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## INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register.

The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1, et seq.].

### ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 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
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37	September 3, 2013	September 13, 2013
38	September 9, 2013	September 20, 2013
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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

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Medical Practice Act of 1987
- 2) Code Citation: 68 Ill. Adm. Code 1285
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
1285.70	Amendment
1285.80	Amendment
1285.90	Amendment
1285.91	Amendment
1285.100	Amendment
1285.101	Amendment
- 4) Statutory Authority: Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) A Complete Description of the Subjects and Issues Involved: This proposed rulemaking implements a provision of Public Act 97-622, which amended the Medical Practice Act in relation to criminal history and background checks. The Act now states that each applicant for licensure or permit shall have his or her fingerprints submitted to the Department of State Police (ISP) in an electronic format that complies with the form and manner for requesting and furnishing criminal history record information as prescribed by the ISP. These fingerprints shall be checked against the ISP and Federal Bureau of Investigation criminal history record databases now and hereafter filed. The ISP shall furnish, pursuant to positive identification, records of Illinois convictions to the Department of Financial and Professional Regulation (IDFPR). The verification from ISP will be required for licensure for the practice of medicine.
- 6) Any published studies or reports, along with the 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

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local governments.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:  
  
Craig Cellini, Rules Coordinator  
Department of Financial and Professional Regulation  
320 West Washington, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
  
Phone: 217/785-0813  
Fax: 217/557-4451
- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities, and not-for-profit corporations affected: Licensed physicians may be affected.
  - B) Reporting, bookkeeping, or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: Professional skills in the field of medicine will be necessary for compliance.
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2013.

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

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 68: PROFESSIONS AND OCCUPATIONS

## CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1285

## MEDICAL PRACTICE ACT OF 1987

SUBPART A: MEDICAL LICENSING, RENEWAL  
AND RESTORATION PROCEDURE

## Section

1285.20	Six Year Post-Secondary Programs of Medical Education
1285.30	Programs of Chiropractic Education
1285.40	Approved Postgraduate Clinical Training Programs
1285.50	Application for Examination
1285.60	Examinations
1285.70	Application for a License on the Basis of Examination
1285.80	Licensure by Endorsement
1285.90	Temporary Licenses
1285.91	Visiting Resident Permits
1285.95	Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application
1285.100	Visiting Professor Permits
1285.101	Visiting Physician Permits
1285.105	Chiropractic Physician Preceptorship (Repealed)
1285.110	Continuing Medical Education (CME)
1285.120	Renewals
1285.130	Restoration and Inactive Status
1285.140	Granting Variances

## SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS

## Section

1285.200	Medical Disciplinary Board
1285.205	Complaint Committee
1285.210	The Medical Coordinator
1285.215	Complaint Handling Procedure
1285.220	Informal Conferences
1285.225	Consent Orders

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1285.230	Summary Suspension
1285.235	Mandatory Reporting of Impaired Physicians by Health Care Institutions
1285.240	Standards
1285.245	Advertising
1285.250	Monitoring of Probation and Other Discipline and Notification
1285.255	Rehabilitation
1285.260	Fines
1285.265	Subpoena Process of Medical and Hospital Records
1285.270	Inspection of Physical Premises
1285.275	Failing to Furnish Information

## SUBPART C: GENERAL INFORMATION

Section	
1285.305	Physician Profiles
1285.310	Public Access to Records and Meetings
1285.320	Response to Hospital Inquiries
1285.330	Rules of Evidence
1285.335	Physician Delegation of Authority
1285.336	Use of Lasers
1285.340	Anesthesia Services in an Office Setting

**AUTHORITY:** Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

**SOURCE:** Adopted at 13 Ill. Reg. 483, effective December 29, 1988; emergency amendment at 13 Ill. Reg. 651, effective January 1, 1989, for a maximum of 150 days; emergency expired May 31, 1989; amended at 13 Ill. Reg. 10613, effective June 16, 1989; amended at 13 Ill. Reg. 10925, effective June 21, 1989; emergency amendment at 15 Ill. Reg. 7785, effective April 30, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 13365, effective September 3, 1991; amended at 15 Ill. Reg. 17724, effective November 26, 1991; amended at 17 Ill. Reg. 17191, effective September 27, 1993; expedited correction at 18 Ill. Reg. 312, effective September 27, 1993; amended at 20 Ill. Reg. 7888, effective May 30, 1996; amended at 22 Ill. Reg. 6985, effective April 6, 1998; amended at 22 Ill. Reg. 10580, effective June 1, 1998; amended at 24 Ill. Reg. 3620, effective February 15, 2000; amended at 24 Ill. Reg. 8348, effective June 5, 2000; amended at 26 Ill. Reg. 7243, effective April 26, 2002; amended at 28 Ill. Reg. 5857, effective March 29, 2004; amended at 29 Ill. Reg. 18823, effective November 4, 2005; amended at 31 Ill. Reg. 14069, effective September 24, 2007; amended at 33 Ill. Reg. 4971, effective March 19,

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2009; emergency amendment at 35 Ill. Reg. 14564, effective August 12, 2011, for a maximum of 150 days; amended at 35 Ill. Reg. 19500, effective November 17, 2011; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: MEDICAL LICENSING, RENEWAL AND RESTORATION PROCEDURE

**Section 1285.70 Application for a License on the Basis of Examination**

- a) Each applicant for a license to practice medicine in all of its branches on the basis of examination must submit to the Division:
  - 1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;
  - 2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
  - 3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
  - 4) Fee as required by Section 21 of the Act;
  - 5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;
  - 6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 ~~of this Part~~

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and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;

- 7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;
  - 8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;
  - 9) A certification from the jurisdiction of original licensure and current licensure stating:
    - A) The date of issuance of the license; and
    - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
  - 10) Documentation of professional capacity, as set forth in Section 1285.95~~ef this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; ~~and~~.
  - 11) Verification of fingerprint processing from the Illinois Department of State Police (ISP), an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- b) If an applicant for licensure as a physician to practice medicine in all of its branches has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., the applicant will be required to submit the following:
- 1) A Physician Information Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable),

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clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;

- 2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been answered;
- 3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as set out in Section 9(B)(4) of the Act;
- 4) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
- 5) Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;
- 6) Documentation of professional capacity, as set forth in Section 1285.95 ~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;
- 7) A certification from the jurisdiction of original licensure and current licensure stating:
  - A) The date of issuance and status of the license; and
  - B) Whether the records of the licensing authority contain any record

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of disciplinary action taken or pending;

- 8) Fees as required by Section 21 of the Act; ~~and-~~
- 9) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

## c) Proof of Waiver

- 1) The provisions of subsection (a)(8) shall be waived for a candidate for licensure to practice medicine in all of its branches who makes application satisfactory to the Division under Section 9 of the Act who submits proof of the successful completion of:
  - A) the National Board of Medical Examiners examination subsequent to January 1, 1964; or
  - B) the National Board of Examiners for Osteopathic Physicians and Surgeons examination subsequent to June 1, 1973; or
  - C) the Federation Licensing Examination (FLEX) in another state obtaining a FLEX weighted average of 75 or more subsequent to June 1, 1968; or
  - D) the Licentiate of the Medical Council of Canada examination (LMCC) subsequent to May 1, 1970; or
  - E) The Federation Licensing Examination (FLEX) in another state obtaining a score of 75 or more in each Component in accordance with Section 1285.60 ~~of this Part.~~
- 2) Verification of the successful completion of the examinations described in subsection (c)(1) shall show the scores achieved by the applicant on the examination. Scores shall be submitted to the Division directly from the testing entity.

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- d) Each applicant for a license to practice as a chiropractic physician must submit to the Division:
- 1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of chiropractic education attended by the applicant have been identified, including dates of attendance;
  - 2) An official transcript of a course of instruction, prerequisite to professional training in a college, university or other institution for those applying pursuant to Section 11(B)(2) of the Act;
  - 3) An official transcript and copy of diploma or official transcript and certification of graduation from the education program granting the professional degree; the transcript shall indicate that the applicant has met the minimum chiropractic education requirements of Section 11 of the Act;
  - 4) Proof that the applicant is of good moral character and has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
  - 5) Fee as required by Section 21 of the Act;
  - 6) Proof of successful completion of Part I, Part II and Part III of the examination pursuant to Section 1285.60(b) forwarded directly to the Division from the National Board of Chiropractic Examiners;
  - 7) Documentation of professional capacity, as set forth in Section 1285.95-~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;

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- 8) Certification from the jurisdiction of original licensure and current licensure stating:
- A) The date of issuance of the license; and
  - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending; ~~and-~~
- 9) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- e) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Medical Licensing Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
- 1) Provide information as may be necessary; and/or
  - 2) Appear for an interview before the Licensing Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- f) Within 60 days after issuance of the license, the physician shall complete a physician profile in accordance with Section 1285.305.

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

**Section 1285.80 Licensure by Endorsement**

- a) Each applicant currently licensed in another jurisdiction who applies to the Division for a license to practice medicine in all of its branches on the basis of endorsement must cause to be submitted to the Division:

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- 1) A signed application, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;
- 2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
- 3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
- 4) An official transcript and diploma or official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;
- 5) Certification on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 ~~of this Part~~ and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a)(i) of the Act;
- 6) An original, notarized English translation for any document submitted to the Division in a foreign language;
- 7) Certification of postgraduate clinical training in the United States or Canada;
- 8) Certification from the jurisdiction of original and current licensure stating:
  - A) The date of issuance of the license; and

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- B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
- 9) The fee required by Section 21 of the Act; ~~and-~~
- 10) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- b) If an applicant for licensure as a physician to practice medicine in all of its branches has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., the applicant will be required to submit the following:
- 1) A Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;
  - 2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been answered;
  - 3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

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- 4) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
  - 5) Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;
  - 6) A certification from the jurisdiction of original licensure and current licensure stating:
    - A) The date of issuance and status of the license; and
    - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
  - 7) Fees as required by Section 21 of the Act; ~~and-~~
  - 8) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- c) In addition to submitting the application required in subsections (a) and (b), each applicant for licensure to practice medicine in all of its branches pursuant to the provisions of Section 19 of the Act upon the basis of having passed a National Board of Medical Examiners Examination prior to January 1, 1964, or having passed a National Board of Examiners for Osteopathic Physicians and Surgeons Examination before June 1, 1973, or having passed the Licentiate of the Medical Council of Canada (LMCC) before May 1, 1970, or having passed the Federation Licensing Examination (FLEX) prior to June 1, 1968, or a State Constructed Examination, shall, subject as hereinafter provided, pass an examination conducted by the Division or its designated testing service to test the clinical competence of the applicant (clinical test). The Division upon recommendation of the Medical Licensing Board has determined that the examination conducted under this Section shall be Component 2 of the FLEX prior to December 31, 1993, USMLE Step 3 after January 1, 1994 or the Special Purpose Examination

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(SPEX) or the Comprehensive Osteopathic Medical Special Purpose Examination for the United States of America (COMSPEX-USA) as determined by the Board.

- 1) To be successful in the Component 2 examination of the FLEX, USMLE Step 3, SPEX or COMSPEX-USA, applicants must receive a minimum score of 75 or the passing score set by the authorized testing entity. In the case of failure on 3 attempts of the Component 2 examination, USMLE Step 3, SPEX or COMSPEX-USA, or any combination thereof, the application for licensure on the basis of endorsement shall be denied. The individuals may thereafter submit an application for licensure on the basis of examination and, if qualified, take the entire examination referenced in Section 1285.60(a)(1), (2) and (3) ~~of this Part~~ in accordance with the manner described in that Section.
- 2) The Medical Licensing Board may, in its discretion and in individual cases where the applicable conditions of Section 19 of the Act have been satisfied, make a recommendation to the Director of the Division (Director) for the waiver of the clinical examination requirement herein provided with respect to any such applicant for a license to practice medicine in all of its branches after full consideration of the quality of his/her medical education and clinical training or practical experience, including, but not limited to, whether the applicant is Board Certified in a specialty, has achieved special honors or awards, has had articles published in recognized and reputable journals, has written or participated in the writing of textbooks in medicine and any other circumstance or attribute that the Medical Licensing Board accepts as evidence that the applicant has outstanding and proven ability in any branch of medicine.
- d) Each applicant currently licensed in another jurisdiction who applies to the Division for a license in Illinois as a chiropractic physician by endorsement must cause to be sent to the Division:
  - 1) A signed application on which all questions have been answered and all programs of chiropractic education attended by the applicant have been identified, including dates of attendance;
  - 2) An official transcript of the courses of instruction prerequisite to professional training in a college, university or other institution for those applying pursuant to Section 11(B)(2) of the Act;

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- 3) An official transcript and copy of diploma or official transcript and certification of graduation from the medical education program granting the degree; the transcript shall indicate that the applicant has met the minimum chiropractic education requirements of the Act;
- 4) Proof that the applicant is of good moral character and has not engaged in any conduct or activities which would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities which would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
- 5) Successful completion of Part I, Part II and Part III of the examination administered by the National Board of Chiropractic Examiners.
  - A) The Medical Licensing Board may, in its discretion and in individual cases where the applicable conditions of Section 19 of the Act have not been satisfied, make a recommendation to the Director to require an applicant to successfully complete the Special Purposes Exam for Chiropractors (SPEC) or Part III of the examination administered by the National Board of Chiropractic Examiners;
  - B) The Medical Licensing Board may recommend a waiver of Part III of the examination or the SPEC requirement. In making the recommendation, the Licensing Board shall consider the quality of the chiropractic education and practical experience, including, but not limited to, whether he/she is Board Certified in a specialty, has achieved special honors or awards, has had articles published in recognized and reputable journals, has written or participated in the writing of textbooks in chiropractic and any other circumstance or attribute which the Medical Licensing Board accepts as evidence that the applicant has outstanding and proven ability in chiropractic;

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- 6) Certification from the jurisdiction of original and current licensure stating:
  - A) The date of issuance of the license; and
  - B) Whether the records of the licensing authority contain any record of any disciplinary action taken or pending;
- 7) The fee required by Section 21 of the Act; ~~and-~~
- 8) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- e) Pursuant to Section 9.7 of the Act, the Division shall check the criminal background of each endorsement applicant through the Federation of State Medical Boards or Chiropractic Information Network-Board Action Database (CIN-BAD).
- f) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Medical Licensing Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
  - 1) Provide information as may be necessary; and/or
  - 2) Appear for an interview before the Licensing Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- g) Within 60 days after issuance of the license, the physician shall complete a physician profile in accordance with Section 1285.305.

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

**Section 1285.90 Temporary Licenses**

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- a) To allow for timely processing, an application for a Temporary License to pursue specialty/residency training shall be filed, on forms provided by the Division, at least 60 days prior to the commencement date of the training.
- b) No application shall be considered complete unless it is signed by the applicant, all questions have been answered and it contains or is accompanied by:
  - 1) Proof that the applicant is of good moral character and has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board;
  - 2) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
  - 3) An official transcript and diploma or official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum education requirements of the Act;
  - 4) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 ~~of this Part~~ and current ECFMG certification as set forth in Section 1285.20(k) for those applicants applying under Section 11(A)(2)(a)(i) of the Act;
  - 5) Proof that the applicant will be accepted or appointed to a position in a specialty/residency program that is approved by the Division, pursuant to the provisions of Section 1285.40 and the number of postgraduate years for which the applicant has been accepted or appointed;
  - 6) A statement identifying all medical education programs attended, including dates of attendance;
  - 7) An original notarized English translation for any document submitted to

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the Division in a foreign language;

- 8) A complete work history since graduation from medical school;
  - 9) The fee required by Section 21 of the Act;
  - 10) Certification from the jurisdictions of original licensure and current licensure stating:
    - A) The date of issuance of the license; and
    - B) Whether the records of the licensing authority contain any record of any disciplinary action taken or pending;
  - 11) Documentation of professional capacity, as set forth in Section 1285.95-~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; ~~and~~
  - 12) [Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.](#)
- c) If an applicant for temporary licensure has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., the applicant will be required to submit the following:
- 1) A Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), postgraduate medical education (clinical training) and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;
  - 2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been

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answered;

- 3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
- 4) Individuals applying under Section 11(A)(2)(a)(i) ~~of the Act~~ shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;
- 5) Documentation of professional capacity, as set forth in Section 1285.95 ~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;
- 6) Proof that the applicant will be accepted or appointed to a position in a specialty/residency program that is approved by the Division, pursuant to the provisions of Section 1285.40, and the number of postgraduate years for which he/she has been accepted or appointed;
- 7) A complete work history since graduation from medical school;
- 8) A certification from the jurisdiction of original licensure and current licensure stating:
  - A) The date of issuance and status of the license; and
  - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
- 9) Fees as required by Section 21 of the Act; ~~and~~;

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- 10) [Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.](#)
- d) Written notice of the Division's final action on every application for a temporary license shall be given to the applicant and hospital designated in the application. If the application is approved pursuant to Section 17 of the Act and this Section, the temporary license shall be delivered or mailed to the hospital and shall be kept in the care and custody of the hospital. Any person not licensed to practice medicine in all of its branches in the State of Illinois who is enrolled in a clinical training program shall have had a Temporary License issued on his/her behalf to an approved program of training prior to the commencement of the training.
- e) Commencement of the specialty/residency training program prior to the issuance of a temporary license shall be construed as the unlicensed practice of medicine.
- f) A Temporary License shall be issued for a maximum of three years as provided in this Section. In no event shall a Temporary License be issued for less than one year except as provided in subsection (j) or for any purpose other than a post-graduate specialty/residency program required for licensure under the Act.
- g) No more than one Temporary License shall be issued to any person for the same period of time.
- h) When a resident is dismissed or otherwise terminates the specialty /residency program, it shall be the responsibility of the staff of the program to notify the Division immediately, return the Temporary License to the Division and submit a written explanation to the Division indicating why the resident was dismissed or terminated. If the Temporary License has been lost or destroyed, the staff of the program shall submit a written explanation to the Division.
- i) A Temporary License may be transferred from one program to another only upon the return of the Temporary License and receipt by the Division of a new application that contains a work history and a certificate of acceptance that the resident will be accepted or appointed to a specialty/residency position in an

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approved program. Requests for transfers shall be filed with the Division at least 60 days prior to the commencement date of the new program.

- j) The Division shall allow a 14-day extension of the temporary license beyond the 3-year period without filing an extension application. In order to extend beyond the 14-day period, a new application shall be filed with the Division that contains:
  - 1) a certificate of acceptance indicating that the resident has been accepted or appointed to a specialty/residency position in an approved program;
  - 2) a work history;
  - 3) a letter from the residency program director advising why an extension is being requested; and
  - 4) the fee set forth in Section 21 of the Act.
- k) Temporary licenses may be extended only when the applicant:
  - 1) is serving full-time in the Armed Forces;
  - 2) has an incapacitating illness as documented by a currently licensed physician;
  - 3) provides proof of continuance of a residency training program in order to meet the remedial requirements for licensure set forth in Section 1285.60(a)(8); or
  - 4) provides proof of continuance of a residency training program.
- l) The Division shall issue Limited Temporary Licenses for no more than 6 months on behalf of individuals who apply, on forms provided by the Division, and submit evidence that:
  - 1) The applicant is enrolled in a postgraduate clinical training program that meets the requirements of Section 1285.40 outside of the State of Illinois;
  - 2) The applicant has been accepted for a specific period of time to perform, under supervision, a portion of the clinical training at a clinical training

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program approved pursuant to the provisions of Section 1285.40 in the State of Illinois due to the absence of adequate facilities in another State;

- 3) The approved clinical training program in Illinois has assumed supervisory responsibility for the individual during the period specified on his/her application;
  - 4) the fee set forth in Section 21 of the Act; ~~and-~~
  - 5) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- m) A Limited Temporary License may be extended only when the applicant:
- 1) is serving full-time in the Armed Forces;
  - 2) has an incapacitating illness as documented by a currently licensed physician; or
  - 3) provides proof of continuance of a residency training program as documented by the residency training program director.
- n) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:
- 1) Provide information as may be necessary; and/or
  - 2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- o) Any individual who participates in any portion of a specialty/residency program

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without a Temporary license issued by the Division shall be considered to be involved in the unlicensed practice of medicine.

