2013
25	June 10, 2013	June 21, 2013
26	June 17, 2013	June 28, 2013
27	June 24, 2013	July 5, 2013
28	July 1, 2013	July 12, 2013
29	July 8, 2013	July 19, 2013
30	July 15, 2013	July 26, 2013
31	July 22, 2013	August 2, 2013
32	July 29, 2013	August 9, 2013
33	August 5, 2013	August 16, 2013
34	August 12, 2013	August 23, 2013
35	August 19, 2013	August 30, 2013
36	August 26, 2013	September 6, 2013
37	September 3, 2013	September 13, 2013
38	September 9, 2013	September 20, 2013
39	September 16, 2013	September 27, 2013
40	September 23, 2013	October 4, 2013
41	September 30, 2013	October 11, 2013
42	October 7, 2013	October 18, 2013
43	October 15, 2013	October 25, 2013
44	October 21, 2013	November 1, 2013
45	October 28, 2013	November 8, 2013
46	November 4, 2013	November 15, 2013
47	November 12, 2013	November 22, 2013
48	November 18, 2013	December 2, 2013
49	November 25, 2013	December 6, 2013
50	December 2, 2013	December 13, 2013
51	December 9, 2013	December 20, 2013
52	December 16, 2013	December 27, 2013

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1100.75	Amend
1100.220	Amend
1100.440	Amend
1100.520	Amend
1100.530	Amend
1100.540	Amend
1100.550	Amend
1100.560	Amend
1100.630	Amend
1100.640	Amend
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) A Complete Description of the Subjects and Issues Involved:

Section 1100.75(c) – eliminates language requiring a triennial re-certification of hospital compliance with annual bed report requirements by a licensed architect or engineer who is knowledgeable of the cited requirements and life safety codes. To verify the authenticity of previously submitted bed reports, giving IDPH access to all files and information used in bed reports previously submitted to HFSRB.

Eliminates language regarding the hospital's preparation of the annual bed report to coincide with its preparation of the "Statement of Conditions" required by JCAHO.

Section 1100.220 – Adds new definitions for ASTC services, including: "Ambulatory Surgical Treatment Center or ASTC" and "Geographic Service Area".

Section 1100.440 – Deletes language concerning the "plan of correction" requirements.

Changes the ten-year projection to a five-year projection in the following Sections: Sections 1100.520, 1100.530, 1100.540, 1100.550, 1100.560,

Section 1100.630 – The 10-year need determination was eliminated.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Section 1100.640 – Amends "Need Determination" language for clarification.

- 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:

Public Hearing to be conducted on

Thursday, April 25, 2013  
10:00 am to 1:00 pm  
James R. Thompson Center  
100 W. Randolph Street – Room 2-025  
Chicago, IL 60601

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Claire Burman  
Rules/Legislation Coordinator  
122 S. Michigan Avenue, 7<sup>th</sup> Floor  
Chicago, Illinois 60603

312/814-8814  
e-mail: [Claire.Burman@illinois.gov](mailto:Claire.Burman@illinois.gov)

- 13) Initial Regulatory Flexibility Analysis:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals. Long-term Care facilities; Ambulatory Surgical Treatment Centers; ESRD facilities; institutions, places, buildings, or rooms used for provision of a health care category of service as defined by the Board, including, but not limited to, cardiac catheterization, and open heart surgery; and institutions, places, buildings, or rooms used for provision of major medical equipment used in the direct clinical diagnosis or treatment of patients, and whose project cost is in excess of the capital expenditure minimum.
- 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 the most recent Regulatory Agendas because the need for the rulemaking was not anticipated when the Agendas were prepared.

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH

CHAPTER II: HEALTH FACILITIES AND SERVICES REVIEW BOARD

SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1100

NARRATIVE AND PLANNING POLICIES

SUBPART A: GENERAL NARRATIVE

Section

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

SUBPART B: DEFINITIONS

Section

- 1100.210 Introduction
- 1100.220 Definitions

SUBPART C: PLANNING POLICIES

Section

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

## SUBPART D: NEED ASSESSMENT

## Section

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

## Model

- 1100.800 Freestanding Emergency Center Medical Services Category of Service  
1100.810 Long-Term Acute Care Hospital Category of Service

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

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

**SOURCE:** Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 15476; amended at 9 Ill. Reg. 3344, effective March 6, 1985; amended at 11 Ill. Reg. 7311, effective April 1, 1987; amended at 12 Ill. Reg. 16079, effective September 21, 1988; amended at 13 Ill. Reg. 16055, effective September 29, 1989; amended at 16 Ill. Reg. 16074, effective October 2, 1992; amended at 18 Ill. Reg. 2986, effective February 10, 1994; amended at 18 Ill. Reg. 8448, effective July 1, 1994; emergency amendment at 19 Ill. Reg. 1941, effective January 31, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 2985, effective March 1, 1995; amended at 19 Ill. Reg. 10143, effective June 30, 1995; recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill. Reg. 2594; amended at 20 Ill. Reg. 14778, effective November 15, 1996; amended at 21 Ill. Reg. 6220, effective May 30, 1997; expedited correction at 21 Ill. Reg. 17201, effective May 30, 1997; amended at 23 Ill. Reg. 2960, effective March 15, 1999; amended at 24 Ill. Reg. 6070, effective April 7, 2000; amended at 25 Ill. Reg. 10796, effective August 24, 2001; amended at 27 Ill. Reg. 2904, effective February 21, 2003; amended at 31 Ill. Reg. 15255, effective November 1, 2007; amended at 32 Ill. Reg. 4743, effective March 18, 2008; amended at 32 Ill. Reg. 12321, effective July 18, 2008; expedited correction at 33 Ill. Reg. 4040, effective July 18, 2008; amended at 34 Ill. Reg. 6067, effective April 13, 2010; amended at 35 Ill. Reg. 16978, effective October 7, 2011; amended at 36 Ill. Reg. 2542, effective January 31, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL NARRATIVE

**Section 1100.75 Annual Bed Report**

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- a) For purposes of this Section, "initial" annual bed reports shall be those that are prepared for the first time after August 31, 2007. Each hospital shall be required to submit its initial report to IDPH within six months after August 31, 2007.
- b) Each hospital shall report on its number of beds on an annual basis, in a format that includes:
- 1) Summary of bed count by operational status (i.e., physically available, reserve, and transitional) and category of service;
  - 2) Identification of the physical location of patient care units (PCUs) and beds; and
  - 3) If the report contains transitional beds, a description of the project and timetable for completion.
- c) The annual bed report is to be certified as accurate by the hospital's Chief Executive Officer or his/her equivalent to the best of his/her knowledge. ~~Once every three years, compliance of the PCUs and bed rooms with applicable facility requirements for new and existing facilities (77 Ill. Adm. Code 250: Subpart O, Subpart T and Subpart U) shall be verified by a licensed architect or engineer who is knowledgeable of the cited requirements and life safety codes.~~ If an approved plan of correction is in place, the applicant shall submit a copy of that plan. In addition, the facility shall provide the Illinois Department of Public Health access to all files and information used in any reports submitted to HFSRB to verify the authenticity of previously submitted annual bed reports. ~~The triennial certification may be timed by the hospital to coincide with its preparation of the "Statement of Conditions" required by the Joint Commission on Accreditation of Healthcare Organizations.~~
- d) IDPH will review hospital bed reports and summarize reported changes from the existing Inventory of Hospital Beds. Changes to the Inventory of Hospital Beds will be submitted to [HFSRB/HFPB](#) for its approval to be recorded.
- e) Any changes in a health care facility's bed capacity, with or without permit, shall be in accordance with 77 Ill. Adm. Code 1130.
- f) IDPH and [HFSRB/HFPB](#) have the authority to conduct inspections and request additional documentation to verify the details of the submitted annual bed reports.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: DEFINITIONS

**Section 1100.220 Definitions**

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

"Acute Dialysis" means dialysis given on an intensive care, inpatient basis to patients suffering from (presumably reversible) acute renal failure, or to patients with chronic renal failure with serious complications.

"Acute Mental Illness" means a crisis state or an acute phase of one or more specific psychiatric disorders in which a person displays one or more specific psychiatric symptoms of such severity as to prohibit effective functioning in any community setting. Persons who are acutely mentally ill may be admitted to an acute mental illness facility or unit under the provisions of the Mental Health and Developmental Disabilities Code [405 ILCS 5], which determines the specific requirements for admission by age and type of admission.

"Acute Mental Illness Facility" or "Acute Mental Illness Unit" means a facility or a distinct unit in a facility that provides a program of acute mental illness treatment service (as defined in this Section); that is designed, equipped, organized and operated to deliver inpatient and supportive acute mental illness treatment services; and that is licensed by the Department of Public Health under the Hospital Licensing Act [210 ILCS 85] or is a facility operated or maintained by the State or a State agency.

"Acute Mental Illness Treatment Service" means a category of service that provides a program of care for those persons suffering from acute mental illness. These services are provided in a highly structured setting in a distinct psychiatric unit of a general hospital, in a private psychiatric hospital, or in a State-operated facility to individuals who are severely mentally ill and in a state of acute crisis, in an effort to stabilize the individual and either effect his or her quick placement in a less restrictive setting or reach a determination that extended treatment is needed. Acute mental illness is typified by an average length of stay of 45 days or less for adults and 60 days or less for children and adolescents.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

"Adverse Action" means a disciplinary action taken by Illinois Department of Public Health, Centers for Medicare and Medicaid Services, or any other State or federal agency against a person or entity that owns and/or operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type A violations. A *"Type A" violation means a violation of the Nursing Home Care Act or 77 Ill. Adm. Code 300, 330, 340, 350 or 390 that creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom.* [210 ILCS 45/1-129]

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

*"Ambulatory Surgical Treatment Center" or "ASTC" means any institution, place or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures or any facility in which a medical or surgical procedure is utilized to terminate a pregnancy, irrespective of whether the facility is devoted primarily to this purpose. Such facility shall not provide beds or other accommodations for the overnight stay of patients; however, facilities devoted exclusively to the treatment of children may provide accommodations and beds for their patients for up to 23 hours following admission. Individual patients shall be discharged in an ambulatory condition without danger to the continued wellbeing of the patients or shall be transferred to a hospital. The term "ambulatory surgical treatment center" does not include any of the following:*

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

*Any institution, building, place or agency required to be licensed by the "Hospital Licensing Act";*

*Any person or institution required to be licensed by the Nursing Home Care Act or the ID/DD Community Care Act [210 ILCS 47];*

*Hospitals or ambulatory surgical treatment centers maintained by the State or any department or agency thereof, where such department or agency has authority under law to establish and enforce standards for the hospitals and ambulatory surgical treatment centers under its management and control;*

*Hospitals or ambulatory surgical treatment centers maintained by the federal government or agencies thereof;*

*Any place, agency, clinic, or practice, public or private, whether organized for profit or not, devoted exclusively to the performance of dental or oral surgical procedures, required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5/3(A)].*

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

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

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

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

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

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

"Birth Center" or "Center" means an alternative health care delivery model that is *exclusively dedicated to serving the childbirth-related needs of women and their newborns and has no more than 10 beds. A birth center is a designated site that is away from the mother's usual place of residence and in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy.* [210 ILCS 3/35]

"Board Certified or Board Eligible Physician" means a physician who has satisfactorily completed an examination (or is "eligible" to take such examination) in a medical specialty and has taken all of the specific training requirements for certification by a specialty board. For purposes of this definition, "medical specialty" shall mean a specific area of medical practice by health care professionals.

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

themselves qualify a facility as having a cardiac catheterization category of service.

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

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

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

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

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

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

"Chronic Renal Dialysis" means a category of service in which dialysis is performed on a regular long-term basis in patients with chronic irreversible renal failure. The maintenance and preparation of patients for kidney transplantation (including the immediate post-operative period and in case of organ rejection) or other acute conditions within a hospital does not constitute a chronic renal dialysis category of service.

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

"Community-Based Residential Rehabilitation" means *services that include, but are not limited to, case management, training and assistance with activities of daily living, nursing consultation, traditional therapies (physical, occupational, speech), functional interventions in the residence and community (job placement, shopping, banking, recreation), counseling, self-management strategies, productive activities, and multiple opportunities for skill acquisition and practice throughout the day.* [210 ILCS 3/35]

"Community-Based Residential Rehabilitation Center" means *a designated site that provides rehabilitation or support, or both, for persons who have experienced severe brain injury, who are medically stable, and who no longer require acute rehabilitative care or intense medical or nursing services. The average length of stay in a community-based residential rehabilitation center shall not exceed 4 months.* [210 ILCS 3/35]

"Comprehensive Physical Rehabilitation" means a category of service provided in a comprehensive physical rehabilitation facility providing the coordinated interdisciplinary team approach to physical disability under a physician licensed to practice medicine in all its branches who directs a plan of management of one or more of the classes of chronic or acute disabling disease or injury. Comprehensive physical rehabilitation services can be provided only by a comprehensive physical rehabilitation facility.

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

maintained by the State or a State agency. Types of comprehensive physical rehabilitation facilities include:

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

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

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

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

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

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

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

"Distinct Unit" means a physically distinct area comprising all beds served by a nursing station in which a particular category of service is provided and utilizing a nursing staff assigned exclusively to the distinct area.

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

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

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

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

"Federally Qualified Health Center" means a health center funded under section 330 of the Public Health Service Act (42 USC 254b).

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

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

"General Long-Term Care" means a classification of categories of service that provide inpatient levels of care primarily for convalescent or chronic disease adult patients/residents who do not require specialized long-term care services. The General Long-Term Care Classification includes the nursing category of service, which provides inpatient treatment for convalescent or chronic disease patients/residents and includes the skilled nursing level of care and/or the intermediate nursing level of care (both as defined in IDPH's Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)).

"Geographic Service Area" means the area consisting of zip code areas (in total or in part) that are located within 45 minutes multi-directional travel time (under normal driving conditions) of the project's site.

"HFSRB" or "State Board" means the Health Facilities and Service Review Board established by the Act.

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

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

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

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

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

HSA VI – City of Chicago

HSA VII – DuPage County and Suburban Cook County

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

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

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

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

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

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

while the other side is bathed by a salt dialysis solution. The accumulated toxic products diffuse out of the blood into the dialysate bath solution. The concentration and total amount of water and salt in the body fluid are adjusted by appropriate alterations in composition of the dialysate fluid.

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

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

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

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

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

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

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

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

"Independent Travel Time Studies" means studies developed and submitted to refine or supplement the determination of Normal Travel Time. Independent

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Travel Time studies will be considered by HFSRB only if conducted utilizing the criteria specified in this Part.

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

"Intensive Care Service" means a category of service providing the coordinated delivery of treatment to the critically ill patient or to patients requiring continuous care due to special diagnostic considerations requiring extensive monitoring of vital signs through mechanical means and through direct nursing supervision. This service is given at the direction of a physician on behalf of patients by physicians, dentists, nurses, and other professional and technical personnel. The intensive care category of service includes the following subcategories: medical ICU, surgical ICU, coronary care, pediatric ICU, and combinations of such ICUs. This category of service does not include intermediate intensive or coronary care and special care units that are included in the medical-surgical category of service.

"Intensive Care Unit" or "ICU" means a distinct part of a facility that provides a program of intensive care service; that is designed, equipped, organized and operated to deliver optimal medical care for the critically ill or for patients with special diagnostic conditions requiring specialized equipment, procedures and staff; and that is under the direct visual supervision of a nursing staff. Prior to February 15, 2003, the repeal of 77 Ill. Adm. Code 1110.1010, 1110.1020 and 1110.1030, the beds and corresponding utilization for the burn treatment category of service were included in the intensive care category of service.

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

"Key Room" means a term used in space planning to designate the primary functional component of a department used to develop a space program or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

estimate of square feet for that department. Examples of key rooms include, but are not limited to, examination rooms for ambulatory care, operating rooms for surgical suites, treatment stations for dialysis, imaging rooms for radiology.

"Kidney Transplantation Center" means a hospital that directly furnishes transplantation and other medical and surgical specialty services required for the care of the kidney transplant patient, including inpatient dialysis furnished directly or under arrangement.

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

"Maternity Care" means a subcategory of obstetric service related to the medical care of the patient prior to and during the act of giving birth either to a living child or to a dead fetus and to the continuing medical care of both patient and newborn infant under the direction of a physician, by physicians, nurses, and other professional and technical personnel.

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

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

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

"Medical-Surgical Service" means a category of service pertaining to the medical-surgical inpatient care performed at the direction of a physician, by physicians,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

Obstetric Service;

Pediatric Service;

Intensive Care Service;

Comprehensive Physical Rehabilitation Service;

Acute and Chronic Mental Illness Treatment Service;

Neonatal Intensive Care Service;

General Long-Term Care Service;

Specialized Long-Term Care Service;

Long-Term Acute Care Service.

"Medical-Surgical Unit" means an assemblage of inpatient beds and related facilities in which medical-surgical services are provided to a defined and limited class of patients according to their particular medical care needs.

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

"Neonatal Intensive Care" means a level of care providing constant and close medical coordination, multi-disciplinary consultation and supervision to those neonates with serious and life threatening developmental or acquired medical and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

surgical problems that require highly specialized treatment and highly trained nursing personnel.

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

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

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

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

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

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

"Normal Travel Time" means the time necessary to traverse a route by an individual vehicle driving at posted speed limits between any two points of interest. Normal Travel Time is to be considered by HFSRB only as calculated utilizing methodologies specified in this Part. Normal Travel Time for proposed

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

projects shall be established by using the facility's location as the base point and utilizing time factors specified in the applicable rules.

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

"Observation Days" means the number of days of service provided to outpatients for the purpose of determining whether a patient requires admission as an inpatient or other treatment.

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

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

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

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

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

"Operating Room (Class B)" or "Surgical Procedure Room (Class B)" means a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons, 633 N.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Saint Clair Street, Chicago IL 60611-3211, 312/202-5000; 2000, no later amendments or editions included)

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

"Out-of-Home Respite Care" means care provided in a facility setting to a clinically stable individual whose medical condition does not require major diagnostic procedures or therapeutic interventions and who normally receives care in a home environment for the purposes of providing a respite to the caregiver from the responsibilities of providing the care.

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

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

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

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

"Pediatric Facility" or "Distinct Pediatric Unit" means an entire facility or a distinct unit of a facility, where the nurses' station services only that unit, that provides a program of pediatric service and is designed, equipped, organized and operated to render medical-surgical care to the zero to 14 age population.

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

"Perinatal Center" means a referral facility designated under the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640) and intended to care for the high risk patient before, during or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services. "Perinatal Center" is further defined in the Developmental Disability Prevention Act [410 ILCS 250/2(e)].

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

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

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

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

"Post-Anesthesia Recovery Phase I" means the phase in surgical recovery that focuses on providing a transition from a totally anesthetized state to one requiring

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

less acute interventions. Recovery occurs in the post-anesthesia care unit (PACU). The purpose of this phase is for patients to regain physiological homeostasis and receive appropriate nursing intervention as needed.

"Post-Anesthesia Recovery Phase II" means the phase in surgical recovery that focuses on preparing the patient for self care, care by family members, or care in an extended care environment. The patient is discharged to phase II recovery when intensive nursing care no longer is needed. In the phase II area, sometimes referred to as the step-down or discharge area, the patient becomes more alert and functional.

"Postsurgical Recovery Care Center" *means a designated site which provides postsurgical recovery care for generally healthy patients undergoing surgical procedures that require overnight nursing care, pain control, or observation that would otherwise be provided in an inpatient setting. Such a center may be either freestanding or a defined unit of an ambulatory surgical treatment center or hospital. The maximum length of stay for patients in a postsurgical recovery care center is not to exceed 72 hours.* (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35])

"Postsurgical Recovery Care Center Alternative Health Care Model" means a category of service for the provision of postsurgical recovery care within a postsurgical recovery care center.

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

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

"Quality of Care", for purposes of 77 Ill. Adm. Code 1110.230, the degree to which delivered health services meet established professional standards and are judged to be of value to the consumer. Quality may also be seen as the degree to which actions taken or not taken maximize the probability of beneficial health outcomes and minimize risk and other outcomes, given the existing state of medical science and art. (Source: "A Glossary of Terms for Community Health

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Care and Services for Older Persons", World Health Organization Centre for Health Development, 5-1, 1-chome, Wakinohama-Kaigandori, Chuo-Ku, Kobe 651-0073 Japan, tel. +81 78 230 3100; 2004, no later amendments or editions included)

"Rapid Population Growth Rate" means an average of the three most recent annual growth rates of a defined geographic area's population that has exceeded the average of three to seven immediately preceding annual growth rates by at least 100%.

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

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

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

"Selected Organ Transplantation Service" means a category of service relating to the surgical transplantation of any of the following human organs: heart, lung, heart-lung, liver, pancreas or intestine. It does not include bone marrow or cornea transplants.

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

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

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

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

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

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

"Subacute Care" means the provision of *medical specialty care for patients who need a greater intensity or complexity of care than generally provided in a skilled nursing facility but who no longer require acute hospital care. Subacute care*

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

*includes physician supervision, registered nursing and physiological monitoring on a continual basis.* (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35])

"Subacute Care Hospital" means a designated site that provides medical specialty care for patients who need a greater intensity or complexity of care than generally provided in a skilled nursing facility but who no longer require acute hospital care. The average length of stay for patients treated in subacute care hospitals shall not be less than 20 days; for individual patients, the expected length of stay at the time of admission shall not be less than 10 days. A subacute care hospital is either a freestanding building or a distinct physical and operational entity within a hospital or nursing home building. A subacute care hospital shall only consist of beds currently existing in licensed hospitals or skilled nursing facilities. (Section 35 of the Alternative Health Care Delivery Act)

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

"Surgical Referral Site" means an ambulatory surgical treatment center or hospital in which surgery will be performed and the surgical patient then transferred to the recovery care center.

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

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

"Urea Reduction Ratio" or "URR" means the amount of blood cleared of urea during dialysis. It is reflected by the ratio of the measured level of urea before dialysis and urea remaining after dialysis. The larger the URR, the greater the amount of urea removed during the dialysis treatment.

"Use Rate" means the ratio of inpatient days per 1,000 population over a 12-

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

month period (Inpatient Days/Population in Thousands = Use Rate). For need assessment purposes, HFSRB may establish minimum or maximum use rates in order to promote the development of additional resources or to limit unnecessary duplication of services and beds in a planning area.

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

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: PLANNING POLICIES

**Section 1100.440 Requirements for Authorized Hospital Beds**

- a) Authorized hospital beds are to be classified as one of the following:
  - 1) Physically Available Beds
    - A) Patient rooms and patient care units (PCUs) shall be compliant with applicable licensure codes and standards for hospital facilities, pursuant to the Hospital Licensing Requirements (77 Ill. Adm. Code 250) as determined by IDPH. ~~If a patient room or a PCU is not compliant with the Hospital Licensure Requirements, an action plan of correction shall be in place, including a schedule for completion. The action plan shall be in the process of being implemented on schedule for the PCU and beds to be considered authorized and recorded as part of the inventory.~~
    - B) The approved number of beds is to be recorded in the Inventory of Health Care Facilities.
  - 2) Reserve Beds
    - A) Patient rooms and PCUs must be compliant with applicable licensure codes and standards for hospital facilities, as determined

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

- B) Patient rooms and PCUs shall be able to be set up and physically available for inpatient care within 72 hours, including equipment, furnishings and non-time-sensitive supplies.
  - C) Patient room and PCU equipment, furnishings and supplies designated for reserve beds shall be maintained either on the hospital's campus or in a storage facility that is owned or operated by the hospital.
  - D) The number of reserve beds shall not exceed 10% of the sum of physically available beds and transitional beds within each category of service. Hospitals with a total bed count of less than 50 beds may report up to a total of five reserve beds.
  - E) The approved number of beds is to be recorded in the Inventory of Health Care Facilities.
- 3) Transitional Beds
- A) For transitional beds that are part of an approved CON project, the CON project is to be compliant with CON requirements.
  - B) For transitional beds that are not part of a CON project, the individually identified beds can be designated transitional for no more than one reporting period.
  - C) The approved number of beds is to be recorded in the Inventory of Health Care Facilities.
- b) The sum of physically available, reserve, and transitional beds for each category of service shall not exceed the authorized bed capacity for that service.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: NEED ASSESSMENT

**Section 1100.520 Medical-Surgical Care and Pediatric Care**

- a) Planning Areas  
There are 40 medical-surgical and pediatric care planning areas that have been delineated by HFSRB contained within six regions established for the State of Illinois.
- 1) Region A (comprised of HSAs 6, 7, 8 and 9)
- A) Planning Area A-1: City of Chicago Community Areas of Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare and Edgewater.
- B) Planning Area A-2: City of Chicago Community Areas of Humboldt Park, West Town, Austin, West Garfield Park, East Garfield Park, Near West Side, North Lawndale, South Lawndale, Lower West Side, Loop, Armour Square, McKinley Park and Bridgeport.
- C) Planning Area A-3: City of Chicago Community Areas of Douglas, Oakland, Fuller Park, Grand Boulevard, Kenwood, Near South Side, Washington Park, Hyde Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago, Burnside, Calumet Heights, Roseland, Pullman, South Deering, East Side, Garfield Ridge, Archer Heights, Brighton Park, New City, West Elsdon, Gage Park, Clearing, West Lawn, West Englewood, Englewood, Chicago Lawn and Greater Grand Crossing.
- D) Planning Area A-4: City of Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Park; Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom.

- E) Planning Area A-5: DuPage County.
  - F) Planning Area A-6: Cook County Townships of River Forest, Oak Park, Cicero, Berwyn, Riverside, Proviso, Leyden and Norwood Park.
  - G) Planning Area A-7: Cook County Townships of Maine, Elk Grove, Schaumburg, Palatine and Wheeling.
  - H) Planning Area A-8: City of Chicago Community Areas of Rogers Park and West Ridge; Cook County Townships of Northfield, New Trier, Niles and Evanston.
  - I) Planning Area A-9: Lake County.
  - J) Planning Area A-10: McHenry County.
  - K) Planning Area A-11: Cook County Townships of Barrington and Hanover; Kane County Townships of Hampshire, Rutland, Dundee, Burlington, Plato, Elgin, Virgil, Campton and St. Charles.
  - L) Planning Area A-12: Kendall County; Kane County Townships of Kaneville, Black Berry, Aurora, Big Rock, Sugar Grove, Batavia and Geneva.
  - M) Planning Area A-13: Grundy and Will Counties.
  - N) Planning Area A-14: Kankakee County.
- 2) Region B (comprised of HSA 1)
- A) Planning Area B-1: Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston, and Genoa; Ogle County Townships of Monroe, White Rock, Lynnville, Scott, Marion, Byron, Rockvale, Leaf River and Mount Morris.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Planning Area B-2: Jo Daviess and Stephenson Counties; Ogle County Townships of Forrester, Maryland, Lincoln, and Brookville; Carroll County Townships of Washington, Savanna, Woodland, Mount Carroll, Freedom, Salem, Cherry Grove-Shannon and Rock Creek-Lima.
  - C) Planning Area B-3: Whiteside County; Lee County Townships of Palmyra, Nelson, Harmon, Hamilton, Dixon, South Dixon, Marion, East Grove, Nachusa, China, Amboy, May, Ashton, Bradford, Lee Center, and Sublette; Carroll County Townships of York, Fairhaven, Wysox, and Elkhorn Grove; Ogle County Townships of Eagle Point, Buffalo, Pine Creek, Woosung, Grand Detour, Oregon, Nashua, Taylor, Pine Rock and Lafayette.
  - D) Planning Area B-4: Lee County Townships of Reynolds, Alto, Viola, Willow Creek, Brooklyn, and Wyoming; DeKalb County Townships of Paw Paw, Victor, Somonauk, Sandwich, Shabbona, Clinton, Squaw Grove, Milan, Afton, Pierce, Malta, DeKalb, Cortland, Mayfield, South Grove and Sycamore; Ogle County Townships of Flagg and Dement.
- 3) Region C (comprised of HSAs 2 and 10)
- A) Planning Area C-1: Woodford, Peoria, Tazwell, and Marshall Counties; Stark County Townships of Goshen, Toulon, Penn, West Jersey, Valley and Essex.
  - B) Planning Area C-2: LaSalle, Bureau, and Putnam Counties; Stark County Townships of Elmira and Osceola.
  - C) Planning Area C-3: Henderson, Warren and Knox Counties.
  - D) Planning Area C-4: McDonough and Fulton Counties.
  - E) Planning Area C-5: Rock Island, Henry and Mercer Counties.
- 4) Region D (comprised of HSA 4)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) Planning Area D-1: Champaign, Douglas, and Piatt Counties; Ford County Townships of Lyman, Sullivant, Peach Orchard, Wall, Drummer, Dix, Patton, and Button; Iroquois County Townships of Loda, Pigeon Grove and Artesia.
  - B) Planning Area D-2: Livingston and McLean Counties; Ford County Townships of Rogers, Mona, Pella and Brenton.
  - C) Planning Area D-3: Vermilion County; Iroquois County Townships of Milks Grove, Chebanse, Papineau, Beaverville, Ashkum, Martinton, Beaver, Danforth, Douglas, Iroquois, Crescent, Middleport, Belmont, Concord, Sheldon, Ash Grove, Milford, Stockland, Fountain Creek, Lovejoy, Prairie Green, Onarga and Ridgeland.
  - D) Planning Area D-4: DeWitt, Macon, Moultrie and Shelby Counties.
  - E) Planning Area D-5: Coles, Cumberland, Clark and Edgar Counties.
- 5) Region E (comprised of HSA 3)
- A) Planning Area E-1: Logan, Menard, Mason, Sangamon, Christian and Cass Counties; Brown County Townships of Ripley, Cooperstown, and Versailles; Schuyler County Townships of Littleton, Oakland, Buena Vista, Rushville, Browning, Hickory, Woodstock, Bainbridge and Frederick.
  - B) Planning Area E-2: Macoupin and Montgomery Counties.
  - C) Planning Area E-3: Greene, Jersey and Calhoun Counties.
  - D) Planning Area E-4: Pike, Scott and Morgan Counties.
  - E) Planning Area E-5: Adams and Hancock Counties; Schuyler County Townships of Birmingham, Brooklyn, Camden, and Huntsville; Brown County Townships of Pea Ridge, Missouri, Lee, Mount Sterling, Buckhorn and Elkhorn.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 6) Region F (comprised of HSAs 5 and 11)
- A) Planning Area F-1: Madison and St. Clair Counties; Monroe County Precincts 2, 3, 4, 5, 7, 10, 11, 14, 16, 17, 18, 19, 21, and 22; Clinton County Townships of Sugar Creek, Looking Glass, Germantown, Breese, St. Rose, Wheatfield, Wade, Sante Fe, Lake, Irishtown, Carlyle and Clement.
  - B) Planning Area F-2: Bond, Fayette, and Effingham Counties; Clay County Townships of Blair, Bible Grove, and Larkinsburg; Jasper County Townships of Grove, North Muddy, South Muddy, Smallwood, Wade and Crooked Creek.
  - C) Planning Area F-3: Crawford, Lawrence, Richland, Wabash, and Edwards Counties; Jasper County Townships of Hunt City, Willow Hill, Ste. Marie, Fox, and Grandville; Clay County Townships of Louisville, Songer, Xenia, Oskaloosa, Hoosier, Harter, Stanford, Pixley, and Clay City; Wayne County Townships of Orchard, Keith, Garden Hill, Berry, Bedford, Lamard, Indian Prairie, Zif, Elm River, Jasper, Mount Erie, Massilion, Leech, Barnhill and Grover.
  - D) Planning Area F-4: Marion, Jefferson, and Washington Counties; Wayne County Townships of Big Mound, Orel, Hickory Hill, Arrington and Four Mile; Clinton County Townships of East Fork, Meridian and Brookside.
  - E) Planning Area F-5: Hamilton, White, Gallatin, Hardin, and Saline Counties; Pope County Townships of Eddyville #6 and Golconda #2.
  - F) Planning Area F-6: Franklin, Williamson, Johnson, and Massac Counties; Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- G) Planning Area F-7: Randolph, Perry, Jackson, Union, Alexander, and Pulaski Counties; Monroe County Precincts 1, 6, 8, 9, 12, 13, 15, 20 and 23.

## b) Age Groups

- 1) For medical-surgical care, ages 15 and over.
- 2) For pediatric care, ages 0-14.

## c) Occupancy Targets:

## 1) Occupancy Targets for "Modernization".

A)	Medical-Surgical	1-25 beds	60%
		26-99 beds	75%
		100-199 beds	85%
		200+ beds	88%
B)	Pediatrics	1-30 beds	65%
		31+ beds	75%

## 2) Occupancy Targets for "Addition of Beds".

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

## d) Bed Capacity

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- e) Need Determination
- In assessing the number of beds required to serve the residents of a planning area, HFSRB shall establish a base year and utilize the following methodology to determine the projected number of medical-surgical and pediatric beds needed in a planning area:
- 1) Divide the three year average of experienced medical-surgical and pediatric patient days (i.e., the average of the base year's and the two prior years' patient days) for each of five age groups (0-14, 15-44, 45-64, 65-74, and 75+) by the base year population estimate for each age group, resulting in age specific base use rates;
  - 2) Multiply each age specific base use rate by the population projection, ~~10~~ five years from the base year, to obtain each age group's projected patient days;
  - 3) Add the projected days of the age groups to obtain total projected patient days;
  - 4) Increase or decrease the projected patient days by a migration patient days factor to obtain total projected patient days. The migration patient days factor is determined as follows:
    - A) Subtract the number of medical-surgical and pediatric in-migration admissions (i.e., non-planning area residents who were admitted to planning area facilities) from the number of out-migration admissions (i.e., planning area residents who were admitted to facilities located outside of the planning area) to obtain either a positive or negative net patient migration number;
    - B) Multiply the net patient migration number by the State's base year average length of stay for the combined medical-surgical and pediatric admissions to obtain net migration patient days for the planning area;
    - C) Multiply the net migration patient days number by .50 (50% statutory adjustment factor) to obtain the migration patient days factor;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 5) Divide the total projected patient days by the number of days in the projected year to obtain the planning area's projected average daily census (ADC);
- 6) Divide the ADC by .80 (80% occupancy factor) if the ADC is below 100; by .85 (85% occupancy factor) if the ADC is 100 through 199; and by .90 (90% occupancy factor) if the ADC is 200 or over, to obtain the projected planning area bed need;
- 7) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of surplus (excess) beds or the projected bed deficit or additional beds needed in the area.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.530 Obstetric Care Category of Service**

- a) **Planning Areas**  
Planning areas are the same as those for medical-surgical and pediatric care.
- b) **Age Groups**
  - 1) For maternity care, female ages 15-44.
  - 2) For gynecological care within obstetrics units, female ages 15 and over.
- c) **Facility Utilization Rates**  
Facilities that provide an obstetrics service should operate those beds at or above an annual minimum occupancy rate of:
  - 1) 60% for facilities with a bed capacity of 1-10 beds;
  - 2) 75% for facilities with a bed capacity of 11-25 beds;
  - 3) 78% for facilities with a bed capacity of 26 or more beds.
- d) **Bed Capacity**

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Obstetrics bed capacity is the total number of obstetrics beds for a facility as determined by [HFSRB](#)~~HFPB~~ pursuant to this Part.

## e) Need Determination

The following methodology is utilized to determine the projected number of obstetrics beds needed in a planning area:

- 1) Multiply the projected year's female 15-44 population (the projected year is ~~five~~<sup>10</sup> years from the base year) by the current fertility rate of the health planning area to obtain projected births;
- 2) Multiply the projected number of births by a hospitalization factor of .99 (99%) to determine number of projected births occurring in hospitals;
- 3) Multiply projected births occurring in hospitals by length of stay factor of 2.5 days to obtain projected maternity patient days;
- 4) Divide the gynecology utilization (of the base year) within obstetrics units by the current female 15+ population to obtain a gynecology patients use rate;
- 5) Multiply the use rate of gynecology patients by the projected female 15+ population to obtain projected gynecology patient days;
- 6) Divide the projected maternity patient days by 365 to obtain a maternity average daily census;
- 7) Divide the projected gynecology patient days by 365 to obtain a gynecology average daily census;
- 8) Divide the gynecology patient days by .9 (90%) to determine obstetric beds needed for gynecology patients;
- 9) Divide the maternity average daily census by .60 (60% occupancy factor) if the ADC is below 10; by .75 (75% occupancy factor) if the ADC is 10 through 25; and by .78 (78% occupancy factor) if the ADC is 26 and over, to obtain obstetrics beds needed for maternity patients;
- 10) Add the maternity bed need (step 9) with the gynecology need (step 8) to

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

determine total unadjusted obstetrics bed need.

- 11) Determine the number of patients entering the planning area from outside and the number of area residents leaving the planning area for obstetrics service;
- 12) Multiply the total number of patients entering the area and those leaving the area by 2.5 to determine a patient day estimate for in-migration and out-migration;
- 13) Multiply the patient totals for area in-migration and out-migration by a .85 (85%) adjustment factor;
- 14) Subtract the resulting in-migration adjusted patient day total from the out-migration adjusted patient day total to determine the net in or out patient day migration estimate;

STATE BOARD NOTE: Patient migration adjustment is for a one year period and the base year shall be the date of the latest available patient origin data.

- 15) Divide the net in or out patient day estimate by 365 to determine the average daily census for migration;
- 16) Add to net in-migration areas the average daily census for migration to the unadjusted bed need to determine the migration adjusted obstetrics bed need; in net out-migration areas subtract the average daily census for migration to determine adjusted obstetrics bed need;
- 17) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of surplus (excess) beds or the projected bed deficit or additional beds needed in the area.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.540 Intensive Care Category of Service**

- a) Planning Areas

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Planning areas are the same as those for medical-surgical and pediatrics care.

- b) Age Groups  
For intensive care, all ages.
- c) Facility Utilization Rates  
Facilities that provide intensive care services should operate those beds at or above an annual minimum occupancy rate of 60%.
- d) Bed Capacity  
Intensive care bed capacity is the total number of intensive care beds for a facility as determined by [HFSRBHFPB](#) pursuant to this Part.
- e) Need Determination  
In assessing the number of beds required to serve the residents of a planning area, [HFSRBHFPB](#) shall establish a base year and utilize the following methodology to determine the projected number of intensive care beds needed in a planning area:
  - 1) Divide the three year average of experienced intensive care patient days by the total base year population to obtain a use rate;
  - 2) Multiply the use rate by the projected year's total population projection, ~~five~~10 years from the base year, to obtain projected patient days;
  - 3) Divide the projected patient days by days in the projected year to obtain a projected average daily census;
  - 4) Divide the projected average daily census by .60 (60% occupancy factor) to obtain the projected planning area bed need;
  - 5) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of surplus (excess) beds or the projected bed deficit or additional beds needed in the area.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.550 Comprehensive Physical Rehabilitation Category of Service**

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- a) **Planning Areas**  
Planning areas for comprehensive physical rehabilitation are Health Service Areas.
- b) **Age Groups**  
For comprehensive physical rehabilitation, all ages.
- c) **Utilization Target**  
Facilities that provide a comprehensive physical rehabilitation service should operate those beds at or above an annual minimum occupancy rate of 85%.
- d) **Bed Capacity**  
Comprehensive Physical Rehabilitation bed capacity is the total number of comprehensive physical rehabilitation beds for a facility as determined by [HFSRBHFPB](#) pursuant to this Part.
- e) **Need Determination**  
The following methodology is utilized to determine the projected number of comprehensive physical rehabilitation beds needed in a planning area:
  - 1) Divide the base year's experienced rehabilitation patient days by the base year population estimate to determine the planning area's experienced use rate. If the experienced use rate is less than 60% of the State's base year experienced use rate, adjust the planning area's use rate to 60% of the State's base year use rate to establish a minimum use rate;
  - 2) Multiply the planning area's experienced or minimum use rate, if applicable, by the population projection for ~~five~~10 years from the base year to determine projected patient days for the planning area;
  - 3) Divide the projected patient days by the number of days in the projected year to obtain the projected average daily census;
  - 4) Divide the projected average daily census by .85 (85% occupancy rate) to obtain the projected planning area bed need;
  - 5) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of excess beds (surplus) or the projected need (deficit) for additional beds in

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

the area.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.560 Acute Mental Illness Treatment Category of Service**

- a) Planning Areas
  - 1) For HSAs I, II, III, IV, V, X and XI, the HSA is the planning area;
  - 2) For HSAs VI, VII, VIII and IX, medical-surgical and pediatric care planning areas A-1 through A-14 are the planning areas.
- b) Age Groups  
For acute mental illness, all ages.
- c) Utilization Target  
Facilities that provide an acute mental illness service should operate those beds at or above an annual minimum occupancy rate of 85%.
- d) Bed Capacity  
Acute Mental Illness bed capacity for facilities not operated by the Department of Human Services is the total number of acute mental illness beds for a facility as determined by [HFSRB/HFPB](#) pursuant to this Part. For facilities operated by the Department of Human Services, all mental illness beds are counted as chronic beds. State facilities can provide acute mental illness care, but for purposes of review, only the service, not the beds, is recognized as acute.
- e) Need Determination for Bed Not Operated by the Department of Human Services  
The following methodology is utilized to determine the projected number of acute mental illness beds needed in a planning area:
  - 1) A bed need of .11 beds per 1,000 projected population is established in each planning area as the minimum bed need.
  - 2) Calculate the planning area's experienced use rate by dividing the number of patient days in the base year by the base year population in thousands. Multiply the experienced use rate by the population estimate in thousands to obtain estimated patient days. Divide the estimated patient days by the

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

number of days in the population projection (which is ~~five~~<sup>10</sup> years from the base year) to determine the projected average daily census (ADC). Divide the estimated ADC by .85 (85% occupancy factor) to obtain a projected bed need in the planning area.

- 3) When the projected bed need is less than the minimum bed need, the minimum bed need is the projected bed need. When the estimated bed need is greater than the minimum bed need, the estimated bed need is the projected bed need.
  - 4) Calculate the number of additional beds needed in each area by subtracting the number of existing beds from the projected bed need.
  - 5) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of excess (surplus) beds or the projected need for additional beds (deficit) in the area.
- f) No bed need formula for facilities operated by the Department of Human Services has been developed. It is the responsibility of the applicant to document the need for a project by complying with the Review Criteria contained in 77 Ill. Adm. Code 1110.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.630 In-Center Hemodialysis Category of Service**

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

## d) Need Determination

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

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

| e) ~~10-Year Need Determination~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.640 Non-Hospital Based Ambulatory Surgical Treatment Center Services – Category of ServiceSurgery**

- a) Planning Areas  
No planning areas are established for need determination purposes. Ambulatory surgical treatment facilities (ASTCs) shall be inventoried by health service area.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- b) Age Groups  
For non-hospital based ambulatory surgery, all ages.
- c) Utilization Target  
ASTCs surgical or treatment rooms should be utilized at a minimum of 80% occupancy. The 80% occupancy equates to 1,500 hours of use per room per year (including setup and cleanup time) and is based upon treatment room availability of 7.5 hours per day times 250 days per year.
- d) Need Determination  
No formula need determination for the number of ASTCs and the number of surgical or treatment rooms in an area has been established. Need must be established pursuant to the applicable review criteria of 77 Ill. Adm. Code 1110.

~~Need Assessment: For purposes of this Subchapter, need will be only a facility need and will be the responsibility of the applicant to document by complying with the Review Criteria contained in 77 Ill. Adm. Code 1110: Subpart P.~~

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1110.10	Amend
1110.40	Amend
1110.130	Amend
1110.210	Amend
1110.230	Amend
1110.530	Amend
1110.630	Amend
1110.730	Amend
1110.1430	Amend
1110.1510	Repeal
1110.1520	Repeal
1110.1530	Amend
1110.1535	New
1110.1540	Amend
1110.2330	Amend
1110.2430	Amend
1110.2510	Amend
1110.2540	Amend
1110.2610	Amend
1110.2640	Amend
1110.2710	Repeal
1110.2730	Repeal
1110.2740	Repeal
1110.2750	Repeal
1110.2930	Amend
1110.3030	Amend
1110.APPENDIX A	Amend
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) A Complete Description of the Subjects and Issues Involved:
  - Section 1110.40(b) – Non-Substantive Review Classification: The definition of non-substantive is revised.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- Section 1110.40(c) – Substantive Review Classification: Substantive projects are listed, per the definition in the Illinois Health Facilities Planning Act. [20 ILCS 3960/8]
- Section 1110.210(a)(1) – Introduction: Safety Net Impact Statement is added to the list of Information Requirements contained in Subpart C.
- Section 1110.230(a) – Background of the Applicant - Information Requirements: This subsection has been deleted as information requirements and has been relocated as one of the review criteria for each category of service, as contained in Subpart 77 Ill. Adm. Code 1110.
- Section 1110.230(b) – Safety Net Impact Statement – Information Requirements: New Section, added as mandated in the Illinois Health Facilities Planning Act. [20 ILCS 3960/5.4(h)]
- Background of the Applicant is added as a review criterion and is relocated from Section 1110.230(a) – Information Requirements to the following Sections:
  - Section 1110.530(a) & (b) – Med/Surg, OB, Peds & Intensive Care – Review Criteria
  - Section 1110.630(a) & (b) – Comprehensive Physical Rehabilitation – Review Criteria
  - Section 1110.730 – Acute Mental Illness – Review Criteria
  - Section 1110.1430 – In-Center Hemodialysis Projects – Review Criteria
  - Section 1110.2330 – Selected Organ Transplantation – Review Criteria
  - Section 1110.2430 – Kidney Transplantation – Review Criteria
  - Section 1110.2930 – Long Term Acute Care Hospital Bed Projects – Review Criteria
  - Section 1110.3030 – Clinical Service Areas Other than Categories of Service – Review Criteria
- Section 1110.1535 – Recognition of Non-hospital Based Ambulatory Surgical Treatment Center (ASTC Surgical Specialties: New Section – Added to establish that certain ASTC services (which are identified and verified), are recognized by HFSRB as having existed prior to the effective date of this Section. Recognition of these identified and verified non-hospital based ASTC services exempts the facility from the requirement of obtaining a permit for establishment of a health care facility and establishment of the identified and verified ASTC services. However, any additional ASTC services the facility wishes to add, or any expansion of an existing ASTC service would require a permit.
- Section 1110.1540(a) –ASTCs– Review Criteria – Introduction: New Section
  - Subsection (a) establishes that ASTCs are healthcare facilities subject to the requirements of the Act and HFSRB rules.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- Eliminates the categories of Limited and Multi, since there does not appear to be an existing basis, purpose or reason for maintaining these designations. Neither the Health Facilities Planning Act nor the ASTC Act contains any language related to these designations. In addition, there is no reference to Limited or Multi ASTCs in IDPH (Licensure) rules for ASTCs.
- Requires all applicants for ASTC services to obtain a CON permit prior to: adding an ASTC service to an existing ASTC; establishing a new ASTC facility; or modernizing an ASTC when estimated project costs exceed the capital expenditure minimum; or discontinuing an ASTC.
- Identifies the applicable review criteria for each ASTC project type.
- Requires an applicant to identify the existing and proposed ASTC services (listed in Appendix A), as well as the existing and proposed number of surgical/treatment rooms.
- Section 1110.1540(b) – ASTC Background of the Applicant: New Section – Applies to all categories of service projects, except for those that are solely for discontinuation.
- Section 1110.1540(c) – ASTC Geographic Service Area Need Review Criterion: New Section:  
Requires applicant to document that the proposed ASTC services and number of surgical/treatment rooms are necessary to serve the needs of the service area's population. The applicant must document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.
- Section 1110.1540(d) – Service Demand – Establishment of ASTC Facilities or Additional Specialty: New Section – Requires an applicant to document that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals.
- Section 1110.1540(e) – ASTC Service Demand – Expansion of Existing Specialty: New Section – Requires an applicant to document that the number of treatment/operating rooms to be added (at an existing facility) is necessary to reduce the facility's experienced high utilization and to meet a projected demand for service. Required documentation includes historical service data and projected service demand information (physician referral letters) or data re: rapid population growth in service area.
- Section 1110.1540(f) – ASTC Treatment Room Need Assessment:
  - Subsection (f)(1) requires the annual minimum utilization of 1,500 hours of use per surgical/treatment room. (Same as existing standard)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- Subsection (f)(2) requires utilization data for each ASTC service, as well as the methodology used to establish the average time per patient treatment session.
  - Section 1110.1540(g) – ASTC Service Accessibility: New Section – The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The applicant must document that at least one of the listed conditions exists in the GSA.
  - Section 1110.1540(h) – ASTC Unnecessary Duplication/Maldistribution – Review Criterion
    - New Section – Requires applicant to document that the project will not result in an unnecessary duplication. The applicant shall provide the information for the proposed geographic service area (GSA) zip code areas.
    - Requires an applicant to document that the project will not result in maldistribution of services.
  - Section 1110.1540(i) – ASTC Staffing:
    - Subsection (i)(1) – requires documentation of staffing availability.
    - Subsection (i)(2) – recommends a Board-certified Medical Director for the ASTC.
  - Section 1110.1540(j) – ASTC Charge Commitment: Same as the current rule.
  - Section 1110.1540(k) – ASTC Assurances:
    - Subsection (k)(1) – Requirements for a peer review program
    - Subsection (k)(2) – The applicant shall document that in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.
  - Section 1110.2710, 1110.2730, 1110.2740 and 1110.2750 concerning Children's Community Based Health Care Centers Alternative Health Care Models were repealed to reflect the revisions to the Health Facilities Planning Act [20 ILCS 3960/3]
  - 1110.APPENDIX A – Changes content of this Section from Medical Specialty Eligibility/Certification Boards to ASTC Services.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 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:

Public Hearing to be conducted on

Thursday, April 25, 2013  
10:00 am to 1:00 pm  
James R. Thompson Center  
100 W. Randolph Street – Room 2-025  
Chicago, IL 60601

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Claire Burman  
Rules/Legislation Coordinator  
122 S. Michigan Avenue, 7<sup>th</sup> Floor  
Chicago, Illinois 60603

312/814-8814  
e-mail: Claire.Burman@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals. Long-term Care facilities; Ambulatory Surgical Treatment Centers; ESRD facilities; institutions, places, buildings, or rooms used for provision of a health care category of service as defined by the Board, including, but not limited to, cardiac catheterization, and open heart surgery; and institutions, places, buildings, or rooms used for provision of major medical equipment used in

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

the direct clinical diagnosis or treatment of patients, and whose project cost is in excess of the capital expenditure minimum.

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 the most recent Regulatory Agendas because: the need for the rulemaking was not apparent when the Agendas were prepared.

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

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 77: PUBLIC HEALTH

## CHAPTER II: HEALTH FACILITIES AND SERVICES REVIEW BOARD

## SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

## PART 1110

## PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

## SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

## Section

- 1110.10 Introduction and Applicability
- 1110.20 Projects Required to Obtain a Permit (Repealed)
- 1110.30 Processing and Reviewing Applications (Repealed)
- | 1110.40 Classification of Projects ~~and Applicable Review Criteria~~
- 1110.50 Recognition of Services which Existed Prior to Permit Requirements (Repealed)
- 1110.55 Recognition of Non-hospital Based Ambulatory Surgery Category of Service (Repealed)
- 1110.60 Master Design Projects (Repealed)
- 1110.65 Master Plan or Capital Budget Projects (Repealed)

## SUBPART B: REVIEW CRITERIA – DISCONTINUATION

## Section

- 1110.110 Introduction (Repealed)
- 1110.120 Discontinuation – Definition (Repealed)
- 1110.130 Discontinuation – Review Criteria

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

## Section

- 1110.210 Introduction
- 1110.220 Definitions – General Review Criteria (Repealed)
- | 1110.230 ~~Project Purpose, Background~~ and Purpose of Project, Safety Net Impact Statement and Alternatives – Information Requirements
- 1110.234 Project Scope and Size, Utilization and Unfinished/Shell Space – Review Criteria
- 1110.235 Additional General Review Criteria for Master Design and Related Projects Only
- 1110.240 Changes of Ownership, Mergers and Consolidations

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

SUBPART D: REVIEW CRITERIA RELATING TO ALL PROJECTS  
INVOLVING ESTABLISHMENT OF ADDITIONAL BEDS  
OR SUBSTANTIAL CHANGE IN BED CAPACITY

Section

- 1110.310 Introduction (Repealed)
- 1110.320 Bed Related Review Criteria (Repealed)

SUBPART E: MODERNIZATION REVIEW CRITERIA

Section

- 1110.410 Introduction (Repealed)
- 1110.420 Modernization Review Criteria (Repealed)

SUBPART F: CATEGORY OF SERVICE REVIEW CRITERIA –  
MEDICAL/SURGICAL, OBSTETRIC, PEDIATRIC AND INTENSIVE CARE

Section

- 1110.510 Introduction (Repealed)
- 1110.520 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Definitions (Repealed)
- 1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria

SUBPART G: CATEGORY OF SERVICE REVIEW CRITERIA –  
COMPREHENSIVE PHYSICAL REHABILITATION

Section

- 1110.610 Introduction (Repealed)
- 1110.620 Comprehensive Physical Rehabilitation – Definitions (Repealed)
- 1110.630 Comprehensive Physical Rehabilitation – Review Criteria

SUBPART H: CATEGORY OF SERVICE REVIEW CRITERIA –  
ACUTE MENTAL ILLNESS AND CHRONIC MENTAL ILLNESS

Section

- 1110.710 Introduction (Repealed)
- 1110.720 Acute Mental Illness – Definitions (Repealed)
- 1110.730 Acute Mental Illness and Chronic Mental Illness – Review Criteria

SUBPART I: CATEGORY OF SERVICE REVIEW CRITERIA –

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

## SUBSTANCE ABUSE/ADDICTION TREATMENT

## Section

- 1110.810 Introduction (Repealed)
- 1110.820 Substance Abuse/Addiction Treatment – Definitions (Repealed)
- 1110.830 Substance Abuse/Addiction Treatment – Review Criteria (Repealed)

SUBPART J: CATEGORY OF SERVICE REVIEW CRITERIA –  
NEONATAL INTENSIVE CARE

## Section

- 1110.910 Introduction
- 1110.920 Neonatal Intensive Care – Definitions
- 1110.930 Neonatal Intensive Care – Review Criterion

SUBPART K: CATEGORY OF SERVICE REVIEW CRITERIA –  
BURN TREATMENT

## Section

- 1110.1010 Introduction (Repealed)
- 1110.1020 Burn Treatment – Definitions (Repealed)
- 1110.1030 Burn Treatment – Review Criteria (Repealed)

SUBPART L: CATEGORY OF SERVICE REVIEW CRITERIA –  
THERAPEUTIC RADIOLOGY

## Section

- 1110.1110 Introduction (Repealed)
- 1110.1120 Therapeutic Radiology – Definitions (Repealed)
- 1110.1130 Therapeutic Radiology – Review Criteria (Repealed)

SUBPART M: CATEGORY OF SERVICE REVIEW CRITERIA –  
OPEN HEART SURGERY

## Section

- 1110.1210 Introduction
- 1110.1220 Open Heart Surgery – Definitions
- 1110.1230 Open Heart Surgery – Review Criteria

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

SUBPART N: CATEGORY OF SERVICE REVIEW CRITERIA –  
CARDIAC CATHETERIZATION

- Section
- 1110.1310 Introduction
- 1110.1320 Cardiac Catheterization – Definitions
- 1110.1330 Cardiac Catheterization – Review Criteria

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA –  
IN-CENTER HEMODIALYSIS

- Section
- 1110.1410 Introduction (Repealed)
- 1110.1420 Chronic Renal Dialysis – Definitions (Repealed)
- 1110.1430 In-Center Hemodialysis Projects – Review Criteria

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA –  
NON-HOSPITAL BASED AMBULATORY SURGICAL TREATMENT CENTER  
SERVICESSURGERY

- Section
- 1110.1510 Introduction (Repealed)
- 1110.1520 Non-Hospital Based Ambulatory Surgery – Definitions (Repealed)
- 1110.1530 Non-Hospital Based Ambulatory Surgical Treatment Center ServicesSurgery –  
Projects Not Subject to This Part
- 1110.1535 Recognition of Non-Hospital Based Ambulatory Surgical Treatment Center  
(ASTC) Services
- 1110.1540 Non-Hospital Based Ambulatory Surgical Treatment Center ServicesSurgery –  
Review Criteria

SUBPART Q: CATEGORY OF SERVICE REVIEW CRITERIA –  
COMPUTER SYSTEMS

- Section
- 1110.1610 Introduction (Repealed)
- 1110.1620 Computer Systems – Definitions (Repealed)
- 1110.1630 Computer Systems – Review Criteria (Repealed)

SUBPART R: CATEGORY OF SERVICE REVIEW CRITERIA –

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

## GENERAL LONG TERM CARE

## Section

- 1110.1710 Introduction (Repealed)
- 1110.1720 General Long Term Care – Definitions (Repealed)
- 1110.1730 General Long Term Care – Review Criteria (Repealed)

SUBPART S: CATEGORY OF SERVICE REVIEW CRITERIA –  
SPECIALIZED LONG-TERM CARE

## Section

- 1110.1810 Introduction (Repealed)
- 1110.1820 Specialized Long-Term Care – Definitions (Repealed)
- 1110.1830 Specialized Long-Term Care – Review Criteria (Repealed)

SUBPART T: CATEGORY OF SERVICE REVIEW CRITERIA –  
INTRAOPERATIVE MAGNETIC RESONANCE IMAGING

## Section

- 1110.1910 Introduction (Repealed)
- 1110.1920 Intraoperative Magnetic Resonance Imaging – Definitions (Repealed)
- 1110.1930 Intraoperative Magnetic Resonance Imaging – Review Criteria (Repealed)

SUBPART U: CATEGORY OF SERVICE REVIEW CRITERIA –  
HIGH LINEAR ENERGY TRANSFER (L.E.T.)

## Section

- 1110.2010 Introduction (Repealed)
- 1110.2020 High Linear Energy Transfer (L.E.T.) – Definitions (Repealed)
- 1110.2030 High Linear Energy Transfer (L.E.T.) – Review Criteria (Repealed)

SUBPART V: CATEGORY OF SERVICE REVIEW CRITERIA –  
POSITRON EMISSION TOMOGRAPHIC SCANNING (P.E.T.)

