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TABLE OF CONTENTS

June 6, 2014 Volume 38, Issue 23

PROPOSED RULES
PUBLIC HEALTH, DEPARTMENT OF
Skilled Nursing and Intermediate Care Facilities Code
77 Ill. Adm. Code 300.....11666
Specialized Mental Health Rehabilitaion Facilities Code
77 Ill. Adm. Code 380.....11713
REVENUE, DEPARTMENT OF
Income Tax
86 Ill. Adm. Code 100.....11716
SECRETARY OF STATE
Local Records Commisson
44 Ill. Adm. Code 4000.....11734
ADOPTED RULES
CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF
Travel
80 Ill. Adm. Code 2800.....11767
PUBLIC HEALTH, DEPARTMENT OF
Food Service Sanitation Code
77 Ill. Adm. Code 750.....11775
Grade A Pasteurized Milk and Milk Products
77 Ill. Adm. Code 775.....11796
Tanning Faciities Code
77 Ill. Adm. Code 795.....11802
EMERGENCY RULES
PUBLIC HEALTH, DEPARTMENT OF
Specialized Mental Health Rehabilitation Facilities Code
77 Ill. Adm. Code 380.....11819
STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING
JOINT COMMITTEE ON ADMINISTRATIVE RULES
Firearm Concealed Carry Act Procedures
20 Ill. Adm. Code 1231.....11969
REGULATORY AGENDA
LABOR RELATIONS BOARD, ILLINOIS
Public Information, Rulemaking and Organization
2 Ill. Adm. Code 2500.....11970
SECOND NOTICES RECEIVED
JOINT COMMITTEE ON ADMINISTRATIVE RULES
Second Notices Received.....11977
EXECUTIVE ORDERS AND PROCLAMATIONS
PROCLAMATIONS
Craft Beer Week

2014-218.....11978
Drinking Water Week
2014-219.....11979
National Transportation Week and National Transportation Day
2014-220.....11980
Reverend James Bass Day
2014-221.....11981
Arthrogryposis Awareness Week
2014-222.....11982
Honeywell UOP Day
2014-223.....11983
Ray Rubio Day
2014-224.....11984
Carl Kasell Day
2014-225.....11985
Christopher Brown Day
2014-226.....11986
Colonel Charles Young Day
2014-227.....11987
Small Business and Entrepreneur Week
2014-228.....11988
Evelyn Brandt Thomas Day
2014-229.....11989
Kids in Danger Day
2014-230.....11990
Museum of Science and Industry U-505 Week
2014-231.....11991
Metropolis Day
2014-232.....11992
Peace Officers Memorial Day
2014-233.....11994
Bear Necessities Pediatric Cancer Foundation%92s Awareness Day
2014-234.....11994
Multiracial Heritage Week
2014-235.....11996
Northern Illinois Rotary Day
2014-236.....11996
Chicago Area Clean Cities Day
2014-237.....11998
Senior Corps Week
2014-238.....11998
Summer Food Service Program Day
2014-239.....11999
Chiropractic Health Care Month
2014-240.....12000

Valerie S. Lies Appreciation Day
2014-241.....12001

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 2014

Issue#	Rules Due Date	Date of Issue
1	December 23, 2013	January 3, 2014
2	December 30, 2013	January 10, 2013
3	January 6, 2014	January 17, 2014
4	January 13, 2014	January 24, 2014
5	January 21, 2014	January 31, 2014
6	January 27, 2014	February 7, 2014
7	February 3, 2014	February 14, 2014
8	February 10, 2014	February 21, 2014
9	February 18, 2014	February 28, 2014
10	February 24, 2014	March 7, 2014
11	March 3, 2014	March 14, 2014
12	March 10, 2014	March 21, 2014
13	March 17, 2014	March 28, 2014
14	March 24, 2014	April 4, 2014
15	March 31, 2014	April 11, 2014
16	April 7, 2014	April 18, 2014
17	April 14, 2014	April 25, 2014
18	April 21, 2014	May 2, 2014

19	April 28, 2014	May 9, 2014
20	May 5, 2014	May 16, 2014
21	May 12, 2014	May 23, 2014
22	May 19, 2014	May 30, 2014
23	May 27, 2014	June 6, 2014
24	June 2, 2014	June 13, 2014
25	June 9, 2014	June 20, 2014
26	June 16, 2014	June 27, 2014
27	June 23, 2014	July 7, 2014
28	June 30, 2014	July 11, 2014
29	July 7, 2014	July 18, 2014
30	July 14, 2014	July 25, 2014
31	July 21, 2014	August 1, 2014
32	July 28, 2014	August 8, 2014
33	August 4, 2014	August 15, 2014
34	August 11, 2014	August 22, 2014
35	August 18, 2014	August 29, 2014
36	August 25, 2014	September 5, 2014
37	September 2, 2014	September 12, 2014
38	September 8, 2014	September 19, 2014
39	September 15, 2014	September 26, 2014
40	September 22, 2014	October 3, 2014
41	September 29, 2014	October 10, 2014
42	October 6, 2014	October 17, 2014
43	October 14, 2014	October 24, 2014
44	October 20, 2014	October 31, 2014
45	October 27, 2014	November 7, 2014
46	November 3, 2014	November 14, 2014
47	November 10, 2014	November 21, 2014
48	November 17, 2014	December 1, 2014
49	November 24, 2014	December 5, 2014
50	December 1, 2014	December 12, 2014
51	December 8, 2014	December 19, 2014
52	December 15, 2014	December 26, 2014