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

**Section 1285.91 Visiting Resident Permits**

- a) An individual who has been invited or appointed to perform a portion of a post graduate clinical training program in an Illinois patient care clinic or facility pursuant to Section 18(C) of the Act shall file an application, on forms provided by the Division, at least 60 days prior to the commencement date of the training.
- b) No application shall be considered complete unless it is signed by the applicant, all questions have been answered and it contains or is accompanied by:
  - 1) Proof that the applicant has been invited or appointed to perform a portion of the post graduate clinical training program in Illinois;
  - 2) Name and address of the patient care clinics or facilities and the date the training is to begin and the length of time of the invitation or appointment;
  - 3) Name and license number of the Illinois physicians who will be responsible for supervising the applicant;
  - 4) Certification from the post-graduate training program that the applicant is approved and enrolled in an out-of-state post-graduate training program approved by the Division;
  - 5) Either:
    - A) Proof that the applicant maintains an equivalent authorization to practice medicine in all of its branches or to practice the treatment of human ailments without the use of drugs and without operative surgery in the applicant's native jurisdiction; or
    - B) Certification of licensure from the jurisdiction in which the applicant's clinical training program is located stating:
      - i) the date of issuance of the license;

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- ii) whether the records of the licensing authority contain any record of any disciplinary action taken or pending; and
- 6) A fee of \$100; ~~and-~~
- 7) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- c) A visiting resident permit will be issued for 180 days.
- d) No more than one visiting resident permit shall be issued to any person for the same period of time.
- e) Written notice of the Division's final action on every application for a visiting resident permit shall be given to the applicant and the patient care clinics or facilities. If the application is approved pursuant to Section 18(C) of the Act and this Section, the visiting resident permit shall be delivered or mailed to the patient care clinic or facility.
- f) Commencement of the post-graduate training program prior to the issuance of the visiting resident permit shall be construed as unlicensed practice.
- g) When a visiting resident is dismissed or otherwise terminates the specialty/residency program, it shall be the responsibility of the staff of the patient care clinic or facility to notify the Division immediately, return the Visiting Resident Permit to the Division and submit a written explanation to the Division indicating why the visiting resident was dismissed or terminated. If the visiting resident permit has been lost or destroyed, the staff of the program shall submit a written explanation to the Division.

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

**Section 1285.100 Visiting Professor Permits**

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- a) Any person not licensed in this State to practice medicine in all of its branches or as a chiropractic physician who has been appointed as a visiting professor at a medical, osteopathic or chiropractic program (program of medicine) in this State must be the holder of a Visiting Professor Permit issued by the Division pursuant to the provisions of Section 18 of the Act.
- b) An application for a Visiting Professor Permit shall be made on forms provided by the Division. The application shall include:
  - 1) The name and location of the applicant's program of medicine, dates of attendance, date and type of degree conferred;
  - 2) Certification from the jurisdiction of original licensure indicating:
    - A) The date of issuance and status of the license; and
    - B) Whether the records of the licensing authority contain any record of any disciplinary action or pending action;
  - 3) Verification, signed by a dean of a program of medicine located in another jurisdiction, that the applicant was qualified and has and maintains professor status in the program;
  - 4) Certification from the Dean of the program of medicine indicating:
    - A) That the entity has contracted with the applicant and the applicant has received a faculty appointment to teach in the program;
    - B) Name and address of the patient care clinics or facilities affiliated with the medical program at which the applicant will be providing instruction and/or providing clinical care and a justification for any clinical activities that will be provided at the facilities;
    - C) The nature of the educational services to be provided by the applicant and the qualifications of the applicant to provide these services;
    - D) The term of the contract;

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- 5) A copy of the applicant's current curriculum vitae; ~~and~~
  - 6) The fee of \$300; ~~and-~~
  - 7) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- c) In determining the need for the issuance of a Visiting Professor Permit, the Division, upon the recommendation of the Medical Licensing Board, shall consider the availability to the program of medicine of the services for which the Visiting Professor Permit is sought.
- d) Written notice of the Division's final action on every application for a Visiting Professor Permit shall be given to the applicant and the program of medicine designated. When the application is approved, the Visiting Professor Permit shall be delivered or mailed to the program of medicine. The applicant shall not commence the faculty appointment before the program receives written notification of the approval of the application.
- e) The initial Visiting Professor Permit shall be valid for 2 years or for the term of the faculty appointment, if less than 2 years. The Visiting Professor Permit may be renewed. Renewed Visiting Professor Permits shall be issued to expire on July 31 in the year of the physician license renewal. Individuals holding a valid Visiting Professor Permit on the effective date of this Section are eligible for renewal of that permit pursuant to subsection (f).
- f) Permit Renewal
- 1) Effective July 31, 2006 for the first renewal of the Visiting Professor Permit, the permit holder shall file an application with the Division, on forms provided by the Division, that includes:
    - A) Certification from the Dean of the program of medicine indicating the term of the renewal contract and a list of the affiliated patient care clinics and facilities where the permit holder will be providing

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- instruction and the justification for any clinical activities that will be provided at the facilities;
- B) Certification from the jurisdiction of original licensure indicating the current status of the license;
- C) Proof of successful completion of:
- i) the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills and Clinical Knowledge in accordance with Section 1285.60 for a visiting professor to practice medicine in all of its branches; or
  - ii) the National Board of Chiropractic Examiners (NBCE) Part II or SPEC in accordance with Section 1285.60 for a visiting professor to practice chiropractic; and
- D) The renewal fee of \$300.
- 2) After the first renewal, a Visiting Professor Permit shall be renewed in accordance with subsection (g).
- g) For renewals not made pursuant to subsection (f), the application for renewal of a Visiting Professor Permit shall be made on forms supplied by the Division at least 60 days prior to expiration of the permit. The Visiting Professor Permit renewal application shall include:
- 1) Certification from the Dean of the program of medicine indicating a valid contract between the visiting professor and the school and a list of the affiliated patient care clinics and facilities where the permit holder will be providing instruction and the justification for any clinical activities that will be provided at the facilities;
  - 2) Certification from the jurisdiction of original licensure indicating the current status of the license;
  - 3) Completion of the 150 hours continuing medical education in accordance with Section 1285.110; and

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- 4) The renewal fee of \$300.
- h) When any person on whose behalf a Visiting Professor Permit has been issued shall be discharged or shall terminate his/her faculty appointment, any permit issued in the name of such person shall be null and void as of the date of discharge or termination. The program of medicine shall immediately deliver or mail by registered mail to the Division the Visiting Professor Permit and written notice of the reason for the return of the permit.
- i) Only one Visiting Professor Permit shall be issued to an applicant. If the faculty appointment for which the permit was issued is terminated and the holder of the permit desires to remain in the State and practice or teach his/her profession, he/she must apply for, meet all the requirements of this State for, and receive a license to practice that profession.
- j) Whenever a program of medicine is required to deliver or return a Visiting Professor Permit to the Division and that permit has been lost or destroyed or is for any other reason unavailable for return to the Division, the program of medicine shall immediately mail or deliver to the Division a written explanation concerning the inability to return the permit.
- k) When there has been a change in or addition to privileges of a visiting professor or a change in a facility where instruction or clinical care is being provided, the program shall notify the Division in writing of the changes and a justification for the changes. The Division, upon recommendation of the Licensing Board, shall review the information and determine if a new permit needs to be issued.
- l) Nothing in this Section shall prohibit the holder of a Visiting Professor Permit from applying for and receiving a license to practice his/her profession in this State during the term of his/her faculty appointment. In the event the holder of a permit is issued a license to practice his/her profession in this State, upon receipt of the license, the permit shall become null and void and shall be returned to the Division pursuant to the provisions of subsection (h).
- m) *Persons holding a permit under this Section shall only practice medicine in all of its branches or practice the treatment of human ailments without the use of drugs and without operative surgery in the State of Illinois in their official capacity under their contract within the medical school itself and any affiliated institution in which the permit holder is providing instruction as part of the medical school's*

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*educational program and for which the medical school has assumed direct responsibility.* (Section 18 of the Act)

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

**Section 1285.101 Visiting Physician Permits**

- a) Any person not licensed in this State to practice medicine in all of its branches or as a chiropractic physician who has received an invitation or appointment to study a specific medical, osteopathic, chiropractic or clinical subject or technique in a medical, osteopathic, or chiropractic school or hospital in this State must be the holder of a Visiting Physician Permit issued by the Division pursuant to the provisions of Section 18(B) of the Act.
- b) An application for a Visiting Physician Permit shall be made on forms provided by the Division. The application shall include:
  - 1) Certification from the jurisdiction of current licensure indicating the date of licensure and current status of the license;
  - 2) Certification from the dean or program director of the school or hospital indicating:
    - A) That the person has received an invitation or appointment to study a specific clinical subject or technique;
    - B) The nature of the educational services to be provided to the applicant;
    - C) The term of the contact;
  - 3) A copy of the applicant's current curriculum vitae; ~~and~~
  - 4) The fee of \$100; ~~and-~~
  - 5) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card

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issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

- c) In determining the need for the issuance of a Visiting Physician Permit, the Division, upon the recommendation of the Medical Licensing Board, shall consider the availability to the program of medicine of the services for which the Visiting Physician Permit is sought.
- d) Written notice of the Division's final action on every application for a Visiting Physician Permit shall be given to the applicant and/or the school or hospital designated. When the application is approved, the Visiting Physician Permit shall be delivered or mailed to the program of medicine. The applicant shall not commence the appointment before the program receives written notification from the Division of the approval of the application.
- e) A Visiting Physician Permit shall be valid for 180 days or until such time as the clinical studies or techniques are completed, whichever occurs first.
- f) When the holder of a Visiting Physician Permit has been discharged or terminated from an appointment, any certificate issued in the name of the person shall be null and void as of the date of the discharge or termination. The school or hospital shall immediately deliver or mail by registered mail to the Division the Visiting Physician Permit and written notice of the reason for the return of the permit.
- g) Only one Visiting Physician Permit shall be issued to an applicant. If, at the conclusion of the term of the appointment for which the permit was issued, the holder of the permit desires to remain in the State and practice or teach his/her profession, he/she must apply for and receive a license to practice medicine in all of its branches or as a chiropractic physician.
- h) Whenever a program of medicine is required to deliver or return a Visiting Physician Permit to the Division and that permit has been lost or destroyed or is for any other reason unavailable for return to the Division, the program of medicine shall immediately mail or deliver to the Division a written explanation concerning the inability to return the permit.
- i) Nothing shall prohibit the holder of a Visiting Physician Permit from applying for and receiving a license to practice his/her profession in this State during the term of the appointment. In the event the holder of a permit is issued a license to

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practice in this State, upon receipt of the license, the permit shall become null and void and shall be returned to the Division pursuant to the provisions of subsection (f).

- j) A Limited Visiting Physician Permit will be issued by the Division to an out-of-state physician who has been requested to perform an emergency procedure in Illinois.
- 1) An individual seeking a Limited Visiting Physician Permit shall apply to the Division, on forms provided by the Division, and submit the following:
- A) Verification of licensure in another jurisdiction;
  - B) A description of the emergency procedure to be performed;
  - C) The exact date and location of the procedure;
  - D) The name and license number of the sponsoring physician who will be responsible for the applicant;
  - E) Proof from the hospital that the applicant has approval from the facility to perform the procedure signed by the administrator of the hospital;
  - F) A copy of an up to date curriculum vitae; and
  - G) A fee of \$25; ~~and-~~
  - H) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- 2) The permit will be issued for no more than 5 days. However, in extenuating circumstances, upon review by the Chairman of the Licensing

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Board or his/her designee, the permit may be extended.

- 3) The Division shall notify the Medical Licensing Board of the issuance of all Limited Visiting Physician Permits.

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.539                      Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking, in conjunction with 89 Ill. Adm. Code 153.125, modifies the staff training reimbursement methodology by eliminating the staff training billing process. In its place, the staff training reimbursement will be added as a component to the rate.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.24	Amendment	37 Ill. Reg. 3362; March 22, 2013
140.28	Amendment	37 Ill. Reg. 3362; March 22, 2013
140.481	Amendment	37 Ill. Reg. 5243; April 26, 2013
140.55	Amendment	37 Ill. Reg. 7078; May 24, 2013
140.80	Amendment	37 Ill. Reg. 10941; July 19, 2013
140.492	Amendment	37 Ill. Reg. 12317; August 2, 2013
140.493	Amendment	37 Ill. Reg. 12317; August 2, 2013
140.462	Amendment	37 Ill. Reg. 12637; August 16, 2013

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

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

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

217/782-1233

HFS.Rules@illinois.gov

The Department requests the submission of written comments within 45 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded skilled long term care providers and intermediate care facilities.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated by the Department when the most recent regulatory agendas were published.

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENT

## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER d: MEDICAL PROGRAMS

## PART 140

## MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

## Section

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

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

## Section

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

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

## SUBPART C: PROVIDER ASSESSMENTS

- Section
- 140.80 Hospital Provider Fund
- 140.82 Developmentally Disabled Care Provider Fund
- 140.84 Long Term Care Provider Fund
- 140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust

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	Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
140.95	Hospital Services Trust Fund
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)
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140.99	Hospital Services Not Covered (Recodified)
140.100	Limitation On Hospital Services (Recodified)
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140.102	Heart Transplants (Recodified)
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140.116	Payment for Inpatient Services for GA (Recodified)
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140.200	Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201	Payment for Hospital Services After June 30, 1982 (Repealed)
140.202	Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203	Limits on Length of Stay by Diagnosis (Recodified)
140.300	Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350	Copayments (Recodified)
140.360	Payment Methodology (Recodified)
140.361	Non-Participating Hospitals (Recodified)
140.362	Pre July 1, 1989 Services (Recodified)
140.363	Post June 30, 1989 Services (Recodified)
140.364	Prepayment Review (Recodified)
140.365	Base Year Costs (Recodified)
140.366	Restructuring Adjustment (Recodified)
140.367	Inflation Adjustment (Recodified)
140.368	Volume Adjustment (Repealed)
140.369	Groupings (Recodified)
140.370	Rate Calculation (Recodified)
140.371	Payment (Recodified)
140.372	Review Procedure (Recodified)
140.373	Utilization (Repealed)
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140.375	Exemptions (Recodified)
140.376	Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390	Subacute Alcoholism and Substance Abuse Services (Recodified)

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- 140.391 Definitions (Recodified)
- 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
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- 140.400 Payment to Practitioners
- 140.402 Copayments for Noninstitutional Medical Services
- 140.403 Telehealth Services
- 140.405 Non-Institutional Rate Reductions
- 140.410 Physicians' Services
- 140.411 Covered Services By Physicians
- 140.412 Services Not Covered By Physicians
- 140.413 Limitation on Physician Services
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- 140.416 Optometric Services and Materials
- 140.417 Limitations on Optometric Services
- 140.418 Department of Corrections Laboratory
- 140.420 Dental Services
- 140.421 Limitations on Dental Services
- 140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy Items – Dentists (Repealed)
- 140.425 Podiatry Services
- 140.426 Limitations on Podiatry Services
- 140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items – Podiatry (Repealed)
- 140.428 Chiropractic Services
- 140.429 Limitations on Chiropractic Services (Repealed)
- 140.430 Independent Clinical Laboratory Services
- 140.431 Services Not Covered by Independent Clinical Laboratories
- 140.432 Limitations on Independent Clinical Laboratory Services
- 140.433 Payment for Clinical Laboratory Services
- 140.434 Record Requirements for Independent Clinical Laboratories
- 140.435 Advanced Practice Nurse Services
- 140.436 Limitations on Advanced Practice Nurse Services

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140.467	Independent Clinics
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- 140.478 Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.479 Limitations, Medical Supplies
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- 140.503 Cessation of Payment for Improper Level of Care
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- 140.511 Long Term Care Services Covered By Department Payment
- 140.512 Utilization Control
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140.643	In-Home Care Program
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140.646	Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities
140.647	Description of Developmental Training (DT) Services
140.648	Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
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140.650	Certification of Developmental Training (DT) Programs
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140.680	Effective Date Of Payment Rate
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SUBPART F: FEDERAL CLAIMING FOR STATE AND  
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140.850	Reimbursement of Administrative Expenditures
140.855	Administrative Claim Review and Reconsideration Procedure
140.860	County Owned or Operated Nursing Facilities
140.865	Sponsor Qualifications (Repealed)
140.870	Sponsor Responsibilities (Repealed)
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140.890	Payment Methodology (Repealed)
140.895	Contract Monitoring (Repealed)
140.896	Reimbursement For Program Costs (Active Treatment) For Clients in Long Term Care Facilities For the Developmentally Disabled (Recodified)
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140.903	Definitions (Recodified)
140.904	Times and Staff Levels (Repealed)
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140.909	Statewide Rates (Recodified)
140.910	Referrals (Recodified)
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## SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

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140.920	General Description
140.922	Covered Services
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140.926	Client Eligibility (Repealed)
140.928	Client Enrollment and Program Components (Repealed)
140.930	Reimbursement
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SUBPART H: ILLINOIS COMPETITIVE ACCESS AND  
REIMBURSEMENT EQUITY (ICARE) PROGRAM

## Section

140.940	Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
140.942	Definition of Terms (Recodified)
140.944	Notification of Negotiations (Recodified)
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140.948	Negotiation Procedures (Recodified)
140.950	Factors Considered in Awarding ICARE Contracts (Recodified)
140.952	Closing an ICARE Area (Recodified)
140.954	Administrative Review (Recodified)
140.956	Payments to Contracting Hospitals (Recodified)
140.958	Admitting and Clinical Privileges (Recodified)
140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
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140.968	Validity of Contracts (Recodified)
140.970	Termination of ICARE Contracts (Recodified)
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140.980	Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
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## Section

140.990	Primary Care Case Management Program
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140.993	Care Management Fees
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140.995	Mandatory Enrollment
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## SUBPART J: ALTERNATE PAYEE PARTICIPATION

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140.1001	Registration Conditions for Alternate Payees
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140.1003	Recovery of Money for Alternate Payees
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## SUBPART K: MANDATORY MCO ENROLLMENT

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140.TABLE A	Criteria for Non-Emergency Ambulance Transportation
140.TABLE B	Geographic Areas
140.TABLE C	Capital Cost Areas
140.TABLE D	Schedule of Dental Procedures
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140.TABLE F	Podiatry Service Schedule (Repealed)