## Section

- 1110.2110 Introduction (Repealed)
- 1110.2120 Positron Emission Tomographic Scanning (P.E.T.) – Definitions (Repealed)
- 1110.2130 Positron Emission Tomographic Scanning (P.E.T.) – Review Criteria (Repealed)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

SUBPART W: CATEGORY OF SERVICE REVIEW CRITERIA –  
EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY

## Section

- 1110.2210 Introduction (Repealed)
- 1110.2220 Extracorporeal Shock Wave Lithotripsy – Definitions (Repealed)
- 1110.2230 Extracorporeal Shock Wave Lithotripsy – Review Criteria (Repealed)

SUBPART X: CATEGORY OF SERVICE REVIEW CRITERIA –  
SELECTED ORGAN TRANSPLANTATION

## Section

- 1110.2310 Introduction (Repealed)
- 1110.2320 Selected Organ Transplantation – Definitions (Repealed)
- 1110.2330 Selected Organ Transplantation – Review Criteria

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA –  
KIDNEY TRANSPLANTATION

## Section

- 1110.2410 Introduction (Repealed)
- 1110.2420 Kidney Transplantation – Definitions (Repealed)
- 1110.2430 Kidney Transplantation – Review Criteria

SUBPART Z: CATEGORY OF SERVICE REVIEW CRITERIA –  
SUBACUTE CARE HOSPITAL MODEL

## Section

- 1110.2510 Introduction
- 1110.2520 Subacute Care Hospital Model – Definitions (Repealed)
- 1110.2530 Subacute Care Hospital Model – Review Criteria
- 1110.2540 Subacute Care Hospital Model – [HFSRB/HFPB](#) Review
- 1110.2550 Subacute Care Hospital Model – Project Completion

SUBPART AA: CATEGORY OF SERVICE REVIEW CRITERIA –  
POSTSURGICAL RECOVERY CARE CENTER ALTERNATIVE HEALTH CARE MODEL

## Section

- 1110.2610 Introduction

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1110.2620 Postsurgical Recovery Care Center Alternative Health Care Model – Definitions (Repealed)
- 1110.2630 Postsurgical Recovery Care Center Alternative Health Care Model – Review Criteria
- 1110.2640 Postsurgical Recovery Care Center Alternative Health Care Model – ~~HFSRB~~~~HFPB~~ Review
- 1110.2650 Postsurgical Recovery Care Center Alternative Health Care Model – Project Completion

SUBPART AB: CATEGORY OF SERVICE REVIEW CRITERIA –  
CHILDREN'S COMMUNITY-BASED HEALTH CARE  
CENTER ALTERNATIVE HEALTH CARE MODEL

## Section

- 1110.2710 Introduction (~~Repealed~~)
- 1110.2720 Children's Respite Care Center Alternative Health Care Model – Definitions (Repealed)
- 1110.2730 Children's Community-Based Health Care Center Alternative Health Care Model – Review Criteria (~~Repealed~~)
- 1110.2740 Children's Community-Based Health Care Center Alternative Health Care Model – HFPB Review (~~Repealed~~)
- 1110.2750 Children's Community-Based Health Care Center Alternative Health Care Model – Project Completion (~~Repealed~~)

SUBPART AC: CATEGORY OF SERVICE REVIEW CRITERIA –  
COMMUNITY-BASED RESIDENTIAL REHABILITATION CENTER  
ALTERNATIVE HEALTH CARE MODEL

## Section

- 1110.2810 Introduction
- 1110.2820 Community-Based Residential Rehabilitation Center Alternative Health Care Model - Definitions (Repealed)
- 1110.2830 Community-Based Residential Rehabilitation Center Alternative Health Care Model – Review Criteria
- 1110.2840 Community-Based Residential Rehabilitation Center Alternative Health Care Model – State Board Review
- 1110.2850 Community-Based Residential Rehabilitation Center Alternative Health Care Model – Project Completion

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

SUBPART AD: CATEGORY OF SERVICE REVIEW  
CRITERIA – LONG TERM ACUTE CARE HOSPITAL BED PROJECTS

Section  
1110.2930 Long Term Acute Care Hospital Bed Projects – Review Criteria

SUBPART AE: CLINICAL SERVICE AREAS OTHER THAN  
CATEGORIES OF SERVICE – REVIEW CRITERIA

Section  
1110.3030 Clinical Service Areas Other Than Categories of Service – Review Criteria

SUBPART AF: CATEGORY OF SERVICE REVIEW CRITERIA –  
BIRTH CENTER – ALTERNATIVE HEALTH CARE MODEL

Section  
1110.3110 Introduction  
1110.3130 Birth Center – Alternative Health Care Model – Review Criteria

## SUBPART AG: CATEGORY OF SERVICE REVIEW CRITERIA –

Section  
1110.3210 Introduction  
1110.3230 Freestanding Emergency Center Medical Services – Review Criteria

1110.APPENDIX A ~~ASTC Services~~[Medical Specialty Eligibility/Certification Boards](#)  
1110.APPENDIX B State Guidelines – Square Footage and Utilization  
1110.APPENDIX C Statutory Citations for All State and Federal Laws and Regulations  
Referenced in Chapter 3

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

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987; amended at 12 Ill. Reg. 16099, effective September 21, 1988; amended at 13 Ill. Reg. 16078, effective September 29, 1989; emergency amendments at 16 Ill. Reg. 13159, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 16 Ill. Reg. 16108, effective October 2, 1992; amended at 17 Ill. Reg. 4453, effective March 24, 1993; amended at 18 Ill. Reg. 2993, effective February 10, 1994; amended at 18 Ill. Reg. 8455, effective July 1, 1994; amended at 19 Ill. Reg. 2991, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 7981, effective May 31, 1995, for a maximum of 150 days; emergency expired October 27, 1995; emergency amendment at 19 Ill. Reg. 15273, effective October 20, 1995, for a maximum of 150 days; recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill. Reg. 2600; amended at 20 Ill. Reg. 4734, effective March 22, 1996; amended at 20 Ill. Reg. 14785, effective November 15, 1996; amended at 23 Ill. Reg. 2987, effective March 15, 1999; amended at 24 Ill. Reg. 6075, effective April 7, 2000; amended at 25 Ill. Reg. 10806, effective August 24, 2001; amended at 27 Ill. Reg. 2916, effective February 21, 2003; amended at 32 Ill. Reg. 12332, effective July 18, 2008; amended at 33 Ill. Reg. 3312, effective February 6, 2009; amended at 34 Ill. Reg. 6121, effective April 13, 2010; amended at 35 Ill. Reg. 16989, effective October 7, 2011; amended at 36 Ill. Reg. 2569, effective January 31, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

**Section 1110.10 Introduction and Applicability**

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

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

**Section 1110.40 Classification of Projects ~~and Applicable Review Criteria~~**

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

- a) Emergency Review Classification
  - 1) An emergency review classification applies only to those construction or modification projects that affect the inpatient operation of a health care facility and are necessary because one or more of the following conditions exist:
    - A) An imminent threat to the structural integrity of the building; or
    - B) An imminent threat to the safe operation and functioning of the mechanical, electrical or comparable systems of the building.
  - 2) Applications classified as emergency will be reviewed for conformance with the following review criteria:
    - A) Documentation has been provided that verifies the existence of one or both of the conditions specified in subsection (a)(1)(A) or (B); and
    - B) Failure to proceed immediately with the project would result in closure or impairment of the inpatient operation of the facility; and
    - C) The emergency conditions did not exist longer than 30 days prior to the receipt of the application for permit.
  - 3) Further detail concerning the process for emergency applications is provided in 77 Ill. Adm. Code 1130.610.
- b) Non-Substantive Review Classification

Non-substantive projects are those construction or modification projects that are ~~not classified as substantive or emergency solely and entirely limited in scope to the type of project detailed in the following table~~. Applications classified as non-substantive will be reviewed for conformance with the applicable review criteria ~~in this Part detailed in the following table for the type of project specified~~.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Type of Project	Applicable Review Criteria
<del>Discontinuation of category of service or facility</del>	<del>Section 1110.130 and 77 Ill. Adm. Code 1120</del>
<del>Facility conversion (e.g., change of ownership, merger or consolidation)</del>	<del>Sections 1110.230, 1110.240, and 77 Ill. Adm. Code 1120</del>
<del>Long-term care for the Developmentally Disabled (Adults and Children) Categories of Service</del>	<del>Sections 1110.230, 1110.234, 1110.1830, and 77 Ill. Adm. Code 1120</del>
<del>Acute Care Beds Certified for Extended Care Category of Service as defined by the Centers for Medicare and Medicaid Services (42 CFR 405.471 (1987))</del>	<del>Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120</del>
<del>In-Center Hemodialysis Category of Service</del>	<del>Sections 1110.230, 1110.234, 1110.1430, and 77 Ill. Adm. Code 1120</del>
<del>Projects intended solely to provide care to patients suffering from Acquired Immunodeficiency Syndrome (AIDS) or related disorders</del>	<del>Sections 1110.230, 234, and 77 Ill. Adm. Code 1120</del>
<del>Master design projects</del>	<del>Sections 1110.230, 1110.234, 1110.235, 77 Ill. Adm. Code 1120 and Sections pertaining to any category of service proposed in the Master Plan Projects</del>
<del>Outpatient clinical service areas</del>	<del>Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120</del>
<del>Fitness centers</del>	<del>Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120</del>

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~Community-Based Residential Rehabilitation Center Alternative Health Care Model~~                      ~~Section 1110.2830~~

## c) Substantive Review Classification

- 1)     Substantive projects shall include no more than the following:
- A)     Projects to construct:
- i)     A new or replacement facility located on a new site; or
- ii)    A replacement facility located on the same site as the original facility and the cost of the replacement facility exceeds the capital expenditure minimum, which shall be reviewed by the Board within 120 days;
- B)     Projects proposing:
- i)     Establishment of a category of service within an existing healthcare facility; or
- ii)    Discontinuation of a category of service within an existing healthcare facility or discontinuation of a healthcare facility;
- C)     Projects that involve more than 20 beds, or more than 10% of total bed capacity that (as defined by HFSRB, whichever is less, over a 2-year period) and propose a change in the bed capacity of a health care facility by:
- i)     An increase in the total number of beds; or
- ii)    A redistribution of beds among various categories of service; or
- iii)   A relocation of beds from one physical facility or site to another. [20 ILCS 3960/12(8)] ~~Substantive projects are~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~those projects that are not classified as either emergency or non-substantive.~~

2) Applications classified as substantive will be reviewed for conformance with all applicable review criteria contained in this Part.

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

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: REVIEW CRITERIA – DISCONTINUATION

**Section 1110.130 Discontinuation – Review Criteria**

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

- a) Information Requirements – Review Criterion  
The applicant shall provide at least the following information:
- 1) Identification of the categories of service and the number of beds, if any, that are to be discontinued;
  - 2) Identification of all other clinical services that are to be discontinued;
  - 3) The anticipated date of discontinuation for each identified service or for the entire facility;
  - 4) The anticipated use of the physical plant and equipment after discontinuation occurs;
  - 5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by [HFSRB/HFPB](#) or [the Illinois Department of Public Health \(IDPH\)](#) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.
- b) **Reasons for Discontinuation – Review Criterion**  
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:
- 1) Insufficient volume or demand for the service;
  - 2) Lack of sufficient staff to adequately provide the service;
  - 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;
  - 4) The facility or the service is not in compliance with licensing or certification standards.
- c) **Impact on Access – Review Criterion**  
The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:
- 1) The service will no longer exist within 45 minutes travel time of the applicant facility;
  - 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on [HFSRB's HFPB's](#) website;

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

~~HFSRB~~~~HFPB~~ NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time. The applicant ~~shall~~~~must~~ document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those proposed for discontinuation) located within 45 minutes travel time of the applicant facility. The request for an impact statement must be received by the facilities at least 30 days prior to submission of the application for permit. The applicant's request for an impact statement must include at least the following: the anticipated date of discontinuation of the service; the total number of patients that have received care or the number of treatments that have been provided (as applicable) for the latest 24 month period; whether the facility being contacted has or will have available capacity to accommodate a portion or all of the applicant's experienced caseload; and whether any restrictions or limitations preclude providing service to residents of the applicant's market area. The request shall allow 15 days after receipt for a written response from the contacted facility. Failure by an existing or approved facility to respond to the applicant's request for an impact statement within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for that facility.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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

**Section 1110.210 Introduction**

- a) This Subpart contains all Information Requirements and Review Criteria that apply in total or in part to all projects, (with the exception of projects solely involving "Discontinuation"), including:
- 1) ~~Purpose of Project, Safety Net Impact Statement~~~~Project Purpose, Background of Applicant~~ and Alternatives – Information Requirements;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 2) Project Scope and Size, Utilization and Unfinished/Shell Space Review Criteria; and
  - 3) ~~Additional General Review Criteria for Master Design and Related Projects Only; and~~ 4) Conversions (Changes of Ownership, Mergers, and Consolidations).
- b) Each required point of information is intended to provide HFSRB/HFPB with an overview of the need for a proposed project. HFSRB/HFPB shall consider a project's conformance with the applicable information requirements contained in this Subpart, as well as a project's conformance with all applicable review criteria indicated in subsection (c), to determine whether sufficient project need has been documented to issue a Certificate of Need (CON) permit.
- c) The review criteria to be addressed (as required) are contained in the following Parts and Subparts:
- 1) Subpart C, Section 1110.232 contains review criteria concerning "Project Scope and Size", "Utilization" and "Unfinished Shell Space", and Section 1110.3030 contains review criteria concerning "Clinical Service Areas Other Than Categories of Service";
  - 2) Subparts F through AE of this Part contain service specific review criteria that shall be addressed, as applicable, to the Category of Service included in a proposed project;
  - 3) 77 Ill. Adm. Code 1120 contains review criteria pertaining to financial and economic feasibility;
  - 4) 77 Ill. Adm. Code 1130 contains the CON operational/procedural requirements that may be applicable to a proposed project; and
  - 5) *An application for a permit or exemption shall be made to HFSRB/HFPB upon forms provided by HFSRB/HFPB. This application shall contain such information as HFSRB/HFPB deems necessary. [20 ILCS 3960/6] ~~The application shall include affirmative evidence on which the Director may make the findings required under this Section and upon which HFPB may make its decision on the approval or denial of the permit or exemption.~~*

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- d) Definitions for Subpart C and Subparts F through AE (service specific) are contained in the Act and in 77 Ill. Adm. Code 1100.220.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.230 Purpose of Project, Safety Net Impact Statement ~~Project Purpose, Background and Alternatives – Information Requirements~~**

The information requirements contained in this Section are applicable to all projects except projects that are solely for discontinuation. An applicant shall document the *qualifications, background, character and financial resources to adequately provide a proper service for the community* and also demonstrate that the project promotes the *orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities or service*. [20 ILCS 3960/2]

a) ~~Background of Applicant – Information Requirements~~

- 1) ~~An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").~~
- 2) ~~Examples of facilities owned or operated by an applicant include:~~
  - A) ~~The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) ~~The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.~~
- C) ~~Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.~~
- D) ~~Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.~~
- 3) ~~The applicant shall submit the following information:~~
- A) ~~A listing of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, as applicable;~~
- B) ~~A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;~~
- C) ~~Authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFPB.~~
- 4) ~~If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~critterion. In such instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.~~

- b) Purpose of the Project – Information Requirements
- The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.
- 1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of such information include:
    - A) The area's demographics or characteristics (e.g., rapid area growth rate, increased aging population, higher or lower fertility rates) that may affect the need for services in the future;
    - B) The population's morbidity or mortality rates;
    - C) The incidence of various diseases in the area;
    - D) The population's financial ability to access health care (e.g., financial hardship, increased number of charity care patients, changes in the area population's insurance or managed care status);
    - E) The physical accessibility to necessary health care (e.g., new highways, other changes in roadways, changes in bus/train routes or changes in housing developments).
  - 2) The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

health assessment studies from governmental or academic and/or other independent sources).

- 3) The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.
- 4) For projects involving modernization, the applicant shall describe the conditions being upgraded. For facility projects, the applicant shall include statements of age and condition and any regulatory citations. For equipment being replaced, the applicant shall also include repair and maintenance records.

b) Safety Net Impact Statement – Information Requirements

*All health care facilities, with the exception of skilled and intermediate long-term care facilities licensed under the Nursing Home Act [210 ILCS 45], shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]*

- 1) A safety net impact statement shall describe, if reasonably known by the applicant, all of the following information:
  - A) The project's material impact, if any, on essential safety net services in the community;
  - B) The project's impact on the ability of another provider or health care system to cross-subsidize safety net services; and
  - C) How the discontinuation of a facility or service might impact the remaining safety net providers in a given community.
- 2) A safety net impact statement shall also include all of the following:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) Certification describing the amount of charity care provided by the applicant for the three fiscal years prior to submission of the application. The amount calculated by hospital applicants shall be in accordance with the reporting requirements in the Illinois Community Benefits Act [210 ILCS 76]. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board. (See 77 Ill. Adm. Code 1120.20(c).)
- B) Certification describing the amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application. Hospital and non-hospital applicants shall provide Medicaid information consistent with data reported in IDPH's "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Revenue by Payor Source".
- C) Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service. [20 ILCS 3960/5.4(d)(3)]
- 3) Safety Net Impact Statement Response
- A) Any person, community organization, provider or health system or other entity wishing to comment upon or oppose the application may file a safety net impact statement response with the Board, which shall provide additional information concerning a project's impact on the safety net services in the community. [20 ILCS 3960/5.4(f)]
- B) Applicants shall be provided an opportunity to submit a reply to any safety net impact statement response. [20 ILCS 3960/5.4(g)]
- 4) HFSRB Staff Report  
The HFSRB staff report shall indicate:
- A) Whether a safety net impact statement was filed by the applicant;
- B) Whether the safety net impact statement included information on charity care, the amount of care provided to Medicaid patients,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

and information on teaching research, or any other service provided by the applicant that is directly relevant to safety net services [20 ILCS 3960/5.4(h)]; and

C) Names of the parties submitting responses and the number of responses and replies, if any, that were filed [20 ILCS 3960/5.4(h)].

- c) Alternatives to the Proposed Project – Information Requirements  
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.
- 1) Alternative options shall be addressed. Examples of alternative options include:
    - A) Proposing a project of greater or lesser scope and cost;
    - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
    - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
    - D) Other considerations.
  - 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
  - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

SUBPART F: CATEGORY OF SERVICE REVIEW CRITERIA –  
MEDICAL/SURGICAL, OBSTETRIC, PEDIATRIC AND INTENSIVE CARE**Section 1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria**

## a) Introduction

- 1) This Section applies to projects involving the following categories of hospital bed services: Medical/Surgical; Obstetrics; Pediatrics; and Intensive Care. Applicants proposing to establish, expand or modernize a category of hospital bed service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<u>(b)(1) &amp; (3)</u> – <u>Background of the Applicant</u>
	<u>(cb)</u> (1) – Planning Area Need – 77 Ill. Adm. Code - 1100 (formula calculation)
	<u>(cb)</u> (2) – Planning Area Need – Service to Planning Area Residents
	<u>(cb)</u> (3) – Planning Area Need – Service Demand – Establishment of Category of Service
	<u>(cb)</u> (5) – Planning Area Need – Service Accessibility
	<u>(de)</u> (1) – Unnecessary Duplication of Services
	<u>(de)</u> (2) – Maldistribution
	<u>(de)</u> (3) – Impact of Project on Other Area Providers
	<u>(fe)</u> (1) – Staffing Availability
	<u>(gf)</u> – Performance Requirements
<u>(hg)</u> – Assurances	
Expansion of Existing Services	<u>(b)(1) &amp; (3)</u> – <u>Background of the Applicant</u>
	<u>(cb)</u> (2) – Planning Area Need – Service to Planning Area Residents
	<u>(cb)</u> (4) – Planning Area Need – Service Demand – Expansion of Existing Category of Service

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

	<del>(f)(1)</del> – Staffing Availability
	<del>(g)</del> – Performance Requirements
	<del>(h)</del> – Assurances
Category of Service Modernization	<del>(b)(1) &amp; (3)</del> – <u>Background of the Applicant</u>
	<del>(e)(1) &amp; (2) &amp; (3)</del> – Deteriorated Facilities
	<del>(e)(4)</del> – Occupancy
	<del>(g)</del> – Performance Requirements

- 2) If the proposed project involves the replacement of a hospital or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (g) (Assurances).
- 3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".
- 4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

- 2) Examples of facilities owned or operated by an applicant include:
  - A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  - D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.
- 3) The applicant shall submit the following information:
  - A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
  - B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:
- i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
  - ii) has been the subject of any juvenile delinquency or youthful offender proceeding;
- E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

cb) Planning Area Need – Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (formula calculation)
  - A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.
  - B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.
- 2) Service to Planning Area Residents

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
- B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
- C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).
- 3) Service Demand – Establishment of Bed Category of Service  
The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c)(3)(A) and either subsection (c)(3)(B) or (C):
- A) Historical Referrals  
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years.  
Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.
- B) Projected Referrals  
An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
  - ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;
  - iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Project Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths, and net migration for a period of time equal to, or in excess of, the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRBHFPB](#), for each category of service in the application; and
  - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRBHFPB](#).
- 4) Service Demand – Expansion of Existing Category of Service  
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection [\(c\)\(4\)\(A\)](#) and either subsection [\(c\)\(4\)\(B\)](#) or (C):
- A) Historical Service Demand
    - i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;
    - ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.
  - B) Projected Referrals  
The applicant shall provide the following:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
  - ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share within a 24-month period after project completion;
  - iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth: If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRBHFPB](#), for each category of service in the application; and
  - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRBHFPB](#).
- 5) Service Accessibility  
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:
- A) Service Restrictions  
The applicant shall document that at least one of the following factors exists in the planning area:
    - i) The absence of the proposed service within the planning area;
    - ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
    - iii) Restrictive admission policies of existing providers;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
- v) For purposes of this subsection (~~cb~~)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

## B) Supporting Documentation

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- i) The location and utilization of other planning area service providers;
- ii) Patient location information by zip code;
- iii) Independent time-travel studies;
- iv) A certification of waiting times;
- v) Scheduling or admission restrictions that exist in area providers;
- vi) An assessment of area population characteristics that document that access problems exist; and
- vii) Most recently published IDPH Hospital Questionnaire.

~~de~~ Unnecessary Duplication/Maldistribution – Review Criterion

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
  - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.
- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:
- A) A ratio of beds to population that exceeds one and one-half times the State average;
  - B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or
  - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
- A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

| ~~ed~~) Category of Service Modernization

- 1) If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
  - A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;
  - C) Changes in standards of care (e.g., private versus multiple bedrooms); or
  - D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
  - A) IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports; and
  - B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:
  - A) Copies of maintenance reports;
  - B) Copies of citations for life safety code violations; and
  - C) Other pertinent reports and data.
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

| ~~fe~~) Staffing Availability – Review Criterion

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

**gf)** Performance Requirements – Bed Capacity Minimum

1) Medical-Surgical

The minimum bed capacity for a **new** medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds.

2) Obstetrics

A) The minimum unit size for a new obstetric unit within an MSA is 20 beds.

B) The minimum unit size for a new obstetric unit outside an MSA is 4 beds.

3) Intensive Care

The minimum unit size for an intensive care unit is 4 beds.

4) Pediatrics

The minimum size for a pediatric unit within an MSA is 4 beds.

**hg)** Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART G: CATEGORY OF SERVICE REVIEW CRITERIA  
– COMPREHENSIVE PHYSICAL REHABILITATION

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

**Section 1110.630 Comprehensive Physical Rehabilitation Beds – Review Criteria**

## a) Introduction

- 1) This Section applies to projects involving the Comprehensive Physical Rehabilitation (CPR) category of service. Applicants proposing to establish, expand or modernize CPR shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<u>(b)</u> (1) & (3) – <u>Background of the Applicant</u>
	<u>(c)</u> (1) – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	<u>(c)</u> (2) – Planning Area Need – Service to Planning Area Residents
	<u>(c)</u> (3) – Planning Area Need – Service Demand – Establishment of CPR
	<u>(c)</u> (5) – Planning Area Need – Service Accessibility
	<u>(d)</u> (1) – Unnecessary Duplication of Services
	<u>(d)</u> (2) – Maldistribution
	<u>(d)</u> (3) – Impact of Project on Other Area Providers
	<u>(f)</u> (1) – Staffing Availability
	<u>(g)</u> (f) – Performance Requirements
	<u>(h)</u> (g) – Assurances
Expansion of Existing Services	<u>(b)</u> (1) & (3) – <u>Background of the Applicant</u>
	<u>(c)</u> (2) – Planning Area Need – Service to Planning Area Residents
	<u>(c)</u> (4) – Planning Area Need – Service Demand – Expansion of CPR
	<u>(f)</u> (1) – Staffing – Availability
	<u>(g)</u> (f) – Performance Requirements
	<u>(h)</u> (g) – Assurances
Comprehensive Physical Rehabilitation Modernization	<u>(b)</u> (1) & (3) – <u>Background of the Applicant</u>
	<u>(e)</u> (1) – Deteriorated Facilities
	<u>(e)</u> (2) & (3) – Documentation

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

	(ed)(4)	- Occupancy
	(gf)	- Performance Requirements

- 2) If the proposed project involves the replacement of a hospital or service on-site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Comprehensive Physical Rehabilitation Modernization" plus subsection (g) (Assurances).
- 3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".
- 4) If the proposed project involves the replacement of a hospital or service (on-site or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").
- 2) Examples of facilities owned or operated by an applicant include:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
- B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
- C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
- D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.
- 3) The applicant shall submit the following information:
- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

- i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
  - ii) has been the subject of any juvenile delinquency or youthful offender proceeding;
- E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;
- J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

- 4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

cb) Planning Area Need – Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)
  - A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.
  - B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.
- 2) Service to Planning Area Residents
  - A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Applicants proposing to add beds to an existing CPR service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
- C) Applicants proposing to expand an existing CPR service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).
- 3) Service Demand – Establishment of Comprehensive Physical Rehabilitation  
The number of beds proposed to establish CPR service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c**b**)(3)(A) and either subsection (c**b**)(3)(B) or (C).
- A) Historical Referrals  
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital bed service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.
- B) Projected Referrals  
An applicant proposing to establish CPR or to establish a new hospital shall submit the following:
- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- ii) An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;
  - iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for services is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRBHFPB, for each category of service in the application; and
  - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRBHFPB.
- 4) Service Demand – Expansion of Comprehensive Physical Rehabilitation  
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c)(4)(A) and either subsection (c)(4)(B) or (C):
- A) Historical Service Demand
    - i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.
    - ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.
  - B) Projected Referrals  
The applicant shall provide the following:
    - i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;
  - iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRBHFPB](#), for each category of service in the application; and
  - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRBHFPB](#).
- 5) Service Accessibility  
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:
- A) Service Restrictions  
The applicant shall document that at least one of the following factors exists in the planning area:
    - i) The absence of the proposed service within the planning area;
    - ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
    - iii) Restrictive admission policies of existing providers;
    - iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

- v) For purposes of this subsection (c**b**)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- i) The location and utilization of other planning area service providers;
- ii) Patient location information by zip code;
- iii) Independent time-travel studies;
- iv) A certification of waiting times;
- v) Scheduling or admission restrictions that exist in area providers;
- vi) An assessment of area population characteristics that document that access problems exist; and
- vii) Most recently published IDPH Hospital Questionnaire.

d)e) Unnecessary Duplication/Maldistribution – Review Criterion

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:
  - A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.
- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:
- A) A ratio of beds to population that exceeds one and one-half times the State average;
  - B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or
  - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
- A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) If the project involves modernization of a CPR service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
  - A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;
  - C) Changes in standards of care (e.g., private versus multiple bed rooms); or
  - D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
  - A) IDPH CMMS inspection reports; and
  - B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:
  - A) Copies of maintenance reports;
  - B) Copies of citations for life safety code violations; and
  - C) Other pertinent reports and data.
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

~~1)e)~~ Staffing

- 1) Availability – Review Criterion  
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

and ~~Joint Commission~~JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

## 2) Personnel Qualifications

The applicant shall document that personnel possessing proper credentials in the following categories are available to staff the service:

- A) Medical Director – Medical direction of the facility shall be vested in a physician who is a doctor of medicine licensed to practice in all of its branches and who has had three years of post-graduate specialty training in the medical management of inpatients requiring rehabilitation services.
- B) Rehabilitation Nursing – Supervisors, for all nurses participating as part of the rehabilitation team, must be available on staff and shall have documented education in rehabilitation nursing and at least one year of rehabilitation nursing experience.
- C) Allied Health – The following allied health specialists shall be available on staff:
  - i) Physical Therapist – Graduate of a program in physical therapy approved by the American Physical Therapy Association is licensed to practice in the State of Illinois.
  - ii) Occupational Therapist – Registered by the American Occupational Therapy Association or graduate of an approved educational program, with the experience needed for registration. Educational programs are approved by the American Medical Association's Council on Medical Education in collaboration with the American Occupational Therapy Association. The therapist shall be licensed to practice in the State of Illinois.
  - iii) Social Worker – The individual responsible for social services shall have a Master's of Social Work and meet the

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

State of Illinois requirements (~~see 225 ILCS 20,~~ the Clinical Social Work and Social Work Practice Act [225 ILCS 20]).

- D) Other Specialties – The following personnel shall be available on staff or on a consulting basis:
- i) Speech Pathologist;
  - ii) Psychologist;
  - iii) Vocational Counselor or Specialist;
  - iv) Dietitian;
  - v) Pharmacist;
  - vi) Audiologist; and
  - vii) Prosthetist and Orthotist.
- E) Documentation shall consist of:
- i) Medical Director  
Curriculum Vitae of Medical Director
  - ii) Other Personnel
    - Letters of interest from potential employees
    - Applications filed with the applicant for a position
    - Signed contracts with required staff
    - Narrative explanation of how other positions will be filled

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.
- 2) The minimum hospital unit size for comprehensive physical rehabilitation is 16 beds.

h)g)

Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART H: CATEGORY OF SERVICE REVIEW CRITERIA –  
ACUTE MENTAL ILLNESS AND CHRONIC MENTAL ILLNESS

**Section 1110.730 Acute Mental Illness – Review Criteria**

a) Introduction

- 1) This Section applies to projects involving Acute Mental Illness (AMI) and Chronic Mental Illness (CMI). Applicants proposing to establish, expand or modernize AMI and CMI categories of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<u>(b)(1) &amp; (3)</u> – <u>Background of the Applicant</u>
	<u>(c)(b)(1)</u> – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	<u>(c)(b)(2)</u> – Planning Area Need – Service to Planning Area Residents
	<u>(c)(b)(3)</u> – Planning Area Need – Service Demand – Establishment of AMI and/or CMI
	<u>(c)(b)(5)</u> – Planning Area Need – Service

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

	Accessibility
	<del>(d)(e)</del> (1) – Unnecessary Duplication of Services
	<del>(d)(e)</del> (2) – Maldistribution
	<del>(d)(e)</del> (3) – Impact of Project on Other Area Providers
	<del>(f)(e)</del> – Staffing Availability
	<del>(g)(f)</del> – Performance Requirements
	<del>(h)(g)</del> – Assurances
Expansion of Existing Services	<del>(b)(1) &amp; (3)</del> – <a href="#">Background of the Applicant</a>
	<del>(c)(b)</del> (2) – Planning Area Need – Service to Planning Area Residents
	<del>(c)(b)</del> (4) – Planning Area Need – Service Demand – Expansion of AMI and/or CMI
	<del>(f)(e)</del> – Staffing Availability
	<del>(g)(f)</del> – Performance Requirements
	<del>(h)(g)</del> – Assurances
Category of Service Modernization	<del>(b)(1) &amp; (3)</del> – <a href="#">Background of the Applicant</a>
	<del>(e)(d)</del> (1) – Deteriorated Facilities
	<del>(d)</del> (2) & (3) – Documentation
	<del>(e)(d)</del> (4) – Occupancy
	<del>(g)(f)</del> – Performance Requirements

- 2) If the proposed project involves the replacement of a hospital or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "AMI and/or CMI Modernization" plus subsection (g) (Assurances).
- 3) If the proposed project involves the replacement of a hospital or service offsite, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".
- 4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").
- 2) Examples of facilities owned or operated by an applicant include:
  - A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  - D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

- 3) The applicant shall submit the following information:
- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
  - B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
  - C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
  - D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:
    - 1) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
    - 2) has been the subject of any juvenile delinquency or youthful offender proceeding;
  - E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
  - F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

involving moral turpitude. Any such matter shall be disclosed in detail;

- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
  - H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
  - I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;
  - J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
- 4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

c)b) Planning Area Need – Review Criterion

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)
  - A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.
  - B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.
- 2) Service to Planning Area Residents
  - A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
  - B) Applicants proposing to add beds to an existing AMI and/or CMI service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
  - C) Applicants proposing to expand an existing AMI and/or CMI service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).
- 3) Service Demand – Establishment of AMI and/or CMI  
The number of beds proposed to establish a new AMI and/or CMI service is necessary to accommodate the service demand experienced by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c**b**)(3)(A) and subsection (c**b**)(3)(B) or (C).

## A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital bed service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

## B) Projected Referrals

An applicant proposing to establish a new AMI and/or CMI service or establish a new hospital shall submit the following:

- i) Physician referral and/or DHS-funded mental health provider (59 Ill. Adm. Code 132) letters that attest to the total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
- ii) An estimated number of patients the physician and/or DHS-funded mental health provider will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's and/or mental health provider's documented historical caseload;
- iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
- iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

## C) Projected Service Demand – Based on Rapid Population Growth

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract. Applicants proposing to use zip code data to define the project market area shall indicate the sources of that information;
- ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
- iii) Projection shall be for a maximum period of 10 years from the date the application is submitted;
- iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
- v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;
- vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRB/HFPB](#), for each category of service in the application; and
- vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRB/HFPB](#).

## D) Patient Type

The applicant shall identify the type of patients that will be served by the project by providing the clinical conditions anticipated (e.g.,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

eating disorder, borderline personality disorder, dementia) and age groups (e.g., childhood, adolescent, geriatric) targeted.

- 4) Service Demand – Expansion of AMI and/or CMI Service  
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c)(b)(4)(A) and either subsection (c)(b)(4)(B) or (C):
- A) Historical Service Demand
- i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.
  - ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.
- B) Projected Referrals  
The applicant shall provide the following:
- i) physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
  - ii) an estimated number of patients the physician will refer to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

HFSRBHFPB, for each category of service in the application; and

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

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

- i) The absence of the proposed service within the planning area;
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
- iii) Restrictive admission policies of existing providers;
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
- v) For purposes of this subsection (c**b**)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- i) The location and utilization of other planning area service providers;
- ii) Patient location information by zip code;
- iii) Independent time-travel studies;
- iv) A certification of waiting times;
- v) Scheduling or admission restrictions that exist in area providers;
- vi) An assessment of area population characteristics that document that access problems exist;
- vii) Most recently published IDPH Hospital Questionnaire.

d)e Unnecessary Duplication/Maldistribution – Review Criterion

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:
  - A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, bed and services characterized by such factors as, but not limited to:
  - A) A ratio of beds to population that exceeds one and one-half times the State average;
  - B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or
  - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
  - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

| [e\)Ⓢ](#) AMI and/or CMI Modernization

- 1) If the project involves modernization of an AMI and/or CMI service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
  - A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- C) Changes in standards of care (e.g., private versus multiple bed rooms); or
  - D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
- A) IDPH CMMS inspection reports; and
  - B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:
- A) Copies of maintenance reports;
  - B) Copies of citations for life safety code violations; and
  - C) Other pertinent reports and data.
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f) Staffing Availability – Review Criterion

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

g) Performance Requirements – Bed Capacity Minimums

- 1) The minimum unit size for a new AMI unit within an MSA is 20 beds.
- 2) The minimum unit size for a new AMI unit outside an MSA is 10 beds.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

h)g) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA –  
IN-CENTER HEMODIALYSIS

**Section 1110.1430 In-Center Hemodialysis Projects – Review Criteria**

## a) Introduction

- 1) This Section applies to projects involving the In-Center Hemodialysis category of service. Applicants proposing to establish, expand or modernize this category of service shall comply with the applicable subsections of this Section as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<u>(b)(1) &amp; (3)</u> – <u>Background of the Applicant</u>
	<u>(c)(b)(1)</u> – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	<u>(c)(b)(2)</u> – Planning Area Need – Service to Planning Area Residents
	<u>(c)(b)(3)</u> – Planning Area Need – Service Demand – Establishment of In-Center Hemodialysis
	<u>(c)(b)(5)</u> – Planning Area Need – Service Accessibility
	<u>(d)(e)(1)</u> – Unnecessary Duplication of Services
	<u>(d)(e)(2)</u> – Maldistribution
	<u>(d)(e)(3)</u> – Impact of Project on Other Area Providers
	<u>(f)(e)</u> – Staffing

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

	(g)(f) – Support Services
	(h)(g) – Minimum Number of Stations
	(i)(h) – Continuity of Care
	(j) – <u>Relocation (if applicable)</u>
	(k)(i) – Assurances
Expansion of Existing Services	(b)(1) & (3) – <u>Background of the Applicant</u>
	(c)(b)(2) – Planning Area Need – Service to Planning Area Residents
	(c)(b)(4) – Planning Area Need – Service Demand – Expansion of In-Center Hemodialysis
	(f)(e)(1) – Staffing – Availability
	(g)(f) – Support Services
	(k)(i) – Assurances
In-Center Hemodialysis Modernization	(e)(d)(1) – Deteriorated Facilities
	(e)(d)(2) & (3) – Documentation
	(g)(f) – Support Services

- 2) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements listed in subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and subsection (j) (Relocation of Facilities).
- 3) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of stations being replaced shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional stations can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

- 2) Examples of facilities owned or operated by an applicant include:
- A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  - D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.
- 3) The applicant shall submit the following information:
- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:
- 1) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
  - 2) has been the subject of any juvenile delinquency or youthful offender proceeding;
- E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;
- J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.
- 4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In such instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

c)b) Planning Area Need – Review Criterion

The applicant shall document that the number of stations to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)
- A) The number of stations to be established for in-center hemodialysis is in conformance with the projected station deficit specified in 77

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

- B) The number of stations proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the utilization standard specified in 77 Ill. Adm. Code 1100.
- 2) Service to Planning Area Residents
- A) Applicants proposing to establish or add stations shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
- B) Applicants proposing to add stations to an existing in-center hemodialysis service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
- C) Applicants proposing to expand an existing in-center hemodialysis service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).
- 3) Service Demand – Establishment of In-Center Hemodialysis Service  
The number of stations proposed to establish a new in-center hemodialysis service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new facility, the applicant shall submit projected referrals. The applicant shall document subsection (c)(3)(A) and either subsection (c)(3)(B) or (C).
- A) Historical Referrals

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- i) If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years.
  - ii) Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient facility.
- B) Projected Referrals
- The applicant shall provide physician referral letters that attest to:
- i) The physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter;
  - ii) The number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year;
  - iii) An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload;
  - iv) An estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health status (e.g., the patients received kidney transplants or expired);
  - v) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services; and
  - vii) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRB/HFPB](#), for each category of service in the application; and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRB/HFPB](#).
- 4) Service Demand – Expansion of In-Center Hemodialysis Service  
The number of stations to be added for each category of service is necessary to reduce the facility's experienced high utilization and to meet a projected demand for service. The applicant shall document subsection (c)(4)(A) and either (c)(4)(B) or (C):
- A) Historical Service Demand
- i) An average annual utilization rate that has equaled or exceeded utilization standards for in-center hemodialysis service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.
- ii) If patients have been referred to other facilities in order to receive the subject service, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient facility, for each of the latest two years.
- B) Projected Referrals
- i) The applicant shall provide physician letters that attest to:
- the physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter;
  - the number of new patients (by facility and zip code of residence) located in the area, as reported to The

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

- an estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;
  - ii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;
  - iii) The physician shall verify that the patient referrals have not been used to support another pending or approved CON application for the subject services; and
  - iv) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRB/HFPB](#), for each category of service in the application; and
  - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRB/HFPB](#).
- 5) Service Accessibility
- The number of stations being established or added for the subject category of service is necessary to improve access for planning area residents. The applicant shall document the following:
- A) Service Restrictions
- The applicant shall document that at least one of the following factors exists in the planning area:
- i) The absence of the proposed service within the planning area;
  - ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

coverage through Medicare, Medicaid, managed care or charity care;

- iii) Restrictive admission policies of existing providers;
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
- v) For purposes of this subsection (cb)(5) only, all services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

## B) Supporting Documentation

The applicant shall provide the following documentation concerning existing restrictions to service access:

- i) The location and utilization of other planning area service providers;
- ii) Patient location information by zip code;
- iii) Independent time-travel studies;
- iv) A certification of waiting times;
- v) Scheduling or admission restrictions that exist in area providers;
- vi) An assessment of area population characteristics that document that access problems exist;
- vii) Most recently published IDPH Hospital Questionnaire.

d)e Unnecessary Duplication/Maldistribution – Review Criterion

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:
  - A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of station service that are proposed by the project.
- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, stations and services characterized by such factors as, but not limited to:
  - A) A ratio of stations to population that exceeds one and one-half times the State average;
  - B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the utilization standard established pursuant to 77 Ill. Adm. Code 1100; or
  - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
  - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

| ~~e)4~~ Category of Service Modernization

- 1) If the project involves modernization of an in-center hemodialysis service, the applicant shall document that the areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
  - A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;
  - C) Changes in standards of care (e.g., private versus multiple bed rooms); or
  - D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
  - A) IDPH CMMS inspection reports; and
  - B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:
  - A) Copies of maintenance reports;
  - B) Copies of citations for life safety code violations; and
  - C) Other pertinent reports and data.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 4) Projects involving the relocation or modernization of in-center hemodialysis or a facility shall meet or exceed the utilization standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f) Staffing

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and [Joint Commission/CAHO](#) staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

- 1) Qualifications

- A) Medical Director – Medical direction of the facility shall be vested in a physician who has completed a board-approved training program in nephrology and has at least 12 months experience providing care to patients receiving dialysis.
- B) Registered Nurse – The nurse responsible for nursing services in the unit shall be a registered nurse (RN) who meets the practice requirements of the State of Illinois and has at least 12 months experience in providing nursing care to patients on maintenance dialysis.
- C) Dialysis Technician – This individual shall meet all applicable State of Illinois requirements (see [210 ILCS 62](#), the End Stage Renal Disease Facility Act [\[210 ILCS 62\]](#)). In addition, the applicant shall document its requirements for training and continuing education.
- D) Dietitian – This individual shall be a registered dietitian with the Commission on Dietetic Registration, meet the practice requirements of the State of Illinois (see the Dietetic and Nutrition Services Practice Act [\[225 ILCS 30\]](#)) and have a minimum of one year of professional work experience in clinical nutrition as a registered dietitian.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- E) Social Worker – The individual responsible for social services shall have a Master's of Social Work and meet the State of Illinois requirements (see [225 ILCS 20](#), the Clinical Social Work and Social Work Practice Act [[225 ILCS 20](#)]).
- 2) Documentation shall consist of:
- A) Medical Director  
Curriculum vitae of Medical Director, including a list of all in-center hemodialysis facilities where the position of Medical Director is held.
- B) All Other Personnel
- i) Letters of interest from potential employees;
- ii) Applications filed with the applicant for a position;
- iii) Signed contracts with required staff; or
- iv) A narrative explanation of how other positions will be filled.
- 3) Training  
The applicant proposing to establish an in-center hemodialysis category of service shall document that an ongoing program of training in dialysis techniques for nurses and technicians will be provided at the facility.
- 4) Staffing Plan  
The applicant proposing to establish an in-center hemodialysis category of service shall document that at least one RN will be on duty when the unit is in operation and will maintain a ratio of at least one direct patient care provider to every four patients.
- 5) Medical Staff  
The applicant shall provide a letter certifying whether the facility will or will not maintain an open medical staff.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

An applicant proposing to establish an in-center hemodialysis category of service must submit a certification from an authorized representative that attests to each of the following:

- 1) Participation in a dialysis data system;
- 2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and
- 3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility, or the existence of a signed, written agreement for provision of these services with another facility.

h)g) Minimum Number of Stations

The minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is:

- 1) Four dialysis stations for facilities outside an MSA;
- 2) Eight dialysis stations for a facility within an MSA.

i)h) Continuity of Care

An applicant proposing to establish an in-center hemodialysis category of service shall document that a signed, written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services.

Documentation shall consist of copies of all such agreements.

j)i) Relocation of Facilities – Review Criterion

This criterion may only be used to justify the relocation of a facility from one location in the planning area to another in the same planning area and may not be used to justify any additional stations. A request for relocation of a facility requires the discontinuation of the current category of service at the existing site and the establishment of a new category of service at the proposed location. The applicant shall document the following:

- 1) That the existing facility has met the utilization targets detailed in 77 Ill. Adm. Code 1100.630 for the latest 12-month period for which data is available; and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 2) That the proposed facility will improve access for care to the existing patient population.

k)j)

## Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

- 1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal; and
- 2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:

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

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA –  
NON-HOSPITAL BASED AMBULATORY SURGICAL TREATMENT CENTER  
SURVICESURGERY

**Section 1110.1510 Introduction (Repealed)**

~~Subpart P contains Review Criteria which pertain to the Non-Hospital Based Ambulatory Surgery category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.1520 Non-Hospital Based Ambulatory Surgery – Definitions (Repealed)**

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

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

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

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.1530 Non-Hospital Based Ambulatory Surgical Treatment Services Surgery – Projects Not Subject to This Part**

The specific criteria of this ~~SubpartPart~~ will not apply to hospital projects that will provide ambulatory surgical service and that will be operated in accordance with the provisions of the Hospital Licensing Act.

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.1535 Recognition of Non-Hospital Based Ambulatory Surgical Treatment Center (ASTC) Services**

- a) Due to revisions in Section 1110.1540, HFSRB shall recognize the existence of the non-hospital based ASTC services for licensed facilities that are able to verify the existence of these ASTC services prior to the effective date of this Section. The following documentation shall be submitted to HFSRB to substantiate the claim that the ASTC services existed prior to that date:
- 1) verification that identified outpatient surgical procedures have been performed at the facility prior to the effective date of this Section; and
  - 2) verification that the facility has obtained a license as an ASTC prior to the effective date of this Section;
- b) Documentation shall be in the form of a letter from IDPH's licensure program confirming that an ASTC license was obtained and a copy of the most recent

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

HFSRB Ambulatory Surgical Treatment Center Data Profile for the subject facility.

- c) Recognition by HFSRB of the non-hospital based ASTC services exempts the facility from the requirement of obtaining a permit for establishment of a health care facility and establishment of the identified and verified ASTC services. The exemption shall be valid and remain in effect provided that the following requirements are met:
- 1) the procedures and scope of services provided at the facility remain restricted to the ASTC services (e.g., podiatry, ophthalmology, plastic surgery) in operation on or before the effective date of this Section; and
  - 2) the facility has obtained a license from IDPH on or before the effective date of this Section; and
  - 3) the facility has petitioned HFSRB for recognition of the service no later than 90 days after the effective date of the revisions to Section 1110.1540.
- d) The ASTC shall be subject to the provisions of 77 Ill. Adm. Code 1100.640 and Sections 1110.1530 and 1110.1540 of this Part regarding subsequent transactions that require a permit. Failure to comply with any of the requirements of this Part or subsequent discontinuation of the facility shall:
- 1) void the recognition of the verified ASTC services and their subsequent exemption; and
  - 2) subject the facility to the sanctions and penalties provided by Section 14.1 of the Act and 77 Ill. Adm. Code 1130.790; and
  - 3) require a permit to:
    - A) establish an ASTC or ASTC service; or
    - B) change ownership; or
    - C) expand an existing ASTC; or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- D) modernize an existing ASTC when the estimated total project cost exceeds the capital expenditure minimum. The current threshold is determined under 77 Ill. Adm. Code 1130. Appendix A and posted on HFSRB's website ([www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov)); or
- E) discontinue an ASTC.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.1540 Non-Hospital Based Ambulatory Surgical Treatment Center Services – Review Criteria ~~Surgery—Review Criteria~~**

a) Introduction

- 1) Ambulatory Surgical Treatment Centers required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5] are defined as healthcare facilities subject to the requirements of the Health Facilities Planning Act [20 ILCS 3960/3] and HFSRB rules (77 Ill. Adm. Code 1100, 1110, 1120 and 1130).
- 2) A permit is required for:
  - A) the establishment of a new non-hospital based ambulatory surgical treatment center (ASTC); or
  - B) the addition or establishment of a new ASTC service to an existing non-hospital based ASTC; or
  - C) the increase or expansion of the number of surgical/treatment rooms for an existing ASTC service in a non-hospital based ASTC, if the total estimated project cost exceeds the capital expenditures minimum. The current threshold is posted on HFSRB's website ([www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov)); or
  - D) any action with a total estimated project cost that exceeds the capital expenditures minimum. The current threshold is determined under 77 Ill. Adm. Code 1130. Appendix A and posted on HFSRB's website ([www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov)).

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

- 3) Applicants proposing to establish an ASTC or add or expand an ASTC service in an existing ASTC facility shall describe how the proposed project will address the following indicators of need, as presented in the following table:

<u>PROJECT TYPE</u>	<u>REQUIRED REVIEW CRITERIA</u>		
<u>Establishment of ASTC Facility or Additional ASTC Service</u>	(a)(5)(A) & (B)	=	<u>Introduction – Identification of ASTC Service and # of Surgical/Treatment Rooms</u>
	(b)(1) through (4)	=	<u>Background of the Applicant</u>
	(c)(2)(A) & (B)	=	<u>Service to GSA Residents</u>
	(d)(1) & (2) or (3)	=	<u>Service Demand – Establishment</u>
	(f) (1) & (2)	=	<u>Treatment Room Need Assessment</u>
	(g)	=	<u>Service Accessibility</u>
	(h)(1) through (3)	=	<u>Unnecessary Duplication/Maldistribution</u>
	(i)(1) & (2)	=	<u>Staffing</u>
	(j)	=	<u>Charge Commitment</u>
(k)(1) & (2)	=	<u>Assurances</u>	
<u>Expansion of Existing ASTC Service</u>	(a)(5)(A) & (B)	=	<u>Introduction – Identification of ASTC Service and # of Surgical/Treatment Rooms</u>
	(b)(1) through (4)	=	<u>Background of the Applicant</u>
	(c)(2)(A) & (B)	=	<u>Service to GSA Residents</u>
	(e)(1) through (3)	=	<u>Service Demand – Expansion</u>
	(f) (1) & (2)	=	<u>Treatment Room Need Assessment</u>
	(i)(1) & (2)	=	<u>Staffing</u>
	(j)	=	<u>Charge Commitment</u>
	(k)(1) & (2)	=	<u>Assurances</u>

- 4) In addition to addressing the applicable criteria listed in the chart in subsection (a)(4), the applicant shall indicate:
- A) The existing and the proposed ASTC services as specified in Appendix A;
  - B) The existing and the proposed number of surgical/treatment rooms for each ASTC service as specified in Appendix A;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

C) If an ASTC service is not specified in Appendix A, the applicant shall indicate the existing and proposed ASTC services, the existing and proposed number of surgical/treatment rooms, and the professional standards applicable to the proposed ASTC services.

b) Background of the Applicant – Review Criterion

The information requirements contained in this Section are applicable to all projects except projects that are solely for discontinuation. An applicant shall document the qualifications, background, character and financial resources to adequately provide a proper service for the community and also demonstrate that the project promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities or service. [20 ILCS 3960/2]

1) An applicant shall demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community with particular regard to the qualification, background and character of the applicant [20 ILCS 3960/6(d)]. In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
- C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
- D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.
- 3) The applicant shall submit the following information:
- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
  - ii) has been the subject of any juvenile delinquency or youthful offender proceeding;
- E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;
- J) Authorization permitting HFSRB and IDPH-access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

- 4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

c) Geographic Service Area Need – Review Criterion

The applicant shall document that the ASTC services and the number of surgical/treatment rooms to be established, added or expanded are necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation)

As stated in 77 Ill. Adm. Code 1100, "No formula need determination for the number of ASTCs and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be established pursuant to the applicable review criteria of 77 Ill. Adm. Code 1110."

2) Service to Geographic Service Area Residents

The applicant shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

A) The applicant shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all zip code areas that are located within 45 minutes multi-directional travel time (under normal driving conditions) of the project's site.

B) The applicant shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

information shall be based upon the patient's legal residence (other than a health care facility) for the last six months immediately prior to admission.

d) Service Demand – Establishment of an ASTC Facility or Additional ASTC Service

The applicant shall document that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals. The applicant shall document **the information required by** subsection (d)(1) and either subsection (d)(2) or (3):

1) Historical Referrals

The applicant shall provide physician referral letters that attest to the physician's total number of treatments (for each ASTC service that has been referred to existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12-month period prior to submission of the application. The documentation of physician referrals shall include the following information:

A) patient origin by zip code of residence;

B) name and specialty of referring physician;

C) name and location of the recipient hospital or ASTC; and

D) number of referrals to other facilities for each proposed ASTC service for each of the latest two years.

2) Projected Service Demand

The applicant shall provide the following documentation:

A) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12-month period prior to submission of the application;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Documentation demonstrating that the projected patient volume, as evidenced by the physician referral letters, is from within the GSA defined under subsection (c)(2);
  - C) An estimated number of treatments the physician will refer annually to the applicant facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of projected referrals used to justify the proposed establishment cannot exceed the historical percentage of applicant market share within a 24-month period after project completion;
  - D) Referrals to health care providers other than IDPH-licensed ASTCs or hospitals will not be included in determining projected patient volume;
  - E) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address, and the specialty of the physician; and
  - F) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- 3) Projected Service Demand – Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- A) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - B) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- C) Projections shall be for a maximum period of five years from the date the application is submitted;
  - D) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - E) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;
  - F) Projections shall be for total population and specified age groups or the applicant's market area, as defined by HFSRB, for each specialty in the application;
  - G) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted; and
  - H) The applicant shall estimate the future demand for the number of treatments or procedures based upon population growth and no change in the facility's market share.
- e) Service Demand – Expansion of Existing ASTC Service  
The number of surgical/treatment rooms to be added at an existing facility is necessary to reduce the facility's experienced high utilization and to meet a projected demand for service. The applicant shall document the information required by subsections (e)(1)(A) and (B) and either subsections (e)(2)(A) and (B) or (e)(3):
- 1) Historical Service Demand
    - A) The applicant shall document an average utilization rate that has equaled or exceeded the standards specified in 77 Ill. Adm. Code 1100 for existing surgical/treatment rooms for each of the latest two years.
    - B) If patients have been referred to other IDPH-licensed facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code of residence; name and specialty of referring physician; and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

the name and location of the recipient hospital or ASTC, for each of the latest two years.

2) Projected Service Demand – Projected Referrals

A) The applicant shall provide physician referral letters that attest to the physician's total number of patients (by zip code of residence) that have received treatments at existing IDPH-licensed facilities located in the GSA during the 12-month period prior to submission of the application, and an estimate of the number of patients that will be referred by the physician to the applicant's facility.

B) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address and the specialty of the physician. The anticipated number of referrals cannot exceed the physician's experienced caseload.

3) Projected Service Demand – Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in subsection (d)(3).

f) Treatment Room Need Assessment – Review Criterion

1) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based upon an annual minimum utilization of 1,500 hours of use per room, as established in 77 Ill. Adm. Code 1100.

2) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the average time per patient treatment/session (e.g., experienced historical caseload data, industry norms or special studies).

g) Service Accessibility

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The applicant shall document that at least one of the following conditions exists in the GSA:

- 1) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
  - 2) The other IDPH-licensed ASTC and hospital **surgical/treatment** rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;
  - 3) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;
  - 4) The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
    - A) The existing hospital is currently providing outpatient services to the population of the subject GSA;
    - B) The existing hospital has sufficient historical workload to justify the number of **surgical/treatment** rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;
    - C) The existing hospital agrees not to increase its **surgical/treatment** room capacity until the proposed project's **surgical/treatment** rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
    - D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.
- h) Unnecessary Duplication/Maldistribution – Review Criterion

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(A):
  - A) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and
  - B) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.
  
- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:
  - A) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average;
  - B) historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or
  - C) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.
  
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
  - A) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

B) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

i) Staffing

1) Staffing Availability

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

2) Medical Director

It is recommended that the procedures to be performed for each ASTC service are under the direction of a physician who is board certified or board eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that category of service.

j) Charge Commitment

In order to meet the objectives of the Act, which are *to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process* [20 ILCS 3960/2], the applicant shall submit the following:

1) a statement of all charges, except for any professional fee (physician charge); and

2) a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

k) Assurances

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) The applicant shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.
  - 2) The applicant shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures that would increase utilization.
- a) "Scope of Services Provided"—Review Criterion  
Any applicant proposing to establish a non-hospital based ambulatory surgical category of service must detail the surgical specialties that will be provided by the proposed project and whether the project will result in a limited specialty or multi-specialty ambulatory surgical treatment center (ASTC).
- 1) The applicant must indicate which of the following surgical specialties will be provided at the proposed facility:
    - A) Cardiovascular
    - B) Dermatology
    - C) Gastroenterology
    - D) General/Other (includes any procedure that is not included in the other specialties)
    - E) Neurological
    - F) Obstetrics/Gynecology
    - G) Ophthalmology

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

H) ~~Oral/Maxillofacial~~

I) ~~Orthopaedic~~

J) ~~Otolaryngology~~

K) ~~Plastic~~

L) ~~Podiatry~~

M) ~~Thoracic~~

N) ~~Urology~~

2) ~~The applicant must indicate which of the following type of ASTC will result from the proposed project:~~

A) ~~Limited specialty ASTC, which provides one or two of the surgical specialties listed in this Section; or~~

B) ~~Multi-specialty ASTC, which provides at least three of the surgical specialties listed in this Section. In order to be approved as a multi-specialty ASTC, the applicant must document that at least 250 procedures will be performed in each of at least three of the surgical specialties listed in this Section.~~

~~AGENCY NOTE: A permit is required for the addition of a surgical specialty by a limited specialty ASTC. Pursuant to information on file with the Agency's licensing program on March 1, 1995, the State Board has classified all existing and approved ASTCs as either limited specialty or multi-specialty.~~

b) ~~"Target Population"—Review Criterion~~

~~Because of the nature of ambulatory surgical treatment, the State Board has not established geographic services areas for assessing need. Therefore, an applicant must define its intended geographic service area and target population. However, the intended geographic service area shall be no less than 30 minutes and no greater than 60 minutes travel time (under normal driving conditions) from the facility's site.~~

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

e) ~~"Projected Patient Volume"—Review Criterion~~

1) ~~The applicant must provide documentation of the projected patient volume for each specialty to be offered at the proposed facility. Documentation must include physician referral letters which contain the following information:~~

- ~~A) the number of referrals anticipated annually for each specialty;~~
- ~~B) for the past 12 months, the name and location of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility;~~
- ~~C) a statement by the physician that the information contained in the referral letter is true and correct to the best of his/her information and belief; and~~
- ~~D) the typed or printed name and address of the physician, his/her specialty and his/her notarized signature.~~

2) ~~Referrals to health care providers other than ambulatory surgical treatment centers (ASTC) or hospitals will not be included in determining projected patient volume. The applicant shall provide documentation demonstrating that the projected patient volume as evidenced by the physician referral letters is from within the geographic service area defined under subsection (b).~~

d) ~~"Treatment Room Need Assessment"—Review Criterion~~

1) ~~Each applicant proposing to establish or modernize a non-hospital based ambulatory surgery category of service must document that the proposed number of operating rooms are needed to serve the projected patient volume. Documentation must include the average time per procedure for the target population including an explanation as to how this average time per procedure was developed. The following formula can be applied in determining treatment room need:~~

$$\text{Required} = \frac{\text{Hrs. of Surgery/Yr.*}}{\hspace{10em}}$$

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Treatment Rooms	$250 \text{ Days/Yr.} \times 7.5 \text{ Hrs./Day} \times .80^{**}$
--------------------	--

~~(\*Hours of surgery includes cleanup and setup time and will be based on the projected volume)~~

~~\*\*80% is the desired occupancy rate)~~

- 2) ~~There must be a need documented for at least one fully utilized (1,500 hours) treatment room for a new facility to be established. Also, utilizing the formula the application must document the need for each treatment room proposed.~~
- e) ~~"Impact on Other Facilities"—Review Criterion~~  
~~An applicant proposing to change the specialties offered at an existing ASTC or proposing to establish an ASTC must document the impact the proposal will have on the outpatient surgical capacity of all other existing ASTCs and hospitals within the intended geographic service area and that the proposed project will not result in an unnecessary duplication of services or facilities. Documentation shall include any correspondence from such existing facilities regarding the impact of the proposed project, and correspondence from physicians intending to refer patients to the proposed facility. Outpatient surgical capacity will be determined by the Agency, utilizing the latest available data from the Agency's annual questionnaires, and will be the number of surgery rooms for ASTCs and the number of equivalent outpatient surgery rooms for hospitals. Equivalent outpatient surgery rooms for hospitals are determined by dividing the total hours of a hospital's outpatient surgery by 1,500 hours. In addition to documentation submitted by the applicant, the State Agency shall review utilization data from annual questionnaires submitted by such health care facilities and data received directly from health facilities located within the intended geographic service area, including public hearing testimony.~~
- f) ~~Establishment of New Facilities—Review Criterion~~  
~~Any applicant proposing to establish an ambulatory surgical treatment center will be approved only if one of the following conditions exists:~~
- 1) ~~There are no other ASTCs within the intended geographic service area of the proposed project under normal driving conditions; or~~
- 2) ~~All of the other ASTCs and hospital equivalent outpatient surgery rooms~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~within the intended geographic service area are utilized at or above the 80% occupancy target; or~~

- 3) ~~The applicant can document that the facility is necessary to improve access to care. Documentation shall consist of evidence that the facility will be providing services which are not currently available in the geographic service area, or that existing underutilized services in the geographic service area have restrictive admission policies; or~~
- 4) ~~The proposed project is a co-operative venture sponsored by two or more persons at least one of which operates an existing hospital. The applicant must document:~~
  - A) ~~that the existing hospital is currently providing outpatient surgery services to the target population of the geographic service area;~~
  - B) ~~that the existing hospital has sufficient historical workload to justify the number of operating rooms at the existing hospital and at the proposed ASTC based upon the Treatment Room Need Assessment methodology of subsection (d) of this Section;~~
  - C) ~~that the existing hospital agrees not to increase its operating room capacity until such time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and~~
  - D) ~~that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.~~

- g) ~~Charge Commitment—Review Criterion~~

~~In order to meet the purposes of the Act which are to *improve the financial ability of the public to obtain necessary health services and to establish a procedure designed to reverse the trends of increasing costs of health care*, the applicant shall include all charges except for any professional fee (physician charge). [20 ILCS 3960/2] The applicant must provide a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).~~
- h) ~~Change in Scope of Service—Review Criterion~~

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

~~Any applicant proposing to change the surgical specialties currently being provided by adding one or more of the surgical specialties listed under subsection (a) of this Section must document one of the following:~~

- ~~1) that there are no other facilities (existing ASTCs or hospitals with outpatient surgical capacity) within the intended geographic service area which provide the proposed new specialty; or~~
- ~~2) that the existing facilities (existing ASTCs or hospitals with outpatient surgical capacity) within the intended geographic service area of the applicant facility are operating at or above the 80% occupancy target; or~~
- ~~3) that the existing programs are not accessible to the general population of the geographic service area in which the applicant facility is located.~~

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART X: CATEGORY OF SERVICE REVIEW CRITERIA –  
SELECTED ORGAN TRANSPLANTATION

**Section 1110.2330 Selected Organ Transplantation – Review Criteria**

a) Introduction

- 1) This Section applies to projects involving the following category of service: Selected Organ Transplantation. Applicants proposing to establish or modernize this category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<del>(b)(1) through (4) – Background of the Applicant</del>
	(b)(1) = Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) = Planning Area Need – Service to Planning Area Residents
	(b)(3) = Planning Area Need – Service Demand – Establishment of Category of Service

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

	(b)(4)	= Planning Area Need – Service Accessibility
	(c)(1)	= Unnecessary Duplication of Services
	(c)(2)	= Maldistribution
	(c)(3)	= Impact of Project on Other Area Providers
	(e)	= Staffing Availability
	(f)	= Surgical Staff
	(g)	= Collaborative Support
	(h)	= Support Services
	(i)	= Performance Requirements
	(j)	= Assurances
Category of Service Modernization	(b)(1) through (4)	= <u>Background of the Applicant</u>
	(d)(1)	= Deteriorated Facilities
	(d)(2) & 3	= Documentation
	(d)(4)	= Utilization
	(i)	= Performance Requirements
	(j)	= Assurances

- 2) If the proposed project involves the replacement of a facility or service on site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (j) (Assurances).
- 3) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and Section 1110.1430(i) (Relocation of Facilities).
- 4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of key rooms being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years.

b) Background of Applicant – Review Criterion

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").
  