Editor's Note: The Secretary of State Index Department is providing this opportunity to remind you that the next filing period for your Regulatory Agenda will occur from May 1, 2014 until July 1, 2014.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 300

3)

Section Numbers:	Proposed Action:
300.6000	Repeal
300.6005	Repeal
300.6010	Repeal
300.6020	Repeal
300.6030	Repeal
300.6040	Repeal
300.6045	Repeal
300.6047	Repeal
300.6049	Repeal
300.6050	Repeal
300.6060	Repeal
300/6070	Repeal
300.6080	Repeal
300.6090	Repeal
300/6095	Repeal

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) A Complete Description of the Subjects and Issues Involved: Subpart T of the Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300) established the minimum certification requirements for facilities that participated in the Illinois Department of Healthcare and Family Services' demonstration program for providing services to persons with serious mental illness. The passage of the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49] in May, 2013, effectively ended the demonstration program. Facilities that were previously licensed under Part 300 and certified under Subpart T of Part 300 will be licensed under the new Act and the Specialized Mental Health Rehabilitation Facilities Code (77 Ill. Adm. Code 380).

Emergency rules for Part 380 were filed on May 22, 2014. Because Subpart T is no longer needed, it is being repealed.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

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

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
dph.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Skilled nursing facilities

B) Reporting, bookkeeping or other procedures required for compliance: Facilities will need to apply for licensure under Part 380, and meet that Part's licensure requirements.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

C) Types of professional skills necessary for compliance: Nursing, medical.

14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 300
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section
300.110 General Requirements
300.120 Application for License
300.130 Licensee
300.140 Issuance of an Initial License for a New Facility
300.150 Issuance of an Initial License Due to a Change of Ownership
300.160 Issuance of a Renewal License
300.163 Alzheimer's Special Care Disclosure
300.165 Criteria for Adverse Licensure Actions
300.170 Denial of Initial License
300.175 Denial of Renewal of License
300.180 Revocation of License
300.190 Experimental Program Conflicting With Requirements
300.200 Inspections, Surveys, Evaluations and Consultation
300.210 Filing an Annual Attested Financial Statement
300.220 Information to Be Made Available to the Public By the Department
300.230 Information to Be Made Available to the Public By the Licensee
300.240 Municipal Licensing
300.250 Ownership Disclosure
300.260 Issuance of Conditional Licenses
300.270 Monitor and Receivership
300.271 Presentation of Findings
300.272 Determination to Issue a Notice of Violation or Administrative Warning
300.274 Determination of the Level of a Violation
300.276 Notice of Violation
300.277 Administrative Warning
300.278 Plans of Correction
300.280 Reports of Correction
300.282 Conditions for Assessment of Penalties
300.284 Calculation of Penalties (Repealed)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.286 Notice of Penalty Assessment; Response by Facility
300.287 Consideration of Factors for Assessing Penalties
300.288 Reduction or Waiver of Penalties
300.290 Quarterly List of Violators (Repealed)
300.300 Alcoholism Treatment Programs In Long-Term Care Facilities
300.310 Department May Survey Facilities Formerly Licensed
300.315 Supported Congregate Living Arrangement Demonstration
300.320 Waivers
300.330 Definitions
300.340 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION

Section
300.510 Administrator

SUBPART C: POLICIES

Section
300.610 Resident Care Policies
300.615 Determination of Need Screening and Request for Resident Criminal History Record Information
300.620 Admission, Retention and Discharge Policies
300.624 Criminal History Background Checks for Persons Who Were Residents on May 10, 2006 (Repealed)
300.625 Identified Offenders
300.626 Discharge Planning for Identified Offenders
300.627 Transfer of an Identified Offender
300.630 Contract Between Resident and Facility
300.640 Residents' Advisory Council
300.650 Personnel Policies
300.651 Whistleblower Protection
300.655 Initial Health Evaluation for Employees
300.660 Nursing Assistants
300.661 Health Care Worker Background Check
300.662 Resident Attendants
300.663 Registry of Certified Nursing Assistants
300.665 Student Interns
300.670 Disaster Preparedness