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140.TABLE G	Travel Distance Standards
140.TABLE H	Areas of Major Life Activity
140.TABLE I	Staff Time and Allocation for Training Programs (Recodified)
140.TABLE J	HSA Grouping (Repealed)
140.TABLE K	Services Qualifying for 10% Add-On (Repealed)
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140.TABLE M	Enhanced Rates for Maternal and Child Health Provider Services

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

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a

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maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940

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thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990;

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amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment

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suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective

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September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective

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November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the maximum 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days;

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emergency expired April 10, 2009; preemptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846, effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

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## SUBPART E: GROUP CARE

**Section 140.539 Reimbursement for Basic Nursing Assistant, ~~Developmental Disabilities Aide, Basic Child Care Aide and Habilitation Aide~~ Training and Nursing Assistant Competency Evaluation**

## a) Training Reimbursement

- 1) ~~Nursing~~~~Long-term-care~~ facilities shall be reimbursed for the reasonable costs of assistant and aide training. Upon the individual's successful completion of a course which has been approved by the Department of Public Health (77 Ill. Adm. Code 395.110), the facility may claim reimbursement for the following costs, provided that they are actually incurred:
  - A) tuition, up to the prevailing community college rate in the health service area for a six credit hour course;
  - B) instructional materials, up to \$25.00; and
  - C) salary and fringe benefits (fringe benefits are payroll taxes, unemployment insurance, worker's compensation, health insurance and meals if provided) up to the prevailing entry level for the health service area.
- 2) The Department will reimburse for actual approved hours up to 130 hours.
- 3) Facilities shall also receive an additional factor of five percent of the total claim to recognize costs for those who do not successfully complete the course.
- 4) The Department shall reimburse on a pro rata basis according to the percentage of Medicaid residents in the facility at the time the request for reimbursement is submitted to the Department.
- 5) Successful completion of a course by each individual for whom reimbursement is being requested shall be verified through the Department of Public Health ~~Healthcare Worker~~~~Nurse Aide~~ Registry. In the event that an individual's name does not appear on the Registry within three months

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after the Department's receipt of the reimbursement request, the Department reserves the right to request documentation that shows proof of:

- A) submittal of the individual's name for entry on the [Healthcare Worker Nurse Aid](#) Registry (for example, a copy of the notification to the Department of Public Health), if applicable, and
  - B) successful completion of the course by the individual (for example, an instructor signed attendance form or other instructor certification).
- 6) No individual who is employed by, or who has received an offer of employment from, a facility on the date on which the individual begins a Basic Nursing Assistant, ~~Developmental Disabilities Aide, Basic Child Care Aide or Habilitation Aide~~ training program may be charged for any portion of the program (including any fees for textbooks or other required course materials). This provision applies whether or not the facility requests Medicaid reimbursement for the training, the individual fails the competency exam or the individual subsequently leaves employment.
- b) Basic Nursing Assistant Competency Evaluation
- 1) Nursing facilities shall be reimbursed for the reasonable costs for basic nursing assistant competency evaluations. Only evaluations approved by the Department of Public Health are reimbursable. The facility may claim reimbursement for the cost of each approved competency evaluation successfully completed with a passing grade.
  - 2) Payment will not be made under this Section for costs incurred in administering tests not approved by the Department of Public Health, or for any additional tests administered by the facility during or subsequent to basic nursing assistant training.
  - 3) Payment will be made for all competency evaluations successfully completed with a passing grade after October 1, 1989.
  - 4) The maximum reimbursable cost per competency evaluation successfully completed with a passing grade is the current fee charged by the

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Department of Public Health approved evaluation service. The Department will reimburse on a pro rata basis according to the percentage of Medicaid residents in the facility at the time the request for reimbursement is submitted to the Department. The Department will not pay any other costs associated with the evaluation process.

- 5) No payment will be made for any competency evaluation in which a failing grade is received for any part of the evaluation. An individual must pass both the demonstration of manual skills and written components of the evaluation before reimbursement may be claimed.
- 6) Passage of the competency evaluation for each individual for whom reimbursement is being requested shall be verified through the Department of Public Health Healthcare Worker Nurse Aide Registry. In the event that an individual's name does not appear on the Registry, the Department reserves the right to request documentation of such passage of the evaluation before authorizing payment. ~~Competency evaluations do not apply to Basic Child Care Aides, Habilitation Aides or Developmental Disabilities Aides.~~
- 7) Facilities shall receive an additional factor of five percent of the total claim to recognize costs for those who do not successfully pass the evaluation.
- 8) No individual who is employed by, or who has received an offer of employment from, a facility on the date on which the individual begins a basic nursing assistant program may be charged for any costs associated with competency evaluation. This provision applies whether or not the facility requests Medicaid reimbursement for the competency evaluation, the individual fails the competency evaluation or the individual subsequently leaves employment.

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

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- 1) Heading of the Part: Long Term Care Reimbursement Changes
- 2) Code Citation: 89 Ill. Adm. Code 153
- 3) Section Number: 153.125                      Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 96-1530
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking, in conjunction with 89 Ill. Adm. Code 140.439, modifies the staff training reimbursement methodology by eliminating the staff training billing process. In its place, the staff training reimbursement will be added as a component to the rate.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

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

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217/782-1233

HFS.Rules@illinois.gov.

The Department requests the submission of written comments within 45 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded skilled long term care providers and intermediate care facilities
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated by the Department when the most recent regulatory agendas were published.

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

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## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

## PART 153

## LONG TERM CARE REIMBURSEMENT CHANGES

## Section

153.100	Reimbursement for Long Term Care Services
153.125	Long Term Care Facility Rate Adjustments
153.126	Long Term Care Facility Medicaid Per Diem Adjustments
153.150	Quality Assurance Review (Repealed)

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

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12794, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13638, effective November 1, 1999; emergency amendment at 24 Ill. Reg. 10421, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15071, effective October 1, 2000; emergency amendment at 25 Ill. Reg. 8867, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14952, effective November 1, 2001; emergency amendment at 26 Ill. Reg. 6003, effective April 11, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 12791, effective August 9, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11087, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17817, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 11088, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18880, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 10218,

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effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 15584, effective November 24, 2004; emergency amendment at 29 Ill. Reg. 1026, effective January 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 4740, effective March 18, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 6979, effective May 1, 2005; amended at 29 Ill. Reg. 12452, effective August 1, 2005; emergency amendment at 30 Ill. Reg. 616, effective January 1, 2006, for a maximum of 150 days; emergency amendment modified pursuant to the Joint Committee on Administrative Rules Objection at 30 Ill. Reg. 7817, effective April 7, 2006, for the remainder of the maximum 150 days; amended at 30 Ill. Reg. 10417, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11853, effective July 1, 2006, for a maximum of 150 days; emergency expired November 27, 2006; amended at 30 Ill. Reg. 14315, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 18779, effective November 28, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 6954, effective April 26, 2007; emergency amendment at 32 Ill. Reg. 535, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 4105, effective March 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 7761, effective May 5, 2008; amended at 32 Ill. Reg. 9972, effective June 27, 2008; amended at 33 Ill. Reg. 9347, effective July 1, 2009; emergency amendment at 34 Ill. Reg. 17462, effective November 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 6171, effective March 28, 2011; amended at 35 Ill. Reg. 19524, effective December 1, 2011; emergency amendment at 36 Ill. Reg. 10416, effective July 1, 2012 through June 30, 2013; amended at 36 Ill. Reg. 17405, effective December 1, 2012; amended at 37 Ill. Reg. 10529, effective June 27, 2013; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 153.125 Long Term Care Facility Rate Adjustments**

- a) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates established on July 1, 1996 shall be increased by 6.8 percent for services provided on or after January 1, 1997.
- b) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and developmental training rates established on July 1, 1998, for services provided on or after that date, shall be increased by three percent. For nursing facilities (SNF/ICF) only, \$1.10 shall also be added to the nursing component of the rate.
- c) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and developmental training rates established on July 1, 1999, for services provided on or after that date, shall include:
  - 1) an increase of 1.6 percent for SNF/ICF, ICF/MR and developmental

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training rates;

- 2) an additional increase of \$3.00 per resident day for ICF/MR rates; and
  - 3) an increase of \$10.02 per person, per month for developmental training rates.
- d) Notwithstanding the provisions set forth in Section 153.100, SNF/ICF rates shall be increased by \$4.00 per resident day for services provided on or after October 1, 1999.
- e) Notwithstanding the provisions set forth in Section 153.100, SNF/ICF, ICF/MR and developmental training rates shall be increased 2.5 percent per resident day for services provided on or after July 1, 2000.
- f) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on July 1, 2001 shall be computed using the most recent cost reports on file with the Department no later than April 1, 2000, updated for inflation to January 1, 2001.
- 1) The Uniform Building Value shall be as defined in 89 Ill. Adm. Code 140.570(b)(10), except that, as of July 1, 2001, the definition of current year is the year 2000.
  - 2) The real estate tax bill that was due to be paid in 1999 by the nursing facility shall be used in determination of the capital component of the rate. The real estate tax component shall be removed from the capital rate if the facility's status changes so as to be exempt from assessment to pay real estate taxes.
  - 3) For rates effective July 1, 2001 only, rates shall be the greater of the rate computed for July 1, 2001 or the rate effective on June 30, 2001.
  - 4) All accounting records and other documentation necessary to support the costs and other information reported on the cost report to be used in accordance with rate setting under Section 153.125(f) shall be kept for a minimum of two years after the Department's final payment using rates that were based in part on that cost report.

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- g) Notwithstanding the provisions set forth in Section 153.100, intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled nursing facilities for persons under 22 years of age (SNF/Ped), shall receive an increase in rates for residential services equal to a statewide average of 7.85 percent. Residential rates taking effect March 1, 2001, for services provided on or after that date, shall include an increase of 11.01 percent to the residential program rate component and an increase of 3.33 percent to the residential support rate component, each of which shall be adjusted by the geographical area adjuster, as defined by the Department of Human Services (DHS).
- h) For developmental training services provided on or after March 1, 2001, for residents of long term care facilities, rates shall include an increase of 9.05 percent and rates shall be adjusted by the geographical area adjuster, as defined by DHS.
- i) Notwithstanding the provisions set forth in Section 153.100, daily rates for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by 2.247 percent for services provided during the period beginning on April 11, 2002, and ending on June 30, 2002.
- j) Notwithstanding the provisions set forth in Section 153.100, daily rates effective on July 1, 2002, for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be reduced to the level of the rates in effect on April 10, 2002.
- k) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on July 1, 2002 will be 5.9 percent less than the rates in effect on June 30, 2002.
- l) Notwithstanding the provisions set forth in Section 153.100, daily rates effective on July 1, 2003, for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by 3.59 percent.
- m) Notwithstanding the provisions set forth in Section 153.100, developmental training rates effective on July 1, 2003 shall be increased by 4 percent.

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- n) Notwithstanding the provisions set forth in Section 153.100, pending the approvals described in this subsection (n), nursing facility (SNF/ICF) rates effective July 1, 2004 shall be 3.0 percent greater than the rates in effect on June 30, 2004. The increase is contingent on approval of both the payment methodologies required under Article 5A-12 of the Public Aid Code [305 ILCS 5/5A-12] and the waiver granted under 42 CFR 433.68.
- o) Notwithstanding the provisions set forth in Section 153.100, the "Original Building Base Cost" for nursing facilities (SNF/ICF) which have been rented continuously from an unrelated party since prior to January 1, 1978, effective on July 1, 2004, shall be added to the capital rate calculation using the most recent cost reports on file with the Department no later than June 30, 2004. The "Original Building Base Cost" as defined in 89 Ill. Adm. Code 140.570 shall be calculated from the original lease information that is presently on file with the Department. This original lease information will be used to capitalize the oldest available lease payment from the unrelated party lease that has been in effect since prior to January 1, 1978, and continued to be in effect on December 31, 1999. Before the lease payment is capitalized, a 15 percent portion will be removed from the oldest available lease payment for movable equipment costs. After the lease payment is capitalized, a portion of the capitalized amount will be removed for land cost. The land cost portion is 4.88 percent. The remaining amount will be the facility's building cost. The construction/acquisition year for the building will be the date the pre-1978 lease began. The allowable cost of subsequent improvements to the building will be included in the original building base cost. The original building base cost will not change due to sales or leases of the facility after January 1, 1978.
- p) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on January 1, 2005 will be 3.0 percent more than the rates in effect on December 31, 2004.
- q) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates shall be increased by the difference between a facility's per diem property, liability and malpractice insurance costs as reported in the cost report that was filed with the Department and used to establish rates effective July 1, 2001, and those same costs as reported in the facility's 2002 cost report. These costs shall be passed through to the facility without caps or limitations.

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- r) Notwithstanding the provisions set forth in Section 153.100, daily rates effective on January 1, 2006 for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by 3 percent.
- s) Notwithstanding the provisions set forth in Section 153.100, developmental training rates for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), effective on January 1, 2006 shall be increased by 3 percent.
- t) Notwithstanding the provisions set forth in Section 153.100, for facilities that are federally defined as Institutions for Mental Disease (see Section 145.30), a socio-development component rate equal to 6.6% of the nursing component rate as of January 1, 2006 shall be established and paid effective July 1, 2006. This rate shall become a part of the facility's nursing component of the Medicaid rate. While this rate may be adjusted by the Department, the rate shall not be reduced.
- u) Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the support component of the rates taking effect on January 1, 2008 shall be computed using the most recent cost reports on file with the Department of Healthcare and Family Services no later than April 1, 2005, updated for inflation to January 1, 2006.
- 1) Support rates taking effect on January 1, 2008 shall be adjusted based on audits of cost report data in accordance with 89 Ill. Adm. Code 140.582(b) and 140.590. The audited cost report data will be used to retroactively update the resulting support rate effective January 1, 2008, after the 45-day appeal period from Section 140.582(b) has passed.
  - 2) All accounting records and other documentation necessary to support the costs and other information reported on the cost report to be used in accordance with rate setting under this subsection (u) shall be kept for a minimum of two years after the Department's final payment using rates that were based in part on that cost report.
- v) Notwithstanding the provisions set forth in Section 153.100, pursuant to Public Act 95-0744, for services beginning August 1, 2008, the socio-development

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component for facilities that are federally defined as Institutions for Mental Disease (see 89 Ill. Adm. Code 145.30) shall equal 6.6% of the facility's nursing component rate as of January 1, 2006, multiplied by a factor of 3.53.

- w) Notwithstanding the provisions set forth in Section 153.100, pursuant to Public Act 95-0744, for services beginning January 1, 2009, the support component for skilled and intermediate care facilities that was effective on January 1, 2008, computed using the most recent cost reports on file with the Department of Healthcare and Family Services no later than April 1, 2005, updated for inflation to January 1, 2006, shall be increased to the amount that would have been derived using standard Department of Healthcare and Family Services methods, procedures and inflators described in Sections 140.533, 140.551, 140.553 and 140.561.
  - x) Notwithstanding the provisions set forth in Section 153.100, effective November 1, 2010, the program and support components of the per diem rate for ICF/MR qualifying under 89 Ill. Adm. Code 144.102 shall be adjusted in accordance with that Section.
  - y) Notwithstanding the provisions set forth in Section 153.100, pursuant to Public Act 96-1530, for services beginning May 1, 2011, the socio-development component for facilities that are federally defined as Institutions for Mental Disease (IMD) (see 89 Ill. Adm. Code 145.30) and that are Medicaid certified will have the nursing component of their rate fully funded using the MDS methodology and will also receive an increase to their socio-development component rate. The socio-development component rate increase will be equal to two-thirds of the difference between the highest nursing rate among the Medicaid certified IMD facilities and the individual IMD's nursing rate. This rate change is subject to approval by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.
  - z) Notwithstanding the provisions set forth in Section 153.100, effective for services beginning May 1, 2011, facilities that are federally defined as Institutions for Mental Disease (see 89 Ill. Adm. Code 145.30) and determined to be Subpart T facilities (see 89 Ill. Adm. Code 145.10) will receive an increase to their socio-development component rate of \$.50 per day, per resident.
- aa) [Notwithstanding the provisions set forth in Section 153.100, daily rates effective on September 1, 2013, for intermediate care facilities for persons with](#)

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developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by \$1.06 per billable day, per resident for residential services.

- bb) Notwithstanding the provisions set forth in Section 153.100, developmental training rates effective on September 1, 2013, for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by \$3.64 per month, per resident for staff training reimbursement.