- 2) Examples of facilities owned or operated by an applicant include:
  - A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  
  - D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 3) The applicant shall submit the following information:
- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
  - B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
  - C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
  - D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:
    - i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
    - ii) has been the subject of any juvenile delinquency or youthful offender proceeding;
  - E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
  - F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
  - H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
  - I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;
  - J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.
- 4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

~~c)b~~ Planning Area Need – Review Criterion

The applicant shall document that the proposed category of service is necessary to serve the planning area's population, based on the following:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) 77 Ill. Adm. Code 1100 (~~Formula Calculation~~~~formula calculation~~)  
No formula need for this category of service has been established.
- 2) Service to Planning Area Residents  
Applicants proposing to establish this category of service shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable) for each category of service included in the project.
- 3) Service Demand – Establishment of Category of Service  
The establishment of this category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals.
  - A) Historical Referrals  
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for this category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.
  - B) Projected Referrals  
An applicant proposing to establish this category of service shall submit the following:
    - i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
    - ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- 4) Service Accessibility  
The establishment of this category of service is necessary to improve access for planning area residents. The applicant shall document the following:
- A) Service Restrictions  
The applicant shall document that at least one of the following factors exists in the planning area:
    - i) The absence of the proposed service within the planning area;
    - ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
    - iii) Restrictive admission policies of existing providers;
    - iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
    - v) For purposes of this subsection (cb)(4) only, all services within the three-hour normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Supporting Documentation  
The applicant shall provide the following documentation, as applicable to cited restrictions, concerning existing restrictions to service access:
- i) The location and utilization of other planning area service providers;
  - ii) Patient location information by zip code;
  - iii) Independent time-travel studies;
  - iv) A certification of waiting times;
  - v) Scheduling or admission restrictions that exist in area providers;
  - vi) An assessment of area population characteristics that document that access problems exist;
  - vii) Most recently published IDPH Hospital Questionnaire.

d)e) Unnecessary Duplication/Maldistribution – Review Criterion

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:
- A) A list of all zip code areas that are located, in total or in part, within three hours normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within three hours normal travel time from the project site that provide this category of service.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:
  - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or
  - B) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
  - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

| ~~e)d~~ Category of Service Modernization

- 1) If the project involves modernization of this category of service, the applicant shall document that the inpatient areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
  - A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;
  - C) Changes in standards of care (e.g., private versus multiple bed rooms); or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
    - A) IDPH CMMS inspection reports; and
    - B) ~~Joint Commission-on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
  - 3) Other documentation shall include the following, as applicable to the factors cited in the application:
    - A) Copies of maintenance reports;
    - B) Copies of citations for life safety code violations; and
    - C) Other pertinent reports and data.
  - 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the utilization standards for the category of service, as specified in 77 Ill. Adm. Code 1100.
- f) Staffing Availability – Review Criterion  
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission~~JCAHO~~ staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.
- g) Surgical Staff – Review Criterion  
The applicant shall document that the facility has at least one transplant surgeon certified in the applicable specialty on staff and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of curricula vitae of transplant surgeons on staff and certification by an authorized representative that the personnel with the appropriate certification and experience are on the hospital staff.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- h)g)** Collaborative Support – Review Criterion  
The applicant shall document collaboration with experts in the fields of hepatology, cardiology, pediatrics, infectious disease, nephrology with dialysis capability, pulmonary medicine with respiratory therapy support, pathology, immunology, anesthesiology, physical therapy and rehabilitation medicine. Documentation of collaborate involvement shall include, but not be limited to, a plan of operation detailing the interaction of the transplant program and the stated specialty areas.
- i)h)** Support Services – Review Criterion  
An applicant shall submit a certification from an authorized representative that attests to each of the following:
- 1) Availability of on-site access to microbiology, clinical chemistry, radiology, blood bank and resources required to monitor use of immunosuppressive drugs;
  - 2) Access to tissue typing services; and
  - 3) Ability to provide psychiatric and social counseling for the transplant recipients and for their families.
- i)i)** Performance Requirements
- 1) The applicant shall document that the proposed category of service will be provided at a teaching institution.
  - 2) The applicant shall document that the proposed category of service will be performed in conjunction with graduate medical education.
  - 3) The applicant shall provide proof of membership in the Organ Procurement and Transplantation Network (OPTN) and a federally designated organ procurement organization (OPO).
- k)j)** Assurances  
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA –  
KIDNEY TRANSPLANTATION

**Section 1110.2430 Kidney Transplantation – Review Criteria**

a) Introduction

- 1) This Section applies to projects involving the following category of service: Kidney Transplantation. Applicants proposing to establish or modernize this category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<b>(b)(1) &amp; (3)</b> – <u>Background of the Applicant</u>
	<b>(cb)(1)</b> – Planning Area Need – 77 Ill. Adm. Code 1100 ( <u>Formula Calculation</u> <del>formula calculation</del> )
	<b>(cb)(2)</b> – Planning Area Need – Service to Planning Area Residents
	<b>(cb)(3)</b> – Planning Area Need – Service Demand – Establishment of Category of Service
	<b>(cb)(4)</b> – Planning Area Need – Service Accessibility
	<b>(de)(1)</b> – Unnecessary Duplication of Services
	<b>(de)(2)</b> – Maldistribution
	<b>(de)(3)</b> – Impact of Project on Other Area Providers
	<b>(fe)</b> – Staffing Availability
	<b>(gf)</b> – Surgical Staff
	<b>(hg)</b> – Support Services
	<b>(ih)</b> – Performance Requirements
<b>(ji)</b> – Assurances	

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Category of Service Modernization	<u>(b)(1) &amp; (3)</u> – <u>Background of the Applicant</u>
	<u>(ed)(1)</u> – Deteriorated Facilities
	<u>(ed)(2) &amp; 3</u> – Documentation
	<u>(ed)(4)</u> – Occupancy
	<u>(ih)</u> – Performance Requirements

- 2) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1i) for "Category of Service Modernization" plus subsection (ji) (Assurances).
- 3) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and Section 1110.1430(ji) (Relocation of Facilities).
- 4) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of beds shall be replaced on a 1:1 basis. If the applicant proposes to add beds to the replacement service or facility, the applicant shall also comply with the requirements listed in subsection (a)(1) for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

- 2) Examples of facilities owned or operated by an applicant include:
  - A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  - D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.
- 3) The applicant shall submit the following information:
  - A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
  - B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:
- i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
  - ii) has been the subject of any juvenile delinquency or youthful offender proceeding;
- E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

c)b) Planning Area Need – Review Criterion

The applicant shall document that the proposed category of service is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (~~Formula Calculation~~formula calculation)  
No formula need for this category of service has been established.
- 2) Service to Planning Area Residents  
Applicants proposing to establish this category of service shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
- 3) Service Demand – Establishment of Category of Service

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

The establishment of this category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals.

## A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for this category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

## B) Projected Referrals

An applicant proposing to establish this category of service shall submit the following:

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
- ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;
- iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
- iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

## 4) Service Accessibility

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

The establishment of this category of service is necessary to improve access for planning area residents. The applicant shall document subsection (c**b**)(4)(A) and either subsection (c**b**)(4)(B) or (C):

## A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

- i) The absence of the proposed service within the planning area;
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
- iii) Restrictive admission policies of existing providers;
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
- v) For purposes of this subsection (c**b**)(4) only, all services within the three-hour normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

## B) Supporting Documentation

The applicant shall provide the following documentation concerning existing restrictions to service access:

- i) The location and utilization of other planning area service providers;
- ii) Patient location information by zip code;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iii) Independent time-travel studies;
- iv) A certification of waiting times;
- v) Scheduling or admission restrictions that exist in area providers;
- vi) An assessment of area population characteristics that document that access problems exist;
- vii) Most recently published IDPH Hospital Questionnaire.

| ~~d)e~~ Unnecessary Duplication/Maldistribution – Review Criterion

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:
  - A) A list of all zip code areas that are located, in total or in part, within three hours normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
  - C) The names and locations of all existing or approved health care facilities located within three hours normal travel time from the project site that provide this category of service.
- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:
  - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
- A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

| ~~e)4~~ Category of Service Modernization

- 1) If the project involves modernization of this category of service, the applicant shall document that the areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
- A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;
  - C) Changes in standards of care (e.g., private versus multiple bed rooms); or
  - D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
- A) IDPH CMMS inspection reports; and
  - B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- A) Copies of maintenance reports;
  - B) Copies of citations for life safety code violations; and
  - C) Other pertinent reports and data.
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f)e) Staffing Availability – Review Criterion  
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission/JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

g)f) Surgical Staff – Review Criterion  
The applicant shall document that the facility has at least one kidney transplant surgeon certified in the applicable specialty on staff and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long-term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of curricula vitae of transplant surgeons on staff and certification by an authorized representative that the personnel with the appropriate certification and experience are on the hospital staff.

h)g) Support Services – Review Criterion  
The applicant must document that the following are available on premises: laboratory services, social services, dietetic services, self-care dialysis support services, inpatient dialysis services, pharmacy and specialized blood facilities (including tissue typing). The applicant must also document participation of the center in a recipient registry. Documentation shall consist of a certification as to the availability of such services and participation in a recipient registry.

i)h) Performance Requirements  
The applicant shall document that:

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) The proposed category of service will be provided at a teaching institution;
- 2) The proposed category of service will be performed in conjunction with graduate medical education;
- 3) The applicant renal transplantation center has membership in the Organ Procurement and Transplantation Network (OPTN) and a federally designated organ procurement organization (OPO); and
- 4) The subject renal transplantation center is performing 25 or more transplants per year.

**1) Assurances**

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**SUBPART Z: CATEGORY OF SERVICE REVIEW CRITERIA –  
SUBACUTE CARE HOSPITAL MODEL**

**Section 1110.2510 Introduction**

- a) Subpart Z of this Part contains review criteria that pertain to the subacute care hospital model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The subacute care hospital model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act [210 ILCS 3]. These subacute care hospital model review criteria are utilized in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120. This Subpart also contains the methodology the State Board shall utilize in evaluating competing applications, if any, for the establishment of any subacute care hospital models.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- b) A facility at any time may be caring for subacute patients. A permit must be obtained to establish a subacute care hospital model. Existing hospitals and long-term care facilities providing subacute care are not required to obtain a permit *provided, however, that the facilities shall not hold themselves out to the public as subacute care hospitals* (Section 15 of the Alternative Health Care Delivery Act ~~[210 ILCS 3/15]~~). Establishment of a subacute care hospital model category of service occurs when a facility holds itself out to the general public as a subacute care hospital. In such instances failure to obtain a permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act ~~[20 ILCS 3960]~~.
- c) As the purpose of the demonstration project is to evaluate the subacute care hospital model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness.
- d) Applications received for the subacute care hospital model shall be deemed complete upon receipt by ~~HFSRBIDPH~~. Due to the comparative nature of the subacute care hospital model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process. The application as submitted to ~~HFSRBIDPH~~ shall serve as the basis for all standard and prioritization evaluation.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.2540 Subacute Care Hospital Model – ~~HFSRBHFPB~~ Review**

- a) ~~HFSRBState Board~~ Evaluation. ~~HFSRBThe State Board~~ shall evaluate each application for the subacute care hospital model category of service based upon compliance with the conditions set forth in subsections (b), (c) and (d) of this Section.
- b) ~~HFSRBState Board~~ Prioritization of Hospital Applications
- 1) All hospital applications for each planning area shall be rank ordered based on points awarded as follows:
    - A) Compliance with all applicable review criteria of Subpart C – 10 Points.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model – Review CriteriaStandards) – 10 Points.
- C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.
- D) In rural areas an applicant shall be awarded 25 Points if documentation is provided that the subacute care hospital model will provide the necessary financial support for the facility to provide continued acute care services. The documentation shall consist of:
- i) Factors within the facility or area will prevent the facility from complying with the minimum financial ratios established in 77 Ill. Adm. Code 1120 within the next two years; and
  - ii) Historical documentation that the facility has failed to comply with the minimum financial ratios in each of the last three calendar years; and
  - iii) Projected revenue from the:
    - subacute hospital care model and the positive impact of that revenue on the financial position of the applicant facility. The applicant must explain how the revenue will impact the facility's financial position such that the facility will comply with the financial viability ratios of 77 Ill. Adm. Code 1120; or
    - subacute hospital model will be sufficient to operate the subacute care hospital care model in compliance with the financial viability ratios of 77 Ill. Adm. Code 1120, or that the applicant facility has entered into a binding agreement with another institution that guarantees the financial viability of the

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

subacute hospital care model in accordance with the ratios established in 77 Ill. Adm. Code 1120 for a period of at least five years, regardless of the financial ratios of the applicant facility.

- E) Location in a medically underserved area (as defined by the Department of Health and Human Services (Section 332 of the Public Health Service Act) (42 USC 254E) as a health professional shortage area) – 3 Points.
- F) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for the system. A multi-institutional system consists of a network of licensed hospitals and long-term care facilities located within the planning area and within 60 minutes travel time of the applicant that are inter-related by contractual agreement that provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means that the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will be transferred only to the applicant facility – 1 Point per each additional facility in the multi-institutional system, to a maximum of 10 Points.
- G) The existence of Medicare and Medicaid certification at the applicant facility and historic volume at the applicant facility. The following point allocation will be applied:
  - i) In the last calendar or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility patient days – 2 Points.
  - ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 26% and 50% of total facility patient days – 4 Points.
  - iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days – 6 Points.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- H) If, in each of the last five calendar years, the applicant facility documents a case mix consisting of: ventilator cases, head trauma cases, rehabilitation patients including spinal cord injuries, amputees and patients with orthopaedic problems requiring subacute care or patients with multiple complex diagnoses that included physiological monitoring on a continual basis, of such magnitude that if placed in the proposed subacute facility these patients would have constituted an annual occupancy exceeding 75% in each past year. If a multi-institutional system, as defined in subsection (b)(1)(F) ~~of this Section~~, has an exclusive best efforts agreement, then each of the cases listed in this subsection (b)(1)(H) from such signatory facilities may be counted in computing the 75% annual occupancy threshold – 5 Points.
- I) The applicant institution has documented that, during the last calendar year, at least 25% of all patient days of the applicant facility were reimbursed through contractual relationships with preferred provider organizations or HMOs – 3 Points.
- J) If the applicant institution, over the last five calendar year period, has been issued a notice of revocation of license from IDPH or has been decertified from the federal Title XVIII or XIX programs – Loss of 25 Points.
- K) The applicant institution is accredited by the Joint Commission on Accreditation of Healthcare Organizations – 3 Points and 1 additional Point if accreditation is "with commendation".
- L) Staff support for the subacute care hospital model:
- i) Full time Medical Director exclusively for the model – 1 Point<sub>.5</sub>
  - ii) Physical therapist, 2 full-time equivalents (FTEs) or more – 1 Point<sub>.5</sub>
  - iii) Occupational therapist, 1 FTE or more – 1 Point<sub>.5</sub>

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iv) Speech therapist, 1 FTE or more – 1 Point.
- M) In areas where competing applications have been filed, 3 Points will be allocated to the applicant with the lowest positive mean net margin over the last three fiscal years. Each applicant must submit copies of the audited financial reports of the applicant facility for the latest three fiscal years.
- 2) Required Point Totals – Hospital Applications  
A hospital application for the development of a subacute care hospital model must obtain a minimum of 50 points for approval. The applicant within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been exceeded. In the case of tie scores, HFSRBHFPB shall base its decision on considerations relating to location, scope of service and access.
- c) State Board Prioritization – Long-term Care Facilities
  - 1) All long-term care applications for each planning area shall be rank ordered based on points awarded as follows:
    - A) Compliance with all applicable review criteria of Subpart C – 10 Points.
    - B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model – Review Criteria) – 10 Points.
    - C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.
    - D) The applicant has had an Exceptional Care Contract with the Illinois Department of Healthcare and Family Services for at least two years in the past four years – 3 Points.
    - E) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (sectionSection 332 of the Public Health Service Act) (42 USC 254E)) as a health professional shortage area) – 3 Points.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- F) The existence of Medicare and Medicaid certification at the applicant facility and historic volume at the facility. The following point allocation will be applied:
- i) In the last calendar year or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility patient days – 3 Points.
  - ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 26% and 50% of total facility patient days – 6 Points.
  - iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days – 9 Points.
- G) If in each of the last two calendar years the applicant institution documents a casemix consisting of: ventilator cases, head trauma cases, rehabilitation patients including stroke cases, spinal cord injury, amputees and patients with orthopaedic problems requiring subacute care or patients with multiple complex diagnoses that included physiological monitoring on a continual basis, of such magnitude that, if placed in the proposed subacute facility, these patients would have constituted an annual occupancy exceeding 50% in each past year. If a multi-institutional system, as defined in subsection (c)(1)(M) ~~of this Section~~, has an exclusive best efforts agreement, then each of the cases listed in this subsection (c)(1)(G) from such signatory facilities may be counted in computing the 50% annual occupancy threshold – 5 Points
- H) The applicant has documented that, during the last calendar year, at least 20% of all patient days of the applicant facility were reimbursed through contractual relationships with preferred provider organizations or HMOs – 3 Points
- I) If the applicant, over the last five year period, has been issued a notice of revocation of license from IDPH or decertified from the federal Title XVIII or XIX programs – Loss of 25 Points

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- J) Staff support for the subacute care hospital model:
- i) Full time Medical Director exclusively for the model – 1 Point
  - ii) Physical therapist, 2 FTEs or more – 1 Point
  - iii) Occupational therapist, 1 FTE or more – 1 Point
  - iv) Speech therapist, 1 FTE or more – 1 Point
- K) In areas where competing applications have been filed, 3 Points will be allocated to the application with the lowest positive mean net margin over the last three fiscal years. Each applicant must submit copies of the audited financial reports of the applicant facility for the latest three fiscal years.
- L) The applicant institution is accredited by the Joint Commission ~~on Accreditation of Healthcare Organizations~~ – 3 Points and 1 additional Point if accreditation is "with commendation".
- M) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for the system. A multi-institutional system consists of a network of licensed hospitals and long-term care facilities located within the planning area and within 60 minutes travel time of the applicant that are inter-related by contractual agreement that provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility; – 1 Point per each additional facility in the multi-institutional system to a maximum of 10 Points.
- 2) A long-term application for the development of a subacute care hospital model must obtain a minimum of 50 Points for approval. The applicant within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

exceeded. In the case of tie scores, HFSRB/HFPB shall base its selection on considerations relating to location, scope of service and access.

d) HFSRB/HFPB Prioritization of Previously Licensed Hospital Applications in Chicago

1) All applications for sites previously licensed as hospitals in Chicago shall be rank ordered based upon points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C – 10 Points.

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model – Review CriteriaStandards) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.

D) Documentation that the proposed number of beds will be utilized at an occupancy rate of 75% or more within two years after permit approval. Documentation shall consist of historical subacute caseload from one or more referral facilities where such caseload would in the future be transferred to the subacute model for care, anticipated caseload from physician referrals to the unit and demographic studies projecting the need for subacute service within the primary market of the proposed subacute hospital care model – 10 Points.

2) Required Point Totals – Previously Licensed Hospitals

The applicant within the planning area receiving the most points shall be granted the permit for the category of service. In the case of tie scores, HFSRB/HFPB shall base its selection on considerations relating to location, scope of service and access.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART AA: CATEGORY OF SERVICE REVIEW CRITERIA –  
POSTSURGICAL RECOVERY CARE CENTER ALTERNATIVE HEALTH CARE MODEL

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

**Section 1110.2610 Introduction**

- a) This Subpart AA of this Part contains review criteria that pertain to the postsurgical recovery care center alternative health care model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The postsurgical recovery care center alternative health care model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act. These postsurgical recovery care center alternative health care model review criteria are utilized in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120. This Subpart also contains the methodology HFSRBHFPB shall utilize in evaluating competing applications, if any, for the establishment of any postsurgical recovery care center alternative health care models.
- b) A postsurgical recovery care center alternative health care model must obtain a CON permit to establish the category of service prior to receiving a license for the service. Failure to obtain a permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act ~~[20 ILCS 3960]~~.
- c) As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care cost, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. All data requests of this type shall be a component of the semi-annual progress reports required of all permit holders. Data collected shall be provided to IDPH and the Illinois State Board of Health for use in their evaluation of the model.
- d) Applications received for the postsurgical recovery care center alternative health care model shall be deemed complete upon receipt by HFSRBIDPH. All postsurgical recovery care center alternative health care models for the purposes of review shall be considered the establishment of a category of service rather than an addition of beds. Due to the comparative nature of the postsurgical recovery care center alternative health care model review applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFSRBHFPB decision. The application, as submitted to HFSRBIDPH, shall serve as the basis for all standard and prioritization evaluation.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.2640 Postsurgical Recovery Care Center Alternative Health Care Model –  
HFSRB/HFPB Review**

- a) HFSRB/HFPB Evaluation  
HFSRB/HFPB shall evaluate each application for the postsurgical recovery care center alternative health care model category of service (refer to 77 Ill. Adm. Code 1100.750(c) for development restrictions) based upon compliance with the conditions set forth in subsection (b).
- b) HFSRB/HFPB Prioritization
- 1) An application for the category of service must meet the development restrictions specified in 77 Ill. Adm. Code 1100.750(c).
  - 2) All applications for each planning area shall be rank ordered based on points awarded as follows:
    - A) Compliance with all applicable review criteria of Subpart C – 10 Points.
    - B) Compliance with all review criteria of Section 1110.2630 (Postsurgical Recovery Care Center Alternative Health Care Model – Review CriteriaStandards) – 10 Points.
    - C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.
    - D) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (sectionSection 332 of the Public Health Service Act) as a health professional shortage area) – 3 Points.
    - E) To ensure that the model evaluates a wide range of surgical cases, an applicant shall be awarded an additional point for each designated surgical specialty area beyond the required three areas from which patients are referred to the postsurgical recovery care

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

center.

- F) Historical Medicare and Medicaid surgical revenue at the surgical referral sites: 10% to 25% – 3 Points, 26% to 50% – 6 Points and over 50% – 9 Points.
- G) Accreditation of the applicant facility or facilities by the Joint ~~Commission~~ Committee on Accreditation of Healthcare Organizations (JCAHO) or the Accreditation Association for Ambulatory Healthcare (AAAH) – 3 Points.
- 3) A postsurgical recovery care center alternative health care model must obtain a minimum of 30 Points to be considered for approval. Competing applications within a planning area that have obtained the points necessary for permit consideration shall be evaluated by the ~~HFSRB~~ HFPB to determine which application best implements the goals of the Health Facilities Planning Act and the Alternative Health Care Delivery Act.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART AB: CATEGORY OF SERVICE REVIEW CRITERIA –  
CHILDREN'S COMMUNITY-BASED HEALTH CARE  
CENTER ALTERNATIVE HEALTH CARE MODEL

**Section 1110.2710 Introduction (Repealed)**

- a) ~~Subpart AB of this Part contains review criteria that pertain to the Children's Community-Based Health Care Center Alternative Health Care Model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The Children's Community-Based Health Care Center Alternative Health Care Model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act. These Children's Community-Based Health Care Center Alternative Health Care Model review criteria are utilized in addition to the General Review Criteria contained in Subpart C of this Part and in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120. This Subpart also contains the methodology HFPB shall utilize in evaluating competing applications, if any, for the establishment of any Children's Respite Care Alternative Health Care Models.~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

*The provisions of the Act concerning children's respite care centers shall not apply to any facility licensed under the Hospital Licensing Act, the Nursing Home Care Act, or the University of Illinois Hospital Act that provides respite care services to children (Section 15 of the Alternative Health Care Delivery Act [210 ILCS 3/15]).*

- b) ~~A Children's Community-Based Health Care Center Alternative Health Care Model must obtain a certificate of need permit to establish the category of service prior to receiving a license for the service. Failure to obtain a permit will result in the application of sanctions as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960].~~
- e) ~~As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. Data collected shall be provided to IDPH and the Illinois State Board of Health for use in their evaluation of the model.~~
- d) ~~Applications received for the Children's Community-Based Health Care Center Alternative Health Care Model shall be deemed complete upon receipt by HFPB. All Children's Community-Based Health Care Center Alternative Health Care Models for purposes of review shall be considered the establishment of a category of service rather than the addition of beds. Due to the comparative nature of the Children's Community-Based Health Care Center Alternative Health Care Model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFPB decision. The application, as submitted to HFPB, shall serve as the basis for all standard and prioritization evaluations.~~

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.2730 Children's Community-Based Health Care Center Alternative Health Care Model – Review Criteria (Repealed)**

- a) ~~Admission Policies – Review Criterion  
The applicant shall document that the Children's Community-Based Health Care Center Alternative Health Care Model will not restrict admissions due to age, race, diagnosis, or source of payment. Documentation shall consist of copies of~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~all admission policies to be in effect at the facility and a signed statement that no restrictions on admissions due to these factors will occur.~~

b) ~~Staffing—Review Criterion~~

~~The applicant shall document that the children's community-based health care center will have a Medical Director who has expertise in chronic diseases of children. The applicant must also provide a staffing plan that will provide for nursing coverage as required by licensure. Documentation shall consist of: identification of the number and type of staff positions dedicated to the model; how special staffing circumstances will be handled; and identification of the facility Medical Director and a description of his or her responsibilities.~~

e) ~~Mandated Services—Review Criterion~~

~~The applicant shall document that the children's community-based health care center has the capability of providing the minimum range of services required under the Act, as referenced in Section 1110.2720(b). Documentation shall consist of a narrative explaining how services will be provided.~~

d) ~~Acute Care Backup—Review Criterion~~

~~The applicant shall document that an agreement has been signed with an acute care facility for the referral of emergency patients. The acute care facility shall be located within 15 minutes travel time of the children's community-based health care center and have an organized pediatric department.~~

e) ~~Patient Screening/Emergency Care—Review Criterion~~

~~The applicant shall document that an admission protocol will be established for the screening of potential residents for the severity of medical conditions associated with the required care for the child. Facilities of this type are not intended to provide diagnosis or treatment or care to the chronic child whose medical condition would warrant placement in a facility when more sophisticated medical intervention is required. Documentation shall include a narrative description of all protocols developed for the medical screening of potential admissions. The applicant shall also document that, for each child admitted, a care plan has been developed that identifies the medical needs of the child and identifies a physician who can be contacted in case of emergency. The applicant shall submit a copy of the facility's protocols dealing with the required components of individual care plans and how emergency situations will be handled.~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- f) ~~Education—Review Criterion~~  
~~The applicant shall document that children who participate in educational programs will continue to receive services during their stay at the facility. Documentation shall detail who has the responsibility for maintaining these services and how services will be provided.~~
- g) ~~Age Specific Needs—Review Criterion~~  
~~The needs of the medically frail child differ due to medical condition and to the age of the patient. The applicant shall document that, if the center will admit children of all age groups, the appropriate staff expertise exists to deal with the care needs of all age groups admitted to the facility. Documentation shall consist of a narrative description of staff expertise as it pertains to the specific care needs required of the various age groups that will be admitted.~~
- h) ~~Project Costs—Review Criterion~~  
~~An applicant shall document that the project cost to establish a model will not exceed \$800,000. Documentation shall be based on 77 Ill. Adm. Code 1120 data submissions that detail the itemized costs of the project.~~

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.2740 Children's Community-Based Health Care Center Alternative Health Care Model – HFPB Review (Repealed)**

- a) ~~HFPB Evaluation~~  
~~HFPB shall evaluate each application for the Children's Community-Based Health Care Center Alternative Health Care Model category of service (refer to 77 Ill. Adm. Code 1100.760(c) for development restrictions) based upon compliance with the conditions set forth in subsection (b).~~
- b) ~~HFPB Prioritization~~
- 1) ~~An application for the category of service shall meet the development restrictions specified in 77 Ill. Adm. Code 1100.760(c).~~
- 2) ~~All applications for each planning area shall be evaluated by HFPB and awarded points as follows:~~
- A) ~~Compliance with all applicable review criteria of Subpart C—10~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~Points~~

- ~~B) Compliance with all review criteria of Section 1110.2730 (Children's Community-Based Health Care Center Alternative Health Care Model Review Criteria)—10 Points~~
  - ~~C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120—10 Points~~
  - ~~D) Location of the proposed model in a residential community under single family or group home zoning requirements—5 Points~~
  - ~~E) Location in a health professional shortage area (as defined by the federal Department of Health and Human Services (Section 332 of the Public Health Service Act (42 USC 254(e)))—3 Points~~
- ~~3) A proposed Children's Community-Based Health Care Center Alternative Health Care Model shall comply with the development restrictions specified in 77 Ill. Adm. Code 1100.760(c) and shall obtain a minimum of 20 Points to be considered for approval. Competing applications within a planning area that have obtained the points necessary for permit consideration shall be evaluated by HFPB to determine which application best implements the goals of the Health Facilities Planning Act and the Alternative Health Care Delivery Act, including the extent to which the model will provide care in a home-like environment and be located in a residential community.~~

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1110.2750 Children's Community-Based Health Care Center Alternative Health Care Model – Project Completion (Repealed)**

- ~~a) Since the purpose for establishment of this category of service is to evaluate the alternative delivery model for effectiveness, such projects are not complete until such time as the model is evaluated and the decision made to adopt or not adopt the model as an ongoing licensed level of service separate from an alternative delivery model. A permit will not be required of a Children's Respite Care Alternative Health Care Model which proposes to cease participation in the demonstration program. If the facility proposes to discontinue the model, written~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

~~notice containing the reasons for the discontinuation must be received by HFPPB at least 90 days prior to the anticipated discontinuation. The project shall be considered abandoned as of the date IDPH receives notice of the actual discontinuation or the date the last patient is discharged, whichever is later and the facility should be removed from the inventory.~~

- b) ~~All assurances for service presented in the application shall be in effect until the demonstration program has been completed, unless altered pursuant to the approval of HFPPB.~~

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART AD: CATEGORY OF SERVICE REVIEW CRITERIA –  
LONG TERM ACUTE CARE HOSPITAL BED PROJECTS

**Section 1110.2930 Long Term Acute Care Hospital Bed Projects – Review Criteria**

a) Introduction

- 1) This Section applies to projects involving Long Term Acute Care Hospital (LTACH) services. Applicants proposing to establish, expand or modernize an LTACH category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	<del>(b)(1) &amp; (3)</del> – <del>Background of the Applicant</del>
	<del>(cb)(1)</del> – Planning Area Need – 77 Ill. Adm. Code 1100 ( <del>Formula Calculation formula calculation</del> )
	<del>(cb)(2)</del> – Planning Area Need – Service to Planning Area Residents
	<del>(cb)(3)</del> – Planning Area Need – Service Demand – Establishment of Category of Service
	<del>(cb)(5)</del> – Planning Area Need – Service Accessibility
	<del>(de)(1)</del> – Unnecessary Duplication of Services
	<del>(de)(2)</del> – Maldistribution

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

	( <u>de</u> )(3) – Impact of Project on Other Area Providers
	( <u>fe</u> ) – Staffing Availability
	( <u>gf</u> ) – Performance Requirements
	( <u>hg</u> ) – Assurances
Expansion of Existing Services	( <u>b</u> )(1) & (3) – <u>Background of the Applicant</u>
	( <u>cb</u> )(2) – Planning Area Need – Service to Planning Area Residents
	( <u>cb</u> )(4) – Planning Area Need – Service Demand – Expansion of Category of Service
	( <u>fe</u> ) – Staffing Availability
	( <u>gf</u> ) – Performance Requirements
	( <u>hg</u> ) – Assurances
Category of Service Modernization	( <u>ed</u> )(1) – <u>Deteriorated Deteriorated</u> Facilities
	( <u>ed</u> )(2) & (3) – Documentation
	( <u>ed</u> )(4) – Occupancy
	( <u>gf</u> ) – Performance Requirements

- 2) If the proposed project involves the replacement of a hospital or service on-site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (hg) (Assurances).
- 3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of ASTC Services ~~or~~ Facility or Additional ASTC Service".
- 4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".
- 5) If the proposed project involves the conversion of existing acute care beds to LTACH services, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of ASTC Services ~~or~~ Facility or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Additional ASTC Service", as well as requirements in subsection (c**b**)(6) (Conversion of Existing General Acute Care Beds).

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").
- 2) Examples of facilities owned or operated by an applicant include:
  - A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;
- J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.
- 4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

amendments to previously submitted information, as needed to update and/or clarify data.

c)b Planning Area Need – Review Criterion

The applicant shall document that the number of LTACH beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)
  - A) The number of LTACH beds to be established is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.
  - B) The number of LTACH beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.
- 2) Service to Planning Area Residents
  - A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
  - B) Applicants proposing to add beds to an existing LTACH service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 75% of admissions were residents of the area. For all other projects, applicants shall document that at least 75% of the projected patient volume will be from residents of the area.
  - C) Applicants proposing to expand an existing LTACH service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 3) Service Demand – Establishment of LTACH Service  
The number of beds proposed to establish a new category of hospital bed service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c**b**)(3)(A) and either subsection (c**b**)(3)(B) or (C).
- A) Historical Referrals  
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital service, for each of the latest two years. Documentation of the referrals shall include patient origin by zip code, name and specialty of referring physician, and name and location of the recipient hospital.
- B) Projected Referrals  
An applicant proposing to establish a category of service or establish a new hospital shall submit the following:
- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing LTACH facilities located in the area or had a length of stay of over 25 days in a general acute care hospital and were considered to be LTACH candidates, annually over the latest two year period prior to submission of the application; and an estimate as to the number of patients that will be referred to the applicant's facility;
- ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
  - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by [HFSRBHFPB](#), for each category of service in the application; and

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to [HFSRB/HFPB](#).

## D) Type of Patients

The applicant shall identify the type of patients that will be served by the project by providing the anticipated diagnosis (by DRG classification) for anticipated admissions to the facility. The applicant shall also indicate the types of service (e.g., ventilator care, etc.) to be provided by the project.

## 4) Service Demand – Expansion of Bed Category of Service

The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection [\(c\)](#)(4)(A) and either subsection [\(c\)](#)(4)(B) or (C):

## A) Historical Service Demand

- i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.
- ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

## B) Projected Referrals

The applicant shall provide the following:

- i) Physician referral letters that attest to the number of patients (by zip code of residence) that have received care at existing LTACH facilities located in the area or had a length of stay of over 25 days in a general acute care hospital and were considered to be LTACH candidates,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

during the 12-month period prior to submission of the application;

- ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;
  - iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and
  - iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth  
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
  - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
  - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
  - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
  - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by ~~HFSRBHFPB~~, for each category of service in the application; and
  - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to ~~HFSRBHFPB~~.
- 5) Service Accessibility  
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:
- A) Service Restrictions  
The applicant shall document that at least one of the following factors exists in the planning area:
    - i) The absence of the proposed service within the planning area;
    - ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
    - iii) Restrictive admission policies of existing providers;
    - iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

- v) For purposes of this subsection (cb)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- i) The location and utilization of other planning area service providers;
- ii) Patient location information by zip code;
- iii) Independent time-travel studies;
- iv) A certification of waiting times;
- v) Scheduling or admission restrictions that exist in area providers;
- vi) An assessment of area population characteristics that document that access problems exist;
- vii) Most recently published IDPH Hospital Questionnaire.

- 6) Conversion of Existing General Acute Care Beds – Review Criterion  
An applicant proposing to establish a Long-Term Acute Care Hospital category of service through the conversion of existing general acute care beds shall:

- A) Address Section 1110.130 for discontinuation of categories of service;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- B) Identify modifications in scope of services or elimination of clinical service areas, not covered in Section 1110.130 (e.g., Emergency Department Classification, Surgical Services, Outpatient Services, etc.);
- C) Submit a statement as to whether the following clinical service areas are to be available to the general population (non-LTACH): operating rooms, surgical procedure rooms, diagnostic services, therapy services (physical, occupational, speech, respiratory) and other outpatient services; and
- D) Document that changes in clinical service areas will not have an adverse impact upon the health care delivery system. An applicant shall document that a written request for information on any adverse impact was received by all hospitals within the 45-minute normal travel time, and that the request included a statement that a written response be provided to the applicant no later than 15 days after receipt. Failure by an existing facility to respond to the applicant's request for information within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the existing facility will not be adversely impacted.

| d)e) Unnecessary Duplication/Maldistribution – Review Criterion

- 1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:
  - A) A list of all zip code areas that are located, in total or in part, within 45 minutes normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within 45 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:
  - A) A ratio of beds to population that exceeds one and one-half times the State average;
  - B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or
  - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
  - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

| ~~e)4~~ LTACH Modernization

- 1) If the project involves modernization of an LTACH category of service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to:
  - A) High cost of maintenance;
  - B) Non-compliance with licensing or life safety codes;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- C) Changes in standards of care (e.g., private versus multiple bed rooms); or
  - D) Additional space for diagnostic or therapeutic purposes.
- 2) Documentation shall include the most recent:
- A) IDPH CMMS inspection reports; and
  - B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:
- A) Copies of maintenance reports;
  - B) Copies of citations for life safety code violations; and
  - C) Other pertinent reports and data.
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

~~f)e)~~ Staffing Availability – Review Criterion

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

~~g)f)~~ Performance Requirements

- 1) Bed Capacity Minimum  
An applicant shall document that the project will result in a facility capacity of at least 50 Long Term Acute Care Hospital beds located in an MSA and 25 Long Term Acute Care Hospital beds in a non-MSA.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 2) Length of Stay
  - A) An applicant proposing to add beds to an existing service shall document that the average length of stay (ALOS) for the subject service is consistent with the planning area's 3-year ALOS.
  - B) Documentation shall consist of the 3-year ALOS for all hospitals within the planning area (as reported in the Annual Hospital Questionnaire).
  - C) An applicant whose existing services have an ALOS exceeding 125% of the ALOS for area providers shall document that the severity or type of illness treated at the applicant facility is significantly higher than the planning area average. Documentation shall be provided from CMMS or other objective records.
  - D) An applicant whose existing services have an ALOS lower than the planning area ALOS shall submit an explanation as to the reasons for the divergence.
- 3) Be certified by Medicare as a Long-Term Acute Care Hospital within 12 months after the date of project completion.

h)g) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, within 30 months of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART AE: CLINICAL SERVICE AREAS OTHER THAN  
CATEGORIES OF SERVICE – REVIEW CRITERIA

**Section 1110.3030 – Clinical Service Areas Other Than Categories of Service – Review  
Criteria**

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

## a) Introduction

- 1) These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Appendix B, including:
  - A) Surgery
  - B) Emergency Services and/or Trauma
  - C) Ambulatory Care Services (organized as a service)
  - D) Diagnostic and Interventional Radiology/Imaging (by modality)
  - E) Therapeutic Radiology
  - F) Laboratory
  - G) Pharmacy
  - H) Occupational Therapy/Physical Therapy
  - I) Major Medical Equipment
- 2) The applicant shall also comply with requirements of the review criterion in Section 1110.234(a) (Size of Project – [Review Criteria](#)), as well as all other applicable requirements in [this Part and](#) 77 Ill. Adm. Code 1100, ~~1110~~ and 1130. Applicants proposing to establish, expand or modernize CSAs shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
New Services or Facility or Equipment	(b)(1) & (3) – <a href="#">Background of the Applicant</a> (c) – Need Determination – Establishment
Service Modernization	(b)(1) & (3) – <a href="#">Background of the Applicant</a> (de)(1) – Deteriorated Facilities

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED AMENDMENTS

	and/or
(de)(2)	– Necessary Expansion PLUS
(de)(3)(A)	– Utilization – Major Medical Equipment or
(de)(3)(B)	– Utilization – Service or Facility

- 3) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(2) for "Service Modernization".
- 4) If the proposed project involves the replacement of a facility or service on a new site, the applicant shall comply with the requirements of subsection (a)(2) for "New Services or Facility or Equipment".
- 5) Projects involving the replacement of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B.
- 6) The number of key rooms proposed in a replacement or modernization project shall be justified by the historical utilization for each of the latest two years, per utilization standards cited in Appendix B.

b) Background of Applicant – Review Criterion

- 1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

- 2) Examples of facilities owned or operated by an applicant include:
  - A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  - D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.
- 3) The applicant shall submit the following information:
  - A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
  - B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:
- i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or
  - ii) has been the subject of any juvenile delinquency or youthful offender proceeding;
- E) Regardless of whether any conviction may have been expunged from the records by court order, the matters shall be discussed in detail and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;
- F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;
- G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;
- H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;
- I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

c)b) Need Determination – Establishment

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

- 1) Service to the Planning Area Residents
  - A) Either:
    - i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or
    - ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

primary purpose of the project is to provide care to residents of the service area; and

- B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.
- 2) Service Demand  
To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (c)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.
- A) Referrals from Inpatient Base  
For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum two-year historical and two-year projected number of inpatients requiring the subject CSA.
- B) Physician Referrals  
For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.
- C) Historical Referrals to Other Providers  
If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

D) Population Incidence  
The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

3) Impact of the Proposed Project on Other Area Providers  
The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4) Utilization  
Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

d)e) Service Modernization

The applicant shall document that the proposed project meets one of the following:

1) Deteriorated Equipment or Facilities  
The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

2) Necessary Expansion  
The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall consist of,

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

## 3) Utilization

## A) Major Medical Equipment

Proposed projects for the acquisition of major medical equipment shall document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.

## B) Service or Facility

Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B. The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional key rooms can be justified per subsection (de)(2) (Necessary Expansion).

## C) If no utilization standards exist, the applicant shall document in detail its anticipated utilization in terms of incidence of disease or conditions, or population use rates.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

**Section 1110.APPENDIX A ASTC Services~~Medical Specialty Eligibility/Certification~~  
Boards**

The following is a list of ASTC services for Non-Hospital Based Ambulatory Surgical Treatment Centers (ASTC):

1. Cardiovascular
2. Colon and Rectal Surgery
3. Dermatology
4. General Dentistry
5. General Surgery
6. Gastroenterology
7. Neurological Surgery
8. Nuclear Medicine
9. Obstetrics/Gynecology
10. Ophthalmology
11. Oral/Maxillofacial Surgery
12. Orthopaedic Surgery
13. Otolaryngology
14. Pain Management
15. Physical Medicine and Rehabilitation
16. Plastic Surgery
17. Podiatric Surgery

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

18. Radiology

19. Thoracic Surgery

20. Urology

Other ASTC services will be considered on a case-by-case basis.

~~The following is a listing of the "Medical Specialty" boards currently providing "certification of competence" in special fields. Such certification is a function of the primary boards listed, assisted by subspecialty boards or committees (if any).~~

- ~~1. American Board of Allergy and Immunology.~~
- ~~2. American Board of Anesthesiology.~~
- ~~3. American Board of Colon and Rectal Surgery.~~
- ~~4. American Board of Dermatology.~~
- ~~5. American Board of Emergency Medicine.~~
- ~~6. American Board of Family Practice.~~
- ~~7. American Board of Internal Medicine.  
Subspecialty Boards:
  - ~~(A) Cardiovascular Disease (Subspecialty Board);~~
  - ~~(B) Subspecialty Committee on Endocrinology and Metabolism;~~
  - ~~(C) Subspecialty Board on Gastroenterology;~~
  - ~~(D) Subspecialty Committee on Hematology;~~
  - ~~(E) Subspecialty Committee Infectious Disease;~~
  - ~~(F) Subspecialty Committee on Medical Oncology;~~~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- ~~(G) Subspecialty Committee on Nephrology;~~
  - ~~(H) Subspecialty Board on Pulmonary Disease; and~~
  - ~~(I) Subspecialty Committee on Rheumatology.~~
- ~~8. American Board of Neurological Surgery.~~
  - ~~9. American Board of Nuclear Medicine (Conjoint Board of the American Boards of Internal Medicine, Pathology and Radiology, and sponsored by the Society of Nuclear Medicine).~~
  - ~~10. American Board of Obstetrics and Gynecology.~~
  - ~~11. American Board of Ophthalmology.~~
  - ~~12. American Board of Orthopaedic Surgery.~~
  - ~~13. American Board of Otolaryngology.~~
  - ~~14. American Board of Pathology (Special Certification in Blood Banking offered since 1972).~~
  - ~~15. American Board of Pediatrics.  
Subspecialty Boards:
    - ~~(A) Sub-Board of Pediatric Cardiology;~~
    - ~~(B) Subspecialty Committee of Pediatric Endocrinology;~~
    - ~~(C) Sub-Board of Pediatric Hematology-Oncology;~~
    - ~~(D) Sub-Board of Neonatal-Perinatal Medicine; and~~
    - ~~(E) Sub-Board of Pediatric Nephrology.~~~~
  - ~~16. American Board of Physical Medicine and Rehabilitation.~~

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## NOTICE OF PROPOSED AMENDMENTS

- ~~17. American Board of Plastic Surgery.~~
- ~~18. American Board of Preventive Medicine.~~
- ~~19. American Board of Psychiatry and Neurology (Special Certification offered in Psychiatry; Neurology; Child Psychiatry; and Neurology with Special Competence in Child Neurology).~~
- ~~20. American Board of Radiology.~~
- ~~21. American Board of Surgery.~~
- ~~22. American Board of Thoracic Surgery.~~
- ~~23. American Board of Urology.~~

~~An excellent source document containing the Eligibility Requirements for certification by each of these boards, as well as a listing of certified M.D.'s (Diplomates) by state, is the "Directory of Medical Specialists" (compiled for the American Board of Medical Specialties by Marquis Who's Who, Inc. of Chicago, Illinois). This two volume set not only lists the certification requirements and Diplomates, but includes the following items by specialty: Board Officers; Historical Review; Purpose and Functions; General Requirements; Training Requirements; Operative Experience Criteria; Criteria for Credit; Credit for Foreign Education; Applications; Exams Written/Oral; Re-Exams; Fees; Appeals; Certification; Recertifications; Revocation of Certification; and Rules and Regulations for Examination Qualifications.~~

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Construction in Floodways of Rivers, Lakes and Streams
- 2) Code Citation: 17 Ill. Adm. Code 3700
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
3700.20	Amendment
3700.40	Amendment
3700.45	New Section
3700.60	Amendment
3700.70	Amendment
3700.75	Amendment
3700.80	Amendment
3700.85	New Section
3700.88	New Section
- 4) Statutory Authority: Implementing and authorized by Sections 23, 29a and 30 of the Rivers, Lakes, and Streams Act [615 ILCS 5/23, 30 and 35]
- 5) A Complete Description of the Subjects and Issues Involved: Implements recent changes (PA 97-1136) to the Rivers, Lakes, and Streams Act allowing the Department to collect fees of up to \$5,000 per application for permits issued under the Act. Additionally, some minor amendments have been made for clarification.
- 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 affect units of local government.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:
- Shelly Knuppel, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271
- 217/782-1809
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Businesses, municipalities and not for profit corporations desiring to perform construction in the floodway of a jurisdictional stream would be required to pay a fee when applying for a floodway construction permit. Of these three types of entities, municipalities that have jurisdictional streams within their borders would most likely be affected.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2013

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER h: WATER RESOURCESPART 3700  
CONSTRUCTION IN FLOODWAYS OF RIVERS, LAKES AND STREAMS

Section	
3700.10	Purpose
3700.20	Definitions
3700.30	Jurisdiction
3700.40	Permit Application
<u>3700.45</u>	<u>Permit Application Fee</u>
3700.50	Notice to Interested Parties
3700.60	Departmental Standards
3700.70	Special Provisions for Bridges and Culverts
3700.75	Special Provisions for Levees and Floodwalls
3700.80	Statewide Permits
<u>3700.85</u>	<u>General Permits</u>
<u>3700.88</u>	<u>Permits Not Transferrable</u>
3700.90	Denial of Applications
3700.100	Violations and Enforcement
3700.110	Final Administrative Decision

AUTHORITY: Implementing and authorized by Sections 23, 29a, 30 and 35 of the Rivers, Lakes and Streams Act [615 ILCS 5/23, 29a, 30 and 35].

SOURCE: Adopted at 17 Ill. Reg. 4484, effective March 23, 1993; emergency amendment at 18 Ill. Reg. 790, effective January 14, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 8167, effective May 16, 1994; recodified from 92 Ill. Adm. Code 700, Department of Transportation, to the Department of Natural Resources, at 22 Ill. Reg. 7362; amended at 27 Ill. Reg. 7774, effective April 21, 2003; amended at 29 Ill. Reg. 8316, effective May 26, 2005; amended at 34 Ill. Reg. 12875, effective August 20, 2010; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 3700.20 Definitions**

As used in this Part, the words and terms listed shall have the meanings ascribed to them as follows:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

"Bridge or Culvert Reconstruction" – The total replacement of an existing bridge or culvert, including substructure and superstructure, on the existing road alignment or on an alignment within 100 feet upstream or downstream of the existing alignment in an urban area, or within 500 feet upstream or downstream of the existing alignment in a rural area.

"Construction" – The placement, erection, or reconstruction of any building or structure, any filling or excavation, the installation of any utility, or the storage of any materials. Construction includes, but is not limited to, modifications to an existing building ~~that which~~ would increase the building's outside dimensions, channel modifications and enclosures, roads, bridges, culverts, levees, bank protection, walls, fences, and any other man-made activity ~~that which~~ would modify the physical features of a floodway with respect to the storage or conveyance of flood waters. Construction does not include normal maintenance and repair activities or farming operations such as discing and plowing.

"Department" – The Illinois Department of Natural Resources.

"Floodway" – The channel of a river, lake or stream and that portion of the adjacent land area that is needed to safely store and convey flood waters. Where floodways have been delineated for regulatory purposes, the mapped lines show the floodway encroachment limits and will be used. For other areas, the entire 1% annual chance of exceedence (100-year frequency) floodplain shall be considered to be in the floodway unless an analysis is submitted and approved by the Department demonstrating that a project site is outside of the floodway. ~~Floodway~~~~floodway~~ limits will be estimated, using hydrologic and hydraulic calculations, to preserve adequate conveyance and storage so that stage increases for the 1% annual chance of exceedence~~100-year frequency~~ flood would not exceed 0.1 foot.

"Office of Water Resources" – The Office of Water Resources of the Illinois Department of Natural Resources.

"Permittee" – The ~~entity~~~~person~~ issued a permit pursuant to this Part.

"Rural Areas" – All areas of the State not classified as urban areas.

"Urban Areas" – Areas of the State where residential, commercial or industrial

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

development currently exists or, based on land use plans or controls, is expected to occur within 10 years ~~after~~ of the application date. In determining urban areas, the Department will consider the expertise of local officials, regional and local planning commissions, city and county planners, or private development planners, as well as all available mapping. Areas with only isolated or widely scattered buildings will not be classified as urban areas.

"Worst-case Analysis" – The calculation of the maximum increases in flood heights, velocities and damages a project would cause due to conveyance and storage losses considering both the project alone and the combined effects of other existing construction and reasonably anticipated equally obstructive construction on other similarly situated properties which could reasonably be anticipated to be proposed in the locality. Flood events up to and including the ~~100-year frequency~~ flood which has a 1% annual chance of exceedence shall be used in this analysis (see Section 3700.75 for exception).

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3700.40 Permit Application**

- a) An applicant ~~requesting who desires~~ a permit under this Part shall file with the Department an application consisting of a properly executed application form, ~~and~~ all plans and information required to determine the effect of the construction on the carrying capacity of the stream, and the permit application fee (see Section 3700.45). All portions of the application form, including the name and address of the applicant, a description of the proposed activity, the location of the proposed activity, and the names and addresses of all adjoining property owners, shall be completed and all required attachments must be submitted before a determination of permissibility will be made. Application forms may be obtained from the Illinois Department of Natural Resources, Office of Water Resources. For projects involving floodway construction activities at more than one location, separate permit applications shall be submitted for each location. at the following addresses:

~~One Natural Resources Way  
Springfield IL 62702-1271~~

~~Michael A. Bilandic Building  
160 N. LaSalle Street, Suite S-700~~

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

~~Chicago IL 60601~~

~~Region 2 Office  
2050 West Stearns Road  
Bartlett IL 60103~~

- b) Many activities permitted under this Part require review of the U.S. Army Corps of Engineers and the Illinois Environmental Protection Agency. To simplify application procedures, the ~~Illinois Department of Natural Resources~~, Office of Water Resources utilizes a joint application form with these two agencies.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

#### Section 3700.45 Permit Application Fee

- a) Permit applicants must pay a non-refundable permit application fee. The fee will be the sum of the two following components:
- 1) The initial review fee component of \$500 for all applications. This component is due upon submittal of a permit application. Application processing shall not be initiated until the initial review fee is received. If an applicant desires written confirmation that a construction activity does not require a permit under this Part (in accordance with Section 3700.30) or qualifies for approval under a statewide permit (in accordance with Section 3700.80), the confirmation will be provided upon receipt of sufficient information for the Department to make that determination and the initial review fee; and
  - 2) The principal review fee component shall be determined by the Department, and the applicant shall be notified of that determination, immediately after the initial review of the application. As outlined in this subsection (a)(2), the fee component shall be calculated based on the determination of the base principal review fee component, the application of an escalation adjustment factor, and the addition of the principal review fee due under any other applicable Parts. Further processing of the application will not be initiated until the principal review fee is received.
- A) The Base Principal Review Fee Component will be as follows:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- i) \$0 for construction activities that comply with the terms and conditions of a general permit (in accordance with Section 3700.85);
- ii) \$1000 for other minimally obstructive construction activities that the Department determines will not require technical analysis to demonstrate compliance with the standards listed in Sections 3700.60, 3700.70 and 3700.75; or
- iii) \$2000 for potentially obstructive construction activities such as levees, certain bridge/culvert crossings, and major floodway filling that the Department determines will require technical analysis to demonstrate compliance with the standards listed in Sections 3700.60, 3700.70 and 3700.75. The base principal review fee component shall be increased an additional \$1000 for applications requiring public notice in accordance with Section 3700.50.

B) Annual Escalation Adjustment

- i) The base principal review fee amounts in subsection (a)(2)(A) shall be adjusted on July 1 each year to account for inflation. The U.S. Bureau of Labor Statistics' Consumer Price Index Table for all urban consumers (CPI-U), U.S. city average, all items, base period 1982-1984=100 (Series ID: CUUR0000SA0) (available on the U.S. Bureau of Labor Statistics' website) shall be used to calculate the adjustment factor. The adjustment factor shall be directly proportional to the change in the CPI index since June 2013 and shall be calculated according to the following formula:

$$\text{Adjustment factor} = \frac{[\text{CPI (May of current year)} - \text{CPI (June 2013)}] \div \text{CPI (June 2013)}}{1}$$

- ii) The base fee amounts in subsection (a)(2)(A) shall be multiplied by this factor and rounded to the nearest \$10 to compute the principal review fee component for the coming

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

fiscal year (July 1 through June 30). To prevent the total permit application fee from exceeding \$5000, the principal review fee component shall be capped at \$4500. The dollar amounts that result from these calculations will be posted on the Department's website at [www.dnr.illinois.gov](http://www.dnr.illinois.gov).

C) Principal Review Fee Component for Multiple-Regulation Projects  
If the construction activity being applied for also requires authorization under 17 Ill. Adm. Code 3702 or 3704, the principal review fee components for each Part shall be added to calculate the total principal review fee. To prevent the total permit application fee from exceeding \$5000, the total principal review fee component shall be capped at \$4500.

b) Submission of Fees

- 1) Except when possible through electronic fee submittal, the applicant shall submit the required fee amounts in the form of a check or money order made payable to the Illinois Department of Natural Resources.
- 2) If an application is submitted without the required initial review fee, or with an inadequate fee amount, the applicant shall be informed of the required fee and review of the application shall be held in abeyance until the fee is received.
- 3) If the principal review fee is not received within 90 days after the Department's notification of the amount of that fee, the application shall be deemed withdrawn. A new application and accompanying initial review fee will need to be submitted to restart the application process.
- 4) Failure of a fee payment to clear the bank it is drawn against will result in the automatic withdrawal of the application.

c) Refund of Permit Application Fees  
Except for refunding of overpayments, permit application fees shall not be refunded. Application fees are tendered for consideration of the application only and do not imply any promise of permit issuance by the Department.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

**Section 3700.60 Departmental Standards**

- a) Except as provided in Section 3700.70, construction ~~that~~<sup>which</sup> would result in an obstruction to flood flows or a reduction in flood storage capacity in a delineated floodway will not be permitted unless the application shows the criteria of subsection (b) ~~below~~ are met.
- b) Permits will be granted for construction ~~that~~<sup>which</sup> would not singularly or cumulatively result in flood damages or potential flood damages outside the project right-of-way due to increases in flood heights or velocities. Absent contrary evidence, this standard will be considered met if, for the worst-case analysis ([see Section 3700.20](#)):
- 1) the application shows that:
    - ~~A)1)~~ any water surface profile increase would be contained within the channel banks (or within existing vertical extensions of the channel banks such as within the design protection grade of existing levees or floodwalls) or flood easements; or
    - ~~B)2)~~ in urban areas, the water surface profile increase would not exceed 0.1 foot; or
    - ~~C)3)~~ in rural areas, the water surface profile increase would not exceed 0.5 feet; and
  - 2) the application shows that:
    - ~~A)4)~~ any increase in average channel velocity would not be beyond the scour velocity of the predominant soil type of the channel; or
    - ~~B)5)~~ increased scour, erosion and sedimentation would be prevented by the use of riprap or other design measures.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3700.70 Special Provisions for Bridges and Culverts**

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- a) General Standards for New Bridges and Culverts  
Permits will be granted for new bridges and culverts ~~that which~~ would not result in flood damages or potential flood damages outside the project right-of-way due to increases in flood heights or velocities. Absent contrary evidence, this standard will be considered met if, for the worst-case analysis ([see Section 3700.20](#)):
- 1) the application shows that:
    - ~~A)1)~~ any water surface profile increase would be contained within the channel banks (or within existing vertical extensions of the channel banks such as within the design protection grade of existing levees or floodwalls) or flood easements; or
    - ~~B)2)~~ in urban areas, the water surface profile increase would not exceed 0.5 feet at the structure, nor 0.1 foot at a point 1000 feet upstream of the structure as determined by the horizontal projection of the increase and the slope of the hydraulic grade line; or
    - ~~C)3)~~ in rural areas, the water surface profile increase would not exceed 1.0 foot at the structure, nor 0.5 feet at a point 1000 feet upstream of the structure as determined by the horizontal projection of the increase and the slope of the hydraulic grade line; and
  - 2) [the application shows that:](#)
    - ~~A)4)~~ any increase in average channel velocity would not be beyond the scour velocity of the predominant soil type of the channel; or
    - ~~B)5)~~ increased scour, erosion and sedimentation would be prevented by the use of riprap or other design measures.
- b) General Standards for Bridge and Culvert Reconstruction  
A bridge or culvert reconstruction project ~~that which~~ would meet the following provisions will be permissible. A reconstruction project ~~that which~~ would not meet these provisions must [either](#) comply with the general standards for new bridges and culverts [or be designed to reduce the induced flood damages to the fullest practicable extent.](#)
- 1) The reconstruction (including approach roads) shall be no more restrictive

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

to normal and flood flows than the existing bridge or culvert crossing; and

- 2) Documentation must be provided that the existing crossing has not caused demonstrable flood damage. In the case of public projects, certification by a District Engineer of the Department of Transportation's Division of Highways, a County Engineer (if a Professional Engineer), or a Municipal Engineer (if a Professional Engineer) that the existing crossing has not caused demonstrable flood damage will be adequate documentation.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3700.75 Special Provisions for Levees and Floodwalls**

The flood discharge ~~that~~<sup>which</sup> would just overtop a levee or floodwall shall be used for the worst-case analysis [\(see Section 3700.20\)](#).

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3700.80 Statewide Permits**

The Department may, by issuance of a statewide permit, grant approval for specific types of activities ~~that, for example, minor boat docks and utility crossings,~~ <sup>which</sup> meet the standards defined in [Section](#)~~Sections~~ 3700.60 or 3700.70. Subsequent to the issuance of a statewide permit, no application or further authorization will be required by the Department for activities meeting the terms and conditions of the statewide permit. Statewide permits will be issued only after notice and opportunity for public review and comment.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3700.85 General Permits**

The Department may, for the purpose of providing more expeditious processing of permit applications, issue general permits pertaining to specific types of activities, such as boat launching facilities, meeting conditions necessary to assure compliance with the purpose and intent of this Part. General permits may be applicable on a statewide basis or may be restricted to specified rivers, lakes and streams, or reaches of rivers and streams. Subsequent to the issuance of a general permit, individual applications must still be submitted but authorizations will be granted for activities meeting all of the terms and conditions of the general permit

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

without notice or interagency coordination. General permits will be issued only after notice and opportunity for public review and comment.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3700.88 Permits Not Transferable**

Permits issued pursuant to this Part are not transferable. If the property rights for the grounds on which the project will be located are transferred before the authorized construction is completed, the new entity must apply for a permit under its name. The application for permit may incorporate by reference all information from the previous permit that is determined by the Department to be pertinent to the new permit. For applications in which the project is not being changed, only the initial review fee component of the permit application fee (see Section 3700.45) will be required.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Regulation of Public Waters
- 2) Code Citation: 17 Ill. Adm. Code 3704
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
3704.20	Amendment
3704.30	Amendment
3704.50	Amendment
3704.55	New Section
3704.110	Amendment
3704.125	New Section
3704.APPENDIX A	Amendment
- 4) Statutory Authority: Implementing and authorized by the Rivers, Lakes, and Streams Act [615 ILCS 5]
- 5) A Complete Description of the Subjects and Issues Involved: Implements the recent changes to the Rivers, Lakes, and Streams Act (PA 97-1136) allowing the Department to collect fees of up to \$5,000 per application for permits issued under the Act. Additionally, some minor amendments have been made for clarification.
- 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 affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

Shelly Knuppel, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Businesses, municipalities and not for profit corporations desiring to perform construction in a public body of water would be required to pay a fee when applying for a permit. Of these three types of entities, municipalities located near a public body of water would most likely be affected.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2013

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER h: WATER RESOURCESPART 3704  
REGULATION OF PUBLIC WATERS

## Section

3704.10	Purpose
3704.20	Definitions
3704.30	Jurisdiction
3704.40	List of Public Waters and Provision For Additions
3704.50	Permit Application
<a href="#">3704.55</a>	<a href="#">Permit Application Fee</a>
3704.60	Notice to Interested Parties
3704.70	Land Conversions and Fill Material Placement
3704.80	Department Evaluation
3704.90	Departmental Standards
3704.100	Emergency Permit
3704.110	Statewide and Regional Permits
3704.120	General Permits
<a href="#">3704.125</a>	<a href="#">Permits Not Transferrable</a>
3704.130	Denial of Applications
3704.140	Violations and Enforcement
3704.150	Final Administrative Decision
3704.APPENDIX A	Public Bodies of Water

AUTHORITY: Implementing and authorized by the Rivers, Lakes and Streams Act [615 ILCS 5].

SOURCE: Adopted at 17 Ill. Reg. 4494, effective March 23, 1993; recodified from 92 Ill. Adm. Code 704, Department of Transportation, to the Department of Natural Resources, at 22 Ill. Reg. 7362; amended at 27 Ill. Reg. 7778, effective April 21, 2003; amended at 29 Ill. Reg. 8320, effective May 26, 2005; amended at 34 Ill. Reg. 12879, effective August 20, 2010; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 3704.20 Definitions**

As used in this Part, the words and terms listed shall have the meanings ascribed to them as

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

follows:

*"Barge Fleeting Area"* A facility, at a fixed site, which is used to provide barge mooring services [615 ILCS 5/18].

"Construction" — The placement, erection, or reconstruction of any building or structure, any filling or excavation, the installation of any utility, or the storage of any materials. Construction includes, but is not limited to, barge loading and unloading facilities, marinas, dredging and the disposal of dredged material, bridges, boat docking facilities, and bank protection activities.

"Department" — The Illinois Department of Natural Resources.

"Permittee" — The entityperson issued a permit pursuant to this Part.

"Public Bodies of Water" or "Public Waters" — All lakes, rivers, streams and waterways which are or were navigable and are open or dedicated to public use including all bayous, sloughs, backwaters and submerged lands connected by water to the main channel or body of water during normal flows or stages.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3704.30 Jurisdiction**

- a) Construction in any public body of water is subject to this Part and requires a permit from the Department.
- b) Any activity on a public body of water ~~that~~which could result in a restriction of the access to, or use or enjoyment of, the water, such as the temporary placement of floating buildings for commercial purposes and the designation of areas for exclusive use for sporting events, is subject to this Part and requires a permit from the Department.
- c) Any activity along the Lake Michigan shoreline that is located at or below the Ordinary High Water Mark (OHWM) is subject to this Part and requires a permit from the Department. In cases in which the OHWM is lakeward of the existing bluff, the toe of the bluff will be used to determine the Department's jurisdiction.
- d) The following activities are exempt from this Part:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Normal and lawful uses of a public body of water, such as commercial navigation, boating, fishing, trapping, hunting, swimming, and wading;
- 2) Barge fleeting areas;
- 3) Duck blinds ~~that~~which comply with the regulations of the Illinois Department of Natural Resources;
- 4) The removal of trash or other debris;
- 5) Routine maintenance and repair of existing structures; ~~and~~
- 6) Channel marking buoys and other similar navigation devices placed by public agencies; ~~and~~
- 7) The replacement of appurtenant navigation structures, such as mooring cells, at existing barge terminal facilities.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3704.50 Permit Application**

- a) An applicant ~~requesting~~who desires a permit under this Part shall file with the Department an application consisting of a properly executed application form, ~~and~~ all plans and information required to determine the effect of the construction on the public body of water, and the permit application fee (see Section 3704.55). All portions of the application form, including the name and address of the applicant, a description of the proposed activity, the location of the activity, and the names and addresses of all adjoining property owners, shall be completed and all required attachments must be submitted before a determination of permissibility will be made. Application forms may be obtained from the Illinois Department of Natural Resources, Office of Water Resources. For projects involving construction or other activities at more than one location, separate permit applications shall be submitted for each location at any of the following addresses:

~~One Natural Resources Way  
Springfield IL 62702-1271~~

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

~~Michael A. Bilandic Building  
160 N. LaSalle Street, Suite S-700  
Chicago IL 60601~~

~~Region 2 Office  
2050 West Stearns Road  
Bartlett IL 60103~~

- b) Many activities permitted under this Part require review ~~by~~ the U.S. Army Corps of Engineers and the Illinois Environmental Protection Agency. To simplify application procedures, the ~~Illinois Department of Natural Resources~~, Office of Water Resources utilizes a joint application form with these two agencies.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3704.55 Permit Application Fee**

- a) Permit applicants must pay a non-refundable permit application fee. The fee will be the sum of the two following components:
- 1) The initial review fee component of \$500 for all applications. This component is due upon submittal of a permit application. Application processing shall not be initiated until the initial review fee is received. If an applicant desires written confirmation that a construction activity does not require a permit under this Part (in accordance with Section 3704.30) or qualifies for approval under a statewide or regional permit (in accordance with Section 3704.110), the confirmation will be provided upon receipt of sufficient information for the Department to make that determination and the initial review fee; and
  - 2) The principal review fee component shall be determined by the Department, and the applicant shall be notified of that determination, immediately after the initial review of the application. As outlined in this subsection (a)(2), the fee component shall be calculated based on the determination of the base principal review fee component, the application of an escalation adjustment factor, and the addition of the principal review

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

fee due under any other applicable Parts. Further processing of the application will not be initiated until the principal review fee is received.

A) The base principal review fee component will be as follows:

- i) \$0 for construction activities that comply with the terms and conditions of a general permit, in accordance with Section 3704.120; or
- ii) \$2,000 for other minor construction activities that the Department determines would not likely have any of the impacts listed in Section 3704.80(a); or
- iii) \$4,000 (\$4,500 for Lake Michigan) for more extensive construction activities such as new barge terminals, marinas and water level management structures that would likely have one or more of the impacts listed in Section 3704.80(a).

B) Annual Escalation Adjustment

The base principal review amounts in subsection (a)(2)(A) shall be adjusted on July 1 each year to account for inflation. The U.S. Bureau of Labor Statistics' Consumer Price Index Table for all urban consumers (CPI-U), U.S. city average, all items, base period 1982-1984=100 (Series ID: CUUR0000SA0) (available on the U.S. Bureau of Labor Statistics' website) shall be used to calculate the adjustment factor. The adjustment factor shall be directly proportional to the change in the CPI index since June 2013 and shall be calculated according to the following formula:

$$\text{Adjustment factor} = \frac{[\text{CPI (May of current year)} - \text{CPI (June 2013)}] \div \text{CPI (June 2013)}}{1}$$

The base fee amounts in subsection (a)(2)(A) shall be multiplied by this factor and rounded to the nearest \$10 to compute the principal review fee component for the coming fiscal year (July 1 through June 30). To prevent the total permit application fee from exceeding \$5000, the principal review fee component shall be capped at \$4500. The dollar amounts that result from these

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

calculations will be posted on the Department's website at [www.dnr.illinois.gov](http://www.dnr.illinois.gov).

C) Principal Review Fee Component for Multiple-Regulation Projects  
If the construction activity being applied for also requires authorization under 17 Ill. Adm. Code 3700, 3702 and/or 3708, the principal review fee components for each Part shall be added to calculate the total principal review fee. To prevent the total permit application fee from exceeding \$5000, the total principal review fee component shall be capped at \$4500.

b) Submission of Fees

- 1) Except when possible through electronic fee submittal, the applicant shall submit the required fee amounts in the form of a check or money order made payable to the Illinois Department of Natural Resources.
- 2) If an application is submitted without the required initial review fee, or with an inadequate fee amount, the applicant shall be informed of the required fee and review of the application shall be held in abeyance until the fee is received.
- 3) If the principal review fee is not received within 90 days after the Department's notification of the amount of that fee, the application shall be withdrawn. A new application and accompanying initial review fee will need to be submitted to restart the application process.
- 4) Failure of a fee payment to clear the bank it is drawn against will result in the automatic withdrawal of the application.

c) Refund of Permit Application Fees

Except for refunding of overpayments, permit application fees shall not be refunded. Application fees are tendered for consideration of the application only and do not imply any promise of permit issuance by the Department.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3704.110 Statewide and Regional Permits**

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

The Department may, by issuance of a statewide or regional permit, grant approval for specific types of activities, ~~such as aerial utility crossings and recreational boat docking facilities,~~ ~~that~~**which** would not cause the impacts listed in Section 3704.80. Subsequent to the issuance of a statewide or regional permit, no application or further authorization will be required by the Department for activities meeting the terms and conditions of the permit. Statewide and regional permits will be issued only after notice and opportunity for public review and comment.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3704.125 Permits Not Transferrable**

Permits issued pursuant to this Part are not transferrable. If the property rights for the grounds on which the project will be located are transferred before the authorized construction is completed, the new entity must apply for a permit under its name. For permits authorizing ongoing management of, or withdrawal of water from, a public body of water, the new entity shall apply for a permit under its name even if any construction authorized by the permit has already been completed. The application for a permit may incorporate by reference all information from the previous permit that is determined by the Department to be pertinent to the new permit. For applications in which the project is not being changed, only the initial review fee component of the permit application fee (see Section 3704.55) will be required.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

**Section 3704.APPENDIX A Public Bodies of Water**

a) The following public bodies of water were navigable in their natural condition or were improved for navigation and opened to public use. The entire length and surface area in Illinois, including all backwater lakes and sloughs open to the main channel or body of water at normal flows or stages, are open to the public unless limited to a head of navigation as stated. Head of navigation descriptions use the U.S. rectangular survey system and these abbreviations: T = township, R = range, PM = principle meridian, Sec. = section,  $\frac{1}{4}$  = quarter section, N = north, E = east, S = south, W = west, USGS = U.S. Geological Survey.

- 1) Lake Michigan;
- 2) Chicago River: Main Branch;
- 3) Chicago River: North Branch to North Shore Channel;
- 4) Chicago River: South Branch;
- 5) Chicago River: South Fork of South Branch;
- 6) Chicago River: East and West Arms of South Fork of South Branch;
- 7) Chicago River: West Fork of South Branch to Chicago Sanitary and Ship Canal;
- 8) Calumet River;
- 9) Lake Calumet and entrance channel to Calumet River;
- 10) Grand Calumet River;
- 11) Little Calumet River;
- 12) Wolf Lake (Cook County);
- 13) Mississippi River (including all backwater lakes such as Frenress Lake in Jo Daviess County, Boston Bay in Mercer County and Quincy Bay in Adams County);

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 14) Sinsiniwa River to North Line of Sec. 9, T28N, R1W, 4<sup>th</sup> PM in Jo Daviess County, which is located approximately two-thirds mile downstream from the U.S. Highway 20 bridge. This area is shown on the Galena, Ill.-Iowa, 7.5 minute USGS quadrangle map;
- 15) Galena River to East Line of Sec. 166, T28N, R1E, 4<sup>th</sup> PM in Jo Daviess County, which is located approximately one-half mile upstream from the County Highway 3 (West Stagecoach Trail) 67 bridge. This area is shown on the Galena, Ill.-Iowa, 7.5 minute USGS quadrangle map;
- 16) Apple River to North Line of Sec. 35, T26N, R2E, 4<sup>th</sup> PM in Jo Daviess County;
- 17) Plum River to North Line, T24N, R3E, 4<sup>th</sup> PM in Carroll County, which is located approximately one and one-half miles upstream from the U.S. Highway 52 bridge. This area is shown on the Savanna, Ill., 15 minute USGS quadrangle map;
- 18) Rock River;
- 19) Pecatonica River;
- 20) Sugar River (Winnebago County);
- 21) Stillman Creek to South Line, T25N, R11E, 4<sup>th</sup> PM in Ogle County, which is located approximately one-third mile downstream from the Illinois Highway 72 bridge. This area is shown on the Stillman Valley, 7.5 minute USGS quadrangle map;
- 22) Henderson Creek (new channel) to East Line, SW ¼, Sec. 6, T10N, R5W, 4<sup>th</sup> PM in Henderson County. The river has been relocated and the old channel abandoned;
- 23) The Sny in Adams, Pike and Calhoun Counties. The area has been drained with levees and ditches and it is uncertain that any descendent body of water exists;
- 24) Bay Creek to West Line, Sec. 29, T8S, R3W, 4<sup>th</sup> PM in Calhoun County.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

The head of navigation is the limit of meanders on the official plat of survey; but it is uncertain that any descendent body of water exists;

- 25) Illinois River (including all backwater lakes such as Peoria Lake in Peoria, Tazewell and Woodford Counties; Matanzas Bay in Mason County; and Meredosia Lake in Cass and Morgan Counties);
- 26) Des Plaines River to Hoffman Dam in Cook County, which is located one-half mile downstream from the junction with Salt Creek. This area is shown on the Berwyn, 7.5 minute USGS quadrangle map;
- 27) Kankakee River;
- 28) Iroquois River to South Line, SW  $\frac{1}{4}$ , Sec. 30, T27N, R12W, 2<sup>nd</sup> PM in Iroquois County, which is located approximately one mile downstream from the junction with Sugar Creek. This area is shown on the Gilman, 15 minute USGS quadrangle;
- 29) Fox River (Illinois River Basin);
- 30) Griswold Lake (McHenry County);
- 31) Fox Chain-O-Lakes (Lake and McHenry Counties): Bluff Lake, Lake Catherine, Channel Lake, Fox Lake, Grass Lake, Lake Marie, Nippersink Lake, Dunns Lake, Pistakee Lake, Lake Jerilyn, Lac Louette, Redhead Lake;
- 32) Vermilion River (Illinois River Basin) to approximately one-half mile above the mouth near Oglesby in LaSalle County;
- 33) Spring Lake (Tazewell County);
- 34) Spoon River to North Line, Sec. 24, T6N, R1E, 4<sup>th</sup> PM in Fulton County, which is located approximately one-half mile upstream from the Illinois Highway 95 bridge. This area is shown on the Smithfield, 7.5 minute USGS quadrangle map;
- 35) Sangamon River to South Line, NE  $\frac{1}{4}$ , Sec. 1, T15N, R4W, 3<sup>rd</sup> PM in Sangamon County, which is located approximately one mile south of the

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

Mechanicsburg Road bridge. This area is shown on the Mechanicsburg, 7.5 minute USGS quadrangle map;

- 36) Sangamon River: South Fork to South Line, Sec. 33, T16N, R4W, 3<sup>rd</sup> PM in Sangamon County, which is located approximately two miles upstream from the mouth. This area is shown on the Springfield-East, 7.5 minute USGS quadrangle map;
- 37) Macoupin Creek to East Line, Sec. 25, T9N, R13W, 3<sup>rd</sup> PM in Green and Jersey Counties, which is located approximately one mile downstream from the junction with Boyer Creek. This area is shown on the Boyer Creek, 7.5 minute USGS quadrangle map;
- 38) Otter Creek to East Line of Sec. 3, T7N, R13W, 3<sup>rd</sup> PM in Jersey County, which is located approximately two miles east of the Illinois Highway 100 bridge. This area is shown on the Nutwood, 7.5 minute USGS quadrangle map;
- 39) Kaskaskia River to East Line, SW  $\frac{1}{4}$ , Sec. 31, T8N, R2E, 3<sup>rd</sup> PM, which is located nine miles south and two miles west of Herrick. This area is shown on the Vera, 7.5 minute USGS quadrangle map;
- 40) Big Muddy River to East Line T8S, R2W, 3<sup>rd</sup> PM in Jackson County, which is located approximately one mile northwest of the Southern Illinois Airport. This area is shown on the Murphysboro, 7.5 minute USGS quadrangle map;
- 41) Ohio River;
- 42) Wabash River;
- 43) Vermilion River (Wabash River Basin) to West Line, T19N, R11W, 2<sup>nd</sup> PM in Vermilion County, which is located approximately one mile upstream from the junction with the North Fork. This area is shown on the Danville, SW, 7.5 minute USGS quadrangle map;
- 44) Little Wabash River to the Illinois Highway 1 bridge in Carmi in White County;

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 45) Saline River to junction of North Fork and South Fork;
- 46) Saline River: North Fork to North Line, Sec. 5, T8S, R8E, 3<sup>rd</sup> PM in Gallatin County, which is located approximately three miles south of the junction of Illinois Highway 141 and U.S. Highway 45. This area is shown on the Ridgway, 7.5 minute USGS quadrangle map;
- 47) Saline River: South Fork to West Line, T9S, R8E, 3<sup>rd</sup> PM in Gallatin County, which is located at the Gallatin-Saline County line. This area is shown on the Equality, 7.5 minute USGS quadrangle map;
- 48) Horseshoe Lake (Alexander County).

b) The following public bodies of water are primarily artificial navigable waters that were opened to public use.

- 1) Illinois and Michigan Canal;
- 2) Illinois and Mississippi (Hennepin) Canal and Canal Feeder;
- 3) North Shore Channel (Cook County);
- 4) North Branch Canal of North Branch Chicago River (Cook County);
- 5) Relocated South Branch Chicago River (Cook County);
- 6) Chicago Sanitary and Ship Canal;
- 7) Calumet Sag Channel;
- 8) Marseilles Canal (LaSalle County);
- 9) Chain of Rocks Canal (Madison County);
- 10) Relocated Kaskaskia River.

c) The following public bodies of water are navigable waters that were dedicated to public use. This list is incomplete. It is believed there are numerous channels and slips in subdivisions on the margins of public bodies of water which have been

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

dedicated by plat. Additional channels and slips have been dedicated by common law.

- |        4)    Petit Lake, Spring Lake and connecting channels between Bluff Lake and Fox Lake in Lake County.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Floodway Construction in Northeastern Illinois
- 2) Code Citation: 17 Ill. Adm. Code 3708
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
3708.20	Amendment
3708.60	Amendment
3708.90	Amendment
3708.110	Amendment
3708.115	New Section
3708.140	Amendment
3708.170	Amendment
3708.175	New Section
- 4) Statutory Authority: Implementing and authorized by Sections 18g and 35 of the Rivers, Lakes, and Streams Act [615 ILCS 5/18g, 35]
- 5) A Complete Description of the Subjects and Issues Involved: Implements recent change to the Rivers, Lakes, and Streams Act (PA 97-1136) allowing the Department to collect fees of up to \$5,000 per application for permits issued under the Act. Additionally, some minor amendments have been made for clarification.
- 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 affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

Shelly Knuppel, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2013

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER h: WATER RESOURCESPART 3708  
FLOODWAY CONSTRUCTION IN NORTHEASTERN ILLINOIS

## Section

3708.10	Purpose
3708.20	Definitions
3708.30	Jurisdiction
3708.40	General Provisions
3708.50	Regulatory Floodway Maps
3708.60	Delineation of the Regulatory Floodway
3708.70	Permitting Appropriate Uses of the Regulatory Floodway
3708.80	Changes to the Regulatory Floodway
3708.90	Delegation to Municipalities and Counties
3708.100	Violations
3708.110	Permit Application
<a href="#">3708.115</a>	<a href="#">Permit Application Fee</a>
3708.120	Public Notice
3708.130	Public Hearings
3708.140	Time to Permit Issuance; Emergency Authorizations; Duration; Revisions
3708.150	Permit Conditions
3708.160	General Permits
3708.170	Regional Permits
<a href="#">3708.175</a>	<a href="#">Permits Not Transferrable</a>
3708.180	Final Administrative Decisions
3708.190	Effective Date

AUTHORITY: Implementing and authorized by Sections 18g and 35 of the Rivers, Lakes and Streams Act [615 ILCS 5/18g and 35].

SOURCE: Adopted at 12 Ill. Reg. 20547, effective November 29, 1988; amended at 13 Ill. Reg. 8667, effective May 23, 1989; amended at 16 Ill. Reg. 194, effective December 19, 1991; amended at 18 Ill. Reg. 11284, effective July 5, 1994; recodified from 92 Ill. Adm. Code 708, Department of Transportation, to the Department of Natural Resources, at 22 Ill. Reg. 7362; amended at 27 Ill. Reg. 7782, effective April 21, 2003; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

**Section 3708.20 Definitions**

Unless specifically defined in this Section, words and phrases used in this Part shall be interpreted so as to give them the meaning they have in common usage.

"Act" — The Rivers, Lakes and Streams Act [615 ILCS 5].

~~"Applicant" — Any person or agency as defined in Sections 1-20 and 1-60 of the Illinois Administrative Procedure Act [5 ILCS 100/1-20 and 1-60] which submits an application under this Part.~~

"Application" — An application for a permit to authorize new construction in a regulatory floodway as required by this Part.

"Appropriate Use" — See Section 3708.70.

"Building" — A structure that is principally above ground and is enclosed by walls and a roof. This term includes a gas or liquid storage tank, a manufactured home, or a prefabricated building. This term also includes recreational vehicles and travel trailers to be installed on a site for more than 180 days.

"Conditional Approval of a Regulatory Floodway Map Change" — Preconstruction approval by the Department and FEMA of a proposed change to the floodway map. This preconstruction approval, pursuant to this Part, gives assurances to the property owner that once an appropriate use is constructed according to permitted plans, the floodway map can be changed, as previously agreed, upon review and acceptance of as-built plans. The Department will accept as-built plans which show the project was built in accordance with the permitted plans.

"Department" — The Illinois Department of Natural Resources.

"FEMA" — Federal Emergency Management Agency and its regulations at 44 CFR 65 effective as of October 1, 1988. This incorporation does not include any later editions or amendments.

"Flood Fringe" — That portion of the flood plain outside the regulatory floodway.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

"Flood Plain" — That land adjacent to a body of water with ground surface elevations at or below the 100-year frequency flood elevation.

"Hydraulically Significant" — The length of a hydraulically significant portion of a watershed is determined by three factors; the drainage area of the watershed, the amount of flood plain storage in the regulatory floodway of the stream, and the impact flood plain storage has on reducing downstream flood heights. For example, on a stream with a small drainage area, with little flood plain storage, and little downstream impact, only one municipality may have to require effective compensatory storage. On larger streams, several communities may be involved.

"New Construction" — *The construction of any new building or structure or the placement of any fill, material, or structure or regrading but does not include the repair, remodeling, or maintenance of buildings or structures in existence on November 18, 1987 (Section 18g of the Act).*

"Office" — The Illinois Department of Natural Resources, Office of Water Resources.

"Public Flood Control Project" — A flood control project which will be operated and maintained by a public agency to reduce flood damages to existing buildings and structures which includes a hydrologic and hydraulic study of the existing and proposed conditions of the watershed. Nothing in this definition or this Part shall preclude the design, engineering, construction or financing, in whole or in part, of a flood control project under this Part by persons or parties who are not public agencies.

"Registered Land Surveyor" — A land surveyor registered in the State of Illinois, under the Illinois Professional Land Surveyor Act [225 ILCS 330].

"Registered Professional Engineer" — An engineer registered in the State of Illinois, under the Illinois Professional Engineering Practice Act [225 ILCS 325].

"Regulatory Floodway" — *The channel and that portion of the floodplain adjacent to a stream or watercourse as designated by the Department pursuant to Section 18g of the Act, which is needed to store and convey the ~~anticipated future~~ 100-year frequency flood discharge with no more than a 0.1 foot increase in stage due to the loss of flood conveyance or storage, and no more than a 10% increase in velocities (Section 18g of the Act).*

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

"Repair, Remodeling or Maintenance" — Construction activities which do not result in any increases in the outside dimensions of a building or any changes to the dimensions of a structure.

"Structure" — The results of a man-made change to the land constructed on or below the ground, including the construction, reconstruction or placement of a building or any addition to a building; installing a manufactured home on a site, preparing a site for a manufactured home or installing a travel trailer on a site for more than 180 days; installing utilities, construction of roads or similar projects; construction or erection of levees, walls, fences, bridges or culverts; drilling, mining, filling, dredging, grading, excavating; and the storage of materials.

"Transition Sections" — are reaches of the stream or floodplain where water flows from a narrow cross-section to a wide cross-section or vice versa.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.60 Delineation of the Regulatory Floodway**

- a) The regulatory floodway is defined based on a flood event that has a one percent chance of occurring in any given year or an expected 100-year recurrence interval. The Department encourages, but does not require, that the 100-year frequency flood event be determined based on anticipated future land use in the watershed. When utilized, anticipated future land use should be based on adopted local or regional land use plans.
- b) The boundary of the regulatory floodway is portrayed on Department regulatory floodway maps. To locate the regulatory floodway boundary on any site, the regulatory floodway boundary should be scaled off the regulatory floodway map and located on a site plan, using reference marks common to both maps. Where interpretation is needed to determine the exact location of the regulatory floodway boundary, the Office should be contacted for the interpretation.
- c) The regulatory floodway boundaries are determined by hydraulic and hydrologic analyses, which calculate that portion of the flood plain which must be preserved to store and discharge floodwaters without causing damaging or potentially damaging increases in flood stage and flood velocities or loss of flood storage which would result singularly or cumulatively in more than a 0.1 foot increase in

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

flood stage or a 10% increase in velocity.

- d) The need to preserve storage when defining the regulatory floodway will be waived by the Department if all the municipalities and counties along a hydraulically significant portion of the watershed require effective compensatory storage for all construction and fill in the 100-year frequency flood plain. Effective compensatory storage requires flood plain storage volumes be replaced at the same flood frequency event as previously existed. Additionally, legal assurances such as easements must be provided so that the compensatory storage site will remain open to the stream system in order to allow flood waters to reach it.
- e) Determination of the flood elevation at any point along the stream shall be made from the flood profile. ~~All elevations shown on the regulatory floodway map and on the associated flood profiles shall refer to Mean Sea Level (1929 adjustment).~~

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.90 Delegation to Municipalities and Counties**

- a) *No unit of local government, including home rule units, may issue a building permit or other apparent authorization for any prohibited new construction within the regulatory floodway (Section 18g of the Act).*
- b) The Department will delegate to municipalities within incorporated areas and to counties within unincorporated areas the Department's authority to issue permits in accordance with this Part for non-governmental activities, upon determination by the Office that the following conditions have been met:
- 1) The municipality or county is participating in the regular phase of the National Flood Insurance Program;
  - 2) The municipality or county has enacted an ordinance that adopts requirements at least as restrictive as this Part; and
  - 3) The municipality or county has enacted an ordinance which requires that all proposed regulatory floodway projects are reviewed under the supervision of a registered professional engineer under the employ or contract of the municipality or county and, in the case of appropriate uses,

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

so stated in writing by that registered professional engineer to meet the specific requirements of Section 3708.70.

- c) A completed permit application form must be submitted to the Department for regulatory floodway construction activities proposed in a delegated municipality or county. The Department will review the application to determine if the proposed activity qualifies for review by the delegated municipality or county pursuant to subsection (j). When the Department determines a regulatory floodway construction activity does qualify, it will notify the delegated community in writing that it has the authority to review and, if appropriate, authorize the activity for compliance with this Part.
- de) The only permits a municipality or county may issue for new construction in a regulatory floodway are for appropriate uses as defined by Section 3708.70 ~~of this Part.~~
- ed) If the proposed appropriate use will require a regulatory floodway delineation change or will change the flood stage elevation, the municipality or county shall require that the applicant obtain a conditional approval of the regulatory floodway map change from the Department and FEMA before a permit is issued for the appropriate use.
- fe) No buildings or structures or other construction that is not an appropriate use shall be placed in a designated regulatory floodway until the designated regulatory floodway map has been revised to remove the building site from the regulatory floodway. A conditional approval of a regulatory floodway map change is not a change in the regulatory floodway map. After completing a project which will result in a regulatory floodway map revision, the applicant must submit "as built" plans to the Office and FEMA to revise the regulatory floodway map. The municipality or county will then be notified by the Department or FEMA when the regulatory floodway map has been changed, at which time a building permit may be issued.
- gf) No municipality or county shall issue a variance not in compliance with this Part.
- hg) Municipalities and counties may adopt and enforce ordinances with greater restrictions than those of this Part.
- ih) If a municipality or county issues a regulatory floodway development permit not

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

in accordance with this Part or fails to meet the criteria listed in subsections (b)(1) ~~through~~- (3), the Department will rescind the municipality's or county's authority to administer the Department's regulatory floodway permit program for appropriate uses.

- ~~j~~) The following shall not be delegated to municipalities and counties as part of this ~~Section~~~~section~~ and shall be subject to Department review or Department permits:
- 1) Department permits shall be issued to organizations ~~that~~~~which~~ are exempt from the municipality's or county's ordinance.
  - 2) The Department will permit Department projects, dams (as defined by 17 Ill. Adm. Code ~~3702~~~~3708~~) and all other state, federal or local unit of government projects, including projects of the municipalities and counties.
  - ~~3)~~ The Department will permit construction and other activities in public bodies of water pursuant to 17 Ill. Adm. Code 3704.
  - ~~43)~~ The Department will review an engineer's determination that an existing bridge or culvert is not a source of flood damage pursuant to Section 3708.70.
  - ~~54)~~ The Department will review an engineer's determination that a proposed bridge affected by backwater from a downstream receiving stream may be built with a smaller opening pursuant to Section 3708.70.
  - ~~65)~~ The Department will retain its authority to accept alternative transition sections and hydraulically equivalent storage as indicated in Section 3708.70.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.110 Permit Application**

Applicants for permits shall submit the following information and materials. For projects involving construction at more than one location, separate permit applications shall be submitted for each location.

- a) Application ~~Form~~~~form~~.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Applications~~Where permit authority has not been delegated to a municipality or county, applications~~ for permit shall be made by submitting a completed application for permit form furnished by the Department. As a minimum, the following information shall be provided:
  - A) Name and address of applicant;
  - B) Site location (including legal description) of the property, drawn to scale, on the regulatory floodway map, indicating whether it is proposed to be in an incorporated or unincorporated area;
  - C) Name of stream or body of water affected;
  - D) Description of proposed activity;
  - E) Statement of purpose of proposed activity;
  - F) Anticipated dates of initiation and completion of activity;
  - G) Names and mailing addresses of the owner of the subject property if different from the applicant; and
  - H) Signature of applicant or the applicant's agent.
- 2) Other requirements related to the application form include:
  - A) If the applicant is a corporation, the president or other authorized officer shall sign the application form;
  - B) If the applicant is a county, city or other political subdivision, the application form shall be signed by an authorized officer;
  - C) If the applicant is a partnership, each partner shall sign the application form; and
  - D) If the applicant is a land trust, the trust officer shall sign the name of the trustee by him (her) as trust officer. A disclosure affidavit must be filed with the application, identifying each beneficiary of

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

the trust by name and address and defining the respective interests  
in the trust~~therein~~.

b) Permit Application Fee

The application fees are described in Section 3708.115.

~~cb)~~ Plan and Data Requirements~~data requirements~~.

- 1) Plans of the proposed activity shall be provided ~~that~~which include as a minimum:
  - A) A vicinity map showing the site of the activity, name of the waterway, boundary lines, names of and distance of nearest town, community or other identifying location, names of roads in the vicinity of the site, graphic or numerical scale, and north arrow;
  - B) A plan view of the project and engineering study reach showing existing and proposed conditions including principal dimensions of the structure or work, elevations in mean sea level (1929 adjustment) datum, adjacent property lines and ownership, drainage and flood control easements, distance between proposed activity and navigation channel (when the proposed construction is along a commercially navigable body of water), regulatory floodway limit, flood plain limit, location and orientation of cross-sections, north arrow, and a graphic or numerical scale;
  - C) Cross-section views of the project and engineering study reach showing existing and proposed conditions including principal dimensions of the work as shown in plan view, existing and proposed elevations, normal water elevation, 10-year frequency flood elevation, 100-year frequency flood elevation, and graphic or numerical scales (horizontal and vertical);
  - D) A seeding or stabilization plan for the disturbed areas; and
  - E) A copy of the regulatory floodway map, marked to reflect any proposed change in the regulatory floodway location.
- 2) Engineering calculations and supporting data shall be submitted showing

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

that the proposed work will meet the permit criteria of Section 3708.70.

- 3) If the regulatory floodway delineation or base flood elevation will change due to the proposed project, the application will not be considered complete until the Department has indicated conditional approval of the regulatory floodway map change and the completed request for the regulatory floodway map change has been submitted to FEMA.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.115 Permit Application Fee**

- a) Permit applicants must pay a non-refundable permit application fee. The fee will be the sum of the two following components:
  - 1) The initial review fee component of \$500 for all applications. This component is due upon submittal of a permit application. Application processing shall not be initiated until the initial review fee is received. If an applicant desires written confirmation that a construction activity does not require a permit under this Part (in accordance with Section 3708.30) or qualifies for approval under a regional permit (in accordance with Section 3708.170), the confirmation will be provided upon receipt of sufficient information for the Department to make that determination and the initial review fee; and
  - 2) The principal review fee component shall be determined by the Department, and the applicant shall be notified of that determination, immediately after the initial review of the application. As outlined in this subsection (a)(2), the fee component shall be calculated based on the determination of the base principal review fee component, the application of an escalation adjustment factor, and the addition of the principal review fee due under any other applicable Parts. Further processing of the application will not be initiated until the principal review fee is received.
    - A) The base principal review fee component will be as follows:
      - i) \$0 for construction activities that comply with the terms and conditions of a general permit (in accordance with Section 3708.160); or

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- ii) \$1000 for other minimally obstructive construction activities that the Department determines will not require technical analysis to demonstrate compliance with Departmental standards; or
- iii) \$2500 for more potentially obstructive construction activities such as levees, bridges, culverts, channel modifications, and public flood control projects that the Department determines will require technical analysis to demonstrate compliance with Departmental standards. The base principal review fee component shall be increased an additional \$2000 for applications requiring changes to the regulatory floodway in accordance with Section 3708.80.

**B) Annual Escalation Adjustment**

The base principal review fee amounts in subsection (a)(2)(A) shall be adjusted on July 1 each year to account for inflation. The U.S. Bureau of Labor Statistics' Consumer Price Index Table for all urban consumers (CPI-U), U.S. city average, all items, base period 1982-1984=100 (Series ID: CUUR0000SA0) (available on the U.S. Bureau of Labor Statistics' website) shall be used to calculate the adjustment factor. The adjustment factor shall be directly proportional to the change in the CPI index since June 2013 and shall be calculated according to the following formula:

$$\text{Adjustment factor} = \frac{[\text{CPI (May of current year)} - \text{CPI (June 2013)}] \div \text{CPI (June 2013)}}{1}$$

The base fee amounts in subsection (a)(2)(A) shall be multiplied by this factor and rounded to the nearest \$10 to compute the principal review fee component for the coming fiscal year (July 1 through June 30). To prevent the total permit application fee from exceeding \$5000, the principal review fee component shall be capped at \$4500. The dollar amounts that result from these calculations will be posted on the Department's website at [www.dnr.illinois.gov](http://www.dnr.illinois.gov).

**C) Principal Review Fee Component for Multiple-Regulation Projects**

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

If the construction activity being applied for also requires authorization under 17 Ill. Adm. Code 3702 or 3704, the principal review fee components for each Part shall be added to calculate the total principal review fee. To prevent the total permit application fee from exceeding \$5000, the total principal review fee component shall be capped at \$4500.

b) Submission of Fees

- 1) Except when possible through electronic fee submittal, the applicant shall submit the required fee amounts in the form of a check or money order made payable to the Illinois Department of Natural Resources.
- 2) If an application is submitted without the required initial review fee, or with an inadequate fee amount, the applicant shall be informed of the required fee and review of the application shall be held in abeyance until the fee is received.
- 3) If the principal review fee is not received within 90 days after the Department's notification of the amount of that fee, the application shall be deemed withdrawn. A new application and accompanying initial review fee will need to be submitted to restart the application process.
- 4) Failure of a fee payment to clear the bank it is drawn against will result in the automatic withdrawal of the application.

c) Refund of Permit Application Fees

Except for refunding of overpayments, permit application fees shall not be refunded. Application fees are tendered for consideration of the application only and do not imply any promise of permit issuance by the Department.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.140 Time to Permit Issuance; Emergency Authorizations; Duration; Revisions**

- a) If Where permit authority has not been delegated to a municipality or county, the Department, pursuant to Sections 3708.70 and 3708.110, will either grant approval or approval with conditions or deny an application for permit within

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

~~90~~ninety days after receipt of a ~~complete~~ application (or ~~150~~one hundred fifty days in the event a hearing is held) unless a longer time period is requested in writing by the applicant. If the Department has not approved the application within these time limits, the application will be deemed denied. The time limit for final Department action on a permit application will be computed from the date on which the Department has received all information required in Section 3708.110. If additional data or revised plans are required by the Department, the time between the request and receipt of the requested material will not be counted in these time periods. Also, the time required for resolution of relevant objections (see Section 3708.120) will not be counted in these time periods.

- b) The Department will issue an emergency permit after receipt of a properly executed application form (including an explanation of why the work to be performed is of an emergency nature) and plan sheets describing the work if harm to life or loss of property is likely to occur if initiation of the activity is delayed. An applicant for an emergency permit is deemed to have agreed to make modifications, at his or her own expense, required by the Department if the work does not comply with Section 3708.70, based upon completion of a review and on comments received during the public comment period, to bring the activity into compliance with this Part.
- c) Permits will be valid until December 31~~st~~ of the third year following the date of permit issuance, unless the Department determines that the proposed work must be completed sooner, such as in the case of work to correct a violation. Upon the written request of the applicant, permits may be granted for longer periods of time if the expected construction period exceeds three years.
- d) If the permitted activity is not completed by the expiration date of the permit, the permittee shall submit a written request that the expiration date be extended if the permittee intends to pursue the permitted activity. Upon receipt of ~~the~~sueh request, the Department will extend the expiration date if the permitted activity is in compliance with the rules of the Department at the time of the request.
- e) If, after permit issuance, the permittee decides to revise the approved plans, the permittee shall submit those revised plans to the Department, along with a written request for approval. If the Department determines that the revised plans are in compliance with this Part, an approval of revised plans will be issued to the permittee.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.170 Regional Permits**

The Department will, by issuance of a regional permit, grant approval for specific types of activities ~~that, such as aerial utility crossings, recreational boat docking facilities and minor highway projects, which~~ do not singularly or cumulatively increase flood stage or flood velocities. Subsequent to the issuance of a regional permit, no application or further authorization will be required by the Department for activities meeting the terms and conditions of the regional permit. Regional permits will be issued only after notice and opportunity for public review and comment.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3708.175 Permits Not Transferrable**

Permits issued pursuant to this Part are not transferrable. If the property rights for the grounds on which the project will be located are transferred before the authorized construction is completed, the new entity must apply for a permit under its name. The application for permit may incorporate by reference all information from the previous permit that is determined by the Department to be pertinent to the new permit. For applications in which the project is not being changed, only the initial review fee component of the permit application fee (see Section 3708.115) will be required.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Rules Establishing Horizontal and Vertical Clearances for Bridges Over the Fox River
- 2) Code Citation: 17 Ill. Adm. Code 3720
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
3720.10	Amendment
3720.20	New Section
- 4) Statutory Authority: Implementing and authorized by the Rivers, Lakes, and Streams Act [615 ILCS 5]
- 5) A Complete Description of the Subjects and Issues Involved: Implements recent changes to the Rivers, Lakes, and Streams Act PA 97-1136 which allows the Department to collect fees of up to \$5,000 per application for permits issued under the Act.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? 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 affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Shelly Knuppel, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2013

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
 CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
 SUBCHAPTER h: WATER RESOURCES

PART 3720  
 RULES ESTABLISHING HORIZONTAL AND VERTICAL  
 CLEARANCES FOR BRIDGES OVER THE FOX RIVER

## Section

3720.10 Authority ~~and~~ Clearances  
3720.20 Permit Application Fees

AUTHORITY: Implementing and authorized by the Rivers, Lakes and Streams Act [615 ILCS 5].

SOURCE: Filed March 4, 1958; codified at 6 Ill. Reg. 14689; amended at 15 Ill. Reg. 9068, effective June 10, 1991; recodified from 92 Ill. Adm. Code 720, Department of Transportation, to the Department of Natural Resources, at 22 Ill. Reg. 7362; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 3720.10 Authority ~~and~~ Clearances**

The Department of Natural Resources, acting under authority conferred upon it by the Rivers, Lakes and Streams Act [615 ILCS 5], does hereby declare and order, pursuant to an investigation and hearing concerning the adequacy of horizontal and vertical bridge clearance of a new bridge proposed to be constructed by the Department of Transportation's Division of Highways to replace the existing five arch structure known as Burton's Bridge in Section 19, Township 44 North, Range 9 East of the Third Principal Meridian, McHenry County, Illinois, that the minimum horizontal clearance for bridges hereafter constructed over the Fox River between Algonquin Dam and the southern (downstream) right-of-way limit of route 173 shall be 100 feet, and the minimum vertical clearance for such bridges shall be 15 feet, above normal pool level.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 3720.20 Permit Application Fees**

Permit applications reviewed under this Part are subject to the permit application review fees required in 17 Ill. Adm. Code 3704.55.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

|  
(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Uniform Partnership Act (1997)
- 2) Code Citation: 14 Ill. Adm. Code 166
- 3) Section Number: 166.45                      Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Section 1208 of the Uniform Partnership Act [805 ILCS 206/1208]
- 5) Complete Description of the Subjects and Issues Involved: Updates the list of documents required to be filed with the Office of Secretary of State to include most recent versions and forms.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency amendments 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: The proposed amendments do not require expenditures by units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Texts of the proposed amendments are posted on Secretary of State's web site, [www.sos.state.il.us/departments/index/home](http://www.sos.state.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Michelle Nijm  
Assistant General Counsel  
100 W. Randolph, Ste. 5-400  
Chicago, IL 60601

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

312/814-7246

The Agency 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 included on either of the most recent regulatory agendas because: the Agency did not anticipate the need for this rulemaking at the time the Agendas were filed.

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

## SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT  
TITLE 14: COMMERCE  
SUBTITLE A: REGULATION OF BUSINESS  
CHAPTER I: SECRETARY OF STATE

PART 166  
UNIFORM PARTNERSHIP ACT (1997)

Section	
166.10	Prohibited Terms in Title
166.15	Improper Names
166.20	Definitions
166.25	Applicability
166.30	Filing Location
166.35	Business Hours
166.40	Filing Requirements
166.45	Additional Requirements for Forms
166.50	Renewal Reports
166.55	Payment of Fees
166.60	Sale of Information
166.65	Refunds
166.70	Service of Process
166.75	Interrogatories
166.80	Right to Counsel

AUTHORITY: Implementing and authorized by Section 1208 of the Uniform Partnership Act [805 ILCS 206/1208].

SOURCE: Adopted at 32 Ill. Reg. 332, effective January 7, 2008; amended at 33 Ill. Reg. 9129, effective July 6, 2009; amended at 35 Ill. Reg. 8226, effective May 13, 2011; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 166.45 Additional Requirements for Forms**

- a) All documents required by this Act to be filed in the Office of the Secretary of State shall be made on the most recent version of forms prescribed and furnished by the Secretary of State. The Secretary of State employs the following forms:
  - 1) Form UPA 303 Statement of Partnership Authority (see 805 ILCS 206/303);

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

- 2) Form UPA 304 Statement of Denial (see 805 ILCS 206/304);
- 3) Form UPA 704 Statement of Dissociation (see 805 ILCS 206/704);
- 4) Form UPA 805 Statement of Dissolution of Statement of Partnership Authority (see 805 ILCS 206/805);
- 5) Form UPA 907 LLP/LP Statement of Merger (see 805 ILCS 206/907);
- 6) Form UPA 908 LLP/LLC Statement of Merger (see 805 ILCS 206/908);
- 7) Form UPA 1001 Limited Liability Partnership Statement of Qualification (see 805 ILCS 206/1001);
- 8) Form UPA 1001(e)/1101(f) Statement of Withdrawal (see 805 ILCS 206/1001(e) and 1102(f));
- 9) Form UPA 1001(h)/1102(g) Statement of Amendment (see 805 ILCS 206/1001(h) and 1102(g));
- 10) Form UPA 1003(D) Application for Renewal of Domestic Limited Liability Partnership (see 805 ILCS 206/1003);
- 11) Form UPA 1003(F) Renewal Statement of Foreign Limited Liability Partnership (see 805 ILCS 206/1003);
- 12) Form UPA 1004 Reinstatement of Limited Liability Partnership Status (see 805 ILCS 206/1004);
- 13) Form UPA 1005 Resignation of Agent for Service of Process upon a Limited Liability Partnership (see 805 ILCS 206/1005);
- ~~14~~2) Form UPA 1102 Limited Liability Partnership Statement of Foreign Qualification (see 805 ILCS 206/1102);
- ~~15~~3) Form UPA 1103 Affidavit of Compliance for Service on Secretary of State (see 805 ILCS 206/1103(e) and 14 Ill. Adm. Code 166.70);
- 16) Form UPA 1106 Resignation of Agent for Service of Process upon a Foreign Limited Liability Partnership (see ILCS 206/1106).

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

- b) Fees for the above forms can be found at 805 ILCS 206/108.
- c) All documents filed with the Department shall contain the federal employer identification number of the limited liability partnership with respect to which the document was filed.
- d) All documents and attachments submitted by a limited liability partnership shall be typewritten on 8½ x 11" white paper.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Uniform Limited Partnership Act (2001)
- 2) Code Citation: 14 Ill. Adm. Code 171
- 3) Section Number: 171.50                      Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 108, 108.5, 109 and 902 of the Illinois Uniform Limited Partnership Act [805 ILCS 215/108, 108.5, 109 and 902]
- 5) Complete Description of the Subjects and Issues Involved: Updates the list of documents required to be filed with the Office of Secretary of State to include most recent versions and forms.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency amendments 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: The proposed amendments do not require expenditures by units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Texts of the proposed amendments are posted on Secretary of State's web site, [www.sos.state.il.us/departments/index/home](http://www.sos.state.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Michelle Nijm  
Assistant General Counsel  
100 W. Randolph, Ste. 5-400  
Chicago, IL 60601

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

312/814-7246

The Department will consider all written comments it receives during the first notice period (45 days after publication in the *Illinois register*) 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 onwhich this rulemaking was summarized: This rulemaking was not included on either of the most recent Regulatory Agendas because: the Agency did not anticipate the need for this rulemaking at the time the Agendas were filed.

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

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

TITLE 14: COMMERCE  
SUBTITLE A: REGULATION OF BUSINESS  
CHAPTER I: SECRETARY OF STATEPART 171  
UNIFORM LIMITED PARTNERSHIP ACT (2001)

## Section

171.10	Prohibited Terms in Title
171.15	Improper Names
171.20	Assumed Names
171.25	Definitions
171.30	Applicability
171.35	Filing Location
171.40	Business Hours
171.45	Filing Requirements
171.50	Additional Requirements for Forms
171.55	Payment of Fees
171.60	Sale of Information
171.65	Refunds
171.70	Service of Process
171.75	Interrogatories
171.80	Right to Counsel
171.85	New Practices and Technologies

AUTHORITY: Implementing and authorized by Sections 108, 108.5, 109 and 902 of the Illinois Uniform Limited Partnership Act [805 ILCS 215/108, 108.5, 109 and 902].

SOURCE: Adopted at 29 Ill. Reg. 19696, effective November 28, 2005; amended at 32 Ill. Reg. 346, effective January 7, 2008; amended at 32 Ill. Reg. 17971, effective December 1, 2008; amended at 35 Ill. Reg. 8233, effective May 13, 2011; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 171.50 Additional Requirements for Forms**

- a) All documents required by the ULPA to be filed in the Office of the Secretary of State shall be made on the most recent version of forms prescribed and furnished by the Secretary of State. Fees for the forms can be found at 805 ILCS 215/1302. The Secretary of State employs the following forms:

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

- 1) Form LP 108.5 Application to Adopt, Change or Cancel an Assumed Name (see 805 ILCS 215/108.5);
- 2) Form LP 108.5(e) Assumed Name Renewal Application (see 805 ILCS 215/108.5(e));
- 3) Form LP 109 Application to Reserve Name, Cancellation of Reserved Name, Transfer of Reserved Name (see 805 ILCS 215/109);
- 4) Form LP 115 Change of Designated Office or Agent for Service of Process (see 805 ILCS 215/115);
- 5) Form LP 116 Resignation of Agent for Service of Process (see 805 ILCS 215/116);
- 6) Form LP 117 Affidavit of Compliance for Service on Secretary of State (see 805 ILCS 215/117);
- 7) Form LP 201 Certificate of Limited Partnership (see 805 ILCS 215/201);
- 8) Form LP 202 Amendment to the Certificate of Limited Partnership (see 805 ILCS 215/202);
- 9) Form LP 202-RECE Restated Certificate of Limited Partnership (see 805 ILCS 215/202);
- 10) Form LP 203 Statement of Termination of the Certificate of Limited Partnership (see 805 ILCS 215/203);
- 11) Form LP 207 Statement of Correction (see 805 ILCS 215/207);
- 12) Form LP 210 Annual Report (see 805 ILCS 215/210);
- 13) Form LP 810/906.5 Application for Reinstatement (see 805 ILCS 215/810);
- 14) Form LP 902 Application for Certificate of Authority (see 805 ILCS 215/902);

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

15) Form LP 902.5 Amended Application for Certificate of Authority (see 805 ILCS 215/902);

~~16)~~ Form LP 906.5 Reinstatement Following Revocation (see 805 ILCS 215/906.5);

~~1746)~~ Form LP 907 Cancellation of Certificate of Authority (see 805 ILCS 215/907);

~~1847)~~ Form LP 1104 Articles of Conversion (see 805 ILCS 215/1104);

~~1948)~~ Form LP 1108 Articles of Merger (see 805 ILCS 215/1108).

- b) All documents filed with the Department, except the original certificates of limited partnership and applications for admission of a foreign limited partnership shall contain the file number assigned to the partnership by the Department.
- c) All documents and attachments submitted by a limited partnership or limited liability partnership shall be typewritten on 8½ x 11" white paper.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Certificates of Title, Registration of Vehicles
- 2) Code Citation: 92 Ill. Adm. Code 1010
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
1010.240	Amendment
1010.540	Amendment
- 4) Statutory Authority: Implementing Chapter 3 and authorized by Section 2-104(b) of the Illinois Vehicle Title & Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 3 and 2-104(b)]
- 5) Complete Description of the Subjects and Issues Involved: Increases the fees due from a financial institution or retail merchant that issues license plates and/or registration stickers from \$5.50 to \$7.50. The service fee was last increased in 2005.

Prohibits entities other than the Secretary of State from issuing license plates and registration stickers online. The process that the Secretary of State's office has currently in place for registration renewal ensures that the owner of the vehicle is requesting the service.

Moves language dealing with the fee imposed by an ERT service provider into a more appropriate subsection.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Number</u> :	<u>Proposed Action</u> :	<u>Illinois Register Citation</u> :
1010.195	New Section	37 Ill. Reg. 173741; December 14, 2012

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

- 11) Statement of Statewide Policy Objectives: The proposed amendments do not require expenditures by units of local government.
- 12) Time, Place and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Texts of the proposed amendments are posted on Secretary of State's web site, [www.sos.state.il.us/departments/index/home](http://www.sos.state.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Nathan Maddox  
Office of the Secretary of State  
Senior Legal Advisor  
298 Howlett Building  
Springfield, IL 62756

217/785-2012  
[nmaddox@ilsos.net](mailto:nmaddox@ilsos.net)

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: These proposed rules may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of Professional skills necessary for compliance: None

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the most recent Regulatory Agendas because the Agency did not anticipate the need for this rulemaking at the time the Agendas were filed.

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

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION  
CHAPTER II: SECRETARY OF STATEPART 1010  
CERTIFICATES OF TITLE, REGISTRATION OF VEHICLES

## SUBPART A: DEFINITIONS

Section	
1010.10	Owner – Application of Term
1010.20	Secretary and Department

## SUBPART B: TITLES

Section	
1010.110	Salvage Certificate – Additional Information Required to Accompany Application for a Certificate of Title for a Rebuilt or a Restored Vehicle Upon Surrendering Salvage Certificate
1010.120	Salvage Certificate – Assignments and Reassignments
1010.130	Exclusiveness of Lien on Certificate of Title
1010.140	Documents Required to Title and Register Imported Vehicles Not Manufactured in Conformity with Federal Emission or Safety Standards
1010.150	Transferring Certificates of Title Upon the Owner's Death
1010.160	Repossession of Vehicles by Lienholders and Creditors
1010.170	Junking Notification
1010.180	Specially Constructed Vehicles – Defined
1010.185	Specially Constructed Vehicles – Required Documentation for Title and Registration
1010.190	Issuance of Title and Registration Without Standard Ownership Documents – Bond

## SUBPART C: REGISTRATION

Section	
1010.200	Homemade Trailers – Title and Registration
1010.210	Application for Registration
1010.220	Vehicles Subject to Registration – Exceptions
1010.230	Refusing Registration or Certificate of Title
1010.240	Registration Plates To Be Furnished by the Secretary of State

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

- 1010.245 Electronic Registration and Titling (ERT) Program Provisions  
1010.250 Applications For Reassignment

SUBPART D: REVOCATION, SUSPENSION AND  
CANCELLATION OF REGISTRATION

## Section

- 1010.300 Operation of Vehicle after Cancellation, Suspension, or Revocation of any  
Registration  
1010.310 Improper Use of Evidences of Registration  
1010.320 Suspension, Cancellation or Revocation of Illinois Registration Plates and Cards  
and Titles  
1010.330 Operation of Vehicle Without Proper Illinois Registration  
1010.350 Suspension or Revocation  
1010.360 Surrender of Plates, Decals or Cards

## SUBPART E: SPECIAL PERMITS AND PLATES

## Section

- 1010.410 Temporary Registration – Individual Transactions  
1010.420 Temporary Permit Pending Registration In Illinois  
1010.421 Issuance of Temporary Registration Permits by Persons or Entities Other Than the  
Secretary of State  
1010.425 Non-Resident Drive-Away Permits  
1010.426 Seven Day Permits  
1010.430 Registration Plates for Motor Vehicles Used for Transportation of Persons for  
Compensation and Tow Trucks  
1010.440 Title and Registration of Vehicles with Permanently Mounted Equipment  
1010.450 Special Plates  
1010.451 Purple Heart License Plates  
1010.452 Special Event License Plates  
1010.453 Retired Armed Forces License Plates  
1010.454 Gold Star License Plates  
1010.455 Collectible License Plates  
1010.456 Sample License Plates For Motion Picture and Television Studios  
1010.457 Korean War Veteran License Plates  
1010.458 Collegiate License Plates  
1010.460 Special Plates for Members of the United States Armed Forces Reserves  
1010.465 Requests for General Issuance Specialty License Plates

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

- 1010.470 Dealer Plate Records  
1010.480 State of Illinois In-Transit Plates

## SUBPART F: FEES

- Section  
1010.510 Determination of Registration Fees  
1010.520 When Fees Returnable  
1010.530 Circuit Breaker Registration Discount  
1010.540 Fees  
1010.550 Determining Age of Vehicle

## SUBPART G: MISCELLANEOUS

- Section  
1010.610 Unlawful Acts, Fines and Penalties  
1010.620 Change of Engine

## SUBPART H: SECOND DIVISION VEHICLES

- Section  
1010.705 Reciprocity  
1010.710 Vehicle Proration  
1010.715 Proration Fees  
1010.720 Vehicle Apportionment  
1010.725 Trip Leasing  
1010.730 Intrastate Movements, Foreign Vehicles  
1010.735 Interline Movements  
1010.740 Trip and Short-term Permits  
1010.745 Signal 30 Permit for Foreign Registration Vehicles (Repealed)  
1010.750 Signal 30-Year-round for Prorated Fleets of Leased Vehicles (Repealed)  
1010.755 Mileage Tax Plates  
1010.756 Suspension or Revocation of Illinois Mileage Weight Tax Plates  
1010.760 Transfer for "For-Hire" Loads  
1010.765 Suspension or Revocation of Exemptions as to Foreign Registered Vehicles  
1010.770 Required Documents for Trucks and Buses to detect "intrastate" movements  
1010.775 Certificate of Safety

- 1010.APPENDIX A Uniform Vehicle Registration Proration and Reciprocity Agreement

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

1010.APPENDIX B	International Registration Plan
1010.APPENDIX C	Affirmation Supporting Salvage Certificate
1010.APPENDIX D	Specialty License Plates Request Form

AUTHORITY: Implementing Chapter 3 and authorized by Section 2-104(b) of the Illinois Vehicle Title & Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 3 and 2-104(b)].

SOURCE: Filed and effective December 15, 1970; emergency amendment at 2 Ill. Reg. 25, p. 119, effective June 14, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 12, p. 76, effective March 23, 1979; amended at 3 Ill. Reg. 29, p. 123, effective July 20, 1979; amended at 4 Ill. Reg. 17, p. 247, effective April 11, 1980; emergency amendment at 4 Ill. Reg. 21, p. 99, effective May 14, 1980, for a maximum of 150 days; amended at 6 Ill. Reg. 2241, effective February 1, 1982; amended at 6 Ill. Reg. 11076, effective August 26, 1982; codified at 6 Ill. Reg. 12674; amended at 7 Ill. Reg. 1432, effective January 21, 1983; amended at 7 Ill. Reg. 1436, effective January 21, 1983; amended at 8 Ill. Reg. 5329, effective April 6, 1984; amended at 9 Ill. Reg. 3358, effective March 1, 1985; amended at 9 Ill. Reg. 9176, effective May 30, 1985; amended at 9 Ill. Reg. 12863, effective August 2, 1985; amended at 9 Ill. Reg. 14711, effective September 13, 1985; amended at 10 Ill. Reg. 1243, effective January 6, 1986; amended at 10 Ill. Reg. 4245, effective February 26, 1986; amended at 10 Ill. Reg. 14308, effective August 19, 1986; recodified at 11 Ill. Reg. 15920; amended at 12 Ill. Reg. 14711, effective September 15, 1988; amended at 12 Ill. Reg. 15193, effective September 15, 1988; amended at 13 Ill. Reg. 1598, effective February 1, 1989; amended at 13 Ill. Reg. 5173, effective April 1, 1989; amended at 13 Ill. Reg. 7965, effective May 15, 1989; amended at 13 Ill. Reg. 15102, effective September 15, 1989; amended at 14 Ill. Reg. 4560, effective March 1, 1990; amended at 14 Ill. Reg. 6848, effective April 18, 1990; amended at 14 Ill. Reg. 9492, effective June 1, 1990; amended at 14 Ill. Reg. 19066, effective November 15, 1990; amended at 15 Ill. Reg. 12782, effective August 15, 1991; amended at 16 Ill. Reg. 12587, effective August 1, 1992; amended at 19 Ill. Reg. 11947, effective August 1, 1995; amended at 19 Ill. Reg. 16289, effective November 27, 1995; amended at 20 Ill. Reg. 11349, effective August 1, 1996; amended at 21 Ill. Reg. 8408, effective June 23, 1997; amended at 21 Ill. Reg. 13372, effective September 17, 1997; amended at 22 Ill. Reg. 8521, effective April 28, 1998; amended at 22 Ill. Reg. 22059, effective January 1, 1999; amended at 25 Ill. Reg. 7731, effective June 6, 2001; emergency amendment at 25 Ill. Reg. 14201, effective October 22, 2001, for a maximum of 150 days; emergency expired March 20, 2002; amended at 26 Ill. Reg. 14282, effective September 16, 2002; amended at 27 Ill. Reg. 4790, effective February 27, 2003; amended at 29 Ill. Reg. 8915, effective June 10, 2005; amended at 31 Ill. Reg. 2668, effective January 29, 2007; amended at 32 Ill. Reg. 17253, effective October 15, 2008; amended at 32 Ill. Reg. 17590, effective October 16, 2008; amended at 34 Ill. Reg. 3673, effective March 5, 2010; amended at 34 Ill. Reg. 10202, effective June 29, 2010; amended at 35 Ill. Reg. 1652, effective January 13, 2011; amended at 35 Ill. Reg. 8240,

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

effective May 16, 2011; amended at 36 Ill. Reg. 7674, effective May 2, 2012; amended at 36 Ill. Reg. 14745, effective September 24, 2012; amended at 36 Ill. Reg. 17094, effective November 20, 2012; emergency amendment at 36 Ill. Reg. 17580, effective November 28, 2012, for a maximum of 150 days; amended at 37 Ill. Reg. 4340, effective March 22, 2013; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART C: REGISTRATION

**Section 1010.240 Registration Plates To Be Furnished by the Secretary of State**

- a) General Provisions
  - 1) The Secretary of State may issue registration plates and/or stickers at facilities and offices maintained by the Secretary of State in Springfield, Chicago, or at other locations.
  - 2) In addition, the Secretary of State may, in his or her discretion, cause registration plates and/or stickers to be issued by financial institutions or retail merchants, and applications for renewal of registrations for such vehicles as the Secretary of State may designate to be received and processed for transmittal to the Secretary of State by the financial institutions or retail merchants. For that purpose, the Secretary of State may deposit Illinois registration plates and/or stickers with the financial institutions or retail merchants. In addition, the Secretary may cause registration plates and stickers to be issued pursuant to Section 1010.245 of this Part and may cause registration renewal stickers to be issued by retail merchants.
  - 3) The Secretary may further cause registration and title applications to be serviced and remitted by licensed remittance agents to the Secretary of State, as provided in the Vehicle Code.
  - 4) The term "financial institution", for the purposes of this Part, shall mean any federal or state chartered bank, savings and loan, credit union, armored carrier, and any currency exchange either directly or indirectly through an armored carrier. The term shall also include insurance companies and licensees under the Sales Finance Agency Act [205 ILCS 660] and the Consumer Installment Loan Act [205 ILCS 670]. The term "retail merchant", for the purposes of this Part, shall mean a business that

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

is engaged in the sale of goods or services to the general public and that has one or more permanently established places of business in Illinois.

- 5) The Secretary may, in his or her discretion, cause registration plates and stickers to be issued by motor vehicle dealers. However, motor vehicle dealers shall only issue registration plates and stickers or renew vehicle registrations in the course of transactions involving the sale or lease of vehicles.

6) [No entity or person, other than the Secretary, shall be allowed to sell license plates or registration stickers over the internet.](#)

b) Application for Participation in the Over-The-Counter Sales Program

- 1) The Secretary of State shall accept the application of any financial institution or retail merchant to participate in the over-the-counter program, if the Secretary of State makes a determination that the establishment of the institution or retail merchant in the program will provide a beneficial service to the general public and will be cost effective for the Secretary of State to administer for the People of the State of Illinois, and that the institution or retail merchant can provide sufficient security for both the handling of State fees and taxes collected and the handling and storage of registration plates and/or stickers.
- 2) In making the determination required by subsection (b)(1), the Secretary of State shall consider, but shall not be limited by, the following factors:
  - A) Tentative acceptance of the terms contained in the Financial Institution/Retail Merchant License Plate/Sticker Agreement between the Secretary of State's Office and the institution or retail merchant;
  - B) Previous participation by the institution or retail merchant in the program and, if any, the circumstances surrounding its leaving the program;
  - C) Current participation by the institution or retail merchant in the over-the-counter sales program at other locations;

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

- D) Submission by the institution or retail merchant of a current copy of its blanket or fidelity bond, or if no such bond is maintained and the institution or retail merchant is a self-insurer, then a certificate of deposit payable to the Secretary of State, or an irrevocable letter of credit from a third party bank to the Secretary of State in an amount sufficient to protect the Secretary of State in the same manner as the Secretary would be protected if the blanket or fidelity bond were in force;
- E) Total passenger registration for the county;
- F) Total number of over-the-counter passenger sales in the community and county in the previous registration year;
- G) Estimated annual registration plate and sticker sales for this location;
- H) Estimated volume of walk-in traffic at this location;
- I) Population of the community;
- J) Population of the county;
- K) Number of banks in the community currently participating in the program in relation to the total number of banks in the community;
- L) Number of savings and loans in the community currently participating in the program in relation to the total number of savings and loans in the community;
- M) Number of currency exchanges in the community currently participating in the program in relation to the total number of currency exchanges in the community;
- N) Number of credit unions in the community currently participating in the program in relation to the total number of credit unions in the community;
- O) Number of retail merchants in the community currently

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

participating in the program in relation to the total number of retail merchants in the community;

P) Locations of other institutions in the community currently in the program;

Q) Total number of institutions in the community currently in the program;

R) Financial stability;

S) Total full time and part time employees at proposed selling location;

T) Selling location if different from main location;

U) Selling area within the institution or retail merchant;

V) Business days and hours the institution or retail merchant is open to the public.