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

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- 1) Heading of the Part: Income Tax
- 2) Code Citation: 86 Ill. Adm. Code 100
- 3) Section Number: 100.2470                      Proposed Action:  
Amendment
- 4) Statutory Authority: 35 ILCS 5/203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G)
- 5) A Complete Description of the Subjects and Issues Involved: This amendment updates the listing of items of income that are exempted from Illinois income taxation under some provision of the federal or State constitutions, federal law, or an Illinois statute other than the Illinois Income Tax Act to reflect recent Illinois legislation.
- 6) Published studies or reports and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.
- 12) Time, Place and Manner in which interested persons may comment on this rulemaking: Persons who wish to submit comments on this rulemaking may submit them in writing by no later than 45 days after publication of this Notice to:

Paul Caselton  
Deputy General Counsel - Income Tax  
Illinois Department of Revenue  
Legal Services Office  
101 West Jefferson  
Springfield, Illinois 62794

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- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2013

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

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TITLE 86: REVENUE  
CHAPTER I: DEPARTMENT OF REVENUEPART 100  
INCOME TAX

## SUBPART A: TAX IMPOSED

## Section

- 100.2000 Introduction  
100.2050 Net Income (IITA Section 202)

## SUBPART B: CREDITS

## Section

- 100.2100 Replacement Tax Investment Credit Prior to January 1, 1994 (IITA 201(e))  
100.2101 Replacement Tax Investment Credit (IITA 201(e))  
100.2110 Investment Credit; Enterprise Zone and River Edge Redevelopment Zone (IITA 201(f))  
100.2120 Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone (IITA 201(g))  
100.2130 Investment Credit; High Impact Business (IITA 201(h))  
100.2140 Credit Against Income Tax for Replacement Tax (IITA 201(i))  
100.2150 Training Expense Credit (IITA 201(j))  
100.2160 Research and Development Credit (IITA 201(k))  
100.2163 Environmental Remediation Credit (IITA 201(l))  
100.2165 Education Expense Credit (IITA 201(m))  
100.2170 Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)  
100.2180 Credit for Residential Real Property Taxes (IITA 208)  
100.2185 Film Production Services Credit (IITA 213)  
100.2190 Tax Credit for Affordable Housing Donations (IITA Section 214)  
100.2193 Student-Assistance Contributions Credit (IITA 218)  
100.2195 Dependent Care Assistance Program Tax Credit (IITA 210)  
100.2196 Employee Child Care Assistance Program Tax Credit (IITA Section 210.5)  
100.2197 Foreign Tax Credit (IITA Section 601(b)(3))  
100.2198 Economic Development for a Growing Economy Credit (IITA 211)  
100.2199 Illinois Earned Income Tax Credit (IITA Section 212)

## SUBPART C: NET OPERATING LOSSES OF UNITARY BUSINESS GROUPS

## DEPARTMENT OF REVENUE

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## OCCURRING PRIOR TO DECEMBER 31, 1986

## Section

- 100.2200 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Scope
- 100.2210 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group (IITA Section 202) – Definitions
- 100.2220 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Current Net Operating Losses: Offsets Between Members
- 100.2230 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Carrybacks and Carryforwards
- 100.2240 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) – Effect of Combined Net Operating Loss in Computing Illinois Base Income
- 100.2250 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) – Deadline for Filing Claims Based on Net Operating Losses Carried Back From a Combined Apportionment Year

SUBPART D: ILLINOIS NET LOSS DEDUCTIONS FOR LOSSES  
OCCURRING ON OR AFTER DECEMBER 31, 1986

## Section

- 100.2300 Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2310 Computation of the Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2320 Determination of the Amount of Illinois Net Loss for Losses Occurring On or After December 31, 1986
- 100.2330 Illinois Net Loss Carrybacks and Net Loss Carryovers for Losses Occurring On or After December 31, 1986
- 100.2340 Illinois Net Losses and Illinois Net Loss Deductions for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Separate Unitary Versus Combined Unitary Returns

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- 100.2350 Illinois Net Losses and Illinois Net Loss Deductions, for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Changes in Membership

## SUBPART E: ADDITIONS TO AND SUBTRACTIONS FROM TAXABLE INCOME OF INDIVIDUALS, CORPORATIONS, TRUSTS AND ESTATES AND PARTNERSHIPS

## Section

- 100.2405 Gross Income, Adjusted Gross Income, Taxable Income and Base Income Defined; Double Deductions Prohibited; Legislative Intention (IITA Section 203(e), (g) and (h))
- 100.2410 Net Operating Loss Carryovers for Individuals, and Capital Loss and Other Carryovers for All Taxpayers (IITA Section 203)
- 100.2430 Addition and Subtraction Modifications for Transactions with 80-20 and Noncombination Rule Companies
- 100.2435 Addition Modification for Student-Assistance Contribution Credit (IITA Sections 203(a)(2)(D-23), (b)(2)(E-16), (c)(2)(G-15), (d)(2)(D-10))
- 100.2450 IIT Refunds (IITA Section 203(a)(2)(H), (b)(2)(F), (c)(2)(J) and (d)(2)(F))
- 100.2455 Subtraction Modification: Federally Disallowed Deductions (IITA Sections 203(a)(2)(M), 203(b)(2)(I), 203(c)(2)(L) and 203(d)(2)(J))
- 100.2470 Subtraction of Amounts Exempt from Taxation by Virtue of Illinois Law, the Illinois or U.S. Constitutions, or by Reason of U.S. Treaties or Statutes (IITA Sections 203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G))
- 100.2480 Enterprise Zone Dividend Subtraction (IITA Sections 203(a)(2)(J), 203(b)(2)(K), 203(c)(2)(M) and 203(d)(2)(K))
- 100.2490 Foreign Trade Zone/High Impact Business Dividend Subtraction (IITA Sections 203(a)(2)(K), 203(b)(2)(L), 203(c)(2)(O), 203(d)(2)(M))

## SUBPART F: BASE INCOME OF INDIVIDUALS

## Section

- 100.2510 Subtraction for Contributions to Illinois Qualified Tuition Programs (Section 529 Plans) (IITA Section 203(a)(2)(Y))
- 100.2580 Medical Care Savings Accounts (IITA Sections 203(a)(2)(D-5), 203(a)(2)(S) and 203(a)(2)(T))
- 100.2590 Taxation of Certain Employees of Railroads, Motor Carriers, Air Carriers and Water Carriers

## SUBPART G: BASE INCOME OF TRUSTS AND ESTATES

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## Section

- 100.2655 Subtraction Modification for Enterprise Zone and River Edge Redevelopment Zone Interest (IITA Section 203(b)(2)(M))
- 100.2680 Capital Gain Income of Estates and Trusts Paid to or Permanently Set Aside for Charity (Repealed)

## SUBPART I: GENERAL RULES OF ALLOCATION AND APPORTIONMENT OF BASE INCOME

## Section

- 100.3000 Terms Used in Article 3 (IITA Section 301)
- 100.3010 Business and Nonbusiness Income (IITA Section 301)
- 100.3015 Business Income Election (IITA Section 1501)
- 100.3020 Resident (IITA Section 301)

## SUBPART J: COMPENSATION

## Section

- 100.3100 Compensation (IITA Section 302)
- 100.3110 State (IITA Section 302)
- 100.3120 Allocation of Compensation Paid to Nonresidents (IITA Section 302)

## SUBPART K: NON-BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

## Section

- 100.3200 Taxability in Other State (IITA Section 303)
- 100.3210 Commercial Domicile (IITA Section 303)
- 100.3220 Allocation of Certain Items of Nonbusiness Income by Persons Other Than Residents (IITA Section 303)

## SUBPART L: BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

## Section

- 100.3300 Allocation and Apportionment of Base Income (IITA Section 304)
- 100.3310 Business Income of Persons Other Than Residents (IITA Section 304) – In General
- 100.3320 Business Income of Persons Other Than Residents (IITA Section 304) – Apportionment (Repealed)

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- 100.3330 Business Income of Persons Other Than Residents (IITA Section 304) – Allocation
- 100.3340 Business Income of Persons Other Than Residents (IITA Section 304)
- 100.3350 Property Factor (IITA Section 304)
- 100.3360 Payroll Factor (IITA Section 304)
- 100.3370 Sales Factor (IITA Section 304)
- 100.3371 Sales Factor for Telecommunications Services
- 100.3373 Sales Factor for Publishing
- 100.3380 Special Rules (IITA Section 304)
- 100.3390 Petitions for Alternative Allocation or Apportionment (IITA Section 304(f))
- 100.3400 Apportionment of Business Income of Financial Organizations for Taxable Years Ending Prior to December 31, 2008 (IITA Section 304(c))
- 100.3405 Apportionment of Business Income of Financial Organizations for Taxable Years Ending on or after December 31, 2008 (IITA Section 304(c))
- 100.3420 Apportionment of Business Income of Insurance Companies (IITA Section 304(b))
- 100.3500 Allocation and Apportionment of Base Income by Nonresident Partners

## SUBPART M: ACCOUNTING

## Section

- 100.4500 Carryovers of Tax Attributes (IITA Section 405)

## SUBPART N: TIME AND PLACE FOR FILING RETURNS

## Section

- 100.5000 Time for Filing Returns: Individuals (IITA Section 505)
- 100.5010 Place for Filing Returns: All Taxpayers (IITA Section 505)
- 100.5020 Extensions of Time for Filing Returns: All Taxpayers (IITA Section 505)
- 100.5030 Taxpayer's Notification to the Department of Certain Federal Changes Arising in Federal Consolidated Return Years, and Arising in Certain Loss Carryback Years (IITA Section 506)
- 100.5040 Innocent Spouses
- 100.5050 Frivolous Returns
- 100.5060 Reportable Transactions
- 100.5070 List of Investors in Potentially Abusive Tax Shelters and Reportable Transactions
- 100.5080 Registration of Tax Shelters (IITA Section 1405.5)

## SUBPART O: COMPOSITE RETURNS

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## Section

100.5100	Composite Returns: Eligibility
100.5110	Composite Returns: Responsibilities of Authorized Agent
100.5120	Composite Returns: Individual Liability
100.5130	Composite Returns: Required forms and computation of Income
100.5140	Composite Returns: Estimated Payments
100.5150	Composite Returns: Tax, Penalties and Interest
100.5160	Composite Returns: Credits on Separate Returns
100.5170	Composite Returns: Definition of a "Lloyd's Plan of Operation"
100.5180	Composite Returns: Overpayments and Underpayments

## SUBPART P: COMBINED RETURNS

## Section

100.5200	Filing of Combined Returns
100.5201	Definitions and Miscellaneous Provisions Relating to Combined Returns
100.5205	Election to File a Combined Return
100.5210	Procedures for Elective and Mandatory Filing of Combined Returns
100.5215	Filing of Separate Unitary Returns
100.5220	Designated Agent for the Members
100.5230	Combined Estimated Tax Payments
100.5240	Claims for Credit of Overpayments
100.5250	Liability for Combined Tax, Penalty and Interest
100.5260	Combined Amended Returns
100.5265	Common Taxable Year
100.5270	Computation of Combined Net Income and Tax
100.5280	Combined Return Issues Related to Audits

## SUBPART Q: REQUIREMENT AND AMOUNT OF WITHHOLDING

## Section

100.7000	Requirement of Withholding (IITA Section 701)
100.7010	Compensation Paid in this State (IITA Section 701)
100.7020	Transacting Business Within this State (IITA Section 701)
100.7030	Payments to Residents (IITA Section 701)
100.7035	Nonresident Partners, Subchapter S Corporation Shareholders, and Trust Beneficiaries (IITA Section 709.5)
100.7040	Employer Registration (IITA Section 701)

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AUTHORITY: Implementing the Illinois Income Tax Act [35 ILCS 5] and authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401].

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SOURCE: Filed July 14, 1971, effective July 24, 1971; amended at 2 Ill. Reg. 49, p. 84, effective November 29, 1978; amended at 5 Ill. Reg. 813, effective January 7, 1981; amended at 5 Ill. Reg. 4617, effective April 14, 1981; amended at 5 Ill. Reg. 4624, effective April 14, 1981; amended at 5 Ill. Reg. 5537, effective May 7, 1981; amended at 5 Ill. Reg. 5705, effective May 20, 1981; amended at 5 Ill. Reg. 5883, effective May 20, 1981; amended at 5 Ill. Reg. 6843, effective June 16, 1981; amended at 5 Ill. Reg. 13244, effective November 13, 1981; amended at 5 Ill. Reg. 13724, effective November 30, 1981; amended at 6 Ill. Reg. 579, effective December 29, 1981; amended at 6 Ill. Reg. 9701, effective July 26, 1982; amended at 7 Ill. Reg. 399, effective December 28, 1982; amended at 8 Ill. Reg. 6184, effective April 24, 1984; codified at 8 Ill. Reg. 19574; amended at 9 Ill. Reg. 16986, effective October 21, 1985; amended at 9 Ill. Reg. 685, effective December 31, 1985; amended at 10 Ill. Reg. 7913, effective April 28, 1986; amended at 10 Ill. Reg. 19512, effective November 3, 1986; amended at 10 Ill. Reg. 21941, effective December 15, 1986; amended at 11 Ill. Reg. 831, effective December 24, 1986; amended at 11 Ill. Reg. 2450, effective January 20, 1987; amended at 11 Ill. Reg. 12410, effective July 8, 1987; amended at 11 Ill. Reg. 17782, effective October 16, 1987; amended at 12 Ill. Reg. 4865, effective February 25, 1988; amended at 12 Ill. Reg. 6748, effective March 25, 1988; amended at 12 Ill. Reg. 11766, effective July 1, 1988; amended at 12 Ill. Reg. 14307, effective August 29, 1988; amended at 13 Ill. Reg. 8917, effective May 30, 1989; amended at 13 Ill. Reg. 10952, effective June 26, 1989; amended at 14 Ill. Reg. 4558, effective March 8, 1990; amended at 14 Ill. Reg. 6810, effective April 19, 1990; amended at 14 Ill. Reg. 10082, effective June 7, 1990; amended at 14 Ill. Reg. 16012, effective September 17, 1990; emergency amendment at 17 Ill. Reg. 473, effective December 22, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 8869, effective June 2, 1993; amended at 17 Ill. Reg. 13776, effective August 9, 1993; recodified at 17 Ill. Reg. 14189; amended at 17 Ill. Reg. 19632, effective November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. 13365, effective September 27, 1996; amended at 20 Ill. Reg. 14617, effective October 29, 1996; amended at 21 Ill. Reg. 958, effective January 6, 1997; emergency amendment at 21 Ill. Reg. 2969, effective February 24, 1997, for a maximum of 150 days; emergency expired July 24, 1997; amended at 22 Ill. Reg. 2234, effective January 9, 1998; amended at 22 Ill. Reg. 19033, effective October 1, 1998; amended at 22 Ill. Reg. 21623, effective December 15, 1998; amended at 23 Ill. Reg. 3808, effective March 11, 1999; amended at 24 Ill. Reg. 10593, effective July 7, 2000; amended at 24 Ill. Reg. 12068, effective July 26, 2000; emergency amendment at 24 Ill. Reg. 17585, effective November 17, 2000, for a

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maximum of 150 days; amended at 24 Ill. Reg. 18731, effective December 11, 2000; amended at 25 Ill. Reg. 4640, effective March 15, 2001; amended at 25 Ill. Reg. 4929, effective March 23, 2001; amended at 25 Ill. Reg. 5374, effective April 2, 2001; amended at 25 Ill. Reg. 6687, effective May 9, 2001; amended at 25 Ill. Reg. 7250, effective May 25, 2001; amended at 25 Ill. Reg. 8333, effective June 22, 2001; amended at 26 Ill. Reg. 192, effective December 20, 2001; amended at 26 Ill. Reg. 1274, effective January 15, 2002; amended at 26 Ill. Reg. 9854, effective June 20, 2002; amended at 26 Ill. Reg. 13237, effective August 23, 2002; amended at 26 Ill. Reg. 15304, effective October 9, 2002; amended at 26 Ill. Reg. 17250, effective November 18, 2002; amended at 27 Ill. Reg. 13536, effective July 28, 2003; amended at 27 Ill. Reg. 18225, effective November 17, 2003; emergency amendment at 27 Ill. Reg. 18464, effective November 20, 2003, for a maximum of 150 days; emergency expired April 17, 2004; amended at 28 Ill. Reg. 1378, effective January 12, 2004; amended at 28 Ill. Reg. 5694, effective March 17, 2004; amended at 28 Ill. Reg. 7125, effective April 29, 2004; amended at 28 Ill. Reg. 8881, effective June 11, 2004; emergency amendment at 28 Ill. Reg. 14271, effective October 18, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 14868, effective October 26, 2004; emergency amendment at 28 Ill. Reg. 15858, effective November 29, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 2420, effective January 28, 2005; amended at 29 Ill. Reg. 6986, effective April 26, 2005; amended at 29 Ill. Reg. 13211, effective August 15, 2005; amended at 29 Ill. Reg. 20516, effective December 2, 2005; amended at 30 Ill. Reg. 6389, effective March 30, 2006; amended at 30 Ill. Reg. 10473, effective May 23, 2006; amended by 30 Ill. Reg. 13890, effective August 1, 2006; amended at 30 Ill. Reg. 18739, effective November 20, 2006; amended at 31 Ill. Reg. 16240, effective November 26, 2007; amended at 32 Ill. Reg. 872, effective January 7, 2008; amended at 32 Ill. Reg. 1407, effective January 17, 2008; amended at 32 Ill. Reg. 3400, effective February 25, 2008; amended at 32 Ill. Reg. 6055, effective March 25, 2008; amended at 32 Ill. Reg. 10170, effective June 30, 2008; amended at 32 Ill. Reg. 13223, effective July 24, 2008; amended at 32 Ill. Reg. 17492, effective October 24, 2008; amended at 33 Ill. Reg. 1195, effective December 31, 2008; amended at 33 Ill. Reg. 2306, effective January 23, 2009; amended at 33 Ill. Reg. 14168, effective September 28, 2009; amended at 33 Ill. Reg. 15044, effective October 26, 2009; amended at 34 Ill. Reg. 550, effective December 22, 2009; amended at 34 Ill. Reg. 3886, effective March 12, 2010; amended at 34 Ill. Reg. 12891, effective August 19, 2010; amended at 35 Ill. Reg. 4223, effective February 25, 2011; amended at 35 Ill. Reg. 15092, effective August 24, 2011; amended at 36 Ill. Reg. 2363, effective January 25, 2012; amended at 36 Ill. Reg. 9247, effective June 5, 2012; amended at 37 Ill. Reg. 5823, effective April 19, 2013; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART E: ADDITIONS TO AND SUBTRACTIONS FROM TAXABLE INCOME OF  
INDIVIDUALS, CORPORATIONS, TRUSTS AND ESTATES AND PARTNERSHIPS

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**Section 100.2470 Subtraction of Amounts Exempt from Taxation by Virtue of Illinois Law, the Illinois or U.S. Constitutions, or by Reason of U.S. Treaties or Statutes (IITA Sections 203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G))**

- a) In calculating base income, taxpayers are entitled to subtract *an amount equal to all amounts included in such total which are exempt from taxation by this State either by reason of its statutes or Constitution or by reason of the Constitution, treaties or statutes of the United States; provided that, in the case of any statute of this State that exempts income derived from bonds or other obligations from the tax imposed under this Act, the amount exempted shall be the interest net of bond premium amortization* (IITA 203(a)(2)(N)). There are also provisions of Illinois law that exempt the income of certain obligations of state and local governments from Illinois income taxation (see subsection (f)).
- b) Interest on obligations of the United States. A federal statute exempts stocks and obligations of the United States Government, as well as the interest on the ~~obligations~~obligation(s), from state income taxation (see 31 USCA 3124(a)).
- 1) "Obligations of the United States" are those obligations issued "to secure credit to carry on the necessary functions of government." *Smith v. Davis* (1944) 323 U.S. 111, 119, 89 L. Ed. 107, 113, 65 S. Ct. 157, 161. The exemption is aimed at protecting the "Borrowing" and "Supremacy" clauses of the Constitution. *Society for Savings v. Bowers* (1955) 349 U.S. 143, 144, 99 L. Ed. 2d 950, 955, 75 S. Ct. 607, 608. *Hibernia v. City and County of San Francisco* (1906) 200 U.S. 310, 313, 50 L. Ed. 495, 496, 26 S. Ct. 265, 266.
- A) Tax-exempt credit instruments possess the following characteristics:
- i) they are written documents;~~;~~
- ii) they bear interest;~~;~~
- iii) they are binding promises by the United States to pay specified sums at specified dates;~~;~~~~and~~

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- iv) they have congressional authorization which also pledges the faith and credit of the United States in support of the promise to pay. *Smith v. Davis, supra.*
  - B) A governmental obligation that is secondary, indirect, or contingent, such as a guaranty of a nongovernmental obligor's primary obligation to pay the principal amount of and interest on a note, is not an obligation of the type exempted under 31 USC Section 3124(a). *Rockford Life Ins. Co. v. Department of Revenue, 107 S. Ct. 2312 (1987).*
- 2) Based on the above, the following types of income are exempt under 31 USCA Section 3124(a):
- A) Interest on U.S. Treasury bonds, notes, bills, certificates, and savings bonds.
  - B) Income from GSA Public Building Trust Participation Certificates: First Series, Series A through E; Second Series, Series F; Third Series, Series G; Fourth Series H and I.
- c) Income exempted by reason of other federal statutes. Federal statutes provide exemption from state income taxation with respect to various specifically named types of income. Following is a list (intended to be exhaustive) of exempt income and the specific statutes to which each item relates:
- 1) Banks for Cooperatives – Income from notes, debentures, and other obligations issued by Banks for Cooperatives (12 USCA 2134).
  - 2) Commodity Credit Corporation – Interest derived from bonds, notes, debentures, and other similar obligations issued by Commodity Credit Corporation (15 USCA 713a-5).
  - 3) Farm Credit System Financial Assistance Corporation (Financial Assistance Corporation) – Income from notes, bonds, debentures, and other obligations issued by the Financial Assistance Corporation (12 USCA 2278b-10(b)).