3) Miscellaneous Provisions

A) Over-the-counter program, for purposes of this Section, shall mean the program in which the Secretary of State, by contractual agreement, authorizes a financial institution or retail merchant to sell license plates and/or renewal stickers to the general public, at a particular location.

B) The acceptance of any application shall, in addition to the requirements in subsection (b)(1), be dependent upon the applicant agreeing to all of the terms of and signing the Financial Institution/Retail Merchant License Plate/Sticker Agreement and the institution's or retail merchant's being in good standing and licensed by the Department of Financial and Professional Regulation or any other licensing agency, whether local, State or Federal, that regulates the institution.

C) A financial institution or retail merchant participating in the over-

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

the-counter program may sell license plates and/or renewal stickers to the public only during a face-to-face transaction.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART F: FEES

**Section 1010.540 Fees**

- a) Over-the-Counter Sales Program  
In addition to any fee set forth in subsection (b), an entity participating in the over-the-counter program may~~The maximum fee and service charge to be imposed upon~~ an applicant for motor vehicle renewal license plates and/or stickers \$7.50 by any vendor shall be \$5.50. The actual fee allowed shall be set out in the agreement between the Secretary of State and the financial institution and/or the agreement between financial institutions. No additional charge shall be imposed upon the applicant by any such person, firm, corporation or private institution, or its authorized agent for distribution of motor vehicle renewal license plates and/or stickers. A service provider may charge vendors up to \$10 for each ERT transaction. The maximum ERT fee to be imposed on the customer may not exceed the amount actually charged by the service provider to the vendor plus an amount equal to 1.5 times the amount actually charged by the service provider to the vendor and, therefore, the maximum fee to be imposed upon a customer utilizing the ERT services shall be \$25, in addition to any other fee permitted by law or rule. The term Financial Institution, for the purposes of this Section, shall mean any federal or State chartered bank, savings and loan, credit union, armored carrier, and any currency exchange either directly or indirectly through an armored carrier.
- b) Electronic Registration and Titling
- 1) Vendors participating in the Electronic Registration and Titling (ERT) program may charge customers a fee for the optional service of electronically processing their vehicle titling and registration or data and for providing registration plates or stickers. The maximum fee to be imposed upon a customer utilizing the ERT services shall be \$25, in addition to any other fee permitted by law or rule. However, if the ERT services are used solely for renewing vehicle registrations, the maximum fee imposed shall be that set forth in subsection (a) of this Section. The

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

actual ERT fee allowed to be charged by vendors shall be set out in the agreement between the Secretary of State and the ERT service provider and in the agreements between the ERT service provider and the vendors. One of the two following methods shall be used to identify the fee:

- A) ~~1)~~ the fee shall be identified on the bill of sale, receipt or any other sales documents as "Optional ERT Fee". The "Optional ERT Fee" language shall be distinguished from other language with the use of bold, colored, italic or underscored type or by using a larger font, but in no case may the font size be smaller than that required by the Illinois Motor Vehicle Retail Installment Sales Act [815 ILCS 375]. If this method is used, not later than July 1, 2006, all pre-printed bills of sale, receipts or other sales documents shall identify the fee as "Optional ERT Fee" in bold type; or
- B) ~~2)~~ the fee shall be identified on a separate document, including the phrase "Optional Electronic Registration Fee", using a font size not smaller than that required by the Illinois Motor Vehicle Retail Installment Sales Act [815 ILCS 375] and with a signature line indicating the customer's acceptance or rejection of the option of paying the fee.

- 2) A service provider may charge vendors up to \$10 for each ERT transaction. The maximum ERT fee to be imposed on the customer may not exceed the amount actually charged by the service provider to the vendor plus an amount equal to 1.5 times the amount actually charged by the service provider to the vendor, and, therefore, the maximum fee to be imposed upon a customer utilizing the ERT services shall be \$25, in addition to any other fee permitted by law or rule.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF VETERANS' AFFAIRS

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Survivors' Compensation Act Program
- 2) Code Citation: 95 Ill. Adm. Code 120
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
120.10	Amendment
120.30	Amendment
- 4) Statutory Authority: Authorized by the Survivors' Compensation Act [330 ILCS 100] and authorized by Section 2(9) of the Illinois Department of Veterans' Affairs Act [20 ILCS 2805]
- 5) A Complete Description of the Subjects and Issues Involved: Includes the Gulf War era for survivors and establish a payment program for them as statutorily required.
- 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 affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jaime Martinez, General Counsel  
Department of Veterans' Affairs  
100 W. Randolph St., Ste. 5-570  
Chicago, IL 60601-3219

312/814-5391

## DEPARTMENT OF VETERANS' AFFAIRS

## NOTICE OF PROPOSED AMENDMENTS

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of Professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because the agency did not anticipate the need for this rulemaking at the time the Agendas were published.

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

## DEPARTMENT OF VETERANS' AFFAIRS

## NOTICE OF PROPOSED AMENDMENTS

TITLE 95: VETERANS AND MILITARY AFFAIRS  
CHAPTER I: DEPARTMENT OF VETERANS' AFFAIRS

## PART 120

SURVIVORSSURVIVORS' COMPENSATION ACT PROGRAM

## Section

120.5	General Purpose
120.10	Definition of Terms Used
120.20	Determination of Entitlement
120.30	Documentation, Application, Payment, and Claim

AUTHORITY: Implementing and authorized by the Survivors Compensation Act [330 ILCS 100] and authorized by Section 2(9) of the Illinois Department of Veterans Affairs Act [20 ILCS 2805/2].

SOURCE: Adopted at 12 Ill. Reg. 15200, effective September 12, 1988; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 120.10 Definition of Terms Used**

- a) Hostile Action ~~— means:~~ Those actions or activities of violence or terrorism ~~that which~~ cause or result in the death of Illinois ~~Armed Services members~~ service ~~persons~~. Examples of ~~hostile~~ such actions include, but are not limited to, the bombing of the Marine Barracks in Beirut, Lebanon, the attack on the naval frigate USS Stark in the Persian Gulf, the bombing of a discoteque in Germany, the United States invasion of the Island of Grenada, the taking of military hostages, and attacks upon military forces in countries where encounters with hostile armed forces are imminent.
- b) Unfriendly ~~Forces — forces means:~~ Any military or political organizations, groups or factions engaging in hostile actions or activities aimed against the United States and its allies while operating in the territories of the United States, ~~in~~ foreign nations, third world countries, and allied countries where members of the ~~Armed Forces~~ armed forces of the United States are on active duty or on active duty for training purposes.
- c) Wartime Period (see 38 USC 101) — period means: Spanish American War; (April 21, 1898 through, to July 15, 1903); World War I; (April 6, 1917 through, to April

## DEPARTMENT OF VETERANS' AFFAIRS

## NOTICE OF PROPOSED AMENDMENTS

1, 1920); World War II; (December 7, 1941 ~~through, to~~ December 31, 1946); Korean Conflict; (June 27, 1950 ~~through, to~~ January 31, 1955); Vietnam Era; (August 5, 1964 ~~through, to~~ May 7, 1975); ~~(38 U.S.C. 101 (1985))~~; Persian Gulf War (August 2, 1990 until a date to be determined by Congress); and any further declaration of war by Congress, ending on the date prescribed by Presidential proclamation or concurrent resolution of the Congress.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 120.30 Documentation, Application, Payment, and Claim**

- a) ~~Documentation:~~  
All documentation submitted with an application must be certified as a true and exact copy by execution of a notary seal or official stamp of authenticity by a county recorder or government agency possessing the documentation.
- b) ~~Application:~~  
The application for compensation under ~~the~~this Act shall be made on ~~forms~~Forms provided by the Department of Veterans' Affairs and shall be notarized.
- c) ~~Payment:~~
- 1) Payment of the sum of \$1,000 will be made to the survivors, in the order named in Section 120.20, provided the deceased person died as a result of service in the ~~Armed Forces~~armed forces according to the provisions of ~~the~~this Act.
- 2) *Payment of the sum of \$3,000 will be made to the survivors, in the order named in Section 120.20, provided the deceased person's death was service-connected as a result of hostile action on or after September 11, 2001 and prior to such time as Congress declares such person ineligible for the Global War on Terrorism Expeditionary Medal or the Global War on Terrorism Service Medal [330 ILCS 100/4].*
- d) ~~Claim:~~  
~~When~~Where a preceding beneficiary fails to file a claim for compensation within two years after the official notice of death, the Department of Veterans' Affairs may accept applications from succeeding beneficiaries and ~~the succeeding~~such beneficiaries may then proceed to qualify upon submission of satisfactory proof

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENTS

of eligibility.

| e) No right or claim to compensation under this Section may be assigned.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Extensions of Jurisdiction
- 2) Code Citation: 80 Ill. Adm. Code 305
- 3) Section Number: 305.300      Adopted Action: New Section
- 4) Statutory Authority: Implementing and authorized by Section 4b of the Personnel Code [20 ILCS 415/4b]
- 5) Effective Date of Rulemaking: March 31, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 36 Ill. Reg. 17636; December 21, 2012
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposal and Final Version: The effective date of the rulemaking was changed from January 1, 2013 to March 31, 2013. Changed 'and' to 'or'.
- 12) Have all of the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes, all changes have been made.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The Department of Central Management Services (CMS) is amending the Extensions of Jurisdiction (80 Ill. Adm. Code 305) by adding Section 305.300 to reflect two Memoranda of Understanding between the American Federation of State, County and Municipal Employees (AFSCME) and the State of Illinois. The first Memorandum of Understanding (MOU) pertains to the non-Personnel-

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

Code Human Resources Coordinator at the Illinois Commerce Commission and was signed May 10, 2011. The second MOU pertains to one non-Personnel-Code Manager (position number 81550-31-73-200-00-01 only) at the Illinois Commerce Commission (ICC) and was signed September 28, 2011. This position number was found to be non-engineering and non-technical in nature and, therefore, subject to the Illinois Personnel Code. In contrast, the other Manager positions within the ICC were found to be serving in either the engineering or technical fields, and thus are exempt from jurisdictions A, B and C of the Illinois Personnel Code per 20 ILCS 415/4c(12).

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

Mary Matheny  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706

217/557-5404

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

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND  
POSITION CLASSIFICATIONS  
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICESPART 305  
EXTENSIONS OF JURISDICTION

## Section

305.50	Extends Jurisdiction A, B & C
305.60	Extends Jurisdiction A, B & C (July 1, 1970)
305.70	Extends Jurisdiction A, B & C (July 1, 1970)
305.80	Extends Jurisdiction A, B & C (August 1, 1970)
305.90	Extends Jurisdiction A, B & C (August 1, 1971)
305.100	Extends Jurisdiction A, B & C (November 16, 1971)
305.110	Extends Jurisdiction A, B & C (April 1, 1972)
305.120	Extends Jurisdiction A, B & C (May 1, 1972)
305.130	Extends Jurisdiction A & C (October 1, 1972)
305.140	Extends Jurisdiction A & C (October 1, 1972)
305.150	Extends Jurisdiction A, B and C (November 1, 1972)
305.160	Extends Jurisdiction B, Except 8b.1, 8b.3 and 8b.5 (January 1, 1973)
305.170	Extension of Jurisdiction
305.180	Termination of Extension of Jurisdiction
305.190	Extension of Jurisdiction
305.200	Third Extension of Jurisdiction to Office of the Treasurer
305.210	Extends Jurisdiction A, B and C (December 1, 1998)
305.220	Extends Jurisdiction A, B and C (December 1, 1998)
305.230	Extends Jurisdiction A, B and C (July 16, 2002)
305.240	Extends Jurisdiction A, B and C (April 7, 2005)
305.250	Extends Jurisdiction A, B and C (January 16, 2006)
305.260	Extends Jurisdiction A, B and C (November 30, 2008)
305.270	Extends Jurisdiction A, B and C (December 30, 2009)
305.280	Extends Jurisdiction A, B and C (June 1, 2011)
305.290	Extends Jurisdiction A, B and C (July 25, 2012)
<u>305.300</u>	<u>Extends Jurisdiction A, B and C (March 31, 2013)</u>

AUTHORITY: Implementing and authorized by Section 4b of the Personnel Code [20 ILCS 415/4b].

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

SOURCE: Filed May 29, 1975; emergency amendment at 2 Ill. Reg. 46, p. 3, effective January 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 1, p. 61, effective January 1, 1979; codified at 7 Ill. Reg. 13214; amended at 10 Ill. Reg. 21643, effective December 15, 1986; amended at 22 Ill. Reg. 21302, effective December 1, 1998; emergency amendment at 26 Ill. Reg. 12060, effective July 16, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16150, effective October 18, 2002; emergency amendment at 29 Ill. Reg. 5751, effective April 7, 2005, for a maximum of 150 days; emergency expired September 3, 2005; amended at 29 Ill. Reg. 14530, effective September 14, 2005; emergency amendment at 30 Ill. Reg. 1378, effective January 16, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 9321, effective May 4, 2006; amended at 32 Ill. Reg. 18931, effective November 30, 2008; amended at 34 Ill. Reg. 834, effective December 30, 2009; amended at 35 Ill. Reg. 8982, effective June 1, 2011; amended at 36 Ill. Reg. 12811, effective July 25, 2012; amended at 37 Ill. Reg. 4231, effective March 31, 2013.

**Section 305.300 Extends Jurisdiction A, B and C (March 31, 2013)**

- a) Effective March 31, 2013, the Personnel Code Jurisdictions A, B and C will be extended to the Illinois Commerce Commission positions currently classified as Human Resources Coordinator or Manager (position number 81550-31-73-200-00-01 only).
- b) With the exception of those employees who have already been determined qualified, the affected employees cited in subsection (a) will be required to qualify within six months in the same kind of examinations as those required for entrance examinations for comparable positions. All other appointments subsequent to March 31, 2013 will be made pursuant to provisions of the Illinois Personnel Code and the rules of the Department of Central Management Services (see 80 Ill. Adm. Code 301, 302, 303, 304, 310 and 320). No provision of this Section in any way affects the status of employees already holding certified status under the Illinois Personnel Code. All other provisions of the Illinois Personnel Code and rules of the Department of Central Management Services will apply to the affected employees effective March 31, 2013.

(Source: Added at 37 Ill. Reg. 4231, effective March 31, 2013)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: State of Illinois Dependent Care Assistance Plan
- 2) Code Citation: 80 Ill. Adm. Code 2110
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
2110.520	Amendment
2110.540	Amendment
- 4) Statutory Authority: Implementing Sections 125 and 129(d) of the Internal Revenue Code (26 USC 125 and 129(d)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625]
- 5) Effective Date of Rulemaking: March 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 36 Ill. Reg. 17640; December 21, 2012
- 10) Has JCAR issued a Statement of Objection to the Rulemaking? No
- 11) Differences between Proposal and Final Version: No changes were made.
- 12) Have all of the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were requested.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and Purpose of Rulemaking: Generally, the proposed rulemaking modifies administrative functions of the State of Illinois Dependent Care Assistance Plan (Plan). Specifically, the proposed amendments clarify the reimbursement threshold and the administrative tasks of the plan administrator.
- 16) Information and questions regarding this rulemaking shall be directed to:

Mary Matheny  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706

217/557-5404

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE F: EMPLOYEE BENEFITS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 2110

STATE OF ILLINOIS DEPENDENT CARE ASSISTANCE PLAN

SUBPART A: INTRODUCTION AND DEFINITIONS

Section

- 2110.10 Summary and Purpose of Plan
- 2110.20 Plan Number
- 2110.30 Definitions

SUBPART B: ADMINISTRATION

Section

- 2110.110 Role of the Department/Plan Administrator
- 2110.120 Expenses of Administration

SUBPART C: PARTICIPATION

Section

- 2110.210 Date of Participation
- 2110.220 Insufficient Salary
- 2110.230 Errors
- 2110.240 Reinstatement of Former Participant (Repealed)

SUBPART D: ELECTION TO RECEIVE DEPENDENT CARE ASSISTANCE

Section

- 2110.310 Election Procedure
- 2110.320 Irrevocability of Election
- 2110.330 Maximum Dependent Care Assistance
- 2110.340 Minimum Dependent Care Assistance

SUBPART E: DEPENDENT CARE ASSISTANCE ACCOUNTS

Section

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

2110.410	Establishment of Accounts
2110.420	Crediting of Accounts
2110.430	Debiting of Accounts
2110.440	Forfeiture of Accounts

## SUBPART F: PAYMENT OF DEPENDENT CARE ASSISTANCE ACCOUNTS

Section	
2110.510	Claims for Reimbursement
2110.520	Reimbursement of Participant
2110.530	Exclusions
2110.540	Statements

## SUBPART G: TERMINATION OF PARTICIPATION

Section	
2110.610	Termination or Death of Participant
2110.620	Fraud

## SUBPART H: MISCELLANEOUS

Section	
2110.710	Non-discrimination
2110.720	Illegality of a Particular Provision
2110.730	Applicable Law
2110.740	Rights Against the Employer
2110.750	Effect on Pension
2110.760	Effect on Social Security
2110.770	Benefits Solely From General Assets
2110.780	Nonassignability of Rights
2110.790	Tax Consequences
2110.800	Indemnification of State by Participants
2110.810	Right to Amend and Terminate Reserved

AUTHORITY: Implementing Sections 125 and 129(d) of the Internal Revenue Code (26 USC 125 and 129(d)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

SOURCE: Emergency rules adopted at 10 Ill. Reg. 20248, effective December 1, 1986, for a maximum of 150 days; adopted at 11 Ill. Reg. 9477, effective April 30, 1987; emergency amendments at 12 Ill. Reg. 11795, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17283, effective October 14, 1988; emergency amendments at 13 Ill. Reg. 214, effective January 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 9259, effective May 31, 1989; amended at 16 Ill. Reg. 13801, effective August 28, 1992; amended at 19 Ill. Reg. 8590, effective June 14, 1995; amended at 21 Ill. Reg. 2950, effective February 21, 1997; amended at 31 Ill. Reg. 352, effective December 28, 2006; amended at 37 Ill. Reg. 4235, effective March 22, 2013.

## SUBPART F: PAYMENT OF DEPENDENT CARE ASSISTANCE ACCOUNTS

**Section 2110.520 Reimbursement of Participant**

- a) The Plan Administrator shall reimburse the Participant from the Participant's dependent care assistance account for Dependent Care Expenses incurred during the Plan Year for which the Participant submits documentation in accordance with Section 2110.510 ~~of this Part~~.
- b) The Reimbursement schedule will be established by the Plan Administrator in a manner that allows the Participant to receive Reimbursement no less than once a month.
- c) No Reimbursement under this Section shall at any time exceed the balance of the Participant's dependent care assistance account for the Plan Year at the time of the Reimbursement.
- d) The Plan Administrator will reimburse Participants who have filed claims in the prescribed manner:
  - 1) at least once a month if the claim equals or exceeds \$~~5.0020~~, and if there is enough money in the account,
  - 2) at least once the twelfth month (or the final month of participation) regardless of the amount.

(Source: Amended at 37 Ill. Reg. 4235, effective March 22, 2013)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

**Section 2110.540 Statements**

- a) On or before January 31 of each year, the Department shall furnish to each Participant who was enrolled in the Plan during the prior calendar year a written statement showing the amount of contributions made by the Participant into his or her account.
- b) The Plan Administrator shall also notify each Participant in writing, or electronically if the Participant has opted for communication, via a quarterly~~monthly~~ statement of the unused balance in his or her account.

(Source: Amended at 37 Ill. Reg. 4235, effective March 22, 2013)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: State of Illinois Medical Care Assistance Plan
- 2) Code Citation: 80 Ill. Adm. Code 2120
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
2120.30	Amendment
2120.330	Amendment
2120.525	Amendment
2120.540	Amendment
2120.610	Amendment
- 4) Statutory Authority: Implementing Sections 105(h), 125, and 213(d) of the Internal Revenue Code (26 USC 105(h), 125, and 213(d)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625]
- 5) Effective Date of Rulemaking: March 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 36 Ill. Reg. 17646; December 21, 2012
- 10) Has JCAR issued a Statement of Objection to the Rulemaking? No
- 11) Differences between Proposal and Final Version: JCAR added language to Section 2120.330(a), referencing that payroll deductions are “indexed to the CPI-U, with any increase that is not a multiple of \$50 rounded to the next lowest multiple of \$50”.
- 12) Have all of the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Generally, the proposed rulemaking modifies administrative functions of the State of Illinois Medical Care Assistance Plan (Plan). Specifically, the proposed amendments clarify who is eligible for coverage under the plan and the deferral threshold, remove the administrative fee associated with the stored value card provided under the plan, clarify certain administrative tasks of the plan administrator, and correct a reference in Section 2120.610.
- 16) Information and questions regarding this rulemaking shall be directed to:

Mary Matheny  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706

217/557-5404

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE F: EMPLOYEE BENEFITS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 2120

STATE OF ILLINOIS MEDICAL CARE ASSISTANCE PLAN

SUBPART A: INTRODUCTION AND DEFINITIONS

Section	
2120.10	Summary and Purpose of Plan
2120.20	Plan Number
2120.30	Definitions

SUBPART B: ADMINISTRATION

Section	
2120.110	Role of the Department/Plan Administrator
2120.120	Expenses of Administration

SUBPART C: PARTICIPATION

Section	
2120.210	Date of Participation
2120.220	Insufficient Salary
2120.230	Errors

SUBPART D: ELECTION TO RECEIVE MEDICAL CARE ASSISTANCE

Section	
2120.310	Election Procedure
2120.320	Irrevocability of Election
2120.330	Maximum Medical Care Assistance
2120.340	Minimum Medical Care Assistance

SUBPART E: MEDICAL CARE ASSISTANCE ACCOUNTS

Section	
2120.410	Establishment of Accounts

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 2120.420 Crediting of Accounts
- 2120.430 Debiting of Accounts
- 2120.440 Forfeiture of Accounts

## SUBPART F: PAYMENT OF MEDICAL CARE ASSISTANCE ACCOUNTS

## Section

- 2120.510 Claims for Reimbursement
- 2120.520 Reimbursement of Participant
- 2120.525 Electronic Card Reimbursement Program
- 2120.530 Exclusions
- 2120.540 Statements

## SUBPART G: TERMINATION OF PARTICIPATION

## Section

- 2120.610 Termination or Death of Participant
- 2120.620 Fraud

## SUBPART H: MISCELLANEOUS

## Section

- 2120.710 Non-discrimination
- 2120.720 Illegality of a Particular Provision
- 2120.730 Applicable Law
- 2120.740 Effect on Pension
- 2120.750 Effect on Social Security
- 2120.760 Benefits Solely From General Assets
- 2120.770 Nonassignability of Rights
- 2120.780 Tax Consequences
- 2120.790 Indemnification of State by Participants
- 2120.800 Right to Amend and Terminate Reserved

AUTHORITY: Implementing Sections 105(h), 125, and 213(d) of the Internal Revenue Code (26 USC 105(h), 125, and 213(d)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

SOURCE: Emergency rules adopted at 12 Ill. Reg. 11810, effective July 1, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 17296, effective October 17, 1988; amended at 14 Ill. Reg. 18998, effective November 14, 1990; amended at 16 Ill. Reg. 13811, effective August 28, 1992; amended at 19 Ill. Reg. 8595, effective June 14, 1995; amended at 21 Ill. Reg. 2955, effective February 21, 1997; amended at 30 Ill. Reg. 15119, effective September 6, 2006; emergency amendment at 33 Ill. Reg. 6110, effective April 13, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11791, effective August 3, 2009; amended at 37 Ill. Reg. 4241, effective March 22, 2013.

## SUBPART A: INTRODUCTION AND DEFINITIONS

**Section 2120.30 Definitions**

- a) Wherever used in the Plan, the following terms have the following meanings:

"Anticipated Payroll" means those payrolls in which the Participant is issued a paycheck during the pay period that the deduction is taken.

"Card" means the stored value card provided by the Plan Administrator that deducts funds electronically from a Participant's medical care assistance account to pay for eligible expenses.

"Change in Family Status" means marriage, divorce, death of spouse or dependent, birth or adoption of child, commencement or termination of employment of spouse, significant change in cost or benefits coverage of the Participant or spouse due to the spouse's employment, switch from full-time to part-time status of spouse, or from part-time to full-time, or unpaid leave of absence of Participant or spouse, or any other events that the Department determines constitute a change in family status.

"Code" means the Internal Revenue Code of 1954 (26 USC 1 et seq.) and applicable regulations, or any successor statute.

"Compensation" for purposes of this Plan is defined under Code section 414. It means wages, salaries and other employee compensation received by a Participant as reported on the Participant's W-2 from this employer. For purposes of discrimination testing, it may include or exclude all amounts not currently includible in the Participant's gross income.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

"Delayed Payroll" means those payrolls in which the Participant is issued a paycheck following the pay period that the deduction is taken.

"Department" means the Illinois Department of Central Management Services.

"Dependent" means a Participant's spouse, qualifying child or qualifying relative as defined in Internal Revenue Code sections 152 and 213(d)(5).

"Discriminatory Excess" is the excess of any "Highly Compensated Participant" over the highest permitted benefit.

"Eligible Employee" means any employee working full time or not less than half-time who is eligible to participate in the Health Plan authorized by the State Employees Group Insurance Act of 1971. It includes those employees who have lost eligibility to participate in the Health Plan because of a reduction in hours worked but chosen continuation coverage through payroll deduction as authorized by the Consolidated Omnibus Budget Reconciliation Act (COBRA) (P.L. 99-272) as long as there is no break in coverage or payroll deductions. It also includes those employees who retire, terminate employment or go on an unpaid leave of absence, but choose to continue to make contributions to their MCAP for the balance of the Plan Year. An eligible employee of the employer excludes independent contractors, temporary employees, and retirees who return to work for not longer than 75 days per year after they retire.

"Employer" means the State of Illinois, which includes all officers, boards, commissions, and agencies created by the Illinois Constitution, whether in the executive, legislative or judicial branch, all officers, departments, boards, commissions, agencies, institutions, authorities, universities, bodies politic and corporate of the State; and administrative units or corporate outgrowths of the State government that are created by or pursuant to statute other than units of local government and their officers, school districts and boards of election commissioners, and all administrative units and corporate outgrowths of the above as may be created by executive order of the Governor.

"Enrollment Form" means the form provided by the Department for the purpose of filing an election and compensation reduction agreement and

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

for making changes authorized by the Plan.

"Grace Period" means the period following the close of the Plan Year in which the Participant can incur a medical care expense eligible for reimbursement from his or her medical care assistance account from the just completed Plan Year. The grace period goes from July 1 until September 15 of each calendar year.

"Health Plan" means health, dental and vision coverage offered by the Department to eligible persons.

"Highly Compensated Participant" means any Participant who was in either of the following categories at any time during the current Plan Year:

an employee of the State or its administrative units or corporate outgrowths who has annual total compensation greater than \$75,000 or any other amount established by the Internal Revenue Service; or

an employee of the State who receives compensation in excess of \$50,000 or any other amount established by the Internal Revenue Service and is in the top 20% of all State employee salaries.

"Medical Care Expense" means any expense incurred by a Participant or dependent of the Participant that was paid for as a medical service expense eligible under Internal Revenue Code section 213(d). Expenses that result in a double deduction for tax purposes are not eligible. For example:

Premiums for health insurance coverage carried by the eligible employee, spouse or dependent; and

Premiums for other health coverage carried by the Participant.

"Participant" means each eligible employee who participates in the Plan in accordance with Section 2120.210 of this Part.

"Pay Period" means a regular accounting period established by the State of Illinois for measuring and paying compensation earned by employees. A pay period may be monthly, semi-monthly or biweekly.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

"Plan" means the State of Illinois Medical Care Assistance Plan as set forth in this Part, and as may be amended from time to time in compliance with the Illinois Administrative Procedure Act [5 ILCS 100].

"Plan Administrator" means an organization, company or other entity designated by the Director to perform certain duties related to the administration of a specific plan in accordance with the terms of the contract between the organization and the Department.

"Plan Year" means the 12-consecutive-month period beginning July 1 comprising the State fiscal year.

"Qualifying Child" means an individual 26 years old or younger at the end of the taxable year~~18 years old or younger (23 years old or younger if a full time student)~~ who has a specified family-type relationship to the Participant, lives in the Participant's household for more than half of the taxable year and has not provided more than one-half of his or her own support during the taxable year ~~(and receives more than one-half of his or her support from the Participant during the taxable year if a full time student ages 19 through 23 at the end of the taxable year)~~. There is no age requirement if the individual is physically and/or mentally incapable of self care.

"Qualifying Relative" means an individual who has a specified family-type relationship with the Participant, is not someone else's qualifying child and receives more than one-half of his or her support from the Participant during the taxable year or, if no specified family-type relationship to the Participant exists, is a member of and lives in the Participant's household (without violating local law) for the entire taxable year and receives more than one-half of his or her support from the Participant during the taxable year.

"Reimbursement" means to pay a Participant in this Plan for medical care expenses from his or her medical care assistance account.

"Spouse" means the person to whom the Participant is married. Spouse does not include a person separated from the Participant under a decree of divorce.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

"Termination" means the permanent severance of the Participant's employment relationship with the employer as provided by the appropriate rules of the employer.

"Unsubstantiated Expenses" are expenses for medical care paid for with the Card for which the Plan Administrator requires additional documentation to substantiate the expense.

- b) A pronoun or adjective in the masculine gender includes the feminine gender and the singular includes the plural, unless the context clearly indicates otherwise.

(Source: Amended at 37 Ill. Reg. 4241, effective March 22, 2013)

## SUBPART D: ELECTION TO RECEIVE MEDICAL CARE ASSISTANCE

**Section 2120.330 Maximum Medical Care Assistance**

- a) The maximum amount that the Participant may ~~payroll deduct for use~~ ~~reimbursed~~ under this Plan during the Plan Year shall not exceed ~~\$2,500 for tax year 2013 and, after tax year 2013, an amount adjusted for cost of living to the extent provided under Section 125(i) of the Code (indexed to the CPI-U, with any increase that is not a multiple of \$50 rounded to the next lowest multiple of \$50)~~ ~~\$5,000~~.
- b) The pay period maximum is the annual maximum divided by the number of pay periods in the Plan Year.
- c) The pay period maximum cannot be exceeded if there is a change in family status, as provided in Section 2120.610 of this Part, or if there are circumstances requiring prepayment of the contributions for the balance of the year.
- d) If the Department determines during the Plan Year that highly compensated Participants are benefiting from the Plan more than non-highly compensated Participants, the Department shall reduce the maximum deduction for the highly compensated Participants the minimal amount necessary to bring the Plan into compliance with the non-discrimination requirements of the Code (26 USC 125).

(Source: Amended at 37 Ill. Reg. 4241, effective March 22, 2013)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

## SUBPART F: PAYMENT OF MEDICAL CARE ASSISTANCE ACCOUNTS

**Section 2120.525 Electronic Card Reimbursement Program**

- a) A Participant may elect to pay medical care expenses through the use of a stored value card (Card) provided by the Plan Administrator. The Card deducts funds directly from the Participant's medical care assistance account and avoids any up-front, out-of-pocket expenses for the Participant.
- b) In order to be eligible for the Card, the Participant must agree to abide by the terms and conditions associated with the Card as established by the Plan Administrator and provided to the participant prior to enrollment, ~~including the payment of a \$20 annual fee for the Card,~~ limitations as to Card usage and the Plan Administrator's right to withhold and offset payment for unsubstantiated expenses. The Participant must further certify that the Card will be used only for eligible medical care expenses.
- c) Use of this Card is limited to payments for Medical Care Expenses.
- d) The maximum reimbursable amount under the Card is the full amount of the Participant's contribution to the medical care assistance account for the Plan Year, less any previously submitted reimbursements.
- e) The Participant must obtain a receipt or third party statement (i.e., explanation of benefits form or invoice) each time the Card is used. The receipt must be retained for 1 year following the end of the Plan Year in which the expense was incurred and must be available for presentation to the Plan Administrator upon request. At a minimum, the receipt must contain the following information:
  - 1) the type of service provided (i.e., office visit; prescription; over-the-counter purchase);
  - 2) the date the medical care was provided (i.e., when the expense was incurred);
  - 3) the amount of the expense;
  - 4) the provider's or vendor's name; and

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 5) the patient's name.
- f) If the Participant fails to provide the requested documentation to the Plan Administrator within the requested time frame, the expenses will be deemed unsubstantiated and the Participant will be required to repay the unsubstantiated expenses. Repayments may be made by either:
- 1) submitting payment to reimburse the Plan for the cost of the unsubstantiated expense. Payment must be in the form of a check payable to the State of Illinois, submitted to the Plan Administrator; or
  - 2) submitting other paper claims for the fiscal year with third-party receipts in amounts equal to, or greater than, the unsubstantiated expenses. These paper claims will automatically be substituted to offset the outstanding Card transactions.
- g) Failure to submit requested documentation or provide payment for unsubstantiated expenses will result in suspension of the Card and termination of future use of the Card. Participants may be subject to involuntary withholding for the unsubstantiated expenses or outstanding transactions may be reported to the IRS as income and the Participant's W-2 form adjusted accordingly.
- h) Participants may elect the Card at any time during the Plan Year. Cards are automatically suspended upon termination or cancellation of participation in the Plan.

(Source: Amended at 37 Ill. Reg. 4241, effective March 22, 2013)

**Section 2120.540 Statements**

- a) On or before January 31 of each year, the Department shall furnish to each Participant who was enrolled in the Plan during the prior calendar year a written statement showing the amount of contributions into his or her account during that year with respect to the Participant.
- b) The Plan Administrator shall notify each Participant electing a Card in writing, or electronically if the Participant has opted for electronic communication, via a quarterly~~monthly~~ statement of the unused balance in his or her account. Any

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

unsubstantiated expenses will be clearly delineated on the ~~quarterly~~monthly statement.

- c) The Plan Administrator shall notify each Participant not ~~activating~~electing a Card in writing, or electronically if the Participant has opted for electronic communication, via a quarterly statement of the unused balance in his or her account.

(Source: Amended at 37 Ill. Reg. 4241, effective March 22, 2013)

## SUBPART G: TERMINATION OF PARTICIPATION

**Section 2120.610 Termination or Death of Participant**

- a) In the event that a Participant terminates State service or dies, the Participant's participation shall terminate unless continuation of coverage as authorized by COBRA has been elected. If COBRA is not elected, eligible medical care expenses will include only those expenses incurred through the last day of the pay period when the last deduction was taken, if on an anticipated payroll, or on the last day of the pay period following the pay period when the last deduction was taken, if on a delayed payroll.
- b) If the Participant returns to State service the same Plan Year, the Participant can re-enroll in accordance with the provisions of Section ~~2120.2102110.210~~. If re-enrollment occurs within 30 days after termination or departure from State service, the contribution amount per pay period must be the same as the amount contributed prior to termination.
- c) If the Participant's employment status has changed from full time or part time (equal to or greater than 50 percent of a normal work period) to a status that no longer allows participation in the State Employees Group Health Plan, the Participant will be considered revoked as described in Section 2120.220 unless the Participant has chosen continuation coverage as authorized by COBRA.
- d) If participation continues in this Plan because of COBRA-qualification, the Participant shall be considered terminated from State service at the end of the 18-month period of COBRA-coverage or whenever COBRA-qualification ceases.

(Source: Amended at 37 Ill. Reg. 4241, effective March 22, 2013)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Commuter Savings Program
- 2) Code Citation: 80 Ill. Adm. Code 2190
- 3) Section Number: 2190.520                      Adopted Action:  
Amendment
- 4) Statutory Authority: Implementing section 132(f) of the Internal Revenue Code (926 USC 132(f)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625]
- 5) Effective Date of Amendment: March 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in the *Illinois Register*: 36 Ill. Reg. 17658; December 21, 2012
- 10) Has JCAR issued a Statement of Objection to the Amendment? No
- 11) Differences between Proposal and Final Version: No changes were made.
- 12) Have all of the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were requested.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Amendment: The proposed amendment clarifies that a participant, who does not cancel his or her enrollment by the 10<sup>th</sup> of the month prior to

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENT

termination or leave of absence, is responsible for any contributions associated with their enrollment in the Commuter Savings Program.

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

Mary Matheny  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706

217/557-5404

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE F: EMPLOYEE BENEFITS

CHAPTER 1: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 2190

COMMUTER SAVINGS PROGRAM

SUBPART A: INTRODUCTION AND DEFINITIONS

Section

- 2190.10 Summary and Purpose of the Commuter Savings Program (CSP)
- 2190.20 Definitions

SUBPART B: ADMINISTRATION

Section

- 2190.110 Administration of the Plan
- 2190.120 Expenses of Administration

SUBPART C: PARTICIPATION

Section

- 2190.210 Date of Participation
- 2190.220 Errors

SUBPART D: ELECTION

Section

- 2190.310 Election Procedures
- 2190.320 Benefit Options and Limits

SUBPART E: QUALIFIED TRANSPORTATION BENEFIT ACCOUNTS

Section

- 2190.410 Establishment of Accounts
- 2190.420 Crediting to Accounts

SUBPART F: TERMINATION

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

## Section

2190.510	Termination of Enrollment
2190.520	Termination, Leave of Absence or Death of Participant
2190.530	Fraud

## SUBPART G: REIMBURSEMENT

## Section

2190.610	Procedures
2190.620	Exclusions

## SUBPART H: MISCELLANEOUS

## Section

2190.710	Illegality of a Particular Provision
2190.720	Applicable Law
2190.730	Effect on Pensions
2190.740	Effect on Social Security
2190.750	Benefits Solely from General Assets
2190.760	Nonassignability of Rights
2190.770	Tax Consequences
2190.780	Indemnification of State by Participants
2190.790	Right to Amend and Terminate Reserved

AUTHORITY: Implementing section 132(f) of the Internal Revenue Code (926 USC 132(f)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

SOURCE: Adopted at 31 Ill. Reg. 374, effective December 28, 2006; amended at 37 Ill. Reg. 4253, effective March 22, 2013.

## SUBPART F: TERMINATION

**Section 2190.520 Termination, Leave of Absence or Death of Participant**

- a) If a participant terminates employment or takes a leave of absence, the participant must notify the Plan Administrator and his or her GIR by the 10<sup>th</sup> of the month prior to the termination or leave of absence in order for cancellation of enrollment

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENT

to be effective at the start of the following month. Participants who do not cancel enrollment by the 10<sup>th</sup> of the month prior to the termination or leave of absence will continue to be enrolled in the Plan through the month following the date that notice of cancellation is provided and shall remain responsible for the contributions associated with the enrollment.

- b) If the participant returns to State service, the participant may re-enroll in the Plan.
- c) In the event a participant dies, the participant's participation in the Plan shall be terminated.

(Source: Amended at 37 Ill. Reg. 4253, effective March 22, 2013)

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Programs for the Preparation of Principals in Illinois
- 2) Code Citation: 23 Ill. Adm. Code 30
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
30.10	Amendment
30.20	Amendment
30.30	Amendment
30.40	Amendment
30.45	Amendment
30.50	Amendment
30.60	Amendment
30.70	Amendment
30.80	Amendment
- 4) Statutory Authority: 105 ILCS 5/21B-60
- 5) Effective Date of Rulemaking: March 25, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes; see Sections 30.30(b)(3) and (c) and Section 30.45(a)(2).
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in the *Illinois Register*: November 16, 2012; 36 Ill. Reg. 16156
- 10) Has JCAR issued a Statement of Objections to these amendments? No
- 11) Differences between proposal and final version: Language was added to Section 30.30(a)(3) to clarify that the training program for mentors and faculty supervisors should align with the critical success factors and associated competencies outlined in "The Principal Internship: How Can We Get It Right?", published by the Southern Regional Education Board (SREB).

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

Citations were added to Section 30.45(a)(4) to provide more complete references to federal statutes for Individualized Family Services Plans (IFSP) and for regulations implementing Section 504 of the Rehabilitation Act of 1973.

- 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 other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: These amendments address statutory changes made by P.A. 97-607, effective August 6, 2011. P.A. 97-607 repealed (or will repeal later this year) much of Article 21 in the School Code, which addresses educator certification. The law establishes the Illinois licensure system, beginning July 1, 2013; requirements for that system are set forth in new Article 21B.

Most of the amendments are technical in nature, including updating statutory citations, revising the name of the licensure board, and modifying requirements in the principal preparation program to conform to the new law.

In Section 30.30 (General Program Requirements), a technical change was made to better communicate that the leadership qualities exhibited by principals should align to the success factors and competencies outlined in "The Principal Internship: How Can We Get It Right?", published by the Southern Regional Educational Board.

Section 30.40(d) (Internship Requirements) was amended to state that program candidates must pass the assessment required under Section 24A-3 of the School Code (105 ILCS 5/24A-3) before commencing the internship. In addition, candidates must pass the applicable content-area test before beginning the last semester of internship.

Section 30.60(f) (Staffing Requirements) was amended to state that full-time faculty members and faculty supervisors must pass the assessment required under Section 24A-3 of the School Code (105 ILCS 5/24A-3) required for the evaluation of licensed personnel.

In Section 30.80 (Program Approval and Review), an alternate for the individual representing the Illinois business community on the Panel will be allowed.

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

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

Vicki Phillips  
Preparation and Evaluation Division  
Illinois State Board of Education  
100 North First Street, E-310  
Springfield, Illinois 62777-0001

217/782-2948

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

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER b: PERSONNEL

## PART 30

## PROGRAMS FOR THE PREPARATION OF PRINCIPALS IN ILLINOIS

## Section

30.10	Definitions
30.20	Purpose and Applicability
30.30	General Program Requirements
30.40	Internship Requirements
30.45	Assessment of the Internship
30.50	Coursework Requirements
30.60	Staffing Requirements
30.70	Candidate Selection
30.80	Program Approval and Review
30.APPENDIX A	Internship Assessment Rubric

AUTHORITY: Implementing and authorized by Section 21B-60 of the School Code [105 ILCS 5/21B-60].

SOURCE: Old Part repealed at 29 Ill. Reg. 18439, effective October 31, 2005; new Part adopted at 35 Ill. Reg. 9060, effective June 1, 2011; amended at 36 Ill. Reg. 6819, effective April 23, 2012; amended at 37 Ill. Reg. 4258, effective March 25, 2013.

**Section 30.10 Definitions**

As used in this Part:

"Adjunct faculty" means part-time faculty who are not full-time employees of the institution.

"Dispositions" means professional attitudes, values and beliefs demonstrated through both verbal and nonverbal behaviors as educators interact with students, families, colleagues and communities.

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

"Educational unit" means the college, school, department, or division of an institution or not-for-profit entity that is primarily responsible for the initial and continuing preparation of teachers and other education professionals.

"Faculty" means either professional education staff employed at an institution or staff members employed by not-for-profit entities in principal preparation programs who provide instruction to candidates.

"Faculty Supervisor" means a faculty member employed on a full-time or part-time basis in a principal preparation program who supervises candidates during the internship period.

"Internship" means a candidate's placement in public or nonpublic schools for a sustained, continuous, structured and supervised experience lasting no more than 24 months, during which the candidate engages in experiences and leadership opportunities to demonstrate proficiencies in required competencies expected of a principal. (Also see Section 30.40(g) of this Part.)

"Institution" means a regionally accredited institution of higher learning as specified in Section ~~21B-10521-21~~ of the School Code [105 ILCS 5/~~21B-2521-21~~]. (Also see 23 Ill. Adm. Code 25.10 (Accredited Institution).)

"Mentor" means the principal of the public or nonpublic school in which a candidate is placed who works directly with the candidate on the day-to-day activities associated with the principal's role as the school leader.

"Nonpublic school" means a school recognized in accordance with 23 Ill. Adm. Code 425 (Voluntary Registration and Recognition of Nonpublic Schools) and meeting the staffing requirements set forth in 23 Ill. Adm. Code ~~25.65(a)(2)(B)25.65(b)~~ (Alternative Certification).

"Not-for-profit entity" means an entity that is subject to the General Not For Profit Corporation Act of 1986 [805 ILCS 105] or incorporated as a not-for-profit entity in another state but registered to do business in the State of Illinois pursuant to the Business Corporation Act of 1983 [805 ILCS 5] and that is recognized to provide an educator preparation program in the State of Illinois pursuant to 23 Ill. Adm. Code 25.Subpart C (Approving Programs that Prepare Professional Educators in the State of Illinois).

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

"Partner" means one or more institutions, not-for-profit entities, school districts or nonpublic schools that jointly design, implement and administer the principal preparation program. For the purposes of this Part, "partners" do not include school districts and their schools or nonpublic schools that serve only as sites for candidates to complete internship requirements or field experiences.

"Program completers" means persons who have met all the requirements of a State-approved principal preparation program established pursuant to Section ~~21B-6021-7.6~~ of the School Code [105 ILCS 5/~~21B-6021-7.6~~] and this Part and who have fulfilled the requirements for receipt of a principal endorsement set forth in Section ~~21B-2521-7.1~~ of the School Code [105 ILCS 5/~~21B-2521-7.1~~] and 23 Ill. Adm. Code 25.337 (Principal Endorsement).

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.20 Purpose and Applicability**

- a) This Part sets forth the requirements for the approval of programs to prepare individuals *to be highly effective in leadership roles to improve teaching and learning and increase academic achievement and the development of all students* [105 ILCS 5/~~21B-6021-7.6~~].
- b) Requirements of this Part are in addition to the requirements for the approval of new educator preparation programs set forth in 23 Ill. Adm. Code 25.Subpart C. *Any program offered in whole or in part by a not-for-profit entity also must be approved by the Board of Higher Education* [105 ILCS 5/~~21B-6021-7.1~~].
- c) *Candidates successfully completing a principal preparation program shall obtain a principal endorsement on a Professional Educator Licensean administrative certificate and are eligible to work as a principal, or an assistant principal or in related or similar positions, ~~assistant or associate superintendent, and junior college dean~~ (Section ~~21B-6021-7.1~~ of the School Code; also see 23 Ill. Adm. Code 25.337).*
- d) No later than September 1, 2014, all programs for the preparation of principals shall meet the requirements set forth in this Part.

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- e) Beginning September 1, 2012, institutions or not-for-profit entities may admit new candidates only to principal preparation programs that have been approved under this Part.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.30 General Program Requirements**

- a) The program shall be jointly established by one or more institutions or not-for-profit entities and one or more public school districts or nonpublic schools.
- b) The responsibility and roles of each partner in the design, implementation and administration of the program shall be set forth in a written agreement signed by each partner. The written agreement shall address at least the following:
- 1) the process and responsibilities of each partner for the selection and assessment of candidates;
  - 2) the establishment of the internship and any field experiences, and the specific roles of each partner in providing those experiences, as applicable;
  - 3) the development and implementation of a training program for mentors and faculty supervisors that supports candidates' progress during their internships in observing, participating, and demonstrating leadership to ~~align with~~ meet the 13 critical success factors and 36 associated competencies outlined in "The Principal Internship: How Can We Get It Right?" published by the Southern Regional Education Board, 592 10<sup>th</sup> St. NW, Atlanta, Georgia 30318 and posted at (Southern Regional Education Board, 2005; [http://publications.sreb.org/2005/05V02\\_Principal\\_Internship.pdf](http://publications.sreb.org/2005/05V02_Principal_Internship.pdf)). No later amendments to or edition of this document are incorporated by this Part;
  - 4) names and locations of non-partnering school districts and nonpublic schools where the internship and any field experiences may occur; and

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 5) the process to evaluate the program, including the partnership, and the role of each partner in making improvements based on the results of the evaluation.
- c) Each program shall meet the Educational Leadership Policy Standards: Interstate School Leaders Licensure Consortium (ISLLC) 2008, adopted by the National Policy Board for Educational Administration, [1615 Duke Street, Alexandria, Virginia 22314](http://www.npbea.org) and posted at [http://npbea.org/wp-content/uploads/2012/06/Educational\\_Leadership\\_Policy\\_Standards\\_2008.pdf](http://npbea.org/wp-content/uploads/2012/06/Educational_Leadership_Policy_Standards_2008.pdf)<http://www.npbea.org/projects.php>. No later amendments to or editions of these standards are incorporated by this Part.
- d) Each program shall offer curricula that address student learning and school improvement and focus on:
  - 1) all grade levels (i.e., preschool through grade 12);
  - 2) the role of instruction (with an emphasis on literacy and numeracy), curriculum, assessment and needs of the school or district in improving learning;
  - 3) the Illinois Professional Teaching Standards (23 Ill. Adm. Code 24 (Standards for All Illinois Teachers));
  - 4) all students, with specific attention on students with special needs (e.g., students with disabilities, English language learners, gifted students, students in early childhood programs); and
  - 5) collaborative relationships with all members of the school community (e.g., parents, school board members, local school councils or other governing councils, community partners).

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.40 Internship Requirements**

- a) The internship portion of the program shall be conducted at one or more public or nonpublic schools so as to enable the candidate to be exposed to and to participate in a variety of school leadership situations in settings that represent diverse

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

economic and cultural conditions and involve interaction with various members of the school community (e.g., parents, school board members, local school councils or other governing councils, community partners).

- 1) The internship shall consist of the following components:
    - A) Engagement in instructional activities that involve teachers at all grade levels (i.e., preschool through grade 12), including teachers in general education, special education, bilingual education and gifted education settings;
    - B) Observation of the hiring, supervision and evaluation of teachers, other ~~licensed~~~~certified~~ staff, and ~~nonlicensed~~~~noncertified~~ staff, and development of a professional development plan for teachers; and
    - C) Participating in leadership opportunities to demonstrate that the candidate meets the required competencies described in Section 30.45 of this Part.
  - 2) The internship shall not include activities that are not directly related to the provision of instruction at the school (e.g., supervision of students during lunch or recess periods, completion of program coursework).
  - 3) The internship shall require the candidate to work directly with the mentor observing, participating in, and taking the lead in specific tasks related to meeting the critical success factors and essential competencies referenced in Section 30.30(b)(3) of this Part.
- b) A public or nonpublic school may serve as an internship site if:
- 1) the principal of the school:
    - A) holds a valid and current ~~professional educator license~~~~administrative certificate~~ endorsed for general administrative or principal ~~issued~~ pursuant either to 23 Ill. Adm. Code 25.335 or 25.337; or
    - B) if the internship site is located in another state, holds a valid and current ~~license~~~~administrative certificate~~ that is comparable to the

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

required Illinois professional educator license endorsed for general administrative or principal~~administrative certificate~~ issued by the state in which the internship site is located; or

- C) in the case of a nonpublic school, either holds a valid and exempt Illinois professional educator license~~administrative certificate~~ that is registered and endorsed for general administrative or principal or meets the requirements of subsection (b)(1)(B) of this Section.
- 2) In all cases, the principal shall have three years of successful experience as a building principal as evidenced by relevant data, including data supporting student growth in two of the principal's previous five years, and formal evaluations or letters of recommendation from former supervisors.
- c) Each program shall assign a faculty member to serve as faculty supervisor for the internship portion of the program, provided that the individual assigned meets the requirements of subsection (b) of this Section. Faculty supervisors shall:
- 1) conduct at least four face-to-face meetings with the mentor at the internship site of each candidate;
  - 2) observe, evaluate and provide feedback at least four times a year to each candidate about the candidate's performance;
  - 3) host three seminars each year for candidates to discuss issues related to student learning and school improvement arising from the internship; and
  - 4) work in collaboration with site mentors to complete the assessment of the candidate's performance during the internship as required pursuant to Section 30.45 of this Part.
- d) Programs shall ensure that each candidate:
- 1) successfully completes the training and passes the assessment required under Section 24A-3 of the School Code [105 ILCS 5/24A-3] before beginning his or her internship; and

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 2) passes the applicable content-area test (see 23- Ill. Adm. Code 25.710 (Definitions)) prior to beginning the last semester of his or her internship~~before completion of the internship~~.
- e) Programs may charge fees of candidates, in addition to tuition, to be used to reimburse schools for the costs of employing substitute teachers for candidates who are full-time teachers and must be absent from their classrooms in order to complete internship activities.
- f) Programs may provide monetary stipends for candidates while they are participating in their internship.
- g) A program may extend the length of an internship beyond 24 months for any candidate who has to discontinue the internship portion of the program due to unforeseen circumstances, such as a medical or family emergency, provided that the program adopts procedures for requesting the exemption, the specific reasons under which the exemption would be granted, and the length of time within which a candidate must resume the internship. A copy of the policy shall be provided to each candidate who enrolls in the program.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.45 Assessment of the Internship**

- a) The principal preparation program shall rate each candidate's level of knowledge and abilities gained and dispositions demonstrated as a result of the candidate's participation in the internship required under Section 30.40 of this Part. The candidate shall demonstrate competencies listed in subsections (a)(1) through (4) of this Section by the completion during the course of the internship of the tasks specified.
  - 1) The candidate conveys an understanding of how the school's mission and vision affect the work of the staff in enhancing student achievement. He or she understands and is able to perform activities related to data analysis and can use the results of that analysis to formulate a plan for improving teaching and learning. As evidence of meeting this competency, the candidate shall:

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- A) review school-level data, including, but not limited to, State assessment results or, for nonpublic schools, other standardized assessment results; use of interventions; and identification of improvement based on those results;
  - B) participate in a school improvement planning (SIP) process, including a presentation to the school community explaining the SIP and its relationship to the school's goals; and
  - C) present a plan for communicating the results of the SIP process and implementing the school improvement plan.
- 2) The candidate demonstrates a comprehensive understanding of the process used for hiring staff who will meet the learning needs of the students. The candidate presents knowledge and skills associated with clinical supervision and teacher evaluation, including strong communication, interpersonal and ethics skills. The candidate can apply [the Learning Forward's Standards for Professional Learning \(2011\) promulgated by Learning Forward, 504 South Locust Street, Oxford, Ohio 45056 and posted at \[www.learningforward.org/standards/index.cfm\]\(http://www.learningforward.org/standards/index.cfm\)](#). No later amendments to or editions of these standards are incorporated by this Section. As evidence of meeting this competency, the candidate shall:
- A) create a job description, including development of interview questions and an assessment rubric, participate in interviews of candidates, make recommendations for hiring (i.e., rationale for action and supporting data), and prepare letters for candidates not selected;
  - B) participate in a model evaluation of a teacher, to include at least notes, observations, student achievement data, and examples of interventions and support, as applicable, based on the evaluation results, with the understanding that no candidate will participate in the official evaluation process for any particular teacher; and
  - C) create a professional development plan for the school to include the data used to develop the plan, the rationale for the activities chosen, options for participants, reasons why the plan will lead to

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

higher student achievement, and a method for evaluating the effect of the professional development on staff.

- 3) The candidate demonstrates the ability to understand and manage personnel, resources and systems on a schoolwide basis to ensure adequacy and equity, including contributions of the learning environment to a culture of collaboration, trust, learning and high expectations; the impact of the budget and other resources on special-needs students, as well as the school as a whole; and management of various systems (e.g., curriculum, assessment, technology, discipline, attendance, transportation) in furthering the school's mission. As evidence of meeting this competency, the candidate shall:
  - A) investigate two areas of the school's learning environment (i.e., professional learning community, school improvement process, professional development, teacher leadership, school leadership teams, cultural proficiency, curriculum, and school climate), to include showing connections among areas of the learning environment, identification of factors contributing to the environment's strengths and weaknesses, and recommendations for improvement of areas determined to be ineffective;
  - B) analyze the school's budget, to include a discussion of how resources are used and evaluated for adequacy and effectiveness; recommendations for improvement; and the impact of budget choices, particularly on low-income students, students with disabilities, and English language learners; and
  - C) review the mission statement for the school, to include an analysis of the relationship among systems that fulfill the school's mission, a description of two of these systems (i.e., curriculum, instruction, assessment, discipline, attendance, maintenance, and transportation) and creation of a rating tool for the systems, and recommendations for system improvement to be discussed with the school's principal.
- 4) The candidate demonstrates a thorough understanding of the requirements for, and development of, individualized education programs pursuant to 23 Ill. Adm. Code 226.Subpart C (The Individualized Education Program

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

(IEP)), ~~individualized~~~~individual~~ family service plans (IFSP) pursuant to 23 Ill. Adm. Code 226, ~~20 USC 1436 and~~~~and~~ 34 CFR 300.24 (2006), and plans under Section 504 of the Rehabilitation Act of 1973 (29 USC 794) ~~and 34 CFR 104~~, including the ability to disaggregate student data, as well as employ other methods for assisting teachers in addressing the curricular needs of students with disabilities. The candidate can work with school personnel to identify English language learners (ELLs) and administer the appropriate program and services, as specified under Article 14C of the School Code [105 ILCS 5/Art. 14C] and 23 Ill. Adm. Code 228 (Transitional Bilingual Education) to address the curricular and academic needs of English language learners. As evidence of meeting this competency, the candidate shall:

- A) use student data to work collaboratively with teachers to modify curriculum and instructional strategies to meet the needs of each student, including ELLs and students with disabilities, and to incorporate the data into the School Improvement Plan;
- B) evaluate a school to ensure the use of a wide range of printed, visual, or auditory materials and online resources appropriate to the content areas and the reading needs and levels of each student (including ELLs, students with disabilities, and struggling and advanced readers);
- C) in conjunction with special education and bilingual education teachers, identify and select assessment strategies and devices that are nondiscriminatory to be used by the school, and take into consideration the impact of disabilities, methods of communication, cultural background, and primary language on measuring knowledge and performance of students leading to school improvement;
- D) work with teachers to develop a plan that focuses on the needs of the school to support services required to meet individualized instruction for students with special needs (i.e., students with IEPs, IFSPs, or Section 504 plans, ELLs, and students identified as gifted);

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- E) proactively serve all students and their families with equity and honor and advocate on their behalf, ensuring an opportunity to learn and the well-being of each child in the classroom;
  - F) analyze and use student information to design instruction that meets the diverse needs of students and leads to ongoing growth and development of all students; and
  - G) recognize the individual needs of students and work with special education and bilingual education teachers to develop school support systems so that teachers can differentiate strategies, materials, pace, levels of complexity, and language to introduce concepts and principles so that they are meaningful to students at varying levels of development and to students with diverse learning needs.
- 5) A principal preparation program shall rate a candidate's demonstration of having achieved the competencies listed in this subsection (a)(1) through (3) as "meets the standards" or "does not meet the standards" in accordance with Section 30.Appendix A of this Part.
- A) A candidate must achieve a "meets the standards" on each competency in order to successfully complete the internship.
  - B) A candidate who fails to achieve a "meets the standards" on any of the three areas of competency may repeat the tasks associated with the failed competency at the discretion of the principal preparation program.
- b) Each candidate shall participate in, and demonstrate mastery of, the 36 activities listed in Appendix 3 of the document referenced in Section 30.30(b)(3) of this Part. The principal preparation program shall implement a process to assess both the candidate's understanding of school practices that foster student achievement and his or her ability to provide effective leadership. The assessment process and any rubrics to be used shall be submitted as part of the program's application for approval under Section 30.80 of this Part.

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 1) Programs shall ensure that each candidate demonstrates the participation level in 100 percent of the activities associated with the critical success factors described and defined in Section 30.30(b)(3) of this Part.
- 2) The assessment shall at least determine at what point a candidate demonstrates leadership in conducting the activities. Each candidate must demonstrate leadership in at least 80 percent of the activities associated with the critical success factors described and defined in Section 30.30(b)(3) of this Part in order to successfully complete the internship.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.50 Coursework Requirements**

- a) The coursework required by the preparation program of its candidates must cover each of the following areas:
  - 1) State and federal laws, regulations and case law affecting Illinois public schools;
  - 2) State and federal laws, regulations and case law regarding programs for students with disabilities and English language learners;
  - 3) use of technology for effective teaching and learning and administrative needs;
  - 4) use of a process that determines how a child responds to scientific, research-based interventions that are designed to screen students who may be at risk of academic failure; monitor the effectiveness of instruction proposed for students identified as at risk; and modify instruction as needed to meet the needs of each student;
  - 5) understanding literacy skills required for student learning that are developmentally appropriate (early literacy through adolescent literacy), including assessment for literacy, developing strategies to address reading problems, understanding reading in the content areas, and scientific literacy;

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 6) understanding numeracy skills and working collaboratively across content areas to improve problem-solving and number sense at all grade levels;
  - 7) identification of bullying; understanding the different types of bullying behavior and its harm to individual students and the school; and the importance of teaching, promoting and rewarding a peaceful and productive school climate; and
  - 8) the process to be used to evaluate ~~licensed~~~~certified~~ staff in accordance with the provisions of Section 24A-3 of the School Code [105 ILCS 5/24A-3].
- b) A portion of the required coursework shall include "field experiences", i.e., multiple experiences that are embedded in a school setting and relate directly to the core subject matter of the course. The principal preparation program shall determine the courses for which completion of field experiences will be required and the time allotted to field experiences across all courses in the curriculum.
- c) In addition to meeting the requirements in subsections (a) and (b) of this Section, programs providing 50 percent or more of coursework via distance learning or video-conferencing technology shall be approved only if they meet the following conditions.
- 1) Candidates must be observed by a full-time tenure track faculty member who provides instruction in the principal preparation program. The observations, which must take place in person, shall be for a minimum of two full days each semester, and for a minimum of 20 days throughout the length of the program. The observations must include time spent interacting and working with the candidate in a variety of settings (i.e., observing the candidate's teaching, attending meetings with the candidate, observing the candidate during the internship portion of the program).
  - 2) Each candidate shall be required to spend a minimum of one day per semester, exclusive of internship periods, at the program's Illinois facility in order to meet with the program's full-time faculty, to present and reflect on projects and research for coursework recently completed, and to discuss the candidate's progress in the program.

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 3) Each candidate shall be required to attend in person the meetings outlined in Section 30.40(c) of this Part.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.60 Staffing Requirements**

- a) At a minimum, each program shall allocate two faculty members on a full-time basis to the program if 100 candidates or fewer are enrolled on a part-time or a full-time basis, and one additional faculty member shall be allocated on a full-time basis for each increment of 50 or fewer candidates enrolled on a part-time or a full-time basis.
  - 1) For the purposes of this subsection (a), "enrolled" means enrollment in one or more courses required for completion of the program.
  - 2) A faculty member may include time spent teaching in other educational leadership programs (e.g., superintendent, chief school business official) offered by the institution when determining "full-time basis".
- b) No candidate shall receive more than one-third of his or her coursework from the same instructor.
- c) No more than 80 percent of the coursework in a program shall be taught by adjunct faculty. For each adjunct faculty member employed, the program shall maintain evidence that the individual has demonstrated expertise in the area of his or her assignment.
- d) A faculty supervisor shall have no more than 36 candidates assigned to him or her during any one 12-month period of an internship. However, when a university requires faculty to supervise at least 48 candidates in order to have a full course load, these faculty shall have no more than 48 candidates assigned to them.
- e) No mentor shall have more than two candidates assigned to him or her at any period during the internship, except that the State Educator Preparation and Licensure Board (SEPLB)~~State Teacher Certification Board (STCB)~~ may make an exception for a third candidate if the SEPLBSTCB finds the explanation and accompanying documentation submitted by the program supports granting of the exception (i.e., there is only one qualified mentor available in sparsely populated

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

areas of the State). Approval under this subsection (e) is granted for the duration of the mentor's participation in the program and need not be renewed.

- f) Each full-time faculty member in the program and each faculty supervisor shall successfully complete~~participate in~~ the training and pass the assessment required for evaluation of licensed~~certified~~ personnel under Section 24A-3 of the School Code.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.70 Candidate Selection**

Candidates admitted to a program for principal preparation shall be selected through an in-person interview process. Each candidate must meet the following minimum requirements.

- a) A valid and current Illinois professional educator license endorsed in a teaching field~~certificate~~ (i.e., early childhood, elementary, secondary, special K-12, or special preschool-age 21-~~certificate~~).
- b) Passage of the test of basic skills if the candidate had not been required to take the test for receipt of his or her Illinois professional educator license or previously issued teaching certificate (see 23 Ill. Adm. Code 25.720(b)).
- c) Submission of a portfolio that presents evidence of a candidate's achievements during his or her teaching experience in each of the following categories:
- 1) Support of all students in the classroom to achieve high standards of learning;
  - 2) Accomplished classroom instruction, which shall include data providing evidence of two years of student growth and learning within the last five years;
  - 3) Significant leadership roles in the school (e.g., curriculum development, discipline, team teaching assignment, mentoring);
  - 4) Strong oral and written communication skills;

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 5) Analytic abilities needed to collect and analyze data for student improvement;
  - 6) Demonstrated respect for family and community;
  - 7) Strong interpersonal skills; and
  - 8) Knowledge of curriculum and instructional practices.
- d) For purposes of subsection (c) of this Section, "evidence" includes, but is not limited to:
- 1) Evaluations of the candidate's teaching abilities from supervisors that attest to students' academic growth;
  - 2) Evidence of leadership roles held and descriptions of the impact the candidate has had on the classroom, school or district, or the constituents served;
  - 3) An analysis of classroom data (student scores) that describes how the data were used to inform instructional planning and implementation, including an explanation of what standards were addressed, the instructional outcomes, and steps taken when expected outcomes did not occur;
  - 4) Information on the candidate's work with families and/or community groups and a description of how this work affected instruction or class activities;
  - 5) Examples of the candidate's analytical abilities as evidenced by a description of how he or she used the results from student assessments to improve student learning; and
  - 6) Evidence of curriculum development, student assessments, or other initiatives that resulted from the candidate's involvement on school committees.
- e) Each applicant shall interview with no fewer than two of the program's full-time faculty members and shall, at a minimum, discuss the contents of his or her

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

portfolio and complete on site a written response to a scenario presented by the interviewers.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

**Section 30.80 Program Approval and Review**

- a) A program seeking approval shall follow the procedures set forth in 23 Ill. Adm. Code 25.145 (Approval of New Programs within Recognized Institutions).
- b) In addition to meeting the requirements of 23 Ill. Adm. Code 25.145, the program proposal required to be submitted as part of the request for approval shall specify how the program will meet the requirements set forth in this Part, as well as address each of the following:
  - 1) The guidance to be developed to ensure that faculty supervisors effectively assist candidates to optimize their experiences during the internship;
  - 2) The roles and responsibilities of candidates and faculty supervisors;
  - 3) Employment criteria used in selecting and evaluating adjunct faculty;
  - 4) The process the institution or not-for-profit entity will use to communicate with the faculty supervisor and candidate;
  - 5) Any additional requirements for admission to the program that the institution or not-for-profit entity will impose;
  - 6) A description of the rubric the program will use to assess and evaluate the quality of a candidate's portfolio required under Section 30.70;
  - 7) The competencies, to include those specified in Section 30.45(a) of this Part, expected of candidates who complete the program and how those expectations will be communicated to the candidate upon his or her admittance to the program;
  - 8) The activities to meet the expectations embedded in the critical success factors specified in Section 30.45(b) of this Part that will be required of candidates for completion of the program and how these activities and

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

expectations will be communicated to the candidate upon his or her admittance to the program;

- 9) A copy of the partnership agreement or agreements and a description of the partners' involvement in the development of the program, a description of the roles each partner will have, and information on how the partnership will continue to operate and how it will be evaluated;
- 10) A copy of any agreements with school districts or nonpublic schools (other than those participating in the partnership) that will serve as sites for the internship or field experiences;
- 11) A description of each course proposed and the internship, to include:
  - A) a course syllabus;
  - B) how progress will be measured and successful completion will be determined;
  - C) a data table that demonstrates each course's, and the internship's, alignment to the ISLLC 2008 standards (see Section 30.30(c) of this Part); and
  - D) for individual courses, a detailed description of any field experiences required for course completion;
- 12) Copies of assessments and rubrics to be used in the program, including but not limited to samples of scenarios to which a candidate must provide a written response and interview questions for selection in the program and any additional assessments to be used for the internship beyond what is required under Section 30.45 of this Part;
- 13) A description of the coursework for candidates and training to be provided for faculty members relative to the evaluation of ~~licensed~~certified staff under Article 24A of the School Code [105 ILCS 5/Art. 24A];
- 14) A letter signed by the chief administrator of the institution and/or the not-for-profit entity, stating its commitment to hiring additional full-time faculty if enrollment in the program increases; and

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

15) A complete description of how data on the program will be collected, analyzed, and used for program improvement, and how these data will be shared with the educational unit or not-for-profit entity and the partnering school district or nonpublic school.

c) A request for program approval shall be submitted to the State Superintendent for consideration (see 23 Ill. Adm. Code 25.145(b)). The State Superintendent shall provide a complete request to the Principal Preparation Review Panel for its review and recommendation as to whether the program should be approved. The panel, to be appointed by the State Superintendent, shall consist of:

- 1) two individuals holding current and valid Illinois professional educator licenses endorsed in a teaching field~~teaching certificates~~ and currently employed in Illinois public schools;
- 2) four individuals holding current and valid professional educator licenses~~administrative certificates~~ endorsed for principal or "general administrative"~~pursuant to 23 Ill. Adm. Code 25.335 or "principal" pursuant to 23 Ill. Adm. Code 25.337~~, and currently employed as principals in Illinois public schools;
- 3) two individuals holding current and valid professional educator licenses~~administrative certificates~~ endorsed for "superintendent"~~pursuant to 23 Ill. Code 25.360~~ and currently employed as superintendents in Illinois public schools;
- 4) two individuals from institutions of higher education in Illinois that have a recognized educational unit approved for the provision of educator preparation programs pursuant to 23 Ill. Adm. Code 25.Subpart C, one of whom shall be from a public institution and one of whom shall be from a nonpublic institution;
- 5) one licensed~~certified~~ staff member currently employed in a school district in any city in Illinois having a population exceeding 500,000; and
- 6) one individual representing the Illinois business community. If the individual appointed is unable to attend all meetings, he or she may request that an alternate be appointed to attend in his or her absence.

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- d) The Principal Preparation Review Panel shall acknowledge receipt of the request for approval within 30 days after receipt. Based upon its review, the Panel may:
- 1) issue a recommendation to the ~~SEPLB State Teacher Certification Board (STCB)~~ that the principal preparation program be approved; a copy of that recommendation and notification of the ~~SEPLB's STCB's~~ meeting to consider the Panel's recommendation shall be provided to the applicant; or
  - 2) issue a recommendation to the ~~SEPLB STCB~~ that the principal preparation program be denied, including the reasons for the recommended denial; a copy of that recommendation and notification of the ~~SEPLB's STCB's~~ meeting to consider the Panel's recommendation shall be provided to the applicant.
- e) An institution or not-for-profit entity may withdraw its request for approval by notifying the State Superintendent of Education of its intent to withdraw no later than 15 days after it receives notification of the Principal Preparation Review Panel's recommendation.
- f) Actions following upon the recommendation of the ~~SEPLB STCB~~ shall be as described in 23 Ill. Adm. Code 25.160 (Notification of Recommendations; Decisions by State Board of Education).
- g) An approved principal preparation program shall be subject to the review process set forth in 23 Ill. Adm. Code 25.Subpart C.

(Source: Amended at 37 Ill. Reg. 4258, effective March 25, 2013)

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Department of Personnel
- 2) Code Citation: 80 Ill. Adm. Code 420
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
420.400	Amendment
420.610	Amendment
- 4) Statutory Authority: 15 ILCS 310/10
- 5) Effective Date of Rulemaking: April 1, 2013
- 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) Notices of Proposal Published in the *Illinois Register*: November 30, 2012, 36 Ill. Reg. 16743
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposed and Final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were required.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of this Rulemaking: This rulemaking seeks to conform with current merit practices, a state legislative enactment and technical changes.
- 16) Information and questions regarding the adopted amendments shall be directed to:

Stephan Roth

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

Office of the Secretary of State  
Department of Personnel  
Room 197 Howlett Building  
Springfield, Illinois 62756

217/782-1750

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

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND  
POSITION CLASSIFICATIONS  
CHAPTER II: SECRETARY OF STATE

PART 420  
DEPARTMENT OF PERSONNEL

SUBPART A: INTRODUCTION

Section  
420.10 Definitions

SUBPART B: CLASSIFICATION AND PAY

Section  
420.200 Positions  
420.210 Position Classification  
420.220 Pay Plan

SUBPART C: MERIT AND FITNESS

Section  
420.300 Application and Examination  
420.310 Appointment and Selection  
420.320 Trainees  
420.330 Intermittents  
420.340 Continuous Service  
420.350 Performance Evaluation Forms  
420.360 Probationary Status  
420.370 Promotions  
420.380 Employee Transfers  
420.390 Demotion  
420.400 Layoffs and Reemployment  
420.410 Voluntary Reduction  
420.415 Sworn Personnel – Inter-Agency Assignment  
420.420 Resignation and Reinstatement  
420.430 Discipline, Discharge, and Termination  
420.435 Return of State Property

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

## SUBPART D: CONDITIONS OF EMPLOYMENT

Section	
420.600	Grievance Procedure
420.610	Sick Leave
420.620	Personal Leave
420.630	On-The-Job Injury – Industrial Disease (Repealed)
420.640	Leaves of Absence Without Pay
420.645	Family Leave
420.650	Limitations on Leaves of Absence
420.660	Leaves of Absence – Special
420.665	Leaves of Absence – Sworn Personnel – Inter-Agency Assignment
420.670	Leaves of Absence – Special – Salary (Repealed)
420.680	Employee Rights After Leave
420.690	Leave of Absence – Election to Public Office
420.700	Failure to Return from Leave of Absence
420.705	National Service Leave
420.710	Military Leave
420.715	Disaster Services Leave with Pay
420.720	Leave for Annual Military Reserve Training or Special Duty
420.730	Leave for Military Physical Examinations
420.740	Leave to Take Exempt Position (Repealed)
420.745	Blood/Organ/Tissue Donation Leave
420.750	School Visitation Leave
420.760	Non-service Connected and Service Connected Disability Leave
420.770	Attendance in Court
420.775	Victims' Economic Security and Safety Leave
420.800	Vacation
420.810	Work Schedules
420.820	Overtime
420.825	Temporary Assignment (Repealed)
420.830	Holidays
420.835	Notification of Absence

## SUBPART E: GENERAL PROVISIONS

Section	
420.1000	Records

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

420.1010	Benefits
420.1015	Proration of Rights and Benefits
420.1020	Prohibition of Discrimination
420.1030	Other Provisions

**AUTHORITY:** Implementing and authorized by Section 10 of the Secretary of State Merit Employment Code [15 ILCS 310/10].

**SOURCE:** Emergency rule adopted December 29, 1977; amended at 3 Ill. Reg. 49, p. 159, effective October 1, 1979; amended at 4 Ill. Reg. 40, p. 219, effective December 1, 1980; amended at 6 Ill. Reg. 3302, effective March 16, 1982; amended at 6 Ill. Reg. 7494, effective June 16, 1982; amended at 7 Ill. Reg. 11526, effective September 7, 1983; codified at 8 Ill. Reg. 2653; recodified at 10 Ill. Reg. 15659; amended at 12 Ill. Reg. 6766, effective April 1, 1988; amended at 17 Ill. Reg. 1652, effective February 1, 1993; emergency amendment at 21 Ill. Reg. 1710, effective January 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5937, effective April 24, 1997; emergency amendment at 27 Ill. Reg. 18259, effective November 17, 2003, for a maximum of 150 days; emergency expired April 14, 2004; amended at 28 Ill. Reg. 7676, effective May 24, 2004; emergency amendment at 32 Ill. Reg. 3013, effective February 13, 2008, for a maximum of 150 days; emergency amendment repealed at 32 Ill. Reg. 6659, effective April 2, 2008; amended at 32 Ill. Reg. 15017, effective September 8, 2008; amended at 35 Ill. Reg. 4278, effective March 1, 2011; amended at 36 Ill. Reg. 12125, effective July 16, 2012; amended at 36 Ill. Reg. 13945, effective September 1, 2012; amended at 37 Ill. Reg. 4282, effective April 1, 2013.

## SUBPART C: MERIT AND FITNESS

**Section 420.400 Layoffs and Reemployment**

- a) For purposes of layoff and reemployment, Secretary of State continuous service shall mean the period of uninterrupted service from the date of entry into service with the Office of the Secretary of State, whether by appointment or transfer.
- b) Layoff Procedure:
  - 1) A department may request the layoff of an employee because of lack of funds, material change in duties or organization, or lack of work, or the abolition of a position for any of these reasons. Based on class, department, county or other designation, layoffs shall be within organizational units justified by operations and approved prior to the

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

layoff by the Director of Personnel.

- 2) Based on class, department, county or other designation, layoffs shall be within organizational units justified by operations and approved prior to the layoff by the Director of Personnel. Within selected designations and organizational units, employees will be laid off in order of length of Secretary of State continuous service.
  - 3) A proposed layoff is subject to the approval of the Director of Personnel before becoming effective and shall include the following in the organizational unit in which the layoff is proposed:
    - A) A list of all employees in the selected designation and organizational unit showing status and total Secretary of State continuous service;
    - B) A listing of the employees to be laid off;
    - C) An explanation of any layoff not in order of Secretary of State continuous service;
    - D) An explanation of the organizational unit selected, identifying the department, division, facility, geographical location, operational needs and other elements deemed relevant by the department director.
- c) Order of Layoff:
- 1) The following order shall be observed in implementing layoffs:
    - A) No certified or probationary employee may be laid off until all temporary, emergency, provisional ~~and~~; trainee ~~and exempt~~ employees in the same class and organizational unit are terminated;
    - B) No certified employee may be laid off until all probationary employees in the same class and organizational unit are terminated.
  - 2) Within status groups and in accordance with the layoff plan submitted

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

under subsection (b), consideration shall be given to performance records and Secretary of State continuous service.

- 3) For purposes of this Section, "certified employee" shall mean any employee who has satisfactorily completed a required period of probation and/or attained certified status in any position during the employee's current period of continuous service.
- d) **Effective Date of Layoff:** Unless extraordinary operating conditions or events are specified in the proposed layoff plan, no layoff shall be effective until 10 working days after the Director of Personnel's approval of the layoff plan.
- e) **Disapproval:** The Director of Personnel may disapprove or modify any layoff plan that results in a disproportionate impact on any protected class, as defined by federal civil rights laws, judicial decisions and the Illinois Human Rights Act [775 ILCS 5], within the layoff unit.
- f) Notice of layoff to the affected employee shall be given within a reasonable time period after approval of the layoff plan by the Director of Personnel.
- g) **Reemployment Lists:**
  - 1) The Director of Personnel shall, before the effective date of layoff, approve and establish a reemployment list, by class and department and designated geographical area. A certified employee who has been laid off shall be placed in order of length of Secretary of State continuous service on a reemployment list for recall to the first available assignment to a position in the class and department and designated geographical location or area in which the employee was assigned prior to being placed on the reemployment list.
  - 2) When circumstances warrant, at the discretion of the Director of Personnel, the reemployment list may be established by related classes whose duties are substantially similar to the class from which the employee was laid off.
  - 3) An employee whose name has been placed on the reemployment list will also be eligible for reinstatement in accordance with Section 420.420(b).

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- h) Employment from Reemployment List: Whenever there is any person available on a reemployment list for recall to a vacant position for the same class, department and geographical area, no permanent position may be filled by any of the following means:
- 1) By probationary appointment from the appropriate open competitive list;
  - 2) By provisional appointment;
  - ~~3) By promotion of a certified employee or a probationary employee who has been certified during the current period of continuous service by a qualifying examination;~~
  - ~~3)4) By reinstatement of a former certified employee, except by an employee on the reemployment list; or~~
  - ~~4)5) By merit system transfer in; ~~or~~~~
  - ~~6) By voluntary reduction, except by an employee on the reemployment list, and only if there are no employees on the reemployment list for the same class, department and designated geographical area.~~
- i) Removal of Names from Reemployment List:
- 1) A laid off employee's name shall be removed from the reemployment list when:
    - A) The employee is recalled from layoff;
    - B) The employee refuses an offer of permanent reemployment;
    - C) The employee's name has remained on the reemployment list for 12 months; or
    - D) The employee has been reinstated in accordance with Section 420.420(b).
  - 2) Offers of temporary or emergency appointment shall not be considered as recall or reinstatement.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- j) Laid Off Probationary Employee:
- 1) The name of a probationary employee who is terminated as a result of layoff before the completion of the probationary period shall be returned to the eligible list with the same grade as when appointed, for the remainder of his/her one year eligibility.
  - 2) An employee serving a probationary period but otherwise certified as defined in subsection (c)(3), who is to be laid off, shall be given notice and may request a voluntary reduction pursuant to Section 420.410(a) and (c). If no voluntary reduction is effected, the employee will be laid off and the employee's name placed on the reemployment list in order of continuous service for the department, work location and title in which last certified.

(Source: Amended at 37 Ill. Reg. 4282, effective April 1, 2013)

## SUBPART D: CONDITIONS OF EMPLOYMENT

**Section 420.610 Sick Leave**

- a) Sick Leave Definition: All employees, except those in emergency, permanent part-time, intermittent, per diem, or temporary status, unless the status is the result of accepting a nonpermanent working assignment in another class, shall accumulate sick leave at the rate of one day for each month's service. Intermittent and permanent part-time employees shall accrue sick time on a prorated hourly basis determined by a ratio, the numerator of which shall be number of hours in pay status each month and the denominator of which shall be the number of normal work hours that month.
- b) Accumulation of Sick Leave: Employees shall be allowed to carry over from year to year of continuous service any unused sick leave. An employee shall retain any unused sick leave accumulated prior to December 1, 1980.
- c) Reinstatement of Sick Leave:
  - 1) On or after the effective date of this Section, accumulated sick leave available at the time an employee's continuous service is interrupted shall,

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

upon verification, be reinstated to the employee's account upon return to full-time, regularly scheduled part-time, or intermittent employment, except in temporary or emergency status. This reinstatement is applicable provided the interruption of service occurred not more than 5 years prior to the date the employee reenters service and provided the sick leave has not been credited by the appropriate retirement system towards retirement benefits.

- 2) An employee with previous service for which sick leave was granted under provisions other than Jurisdiction C of the Code shall have the sick leave reinstated to the extent provided under this Section.
- d) **Advancement of Sick Leave:** An employee with more than 2 years continuous service whose personnel records warrant it may be advanced sick leave with pay for not more than 10 working days, with the written approval of the department and the Director of Personnel. Advances will be charged against sick leave accumulated later in subsequent service. No additional advance of sick time will be made until all previously advanced time is repaid.
- e) **Use of Sick Leave:**
  - 1) Sick leave shall be used in the following order:
    - A) Sick leave granted prior to January 1, 1984 will be used first;
    - B) Sick leave granted beginning January 1, 1998 will be used second;
    - C) Sick Leave granted from January 1, 1984 through December 31, 1997 will be used last.
  - 2) Sick leave may not be used in increments of less than ½ hour at a time, but in conjunction with the first ½ hour may be taken in additional 15-minute increments. Permanent part-time and intermittent employees may use sick time in 15-minute increments.
  - 3) Sick leave may be used for illness, disability or injury of the employee or appointments with doctor, dentist or other professional medical practitioner, and also may be used for not more than 30 days in one calendar year in the event of serious illness, disability, injury, or death of a

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

member of the employee's immediate family, unless such time is used pursuant to the Family Medical Leave Act (29 USC 2601 et seq.).

- 4) The employing department or the Department of Personnel shall, when there is apparent abuse, require evidence to substantiate that sick leave days were used for the purposes set forth in subsection (e)(3). For periods of absence of more than 5 consecutive workdays, the employee shall provide verification for the absence in accordance with the provisions of Section 420.760(b)(4).
  - 5) Employees may be granted up to 3 days (a day being equal to his/her actual workday) of paid leave time, in addition to the use of sick time allowed in subsection (e)(3), to attend services and related events and make necessary arrangements upon the death of a member of his/her immediate family. For purposes of this subsection (e)(5), immediate family includes father/step-father, mother/step-mother, brother/step-brother, sister/step-sister, son/step-son, daughter/step-daughter, spouse, domestic partner, party to a civil union, child (including adopted, custodial or in-law), grandparent, grandchild, parent-in-law, brother or sister-in-law, niece, nephew, aunt and uncle. The employee may be required to provide documentation as to the necessity for absences covered by this subsection (e)(5).
- f) Payment in Lieu of Sick Leave:
- 1) Unless otherwise provided by law, upon separation of employment by means of resignation, retirement, death, indeterminate layoff, or discharge, and if the employee is not employed in another position in State service within 4 calendar days of the separation, an employee is entitled to be paid for unused sick leave which accrued on or after January 1, 1984 and prior to January 1, 1998 in accordance with subsection (e)(3).
  - 2) The amount of sick leave to be paid upon termination of employment will be determined as follows:
    - A) using time records from the employing department, the Department of Personnel will verify the employee's sick leave balance for sick leave earned, but not taken, in the period from January 1, 1984 up to and including December 31, 1997;

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- B) the employees will be paid one-half of the amount of sick leave days determined in subsection (e)(2)(A), multiplied by the daily salary rate in effect at the time of separation.
- 3) The method for computing the hourly or daily salary rate for sick leave qualifying for lump sum payment upon separation of employment shall be determined by Payroll.
  - 4) If an employee has a negative sick leave balance pursuant to subsection (d) when employment is separated, the employing department must submit this negative sick leave balance to Payroll, where one of the following will be applied:
    - A) Subtract the negative sick leave balance from the earning amount still due to the employee by the Secretary of State.
    - B) Contact employing department, stating dollar amount of overpayment to employee. The employing department then has the responsibility of contacting the employee regarding the dollar amount due to the Secretary of State, payable by personal check or money order.
    - C) If no repayment occurs, Payroll will establish a lien against any State of Illinois monetary payment due to the employee through the Comptroller for the negative sick leave balance owed to the Secretary of State.
  - 5) An employee who is reemployed, reinstated or recalled from indeterminate layoff and who received lump sum payment in lieu of unused sick days will have the days restored by doing the following:
    - A) The employee must notify the employing department to request restoration of the previously paid unused sick days to the employee's sick leave account; and
    - B) The employee must repay the gross (total) amount paid by the State (before deductions) to the Secretary of State by personal check or money order. The employing department will forward

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

the employee's repayment to Payroll before unused sick days are returned to the employee's sick leave account.

- g) Pursuant to the Secretary of State Merit Employment Code [15 ILCS 310/10b.18], an employee who is also a veteran shall be permitted ~~42~~ days with pay per year to visit a ~~veterans'~~~~veterans~~ hospital for examination of a military service connected disability. Upon submitting proof of the visit, the ~~42~~ days shall not be charged against any sick leave currently available to the employee.

(Source: Amended at 37 Ill. Reg. 4282, effective April 1, 2013)

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Commercial Driver Training Schools
- 2) Code Citation: 92 Ill. Adm. Code 1060
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1060.20	Amendment
1060.60	Amendment
1060.70	Amendment
1060.120	Amendment
1060.160	Amendment
1060.180	Amendment
1060.181	New Section
1060.190	Amendment
1060.200	Amendment
- 4) Statutory Authority: 625 ILCS 5/6-419
- 5) Effective Date of Rulemaking: March 20, 2013
- 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) Notices of Proposed published in the *Illinois Register*: 36 Ill. Reg. 17801, December 21, 2012
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Difference between Proposal and Final Version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

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

15) Summary and Purpose of Rulemaking: Public Act 97-1025 required the Secretary of State and the Illinois State Board of Education to work in consultation to develop and adopt course content standards for driver education of those persons under the age of 18.

This proposed rulemaking moves some provisions relating to teen driver education from 1060.180 to the newly created 1060.181, which sets forth the required course content for driver's education, including classroom and behind the wheel instruction.

Additionally, the Secretary of State took this opportunity to amend other Sections of Part 1060 unrelated to the passage of Public Act 97-1025, such as clarifying that a commercial driver training school owner or instructor cannot concurrently teach driver education at a public high school, clarifying that the statutorily required criminal background check can be used by the Secretary of State in an administrative hearing requested by the applicant, clarifying that a commercial driver training school may not advertise until licensed by the Secretary of State and clarifying that all records of road tests must be kept, regardless of where the road test is administered. The rulemaking also contains provisions that allow the Secretary of State to deny an application or to cancel a license if the applicant or instructor/owner engages in reckless, dangerous or unprofessional conduct in relation to the students.

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 STATEPART 1060  
COMMERCIAL DRIVER TRAINING SCHOOLS

Section	
1060.5	Definitions
1060.10	Unlicensed Person May Not Operate Driver Training School
1060.20	Requirements for School Licenses
1060.30	Driver Training School Names
1060.40	Refund of Application Fees
1060.50	School Locations and Facilities
1060.60	Driver Training School Student Instruction Record
1060.70	Driver Training School Course of Instruction
1060.80	Driver Training School Contracts
1060.90	Inspection of School Facilities
1060.100	Licenses
1060.110	Safety Inspection of Driver Training School Motor Vehicles
1060.120	Requirements to Obtain and Retain a Driver Training Instructor's License
1060.130	Examination for Driver Training Instructor
1060.140	Temporary Permit
1060.150	Driver Training School Responsibility for Employees
1060.160	Solicitation of Students and Pupils for Commercial Driver Training Instruction
1060.170	Hearings
1060.180	Teen Accreditation
<u>1060.181</u>	<u>Teen Accreditation Classroom and Behind-the-Wheel Requirements</u>
1060.190	Denial, Cancellation, Suspension, and Revocation of Commercial Driver Training School's License, Teen Accreditation, CDL Accreditation, and Instructor's License
1060.200	Commercial Driver's License and/or Endorsement and/or Accreditation
1060.210	Driver Training School Responsibility for Employees (Recodified)
1060.220	Solicitation of Students and Pupils for Commercial Driver Training Instruction (Recodified)
1060.230	Hearings (Recodified)
1060.240	Teen Accreditation (Recodified)
1060.250	Denial, Cancellation, Suspension, and Revocation of Commercial Driver Training School's License and Instructor's License (Recodified)
1060.260	Commercial Driver's License and/or Endorsement and/or Restriction

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

## Accreditation (Recodified)

**AUTHORITY:** Implementing Article IV of the Illinois Driver Licensing Law of the Illinois Motor Vehicle Code [625 ILCS 5/Ch. 6, Art. IV] and authorized by Section 2-104(b) of the Illinois Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

**SOURCE:** Filed March 2, 1972; codified at 6 Ill. Reg. 12697; transferred from 23 Ill. Adm. Code 252.50 (State Board of Education) pursuant to Section 5-80(d) of the Illinois Administrative Procedure Act [5 ILCS 100/5-80(d)] and Section 6-411 of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/6-411] at 11 Ill. Reg. 1631, effective December 31, 1986; amended at 11 Ill. Reg. 17244, effective October 13, 1987; amended at 12 Ill. Reg. 13203, effective August 1, 1988; amended at 12 Ill. Reg. 19756, effective November 15, 1988; amended at 14 Ill. Reg. 8658, effective May 18, 1990; recodified at 17 Ill. Reg. 20006, effective November 3, 1993; amended at 18 Ill. Reg. 7788, effective May 9, 1994; amended at 20 Ill. Reg. 3861, effective February 14, 1996; amended at 22 Ill. Reg. 22069, effective December 2, 1998; emergency amendment at 24 Ill. Reg. 8403, effective June 2, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15443, effective October 5, 2000; amended at 25 Ill. Reg. 6409, effective April 26, 2001; amended at 26 Ill. Reg. 15020, effective October 1, 2002; emergency amendment at 28 Ill. Reg. 398, effective December 22, 2003, for a maximum of 150 days; emergency expired May 19, 2004; amended at 28 Ill. Reg. 11925, effective July 26, 2004; amended at 30 Ill. Reg. 11377, effective June 14, 2006; amended at 31 Ill. Reg. 16008, effective November 16, 2007; amended at 33 Ill. Reg. 15811, effective October 27, 2009; amended at 34 Ill. Reg. 19099, effective November 22, 2010; amended at 37 Ill. Reg. 4295, effective March 20, 2013.

**Section 1060.20 Requirements for School Licenses**

- a) The Secretary of State shall not issue, or shall deny, cancel, suspend or revoke, a driver training school license ~~unless~~:
- 1) ~~Unless the~~The applicant has at least one motor vehicle owned or leased in the name of the driver training school or school owner indicated on the license, and registered by the Secretary of State Vehicle Services Department, that has been safety inspected and insurance certified as required in subsection (e) for use by the school for driver training purposes and driving instruction.
  - 2) ~~Unless the~~The applicant has at least one person who is employed by or associated with the school, and who is licensed or qualified to be licensed

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

by the Department as a driver training instructor for that school.

- 3) Unless the~~The~~ physical facilities meet the requirements of this Part.
- 4) Unless the~~The~~ applicant is of good moral character as required pursuant to IVC Section 6-402(a). In making a determination of good moral character, the Department is not limited to, but may consider, the following:
  - A) Whether the applicant has been convicted of a felony or a misdemeanor. The Department shall consider:
    - i) The relationship of any crime of which the applicant has been convicted to the ability to operate a driver training school;
    - ii) The length of time that has elapsed since the applicant's last criminal conviction;
    - iii) Whether the applicant successfully completed any sentence imposed with the convictions;
    - iv) Whether the applicant has multiple convictions for felony or misdemeanor offenses.
  - B) If the person has been indicted, formally charged or otherwise charged with a felony or a misdemeanor, the license shall be either denied or cancelled.
    - i) If the person whose commercial driver training school license has been denied or cancelled under this Part is adjudicated "guilty" by the court systems, the denial or cancellation previously entered on his/her record in accordance with Section 1060.190(b) shall stand. This action does not preclude further suspension and/or revocation of the commercial driver training school license under another Section of this Part or the Illinois Vehicle Code.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- ii) If the person whose commercial driver training school license has been denied or cancelled under this Part is adjudicated "not guilty" by the court systems, the denial or cancellation previously entered on the license in accordance with Section 1060.190(b) shall be rescinded. This action does not preclude further suspension and/or revocation of the commercial driver training school license under another Section of this Part or the Illinois Vehicle Code.
- iii) If the person whose commercial driver training school license has been denied or cancelled under this Part is granted a disposition of "court supervision" by the court systems, the denial or cancellation previously entered on the license in accordance with Section 1060.190(b) shall be rescinded. This action does not preclude further suspension and/or revocation of the commercial driver training school license under another Section of this Part or the Illinois Vehicle Code.

5) To any licensed school owner who, during the course of any and all interaction with students:

A) engaged in activity that puts the student in danger; or

B) engaged in reckless behavior; or

C) failed to maintain a professional relationship with students at all times.

~~5) An individual whose commercial driver training school license has been denied, cancelled, suspended or revoked pursuant to this Part may request an administrative hearing pursuant to 92 Ill. Adm. Code 1001.~~

- b) Only one driver training school license shall be issued to any individual, group, association, partnership or corporation, and the Department shall deny the application of any driver training school if any of the applicants are unqualified or are already licensed or have made application for another driver training school license.

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

- c) The applicant shall not be a current salaried or contractual employee of the Secretary of State, as mandated by the guidelines of the Secretary of State's Office policy manual that states that an employee shall not advocate or promote specific professional or commercial services to the public in matters under the jurisdiction of the Office of the Secretary of State.
- d) No accreditation program shall remain in operation if properly qualified personnel are not available or if other changes occur that would reduce its qualifications. Exception: in the event of fire, flood or other catastrophe, the school may temporarily continue to operate with facilities that are not up to standards only for the duration of the courses that have been started, if the Director of the Department consents. A Secretary of State employee shall determine that no health or safety hazard exists in violation of any local ordinance or State or federal law or regulation before the Director of the Department shall give consent. No new course can be started until facilities meet the minimum requirements for licensing.
- e) No driver training school shall operate in the State of Illinois unless it provides and files with the Department a continuous surety bond in the principal sum of \$10,000 for a non-accredited school, \$40,000 for a CDL or teenage accredited school, \$60,000 for a CDL accredited and teenage accredited school, \$50,000 for a CDL or teenage accredited school with three or more licensed branches, \$70,000 for a CDL accredited and teenage accredited school with three or more licensed branches, underwritten by a company authorized to do business in the State of Illinois, for the protection of the contractual rights of students as provided in IVC Section 6-402(e). All bonds filed pursuant to this provision shall be in substantially the following form:

Know All Persons by These Presents, That We, \_\_\_\_\_, of \_\_\_\_\_,

hereinafter referred to as Principal and \_\_\_\_\_, a corporation organized and existing to do business in the State of Illinois, for the use and benefit of all persons who may be damaged by breach of this bond, as Obligees, in the penal sum of \$10,000 for a non-accredited school, \$40,000 for a CDL or teenage accredited school, \$60,000 for a CDL accredited and teenage accredited school, \$50,000 for a CDL or teenage accredited school with three or more licensed branches, \$70,000 for a CDL accredited and teenage accredited

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

school with three or more licensed branches, lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, firmly by these presents. The condition of this obligation is such that the principal has made application for a license or permit to the State of Illinois for the purpose of exercising the vocation of a driver training school. If the Principal faithfully complies with the Illinois Vehicle Code and all rules and regulations that have been or may hereafter be in force concerning the license or permit, and shall save and keep harmless the Obligees from all loss or damage that may be sustained as a result of the issuance of the license or permit to the Principal, this obligation shall be void; otherwise, this obligation shall remain in full force and effect. The bond will expire but may be continued by renewal certificate signed by Principal and Surety. The Surety may at any time terminate its liability by giving 30 days written notice to the Commercial Driver Training Section of the Department, 650 Roppolo Drive, Elk Grove Village, Illinois 60007, and the Surety shall not be liable for any default after that 30 day notice period, except for defaults occurring prior thereto.

Signed, Sealed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Principal \_\_\_\_\_

Surety \_\_\_\_\_

By \_\_\_\_\_

Attorney-in-fact

- f) Upon receipt of a properly executed application for a driver training school license, or driver training instructor's license, the Department shall investigate the qualifications of the applicant, and authorized representatives shall inspect the school property and equipment to determine whether the application should be granted or denied.
- g) An owner or manager shall not engage in fraudulent activity as defined in Section 1060.5.
- h) An owner or employee of a commercial driver training school shall not have been declared to have engaged in fraudulent activity within the 5 years prior to making application.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- i) Licenses shall be issued by the Department.
- j) An owner shall not have possession of questionnaires used by the Driver Services Department in conjunction with administering driver's license examinations. This includes questionnaires purposely or inadvertently obtained from any Secretary of State employee or any individual acting on behalf of the Secretary of State.
- k) An owner shall not knowingly use unlicensed instructors for the purpose of classroom or behind the wheel instruction.
- l) An owner **or applicant** shall not be ~~currently~~ employed as an administrator and/or teacher of a State-approved high school driver education program.
- m) An owner of a commercial driver training school that provides motorcycle instruction shall not provide any person with an Illinois Department of Transportation Rider Education Course Completion Card.
- n) An individual whose commercial driver training school license has been denied, cancelled, suspended or revoked pursuant to this Part may request an administrative hearing pursuant to 92 Ill. Adm. Code 1001.
- o) If an applicant indicates that he/she has been convicted of a felony, the applicant shall submit a signed release allowing the Department to obtain any information regarding the applicant's arrest and conviction, thereby enabling the Department to determine the fitness of an applicant to be licensed as an instructor, including for use at an administrative hearing should one be requested.

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.60 Driver Training School Student Instruction Record**

- a) All driver training schools licensed by the Department shall maintain a permanent record of instruction given to each student in accordance with IVC Section 6-408. If records of the driver training school are kept on a computer, a hard copy must be retained for inspection purposes.
- b) Each driver training school shall furnish the student a duplicate of his or her instruction record when the student completes all of the courses contracted for or otherwise ceases taking instruction at or with the school.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- c) The branch office must maintain a copy of the student's instruction record and any other student records required by the Department for a minimum period of 6 months before transferring the records to the Main Office, where they shall be kept on file in accordance with IVC Section 6-408.
- d) Road tests conducted at Secretary of State facilities and off-site commercial driving school testing sites~~conducted in a driver training school vehicle~~ are considered a part of instruction, and records of these tests~~documentation~~ shall be maintained by the driver training school.
- e) Failure to maintain the required student instruction records, and/or the maintenance of incomplete records, shall be prima facie evidence that the required instruction was not administered.

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.70 Driver Training School Course of Instruction**

- a) A minimum of 6 hours of classroom instruction and 6 hours of behind-the-wheel instruction must be offered to each student who enrolls in any driver training school. If a student declines the classroom instruction, the school shall secure a signed statement from the student on forms prescribed by the Department, wherein such student states that he has been offered the 6 hours of classroom instruction and declines the instruction. The~~Such~~ statements shall be kept with the student's instruction records.
- b) Classroom instruction shall be made available at least once each calendar month for students currently enrolled in the school and shall include instruction in safe driving practices in the operation of motor vehicles.
- c) The minimum of 6 hours of behind-the-wheel instruction shall consist of actual driving practice while in a motor vehicle. Instruction given while the vehicle is parked shall not be recorded or be considered as classroom instruction. Behind-the-wheel instruction must only be given in a motor vehicle owned or leased by the Driver Training School which has been safety inspected by the Illinois Department of Transportation and has insurance which has been certified by the Department. If a student declines the behind-the-wheel instruction, the school shall secure a signed statement from the student, on forms prescribed by the

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

Department, wherein such student states he has been offered the 6 hours of behind-the-wheel instruction and declines the instruction. ~~The~~ Such statements shall be kept with the student's instruction records.

- d) The minimum of 6 hours of classroom instruction shall be offered to all students enrolled for a regular course in any driver training school. Time spent by a student operating a driving simulator under the supervision of a licensed instructor may be counted as classroom instruction time, provided the student receives at least 4 hours of lectures or other instruction on safe driving practices.
- e) Students enrolled in a short review course need not comply with the minimum requirements stated above; however, no driver training school shall offer a short review course to any student who has never had a valid driver's license or a course in driver training and instruction which meets the minimum requirements prescribed above.
- f) Behind-the-wheel driving lessons, observation lessons, travel time, or any combination thereof, shall not exceed 3 hours in length for any student in any 24 hour period, excluding time spent at a Driver Services facility for testing purposes. If more than one student is present in the training car (e.g., one student behind-the-wheel, one observing), the total combined time should not exceed 3 hours, excluding time spent at a Driver Services Facility for testing purposes. A driver training school providing training for a commercial driver's license is exempt from this requirement.
- g) Each driver training school must submit an "Enhanced Instruction Report" on a form prescribed by the Department showing the name, address, and number of behind-the-wheel instruction periods taken for every student who has had 25 hours of behind-the-wheel instruction. A supplementary "Enhanced Instruction Report" must be submitted after each additional 10 hours of instruction and a final report must be submitted within 5 days after any such student completes his instruction. A driver training school providing training for a commercial driver's license is exempt from this requirement.
- h) A student must possess a current or valid instruction permit or valid driver's license unless exempted as provided by law ~~during~~before each and every behind-the-wheel lesson.
- i) The commercial driver training school instructor shall be responsible for verifying

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

that each student has a valid instruction permit ~~during~~before each and every behind-the-wheel lesson.

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.120 Requirements to Obtain and Retain a Driver Training Instructor's License**

- a) The Secretary of State shall not issue, or shall deny, cancel, suspend or revoke, a driver training instructor's license:
  - 1) To any person who:
    - A) has not held a valid driver's license for any 2 year period preceding the date of application for an instructor's license;
    - B) intends to instruct in L and/or M classification, as defined in 92 Ill. Adm. Code 1030.30(e) and (f)(b); and
    - C) has not held the representative classification for 3 consecutive years immediately prior to the date of application;
  - 2) To any person who has been convicted of 3 or more offenses against traffic regulations governing the movement of traffic within the 2 year period immediately preceding the date of application for an instructor's license;
  - 3) To any person who has had 2 or more convictions of a violation that caused an auto accident within the 2 year period immediately preceding the date of application for an instructor's license;
  - 4) To any person who has been convicted of driving under the influence of alcohol and/or other drugs, pursuant to IVC Section 11-501, leaving the scene of a fatal accident, pursuant to IVC Section 11-401, reckless homicide, pursuant to Section 9-3 of the Criminal Code of ~~20121961~~ [720 ILCS 5/9-3], reckless driving, pursuant to IVC Section 11-503, or any sex or drug related offense within 10 years prior to the date of application; or to any person with more than one of these convictions;

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 5) To any person who has failed to pass the written, vision, or road test required by the Department for applicants for a driver training instructor's license;
- 6) To any person who is physically unable to safely operate a motor vehicle or to safely instruct or train others in the operation of a motor vehicle as determined by a licensed physician pursuant to IVC Section 6-411(d). An application/medical examination form provided by the Secretary of State shall be completed by the applicant and physician. The physician's medical examination form shall contain the applicant's ability to safely operate a motor vehicle. The form shall also contain an indication of the person's eyesight, hearing, mental alertness, reflexes, and whether the person has normal use of his/her limbs and feet. The physician must also provide his/her address and the date and place of the examination. Those persons who are solely classroom instructors shall comply with subsection (d) of this Section;
- 7) To any person who fails to properly and fully complete an application for a license or otherwise indicates that he/she is unqualified to receive a driver training instructor's license;
- 8) To any person who is not employed or associated with a driver training school licensed by the Department as required pursuant to IVC Section 6-417;
- 9) To any person who is currently a salaried or contractual employee of the Secretary of State, as mandated by the guidelines of the Secretary of State's Office policy manual that states that an employee shall not advocate or promote specific professional or commercial services to the public in matters under the jurisdiction of the Office of the Secretary of State;
- 10) To any person who fails to supply a complete set of fingerprints to the Department as required pursuant to IVC Section 6-411(b);
- 11) To any person who is not at least 21 years of age and a resident of the State of Illinois;
- 12) To any person who has failed to comply with the provisions of this Part

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

pursuant to IVC Section 6-411(d);

- 13) To any person who is not of good moral character as required pursuant to IVC Section 6-411(a). In making a determination of good moral character, the Department is not limited to, but may consider the following:
- A) If the person has been convicted of a felony or misdemeanor. The Department shall consider:
    - i) The relationship of any crime of which the person has been convicted to the ability to operate a driver training school;
    - ii) The length of time that has elapsed since the owner's last criminal conviction;
    - iii) Whether the applicant successfully completed any sentence imposed with the convictions;
    - iv) Whether the applicant has multiple convictions for felony or misdemeanor offenses.
  - B) If the person has been indicted or formally or otherwise charged with a felony or a misdemeanor, the license shall be either denied or cancelled.
    - i) If the person whose commercial driver training school instructor license has been denied or cancelled under this Part is adjudicated "guilty" by the court systems, the denial or cancellation previously entered on his/her record in accordance with Section 1060.190(b) shall stand. This action does not preclude further suspension and/or revocation of the commercial driver training school instructor license under another Section of this Part or the Illinois Vehicle Code.
    - ii) If the person whose commercial driver training school instructor license has been denied or cancelled under this Part is adjudicated "not guilty" by the court systems, the

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

denial or cancellation previously entered on the license in accordance with Section 1060.190(b) shall be rescinded. This action does not preclude further suspension and/or revocation of the commercial driver training school instructor license under another Section of this Part or the Illinois Vehicle Code.

- iii) If the person whose commercial driver training school instructor license has been denied or cancelled under this Part is granted a disposition of "court supervision" by the court systems, the denial or cancellation previously entered on the license in accordance with Section 1060.190(b) shall be rescinded. This action does not preclude further suspension and/or revocation of the commercial driver training school instructor license under another Section of this Part or the Illinois Vehicle Code;
- 14) To any person whose suspension under IVC Section 11-501.1, 11-501.6 or 11-501.8 has terminated within 10 years prior to the date of application; or to any person with more than one of the above suspensions under IVC Section 11-501.1 or 11-501.6;
  - 15) To any person who has not completed a 30-hour course or an equivalent college or university course approved by the Director of the Department.
    - A) Any person possessing a current and valid commercial driver training instructor's license, or who is renewing a commercial driver training license issued by the Secretary of State's Office, shall be exempt from this requirement.
    - B) A driver training school whose instructor provides training to individuals under the age of 18 years is exempt from this requirement and must complete the mandatory 48 hour course as required in Section 1060.180;
  - 16) To any person currently licensed by the Secretary of State as a Third Party Certification Program Safety Officer;

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 17) To any instructor or applicant~~person~~ who is ~~currently~~ an administrator and/or teacher of a State-approved high school driver education program;
- 18) To any currently licensed instructor who has been convicted of violating IVC Section 11-507 or to an applicant who has been convicted of violating IVC Section 11-507 within 10 years prior to the date of application.
- b) If an applicant indicates that he/she has been convicted of a felony, the applicant shall submit a signed release allowing the Department to obtain any information regarding the applicant's arrest and conviction, thereby enabling the Department to determine the fitness of an applicant to be licensed as an instructor, including for use at an administrative hearing should one be requested.
- c) No driver training instructor shall provide behind-the-wheel instruction in a vehicle that is classified higher than the classification of the instructor's driver's license. An instructor may hold two classifications: one classification from Classes A, B, C and D, and one classification from Classes L and M, as defined in 92 Ill. Adm. Code 1030.30~~(b)~~. An instructor holding a Class A commercial driver's license may teach students to drive all Class A, B, C and D vehicles. An instructor holding a Class B commercial driver's license may teach students to drive all Class B, C and D vehicles. An instructor holding a Class C commercial driver's license may teach students to drive all Class C and D vehicles. However, an instructor holding a non-commercial driver's license may only teach students who do not require a commercial driver's license. An instructor holding a Class M license may teach students to drive all Class L and M vehicles.
- d) Any person who is physically unable to safely operate a motor vehicle but meets all other requirements to be a driver training instructor shall be able to teach only the classroom portion of the driver training course upon receipt of a doctor's statement indicating the person is physically able to teach in the classroom. The person shall also pass the vision test, as provided in 92 Ill. Adm. Code 1030.70, the written test, as provided in 92 Ill. Adm. Code 1030.80, and the highway safety sign test, and shall submit all applicable fees as set out in IVC Section 6-411 before being issued an instructor's license for classroom instruction only.
- e) All instructors who have ceased to be employed or associated with the designated school on their license must submit a new complete instructor's license application and application fee before being licensed to instruct at another school or in the same school after such cessation.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- f) If a driver training instructor license is not renewed within one year after the previous year's expiration date, the applicant shall be required to take examinations pursuant to Section 1060.130.
- g) An instructor shall not engage in fraudulent activity as defined in Section 1060.5.
- h) During any and all interaction with students, an instructor: ~~the course of instruction in either classroom or behind the wheel, an instructor shall not engage in activity unrelated to normal driving instruction that puts the student in danger.~~
- 1) shall not engage in activity that puts the student in danger;
  - 2) shall not engage in reckless behavior; and
  - 3) shall maintain a professional relationship with students at all times.
- i) An instructor shall not have possession of questionnaires used by the Driver Services Department in conjunction with administering driver's license examinations. This includes questionnaires purposely or inadvertently obtained from any Secretary of State employee or any individual acting on behalf of the Secretary of State.
- j) An individual whose commercial driver training school instructor license has been cancelled pursuant to this Part may request an administrative hearing pursuant to 92 Ill. Adm. Code 1001.
- k) An instructor of a commercial driver training school that provides motorcycle instruction shall not provide any person with an Illinois Department of Transportation Rider Education Course Completion Card.

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.160 Solicitation of Students and Pupils for Commercial Driver Training Instruction**

- a) A driver training school owner and/or instructor may not solicit or advertise for business within 1500 feet of any building used as an office by the Secretary of State having to do with the administration of any laws relating to motor vehicles.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- b) A driver training school owner and/or instructor may only advertise the use of training locations that are currently licensed.
- c) A driver training school owner and/or instructor may not advertise that the school and/or instructor offers CDL and/or teen-accredited instruction unless the school and/or instructor are currently CDL and/or teen accredited.

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.180 Teen Accreditation**

- a) Accreditation of the School – Each commercial driver training school that desires to offer driver training instruction to ~~personsthose~~ under the age of 18 must be accredited by the Secretary of State through the Department of Driver Services before instruction can be provided, offered or advertised.
- 1) Upon receipt of proper application for teen accreditation, the Secretary of State will investigate the school and verify the application. A Secretary of State employee shall contact the school and make an appointment to visit the school's facilities. ~~The~~At the time of the visit, the Secretary of State employee shall verify that the school satisfies the requirementsmeets the standards set forth for commercial driving schools in IVC ~~Sections~~Section 6-401 through 6-418. In addition, the school shall satisfy the requirements meet the standards for commercial driver school teen accreditation ~~that are~~ set forth in subsections (b) through (e) of this Section, Section 1060.181 and all other applicable provisions of the IVC and Illinois Administrative Code. Upon request, these, requirements(f). These standards shall be furnished to the school by the Secretary of State ~~before the visit if the school requests them~~. If all qualifications, requirements and standards are met, the school shall be accreditedeertified to offer instruction to students under the age of 18.
  - 2) The accreditation of each school is renewable upon the expiration date of the school license, provided all qualifications, requirements and standards are met and provided the school has been and remains in compliance with this Part.
  - 3) Only qualified instructorsteaching personnel may provide instruction to

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

~~teach~~ persons under the age of 18. Exception: in the event of an emergency situation in which the only available ~~instructor~~~~teacher~~ terminates his or her employment, or must take a leave of absence, while a course remains incomplete, other licensed instructors employed by the school may ~~take over and~~ complete the course. No new courses may be started before properly qualified ~~instructor~~~~teaching personnel~~ are ~~again~~ available. In all ~~those~~~~such~~ cases, the Department must give prior approval. Approval shall not be given until the Department has ~~verified~~~~checked~~ the roster of instructors at the school and determined that no other ~~instructor~~~~teacher~~ licensed by the Secretary of State to teach students under 18 is employed by~~available at~~ the school.

- 4) A teen accredited driving school must submit a permit cancellation request to the Secretary of State for any ~~teenage~~-student under the age of 18 with an instruction permit who withdraws from, or fails to complete, the ~~teen accredited~~~~teenage~~ driver education program.

- b) Required Facilities – All teen accredited driver training schools must provide all classroom ~~facilities, vehicles and vehicle facilities~~ and equipment as prescribed by IVC Ch. 6, Art. IV (Commercial Driver Training Schools) and this Part. The teaching facilities must provide adequate, comfortable seating for students. Lighting must be adequate and the maintenance (housekeeping) of the room orderly in the driving school laws and regulations administered by the Secretary of State. Those who desire to provide instruction for persons under the age of 18 must comply with Section 1060.50.

- 1) ~~Required Course of Instruction~~

A) ~~One copy of an outline covering the topics to be taught in the classroom phase of instruction, and one copy of an outline of the behind the wheel phase of instruction constructed along the lines of the recommended "Illinois Driver Education Curriculum" shall be maintained. The outlines must meet the approval of the Director of the Department.~~

- i) ~~Accredited teen driver training schools must follow the approved classroom and behind the wheel course outlines that are submitted to the Director of the Department at the time of application for certification. The Department shall~~

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

~~determine compliance with this provision by unannounced inspections of teen classes and records. At least one inspection shall take place every 2 months.~~

- ii) ~~If the classroom or behind-the-wheel outlines are substantially changed, revised outlines must be submitted in duplicate to the Director of the Department for approval. A letter shall be sent to the driver training school informing it of whether its classroom or behind-the-wheel outline has been approved.~~

B) ~~Instructional materials shall be available and shall include a form of video delivery that corresponds with the outline described in subsection (b)(2)(A).~~

C) ~~A professional library containing an assortment of reference and textbooks, pamphlets and other publications shall be available for the use of students or teachers.~~

c) Instructor~~Teacher~~ Qualifications

- 1) Classroom Instructor~~Teacher~~ Qualifications – Each teen accredited driver training school must ~~employ~~have at least one classroom instructor licensed by the Secretary of State to teach the classroom portion of driver education to persons under the age of 18~~employed who meets the standards of IVC Section 6-411, pertaining to classroom instructors who teach approved driver education courses to students under 18 years of age.~~

A) A classroom driver training instructor teaching the teen accredited program must comply with Sections 1060.120 and 1060.130.

B) The instructor must possess good physical and mental health. An application/physical exam form, provided by the Secretary of State, must be completed by the instructor and a physician.

C) The instructor must ~~satisfy~~qualify under one of the following requirements:

- i) Hold a valid teaching certificate issued by the Illinois State

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

Board of Education that is endorsed for both secondary grades and safety and driver education pursuant to 23 Ill. Adm. Code 25.100 (Endorsing Teaching Certificates (2004))~~Be a certified teacher meeting the requirements of 23 Ill. Adm. Code 252.40. (Minor — 16 semester hours); or~~

- ii) Hold a baccalaureate degree, have one year of teaching experience in primary, secondary or higher education, and complete a 48 hour course approved by the Director of the Department; or:
  - iii) Complete the 48 hour course or an equivalent college or university course (a course, at least 48 hours in length, designed to provide individuals with the knowledge, methods and procedures specific to conducting driver education instructional courses, that has been approved by the Director of the Department) and provide written documentation verifying ~~he or she has had~~ 2 months of experience teaching the behind-the-wheel segment of driver education to persons age 18 or older; or adults.
  - iv) Hold a valid State teaching certificate and complete a 48 hour behind-the-wheel and classroom course approved by the Director of Driver Services.
- 2) Behind-the-wheel ~~Instructor/Teacher~~ Qualifications – Each teen accredited driver training school must employ at least one behind the wheel instructor licensed by the Secretary of State to teach the behind-the-wheel portion of driver education to persons under the age of 18. Behind the wheel teachers of driving shall be those who have passed an objective typewritten examination based upon current textbooks and the Motor Vehicle Code; a practical test regarding their ability to drive and to instruct others; and investigation of their moral character and driving record as required in IVC Section 6-411(a) through (f) and supplementary regulations. Each teen accredited driver training school must have at least one behind the wheel instructor who meets the standards of IVC Section 6-411 pertaining to behind the wheel instructors who teach approved driver education courses to students under 18 years of age.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- A) A driver training instructor teaching the teen accredited behind-the-wheel program must comply with Sections 1060.120 and 1060.130.
- B) The instructor must possess good physical and mental health. An application/physical exam form, provided by the Secretary of State, must be completed by the instructor and a physician.
- C) The instructor must ~~satisfy~~qualify under one of the following requirements:
- i) Hold a valid teaching certificate issued by the Illinois State Board of Education that is endorsed for both secondary grades and safety and driver education pursuant to 23 Ill. Adm. Code 25.100 (Endorsing Teaching Certificates (2004))~~Be a certified teacher meeting the requirements of 23 Ill. Adm. Code 252.40.; or~~
  - ii) Hold a baccalaureate degree and have 2 months of experience in teaching the behind-the-wheel segment of driver education ~~to adults persons age 18 and older; or-~~
  - iii) Have 7 years of uninterrupted teaching experience in a commercial driver training school; or-
  - iv) Be licensed by the Secretary of State, complete the 48 hour course (48 Hour Course – a course, at least 48 hours in length, designed to provide individuals with the knowledge, methods and procedures specific to conducting driver education instructional courses that has been approved by the Department Director) or an equivalent college or university course approved by the Director of Driver Services, and provide written documentation verifying ~~he or she has had~~ 2 months of experience teaching the behind-the-wheel portion of driver education to persons age 18 and older; or to adults.
  - v) Hold a valid State teaching certificate and complete a 48 hour course approved by the Director of Driver Services.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 3) Classroom and/or behind-the-wheel ~~instructors shall not driver education teachers are to~~ be assigned ~~not~~ more than 12 clock hours of instructional work daily. No teen instruction, ~~either~~ classroom or behind-the-wheel, ~~mayean~~ take place between the hours of 10:00 p.m. and 6:00 a.m.
- d) Student Qualifications
- 1) A driver training school or driver training instructor licensed by the Secretary of State shall comply with all of the requirements of IVC Section 6-408.5 prior to requesting a certificate of completion from the Secretary of State.
  - 2) A superintendent or chief school administrator may waive the requirements contained within IVC Section 6-408.5 if he/she deems it to be in the best interests of the student or dropout. The State Board of Education may, at its discretion, by rule or regulation, establish guidelines for the waiver of the requirements of IVC Section 6-408.5.
  - 3) Prior to a driver training school or driver training school instructor requesting a certificate of completion for a student, the driver training school or driver training instructor must verify that the student is enrolled in school and has received a passing grade in at least 8 courses during the 2 semesters. Verification of a student's eligibility to obtain a certificate of completion from the Secretary of State shall be by one of the following methods:
    - A) obtain written documentation on a form prepared or approved by the Secretary of State stating the student has received a passing grade in at least 8 courses during the previous 2 semesters;
    - B) obtain written waiver from a superintendent or school administrator on a form prepared or approved by the Secretary of State;
    - C) obtain written verification on a form prepared or approved by the Secretary of State stating the student is enrolled in a home school;
    - D) obtain copies of the student's report card and/or transcript for the

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

previous 2 semesters indicating a passing grade in at least 8 courses during the previous 2 semesters.