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- 4) Federal Deposit Insurance Corporation – Interest derived from notes, debentures, bonds, or other such obligations issued by Federal Deposit Insurance Corporation (12 USCA 1825).
- 5) Federal Farm Credit Banks – Income from consolidated system-wide notes, bonds, debentures, and other obligations issued jointly and severally under 12 USCA 2153 by Banks of the Federal Farm Credit System (12 USCA 2023; 12 USCA 207; 12 USCA 2098; and 12 USCA 2134).
- 6) Federal Home Loan Banks – Interest derived from notes, debentures, bonds, and other such obligations issued by Federal Home Loan Banks and from consolidated Federal Home Loan bonds and debentures (12 USCA 1433).
- 7) Federal Intermediate Credit Banks – Income from notes, debentures, bonds, and other obligations issued by Federal Intermediate Credit Banks (12 USCA 2079).
- 8) Federal Land Banks and Federal Land Bank Association – Income from notes, debentures, bonds, and other obligations issued by Federal Land Banks and Federal Land Bank Associations (12 USCA 2055).
- 9) Federal Savings and Loan Insurance Corporation – Interest derived from notes, bonds, debentures, and other such obligations issued by Federal Savings and Loan Insurance Corporation (12 USCA 1725(e)).
- 10) Financing Corporation (FICO) – Income from obligations issued by the Financing Corporation (12 USCA 1441(e)(8)).
- 11) General Insurance Fund
  - A) Interest derived from debentures issued by General Insurance Fund under the War Housing Insurance Law (12 USCA 1739(d)); or
  - B) Interest derived from debentures issued by General Insurance Fund to acquire rental housing projects (12 USCA 1747g(g)); or

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- C) Interest derived from Armed Services Housing Mortgage Insurance Debentures issued by the General Insurance Fund (12 USCA Section 1748b(f)).
- 12) Guam – Interest derived from bonds issued by the government of Guam (48 USCA 1423a). This income is not presently included in federal taxable income. Under Illinois law, it must be added back to federal taxable income and then claimed as a subtraction on an Illinois income tax return.
- 13) Mutual Mortgage Insurance Fund – Income from such debentures as are issued in exchange for property covered by mortgages insured after February 3, 1988 (12 USCA 1710(d)). This income is not presently included in federal taxable income. Under Illinois law, it must be added back to federal taxable income and then claimed as a subtraction on an Illinois income tax return.
- 14) National Credit Union Administration Central Liquidity Facility – Income from the notes, bonds, debentures, and other obligations issued on behalf of the Central Liquidity Facility (12 USCA 1795K(b)).
- 15) Production Credit Association – Income from notes, debentures, and other obligations issued by Production Credit Association (12 USCA 2098).
- 16) Puerto Rico – Interest derived from bonds issued by the Government of Puerto Rico (48 USCA 745). This income is not presently included in federal taxable income. Under Illinois law, it must be added back to federal taxable income and then claimed as a subtraction on an Illinois income tax return.
- 17) Railroad Retirement Act – Annuity and supplemental annuity payments as qualified under the Railroad Retirement Act of 1974 (45 USCA 231m). Please be sure to use the line specified on your Illinois return for this item.
- 18) Railroad Unemployment Insurance Act – Unemployment benefits paid pursuant to the Railroad Unemployment Insurance Act (45 USCA 352(e)).
- 19) Resolution Funding Corporation – Interest from obligations issued by the Resolution Funding Corporation (12 USCA 1441b(f)(7)(A)).

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- 20) Special Food Service Program – Assistance to children under the Special Food Service Program (42 USCA 1760(e)).
  - 21) Student Loan Marketing Association – Interest derived from obligations issued by the Student Loan Marketing Association (20 USCA 1087-2(h)(221)).
  - 22) Tennessee Valley Authority – Interest derived from bonds issued by the Tennessee Valley Authority (16 USCA 831n-4(d)).
  - 23) United States Postal Service – Interest derived from obligations issued by the United States Postal Service (39 USCA 2005(d)(4)).
  - 24) Virgin Islands – Interest derived from bonds issued by the Government of the Virgin Islands (48 USCA 1574(b)(ii)(A)). This income is not presently included in income taxable federally. Under Illinois law, it must be added back to federal taxable income and then claimed as a subtraction on an Illinois income tax return.
  - 25) American Samoa – Interest on bonds issued by the Government of American Samoa (48 USCA 1670(b)).
  - 26) Northern Mariana Islands – Interest on bonds issued by the Government of the Northern Mariana Islands (48 USCA 1801 note).
- d) Distributions from money market trusts (mutual funds). Taxpayers may subtract income received from any of the obligations listed in subsections (b) and (c), even if the obligations are owned indirectly through owning shares in a mutual fund.
- 1) If the fund invests exclusively in these state tax exempt obligations, the entire amount of the distribution (income) from the fund may be subtracted.
  - 2) If the fund invests in both exempt and non-exempt obligations, the amount represented by the percentage of the distribution that the mutual fund identifies as exempt may be subtracted.

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- 3) If the mutual fund does not identify an exempt amount or percentage, taxpayers may figure the subtraction by multiplying the distribution by the following fraction: as the numerator, the amount invested by the fund in state-exempt U.S. obligations; as the denominator, the fund's total investment. Use the year-end amounts to figure the fraction if the percentage ratio has remained constant throughout the year. If the percentage ratio has not remained constant, take the average of the ratios from the fund's quarterly financial reports.
- e) Getting a refund of tax you already paid. If you paid Illinois income tax on these state tax exempt distributions, you may file an amended return (IL-1040-X) to claim a refund for any year still within the statute of limitations.
- f) Interest on obligations of state and local governments. Income from state and local obligations is not exempt from Illinois income tax except where authorizing legislation adopted after August 1, 1969, specifically provides for an exemption. To date, authorizing legislation provides exemption for the income from the securities listed below. Taxpayers must show income from these exempt bonds as an addition and then as a subtraction on the Illinois income tax return. Income from these bonds is not exempt if the bonds are owned indirectly through owning shares in a mutual fund.
  - 1) Notes and bonds issued by the Illinois Housing Development Authority (except housing-related commercial facilities notes and bonds) [20 ILCS 3805/31].
  - 2) Bonds authorized pursuant to the Export Development Act of 1983 (former Ill. Rev. Stat. 1991, ch. 127, par. 2513, repealed by P.A. 87-860, effective July 1, 1992).
  - 3) Bonds issued by the Illinois Development Finance Authority pursuant to Sections 7.50 ~~through~~ 7.61 (venture fund and infrastructure bonds) [20 ILCS 3505/7.61], (repealed by P.A. 93-205, effective January 1, 2004, which provides in 20 ILCS 3501/845-60 that bonds issued under this provision continue to be exempt from taxation)].
  - 4) Bonds and notes issued by the Quad Cities Regional Economic Development Authority, if the Authority so determines [70 ILCS 510/11 ~~and~~, 510/13 ~~and~~ 70 ILCS; 515/11; and ~~515/12~~].

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- 5) College Savings Bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act [110 ILCS 920/7].
- 6) Bonds issued by the Illinois Sports Facilities Authority [70 ILCS 3205/15].
- 7) Bonds issued on or after September 2, 1988, pursuant to the Higher Education Student Assistance Act [110 ILCS 947/145] (transferred from 105 ILCS 5/30-15.18 by P.A. 87-997).
- 8) Bonds issued by the Illinois Development Finance Authority or the Illinois Finance Authority under the Asbestos Abatement Finance Act [20 ILCS 3510/8].
- 9) Bonds and notes issued under the Rural Bond Bank Act [30 ILCS 360/3-12]; (repealed by P.A. 93-205, effective January 1, 2004, which provides in 20 ILCS 3501/845-60 that bonds issued under this provision continue to be exempt from taxation).
- 10) Bonds issued pursuant to Sections 7.80 through- 7.87 of the Illinois Development Finance Authority Act [20 ILCS 3505/7-86]; (repealed by P.A. 93-205, effective January 1, 2004, which provides in 20 ILCS 3501/845-60 that bonds issued under this provision continue to be exempt from taxation).
- 11) Bonds issued by the Quad Cities Interstate Metropolitan Authority under the Quad Cities Interstate Metropolitan Authority Act [45 ILCS 35/110].
- 12) Bonds issued by the Southwestern Illinois Development Authority pursuant to the Southwestern Illinois Development Authority Act [70 ILCS 520/7.5].
- 13) Bonds issued by the Illinois Finance Authority under the Local Government Article and the Financially Distressed City Program in the Illinois Finance Authority Act [20 ILCS 3501/820-60 and 825-55].

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- 14) Illinois Power Agency bonds issued by the Illinois Finance Authority under the Other Powers Article of the Illinois Finance Authority Act [20 ILCS 3501/825-90], if the Authority so determines.
- 15) Bonds issued by the Central Illinois Economic Development Authority under the Central Illinois Economic Development Authority Act [70 ILCS 506/40], if the Authority so determines.
- 16) Bonds issued by the Eastern Illinois Economic Development Authority under the Eastern Illinois Economic Development Authority Act [70 ILCS 506/40], if the Authority so determines.
- 17) Bonds issued by the Southeastern Illinois Economic Development Authority under the Southeastern Illinois Economic Development Authority Act [70 ILCS 518/40], if the Authority so determines.
- 18) Bonds issued by the Southern Illinois Economic Development Authority under the Southern Illinois Economic Development Authority Act [70 ILCS 519/5-45], if the Authority so determines.
- 19) Bonds issued by the Upper Illinois River Valley Development Authority under the Upper Illinois River Valley Development Authority Act [70 ILCS 530/7.1], if the Authority so determines.
- 20) Bonds issued by the Illinois Urban Development Authority under the Illinois Urban Development Authority Act [70 ILCS 531/11], if the Authority so determines.
- 21) Bonds issued by the Western Illinois Economic Development Authority under the Western Illinois Economic Development Authority Act [70 ILCS 532/45], if the Authority so determines.
- 22) Bonds issued by the Downstate Illinois Sports Facilities Authority under the Downstate Illinois Sports Facilities Authority Act [70 ILCS 3210/60], if the Authority so determines.
- 23) Bonds issued by the Will-Kankakee Regional Development Authority under the Will-Kankakee Regional Development Authority Law [70 ILCS 535/14], if the Authority so determines.

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- g) Other income exempt from Illinois income taxation by reason of Illinois statute:
- 1) Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act [815 ILCS 390/16]. Section 16(f) of the Illinois Pre-Need Cemetery Sales Act provides that: *because it is not known at the time of deposit or at the time that income is earned on the trust account to whom the principal and the accumulated earnings will be distributed, for purposes of determining the Illinois Income Tax due on these trust funds, the principal and any accrued earnings or losses relating to each individual account shall be held in suspense until the final determination is made as to whom the account shall be paid.*
  - 2) Income in the form of education loan repayments made for primary care physicians who agree to practice in designated shortage areas for a specified period of time under the terms of the Family Practice Residency Act [110 ILCS 935/4.10].
  - 3) Income earned by nuclear decommissioning trusts established pursuant to Section 8-508.1 of the Public Utilities Act [220 ILCS 5/8-508.1]. The terms "*Decommissioning trust*" or "*trust*" means a fiduciary account in a bank or other financial institution established to hold the decommissioning funds provided pursuant to Section 8-508.1(b)(2) of the Public Utilities Act for the eventual purpose of paying decommissioning costs, which shall be separate from all other accounts and assets of the public utility establishing the trust. [220 ILCS 5/8-508.1(a)(3)]
  - 4) Income from the Illinois prepaid tuition program, other than disbursements to beneficiaries which are not used in accordance with the applicable prepaid tuition contract under the Illinois Prepaid Tuition Act [110 ILCS 979]. The Illinois prepaid tuition program was created in 1997 for the express purpose of allowing savings for higher education to earn tax-exempt returns under ~~section~~Section 529 of the Internal Revenue Code. If a prepaid tuition contract qualifies under ~~section~~Section 529, earnings on contributions made to the Illinois Prepaid Tuition Trust Fund under the contract are exempt from federal income taxation (and therefore Illinois income taxation) until distributed. The legislative intent in creating the Illinois prepaid tuition program does not guarantee that every prepaid tuition contract will qualify under ~~section~~Section 529 and there is no

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guarantee that ~~section~~Section 529 will continue in effect. However, Section 55 of the Illinois Prepaid Tuition Act [110 ILCS 979/55] provides that *assets of the Illinois Prepaid Tuition Trust Fund and its income and operation shall be exempt from all taxation by the State and that disbursements to a beneficiary shall be similarly exempt from all taxation by the State of Illinois and any of its subdivisions, so long as they are used for educational purposes in accordance with the provisions of an Illinois prepaid tuition contract.* Under this provision, any undistributed earnings of the Illinois Prepaid Tuition Trust which are included in a taxpayer's federal taxable income or adjusted gross income because a prepaid tuition contract does not qualify under ~~section~~Section 529 may be subtracted in computing the taxpayer's base income, and all disbursements included in a beneficiary's adjusted gross income may be subtracted to the extent used in accordance with the Illinois prepaid tuition contract under which the disbursements are made, regardless of whether the prepaid tuition contract qualifies under ~~section~~Section 529.

- 5) Income from the College Savings Pool, other than disbursements to beneficiaries that are not used to pay qualified expenses under the State Treasurer Act [15 ILCS 505/16.5]. Under the State Treasurer Act, distributions from the College Savings Pool must generally be used for *qualified expenses*, which are defined to mean *tuition, fees, and the costs of books, supplies, and equipment required for enrollment or attendance at an eligible educational institution and certain room and board expenses.* Distributions made for qualified expenses must be made *directly to the eligible educational institution, directly to a vendor, or in the form of a check payable to both the beneficiary and the institution or vendor.* The College Savings Pool was created in ~~PA~~Public Act 91-607 for the express purpose of allowing savings for higher education to earn tax-exempt returns under ~~section~~Section 529 of the Internal Revenue Code. If an investment in the College Savings Pool qualifies under ~~section~~Section 529, earnings on that investment are exempt from federal income taxation (and therefore Illinois income taxation) until distributed. The legislative intent in creating the College Savings Pool does not guarantee that investments will qualify under ~~section~~Section 529 and there is no guarantee that Section 529 will continue in effect. However, the State Treasurer Act [15 ILCS 505/16.5], as amended in ~~PA~~Public Act 91-829, provides that *assets of the College Savings Pool and its income and operation shall be exempt from all taxation by the State and that*

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disbursements to a beneficiary *shall be similarly exempt from all taxation by the State of Illinois and any of its subdivisions, so long as they are used for qualified expenses.* Under this provision, any undistributed earnings of the College Savings Pool that are included in a taxpayer's federal taxable income or adjusted gross income because a College Savings Pool investment does not qualify under ~~section~~[Section](#) 529 may be subtracted in computing the taxpayer's base income, and all disbursements included in a beneficiary's adjusted gross income may be subtracted to the extent used to pay qualified expenses, regardless of whether the College Savings Pool investment qualifies under ~~section~~[Section](#) 529.

- 6) Income earned on investments made pursuant to the Home Ownership Made Easy Program [310 ILCS 55/5.1].
- 7) Up to \$2,000 of income derived by individuals from investments made in accordance with College Savings Programs established under [Section 75 of the Higher Education Student Assistance Act \[110 ILCS 947/75\]](#). [This subtraction is allowed only for taxable years ending prior to August 9, 2013, the effective date of PA 98-0251, which repealed Section 75 of the Higher Education Student Assistance Act-former Section 30-15.8\(a\) \[105 ILCS 5/30-15.8\(a\)\] \(see subsection \(f\)\(7\)\).](#)
- h) Income not exempt from Illinois income taxation. The following types of income are not exempt from Illinois income taxation:
  - 1) Income from securities commonly known as GNMA "Pass-Through Securities" and also known as GNMA "Mortgage-Backed Securities" issued by approved issuers under 12 USCA 1721(g) and guaranteed by GNMA under 12 USCA 1721(g) (Rockford Life Insurance Co. v. Department of Revenue, 112 Ill.2d 174, 492 N.E. 2d 1278 (1986), reh. den. June 2, 1986) and income from debentures, notes, and bonds issued by the Federal National Mortgage Association including mortgage-backed bonds issued under authority of 12 USCA 1719(d) and guaranteed by GNMA under 12 USCA 1721(g).
  - 2) Accumulated interest on Internal Revenue Service tax refunds. Illinois Department of Revenue Letter Ruling No. 86-0640, dated July 11, 1986, citing Glidden Co. v. Glander, 151 Ohio St. 344, 86 N.E. 2d 1, 9 A.L.R. 2d 515 (1949).

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- 3) Income from U.S. securities acquired by a taxpayer under a repurchase agreement ("repo") with a bank or similar financial organization. The Department takes the position that, for income tax purposes, such agreements are generally to be treated as loans. That is, the taxpayer "loans" money to the bank and receives interest in return. The securities subject to repurchase by the bank serve as collateral for the loan. The bank remains legally entitled to receive the interest payments from the issuing authority and remains the actual owner of the securities. Therefore, any tax benefit attributable to the "exempt" income paid by the issuing authority accrues to the bank and not to the investor.
- 4) Section 514(a) of the Employee Retirement Income Security Act of 1974 (ERISA, 29 USC 1144(a)) does not preempt the taxation of unrelated business income of an Employee Benefit Plan governed by ERISA. *Buono v. NYSA-ILA Medical and Clinical Services Fund*, 520 U.S. 806, 808 (1997). Taxpayers that relied upon the Department's letter rulings IT 90-0073, IT 93-0017 and IT 93-0187, prior to July 1, 2002, shall not incur liability for taxes or penalties pursuant to Section 4(c) of the Taxpayers' Bill of Rights Act [20 ILCS 2520].
  - i) Method for computing the subtraction of exempt income. The Department emphasizes that before a taxpayer may subtract an item of exempt income, the taxpayer must be sure that he or she has included the item in Illinois income. Some tax-exempt items are "automatically" included in base income because they are included in federal adjusted gross income, which is a part of base income. Interest on U.S. Treasury notes is in this category. Other exempt items must be included as an addition on the Illinois tax return in figuring base income. In other words, the taxpayer must list certain tax-exempt items as additions and then as subtractions in figuring base income. Interest on the state and local government bonds described in subsection (f) is in this category.

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

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- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
665.105	Amended
665.115	Amended
665.240	Amended
665.APPENDIX F	New
- 4) Statutory Authority: Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], Section 2 of the Communicable Disease Prevention Act [410 ILCS 315], and Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2]
- 5) Effective Date of Rulemaking: August 16, 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 rulemaking, 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 Rulemaking published in the *Illinois Register*: January 4, 2013; 37 Ill. Reg. 60
- 10) Has JCAR issued a Statement of Objection to this rulemaking? Yes
  - A) Statement of Objection: July 26, 2013; 37 Ill. Reg. 12114
  - B) Agency Response: Agreement, 37 Ill. Reg. 13952
  - C) Date Agency Response Submitted for Approval to JCAR: August 7, 2013
- 11) Differences between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

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1. Section 665.105, under definition of Health care provider, and following "School Code" insert "and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975."
2. Section 665.105, insert the following definition: "Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975".
3. Section 665.240 a), insert the following requirement: "7) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) of this Section shall be submitted prior to the school years in which the child reaches the ages of 11 and 15."
4. Section 665.240 d), insert "Beginning with the school year 2014-2015," before "Children entering school at any grade level"; change "Children" to "children".
5. Section 665.240 e), insert "Beginning with the school year 2014-2015," before "Children entering school at any grade level"; change "Children" to "children".

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

1. Citations were stricken or deleted after the following definitions in Section 665.105: "Advanced practice nurse" , "Certified Vision Screener" , "Dentist", "Health care provider" ,"Optometrist", "Physician", "Physician assistant", "Registered nurse", "Vision screening".
2. Existing Section 665.115 was added to the rulemaking and a reference to the "Illinois Pharmacy Practice Act of 1975 [225 ILCS 85]" was added to that Section.
3. In Section 665.Appendix F, change table symbol " $\pi$ " and footnote nomenclature to superscript "1".

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

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No

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- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Existing rules specify required immunizations and acceptable exemptions for children attending child care facilities, children entering school-operated programs below

kindergarten level and kindergarten through twelfth grades. Changes to the immunizations rules will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP).

Current requirements for Mumps, Rubella and Varicella vaccines reflect only receipt of one dose of each. Originally, one dose of the Measles-Mumps-Rubella (MMR) vaccine was recommended. In 1989, the American Academy of Family Physicians, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices changed the recommendation to two doses. As a result, Illinois established the routine two-dose measles vaccine requirement in 1990. Single antigen products for mumps and rubella vaccines are no longer available in the U.S., making the MMR vaccine the only recommended product of use. Therefore, a two-dose schedule for mumps and rubella vaccines is consistent with all nationally recognized medical practices.

Varicella vaccine has been required for school entry since July 2002. In June 2006, ACIP approved a routine two-dose recommendation for children. The first dose should be administered at age 12 to 15 months and the second dose at age four to six years. The rationale for the second dose of varicella vaccine for children is to further decrease varicella disease and its complications in the United States. Despite the successes of the one-dose vaccination program in children, vaccine effectiveness has not been sufficient to prevent varicella outbreaks, which, although less than in the pre-vaccine era, have continued to occur in highly vaccinated school populations. Breakthrough varicella is contagious. The recommended ages for routine first (at age 12 to 15 months) and second (at age four to six years) doses of varicella vaccine are harmonized with the recommendations for MMR vaccine use. The proposed amendment will align the vaccination requirements with existing mandatory physical examination requirements at 6<sup>th</sup> grade and ensure that older students receive "catch-up" vaccinations at the time of the next required physical examination required for school entry at 9<sup>th</sup> grade. At least 33

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other states have already instituted requirements for receipt of a second dose of varicella vaccine.

In addition, pneumococcal conjugate vaccine is required for children attending pre-school and/or day care facilities operated by school districts. Public Act 095-0159 was signed into law on August 14, 2007 and provides IDPH with the authority to prescribe rules. The Act requires that children under age two attending a day care facility shall receive the age appropriate series of pneumococcal conjugate vaccine, known as Prevnar, as recommended by the Advisory Committee on Immunization Practices. Definitions are being amended and added to eliminate the need for repetitive language in the rules.

- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER i: MATERNAL AND CHILD HEALTH

PART 665  
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

- Section
- 665.100 Statutory Authority (Repealed)
- 665.105 Definitions
- 665.110 General Considerations (Repealed)
- 665.115 Referenced Materials

SUBPART B: HEALTH EXAMINATION

- Section
- 665.120 Health Examination Requirements
- 665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination
- 665.140 Timetable for Examinations
- 665.150 Report Forms
- 665.160 Proof of Examination
- 665.210 Proof of Immunizations
- 665.220 Local School Authority (Repealed)
- 665.230 School Entrance
- 665.240 Basic Immunization
- 665.250 Proof of Immunity
- 665.260 Booster Immunizations
- 665.270 Compliance with the School Code
- 665.280 Physician Statement of Immunity
- 665.290 List of Non-immunized Students

SUBPART C: VISION AND HEARING SCREENING

- Section
- 665.310 Vision and Hearing Screening

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## SUBPART D: DENTAL EXAMINATION

## Section

665.410	Dental Examination Requirement
665.420	Dental Examination Timetable
665.430	Dental Examination
665.440	Guidelines (Repealed)
665.450	Waiver of Dental Examination Requirement

## SUBPART E: EXCEPTIONS

## Section

665.510	Objection of Parent or Legal Guardian
665.520	Medical Objection

## SUBPART F: EYE EXAMINATION

## Section

665.610	Eye Examination Requirement
665.620	Vision Examination (Repealed)
665.630	Eye Examination Report
665.640	Indigent Students (Repealed)
665.650	Waiver of Eye Examination Requirement

## SUBPART G: DIABETES SCREENING

## Section

665.700	Diabetes Screening Requirement
665.710	Diabetes Screening
665.720	Testing Recommendations

665.APPENDIX A	Illinois Department of Public Health Eye Examination Report
665.APPENDIX B	Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)
665.APPENDIX C	Illinois Department of Public Health Eye Examination Waiver Form
665.APPENDIX D	Illinois Department of Public Health Dental Examination Form
665.APPENDIX E	Illinois Department of Public Health Dental Examination Waiver Form
<u>665.APPENDIX F</u>	<u>Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)</u>

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AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2] and Section 2 of the Communicable Disease Prevention Act [40 ILCS 315/2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency expired October 26, 2008; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; emergency expired November 2, 2008; amended at 33 Ill. Reg. 7011, effective May 11, 2009; amended at 33 Ill. Reg. 8459, effective June 8, 2009; amended at 35 Ill. Reg. 16723, effective September 27, 2011; amended at 37 Ill. Reg. 13912, effective August 16, 2013.

## SUBPART A: GENERAL PROVISIONS

**Section 665.105 Definitions**

~~The following terms have the meaning ascribed to them here whenever the term is used in this Part:~~

Advanced practice nurse – a person who is licensed as an advanced practice nurse under a person who is licensed as an advanced practice nurse under the Nurse Practice Act ~~[225 ILCS 65]. (Section 15-5 of the Nurse Practice Act)~~

Attendance center – an individual building or site responsible for taking and maintaining attendance records of students.

Body mass index or (BMI) – the result of a calculation of weight and height measurement used to determine whether an individual's weight is appropriate for

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~~his or her~~~~his/her~~ height. Body mass index is calculated by dividing weight in pounds by height in inches squared times 703 (wt (lbs)/ht (in<sup>2</sup>) X 703).

Certified vision screener – a person who has been trained by the Illinois Department of Public Health and who holds a current and valid certification from the Department as a vision screener in accordance with ~~the~~ Illinois Child Vision and Hearing Test Act ~~[410 ILCS 205]~~.

Dental examination – an examination, performed by a dentist, that includes, at a minimum, oral health status and treatment needs.

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act ~~[225 ILCS 25]~~.

Department or IDPH – the Illinois Department of Public Health.

Eye examination – an examination, performed by an optometrist or a physician who provides eye examinations, that includes, *at a minimum, history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that, in the professional judgment of the physician or optometrist, are necessary.* (Section 27-8.1(2) of the School Code)

Glaucoma evaluation – an examination that includes the measurement by instrumentation of the intraocular pressure of the eye, and other tests focused on the optic nerve, as needed.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987 ~~[225 ILCS 80]~~.

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Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975.

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987 ~~{225 ILCS 60}~~.

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987 ~~{225 ILCS 95}~~.

Proof of immunity – documented evidence of the child's having received a vaccine verified by a health care provider, laboratory evidence or proof of disease as described in Section 665.250(b).

Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act ~~{225 ILCS 65}~~.

School program – nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district.

Subjective refraction – determining the best visual status of the patient using ophthalmic lenses with directed patient response.

~~"Vision screening" – for purposes of this Part, refers to~~ mandated vision screening by Department-certified vision screeners under the Child Vision and Hearing Test Act and the Department's rules titled Vision Screening ~~(77 Ill. Adm. Code 685)~~. Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

~~"Visual acuity testing"~~ – a measurement of the resolving power of the human eye using standardized testing conditions, usually by distinguishing standardized targets such as letters or children's symbols. It is done far at 20 feet and near at 16 inches without correction, with the present refractive correction, and with best correction by examination, and includes monocular and binocular findings.

(Source: Amended at 37 Ill. Reg. 13912, effective August 16, 2013)

**Section 665.115 Referenced Materials**

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The following materials are referenced in this Part:

- a) Illinois Statutes:
- 1) Child Vision and Hearing Test Act [410 ILCS 205]
  - 2) Medical Practice Act of 1987 [225 ILCS 60]
  - 3) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
  - 4) School Breakfast and Lunch Program Act [105 ILCS 125]
  - 5) Illinois Dental Practice Act [225 ILCS 25]
  - 6) Nurse Practice Act [225 ILCS 65]
  - 7) Physician Assistant Practice Act of 1987 [225 ILCS 95]
  - 8) Lead Poisoning Prevention Act [410 ILCS 45]
  - 9) [Illinois Pharmacy Practice Act of 1975 \[225 ILCS 85\]](#).
- b) Illinois Administrative Rules
- 1) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
  - 2) Vision Screening (77 Ill. Adm. Code 685)
  - 3) Hearing Screening (77 Ill. Adm. Code 675)
  - 4) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
  - 5) Immunization Code (77 Ill. Adm. Code 695)

(Source: Amended at 37 Ill. Reg. 13912, effective August 16, 2013)

SUBPART B: HEALTH EXAMINATION

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**Section 665.240 Basic Immunization**

- a) Diphtheria, Pertussis, Tetanus
- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall be at least six months.
  - 2) Any child entering kindergarten or first grade for the first time shall show proof (~~see Section 665.250(b)~~) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall be at least six months. Children ~~six~~6 years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
  - 3) Any child entering school at a grade level not included in subsection (a)(1) or (2) ~~of this Section~~ shall show proof (~~see Section 665.250(b)~~) of ~~having received~~receiving three or more doses of DTP, DTaP, pediatric DT or adult Tetanus ~~and~~ Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~or final~~ doses shall be at least six months.
  - 4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 665.520.
  - 5) Beginning with school year 2011-~~2012~~12, any child entering sixth grade shall show proof (~~see Section 665.250(b)~~) of ~~having received~~receiving one

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dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.

- 6) Students entering grades seven through 12 who have not already received Tdap are required to receive ~~one~~ Tdap dose regardless of the interval since the last DTaP, DT or Td dose.

7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.

b) Polio

- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). Doses in the series shall have been received no less than four weeks (28 days) apart.

- 2) Any child entering school at any grade level (~~kindergarten through K-12~~) shall show proof (~~see Section 665.250(b)~~) of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.

c) Measles

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- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received one dose of live measles virus vaccine on or after the first birthday, or other proof of immunity described in Section 665.250(c).
  - 2) Children entering school at any grade level (kindergarten through K-12) shall show ~~proofevidenece~~ of having received two doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first or other proof of immunity described in Section 665.250(c).
  - 3) For students attending school programs where grade levels (kindergarten through K-12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (c)(2) ~~of this Section~~ shall be submitted prior to the school yearsyear in which the child reaches the ages of five, ~~11+0~~, and 15.
- d) Rubella
- 1) Any child two years of age or older entering a school program ~~at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~, shall show proof (~~see Section 665.250(b)~~) of having receivedreceiving at least one dose of live rubella virus vaccine on or after the first birthday. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250(d)).
  - 2) Beginning with the school year 2014-2015, children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).
  - 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (d)(2)

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shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

## e) Mumps

- 1) Any child two years of age or older entering a school program ~~at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district,~~ shall show proof (see Section 665.250(b)) of ~~having received~~receiving at least one dose of live mumps virus vaccine on or after the first birthday. Proof of disease, if verified by a physician, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250(e)).
- 2) Beginning with the school year 2014-2015, children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received two doses of live mumps virus vaccine as described in subsection (e)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

## f) Haemophilus influenzae type b (Hib)

- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof of immunization that complies with the Hib vaccination schedule in Appendix B of this Part.
- 2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.

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- 3) Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.
- g) Hepatitis B
- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~doses~~dose shall be at least two months. ~~The~~For children entering a school program for the first time on or after July 1, 2002, the interval between the first dose and the third dose ~~shall~~must be at least ~~four~~4 months. The third dose ~~shall~~must have been administered on or after ~~six~~6 months of age. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).
- 2) ~~Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received three doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 665.250(f)).~~
- 2)3) Children entering the ~~sixth~~5th grade ~~for the first time on or after July 1, 2002 shall~~must show ~~proof~~evidence of having received three doses of hepatitis B vaccine, or other proof of immunity described in Section 665.250(f). The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~doses~~dose shall be at least two months. The interval between the first and third ~~doses~~dose shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be ~~substituted~~submitted for proof of vaccination (see Section 665.250(f)).
- 3)4) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation

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Recombivax-HB vaccine (10 mcg) and was 11 to 15 years of age at the time of vaccine administration, and that the interval between receipt of the two doses was at least four months.

## h) Varicella

- 1) Any child two years of age or older entering a school program below the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) for the first time on or after July 1, 2002,~~ shall show proof ~~(see Section 665.250(b))~~ of having received one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 2) Children ~~who entered~~entering kindergarten for the first time on or after July 1, 2002, shall show proof of having received at least one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 3) Beginning with school year 2014-2015, any child entering kindergarten, sixth grade, or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 4) Only those children who have been immunized with varicella vaccine in accordance with subsections (h)(1), (2) and (3), have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.
- 5)3) For students attending school programs where grade levels ~~(kindergarten through 12)~~ are not assigned, proof of having received at least ~~two doses~~one dose of varicella vaccine ~~on or after the first birthday~~ or other proof of immunity as described in ~~subsections~~subsection (h)(2), (3) and

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~~(4) of this Section~~ shall be submitted prior to the school year in which the child reaches the ~~ages~~ of five, 11 and 15.

- i) Invasive Pneumococcal Disease
  - 1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix F.
  - 2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine.
  - 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.
- j) The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

(Source: Amended at 37 Ill. Reg. 13912, effective August 16, 2013)

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**Section 665.APPENDIX F Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)**

<b><u>Age of Child (Months)</u></b>	<b><u>Vaccination History</u></b>	<b><u>Primary Series and Booster Intervals</u></b>	<b><u>Total Doses Required</u></b>
<b><u>2-6</u></b> <b><u>minimum</u></b> <b><u>age of six</u></b> <b><u>weeks</u></b>	<u>0 doses</u>	<u>3 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>1 dose</u>	<u>2 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>2 doses</u>	<u>1 dose, 2 months after most recent dose;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
<b><u>7-11</u></b>	<u>0 doses</u>	<u>2 doses, 2 months apart;</u> <u>3<sup>rd</sup> dose at age 12-15 months</u>	<u>3</u>
	<u>1 or 2 doses before</u> <u>age 7 months</u>	<u>1 dose, 2 months after most recent dose;</u> <u>3<sup>rd</sup> dose at 12-15 months and &gt; 2 months</u> <u>after prior dose</u>	<u>3-4</u>
<b><u>12-23</u></b>	<u>0 doses</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered</u> <u>before age 12 months</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered</u> <u>on or after 12 months</u> <u>of age</u>	<u>1 dose ≥ 2 months after most recent dose</u>	<u>2</u>
	<u>2 or 3 doses</u> <u>administered before</u> <u>age 12 months</u>	<u>1 dose, ≥ 2 months after most recent dose</u>	<u>3-4</u>
<b><u>24-59</u></b> <b><u>Healthy</u></b> <b><u>Children</u></b>	<u>Any incomplete</u> <u>schedule</u>	<u>1 dose, ≥2 months after most recent dose</u>	<u>1</u>
<b><u>Children at</u></b> <b><u>High Risk</u></b> <sup>1</sup>	<u>Any incomplete</u> <u>schedule</u>	<u>2 doses separated by 2 months</u>	<u>2</u>

<sup>1</sup> Children with certain chronic conditions or immuno-suppression conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV7 two months after the last PCV7.

(Source: Added at 37 Ill. Reg. 13912, effective August 16, 2013)

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- 1) Heading of the Part: Immunization Code
- 2) Code Citation: 77 Ill. Adm. Code 695
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
669.5	New
695.7	New
695.10	Amended
695.20	Amended
695.30	Amended
695.40	Amended
695.50	Amended
695. APPENDIX B	New
- 4) Statutory Authority: Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7]
- 5) Effective Date of Amendments: August 16, 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 Proposed Amendments published in the *Illinois Register*: January 4, 2013; 37 Ill. Reg. 77
- 10) Has JCAR issued a Statement of Objection to this rulemaking? Yes
  - A) Statement of Objection: July 26, 2013; 37 Ill. Reg. 12115
  - B) Agency Response: Agreement, 37 Ill. Reg. 13954
  - C) Date Agency Response Submitted for Approval to JCAR: August 7, 2013
- 11) Differences between Proposal and Final Version:

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

1. Section 695.5 under definition of Health Care Provider, insert after "School Code": "and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975."
2. Section 695.5, insert the following definition: "Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975."
3. Section 695.7, insert the following referenced document: "f) Illinois Pharmacy Practice Act of 1975 [225 ILCS 85]".
4. Section 695.10(d)(7), insert the following requirement: "7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) of this Section shall be submitted prior to the school years in which the child reaches the ages of 11 and 15."
5. Section 695.10(g)(2)(B), insert "as noted in Section 695.50 (e)" after "mumps".
6. Section 695.10(g)(3), insert "Beginning with the school year 2014-2015, children" at the beginning of the sentence and strike "Children".
7. Section 695.10(h)(3), insert "Beginning with the school year 2014-2015, children" at the beginning of the sentence and strike "Children".
8. Section 695.50 a), insert after "health official": ", or pharmacist."
9. Section 695.50 c), strike out "or" and add "and confirmed by".

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

Section 695.Appendix B, Change table symbol " $\pi$ " and footnote nomenclature to superscript "1".

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

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

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- 15) Summary and Purpose of Rulemaking: Existing rules specify required immunizations and acceptable exemptions for children attending child care facilities, children entering school-operated programs below kindergarten level and kindergarten through twelfth grades. Changes to the immunizations rules will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP).

Current requirements for Mumps, Rubella and Varicella vaccines reflect only receipt of one dose of each. Originally, one dose of the Measles-Mumps-Rubella (MMR) vaccine was recommended. In 1989, the American Academy of Family Physicians, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices changed the recommendation to two doses. As a result, Illinois established the routine two-dose measles vaccine requirement in 1990. Single antigen products for mumps and rubella vaccines are no longer available in the U.S., making the MMR vaccine the only recommended product of use. Therefore, a two-dose schedule for mumps and rubella vaccines is consistent with all nationally recognized medical practices.