- 4) Verification of eligibility for any person who has dropped out of school and has not yet attained the age of 18 years shall be by one of the following methods:
  - A) obtain written documentation verifying the dropout's enrollment in GED or an alternative education program or obtain a copy of the dropout's GED certificate;
  - B) obtain written verification that the student prior to dropping out, had received a passing grade in at least 8 courses during the 2 previous semesters last ending prior to requesting a certificate of completion; or
  - C) obtain written consent on a form prepared or approved by the Secretary of State from the dropout's parents or guardian and the regional superintendent.
- 5) Students enrolled in a driver training school shall be informed in writing of the eligibility requirements of IVC Section 6-408.5 at the time of registration that shall be documented in the student's file.
- 6) The driver training school and/or driver training school instructor shall maintain a copy and make available for inspection all written documentation required by this Section.
- 7) The driver training school may not enroll any students who will not be at least 15 years of age prior to the end of the classroom portion of the course.

e) ~~Classroom Instruction—For Persons under Age 18 Years~~

- 1) ~~Classroom instruction shall include not less than 30 class hours. Instructional periods are to be no longer than 2 hours daily with meetings distributed regularly throughout the minimum of 4 complete weeks. The maximum number of students cannot exceed 30 per class for classroom instruction, except that, if the size of the classroom exceeds 350 square~~

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

~~feet, a maximum of 35 students shall be allowed.~~

- 2) ~~Classroom instruction shall include subject matter relating to the rules of the road, safe driving practices, pedestrian safety, driver responsibility, theory of driving, defensive driving techniques, behavioral characteristics of drivers, auto insurance and financial responsibility, development of perception for driving, emergency situation procedures, the use of automobile safety devices, and the effects of alcohol and/or other drugs on driving.~~
- 3) ~~Each classroom course must have a definite starting date and completion date. No more than one classroom course may be taught during any same time period in the same classroom. Late registrations shall not be accepted beyond the third day of the course, at which time the course must be closed to further enrollments.~~
- 4) ~~Late registrants and absentees shall be given make-up instruction and assignments. No school shall permit the student to be absent from more than 4 class sessions without requiring the student to re-enroll in a later course and to start over.~~
- 5) ~~The teaching facilities must provide adequate, comfortable seating for students. Lighting must be adequate and the maintenance (housekeeping) of the room orderly.~~
- 6) ~~A textbook on driver education must be in the possession of each student for the duration of the course, to be used as a regular part of the course content, and consistent with the recommended course outline.~~
- 7) ~~Audio-visual materials shall be used as a supplement to the teacher's presentation, but not as a replacement. Reference materials are to be available to the students and their use assured by assignments. All assignments are to be made in advance of due dates and should include outside reading as well as preparation for testing.~~
- 8) ~~A regular schedule of classroom testing shall be followed. Student progress in acquaintance with information, data, and knowledge is to be periodically evaluated. Criteria for passing or failing the course must be evident to the students and successful completion clearly defined.~~

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 9) ~~Each student shall be informed prior to the time instruction begins of the character and amount of any and all fees or charges made for enrollments or registration, tuition, use of equipment, text and reference materials, supplies, and any service, equipment, or materials provided by the commercial driving school.~~
- 10) ~~Instruction for each student in the class shall begin on the date and location designated by advertisement and continue throughout the designated period unless the course is cancelled and the student is refunded any fees already paid.~~
- 11) ~~A listing of students enrolled in each and every classroom course shall be sent to the Department of Driver Services Blue Slip Unit within 3 days after the third day of classroom instruction on forms provided by the Secretary of State. A certificate will not be issued to anyone whose name has not been submitted on this form, signed by an authorized official of the school.~~
- f) **Laboratory Instruction—For Persons under Age 18 Years**
- 1) ~~Laboratory instruction shall not begin until the student is enrolled in a classroom program of driver education and possesses the basic information required for safe operation of a vehicle in traffic. At least 4 hours of classroom instruction must be given before behind the wheel lessons are started.~~
- 2) ~~Each student must have in his or her possession, when engaged in vehicle operation, a valid instruction permit issued by the Secretary of State.~~
- 3) ~~No fewer than 2 nor more than 4 students are to occupy the car with an instructor when instruction is in progress. Student driving experiences shall be for periods of not more than 90 minutes for each student per day. The accumulation of 6 hours of practice driving shall be distributed regularly throughout a minimum of 2 complete weeks. Although observation time in the car may not be counted as practice driving, a minimum of 6 hours is required. The only exception shall be when a parent requests that observers be excluded because the parent has chosen an alternate formula. The alternate formula may substitute 1 additional~~

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

~~hour of behind the wheel instruction for 3 hours of observation; or 2 additional hours of behind the wheel instruction for 6 hours of observation. If an alternate formula is chosen, the student may drive alone with an instructor. The school must maintain on file a parental signature authorizing the student to take an alternate formula for the behind the wheel portion of instruction.~~

- ~~4) Each student shall receive a minimum of 6 full hours of behind the wheel instruction. There can be no allowance for any absences without actual make-up time spent behind the wheel. Satisfactory completion denotes that each student has the competencies to be certified by the school for issuance of a certificate.~~
- ~~5) Lesson time or practice driving time may not be used to call for, deliver or dismiss other students to their homes or pick-up points.~~
- ~~6) Practice driving instruction shall include actual experience in starting, stopping, shifting, turning, backing, parking, steering and emergency situation procedure in a vehicle equipped according to IVC Section 6-410.~~

eg) Records

- 1) Records shall be maintained by the driver training schools that substantiate daily attendance, lesson time, and detailed descriptions of each lesson provided for periodic evaluation of each student, which must include each topic that was taught during the lesson, as well as any videos, DVDs or other materials utilized during the lesson. ~~The~~Also recorded shall be the beginning and ending dates of classroom and behind-the-wheel, as well as laboratory, instruction shall also be recorded. Students are to be identified by name and, address and other personal information. The records are to be on file in the office of the driver training schoolmanagement for a period of 3 years.
- 2) A Secretary of State form shall be used for submitting the names of those students who have satisfactorily fulfilled the requirements of the complete course in driver education and who qualify for a certificate. The form shall be signed by an authorized representativeofficial of the driver training school.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.181 Teen Accreditation Classroom and Behind-the-Wheel Requirements**

- a) Course Objectives. The educational objectives of driver education shall include, but not be limited to, promoting respect for and encouraging observance of traffic laws and traffic safety responsibilities of drivers and citizens, reducing traffic violations, reducing traffic-related injuries, deaths and economic losses, and motivating continuing development of traffic related competencies through education, including, but not limited to, Illinois traffic law, risk management, driver attitudes, courtesy skills, evasive driving techniques and informing participants about the effects of alcohol and other drugs on driving ability.
  
- b) Classroom Instruction – For Persons under the Age of 18
  - 1) General Provisions
    - A) Classroom instruction shall consist of a minimum of 30 hours of instruction.
    - B) Classroom courses are limited to two hours per day, per student.
    - C) No course enrollment shall exceed 30 students, except that, if the size of the classroom exceeds 350 square feet, a maximum of 35 students shall be allowed.
    - D) Each classroom course must be distributed regularly over a minimum period of four complete weeks and must have definite starting and completion dates. No more than one classroom course may be taught during the same time period in the same classroom. Late registrations shall not be accepted beyond the third day of the course, at which time the course must be closed to further enrollments.
    - E) A Secretary of State enrollment form listing all students enrolled in each and every classroom course, including the times and dates the class will meet, shall be sent to the Commercial Driver Training School Division within 3 days after the third day of classroom instruction. A certificate will not be issued to any student whose

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

name has not been submitted on this form, signed by an authorized representative of the commercial driving school.

- F) Instruction for each student in the classroom course shall take place on the dates, times and locations designated on the Secretary of State enrollment form unless the course is cancelled and the student is refunded any fees already paid.
- G) Late registrants and absentees shall be given make-up instruction and assignments. No school shall permit a student to be absent from more than 4 class sessions without requiring the student to re-enroll in a later course and to start over.
- H) Each student shall be informed prior to the time instruction begins of any fees or charges made for enrollments or registration, tuition, use of equipment, text and reference materials, supplies, and any service, equipment or materials provided by the commercial driving school.

2) Required Course of Instruction – General

- A) Each teen-accredited driver training school shall submit to the Secretary of State a copy of its classroom course content, which must, at a minimum, include the course content set forth in subsection (b)(4), which shall be reviewed by the Commercial Driver Training School Division of the Department of Driver Services. If the classroom course content meets the requirements, it will be approved by the Department.
- B) Accredited teen driver training schools must follow the approved classroom course content submitted to the Director of the Department at the time of application for licensure. The Department shall determine compliance with this provision by unannounced inspections of the driver training schools, which shall occur, at a minimum, once every two months.
- C) If a driver training school wishes to substantially change the classroom course content, a copy of its revised course content must be submitted in duplicate to the Commercial Driver Training

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

School Division for approval. After review, the Commercial Driver Training School Division will send a letter to the driver training school informing the school of whether its revised classroom course content has been approved.

- D) A regular schedule of classroom testing shall be followed to measure the comprehension level of students. Students may not be given credit for the driver education course unless they score an average of 75% or more on all tests. Test questions may be short answer, multiple choice, essay or a combination of these. Criteria for passing or failing the course must be evident to the students and successful completion clearly defined.

3) Instructional Materials

- A) A textbook on driver education must be in the possession of each student for the duration of the course, to be used as a regular part of the course content.
- B) Audio-visual materials may be used as a supplement to the instructor's presentation, but not as a replacement, so long as the material relates to driver education. Materials may include, but are not limited to, videos, DVDs and CDs. Reference materials are to be available to the students and their use assured by assignments. All assignments are to be made in advance of due dates and should include outside reading as well as preparation for testing.

4) Classroom Course Content. The following topics shall be included in classroom instruction:

- A) Your License to Drive. Objective: familiarization with the process of obtaining an instruction permit and driver's license and the obligations and responsibilities that exist with holding a license:
- i) classifications of driver's licenses;
  - ii) testing required to obtain a driver's license;
  - iii) suspensions and revocations of driver's licenses;

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- iv) mandatory insurance laws; and
- v) organ/tissue donation.
- B) Getting Under Way. Objective: locating and identifying the location, purpose and operation of each indicator, gauge and control, thereby operating safely and conserving fuel:
  - i) the view from behind the wheel, learning the controls – instrument panel, indicators, gauges, controls, lights and other signals;
  - ii) controls for safety – safety belts, passive restraints, head restraints and rearview mirrors; and
  - iii) getting ready to drive, adjusting seat and mirrors and starting the engine.
- C) Basic Driving Maneuvers. Objective: defensive driving:
  - i) steering;
  - ii) accelerating;
  - iii) braking;
  - iv) changing lanes;
  - v) turning;
  - vi) backing;
  - vii) changing direction;
  - viii) parking;
  - ix) passing; and

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

x) railroad crossings.

D) Traffic Safety Laws. Objective: familiarization with traffic and vehicle laws and influencing drivers to comply with laws on a voluntary basis:

i) basic driving rules;

ii) right-of-way;

iii) speed laws;

iv) traffic signs and signals;

v) pavement markings;

vi) highway markings;

vii) how to respond to emergency vehicles, including Scott's Law and how to interact with law enforcement;

viii) distracted driving, including, but not limited to, cell phone use, texting, eating;

ix) GDL laws, including nighttime driving restrictions and passenger limitations;

x) special safety laws – driving under the influence, implied consent, zero tolerance, post-accident responsibilities and duties; and

xi) construction and school zones.

E) Laws of Nature and Driving. Objective: learning about forces that act upon a vehicle and predicting how a vehicle will respond:

i) understanding gravity, center of gravity, friction, energy of motion, centrifugal force and hydroplaning;

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- ii) stopping distance – perception time and distance, reaction time and distance, and braking distance; and
    - iii) force of impact – factors affecting force of impact, energy-absorbing features in cars and passenger restraint.
  - F) Strategy for Driving. Objective: using the Smith System, IPDE process, Zone Control System or any other recognized process for:
    - i) identifying problems, predicting outcomes, deciding action and executing decisions;
    - ii) avoiding, separating and handling hazards, managing time, speed and space, and following and stopping distance; and
    - iii) trouble spots, limited visibility, traction and space.
  - G) Driving in City Traffic. Objective: identifying and handling city driving hazards:
    - i) characteristics of city driving – congestion, reduced speed and cross traffic;
    - ii) incoming traffic, following traffic, tailgaters, intersections, multi-lane roads and one-way streets; and
    - iii) right-of-way situations – pedestrians, emergency vehicles and school buses.
  - H) Driving on Highways – objective: adjusting to a variety of traffic patterns, speeds and road conditions:
    - i) characteristics of highway driving – less congestion, increased speeds and road conditions;
    - ii) junctions, bridges, railroad crossings and hills;



## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- ii) alcohol and the driver – effects;
  - iii) responsibilities as a driver and passenger;
  - iv) driving under the influence, zero tolerance, implied consent, and underage drinking not involving a motor vehicle; and
  - v) possessing, obtaining or using a fraudulent or fictitious driver's license or identification card.
- M) Maintaining a Motor Vehicle. Objective: a well maintained vehicle is safer:
- i) vehicle inspection;
  - ii) preventive maintenance – brakes, tires, steering, suspension and checking under the hood; and
  - iii) fuel economy – vehicle choice, maintenance and driving habits.
- c) Behind-the-Wheel Instruction – For Persons under Age 18
- 1) Each teen-accredited driver training school shall submit to the Secretary of State a copy of its behind-the-wheel course content, which must, at a minimum, include the course content set forth in subsection (c)(10). The course content shall be reviewed by the Commercial Driver Training School Division of the Department of Driver Services. If the classroom course content meets the requirements, it shall be approved by the Department.
  - 2) Behind-the-wheel instruction shall consist of a minimum of six hours of instruction during which the student is the operator of a dual controlled vehicle while the instructor is occupying the front seat and six hours of observation time.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 3) Behind-the-wheel instruction shall not begin until the student has completed four hours of the classroom portion of driver education and possesses the basic information required for safe operation of a vehicle in traffic.
- 4) When engaged in behind-the-wheel instruction, each student must have in his or her possession a valid instruction permit issued by the Secretary of State.
- 5) At least two, but not more than 4, students may occupy the car with an instructor when behind-the-wheel instruction is in progress. Behind-the-wheel instruction shall not exceed 90 minutes per student, per day. (Exception: Students participating in the alternate behind-the-wheel formula set forth in subsection (c)(6) may be provided one two-hour session of behind-the-wheel instruction). Behind-the-wheel lessons must be distributed regularly over a minimum period of two complete weeks.
- 6) Observation time in the car may not be counted as student driving. A parent may request that observers be excluded if the parent has chosen an alternate formula. The alternate formula may substitute one additional hour of behind-the-wheel instruction for 3 hours of observation or 2 additional hours of behind-the-wheel instruction for 6 hours of observation. If an alternate formula is chosen, the student may drive alone with an instructor. The school must maintain on file a parental signature authorizing the student to take an alternate formula for the behind-the-wheel portion of instruction.
- 7) Each student shall receive a minimum of 6 full hours of behind-the-wheel instruction. There can be no allowance for any absences without actual make-up time spent behind-the-wheel. Satisfactory completion denotes that each student has the competencies to be certified by the school for issuance of a certificate.
- 8) Lesson time or practice driving time may not be used to call for, deliver or dismiss other students to their homes or pick-up points.
- 9) Practice driving instruction shall include actual experience in starting, stopping, shifting, turning, backing, parking, steering and emergency

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

situation procedures in a vehicle equipped according to IVC Section 6-410.

10) Behind-the wheel instruction shall include demonstration of and instruction in:

A) Stopping;

B) Starting;

C) Turning;

D) Backing;

E) Parking;

F) Steering.

(Source: Added at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.190 Denial, Cancellation, Suspension, and Revocation of Commercial Driver Training School's License, Teen Accreditation, CDL Accreditation, and Instructor's License**

- a) The Secretary of State may deny, suspend, or revoke a commercial driver training school license, teen accreditation, CDL accreditation, or commercial driver training school instructor license for:
- 1) Any violation of 625 ILCS 5/Ch. 6, Art. IV.
  - 2) Any violation of this Part.
  - 3) A school that desires to have a license reinstated following suspension shall reapply and pay the application fee of \$500 as required by Section 6-402(h) of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/6-402(h)].
  - 4) An instructor who desires to have a license reinstated following suspension shall reapply and pay \$70 as required by Section 6-411(g) of

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/6-411(g)].

- b) The Secretary of State may cancel a commercial driver training school license, teen accreditation and/or CDL accreditation for:
- 1) Any violation of Section 6-402 of the Illinois Vehicle Code [625 ILCS 5/6-402].
  - 2) Any violation of Section 1060.20(a), (b), (c), and (e) of this Part.
  - 3) In order to be eligible to be reinstated following cancellation, the school shall reapply for a license, pay the required application fee of \$500 for a school as required by Section 6-402(h) of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/6-402(h)] and demonstrate compliance with the provisions of this Part for which the cancellation was issued (e.g., proof of insurance).
- c) The Secretary of State may cancel a commercial driver training school instructor license, teen accreditation and/or CDL accreditation for:
- 1) Any violation of Section 6-411 of the Illinois Vehicle Code [625 ILCS 5/6-411].
  - 2) Any violation of Section 1060.120 of this Part.
  - 3) In order to be eligible to be reinstated following cancellation, the instructor shall reapply for a license; pay the required fee of \$70 for an instructor as required by Section 6-411(g) of the Illinois Vehicle Code; and demonstrate compliance with the provisions of this Part for which cancellation was issued (e.g., proof of insurance).

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

**Section 1060.200 Commercial Driver's License and/or Endorsement and/or Accreditation**

- a) Accreditation of the Program – Each commercial driver training school that desires to offer instruction to those individuals who wish to obtain a CDL and/or endorsement and/or restriction must be accredited by the Secretary of State

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

through the Department of Driver Services before instruction can be offered or advertised.

- 1) Upon receipt of proper application for accreditation, the Secretary of State shall investigate the program and verify the information contained in the application. A Secretary of State employee shall contact the applicant and make an appointment to inspect the school's facilities. At the time of inspection, the Secretary of State employee shall verify that the school meets the standards for CDL accreditation set forth in this Section 1060.200-199(b) through (e) in addition to all other applicable Sections within this Part. These standards shall be furnished to the school by the Secretary of State before the visit, if the school requests them. If all qualifications and standards are met, the school shall be accredited to offer instruction on how to operate a vehicle with CDL and/or endorsement and/or restriction classification.
  - 2) The accreditation of each school is renewable upon the expiration date of the school license, provided all qualifications and standards are met and the school has been in compliance with this Part.
  - 3) Only qualified teaching personnel who already possess a CDL and/or endorsement and/or restriction classification may teach the drive portion of instruction.
- b) Required Facilities – All CDL, endorsement and/or restriction accredited schools must provide all classroom and vehicle facilities and equipment prescribed in IVC Chapter 6, Article IV and Section 1060.50 ~~of this Part~~. Those who desire to provide instruction to persons who wish to obtain a CDL, endorsement and/or restriction classified license must additionally provide a vehicle training area, owned or leased by the school, with sufficient space to properly accommodate the number of vehicles the school has in operation and appropriate off-street maneuvers.
- 1) Required Course of Instruction:
    - A) CDL accredited driving schools must administer driving instruction that corresponds to a curriculum provided to the school by the Secretary of State. Each CDL accredited driving school must provide the minimum of 160 hours of instruction in not less

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

than a 4 week period to each student, as indicated in the curriculum.

- B) The following curriculum must be offered to each first time CDL student in a minimum of 4 weeks. Each student must receive 160 hours of CDL instruction as outlined in this subsection (b)(1)(B). The training schedule outlined must follow the Illinois Occupational Skill Standards, Entry-Level Truck Driver Manual (March 1999) endorsed for Illinois by the Illinois Occupational Skill Standards and Credentialing Counsel. This manual is available from the Secretary of State Driver Facility, 650 Roppolo Drive, Elk Grove Village IL 60007.
- i) Classroom. 40 hours of classroom instruction; this includes, but is not limited to, preparation for the Secretary of State's written examinations and all chapters of this curriculum.
  - ii) Range. 16 hours of vehicle training area behind-the-wheel instruction. This requires one-on-one instruction with a properly licensed CDL instructor and vehicle on an approved vehicle training area.
  - iii) Over the Road. 16 hours of behind-the-wheel instruction on public streets and highways. This requires one-on-one instruction with a properly licensed CDL instructor and vehicle.
  - iv) Observation. 10 hours of observation experience composed of observation of the vehicle training area and over-the-road training.
  - v) Remedial Training. 78 hours of additional classroom training, observation, and vehicle training area/over-the-road training based on each CDL student's specific needs.
- C) Instructional materials shall be available and shall include a form of video delivery.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- D) A professional library containing an assortment of reference and textbooks, pamphlets, and other publications, including but not limited to the CDL Study Guide, available for the use of students and teachers.
- E) A brush-up course of instruction may be offered to individuals who currently hold or have held a CDL issued under the requirements of 49 CFR 383, as incorporated in Section 1060.5. The school must maintain records that verify students qualify for a brush-up course. This course may be offered on an hourly basis. No brush-up course may be offered to any individual who has never held a CDL or its equivalent.
- F) Classroom Instruction – CDL, endorsement and/or restriction classification instruction.
- i) Each classroom course must have a definite starting date and completion date. A listing of students enrolled in each course shall be sent to the Secretary of State, within 3 days after the third day of classroom instruction, on forms provided by the Secretary of State.
  - ii) Classroom instruction shall include subject matter relating to the rules of the road as contained in the CDL Study Guide, safe driving practices, pedestrian safety, defensive driving techniques, behavioral characteristics of drivers, federal regulations relating to the Department of Transportation and CDL standards (49 CFR 383), vehicle insurance, the use of safety devices, and the effects of alcohol and drugs on driving.
  - iii) Practice driving instruction must comply with the curriculum provided by the Office of the Secretary of State.
  - iv) Audio-visual materials shall be used as a supplement to the teacher's presentation, but not as a replacement. Reference materials are to be available to the students and their use assured by assignments. All assignments are to be made in advance of due dates and shall include outside reading as

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

well as preparation for testing.

- v) A regular schedule of classroom testing shall be followed. Student progress is to be periodically evaluated. Criteria for passing or failing the course shall be evident to the student, and successful completion clearly defined.
  - vi) Each student shall be informed, prior to the time instruction begins, of the amount of any and all fees or charges made for enrollment or registration, tuition, use of equipment, or materials provided by the CDL, endorsement and/or restriction accredited driver training program.
  - vii) Instruction of each student in the class shall begin on the date and location designated by advertisement and continue throughout the designed period, unless the course is cancelled and the student is refunded any fees already paid.
- G) Laboratory Instruction – For persons taking instruction for CDL, endorsement and/or restriction classification.
- i) Behind-the-wheel instruction shall not begin until the student is enrolled in a classroom program of CDL, endorsement and/or restriction classification driver training and obtains the required knowledge for the safe operation of a vehicle in traffic as provided in 49 CFR 383.110-121.
  - ii) Each student must have in his/her possession, when engaged in vehicle operation, a valid and properly classified instruction permit ~~or driver's license issued by the Secretary of State, unless previously licensed in a classification representative of the vehicle he/she intends to drive.~~
  - iii) Practice driving instruction shall include but not be limited to pre-trip inspection, actual experience in starting, stopping, shifting, turning, backing, docking, parking, steering and emergency situation procedures.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- iv) CDL skills testing for classification A must be given in a representative power unit with a multi-range transmission with no fewer than 9 forward gears and a representative trailer at least 48 feet long with a tandem axle.
- 2) Student Ratio Per Course
- A) The total number of students enrolled in each CDL accredited course in any 30-day period shall not exceed 5 students per each currently licensed instructor.
  - B) The total number of students enrolled in each CDL accredited course in any 30-day period shall not exceed 6 students for each currently registered CDL vehicle.
- c) Classroom Teacher Qualifications
- 1) Each CDL, endorsement and/or restriction accredited driver training school must have at least one classroom instructor employed by the school who meets the standards of IVC Section 6-411.
  - 2) Required Classroom Teacher Qualifications:
    - A) A driver training instructor teaching the classroom portion of a CDL, endorsement and/or restriction accredited course must comply with Sections 1060.120 and 1060.130.
    - B) The instructor must possess good physical and mental health, as determined by a physician. An application/physical examination form, provided by the Secretary of State, shall be completed by the instructor and a physician.
    - C) A classroom instructor must pass an objective type instructor written examination based upon the Illinois Vehicle Code, this Part and the Commercial Motor Vehicle Safety Act of 1986 (49 USC 2704). The written examination shall consist of 125 questions (90 multiple choice and 35 true/false) and the instructor must correctly answer 106 questions to pass.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- d) CDL, Endorsement and/or Restriction Behind-the-Wheel Teacher Qualifications
- 1) Each CDL, endorsement and/or restriction accredited driver training school must have at least one behind-the-wheel instructor employed by the school who meets the standards of IVC Section 6-411.
  - 2) Required Behind-the-Wheel Teacher Qualifications:
    - A) A driver training instructor teaching the behind-the-wheel portion of a CDL, endorsement and/or restriction accredited course must comply with the provisions of Sections 1060.120 and 1060.130 and be licensed in a classification representative of the vehicle in which he or she intends to teach for at least 3 consecutive years immediately prior to application (a one month lapse in renewal will not negate the 3 consecutive years requirement).
    - B) The instructor must possess good physical and mental health, as determined by a physician. An application/physical examination form, provided by the Secretary of State, shall be completed by the instructor and a physician.
    - C) The instructor shall give instruction only in the classification, endorsement and/or restriction in which he/she is licensed.
    - D) A behind-the-wheel instructor must pass an objective type instructor written examination based upon the Illinois Vehicle Code, commercial school rules and regulations, and the Commercial Motor Vehicle Safety Act of 1986 (49 USC 2704), as provided for in subsection (c)(1)(C) ~~of this Section~~. In addition, a behind-the-wheel instructor must pass a practical test regarding his/her ability to drive a vehicle of CDL, endorsement and/or restriction classification (92 Ill. Adm. Code 1030.85).
- e) Student Instruction Records
- 1) Records shall be maintained by schools that document daily attendance, lesson time, and periodic evaluation of each student. Also recorded shall be the dates of classroom instruction, behind-the-wheel instruction and observation time. Students are to be identified by their name, address and

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

other personal information. A driver license number also must be entered on the student record. The records are to be on file in the office of the management for a period of 3 years.

- 2) The driver school with a CDL, endorsement and/or restriction accreditation must meet all requirements of Section 1060.60.
  - 3) The school and each student must maintain separate but identical logs of the student's behind-the-wheel instruction and observation time. The logs must include the dates of instruction, type of instruction, student/instructor signatures and odometer readings of the vehicles used for instruction.
  - 4) A Secretary of State form shall be used for submitting names of those students who have satisfactorily fulfilled the CDL accreditation course. The form shall be signed by an authorized official of the school.
- f) The Secretary of State shall suspend, revoke, cancel or deny the license and/or accreditation of any driver training school or driver training instructor if the school or instructor fails to comply with this Part or 49 CFR 383.
  - g) The Secretary of State may reduce the amount of scheduled skills testing for CDL Accredited schools that have a student failure rate of 45% or greater in the preceding 2 calendar months.

(Source: Amended at 37 Ill. Reg. 4295, effective March 20, 2013)

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Certificates of Title, Registration of Vehicles
- 2) Code Citation: 92 Ill. Adm. Code 1010
- 3) Section Number: 1010.195                      Adopted Action:  
New Section
- 4) Statutory Authority: Chapter 3 of the Illinois Vehicle Code (625 ILCS 5/3) and authorized by Section 2-104(b) of the Illinois Vehicle Code.
- 5) Effective Date of Rulemaking: March 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Published in the *Illinois Register*: December 14, 2012; 36 Ill. Reg. 17374
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposed and Final Version: No substantive changes made between proposal and adoption. All technical changes recommended by JCAR 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? Yes
- 14) Are there any proposed rulemakings pending on this Part? Yes  

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
1010.240	Amendment	37 Ill. Reg. 4213; April 5, 2013
1010.540	Amendment	37 Ill. Reg. 4213; April 5, 2013
- 15) Summary and Purpose of Rulemaking: The rulemaking addresses the procedures the office will utilize when dealing with a vehicle that is applying for an Illinois title from

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

another state where a natural disaster has caused flooding that may affect the branding of the vehicle.

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

Cynthia Grant  
Assistant General Counsel  
298 Howlett Building  
Springfield, Illinois 62756

217/785-3094  
cgrant@ilsos.net

- 17) Does this amendment require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code [30 ILCS 500/5-25]? No

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

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION  
CHAPTER II: SECRETARY OF STATE

PART 1010  
CERTIFICATES OF TITLE, REGISTRATION OF VEHICLES

SUBPART A: DEFINITIONS

- Section
- 1010.10 Owner – Application of Term
- 1010.20 Secretary and Department

SUBPART B: TITLES

- Section
- 1010.110 Salvage Certificate – Additional Information Required to Accompany Application for a Certificate of Title for a Rebuilt or a Restored Vehicle Upon Surrendering Salvage Certificate
- 1010.120 Salvage Certificate – Assignments and Reassignments
- 1010.130 Exclusiveness of Lien on Certificate of Title
- 1010.140 Documents Required to Title and Register Imported Vehicles Not Manufactured in Conformity with Federal Emission or Safety Standards
- 1010.150 Transferring Certificates of Title Upon the Owner's Death
- 1010.160 Repossession of Vehicles by Lienholders and Creditors
- 1010.170 Junking Notification
- 1010.180 Specially Constructed Vehicles – Defined
- 1010.185 Specially Constructed Vehicles – Required Documentation for Title and Registration
- 1010.190 Issuance of Title and Registration Without Standard Ownership Documents – Bond
- 1010.195 Procedures and Disclosures for Vehicles Previously Titled in Areas Flooded as a Result of a Natural Disaster

SUBPART C: REGISTRATION

- Section
- 1010.200 Homemade Trailers – Title and Registration
- 1010.210 Application for Registration
- 1010.220 Vehicles Subject to Registration – Exceptions
- 1010.230 Refusing Registration or Certificate of Title

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENT

- 1010.240 Registration Plates To Be Furnished by the Secretary of State
- 1010.245 Electronic Registration and Titling (ERT) Program Provisions
- 1010.250 Applications For Reassignment

SUBPART D: REVOCATION, SUSPENSION AND  
CANCELLATION OF REGISTRATION

## Section

- 1010.300 Operation of Vehicle after Cancellation, Suspension, or Revocation of any Registration
- 1010.310 Improper Use of Evidences of Registration
- 1010.320 Suspension, Cancellation or Revocation of Illinois Registration Plates and Cards and Titles
- 1010.330 Operation of Vehicle Without Proper Illinois Registration
- 1010.350 Suspension or Revocation
- 1010.360 Surrender of Plates, Decals or Cards

## SUBPART E: SPECIAL PERMITS AND PLATES

## Section

- 1010.410 Temporary Registration – Individual Transactions
- 1010.420 Temporary Permit Pending Registration In Illinois
- 1010.421 Issuance of Temporary Registration Permits by Persons or Entities Other Than the Secretary of State
- 1010.425 Non-Resident Drive-Away Permits
- 1010.426 Seven Day Permits
- 1010.430 Registration Plates for Motor Vehicles Used for Transportation of Persons for Compensation and Tow Trucks
- 1010.440 Title and Registration of Vehicles with Permanently Mounted Equipment
- 1010.450 Special Plates
- 1010.451 Purple Heart License Plates
- 1010.452 Special Event License Plates
- 1010.453 Retired Armed Forces License Plates
- 1010.454 Gold Star License Plates
- 1010.455 Collectible License Plates
- 1010.456 Sample License Plates For Motion Picture and Television Studios
- 1010.457 Korean War Veteran License Plates
- 1010.458 Collegiate License Plates
- 1010.460 Special Plates for Members of the United States Armed Forces Reserves
- 1010.465 Requests for General Issuance Specialty License Plates

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENT

1010.470 Dealer Plate Records  
1010.480 State of Illinois In-Transit Plates

## SUBPART F: FEES

Section  
1010.510 Determination of Registration Fees  
1010.520 When Fees Returnable  
1010.530 Circuit Breaker Registration Discount  
1010.540 Fees  
1010.550 Determining Age of Vehicle

## SUBPART G: MISCELLANEOUS

Section  
1010.610 Unlawful Acts, Fines and Penalties  
1010.620 Change of Engine

## SUBPART H: SECOND DIVISION VEHICLES

Section  
1010.705 Reciprocity  
1010.710 Vehicle Proration  
1010.715 Proration Fees  
1010.720 Vehicle Apportionment  
1010.725 Trip Leasing  
1010.730 Intrastate Movements, Foreign Vehicles  
1010.735 Interline Movements  
1010.740 Trip and Short-term Permits  
1010.745 Signal 30 Permit for Foreign Registration Vehicles (Repealed)  
1010.750 Signal 30-Year-round for Prorated Fleets of Leased Vehicles (Repealed)  
1010.755 Mileage Tax Plates  
1010.756 Suspension or Revocation of Illinois Mileage Weight Tax Plates  
1010.760 Transfer for "For-Hire" Loads  
1010.765 Suspension or Revocation of Exemptions as to Foreign Registered Vehicles  
1010.770 Required Documents for Trucks and Buses to detect "intrastate" movements  
1010.775 Certificate of Safety

1010.APPENDIX A Uniform Vehicle Registration Proration and Reciprocity Agreement  
1010.APPENDIX B International Registration Plan

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENT

1010.APPENDIX C Affirmation Supporting Salvage Certificate  
1010.APPENDIX D Specialty License Plates Request Form

**AUTHORITY:** Implementing Chapter 3 and authorized by Section 2-104(b) of the Illinois Vehicle Title & Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 3 and 2-104(b)].

**SOURCE:** Filed and effective December 15, 1970; emergency amendment at 2 Ill. Reg. 25, p. 119, effective June 14, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 12, p. 76, effective March 23, 1979; amended at 3 Ill. Reg. 29, p. 123, effective July 20, 1979; amended at 4 Ill. Reg. 17, p. 247, effective April 11, 1980; emergency amendment at 4 Ill. Reg. 21, p. 99, effective May 14, 1980, for a maximum of 150 days; amended at 6 Ill. Reg. 2241, effective February 1, 1982; amended at 6 Ill. Reg. 11076, effective August 26, 1982; codified at 6 Ill. Reg. 12674; amended at 7 Ill. Reg. 1432, effective January 21, 1983; amended at 7 Ill. Reg. 1436, effective January 21, 1983; amended at 8 Ill. Reg. 5329, effective April 6, 1984; amended at 9 Ill. Reg. 3358, effective March 1, 1985; amended at 9 Ill. Reg. 9176, effective May 30, 1985; amended at 9 Ill. Reg. 12863, effective August 2, 1985; amended at 9 Ill. Reg. 14711, effective September 13, 1985; amended at 10 Ill. Reg. 1243, effective January 6, 1986; amended at 10 Ill. Reg. 4245, effective February 26, 1986; amended at 10 Ill. Reg. 14308, effective August 19, 1986; recodified at 11 Ill. Reg. 15920; amended at 12 Ill. Reg. 14711, effective September 15, 1988; amended at 12 Ill. Reg. 15193, effective September 15, 1988; amended at 13 Ill. Reg. 1598, effective February 1, 1989; amended at 13 Ill. Reg. 5173, effective April 1, 1989; amended at 13 Ill. Reg. 7965, effective May 15, 1989; amended at 13 Ill. Reg. 15102, effective September 15, 1989; amended at 14 Ill. Reg. 4560, effective March 1, 1990; amended at 14 Ill. Reg. 6848, effective April 18, 1990; amended at 14 Ill. Reg. 9492, effective June 1, 1990; amended at 14 Ill. Reg. 19066, effective November 15, 1990; amended at 15 Ill. Reg. 12782, effective August 15, 1991; amended at 16 Ill. Reg. 12587, effective August 1, 1992; amended at 19 Ill. Reg. 11947, effective August 1, 1995; amended at 19 Ill. Reg. 16289, effective November 27, 1995; amended at 20 Ill. Reg. 11349, effective August 1, 1996; amended at 21 Ill. Reg. 8408, effective June 23, 1997; amended at 21 Ill. Reg. 13372, effective September 17, 1997; amended at 22 Ill. Reg. 8521, effective April 28, 1998; amended at 22 Ill. Reg. 22059, effective January 1, 1999; amended at 25 Ill. Reg. 7731, effective June 6, 2001; emergency amendment at 25 Ill. Reg. 14201, effective October 22, 2001, for a maximum of 150 days; emergency expired March 20, 2002; amended at 26 Ill. Reg. 14282, effective September 16, 2002; amended at 27 Ill. Reg. 4790, effective February 27, 2003; amended at 29 Ill. Reg. 8915, effective June 10, 2005; amended at 31 Ill. Reg. 2668, effective January 29, 2007; amended at 32 Ill. Reg. 17253, effective October 15, 2008; amended at 32 Ill. Reg. 17590, effective October 16, 2008; amended at 34 Ill. Reg. 3673, effective March 5, 2010; amended at 34 Ill. Reg. 10202, effective June 29, 2010; amended at 35 Ill. Reg. 1652, effective January 13, 2011; amended at 35 Ill. Reg. 8240, effective May 16, 2011; amended at 36 Ill. Reg. 7674, effective May 2, 2012; amended at 36 Ill. Reg. 14745, effective September 24, 2012; amended at 36 Ill. Reg. 17094, effective November

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENT

20, 2012; emergency amendment at 36 Ill. Reg. 17580, effective November 28, 2012, for a maximum of 150 days; amended at 37 Ill. Reg. 4340, effective March 22, 2013.

## SUBPART B: TITLES

**Section 1010.195 Procedures and Disclosures for Vehicles Previously Titled in Areas Flooded as a Result of a Natural Disaster**

As used in this Section, the term "areas flooded as a result of a natural disaster" (hereinafter, "flooded area") shall refer to a geographic area that has been declared a natural disaster by state or federal officials and flooded to a depth in excess of one foot, in an area in excess of one square mile.

- a) An application for an Illinois certificate of title for a vehicle that was last titled in a flooded area will be subject to the following procedures:
  - 1) the vehicle will be checked against the National Insurance Crime Bureau (NICB) database to determine if the vehicle is a known flood-damaged vehicle; and
  - 2) if the vehicle is not in the NICB database as a known flood-damaged vehicle, the Secretary shall determine whether the vehicle was last registered in a county (or parish in Louisiana) that was included in the flooded area.
- b) Any vehicle listed by NICB as a known flood-damaged vehicle shall be issued an Illinois salvage certificate with the brand "flood".
- c) The applicant for a title for a vehicle that was not in the NICB database as a known flood-damaged vehicle, but was last registered in a county included in a flood area, shall be required at the time of application to complete a flood disclosure statement. This statement shall require the applicant to disclose whether the vehicle sustained physical damage or water damage as a result of the flooding and, if there was damage, the extent of damage the vehicle sustained.
- d) If a vehicle is not listed by NICB as a known flood-damaged vehicle and was last registered in a county included in a flood area, and the application is accompanied by a flood disclosure statement, that vehicle shall be issued an Illinois certificate of title or salvage certificate, as determined by the information in the flood disclosure statement.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENT

- e) If a vehicle is not listed by NICB as a known flood-damaged vehicle and was last registered in a county included in a flood area, and the application is not accompanied by a flood disclosure statement, that vehicle shall be issued an Illinois salvage certificate with the brand "flood".
- f) Vehicles titled in Illinois that had a title branded from the previous state will receive a similar Illinois branded title.
- g) The Secretary will utilize these procedures for up to 12 months after the date of the natural disaster declaration.

(Source: Added at 37 Ill. Reg. 4340, effective March 22, 2013)

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Illinois State Library Grant Programs
- 2) Code Citation: 23 Ill. Adm. Code 3035
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
3035.10	Amend
3035.135	Amend
3035.140	Amend
3035.200	Amend
3035.220	Amend
3035.260	Amend
3035.280	Repealed
3035.450	Amend
3035.525	Amend
3035.540	Amend
3035.570	Amend
3035.630	Amend
3035.730	Amend
3035.EXHIBIT A	Amend
3035.EXHIBIT B	Repealed
- 4) Statutory Authority: Implementing and authorized by the Illinois Library System Act [75 ILCS 10]
- 5) Effective Date of Rulemaking: March 19, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes. Amendments to incorporations were not proposed in the rulemaking, but addresses were corrected during the Second Notice Period. Corrections to auditing governmental and not-for-profit agencies in Sections 3035.140 and 3035.220.
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file and available from the Illinois State Library, Gwendolyn Brooks Building, 300 South Second Street, Springfield IL 62701-1796.
- 9) Notice of Proposal published in the *Illinois Register*: December 7, 2012; 36 Ill. Reg. 16997

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposal and Final Version: In the Second Notice Period, corrections were made to addresses in the incorporations by reference. Corrections were made in Section 3035.140 (e) (1) and (2) and Section 3035.220 (d) (13) (A) (i),(ii) and (iii).
- In Section 3035.630 9 (c), the Illinois State Library corrected the URL to the online application form for the TBBS program:  
<http://www.cyberdriveillinois.com/departments/library/grants/home.html>
- 12) Have all changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter from JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) A Complete Description of the Subjects and Issues Involved: The primary purpose of this rulemaking to establish consistency among the various Illinois State Library grant programs. In applying for a grant under Literacy Grant Program (Subpart B), the Talking Book and Braille Service (Subpart F) and the Library Service and Technology Act Program (Subpart G) shall provide the information requested in Section 3035.135 (d) in an electronic format. The fiscal procedures of the Literacy Grant Program (Section 3035.260) shall conform with Section 3035.140. The Family Literacy Program in Section 3035.200 is being renamed the Penny Severns Family Literacy Program, and the Penny Severns program in Section 3035.280 is being repealed, and 3035.Exhibit A is reflecting that change. Also, In Section 3035.10, the reference to definitions for the Subpart, which affect all grant programs in Part 3035, was changed to the definitions contained in the Illinois Library System Act (23 Ill. Adm. Code 3030.10). The life-safety ranking for public library construction projects in Section 3035.525 is being deleted because all projects involve life-safety criteria, and there are a sufficient number of other measures in the Section to rank a project within a priority.
- 16) Information and questions regarding this rulemaking shall be directed to:

Joseph Natale  
Rules Coordinator

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

Illinois State Library  
Gwendolyn Brooks Building  
Springfield, IL 62701-1796

217/558-4185  
jnatale@ilsos.net

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

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES  
SUBTITLE B: CULTURAL RESOURCES  
CHAPTER I: SECRETARY OF STATE

PART 3035  
ILLINOIS STATE LIBRARY GRANT PROGRAMS

SUBPART A: STATE GRANTS

- Section
- 3035.10 Definitions
- 3035.100 System Area and Per Capita Grants
- 3035.105 Library System Technology Grants
- 3035.110 Special Library Services to Persons with a Print Disability
- 3035.115 Public Library Per Capita and Equalization Aid Grants
- 3035.120 School District Library Grant Program
- 3035.125 Library Grants for Veterans' Homes
- 3035.130 Educate & Automate Automation/Technology Grants
- 3035.135 Requirements, Denial and Revocation of Approval
- 3035.140 Grants, Expenditures and Audits
- 3035.150 Appeal Procedure

SUBPART B: LITERACY GRANT PROGRAM

- Section
- 3035.200 Purpose
- 3035.210 Definitions
- 3035.220 Application for Grant
- 3035.230 Review of Grant Applications
- 3035.240 Award of Grants, Accountability and Recordkeeping
- 3035.250 Cancellation of Grant
- 3035.260 Fiscal Procedures
- 3035.270 Other Requirements (Repealed)
- 3035.280 Penny Severns' Grant Program ([Repealed](#))
- 3935.290 Invalidity

SUBPART C: SCHOLARSHIP PROGRAM GRANTS

Section

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

3035.300	Purpose
3035.310	Definitions
3035.320	Number and Amount of Scholarship Program Grants
3035.330	Illinois Library Schools and Attendance Requirements
3035.340	Eligibility Requirements
3035.350	Application Process
3035.360	Selection of Scholarship Program Grantees
3035.370	Conditions of Scholarship Program Grants

## SUBPART D: LIVE AND LEARN CONSTRUCTION GRANTS

Section	
3035.400	Purpose
3035.410	Definitions
3035.420	Duty to Administer
3035.430	Priorities in Library Grant Construction Proposals
3035.435	Grant Funding Limitations
3035.440	Additional Grant Funds
3035.450	Grant Application Procedure
3035.460	Requirements and Conditions of Grant Funds
3035.470	Remodeling for Accessibility
3035.480	Shared Use Facilities
3035.490	Disbursement of Grant Funds

## SUBPART E: PUBLIC LIBRARY CONSTRUCTION ACT GRANTS

Section	
3035.500	Purpose
3035.510	Definitions
3035.515	Eligibility Requirements
3035.520	Grant Applications
3035.525	Priority of Public Library Construction Act Projects
3035.530	Grant Amounts and Use
3035.535	Grant Awards
3035.540	Supervision of Public Library Construction Act Projects
3035.550	Carry-over Projects
3035.555	Referendum Requirements
3035.560	Public Library Capital Needs Assessment
3035.565	Public Library Site Selection

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 3035.570 Eligible Project Costs
- 3035.575 General Standards and Guidelines for the Appropriate Utilization of Bond Proceeds
- 3035.580 Standardized Definitions and Guidelines
- 3035.585 Limitations on Expenditures of Bond Proceeds

## SUBPART F: TALKING BOOK AND BRAILLE SERVICE (TBBS)

## Section

- 3035.600 Purpose
- 3035.610 Definitions
- 3035.620 Eligibility
- 3035.630 Application
- 3035.640 Talking Book Centers
- 3035.650 Provision of Information Transmission Services
- 3035.660 Remittance for Information Transmission Services

## SUBPART G: LIBRARY SERVICES AND TECHNOLOGY ACT GRANTS (LSTA)

## Section

- 3035.700 Purpose
- 3035.710 Definitions
- 3035.720 Duty to Administer
- 3035.730 Grant Application and Awards

3035.EXHIBIT A Differences Among the Three Types of Literacy Grant Programs

3035.EXHIBIT B Guidelines for Rating Life Safety/Legal Issues ([Repealed](#))

AUTHORITY: Implementing and authorized by the Illinois Library System Act [75 ILCS 10], the State Library Act [15 ILCS 320], the Illinois Literacy Act [15 ILCS 322], the federal Library Services and Technology Act (20 USC 9141), the Accessible Electronic Information Act [15 ILCS 323] and 36 CFR 701.10, and Section 3 of the Capital Development Bond Act of 1972 [30 ILCS 420/3].

SOURCE: Adopted at 31 Ill. Reg. 16310, effective November 20, 2007; amended at 32 Ill. Reg. 9666, effective June 23, 2008; amended at 33 Ill. Reg. 4180, effective February 27, 2009; amended at 35 Ill. Reg. 18366, effective October 18, 2011; amended at 36 Ill. Reg. 12385, effective July 18, 2012; amended at 37 Ill. Reg. 4348, effective March 19, 2013.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

## SUBPART A: STATE GRANTS

**Section 3035.10 Definitions**

For the purpose of this ~~Subpart~~**Part**, the definitions in 23 Ill. Adm. Code ~~3030.103035.410~~ are applicable.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.135 Requirements, Denial and Revocation of Approval**

- a) Libraries shall complete, on an annual basis, the certification process required for library system membership in order to apply for a grant under this Part.
- b) Grant applicants must demonstrate in their grant applications that they have satisfactorily met all requirements and they possess the administrative capacity to perform the program, fiscal and reporting functions stipulated in ~~of~~ this Part.
- c) The Illinois State Library may deny a grant application if the requirements in this Part are not met, or are inadequately met.
- d) Grant applicants shall use the grant application format prepared and made available by the State Librarian for this purpose. The applications are available at <http://www.cyberdriveillinois.com/departments/library/grants/home.html>. The applicant shall provide:
  - 1) Project Director
  - 2) Administrative Capacity
  - 3) Project Title
  - 4) Abstract
  - 5) Primary Purpose
  - 6) Project Description
  - 7) Target Audience and Need

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 8) [Project Schedule](#)
- 9) [Outcomes, Evaluations and Methods](#)
- 10) [Detail and Explanation of Expenses](#)

- e) Grant applications not submitted in the required format by the deadline date, or not completed, shall not be considered for funding by the Illinois State Library.
- f) Any agency submitting a grant application not considered for funding by the Illinois State Library shall be notified, explaining the reason for denial.
- g) The Illinois State Library shall provide for hearings to reconsider decisions made in the administration of this Part, as provided for in 23 Ill. Adm. Code 3030.121.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.140 Grants, Expenditures and Audits**

- a) The Illinois State Library staff shall review grant applications. Additional qualified reviewers may be selected by the Director of the Illinois State Library as needed. The decision of the State Librarian is final.
- b) The Illinois State Library will notify the submitting agency when the application is approved for contractual purposes.
- c) [Changes in the project budget of over 10 percent of the grant award shall have prior approval in writing from the Illinois State Library. Any change in the use of funds from that stated in the approved grant application shall have prior approval of the State Librarian.](#) Recipients of the Public Library Per Capita and Equalization Aid Grants, ~~and~~ the School Per Capita Grant, [Live and Learn Construction Grant and Public Library Construction Grant](#) shall follow the requirements in Sections 3035.115, ~~and~~ 3035.120, [3035.450\(b\)\(2\)\(H\) and 3035.540\(h\)](#), respectively.
- d) Failure to spend funds in accordance with the application or approved amendment [and the reporting procedures stipulated in this Part](#) shall result in ineligibility for future grants for a period of one year.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- e) All State funded grantees receiving grants under Subparts A, B, D, E, ~~and F~~ and G at a combined cumulative total of \$175,000 or more in Secretary of State grant awards in the same fiscal year shall submit an agency-wide audit upon completion of the grant activity.
- 1) All governmental unit audits shall comply with Government Auditing Standards: December 2011~~2007~~ Revision, published by the Comptroller General of the United States, Government Accountability U.S. General Accounting Office, 441 G. Street, NW, Washington DC 20548. No later amendments to these standards are incorporated in this Section.
- 2) All not-for-profit agency audits will comply with Not-for-Profit Entities Organizations AICPA Audit and Accounting Guide: March 2012~~2007~~, published by the American Institute of Certified Public Accountants, 1211 Avenue of the Americas, New York NY 10036. No later amendments to these standards are incorporated in this Section.
- f) The Illinois State Library may request additional information and data from any governmental unit, not-for-profit agency, public corporation or other entity submitting a grant application.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

## SUBPART B: LITERACY GRANT PROGRAM

**Section 3035.200 Purpose**

- a) The Adult Literacy Grant Program is part of the Literacy Grant Program established by Section 7.2 of the State Library Act [15 ILCS 320/7.2] to develop, expand or support adult, family and workplace literacy programs in Illinois through local community programs administered by education agencies, libraries, public and private employers, volunteer or community-based organizations, or a coalition of any of these entities.
- b) The purposes of the 3 types of literacy programs are:
- 1) Adult literacy program will provide direct instructional services in reading, writing, comprehension, computation or English language by

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

volunteer tutors to persons 17 years or older who read, write, comprehend or compute below a 9.0 grade level or below student performance level 7 in English language skills.

- 2) Workplace literacy program will provide services at their place of business to assess the educational skill levels of, and to provide direct instructional services for, adults employed or available to be employed by an Illinois employer who read, write, comprehend or compute below a 9.0 grade level in English or below student performance level 7 in English language skills.
  - 3) [Penny Severns family](#) literacy program will provide direct instructional services to parents and children and reciprocal parent-child learning activities offered to adult caregivers and their children. Adult caregivers must be persons 17 years or older who read, write, comprehend or compute below a 9.0 grade level or below student performance level 7 in English language skills.
- c) The features of each of the three types of literacy programs are delineated in Exhibit A of this Part.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.220 Application for Grant**

- a) ISL may make grant applications available prior to the availability of funds, subject to the conditions stipulated in Section 3035.135 of this Part.
- b) Applications shall be submitted to the Illinois State Library in a format prescribed by the Secretary of State. [The applicants shall provide the information stipulated in Section 3035.135\(d\).](#)
- c) Grant awards and the maximum grant amounts will be determined by the State Librarian.
- d) Applications shall include the following information:
  - 1) The name of the literacy program for the community.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 2) The name and address of the applicant.
- 3) The name and telephone number of the applicant's director or executive officer.
- 4) The name, address and contact person for each business whose employees will participate in workplace literacy services.
- 5) The name, address and contact person for the local public library that is partnering in family literacy services.
- 6) The name, address and contact person for the child education agency that is partnering in family literacy services.
- 7) The name, address and contact person for the adult literacy provider agency that is partnering in family literacy services.
- 8) The term of the literacy program, including a time schedule for the completion of project objectives of the literacy program within the grant year.
- 9) The total amount of grant money requested for the literacy program.
- 10) A brief and explicit description of the literacy program purpose and goals.
- 11) A statement supported by current, relevant statistics (e.g., dropout rates, census figures on the education level of the local population, or the number of persons receiving public assistance) and other evidence detailing the need for the literacy program in the particular community or geographic region of the applicant.
- 12) A statement of the instructional and recruitment methods to be used to meet its stated goals.
- 13) An explicit description of plans to evaluate project goals and student progress, including statistical data.
  - A) Testing

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- i) Plans for pre- and post-testing of students must be part of the proposal application. The Slosson Oral Reading Test – Revised (SORT-R), 2002 edition (produced by Slosson Educational Publications, Inc., P.O. Box [544, 538 Buffalo Rd.280](#), East Aurora NY 14052-[05440280](#)), or the Test of Adult Basic Education (TABE), 2004 edition (produced by CTB/McGraw-Hill, 20 Ryan Ranch Road, Monterey CA 93940-[5703](#)) must be used in student testing for semiannual reports submitted to the State Library. The materials incorporated by reference include no later amendments or editions.
- ii) In the case of English as a Second Language (ESL) projects, professionally accepted tests must be used, such as the English as a Second ~~Language~~ [Language](#) Oral Assessment (ESLOA), 1978 edition (produced by New Reader's Press, 104 Marcellus Street, Syracuse NY 13204-[2952](#)); the Combined English Language Skills Assessment (CELSA), 2009 edition (produced by the Association of Classroom Teacher Testers, 1187 Coast Village Road, Suite 1 #378, Montecito CA 93108-2794); the Basic English Skills Test (BEST), 2006 edition (produced by the Center for Applied Linguistics, 4646 40<sup>th</sup> Street, NW, Washington DC 20016-[1859](#)); the Foreign Service Institute Oral Proficiency Interview (FSI) (also known as ILR), 1983 edition (produced by the Foreign Service Institute Shultz Center, 4000 Arlington Boulevard, Arlington VA 22204-1500). The materials incorporated by reference include no later amendments or editions.
- iii) In the case of students who enroll for math assistance only, the TABE math test, 2004 edition (produced by CTB/McGraw-Hill, 20 Ryan Ranch Road, Monterey CA 93940-[5703](#)), must be used in testing. The material incorporated by reference includes no later amendments or editions.
- iv) Other professionally accepted educational assessments approved by the Literacy Office of the State Library may

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

be used that provide accurate measurements of an adult student's literacy or English language skill level.

- 14) A statement from each of the partnering agencies in the literacy project detailing their responsibilities to the literacy project, including cooperation, coordination and services, and including signatures of organization representatives.
- 15) The budget for the literacy project, setting forth the personnel costs, fringe benefits (e.g., retirement benefits and health insurance), travel costs, equipment purchases, supplies, contractual services, instructional materials, and any other expense necessary to operate the literacy program proposed in the grant application.
  - A) No grant funds shall be used to purchase equipment.
  - B) Costs for purchase of consultant services will not be allowed in the proposal budget unless the specific expertise required is not available at the applicant's agency or the Illinois State Library. Justification must be provided if consultant services are purchased, and a complete description of the work to be performed must also be provided. The proposed consultant must be mutually acceptable to both the grantee and Illinois State Library, based on the consultant's prior experience and expertise in literacy programs.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.260 Fiscal Procedures**

The literacy grant recipient shall follow the conditions stipulated in Section 3035.140 of this Part.

- a) ~~The literacy grant recipient may be asked by the State Library to present copies of past audits or require that an audit of grant funds be performed on individual programs in accordance with Section 3035.140(e) of this Part.~~
- b) ~~Audits may be requested for such reasons as poor recordkeeping, fiscal irregularities, or staff's request after viewing narrative reports or after viewing files at the program site.~~

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- e) ~~No literacy program shall transfer funds within the approved grant budget in excess of 10% of the budget line item from which the funds are transferred, without the prior written approval of the State Library. Approval will be granted by the State Library when justification is shown for why the transfer is necessary and how it will affect the goals and objectives of the project. Unapproved expenditures in excess of 10% of a budget line will not be paid for by the grant.~~

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.280 Penny Severns' Grant Program (Repealed)**

- a) ~~Competitive Grants~~
- 1) ~~Application requirements, including criteria, for the Penny Severns' Grant Program shall be made available by the State Librarian no later than March 1 for the current year. Applications shall be submitted to the Illinois State Library on or before April 30. The State Librarian shall disqualify applications that are untimely filed or those that are not submitted on the prescribed forms.~~
- 2) ~~Applications shall be reviewed by the State Librarian or designee. The decision of the State Librarian is final. Review criteria includes, but is not limited to:~~
- A) ~~How the applicant identifies and addresses the at-risk population to be served;~~
- B) ~~How the learning activities involve both parent and child in interactive learning experiences;~~
- C) ~~Number of people to be served;~~
- D) ~~Reasonableness of the budget in relation to the goals and objectives. Requested funds are sufficient but not excessive and are targeted to accomplish the specified goals and objectives;~~
- E) ~~How libraries are involved in learning activities.~~

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- 3) ~~The number of grants to be awarded is at the discretion of the State Librarian.~~
  - 4) ~~Applicants must meet requirements designated by the State Library for collaboration with other groups interested in promoting reading and literacy.~~
  - 5) ~~At-risk families are defined as parents and their children whose minimal skills in reading, writing, computation, comprehension and communication preclude them from functioning effectively in their lives.~~
- b) ~~Funding awarded under subsection (a) of this Section may be used for any one or all of the following purposes:~~
- 1) ~~Development of collections of materials, including learning games, for use by parents working together with their children.~~
  - 2) ~~Employment of staff to provide parent-child reading activities, computer technology activities, experiential enrichment excursions and participation in library reading programs.~~
  - 3) ~~Provision of support services to assist in families' participation, which could include, but is not limited to, child care and transportation.~~
  - 4) ~~Development of programs on library resources and services for at risk families.~~

(Source: Repealed at 37 Ill. Reg. 4348, effective March 19, 2013)

## SUBPART D: LIVE AND LEARN CONSTRUCTION GRANTS

**Section 3035.450 Grant Application Procedure**

The following application procedures shall apply:

- a) The Illinois State Library shall issue application forms for library construction grants under this program.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- b) Applying libraries and library systems shall submit a signed, completed current library construction grant application, together with the following documents or written assurances, to be eligible for library construction grants. The applicant shall provide:
- 1) Application Phase
    - A) To be eligible for a Live and Learn construction grant, assurances contained in this Section, as listed in the Construction Grant Application Form, ~~as most recently adopted by the Subcommittee for Public Library Construction, a subcommittee of the Illinois State Library Advisory Committee.~~
    - B) A statement describing the necessity for the proposed project.
    - C) A statement of plans to meet existing library standards of service, Illinois Library Standard 2.0, Serving Our Public: Standards for Illinois Public Libraries, incorporated by reference in Section 3035.115. This subsection (b)(1)(C) shall not apply to library systems.
    - D) A description of the project's potential contribution to the improvement of library services within the library's area of service and in any other portions of the State.
    - E) A facility plan. For projects with a total cost of over \$150,000, a library building consultant may work with the library in developing the facility plan. The library board shall select a building consultant in accordance with the Illinois Local Library Act [75 ILCS 5/4-7] and the Illinois Library District Act [75 ILCS 16/30-55.40].
    - F) For projects with a total cost equal to or greater than \$75,000, assurance that an architect or engineer licensed to practice in Illinois is being utilized.
    - G) Project design, with a site plan, ~~outline of~~ outlining specifications and an estimated cost per square foot.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- H) A letter from the Illinois Historic Preservation Agency evidencing compliance with the Illinois State Agency Historic Resources Preservation Act [20 ILCS 3420].
- I) For new construction, additions and projects involving evacuation of soil:
- i) Documentation stating whether the project site is located in a Special Flood Hazard Area found at the Illinois State Water Survey's Illinois Floodplain Map website (<http://www.illinoisfloodmaps.org/>). If the project site is located in a Special Flood Hazard Area, the applicant shall submit an assurance letter from the Division of Water Resources of the Department of Natural Resources stating that the project meets the requirements of Executive Order 2006-5 regarding flood damages.
  - ii) A subsurface soil analysis by a soils engineer.
  - iii) A site assessment by a licensed environmental/hazardous materials consultant to determine the existence of asbestos and/or lead paint. This assurance does not apply to new buildings unless demolition of existing buildings (other than residences) is necessary.
- J) Assurance that the real estate affected by the proposed construction is available to the library or library system, as is the legal description of the affected real estate. A deed of ownership or proof of long-term occupancy (20-year minimum) shall be provided, except for mini-grants. The applicant shall provided assurance that the building will remain in use as a public library or library system facility for not less than 20 years after its construction unless other use is approved by the Director of the Illinois State Library.
- K) An Americans With Disabilities Act Self-Evaluation, except for new construction projects.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- L) Other funds designated for construction that are immediately available to the library upon application. Funds may include a mortgage commitment letter from a financial institution licensed by a state or the federal government. Assurances from the applicant that a referendum is pending or various fundraising activities will be undertaken in the future, with the amount to be raised remaining uncertain, shall not be counted as part of the local matching funds for the purposes of Section 3035.400.
- 2) Construction Phase
- A) An assurance that the grantee library will expend 100% of Secretary of State library construction grant funds within 12 months after the execution of the grant agreement. If the grantee fails to submit a final report, or an audit, if applicable, within 24 months after the execution of the contract, the grant shall be forfeited unless an extension is granted by the Director of the Illinois State Library.
  - B) An assurance that the construction work will be performed under the lump sum (fixed price) contract method.
  - C) An assurance that the library will publicly announce all requirements for architectural, engineering and land surveying services and procure these services on the basis of demonstrated competence and qualifications and negotiate contracts at fair and reasonable prices, in accordance with the Illinois Local Library Act [75 ILCS 5/5-5] and the Illinois Library District Act [75 ILCS 16/40-45].
  - D) Architectural, engineering and land surveying contracts made in accordance with the Local Government Professional Services Selection Act [50 ILCS 510].
  - E) An assurance that adequate methods of obtaining competitive bidding will be employed prior to awarding the construction contract by public advertising in a newspaper of general circulation in the area, and the award of the contract will be made to the responsible bidder submitting the lowest acceptable bid, in

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

accordance with the Illinois Local Library Act and the Illinois Library District Act. A copy of the advertisement, with verification of the date of publication and name of the newspaper, shall be submitted to the Illinois State Library within 10 days after publication.