Varicella vaccine has been required for school entry since July 2002. In June 2006, ACIP approved a routine two-dose recommendation for children. The first dose should be administered at age 12 to 15 months and the second dose at age four to six years. The rationale for the second dose of varicella vaccine for children is to further decrease varicella disease and its complications in the United States. Despite the successes of the one-dose vaccination program in children, vaccine effectiveness has not been sufficient to prevent varicella outbreaks, which, although less than in the pre-vaccine era, have continued to occur in highly vaccinated school populations. Breakthrough varicella is contagious. The recommended ages for routine first (at age 12 to 15 months) and second (at age four to six years) doses of varicella vaccine are harmonized with the recommendations for MMR vaccine use. The proposed amendment will align the vaccination requirements with existing mandatory physical examination requirements at 6<sup>th</sup> grade and ensure that older students receive "catch-up" vaccinations at the time of the next required physical examination required for school entry at 9<sup>th</sup> grade. At least 33 other states have already instituted requirements for receipt of a second dose of varicella vaccine.

In addition, pneumococcal conjugate vaccine is required for children attending pre-school and/or day care facilities operated by school districts. Public Act 95-159 was signed into law on August 14, 2007 and provides IDPH with the authority to prescribe rules. The Act requires that children under age two attending a day care facility shall receive the age

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appropriate series of pneumococcal conjugate vaccine, known as Prevnar, as recommended by the Advisory Committee on Immunization Practices. Definitions are being amended and added to eliminate the need for repetitive language in the rules.

- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

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

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 695  
IMMUNIZATION CODE

## Section

<a href="#">695.5</a>	<a href="#">Definitions</a>
<a href="#">695.7</a>	<a href="#">Referenced Materials</a>
695.10	Basic Immunization
695.20	Booster Immunizations
695.30	Exceptions
695.40	List of Non-Immunized Child Care Facility Attendees or Students
695.50	Proof of Immunity
<a href="#">695.APPENDIX A</a>	<a href="#">Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)</a>
<a href="#">695.APPENDIX B</a>	<a href="#">Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)</a>

AUTHORITY: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

SOURCE: Emergency amendment effective June 23, 1977; emergency amendment at 3 Ill. Reg. 14, p. 88, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 134, effective December 17, 1979; codified at 8 Ill. Reg. 4512; amended at 11 Ill. Reg. 11799, effective June 29, 1987; emergency amendment at 14 Ill. Reg. 5890, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14562, effective August 27, 1990; amended at 15 Ill. Reg. 7712, effective May 1, 1991; amended at 17 Ill. Reg. 2975, effective February 11, 1993; amended at 20 Ill. Reg. 11962, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11973, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 11, 1998; amended at 26 Ill. Reg. 5930, effective July 1, 2002; amended at 26 Ill. Reg. 10792, effective July 1, 2002; amended at 37 Ill. Reg. 13930, effective August 16, 2013.

**Section 695.5 Definitions**

Act – Section 7 of the Child Care Act of 1969.

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Advanced practice nurse – a person who is licensed as an advanced practice nurse under the Nurse Practice Act.

Attendance center – an individual building or site responsible for taking and maintaining attendance records of students.

Child care facility – any person, group of persons, center, organization or institution who or that is established and maintained for the care of children outside of their home.

Department or IDPH – the Illinois Department of Public Health.

Health care official – a person with signature or administrative authority within a health care, child care or school setting.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975.

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987.

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987.

Proof of immunity – documented evidence of the child's having received a vaccine verified by a health care provider, laboratory evidence, or proof of disease as described in Section 695.50(c), (e) and (g).

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Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act.

School program – nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district.

(Source: Added at 37 Ill. Reg. 13930, effective August 16, 2013)

**Section 695.7 Referenced Materials**

The following materials are referenced in this Part:

- a) School Code [105 ILCS 5]
- b) Medical Practice Act of 1987 [225 ILCS 60]
- c) Nurse Practice Act [225 ILCS 65]
- d) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- e) Child Care Act of 1969 [225 ILCS 10]
- f) Illinois Pharmacy Practice Act of 1975 [225 ILCS 85]

(Source: Added at 37 Ill. Reg. 13930, effective August 16, 2013)

**Section 695.10 Basic Immunization**

- a) The optimum starting ages for the specified immunizing procedures are as follows:
  - 1) Diphtheria – two to four-2-4 months
  - 2) Pertussis – two to four-2-4 months, combined with tetanus toxoid
  - 3) Tetanus – two to four-2-4 months
  - 4) Poliomyelitis – two to four-2-4 months

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- 5) Measles - 12 to -15 months
  - 6) Rubella - 12 to -15 months
  - 7) Mumps - 12 to -15 months
  - 8) Haemophilus - two to four~~2-4~~ months influenzae type b
  - 9) Hepatitis B - Birth to two~~2~~ months
  - 10) Varicella - 12 to -18 months
  - 11) Invasive Pneumococcal disease (except as noted in subsection (l)) – two to four months
- b) Upon first entering a child care facility, all~~All~~ children two~~2~~ months of age and older~~over upon first entering a child care facility~~ shall show proof~~present evidence~~ that the child~~such person~~ has been immunized, or is in the process of being immunized, according to the recommended schedule, against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenzae type b, ~~and~~ hepatitis B, ~~and~~ varicella, and invasive pneumococcal disease.
- c) All children entering school programs ~~(includes nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ in Illinois for the first time shall show proof~~present evidence~~ of immunity against:
- 1) Diphtheria
  - 2) Pertussis (except as noted in subsection (d) ~~of this Section~~)
  - 3) Tetanus
  - 4) Poliomyelitis
  - 5) Measles (except as noted in subsection (f) ~~of this Section~~)
  - 6) Rubella

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- 7) Mumps
  - 8) Haemophilus influenzae type b (except as noted in subsection (i) ~~of this Section~~)
  - 9) Hepatitis B (except as noted in subsection (j) ~~of this Section~~)
  - 10) Varicella (except as noted in subsection (k) ~~of this Section~~)
  - 11) Invasive pneumococcal disease (except as noted in subsection (l))
- d) Diphtheria, Tetanus, Pertussis
- 1) Any child entering a child care facility or school program ~~below~~under the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ ~~shall~~must show proof ~~(see Section 695.50)~~ of having received ~~three~~3 doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine by one year of age and one additional dose by the second birthday. The first ~~three~~3 doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the third and fourth ~~doses shall~~or final dose must be at least ~~six~~6 months. Any child 24 months of age or older shall ~~show~~present proof of ~~four~~4 doses of DTP or DTaP vaccine, appropriately spaced.
  - 2) Any child entering school ~~(, kindergarten or first grade),~~ for the first time ~~shall~~must show proof ~~(see Section 695.50)~~ of having received ~~four~~4 or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first ~~three~~3 doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the third and fourth ~~doses shall~~or final dose, must be at least ~~six~~6 months. Children ~~six~~6 years of age or older may receive adult Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine. ~~Pertussis vaccine is not medically recommended for children 7 years of age or older.~~
  - 3) Any child entering school at a grade level not included in subsection (d)(1)

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- or (2) ~~of this Section shall~~ must show proof ~~(see Section 695.50)~~ of having received ~~three~~<sup>3</sup> or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first ~~two~~<sup>2</sup> doses in the series ~~shall~~ must have been received no less than ~~four~~<sup>4</sup> weeks (28 days) apart. The interval between the second and third ~~doses shall, or final dose,~~ must be at least 6 months.
- 4) Receipt of pediatric Diphtheria, Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication ~~shall~~ must be verified as specified in Section 695.30.
- 5) ~~Beginning with school year 2011-2012, any child entering sixth grade shall show proof of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose. If 10 years have elapsed since the last booster, an additional Td booster is required. Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.~~
- 6) ~~Students entering grades seven through 12 who have not already received Tdap are required to receive only one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.~~
- 7) ~~For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.~~
- 8)6) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (d)(2), (3), (4) and (5).
- e) Polio
- 1) Any child entering a child care facility or school program ~~below~~ under the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care~~

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- ~~programs offered or operated by a school or school district shall~~ must show proof ~~(see Section 695.50)~~ of having received ~~two~~ 2 doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)) by one year of age and a third dose by the second birthday. Doses in the series ~~shall~~ must have been received no less than ~~four~~ 4 weeks (28 days) apart. Any child 24 months of age or older shall ~~show~~ present proof of at least ~~three~~ 3 doses of polio vaccine, appropriately spaced.
- 2) Any child entering school at any grade level, kindergarten through K-12, ~~shall~~ must show proof ~~(see Section 695.50)~~ of having received ~~three~~ 3 or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV ~~shall~~ must show proof of having received at least ~~four~~ 4 doses, with the last dose having been received on or after the fourth birthday. Doses in the series ~~shall~~ must have been received no less than ~~four~~ 4 weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively ~~shall~~ must show proof of having received at least ~~three~~ 3 doses, with the last dose having been received on or after the fourth birthday, ~~but prior to school entrance~~. Doses in the series ~~shall~~ must have been received no less than ~~four~~ 4 weeks (28 days) apart.
- 3) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsection (e)(2).
- f) Measles
- 1) Any child entering a child care facility or school program ~~below~~ under the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ shall ~~show~~ present evidence of having received one dose of live measles virus vaccine by the second birthday. The measles vaccine ~~shall~~ must have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has~~:
- A) Show proof that he or she has been age-appropriately immunized against measles prior to entering a child care facility or school, including school programs ~~below~~ under the kindergarten level, for

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- the first time;<sup>5</sup> or
- B) Present a statement from the physician that he or she has had measles as noted in Section 695.50(c)<sup>5</sup>; or
- C) Present laboratory evidence of measles immunity.
- 3) Children entering school at any grade level, kindergarten through K-12, ~~shall~~must show ~~proof~~evidence of having received ~~two~~2 doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than ~~four~~4 weeks (28 days) after the first dose, or other proof of immunity as described in this Part.
- 4) For students attending school programs where grade levels (kindergarten through K-12) are not assigned, including special education programs, proof of ~~two~~2 doses of live measles virus vaccine as described in subsection (f)(3) ~~of this Section~~ shall be submitted prior to the school ~~years~~year in which the child reaches the ages of ~~five~~5, ~~11~~10, and 15.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (f)(2), (3), and (4).
- g) Mumps
- 1) Any child entering a child care facility or school program ~~below~~under the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall ~~show proof~~present evidence of having received one dose of live mumps virus vaccine by the second birthday. The mumps vaccine ~~shall~~must have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has~~:
- A) Show proof that he or she has been age-appropriately immunized against mumps prior to entering a child care facility or school, including school programs ~~below~~under the kindergarten level, for the first time;<sup>5</sup> or

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- B) Present a statement from the physician that he or she has had mumps as noted in Section 695.50(e); or
- C) Present laboratory evidence of mumps immunity (see Section 695.50(e)).
- 3) Beginning with the school year 2014-2015, children~~Children~~ entering school at any grade level, kindergarten through K-12, ~~shall~~must show ~~proof~~evidence of having received ~~two doses~~at least one dose of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part~~on or after the first birthday~~.
- 4) Only those children who have been immunized with live mumps virus vaccine on or after the first birthday, have had physician diagnosed mumps disease, or show laboratory evidence of immunity shall be considered to be immune.
- 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live mumps virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
- 6)5) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (g)(2), (3) and (4).
- h) Rubella
- 1) Any child entering a child care facility or school program below~~under~~ the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show~~proof~~present evidence of having received one dose of live rubella virus vaccine by the second birthday. The rubella vaccine shall~~must~~ have been received on or after the first birthday.

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- 2) The child shall ~~present evidence that he or she has:~~
    - A) Show proof that he or she has been age-appropriately immunized against rubella prior to entering a child care facility or school, including school programs ~~below~~under the kindergarten level, for the first time;<sup>5</sup> or
    - B) present laboratory evidence of immunity to rubella.
  - 3) Beginning with the school year 2014-2015, children~~Children~~ entering school at any grade level, kindergarten through K-12, ~~shall~~must show ~~proof~~evidence of having received ~~two doses~~at least one dose of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part on or after the first birthday.
  - 4) Only those children who have been immunized with rubella vaccine on or after the first birthday, or have a laboratory (serologic) evidence of immunity to rubella, shall be considered to be immune.
  - 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
  - 6)5) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (h)(2), (3) and (4).
- i) Haemophilus influenzae type b (Hib)
- 1) Any child under ~~five~~5 years of age entering a child care facility or school program ~~below~~under the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ shall ~~show proof~~present evidence of immunization that complies with the Hib vaccination schedule in Appendix A of this Part.

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- 2) Children ~~24 to~~ 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, ~~shall~~must show proof of receiving one dose of Hib vaccine at 15 months of age or older.
  - 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with Hib vaccine.
- j) Hepatitis B
- 1) Any child ~~two~~2 years of age or older enrolling in a child care facility or school program ~~below~~under the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall ~~show proof~~present evidence of having received ~~three~~3 doses of hepatitis B vaccine. The first ~~two~~2 doses ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the second and third ~~doses shall~~dose must be at least ~~two~~2 months. ~~The~~For children entering a child care facility or school program for the first time on or after July 1, 2002, the interval between the first and the third ~~doses shall~~dose must be at least ~~four~~4 months. The third dose ~~shall~~must have been administered on or after ~~six~~6 months of age. The child shall ~~present evidence that he or she has:~~
    - A) Show proof that he or she has been age-appropriately immunized against hepatitis B prior to enrolling in a child care facility or school program ~~below~~under the kindergarten level for the first time~~;~~; or
    - B) Present laboratory evidence of prior or current hepatitis B infection.
  - 2) ~~Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received 3 doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 695.50(f)).~~

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- ~~2)3)~~ Children entering the ~~sixth~~<sup>fifth</sup> grade ~~for the first time on or after July 1, 2002 shall~~<sup>must</sup> show ~~proof~~<sup>evidence</sup> of having received ~~three~~<sup>3</sup> doses of hepatitis B vaccine. The first ~~two~~<sup>2</sup> doses ~~shall~~<sup>must</sup> have been received no less than ~~four~~<sup>4</sup> weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. The interval between the first dose and the third ~~shall~~<sup>dose must</sup> be at least ~~four~~<sup>4</sup> months. Proof of prior or current infection, if verified by laboratory evidence, may be ~~substituted~~<sup>submitted</sup> for proof of vaccination (see Section 695.50(f)).
- ~~3)4)~~ The third dose of hepatitis B vaccine is not required if it can be documented that the child received ~~two~~<sup>2</sup> doses of adult formulation Recombivax-HB vaccine (10 mcg), ~~the child and~~ was 11 ~~to~~<sup>-</sup>15 years of age at the time of vaccine administration, and the interval between receipt of the ~~two~~<sup>2</sup> doses was at least ~~four~~<sup>4</sup> months.
- ~~4)5)~~ Only those children who have been immunized with hepatitis B vaccine in accordance with subsections (j)(1), (2) ~~and~~, (3), ~~and (4) of this Section~~ or have laboratory evidence of prior or current hepatitis B infection shall be considered immune.
- ~~5)6)~~ School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ this subsection (j).
- k) Varicella
- 1) Any child ~~two~~<sup>2</sup> years of age or older entering a child care facility or school program ~~below~~<sup>under</sup> the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) for the first time on or after July 1, 2002,~~ shall ~~show proof~~<sup>present evidence</sup> of having received one dose of varicella vaccine or other proof of immunity as specified in Section 695.50(g). The varicella vaccine ~~shall~~<sup>must</sup> have been received on or after the first birthday.
- 2) The child shall ~~present~~:
- A) ~~Show proof~~<sup>Show evidence</sup> that he or she has been age-appropriately immunized against varicella prior to entering a child care facility or school program ~~below~~<sup>under</sup> the kindergarten level for the first

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time, or

- B) Present a statement from a physician verifying that the child has had varicella, or
- C) Present a statement from a health care provider (as defined in Section 695.50(a)) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or
- D) Present laboratory evidence of immunity to varicella.
- 3) Children ~~who entered~~entering kindergarten for the first time on or after July 1, 2002 ~~shall; must~~ show proofevidence of having received one dose of varicella vaccine on or after the first birthday or other proof of immunity as specified in Section 695.50(g).
- 4) Beginning with school year 2014-2015, any child entering kindergarten, sixth grade or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first, or other proof of immunity as specified in Section 695.50(g).
- 5)4) Only those children who have been immunized with varicella vaccine in accordance with subsections (k)(1), (2)(A), ~~and (3) and (4) of this Section,~~ have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.
- 6) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of varicella vaccine as described in subsections (k)(3) and (4) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
- 7)5) School-age children entering a ~~child care~~childcare facility shall comply with the immunization requirements in ~~aeoordance with~~ subsections (k)(2), (3), and (4).

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- l) Invasive Pneumococcal Disease
- 1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix B.
  - 2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine.
  - 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.
- m) The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

(Source: Amended at 37 Ill. Reg. 13930, effective August 16, 2013)

**Section 695.20 Booster Immunizations**

Only those booster immunizations recommended in Section 695.10~~above~~ are required.

(Source: Amended at 37 Ill. Reg. 13930, effective August 16, 2013)

**Section 695.30 Exceptions**

- a) The provisions of this ~~Part A~~et shall not apply if:
- 1) The parent or legal guardian of the child objects to the requirements of this Part~~thereto~~ on the grounds that the administration of immunizing agents conflicts with his or her religious tenets or practices, or
  - 2) A physician licensed to practice medicine in all its branches, an advanced practice nurse or a physician assistant states in writing that the physical condition of the child is such that the administration of one or more of the required immunizing agents is medically contraindicated.

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- b) If a religious objection is made, a written and signed statement from the parent or legal guardian detailing ~~the objection shall~~~~such objections must~~ be presented to the child care facility or local school authority. The religious objection statement shall be considered valid if:
- 1) The parent or legal guardian of a child entering a child care facility objects to the immunization or immunizations~~immunization(s)~~ on the grounds that they conflict with the tenets and practices of a recognized church or religious organization of which the parent is an adherent or member; or
  - 2) The objection by the parent or legal guardian of a child entering school (including programs ~~below~~under the kindergarten level) sets forth the specific religious belief ~~that~~which conflicts with the immunizations~~immunization(s)~~. The religious objection may be personal and need not be directed by the tenets of an established religious organization.
- c) It is not the intent of this Part that any child whose parents comply with the intent of ~~the~~this Act should be excluded from a child care facility or school. A child or student shall be considered to be in compliance with the law if there is evidence of the intent to comply. ~~Evidence~~Such evidence may be a signed statement from a health care provider~~the physician~~ that he or she has begun, or will begin, the necessary immunization procedures, or the parent's or legal guardian's written consent for the child's participation in a school or other community immunization program.

(Source: Amended at 37 Ill. Reg. 13930, effective August 16, 2013)

#### **Section 695.40 List of Non-Immunized Child Care Facility Attendees or Students**

Every child care facility or attendance center shall maintain an~~An~~ accurate list ~~shall be maintained at every child care facility or attendance center~~ of all children who have not shown proof~~presented evidence~~ of immunity against diphtheria, pertussis (to age six~~6~~), tetanus, poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 695.10(i)), varicella (as noted in Section 695.10(k)), ~~and~~ hepatitis B (as noted in Section 695.10(j)) and invasive pneumococcal disease (as noted in Section 695.10(l)).

(Source: Amended at 37 Ill. Reg. 13930, effective August 16, 2013)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**Section 695.50 Proof of Immunity**

- a) Proof of immunity shall consist of documented evidence of the ~~child's~~child having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional, ~~or~~health official, or pharmacist) or proof of disease (as described in subsections (c) through (g)). ~~As used in this Section, "physician" means a physician licensed to practice medicine in all of its branches (M.D. or D.O.).~~
- b) The day and month of the ~~vaccination~~vaccine ~~are~~is required if it cannot otherwise be determined that the vaccine was given after the minimum interval or age.
- c) Proof of prior measles disease ~~shall~~must be verified with the date of illness signed by a physician and confirmed by laboratory evidence, or laboratory evidence of measles immunity. ~~A diagnosis of measles disease made by a physician on or after July 1, 2002 must be confirmed by laboratory evidence.~~
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (see subsection (b)) or laboratory evidence of rubella immunity.
- e) Proof of prior mumps disease ~~shall~~must be verified with date of illness signed by a physician and confirmed by~~or~~ laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection ~~shall~~must be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is ~~only~~ acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc ~~and~~/or anti-HBs.
- g) Proof of prior varicella disease ~~shall~~must be verified with date of illness signed by a physician, a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or laboratory evidence of varicella immunity.

(Source: Amended at 37 Ill. Reg. 13930, effective August 16, 2013)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**Section 695.APPENDIX B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PVC13)**

<b><u>Age of Child (Months)</u></b>	<b><u>Vaccination History</u></b>	<b><u>Primary Series and Booster Intervals</u></b>	<b><u>Total Doses Required</u></b>
<b><u>2-6</u></b> <b><u>minimum</u></b> <b><u>age of six</u></b> <b><u>weeks</u></b>	<u>0 doses</u>	<u>3 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>1 dose</u>	<u>2 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>2 doses</u>	<u>1 dose, 2 months after most recent dose;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
<b><u>7-11</u></b>	<u>0 doses</u>	<u>2 doses, 2 months apart;</u> <u>3<sup>rd</sup> dose at age 12-15 months</u>	<u>3</u>
	<u>1 or 2 doses before age</u> <u>7 months</u>	<u>1 dose, 2 months after most recent dose;</u> <u>3<sup>rd</sup> dose at 12-15 months and &gt; 2 months</u> <u>after prior dose</u>	<u>3-4</u>
<b><u>12-23</u></b>	<u>0 doses</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered</u> <u>before age 12 months</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered on</u> <u>or after 12 months of</u> <u>age</u>	<u>1 dose ≥ 2 months after most recent dose</u>	<u>2</u>
	<u>2 or 3 doses</u> <u>administered before</u> <u>age 12 months</u>	<u>1 dose, ≥ 2 months after most recent</u> <u>dose</u>	<u>3-4</u>
<b><u>24-59</u></b> <b><u>Healthy</u></b> <b><u>Children</u></b>	<u>Any incomplete</u> <u>schedule</u>	<u>1 dose, ≥ 2 months after most recent dose</u>	<u>1</u>
<b><u>Children at</u></b> <b><u>High Risk</u></b> <sup>¶</sup>	<u>Any incomplete</u> <u>schedule</u>	<u>2 doses separated by 2 months</u>	<u>2</u>

<sup>¶</sup> Children with certain chronic conditions or immuno-suppression conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV7 two months after the last PCV7.

(Source: Added at 37 Ill. Reg. 13930, effective August 16, 2013)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Business Enterprise Program: Contracting with Businesses Owned and Controlled by Minorities, Females and Persons with Disabilities
- 2) Code Citation: 44 Ill. Adm. Code 10
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
10.10	Amendment
10.100	Renumbered; Added
10.101	New Section
10.102	New Section
10.103	New Section
10.104	New Section
10.200	Renumbered
- 4) Date Notice of Proposed Rulemaking Published in the *Illinois Register*: 37 Ill. Reg. 3460, March 29, 2013
- 5) Reason for the Withdrawal: At its meeting on August 13, 2013, the Joint Committee on Administrative Rules (JCAR) objected to the above-cited rulemaking because the rulemaking fails to adhere to the statutory authority granted in 30 ILCS 575/8b. Additionally, the Committee recommended the Department pursue legislation to clarify the Business Enterprise Program statute in order to clearly define the roles of the Council, the Chief Procurement Officers and the Department.

Based on the results of that meeting, and an agency agreement made with JCAR, the Department of Central Management Services is withdrawing the proposed rulemaking and will seek to develop further rulemaking and legislation in response to the Committee's recommendation.

## DEPARTMENT OF PUBLIC HEALTH

NOTICE OF RESPONSE TO AN OBJECTION OF THE  
JOINT COMMITTEE ON ADMINISTRATIVE RULES

- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3) Section Numbers: 665.105, 665.240, 665.Appendix F
- 4) Date Notice of Proposed Rulemaking Published in the *Illinois Register*: January 4, 2013; 37 Ill. Reg. 60
- 5) Date JCAR Statement of Objection Published in the *Illinois Register*: July 26, 2013; 37 Ill. Reg. 12114
- 6) Summary of Action Taken by the Agency: The Joint Committee on Administrative Rules objected to the Department of Public Health's failure to adhere to the statutory directive that it implement the provisions of Public Act 95-159 by 9/13/2007.

The Department acknowledges that it was not diligent or timely in proposing mandated rules for adoption and will strive to propose rules in a timely manner in accordance with statutory deadlines in the future.

Staff responsible for rulemaking initiatives in the Immunization Section from 2007 when PA 95-159 was enacted to late 2012 when appropriate actions began are no longer working for the Department. Current staff have demonstrated due diligence to propose and address rulemaking initiatives in a timely manner.

The Immunization Section's rulemaking initiatives are bound by two additional requirements that may contribute to delayed response. In accordance with P.A. 92-561, effective June 24, 2002, the Department appropriately and routinely seeks recommendations from the Immunization Advisory Committee, which meets quarterly, in developing rules for school immunization requirements. In addition, in accordance with PA 90-607, effective June 30, 1998, the Department has complied with the requirement to ensure that the State Board of Health conducts 3 public hearings, geographically distributed throughout the State, to allow public comment on proposed rules when administrative rules or amendments to administrative rules are being proposed that involve immunizing children against preventable communicable diseases. At the conclusion of the hearings, the State Board of Health issues a report with recommendations to the Director of Public Health. The Director utilizes this report to take into consideration any comments or recommendations made by the Board based on

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF RESPONSE TO AN OBJECTION OF THE  
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these hearings before moving forward to submit proposed rules officially for posting in the Illinois Register.

## DEPARTMENT OF PUBLIC HEALTH

NOTICE OF RESPONSE TO AN OBJECTION OF THE  
JOINT COMMITTEE ON ADMINISTRATIVE RULES

- 1) Heading of the Part: Immunization Code
- 2) Code Citation: 77 Ill. Adm. Code 695
- 3) Section Numbers: 669.5, 695.7, 695.10, 695.20, 695.30, 695.40, 695.50, 695.Appendix B
- 4) Date Notice of Proposed Rulemaking Published in the *Illinois Register*: January 4, 2013; 37 Ill. Reg. 77
- 5) Date JCAR Statement of Objection Published in the *Illinois Register*: July 26, 2013, 37 Ill. Reg. 12115
- 6) Summary of Action Taken by the Agency: The Joint Committee on Administrative Rules objected to the Department of Public Health's failure to adhere to the statutory directive that it implement the provisions of Public Act 95-159 by 9/13/2007.

The Department acknowledges that it was not diligent or timely in proposing mandated rules for adoption and will strive to propose rules in a timely manner in accordance with statutory deadlines in the future.

Staff responsible for rulemaking initiatives in the Immunization Section from 2007 when PA 95-159 was enacted to late 2012 when appropriate actions began are no longer working for the Department. Current staff have demonstrated due diligence to propose and address rulemaking initiatives in a timely manner.

The Immunization Section's rulemaking initiatives are bound by two additional requirements that may contribute to delayed response. In accordance with P.A. 92-561, effective June 24, 2002, the Department appropriately and routinely seeks recommendations from the Immunization Advisory Committee, which meets quarterly, in developing rules for school immunization requirements. In addition, in accordance with PA 90-607, effective June 30, 1998, the Department has complied with the requirement to ensure that the State Board of Health conducts 3 public hearings, geographically distributed throughout the State, to allow public comment on proposed rules when administrative rules or amendments to administrative rules are being proposed that involve immunizing children against preventable communicable diseases. At the conclusion of the hearings, the State Board of Health issues a report with recommendations to the Director of Public Health. The Director utilizes this report to

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF RESPONSE TO AN OBJECTION OF THE  
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take into consideration any comments or recommendations made by the Board based on these hearings before moving forward to submit proposed rules officially for posting in the Illinois Register.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLYSTATEMENT OF OBJECTION/RECOMMENDATION  
TO PROPOSED RULEMAKING

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Heading of the Part: Business Enterprise Program: Contracting with Businesses Owned and Controlled by Minorities, Females and Persons with Disabilities

Code Citation: 44 Ill. Adm. Code 10

Section Numbers: 10.10 10.100 10.101 10.102 10.103 10.104 10.200

Date Originally Published in the Illinois Register: 3/29/13  
37 Ill. Reg. 3460

At its meeting on 8/13/13, the Joint Committee on Administrative Rules objected to the above-cited rulemaking because the rulemaking fails to adhere to the policy established in Section 8b of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act that the Minority Business Enterprise Council shall, if it determines that there has been discrimination, establish a sheltered market. Instead, the rulemaking changes the Council's function to recommending establishment of a sheltered market, followed by a CMS report that shall determine whether the only remedy is sheltered market remedial action.

The Committee also recommends that the Department pursue legislation revising the Act for consistency with the Procurement Code [30 ILCS 500] and to more clearly delineate the roles of the Council, the Chief Procurement Officers and the Department.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall constitute withdrawal of this proposed rulemaking. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

WITHDRAWAL OF FILING PROHIBITION  
OF PROPOSED RULEMAKING

DEPARTMENT OF INSURANCE

Heading of the Part: Health Maintenance Organization

Code Citation: 50 Ill. Adm. Code 5421

Section Numbers: 5421.20      5421.40      5421.60      5421.110      5421.113  
5421.30      5421.50      5421.100      5421.112      5421.141

Date Originally Published in the Illinois Register: 8/17/12  
36 Ill. Reg. 12957

Date Filing Prohibition Published in Illinois Register: 7/26/13  
37 Ill. Reg. 12109

Date Filing Prohibition Became Effective: 7/9/13

Date Filing Prohibition Withdrawn: Contingent upon and effective with the Department's adoption of the modifications described below.

Pursuant to Section 5-115 of the Illinois Administrative Procedure Act, the Joint Committee, at its meeting on 8/13/13, has withdrawn the prohibition against the filing of the Department of Insurance's rulemaking, contingent upon and effective with the Department's adoption of a modification of Section 5421.110(i)(3) that eliminates the 50% cap on copayments and deductibles. The modified rule will state: No combination of deductibles and copayments for the receipt of basic health care services may exceed the annual maximum out-of-pocket expenses of a high deductible health plan as defined in 26 USC 223. The Committee originally issued this Filing Prohibition at its 7/9/13 meeting.

Please take notice that the agency is no longer prohibited from filing the rulemaking with the Secretary of State, as modified in accordance with the agreements between the agency and the Joint Committee on Administrative Rules and the modifications submitted in response to the Objection, and from enforcing or invoking the rule.

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 August 13, 2013 through August 19, 2013. The rulemakings are scheduled for review at the Committee's September 17, 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>
9/28/13	<u>State Board of Education</u> , Special Education (23 Ill. Adm. Code 226)	4/14/13 37 Ill. Reg. 4735	9/17/13
9/28/13	<u>State Board of Education</u> , New Teacher Induction and Mentoring (23 Ill. Adm. Code 65)	5/31/13 37 Ill. Reg. 7356	9/17/13
9/28/13	<u>State Board of Education</u> , Standards for Certification in Specific Teaching Fields (23 Ill. Adm. Code 27)	4/12/13 37 Ill. Reg. 4710	9/17/13
9/28/13	<u>State Board of Education</u> , Standards for Certification in Early Childhood Education and Elementary Education (23 Ill. Adm. Code 26)	4/12/13 37 Ill. Reg. 4705	9/17/13
9/28/13	<u>State Board of Education</u> , Certification (23 Ill. Adm. Code 25)	4/12/13 37 Ill. Reg. 4671	9/17/13
9/28/13	<u>State Board of Education</u> , Standards for Endorsements in the Middle Grades (23 Ill. Adm. Code 21)	4/12/13 37 Ill. Reg. 4633	9/17/13
9/28/13	<u>State Board of Education</u> , Standards for Endorsements in Elementary Education (23 Ill. Adm. Code 20)	4/12/13 37 Ill. Reg. 4606	9/17/13

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

9/28/13	<u>State Board of Education</u> , Agricultural Education Program (23 Ill. Adm. Code 75)	5/31/13 37 Ill. Reg. 7363	9/17/13
9/28/13	<u>State Board of Education</u> , Calculation of Excess Cost under Section 18-3 of the School Code (23 Ill. Adm. Code 140)	5/31/13 37 Ill. Reg. 7380	9/17/13
9/28/13	<u>State Board of Education</u> , Illinois Hope and Opportunity Pathways through Education Program (23 Ill. Adm. Code 210)	5/31/13 37 Ill. Reg. 7385	9/17/13
9/28/13	<u>State Board of Education</u> , Transitional Bilingual Education (23 Ill. Adm. Code 228)	5/31/13 37 Ill. Reg. 7400	9/17/13
9/29/13	<u>Department of Natural Resources</u> , Cock Pheasant, Hungarian Partridge, Bobwhite Quail, and Rabbit Hunting (17 Ill. Adm. Code 530)	6/14/13 37 Ill. Reg. 7892	9/17/13
9/29/13	<u>Department of Natural Resources</u> , Abandoned Mined Lands Reclamation (63 Ill. Adm. Code 2501)	6/14/13 37 Ill. Reg. 7924	9/17/13

## PROCLAMATIONS

**2013-6****ESTABLISHMENT OF THE NORTHEASTERN ILLINOIS PUBLIC TRANSIT TASK FORCE**

**WHEREAS**, riders of mass transit in Northeastern Illinois expect fairness, transparency and efficiency in the operation and administration of the transit agencies, including, without limitation, the Regional Transportation Authority ("RTA"), Chicago Transit Authority ("CTA"), Metra, and Pace (the "Northeastern Illinois Transit Agencies" or the "Transit Agencies"); and

**WHEREAS**, the Northeastern Illinois Transit Agencies represent the third largest transit system in the United States, with over two million daily riders; and

**WHEREAS**, in the wake of another scandal, the State of Illinois must step in and fix the failure of the Northeastern Illinois Transit Agencies to work collaboratively and efficiently; and

**WHEREAS**, as Governor of the State of Illinois, I am committed to ensuring the fair, equitable, efficient, transparent and well-coordinated operation of the Northeastern Illinois Transit Agencies and to eliminating waste, fraud and abuse wherever it occurs; and

**WHEREAS**, coordination, transparency, efficiency and fairness in the operation of the Northeastern Illinois Transit Agencies must be improved, including the elimination of duplicative efforts and excess board membership; and

**WHEREAS**, allegations of improper political influence and other recent events at Metra have highlighted the failed leadership of the existing Board of Directors, an absence of adequate oversight and coordination from the RTA, and an overall lack of coordination and cohesion amongst the Transit Agencies that must provide customers with access to transportation throughout the Chicagoland region; and

**WHEREAS**, current law does not permit the Governor or any agency of the State of Illinois to timely remove Board Members or employees of the Transit Agencies for incompetence or negligence, temporarily replace Board Members to ensure continued operation of existing Transit Agencies, prohibit golden parachutes from being awarded, or eliminate duplicative efforts and costs amongst the existing Transit Agencies; and

**WHEREAS**, an independent task force is necessary to study, examine and make recommendations to the Governor and the Illinois General Assembly for both the veto and spring sessions as to how the Northeastern Illinois Transit Agencies can improve their operations, repair the damage done to the public trust, and modernize the transit system for the people who depend upon these systems to get them to work, school, home and other destinations;

## PROCLAMATIONS

**THEREFORE**, I, Pat Quinn, Governor of Illinois, pursuant to the authority vested in me by Article V of the Illinois State Constitution of 1970, hereby order as follows:

**I. CREATION**

There is hereby created the Northeastern Illinois Public Transit Task Force (the "Task Force") as an independent advisory body having the duties set forth in this document.

**II. PURPOSE**

The purpose of the Task Force is to study, examine and evaluate the Northeastern Illinois Transit Agencies to determine how the operations of these agencies can be reorganized, streamlined or restructured to, among other things, ensure greater efficiency, accountability, coordination and transparency. The Task Force shall:

- a. Examine and evaluate the structures, practices and policies of each of the Transit Agencies to determine their impact and effect on the working relationships of the Transit Agencies and to achieve improved inter-agency coordination, transparency, accountability, and overall operating efficiency;
- b. Examine and evaluate the appropriate oversight and authority that the Illinois Department of Transportation shall have over the Transit Agencies to ensure taxpayers are getting the best return on their investments of limited tax resources;
- c. Submit, no later than October 18, 2013, a written interim report, detailing immediate measures necessary to address short-term and long-term solutions to ongoing problems at the Transit Agencies; and
- d. Submit a final report no later than January 31, 2014, to the Governor and General Assembly, providing specific recommendations to improve the efficiency, accountability, coordination and transparency of the Transit Agencies.

**III. MEMBERSHIP**

- a. The Task Force shall be composed of two (2) Co-Chairpersons and at least thirteen (13) additional members, for a total membership of at least fifteen (15) Task Force members. The Co-Chairpersons and Task Force members shall be appointed by the Governor. The Co-Chairpersons and Task Force members shall serve without compensation. The Governor may appoint additional Task Force members as desired.

## PROCLAMATIONS

- b. The Task Force shall terminate on January 31, 2014, upon completion of a final report providing comprehensive recommendations to the Governor and the General Assembly.

**IV. INDEPENDENCE**

- a. The Task Force shall function as an independent advisory body, with the discretion to arrange its affairs and proceedings in the manner it deems appropriate.
- b. The Illinois Department of Transportation shall provide administrative support o the Task Force, including, but not limited to, providing an Ethics Officer for the Task Force, responding to FOIA requests on behalf of the Task Force, and assisting the Task Force in complying with the Open Meetings Act. At the direction of the Governor, any executive agency shall provide assistance to the Task Force to accomplish their goal of making recommendations to the Governor and General Assembly.

**V. TRANSPARENCY**

In addition to whatever policies or procedures it may adopt, all operations of the Task Force will be subject to the provisions of the Illinois Freedom of Information Act (5 ILCS 140/1 et seq.) and the Illinois Open Meetings Act (5 ILCS 120/1 et seq.). This section shall not be construed so as to preclude other statutes from applying to the Task Force and its activities.

**VI. EFFECTIVE DATE**

This Order shall take effect immediately upon its execution.

Issued by Governor: August 15, 2013

Filed with Secretary of State: August 15, 2013

**ILLINOIS ADMINISTRATIVE CODE**  
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