- F) An assurance that all laborers and mechanics employed by the contractor or subcontractors on all construction projects will be paid wages at rates not less than those prevailing on similar construction in the locality, as determined by the Illinois Department of Labor in accordance with the Prevailing Wage Act [820 ILCS 130].
- G) An assurance that a copy of the building permit will be supplied to the Illinois State Library prior to the actual construction and that the permit will be posted in a prominent place on the construction site.
- H) An assurance that any change in the Plans and Specifications requiring a work change order will be submitted to the Illinois State Library. All change orders shall be subject to the Illinois Public Works Contract Change Order Act [50 ILCS 525]. The Illinois State Library shall be notified of and approve or deny any change orders of \$10,000 or more and the modification of any public areas of the grantee library from the proposed original plans of the approved grant application. The change order will be accompanied by a letter approved by the library board stating that there is no adverse impact on library services. Change orders do not affect the grant award amount.
- I) An assurance that contractors and subcontractors will comply with all applicable provisions of the Illinois Human Rights Act [775 ILCS 5] and all federal and State laws, rules and regulations that prohibit discrimination because of race, color, religion, sex, marital status, national origin, ancestry, age and physical or mental handicap.
- J) Construction contracts signed by both the library board (or library system board) and contractors that is, or is comparable, to, the

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

"Standard Form of Agreement Between Owner & Contractor A-101-1997" published by the American Institute of Architecture, 1735 New York Ave., NW, Washington DC 20006-5292. No later amendments to this form are incorporated in this Section. Contracts are to be submitted to the Illinois State Library prior to the start of construction; also, all subcontractors are to perform work in accordance with the conditions and standards contained in the contracts signed by the board and the Illinois State Library. The Illinois State Library shall have the right to disapprove any contracts between the library board or library system board and contractors if:

- i) The bidding procedure outlined in subsection (b)(2)(E) was not followed.
  - ii) The conditions and standards specified in the contract between the Illinois State Library and the library board are not incorporated into the contracts between the library board or library system board and the contractors.
- K) An assurance that a sign will be displayed on the construction site stating that State funds administered by the State Librarian are being used for the construction; and that a plaque will be placed in the completed building stating that State funds administered by the State Librarian were used for the building's construction.
- L) An assurance that construction will not begin until a contract is executed with the State Librarian.
- M) An assurance that construction will commence within 140 days after the effective date of the grant contract, according to Section 3035.435(f).
- N) An assurance that any agent authorized by the Illinois State Library, upon presentation of credentials and in accordance with the constitutional limitation on administrative searches, will have full access to, and the right to examine, any records, books, papers or documents of the grantee involving transactions related to the grant.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- O) An assurance that the following reports and records will be completed and transmitted to the Illinois State Library: quarterly narrative and financial reports; notification within 15 days after completion of the project; a close-out report that is a final financial and narrative report within 24 months after the execution of the contract, unless an extension is granted by the Director of the Illinois State Library; and other reports and documents, such as prevailing wage rates and receipts to verify vouchers, as reasonably may be required by the State Library. The final financial report shall be signed by the president of the library's board of directors.
- i) Financial reports shall show: the amount of authorized State and local funds; interest earned on grant funds; expenditures made from grant funds and from interest earned on grant funds; obligated funds, by amount of line item remaining compared to the original budget.
  - ii) Narrative reports shall state: the progress of the project; accomplishments to date; problems encountered; objectives met and unmet; changes implemented; and the percentage of completion of the project to date.
  - iii) The close-out report shall evaluate the degree to which the grantee achieved the goals and objectives of the project. The close-out report shall include a project audit according to Section 3035.140(e).
  - iv) For a project that requires an architect or engineer, the architect or engineer shall certify to the Illinois State Library when the project reaches the 50% and 100% stage of completion.
- P) An assurance that, when construction is complete, sufficient funds will be available for effective operation and maintenance of the facilities, in accordance with applicable federal, State and local requirements.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- Q) An assurance that the library will establish a separate account for construction grant funds with a federally or Illinois regulated financial institution that is insured by the Federal Deposit Insurance Corporation.
- R) An assurance that any interest earned on the grant funds will be expended, without limitation or exception, exclusively on the subject construction project.
- c) Some of the documentation and written assurances may be waived in the application ~~for mini-grants described in Section 3035.400(e), upon approval of the Illinois State Library, except that subsections (b)(2)(F) and (b)(2)(I) will not be waived~~ construction consultant. Documentation and written assurances may be waived if they are not relevant to the specific mini-grant. As an example, a legal description of the affected real estate may not be required for a mini-grant project to install carpeting in the existing library building.
- d) Applications will be considered in accordance with Section 3035.420(c).
- e) Grant applications are subject to the conditions stipulated in Section 3035.135.
- f) Grant monies awarded are based on the amount specified in the original budget in the grant application; grant awards will not be increased because of subsequent increases in project costs.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

## SUBPART E: PUBLIC LIBRARY CONSTRUCTION ACT GRANTS

**Section 3035.525 Priority of Public Library Construction Act Projects**

Priority ranking for construction grant projects shall be done if the appropriation for any fiscal year is insufficient to fund grants for all eligible applicants. In this case, an eligible public library construction project shall be qualified for a construction grant award by the State Librarian in order of the priority ranking described in subsection (a) ~~this Section~~.

- a) Libraries determined to be eligible shall be eligible in the order of:

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

- 1) Replacement or reconstruction of public library facilities destroyed or damaged by flood, tornado, fire, earthquake or other disasters, either man-made or produced by nature;
  - 2) Projects designed to address population growth or to replace aging public library facilities;
  - 3) Replacement or reconstruction of public library facilities determined to be severe and continuing health or life safety hazards;
  - 4) Alterations necessary to provide accessibility for qualified individuals with disabilities; and
  - 5) Other unique solutions to facility needs. These projects include design concepts that enhance library service to the community, including, but not limited to, technological improvements and energy conservation.
- b) The library's ranking within its level of priority shall be determined as follows:
- 1) In priority 1, the public library presents documentation to the State Library explaining the nature and scope of the disaster, including an explanation of replacement or reconstruction costs covered by insurance and other State or federal grants sources.
  - 2) In priorities 2, 3 and 4, points are awarded based on the extent to which the applicant's present or existing facilities meet the standard of .6 square foot per capita for total floor space in its public library. The total square feet will be taken from the most current Illinois Public Library Annual Report on file at the Illinois State Library. The population served will be taken from the most recent Public Library Per Capita grant application on file at the Illinois State Library. The following describes how the square feet and population will be determined for a public library using the population and square feet for only the legal (taxed) service area of the library.

<u>% OF STANDARD</u>	<u>POINTS</u>
0-25	5
26-50	4

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

51-70	3
71-90	2
91-100	1
Over 100	0

- 3) In priorities 2, 3 and 4, additional points will be awarded for age of building.

AGE OF BUILDING	POINTS
100 years or more with no substantial work in the last 20 years	5
100 years or more with some substantial work in the last 20 years	4
50-99 years with no substantial work in the last 20 years	3
50-99 years with some substantial work in the last 20 years	2
20-49 years with no substantial work in the last 10 years	1
20-49 years with some substantial work in the last 10 years	0
Do not have a public library facility	2

~~4) In priorities 2, 3 and 4, additional points will be awarded for addressing life safety improvements (see Exhibit B).~~

~~4)5) In priority 5, points will be awarded based on subsections (b)(2), and (3) and (4).~~

- c) In the event of a tie between two or more public libraries in determining ranking within a level of priority, ranking for those tied public libraries shall be established by consideration of additional factors including, but not limited to, whether any of the public libraries have received construction assistance from the State Librarian from any source in the previous three years; whether any of the public libraries applied for and received a public library per capita grant in each of the three previous fiscal years; the percentage of the population living at or below the federal poverty level within the territory served by the public libraries; shovel

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

readiness of the projects; and whether the public libraries submitted a response to the most recent public library capital needs assessment contained in Section 3035.560.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.540 Supervision of Public Library Construction Act Projects**

The State Librarian shall exercise general supervision over public library construction projects financed pursuant to the Act.

- a) The grantee library will expend in 30% increments. The public library shall submit a letter from an architect and a financial report at the 30, 60 and 90% points of substantial completion. The final 10% will be paid out upon completion of the project and submission of all final reports to the State Librarian.
- b) Construction work will be performed under the lump sum (fixed price) contract method.
- c) The library will publicly announce all requirements for architectural, engineering and land surveying services and procure these services on the basis of demonstrated competence and qualifications and negotiate contracts at fair and reasonable prices, in accordance with the Illinois Local Library Act [75 ILCS 5/5-5] and the Illinois Library District Act [75 ILCS 16/40-45].
- d) Architectural, engineering and land surveying contracts will be made in accordance with the Local Government Professional Services Selection Act [50 ILCS 510].
- e) Adequate methods of obtaining competitive bidding will be employed prior to awarding the construction contract by public advertising in a newspaper of general circulation in the area, and the award of the contract will be made to the responsible bidder submitting the lowest acceptable bid, in accordance with the Illinois Local Library Act and the Illinois Library District Act. A copy of the advertisement, with verification of the date of publication and name of the newspaper, shall be submitted to the Illinois State Library within 10 days after publication.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- f) All laborers and mechanics employed by the contractor or subcontractors on all construction projects shall be paid wages at rates not less than those prevailing on similar construction in the locality, as determined by the Illinois Department of Labor in accordance with the Prevailing Wage Act [820 ILCS 130].
- g) A copy of the building permit shall be supplied to the State Librarian prior to the actual construction, and the permit shall be posted in a prominent place on the construction site.
- h) Any change in the Plans and Specifications requiring a work change order shall be submitted to the State Librarian. All change orders shall be subject to the Illinois Public Works Contract Change Order Act [50 ILCS 525]. The State Librarian shall be notified of and approve or deny any change orders of \$10,000 or more and the modification of any public areas of the grantee library from the proposed original plans of the approved grant application. The change order will be accompanied by a letter approved by the library board stating that there is no adverse impact on library services. Change orders do not affect the grant award amount.
- i) Contractors and subcontractors shall comply with all applicable provisions of the Illinois Human Rights Act [775 ILCS 5] and all federal and State laws, rules and regulations that prohibit discrimination because of race, color, religion, sex, marital status, national origin, ancestry, age and physical or mental handicap.
- j) Construction contracts shall be signed by both the library board and contractors, using the Standard Form of Agreement Between Owner & Contractor A-101-1997, published by the American Institute of Architecture, 1735 New York Ave., NW, Washington DC 20006-5292, or a comparable format. No later amendments to this form are incorporated in this Section. Contracts are to be submitted to the State Librarian prior to the start of construction. All subcontractors are to perform work in accordance with the conditions and standards contained in the contracts signed by the library board and the State Librarian. The State Librarian shall have the right to disapprove any contracts between the library board and contractors if:
  - 1) The bidding procedure outlined in subsection (e) was not followed.
  - 2) The conditions and standards specified in the contract between the State Librarian and the library board are not incorporated into the contracts between the library board and the contractors.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- k) Grant monies awarded are based on the amount specified in the original budget in the grant application; grant awards will not be increased because of subsequent increases in project costs. Decisions shall not affect the time frame imposed unless approved by the Director of the State Library.
- l) A sign will be displayed on the construction site stating that State funds administered by the State Librarian are being used for the construction; and that a plaque will be placed in the completed building stating that State funds administered by the State Librarian were used for the building's construction.
- ~~m) Projects receiving over \$200,000 must use .5% of the grant award for the purchase and placement of suitable works of art. The purchase of the artwork will be done in conjunction with the Capital Development Board (see 20 ILCS 3105/14).~~
- ~~m)⊕~~ Any agent authorized by the State Librarian, upon presentation of credentials and in accordance with the constitutional limitation on administrative searches, shall have full access to, and the right to examine, any records, books, papers or documents of the grantee involving transactions related to the grant.
- ~~n)⊕~~ Construction will commence within 140 days after the effective date of the grant contract. ~~Competitive bids for construction projects shall not be let until after the grant contract with the State Librarian has been signed.~~ Construction may not commence until proof of ownership or long-term lease agreement of the affected real estate is received.
- ~~o)⊕~~ The following reports and records will be completed and transmitted to the State Librarian: quarterly narrative and financial reports; notification within 15 days after completion of the project; a close-out report that is a final financial and narrative report within 36 months after the execution of the contract, unless an extension is granted by the State Librarian; and other reports and documents, such as prevailing wage rates and receipts to verify vouchers, as reasonably may be required by the State Librarian. The final financial report shall be signed by the president of the library's board of directors.
- 1) Financial reports shall show: the amount of authorized State and local funds; interest earned on grant funds; expenditures made from grant funds

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

and from interest earned on grant funds; obligated funds, by amount of line item remaining compared to the original budget.

- 2) Narrative reports shall state: the progress of the project; accomplishments to date; problems encountered; objectives met and unmet; changes implemented; and the percentage of completion of the project to date.
- 3) The close-out report shall evaluate the degree to which the grantee achieved the goals and objectives of the project. The close-out report shall include a project audit according to Section 3035.140(e).
- 4) For a project that requires an architect or engineer, the architect or engineer shall certify to the State Librarian when the project reaches the 30%, 60%, 90% and 100% stage of completion.

p)† When construction is complete, sufficient funds will be available for effective operation and maintenance of the facilities, in accordance with applicable federal, State and local requirements.

q)† The library shall establish a separate account for construction grant funds with a federally or Illinois regulated financial institution that is insured by the Federal Deposit Insurance Corporation.

r)† Any interest earned on the grant funds will be expended, without limitation or exception, exclusively on the public library construction project.

s)† Some of the documentation and assurances in this Section may be waived or modified by the State Librarian if the applicant adheres to comparable or stricter requirements, except that subsections (f) and (i) will not be waived.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

**Section 3035.570 Eligible Project Costs**

- a) A library building consultant may work with the library in developing and implementing the public library facilities plan. The library board shall select a building consultant in accordance with the Illinois Local Library Act [75 ILCS 5/4-7] and the Illinois Library District Act [75 ILCS 16/30-55.40].

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- b) Funding may be used for joint use by the library and community, with the State Librarian's participation in the funding of facilities limited to those items required to meet the needs of the library's plan for the provision of library services and any other activities and events the applicant library plans to conduct. The library shall submit the documentation prescribed in Section 3035.480.
- c) Funding will not be used for administrative offices or other support services outside of a facility that provides direct on-site services to library users.
- d) Funding will not be used for facilities intended for commercial use by profit making organizations. This is not meant to exclude facilities to be operated by non-profit organizations.
- e) Funding will not be allowed for square footage designated for food service in which a fee is charged (example: coffee shop or café).
- f) The State Librarian will not fund land acquisition costs:
  - 1) For land that was or will be donated to the library.
  - 2) For land that is already owned by the library or its corporate authority and prior to July 13, 2009, will be the site of new construction or an addition to an existing facility.
  - 3) For land that is not an integral part of the project and does not conform with Section 3035.565(d).
- g) Funds will be used to support off-site improvements only if they directly impact the facility.
  - 1) The applicant shall submit documentation that local, State and/or federal funding sources are not available to the library or any other public body for off-site improvements before the State Librarian will consider participation in funding.
  - 2) The State Librarian's participation in funding off-site improvements is only permitted if the off-site property or interest in the property, such as an easement or leasehold, is owned by a public body.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- h) The State Librarian's participation in funding on-site improvements is limited to those minimum requirements necessary to making the site functionally operational. The State Librarian will not fund certain types of site improvements, including, but not limited to:
- 1) Storage facilities;
  - 2) Lawn sprinkling systems;
  - 3) Exterior commons area, such as paved sitting areas, benches, etc.;
  - 4) Traffic signals at intersections;
  - 5) Landscaping in excess of seeding costs;
  - 6) Off-site access roads.
- i) Determination of Recognized Project Cost
- 1) Recognized project cost shall be based upon calculations made in accordance with eligible expenditures enumerated in this Section and shall include the following unit cost (\$/sq.ft.):
    - A) Buildings constructed to the five foot line;
    - B) Design and construction contingencies;
    - C) Building fixed equipment.
  - 2) Recognized project cost shall also include additional associated costs as deemed appropriate by the State Librarian in consultation with the public library, as follows:
    - A) Site improvements, including related architectural/engineering fees and reimbursements;
    - B) Land acquisition and associated legal fees. A certified property appraisal will be acquired prior to the approval of land acquisition

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

costs in the grant award. The appraisal must be for the value of the land and any improvements;

- C) Movable equipment;
  - D) Utility service lines, both on-site and off-site; and
  - E) Special foundation construction and related architectural/engineering fees deemed necessary as a result of unusual sub-surface soil conditions.
- 3) The State Librarian shall create separate recognized cost calculations for various types of construction projects, including but not limited to new construction and additions, and for rehabilitation of or renovations to an existing facility.
- 4) The recognized project costs initially calculated by the State Librarian will establish the maximum acceptable cost of the eligible expenditures. If the bid price received by the district from the various contractors for the eligible expenditures is less than the bid estimate amount included in this initial calculation, then the recognized project cost will be reduced by the amount of the difference.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

## SUBPART F: TALKING BOOK AND BRAILLE SERVICE (TBBS)

**Section 3035.630 Application**

- a) Applications to receive the service are available at Talking Book Centers and public libraries, and from health and social services professionals. The forms ask for such information as name, address, date of birth, education, type of disability, items an applicant intends to borrow, and machinery that will be necessary to access that material.
- b) Each applicant must be certified as eligible and meeting requirements by a competent authority.

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

- c) The application will be available in a format prescribed by the Illinois State Library Talking Book and Braille Service. Applications are available at [http://www.cyberdriveillinois.com/departments/library/TBBS/app\\_eligibility.html](http://www.cyberdriveillinois.com/departments/library/TBBS/app_eligibility.html) <http://www.cyberdriveillinois.com/departments/library/grants/home.html>.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

## SUBPART G: LIBRARY SERVICES AND TECHNOLOGY ACT GRANTS (LSTA)

**Section 3035.730 Grant Application and Awards**

- a) Applications shall be submitted to the Illinois State Library in a manner prescribed by the State Librarian. [Applicants shall provide the information stipulated in Section 3035.135\(d\).](#)
- b) The Illinois State Library shall award grants subject to the conditions stipulated in Sections 3035.135 and 3035.140, 2 CFR 215 (2004) and OMB Circular A-102, (1997).
- c) Awards shall be made on or after July 1 of every year for the fiscal year then commencing.
- d) The grant period shall be contained within the fiscal year in which the grant is awarded, unless otherwise specified [inby](#) the grant agreement, but in no event shall the grant period continue for more than 3 years.
- e) Obligations of the Illinois State Library to fund this grant program will cease immediately without penalty or further payment being required if the Institute of Museum and Library Services or the United States Congress fails to appropriate or otherwise make available sufficient funds. Award notification will be released upon legislative and gubernatorial approval of an appropriation.

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

**Section 3035.EXHIBIT A Differences Among the Three Types of Literacy Grant Programs**

	<b>Adult Literacy</b>	<b><u>Penny Severns</u> Family Literacy</b>	<b>Workplace Literacy</b>
Purpose	Improve the adult's literacy	Improve the family's literacy, Improve parenting knowledge	Improve the employee's literacy, Increase work skills
Target Audience	Adults	Adults and their children	Employees who are adults
Instructional Method	Volunteer tutoring	Classroom teaching	Classroom teaching
Program Components	One: Adult Basic Education or English as a Second Language	Five: Adult Basic Education or English as a Second Language, Child education, Library education, Parenting education, Parent/child interaction	One: Adult Basic Education or English as a Second Language
Agencies Involved	One: Adult education agency	Three: Adult education agency, Library, Child education agency	Two: Adult education agency, Businesses
Agencies Eligible To Apply	Adult education agency	Any of the three agencies involved	Either of the two agencies involved
Location of Service	Anywhere	Anywhere	At the workplace

(Source: Amended at 37 Ill. Reg. 4348, effective March 19, 2013)

## SECRETARY OF STATE

## NOTICE OF ADOPTED AMENDMENTS

**Section 3035.EXHIBIT B Guidelines for Rating Life Safety/Legal Issues (Repealed)**

~~These guidelines utilize the designations for Class I or Class II of the fire/life safety (F/LS) and American With Disabilities Act (ADA) categories and assign higher scores if the Class I or Class II improvements amount to more than 50% of the cost of construction. On a scale of 1 to 5, points are assigned in this manner:~~

	<u>POINTS</u>
Class I; more than 50% of construction	5
Class I; less than 50% of construction	4
Class II; more than 50% of construction	3
Class II; less than 50% of construction	2
Not Required: No fire/life safety/legal issues	1

~~CLASS DESCRIPTIONS:~~

Class I	More than 50% of Construction	<del>(F/LS) Improvements necessary because the safety of persons is IMMEDIATELY, DIRECTLY AND CLEARLY IMPERILED.</del>
	Less than 50% of Construction	<del>(F/LS) CODE OFFICIALS have determined that improvements are needed IMMEDIATELY to ensure safety of persons.</del>
Class II	More than 50% of Construction	<del>(ADA) Improvements CLEARLY necessary for COMPLIANCE with ADA.</del>
	Less than 50% of Construction	<del>(+) ACCREDITATION or closing of the facility in IMMEDIATE jeopardy if improvements are not completed.</del>
Not		<del>(F/LS) Improvements MAY BE necessary to comply with codes and if more than 50% AVOID potential danger.</del>
		<del>(ADA) Improvements MAY BE necessary to comply with ADA and to AVOID possible non-compliance.</del>
		<del>(+) ACCREDITATION or closing of the facility MAY BE in jeopardy if improvements are not completed.</del>
		<del>(F/LS) Improvements provide safer environment, but are</del>

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENTS

Required

~~NOT REQUIRED for code compliance or legal requirement.~~

~~(ADA) Improvements provide better accessibility, but are  
NOT REQUIRED.~~

(Source: Repealed at 37 Ill. Reg. 4348, effective March 19, 2013)

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: The Travel Regulation Council
- 2) Code Citation: 80 Ill. Adm. Code 3000
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
3000.100	Amendment
3000.220	Amendment
3000.300	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 12-1, 12-2 and 12-3 of the State Finance Act [30 ILCS 105/12-1, 12-2 and 12-3]
- 5) Effective Date of Rulemaking: March 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in the *Illinois Register*: 36 Ill. Reg. 17663; December 21, 2012
- 10) Has JCAR issued a Statement of Objection to the Rulemaking? No
- 11) Differences between Proposal and Final Version: No changes were made.
- 12) Have all of the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were requested.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Amend Section 3000.100 to mirror the authority line of the Part. Amend Section 3000.220 for a typographical error. Amend Section 3000.300 to reflect changes in the federal reimbursement rate in compliance with PA 96-240.

TRAVEL REGULATION COUNCIL

NOTICE OF ADOPTED AMENDMENTS

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

Mary Matheny  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706

217/557-5404

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

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE I: GENERAL TRAVEL CONTROL  
CHAPTER IV: TRAVEL REGULATION COUNCILPART 3000  
THE TRAVEL REGULATION COUNCIL

## SUBPART A: GENERAL

Section	
3000.100	Authority
3000.110	Philosophy
3000.120	Policy
3000.130	Scope and Interpretation
3000.140	Definitions

## SUBPART B: TRAVEL CONTROL SYSTEM

Section	
3000.200	Travel Control System
3000.210	Designation of Headquarters
3000.220	Expenses at Headquarters or Residence
3000.230	Preparation and Submission of Vouchers or Travel Expenses

## SUBPART C: TRANSPORTATION

Section	
3000.300	Modes of Transportation
3000.310	Routing

## SUBPART D: LODGING

Section	
3000.400	Lodging Allowances
3000.410	Least Costly Lodging
3000.420	Conference Lodging
3000.430	Employee Owned or Controlled Housing

## SUBPART E: PER DIEM/MEALS

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

## Section

- 3000.500 Per Diem Allowance  
3000.510 Meal Allowance

## SUBPART F: MISCELLANEOUS RULES

## Section

- 3000.600 Reimbursable and Non-Reimbursable Expenses  
3000.610 Expenses Related to Transportation  
3000.620 Receipts Required  
3000.630 Meals for Other Persons

## SUBPART G: EXCEPTIONS

## Section

- 3000.700 Exceptions to the Rules  
3000.710 Board/Agency Rules  
3000.720 Non/Required Travel

## 3000.APPENDIX A Reimbursement Schedule

AUTHORITY: Implementing and authorized by Sections 12-1, 12-2 and 12-3 of the State Finance Act [30 ILCS 105/12-1, 12-2 and 12-3].

SOURCE: Emergency rules adopted at 10 Ill. Reg. 12697, effective July 2, 1986, for a maximum of 150 days; adopted at 10 Ill. Reg. 18188, effective January 1, 1987; preemptory amendment at 11 Ill. Reg. 14854, effective August 25, 1987; amended at 12 Ill. Reg. 11626, effective July 1, 1988; amended at 14 Ill. Reg. 10014, effective July 1, 1990; amended at 19 Ill. Reg. 7852, effective July 1, 1995; amended at 20 Ill. Reg. 7372, effective May 13, 1996; amended at 20 Ill. Reg. 9025, effective July 1, 1996; amended at 21 Ill. Reg. 8899, effective July 1, 1997; amended at 22 Ill. Reg. 11713, effective July 1, 1998; emergency amendment at 23 Ill. Reg. 11332, effective August 27, 1999, for a maximum of 150 days; amended at 24 Ill. Reg. 245, effective December 27, 1999; emergency amendment at 24 Ill. Reg. 861, effective January 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 1908, effective January 2, 2000; amended at 24 Ill. Reg. 7737, effective May 9, 2000; amended at 26 Ill. Reg. 14985, effective October 8, 2002; emergency amendment at 27 Ill. Reg. 557, effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 8551, effective May 12, 2003; amended at 27 Ill. Reg. 9990, effective July 1, 2003; amended at 37 Ill. Reg. 4383, effective March 22, 2013.

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

## SUBPART A: GENERAL

**Section 3000.100 Authority**

This Part is promulgated under the authority vested in the Travel Regulation Council by [Sections 12-1, 12-2 and 12-3](#) of the State Finance Act [30 ILCS 105/12-1, [12-2 and 12-3](#)].

(Source: Amended at 37 Ill. Reg. 4383, effective March 22, 2013)

## SUBPART B: TRAVEL CONTROL SYSTEM

**Section 3000.220 Expenses at Headquarters or Residence**

- a) As a condition of employment, employees expect to incur commuting expenses between their residence and headquarters. These expenses are not reimbursable. Meals, lodging and per diem are not reimbursable at ~~headquarters~~ or at residence. Expenses associated with State business in excess of commuting expenses are reimbursable at headquarters and/or residence. An employee whose travel does not include travel through headquarters shall be reimbursed for all mileage. An employee whose travel does include travel through headquarters shall be reimbursed for all mileage in excess of commuting mileage. All travel must be by the most direct route.
- b) "Travel through headquarters" is defined as:  
Any travel to or through the corporate city limits of the employee's designated headquarters, regardless of whether the employee made a stop at the work site or changed vehicles or modes of transportation.
- c) Examples of reimbursable mileage expenses are as follows:
  - 1) Residence/Lincoln – Headquarters/Springfield. Employee drives from residence in Lincoln to Chicago and returns to residence. Reimbursement is for all mileage because the travel was not to or through headquarters.
  - 2) Residence/Lincoln – Headquarters/Springfield. Employee drives from residence in Lincoln to Collinsville and back to residence. Reimbursement is for all mileage in excess of commuting mileage. The travel, by the most direct route, was through headquarters.

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

- 3) Residence/Carbondale – Headquarters/Marion. Employee drives from residence to headquarters. Later, employee drives from headquarters to Anna and back to residence. Reimbursement is for all mileage in excess of commuting mileage.
  - 4) Residence/Evanston – Headquarters/JRTC, Chicago. Employee drives from residence to McCormick Place for an event. After the event, the employee drives to headquarters, then to residence. Reimbursement is for all mileage in excess of commuting mileage because the travel was through headquarters.
  - 5) Residence/Chicago – Headquarters/JRTC, Chicago. Employee normally commutes to work by train. However, in order to attend a meeting at another location, the employee drives from residence to headquarters, then to the meeting location, then returns to headquarters and back to residence. Reimbursement is for all mileage in excess of commuting mileage. The fact that the employee normally rides the train to work has no effect on determining reimbursement.
- d) Agencies are responsible for monitoring claims under this Section.

(Source: Amended at 37 Ill. Reg. 4383, effective March 22, 2013)

## SUBPART C: TRANSPORTATION

**Section 3000.300 Modes of Transportation**

- a) All travel shall be by the most economical mode of transportation available considering travel time, costs, and work requirements. Modes of transportation authorized for official travel include automobiles, railroads, airlines, buses, taxicabs, and other usual means of conveyance.
- b) State vehicles may be used when most economical. When applicable, Vehicle Rules (44 Ill. Adm. Code 5040) issued by the Department of Central Management Services shall govern use of State-owned vehicles. Agency rules further defining use of vehicles may also apply. Specific instructions covering service and repairs of these vehicles are to be found in the glove compartment of each vehicle.

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

- c) Arrangements on airplanes, trains, or boats shall be the least costly reasonably available alternative.
- d) Chartered aircraft, boats, trains, buses, or other [similarsueh](#) conveyance shall be used only as a last resort or if proven to be most economical for the circumstances. A full explanation for the use of [thatsueh](#) transportation must accompany the voucher.
- e) The rental of an automobile while on travel status is allowed, if circumstances require. The most economical vehicle available that is suitable for the State's business shall be obtained. The collision damage waiver and personal accident insurance on rented vehicles are not reimbursable.
- f) Privately owned vehicles may be used when authorized by appropriate agency personnel.
  - 1) Employees using private vehicles on State business must have insurance coverage in an amount not less than that required by Section 10-101(b) of the Illinois Vehicle Code [625 ILCS 5/10-101(b)]. Prior to [thatsueh](#) authorization the Agency Head shall require employees to file a statement certifying that they are duly licensed and carry at least the minimum insurance coverage or shall require [thatsueh](#) certification to be noted on the travel voucher.
  - 2) Reimbursement for use of a private vehicle shall be on a mileage basis and shall be in accordance with the rate promulgated pursuant to 5 USC 5707(b)(2) and [asis](#) shown in Appendix A; (Reimbursement Schedule). ~~In the event the rate set under federal regulations increases during the course of the State's fiscal year, the effective date of the new rate shall be the July 1 immediately following the change in the federal rate.~~ In the event the rate set under the federal regulations [increases or](#) decreases during the course of the State's fiscal year, the effective date of the new rate shall be the effective date of the change in the federal rate.
- g) Agency Heads may authorize the use of privately owned aircraft on State business.
  - 1) Employees using privately owned aircraft on State business shall be duly licensed by the appropriate licensing body for the particular aircraft to be

## TRAVEL REGULATION COUNCIL

## NOTICE OF ADOPTED AMENDMENTS

flown, shall carry insurance in at least the amount of \$500,000 combined single limit, and shall certify this to the Agency Head. ~~The Such~~ certification of insurance shall be available for review and shall be noted on the travel voucher.

- 2) Reimbursement for the use of privately owned aircraft may be set by the individual Boards, but shall not exceed the rate set by the Federal Government pursuant to 5 USC 5707(b)(2) and 41 CFR 301-4.2(a)(2), as revised September 8, 1998; (Federal Register, Vol. 63, #173, Government Printing Office). No later amendments or editions shall act to vary this rate.

(Source: Amended at 37 Ill. Reg. 4383, effective March 22, 2013)

## OFFICE OF THE ATTORNEY GENERAL

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- 1) Heading of the Part: Hospital Financial Assistance under the Fair Patient Billing Act
- 2) Code Citation: 77 Ill. Adm. Code 4500
- 3) Register Citation to Notice of Proposed Rules: 37 Ill. Reg. 2621; March 8, 2013
- 4) Date, Time and Location of Public Hearing:  

Wednesday, April 17, 2013  
10:00 a.m. to 12:00 p.m.  
Assembly Hall Auditorium  
Concourse Level  
James R. Thompson Center  
100 West Randolph Street  
Chicago, Illinois 60601
- 5) Other Pertinent Information: The hearing will be held for the sole purpose of gathering public comments on the proposed rules. Persons interested in presenting testimony are advised that the Office of the Attorney General will adhere to the following procedures in the conduct of the hearing:
  - a) Each person who wishes to present testimony at the hearing must complete an attendance form which specifies his or her name; the organization that he or she represents, if any; his or her business address; and daytime telephone number.
  - b) Each person's remarks will be limited to a five-minute presentation.
  - c) Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.
  - d) No person will be recognized to speak for a second time until all persons wishing to testify have done so.
  - e) Persons requiring reasonable accommodation due to disability must contact David Buisse by Wednesday, April 10, 2013.

OFFICE OF THE ATTORNEY GENERAL

NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- 6) Name and Address of Agency Contact Person: Questions regarding the public hearing on the proposed rulemaking may be directed to:

David F. Buysse  
Deputy Chief, Public Interest Division  
Office of the Attorney General  
100 West Randolph Street, 12<sup>th</sup> Floor  
Chicago, Illinois 60601

312/814-7236

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of March 19, 2013 through March 25, 2013 and have been scheduled for review by the Committee at its April 16, 2013 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
5/2/13	<u>Illinois Health Information Exchange Authority,</u> Provision for Protection of Public Aid Applicants and Recipients (77 Ill. Adm. Code 4000)	4/27/12 36 Ill. Reg. 6341	4/16/13
5/4/13	<u>Department of Veterans' Affairs,</u> Rules Governing Payment from the Disabled Veterans Property Tax Relief Fund (95 Ill. Adm. Code 130)	6/1/13 36 Ill. Reg. 8241	4/16/13
5/5/13	<u>Department of Revenue,</u> Income Tax (86 Ill. Adm. Code 100)	12/28/12 36 Ill. Reg. 18149	4/16/13
5/5/13	<u>Department of Healthcare and Family Services,</u> Medical Payment (89 Ill. Adm. Code 140)	1/4/13 37 Ill. Reg. 18	4/16/13

## PROCLAMATIONS

**2013-100****Crossing Guard Appreciation Day**

WHEREAS, approximately 20,000 children under the age of fourteen suffer from motor vehicle-related pedestrian injuries every year, and more than half of those injuries require hospitalization; and,

WHEREAS, many of these injuries could be avoided if children had proper road-safety education and did not choose to cross streets or use intersections unsupervised; and,

WHEREAS, crossing guards are a dependable means of helping children to avoid unnecessary accidents and injuries; and,

WHEREAS, motorists should be aware of children walking to and from school and be especially cautious in and around school zones. They should also follow the directions of all crossing guards and recognize that by doing so, road safety can be improved; and,

WHEREAS, crossing guards play an integral role in our communities, working hard to ensure the security of children as they walk to and from school and cross streets. In addition, they teach children to look both ways before crossing streets, as well as other essential safety rules; and,

WHEREAS, crossing guards are an important component of the Illinois Safe Routes to School program, which makes communities safer for kids to walk and bicycle to school, promotes physical activity and reduces harmful impacts to the environment and community health; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 7, 2013 as **CROSSING GUARD APPRECIATION DAY** in Illinois, in recognition of the services that these dedicated professionals provide to keep our citizens and their children safe.

Issued by the Governor March 13, 2013

Filed by the Secretary of State March 21, 2013

**2013-101****Playground Safety Week**

WHEREAS, the safety and well being of children is a priority of the State of Illinois; and,

WHEREAS, more than 200,000 children are injured on playgrounds in the United States each year, equaling an average of one playground-related emergency room visit every two-and-one-half minutes; and,

## PROCLAMATIONS

WHEREAS, the National Program for Playground Safety was created at the University of Northern Iowa to help inform the nation about playground injuries and possible ways to reduce them; and,

WHEREAS, the National Program for Playground Safety has identified key areas that could help to substantially reduce the number of playground injuries and keep our children SAFE – providing: proper Supervision, Age appropriate equipment, materials to soften Falls to the surface, and Equipment maintenance; and,

WHEREAS, it is appropriate to set aside a week each year for the direction and thought on how to keep our children safer on playgrounds; and,

WHEREAS, spring is often a time that children head to the playground and, as a result, a large percentage of playground injuries occur in the months of April through June; and,

WHEREAS, child care centers, schools, parks and other public facilities are preparing for summer season and associated playground use. It is essential that we take the time to inspect, repair, and sustain the many playgrounds that provide our children with much needed exercise and enjoyment; and,

WHEREAS, the State of Illinois is committed to ensuring that no children play on unsafe playgrounds:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 22 – 26, 2013 as **PLAYGROUND SAFETY WEEK** in Illinois, and encourage all citizens to help to keep our children safe on community playgrounds.

Issued by the Governor March 13, 2013

Filed by the Secretary of State March 21, 2013

**2013-102****American Genocide Remembrance Day**

WHEREAS, the Armenian community, as well as the global community, remembers the Armenian Genocide, which occurred 98 years ago; and,

WHEREAS, during this tragic historical period between the years of 1915 and 1923, Armenians were forced to witness the genocide of their loved ones and the loss of their ancestral homelands; and,

## PROCLAMATIONS

WHEREAS, this extermination and forced relocation of over 1.5 million Armenians by the Ottoman Turks is recognized every year; and,

WHEREAS, Armenians continue to be a people filled with hope, courage, faith, and pride in their heritage, working together to rebuild a firm foundation for Armenia; and,

WHEREAS, many of the thousands of Armenian-Americans in Illinois are descendents or survivors of the Armenian genocide, and have been forthright in their efforts to preserve their culture, heritage, and language, while contributing much to our state and our nation's diverse society and economy; and,

WHEREAS, both recognition and education concerning past atrocities such as the Armenian Genocide are crucial in the prevention of future crimes against humanity; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 21, 2013 as **ARMENIAN GENOCIDE REMEMBRANCE DAY** in Illinois, in observance of the 98<sup>th</sup> Anniversary of the Armenian Genocide.

Issued by the Governor March 14, 2013

Filed by the Secretary of State March 21, 2013

**2013-103****Correctional Officers Week**

WHEREAS, every day, the men and women who work in our state and county correctional facilities face great risks and in many cases, put their safety on the line as they perform their duties; and,

WHEREAS, correctional officers are skilled professionals who must act as counselors, communicators and crisis intervention experts. In addition, they must maintain their professional demeanor while often facing hostile, aggressive and intimidating behavior from prison inmates; and,

WHEREAS, correctional officers must possess the intuitive sense to resolve conflicts and save lives, while also possessing the physical ability to restrain persons representing a danger to themselves and others; and,

WHEREAS, we could not operate Illinois' prisons, correctional camps, transitional houses and county facilities without the hard work and sacrifices made each day by our correctional officers and their families; and,

## PROCLAMATIONS

WHEREAS, the State of Illinois is pleased to join with the International Association of Correctional Officers and the American Correctional Association in celebrating Correctional Officers Week and in recognizing correctional officers for playing an integral role in this state by working hard to ensure the safety of inmates and of citizens in our communities:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 5 – 11, 2013 as **CORRECTIONAL OFFICERS WEEK** in Illinois, and encourage all citizens to pay special tribute to these men and women who serve faithfully, often with little thanks or recognition in serving to protect others.

Issued by the Governor March 14, 2013

Filed by the Secretary of State March 21, 2013

**2013-104****Emergency Medical Services Week**

WHEREAS, emergency medical services (EMS) embody the true concept of teamwork by recognizing the interdependent relationship among trauma centers, EMS system hospitals, ambulance providers, emergency and trauma physicians, emergency nurses, emergency medical technicians (EMTs) – basic, intermediate and paramedic – field nurses, emergency communication nurses, trauma nurse specialists, emergency medical dispatchers and first responders who are dedicated to saving lives; and,

WHEREAS, in Illinois there are 66 EMS resource hospitals and 67 trauma centers, and 18,953 first responders, 22,398 basic EMTs, 844 intermediate EMTs, 13,956 paramedic EMTs, 4,649 emergency communications registered nurses, 2,794 trauma nurse specialists, 367 pre-hospital registered nurses and 2,533 emergency medical dispatchers selflessly providing 24-hour service to the people of Illinois; and,

WHEREAS, this year's national theme, "EMS: One Mission. One Team." underscores the immediate nature of the situations to which EMS personnel must respond; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, proclaim May 19-25, 2013, as **EMERGENCY MEDICAL SERVICES WEEK** in Illinois.

Issued by the Governor March 14, 2013

Filed by the Secretary of State March 21, 2013

**2013-105****Emergency Medical Services For Children Day**

## PROCLAMATIONS

WHEREAS, Emergency Medical Services for Children (EMSC) recognizes that children have unique physiological responses to illness and injury; and,

WHEREAS, EMSC promotes a specialized approach to pediatric care; and,

WHEREAS, Illinois' emergency medical services system strives to integrate pediatric emergency care needs across a wide spectrum; and,

WHEREAS, in Illinois there are 15 standby emergency departments approved for pediatrics, 81 emergency departments approved for pediatrics, 10 pediatric critical care centers, 18,953 first responders, 22,398 basic EMTs, 844 intermediate EMTs, 13,956 paramedic EMTs, 4,649 emergency communications registered nurses, 2,794 trauma nurse specialists, 367 pre-hospital registered nurses and 2,533 emergency medical dispatchers dedicated to promoting preventive measures, pre-hospital care, emergency department services, outpatient and specialized services, and inpatient and rehabilitative care; and,

WHEREAS, Illinois champions the nation's EMSC commitment to reduce childhood morbidity and mortality associated with severe illness and trauma; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, proclaim May 22, 2013, as **EMERGENCY MEDICAL SERVICES FOR CHILDREN DAY** in Illinois.

Issued by the Governor March 14, 2013

Filed by the Secretary of State March 21, 2013

**2013-106****National Work Zone Safety Month**

WHEREAS, The Illinois Department of Transportation and the Illinois State Police, are committed to safety in our state's work zones and educating the public about new and existing laws that make work zones safer; and,

WHEREAS, The Illinois Department of Transportation and the Illinois State Police are committed to reducing the number of work zone crashes; and,

WHEREAS, in 2011, Illinois highways experienced 4,800 work zone crashes with over 1,000 of these crashes resulting in injury. To reduce these crashes, "No Cell Phones in Work Zones" legislation was passed to prohibit cell phone use in construction or maintenance speed zones regardless of the speed limit in these zones; and,

## PROCLAMATIONS

WHEREAS, Illinois Department of Transportation and Illinois State Police employees maintain the operations and safety of Illinois roadways and are exposed to the dangers of being hit by motorists traveling on these roadways. IDOT and ISP continue to have employees and their vehicles hit by motorists; and,

WHEREAS, Illinois State Law requires motorists to move over and slow down when approaching workers. Violation of this law can result in a fine of \$100 and up to \$10,000; and,

WHEREAS, unfortunately, many motorists do not know about or understand the law. To address this growing issue, IDOT and ISP have collaborated on a statewide initiative to increase education and enforcement. This initiative, "National Work Zone Safety Week", which runs April 15 – 19, 2013, will raise awareness of "No Cell Phones in Work Zones" and the "Move Over Law" by designating the month of April as "Work Zone Safety Month" in an effort to change behavior and save lives; and,

THEREFORE, I, Pat Quinn, the Governor of Illinois, do hereby proclaim April 2013 as **NATIONAL WORK ZONE SAFETY MONTH** in the State of Illinois.

Issued by the Governor March 14, 2013

Filed by the Secretary of State March 21, 2013

**2013-107****Postpartum Mood Disorders Awareness Month**

WHEREAS, up to 80 percent of new mothers experience changes in their emotional health following childbirth, regardless of race, age, culture or socioeconomic status. Of this number, 15-20 percent experience more severe symptoms, collectively known as Postpartum Mood Disorders; and,

WHEREAS, based on the number of births each year in Illinois, it is estimated that 27,000-36,000 mothers are affected by moderate to severe postpartum emotional symptoms annually in Illinois alone. Postpartum Mood Disorders (PPMDs) have been called "The most significant complication associated with childbirth". PPMDs interfere with mother-infant bonding and disrupt the entire family unit; and,

WHEREAS, there are many forms of Postpartum Mood Disorders, including the milder "Baby Blues" and more severe Postpartum Depression, Postpartum Panic Disorder, and Postpartum Obsessive-Compulsive Disorder. The most severe disorder, Postpartum Psychosis, is a life-threatening mental illness associated with a 10 percent suicide/infanticide rate; and,

## PROCLAMATIONS

WHEREAS, with proper awareness, education, intervention, and resources, Postpartum Mood Disorders are nearly 100 percent treatable; and,

WHEREAS, increasing public awareness among all Illinois families on the prevalence, identification, and treatment of Postpartum Mood Disorders has significant potential to save lives and prevent the unnecessary suffering experienced by so many families following childbirth:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 2013 as **POSTPARTUM MOOD DISORDERS AWARENESS MONTH** in Illinois, in order to raise awareness of this serious and debilitating disorder that affects childbearing women and their families.

Issued by the Governor March 14, 2013

Filed by the Secretary of State March 21, 2013

**2013-108****Child Abuse Prevention Month**

WHEREAS, children are the embodiment of innocence and hope for the future, and every child deserves to grow up in a nurturing environment, free from harm and fear; and

WHEREAS, every child is entitled to be loved, cared for, secure, and protected from verbal, sexual, emotional and physical abuse, exploitation, and neglect; and

WHEREAS, child abuse and neglect causes serious harm to child development and has lifelong effects that reduce well-being and productivity and create greater demands on society; and

WHEREAS, child abuse and neglect can be reduced by making sure every family is safe, secure, and has the support needed to raise their children in a healthy environment; and

WHEREAS, by providing our children a safe and nurturing environment, free of domestic violence, abuse, and neglect, we can ensure that children grow to their full potential as leaders, helping to secure the future of this great state and nation; and

WHEREAS, effective child abuse prevention programs succeed because of strong partnerships created among families, social service agencies, schools, faith communities, civic organizations, law enforcement agencies, government entities and the business community; and

WHEREAS, 1.3 million Illinois families GIVE to charity each year, with an estimated \$780 million directed to human services organizations that promote safe, loving homes and brighter futures for kids supported by strong families and communities; and

## PROCLAMATIONS

WHEREAS, more than one million Illinoisans VOLUNTEER their time each year as tutors, mentors and coaches for youth, supporting families in raising their children in a nurturing, safe environment; and

WHEREAS, Illinoisans ACT by making over 250,000 calls to the Illinois Child Abuse Hotline each year, by offering a temporary safe haven for more than 14,000 children as foster families, and by providing permanent, loving homes for more than 17,000 children through adoption over the last decade; and

WHEREAS, thanks to those who fulfill their social responsibility to report suspected abuse or neglect to the Illinois Child Abuse Hotline at (800) 25-ABUSE, the Illinois Department of Children and Family Services receives, investigates and acts on a report of child abuse or neglect every five minutes, child sexual abuse every two hours, and a child death by abuse or neglect every 36 hours; and

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2013 as CHILD ABUSE PREVENTION MONTH in Illinois, and I encourage all Illinoisans to join their neighbors who GIVE, VOLUNTEER and ACT every day to prevent child abuse and ensure safe, loving homes and brighter futures for all children, ultimately strengthening families and the communities across the state in which we live.

Issued by the Governor March 15, 2013

Filed by the Secretary of State March 21, 2013

**2013-109****Illinois Beef Month**

WHEREAS, agriculture is one of the State of Illinois' largest and most important economic drivers; and,

WHEREAS, agriculture is a diverse industry, both in terms of the commodities it produces and the businesses it supports; and,

WHEREAS, agriculture-related businesses employ nearly a quarter of the state's workforce; and,

WHEREAS, ranked among the top five states in the nation, Illinois is home to 2,531 food companies, with many located in urban communities; and,

WHEREAS, one major facet of the agricultural landscape of Illinois is the beef industry, which currently produces 615 million pounds of beef per year; and,

## PROCLAMATIONS

WHEREAS, Illinois Beef contributes over \$800 million to the Illinois economy and supports more than 18,000 jobs throughout the state; and,

WHEREAS, the Illinois Beef Association represents many of the 14,800 beef producers in Illinois through producer education, consumer awareness, product promotion, and the advancement of economic and legislative interests; and,

WHEREAS, the State of Illinois recognizes that the foundation of the Illinois beef industry is the farmer, and the impact of this industry stretches beyond rural farm fields to urban communities; and,

WHEREAS, Illinois Beef is not only found on Illinois plates, but is a supplier of choice to customers around the World; and,

WHEREAS, leading up to the summer grilling season, the Illinois Beef Association will begin many regional, state, and national efforts to promote beef in order to develop and maintain a profitable and sustainable beef industry; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 2013 as **ILLINOIS BEEF MONTH** in the State of Illinois and do hereby encourage all residents of the Land of Lincoln to support local farmers and our beef industry by recognizing its contributions to the social, cultural, and economic landscape of our state.

Issued by the Governor March 18, 2013

Filed by the Secretary of State March 21, 2013

**2013-110****Interior Design Week**

WHEREAS, interior design is a multi-faceted profession which applies creative and technical solutions within a structure to achieve a functional, safe, and aesthetically pleasing interior environment; and,

WHEREAS, interior design is concerned with anything found inside a space - walls, windows, doors, finishes, textures, light, furnishings and furniture; and,

WHEREAS, interior designers are responsible for planning the spaces of almost every type of building and must be attuned to architectural detailing, including floor plans, home renovations, as well as regulations set forth by construction and building codes; and,

## PROCLAMATIONS

WHEREAS, the interior design profession is also becoming increasingly concerned with encouraging the principles of environmental sustainability; and,

WHEREAS, interior designers must also comply with strict licensing requirements, such as those embodied by the Interior Design Title Act in Illinois, which is critical in keeping the interior design profession at its highest level and serves to protect the public's health, safety and welfare by qualifying registered design professionals based on education, experience, and testing; and,

WHEREAS, in the interest of promoting the highest levels of excellence in the interior design profession, on June 10-14, the NeoCon World's Trade Fair will be held at the Merchandise Mart in Chicago; and,

WHEREAS, returning for its 45<sup>th</sup> year, NeoCon is the country's largest conference and exhibition of contract furnishings for the design and management of the built environment; and,

WHEREAS, NeoCon features the latest trends, products, and concepts in office, healthcare, hospitality, residential, institutional, and government environments, and offers the most comprehensive conference schedule in the industry, with more than 140 seminars, forums, and presentations; and,

WHEREAS, NeoCon will host more than 1,200 showrooms and exhibitors showcasing thousands of cutting edge commercial products, and is expected to draw more than 40,000 trade professionals; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 10-14, 2013 as **INTERIOR DESIGN WEEK** in Illinois, in support of the interior design profession and in recognition of the contributions interior designers make to our state.

Issued by the Governor March 18, 2013

Filed by the Secretary of State March 21, 2013

**2013-111****Mobility Awareness Month**

WHEREAS, the people of Illinois will celebrate Mobility Awareness Month in May 2013; and,

WHEREAS, in the United States, 19 percent of the non-institutionalized civilian population aged five and older have some level of disability, representing 54 million people in the nation, with nearly 1.3 million of those citizens residing in Illinois, comprising 10.3 percent of the state's population; and,

## PROCLAMATIONS

WHEREAS, Illinois has a long history of protecting the rights and liberties of persons with disabilities, going back 32 years to the passage of the Illinois Human Rights Act (December 6, 1979); and,

WHEREAS, the State of Illinois and its agencies remain committed to continuing efforts to ensure that people with disabilities are able to fully participate in employment, transportation, education, communication, and community opportunities; and,

WHEREAS, the National Mobility Equipment Dealers Association, comprised of more than 600 mobility equipment dealers, manufacturers and driver rehabilitation specialists, sponsors Mobility Awareness Month and remains dedicated to expanding opportunities for people with Disabilities; and,

WHEREAS, the observance of National Mobility Awareness Month is designed to promote awareness for increasing independence and the quality of life for people with disabilities; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 2013 as **MOBILITY AWARENESS MONTH** in Illinois, and encourage all citizens to reaffirm the principles of equality and inclusion, and do their part to ensure that people with disabilities enjoy access to active, mobile lifestyles.

Issued by the Governor March 18, 2013

Filed by the Secretary of State March 21, 2013

**2013-112****Osteopathic Medicine Week**

WHEREAS, there are currently nearly than 100,000 osteopathic physicians (DOs) and osteopathic medical students in the United States; and,

WHEREAS, there are over 4,000 osteopathic physicians (DOs) and osteopathic medical students in the State of Illinois; and,

WHEREAS, osteopathic physicians have made tremendous accomplishments to the American health care system since it was founded by Andrew Taylor Still, MD, DO, in 1874; and,

WHEREAS, osteopathic physicians have treated U.S. presidents; Olympic athletes; contributed to the fight against AIDS and the fight for civil rights; served on nationwide health care panels; and,

## PROCLAMATIONS

WHEREAS, osteopathic physicians are fully-licensed to prescribe medicine and practice in all specialty areas of medicine, including surgery; and,

WHEREAS, osteopathic physicians are trained to consider the health for the whole person and use their hands to help diagnose and treat their patients; and,

WHEREAS, Illinois' osteopathic physicians are dedicated to improving the health of their communities through education and awareness-based efforts, as well as by delivering quality health services; and,

WHEREAS, the citizens of Illinois recognize the need for osteopathic physicians who are committed to bringing attention to improving the health of Americans, regardless of age, income level, or ethnicity; and,

THEREFORE, I Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 14-20, 2013 as **OSTEOPATHIC MEDICINE WEEK**, and encourage all citizens and community organizations to support this observance by helping to educate residents about osteopathic physicians and osteopathic Medicine.

Issued by the Governor March 18, 2013

Filed by the Secretary of State March 21, 2013

**2013-113****Cambodian Killing Fields Remembrance Day**

WHEREAS, it is important to learn about and remember past atrocities such as genocide so that we may prevent future crimes against humanity; and,

WHEREAS, the Cambodian community, as well as the global community, remembers the Cambodian Genocide, which occurred 38 years ago; and,

WHEREAS, during this tragic historical period between the years of 1975 and 1979, Cambodians were forced to witness the genocide of an estimated 2.2 million fellow countrymen following the end of the Cambodian Civil War; and,

WHEREAS, During the four year period of Khmer Rouge rule in Cambodia, the country saw the deaths of millions of Cambodian men, women and children as a result of political executions, starvation and forced labor; and,

WHEREAS, the mass graves and labor camp sites are known today as the "Killing Fields", a term coined by Dith Pran, a survivor of the genocide; and,

## PROCLAMATIONS

WHEREAS, many of the thousands of Cambodian-Americans in Illinois are descendents or survivors of the Cambodian genocide, and have been forthright in their efforts to preserve their culture, heritage, and language, while contributing much to our state and our nation's diverse society and economy; and,

WHEREAS, the Cambodian Association of Illinois ought to be commended for their efforts to raise awareness of the Cambodian genocide in a setting that celebrates the renewal of Cambodian community and culture both in Cambodia and the United States; and,

WHEREAS, the Cambodian Association of Illinois has been committed to promoting self-sufficiency, and enhancing the cultural heritage of Cambodian refugees in the Chicagoland area; and,

WHEREAS, through the efforts of Cambodian Association of Illinois, Cambodian communities of Illinois are truly well served; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 6, 2013 as **CAMBODIAN KILLING FIELDS REMEMBRANCE DAY** in Illinois, in observance of the 38<sup>th</sup> Anniversary of the Cambodian Genocide.

Issued by the Governor March 19, 2013

Filed by the Secretary of State March 21, 2013

**2013-114****Huntington's Disease Awareness Week**

WHEREAS, Huntington's disease is a progressive degenerative neurological disease that causes total physical and mental deterioration over a 12-15 year period; and,

WHEREAS, currently, Huntington's disease affects approximately 30,000 patients and there are more than 250,000 genetically "at risk" individuals in the United States; and,

WHEREAS, in the State of Illinois, there are over 1,500 families that suffer every day from Huntington's Disease; and,

WHEREAS, since the discovery of the gene that causes Huntington's disease in 1939, the pace of research has accelerated; and,

WHEREAS, although no effective treatment or cure currently exists, scientists and researchers are hopeful that breakthroughs will be forthcoming; and,

## PROCLAMATIONS

WHEREAS, researchers are conducting important research projects involving Huntington's disease; and,

WHEREAS, the Huntington's Disease Society of America (HDSA) dedicates its tireless efforts to advocating for families, educating the public, and providing support and services to affected families living with this disease; and,

WHEREAS, on May 19, 2013 the Illinois Chapter of HDSA will hold its 9<sup>th</sup> Annual TEAM HOPE - Walk For A Cure to raise funds for research into a cure or treatment for Huntington's disease; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 19-26, 2013 as **HUNTINGTON'S DISEASE AWARENESS WEEK** in Illinois, to raise awareness of this devastating disease and in support of the efforts of the Illinois Chapter of the Huntington's Disease Society of America.

Issued by the Governor March 19, 2013

Filed by the Secretary of State March 21, 2013

**2013-115****Lincoln Pilgrimage Weekend**

WHEREAS, in 1926 R. Allan Stephens, a former Boy Scouts of America Commissioner of Springfield, Illinois, originated the idea of a Lincoln Trail Hike, believing that Boy Scouts would acquire a greater appreciation of the obstacles Abraham Lincoln overcame in his rise to the presidency if they also walked the same 20-mile route followed by Lincoln from New Salem to Springfield; and

WHEREAS, Lincoln's outstanding example of perseverance caused Mr. Stephens to propose that Boy Scouts be encouraged to walk in Lincoln's steps from New Salem to Springfield and that an award be made to those who successfully completed the trail; and,

WHEREAS, the trail is scenic and historically correct, and the Scouts foster environmental stewardship by picking up litter along the scenic roadway; and

WHEREAS, the Illinois Environmental Protection Agency teams with the Abraham Lincoln Council of the Boy Scouts of America in order to further earth stewardship and promote environmental consciousness; and

## PROCLAMATIONS

WHEREAS, Illinois Environmental Protection Agency employees, American Radio Relay League amateur radio operators, Illinois Air National Guard, Illinois Army National Guard, as well as Waste Management and Coca-Cola, support the Lincoln Trail Hike by volunteering their services to assist the Scouts during the Hike

WHEREAS, the Lincoln Trail Hike is one of a series of events, collectively known as the Lincoln Pilgrimage, honoring the life, achievements and ideals of the 16<sup>th</sup> President; and

WHEREAS, thousands of Scouts will participate in the Annual Lincoln Pilgrimage;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 27-28, 2013, as **LINCOLN PILGRIMAGE WEEKEND** in the State of Illinois.

Issued by the Governor March 19, 2013

Filed by the Secretary of State March 21, 2013

**2013-116****Exercise Is Medicine Month**

WHEREAS, the health and well-being of our citizens is a primary concern for the State of Illinois; and,

WHEREAS, all citizens are encouraged to speak with their physicians about how physical activity and exercise may help treat or prevent numerous chronic conditions, such as hypertension, cardiac disease and diabetes; and,

WHEREAS, all physicians and other health care providers are encouraged to talk to their patients about the health benefits of exercise and to strongly recommend that their patients engage in appropriate exercise; and,

WHEREAS, regular, moderate-intensity exercise has curative and protective health benefits; and,

WHEREAS, the health benefits of physical activity and exercise can do so much to improve the quality of life for everyone; and,

WHEREAS, a healthier populace means cost savings, greater participation in the workforce and other benefits to society at large; and,

WHEREAS, regular physical activity and exercise is indeed a powerful prescription, with great potential to improve the health of all Americans; and,

## PROCLAMATIONS

WHEREAS, the American College of Sports Medicine and Illinois call on health care organizations, physicians and other professionals, regardless of specialty, to assess, to advocate for, and to review every patient's physical activity program during every comprehensive visit; and,

THEREFORE, I, Pat Quinn, Governor of the state of Illinois, do hereby proclaim the month of May 2013 as **EXERCISE IS MEDICINE MONTH** in the State of Illinois and encourage all citizens to participate in activities and observances relating to Exercise is Medicine Month in the interests of better health and quality of life for all.

Issued by the Governor March 20, 2013

Filed by the Secretary of State March 21, 2013

**2013-117****National Cancer Registrars Week**

WHEREAS, chartered in May 1974, the National Cancer Registrars Association (NCRA) is a non-profit organization that represents more than 4,000 cancer registry professionals and Certified Tumor Registrars. The mission of NCRA is to promote education, credentialing, and advocacy for cancer registry professionals; and,

WHEREAS, cancer registrars are healthcare professionals and data management experts that capture a complete summary of patient history, diagnosis, treatment, and status for every cancer patient in the United States, and other countries as well. This data is fundamental to the nation's cancer prevention and treatment efforts; and,

WHEREAS, cancer registrars advocate at state and local levels on issues related to cancer surveillance and privacy of patient medical records. This year's theme is "Cornerstones of Care," and was chosen to emphasize how the data creates a solid foundation for developing effective cancer treatments and prevention initiatives; and,

WHEREAS, researchers working on epidemiological studies and public health officials developing cancer prevention programs use data collected by cancer registrars. Local and state data is also submitted to the National Cancer Database, a nationwide oncology outcomes database maintained by the American College of Surgeons that provides the basis for many patterns of care studies; and,

WHEREAS, during the week of April 8-12, 2013, Cancer Registrars will be honored by observing National Cancer Registrars Week. This annual observance, organized by the National

## PROCLAMATIONS

Cancer Registrars Association, honors their members and Cancer Registry professionals whose vision and core values are set in making a difference in the "war on cancer"; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 8-12, 2013 as **NATIONAL CANCER REGISTRARS WEEK** in Illinois, and encourage all citizens to recognize these healthcare professionals for their tireless work in the fight against cancer.

Issued by the Governor March 20, 2013

Filed by the Secretary of State March 21, 2013

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 37, Issue 14 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**

77 - 1100	.....	3934
77 - 1110	.....	3982
17 - 3700	.....	4156
17 - 3704	.....	4168
17 - 3708	.....	4183
17 - 3720	.....	4199
14 - 166	.....	4203
14 - 171	.....	4208
92 - 1010	.....	4213
95 - 120	.....	4226

**ADOPTED RULES**

80 - 305	3/31/2013	.....	4231
80 - 2110	3/22/2013	.....	4235
80 - 2120	3/22/2013	.....	4241
80 - 2190	3/22/2013	.....	4253
23 - 30	3/25/2013	.....	4258
80 - 420	4/1/2013	.....	4282
92 - 1060	3/20/2013	.....	4295
92 - 1010	3/22/2013	.....	4340
23 - 3035	3/19/2013	.....	4348
80 - 3000	3/22/2013	.....	4383

**EXECUTIVE ORDERS AND  
PROCLAMATIONS**

13 - 100	3/13/2013	.....	4394
13 - 101	3/13/2013	.....	4394
13 - 102	3/14/2013	.....	4395
13 - 103	3/14/2013	.....	4396
13 - 104	3/14/2013	.....	4397
13 - 105	3/14/2013	.....	4397
13 - 106	3/14/2013	.....	4398
13 - 107	3/14/2013	.....	4399
13 - 108	3/15/2013	.....	4400
13 - 109	3/18/2013	.....	4401
13 - 110	3/18/2013	.....	4402
13 - 111	3/18/2013	.....	4403
13 - 112	3/18/2013	.....	4404
13 - 113	3/19/2013	.....	4405
13 - 114	3/19/2013	.....	4406
13 - 115	3/19/2013	.....	4407
13 - 116	3/20/2013	.....	4408
13 - 117	3/20/2013	.....	4409

## ORDER FORM

<input type="checkbox"/> Electronic Version of the Illinois Register (E-mail Address Required) <input type="checkbox"/> New <input type="checkbox"/> Renewal	\$290.00 (annually)
<input type="checkbox"/> Back Issues of the Illinois Register (2009 Only) Volume # _____ Issue# _____ Date _____	\$ 10.00 (each)
<input type="checkbox"/> Microfiche sets of the Illinois Register 1977 – 2003 Specify Year(s) _____	\$ 200.00 (per set)
<input type="checkbox"/> Cumulative/Sections Affected Indices 2003 - 2006 Specify Year(s) _____	\$ 5.00 (per set)
(Processing fee for credit cards purchases, if applicable.)	\$ 2.00
<b>TOTAL AMOUNT OF ORDER</b>	\$ _____

--	--

Check    Make Checks Payable To: **Secretary of State**

<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover    (There is a \$2.00 processing fee for credit card purchases.)
Card #: _____ Expiration Date: _____
Signature: _____

**Send Payment To:** Secretary of State  
 Department of Index  
 Administrative Code Division  
 111 E. Monroe  
 Springfield, IL 62756

**Fax Order To:** (217) 557-8919

Name:	Attention:	ID #:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:

Published by **JESSE WHITE** • Secretary of State  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)