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.680 Restraints
300.682 Nonemergency Use of Physical Restraints
300.684 Emergency Use of Physical Restraints
300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs
300.690 Incidents and Accidents
300.695 Contacting Local Law Enforcement
300.696 Infection Control

SUBPART D: PERSONNEL

Section
300.810 General
300.820 Categories of Personnel
300.830 Consultation Services
300.840 Personnel Policies

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

Section
300.1010 Medical Care Policies
300.1020 Communicable Disease Policies
300.1025 Tuberculin Skin Test Procedures
300.1030 Medical Emergencies
300.1035 Life-Sustaining Treatments
300.1040 Care and Treatment of Sexual Assault Survivors
300.1050 Dental Standards
300.1060 Vaccinations

SUBPART F: NURSING AND PERSONAL CARE

Section
300.1210 General Requirements for Nursing and Personal Care
300.1220 Supervision of Nursing Services
300.1230 Direct Care Staffing
300.1240 Additional Requirements

SUBPART G: RESIDENT CARE SERVICES

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.1410 Activity Program
300.1420 Specialized Rehabilitation Services
300.1430 Work Programs
300.1440 Volunteer Program
300.1450 Language Assistance Services

SUBPART H: MEDICATIONS

Section
300.1610 Medication Policies and Procedures
300.1620 Compliance with Licensed Prescriber's Orders
300.1630 Administration of Medication
300.1640 Labeling and Storage of Medications
300.1650 Control of Medications

SUBPART I: RESIDENT AND FACILITY RECORDS

Section
300.1810 Resident Record Requirements
300.1820 Content of Medical Records
300.1830 Records Pertaining to Residents' Property
300.1840 Retention and Transfer of Resident Records
300.1850 Other Resident Record Requirements
300.1860 Staff Responsibility for Medical Records
300.1870 Retention of Facility Records
300.1880 Other Facility Record Requirements

SUBPART J: FOOD SERVICE

Section
300.2010 Director of Food Services
300.2020 Dietary Staff in Addition to Director of Food Services
300.2030 Hygiene of Dietary Staff
300.2040 Diet Orders
300.2050 Meal Planning
300.2060 Therapeutic Diets (Repealed)
300.2070 Scheduling Meals
300.2080 Menus and Food Records
300.2090 Food Preparation and Service

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.2100 Food Handling Sanitation
300.2110 Kitchen Equipment, Utensils, and Supplies

SUBPART K: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

Section
300.2210 Maintenance
300.2220 Housekeeping
300.2230 Laundry Services

SUBPART L: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section
300.2410 Furnishings
300.2420 Equipment and Supplies
300.2430 Sterilization of Equipment and Supplies

SUBPART M: WATER SUPPLY AND SEWAGE DISPOSAL

Section
300.2610 Codes
300.2620 Water Supply
300.2630 Sewage Disposal
300.2640 Plumbing

SUBPART N: DESIGN AND CONSTRUCTION STANDARDS
FOR NEW INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

Section
300.2810 Applicability of these Standards
300.2820 Codes and Standards
300.2830 Preparation of Drawings and Specifications
300.2840 Site
300.2850 Administration and Public Areas
300.2860 Nursing Unit
300.2870 Dining, Living, Activities Rooms
300.2880 Therapy and Personal Care
300.2890 Service Departments
300.2900 General Building Requirements

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.2910 Structural
300.2920 Mechanical Systems
300.2930 Plumbing Systems
300.2940 Electrical Systems

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS
FOR EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

Section
300.3010 Applicability
300.3020 Codes and Standards
300.3030 Preparation of Drawings and Specifications
300.3040 Site
300.3050 Administration and Public Areas
300.3060 Nursing Unit
300.3070 Living, Dining, Activities Rooms
300.3080 Treatment and Personal Care
300.3090 Service Departments
300.3100 General Building Requirements
300.3110 Structural
300.3120 Mechanical Systems
300.3130 Plumbing Systems
300.3140 Electrical Requirements

SUBPART P: RESIDENT'S RIGHTS

Section
300.3210 General
300.3220 Medical Care
300.3230 Restraints (Repealed)
300.3240 Abuse and Neglect
300.3250 Communication and Visitation
300.3260 Resident's Funds
300.3270 Residents' Advisory Council
300.3280 Contract With Facility
300.3290 Private Right of Action
300.3300 Transfer or Discharge
300.3310 Complaint Procedures
300.3320 Confidentiality

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.3330 Facility Implementation

SUBPART Q: SPECIALIZED LIVING FACILITIES FOR THE MENTALLY ILL

Section
300.3410 Application of Other Sections of These Minimum Standards (Repealed)
300.3420 Administrator (Repealed)
300.3430 Policies (Repealed)
300.3440 Personnel (Repealed)
300.3450 Resident Living Services Medical and Dental Care (Repealed)
300.3460 Resident Services Program (Repealed)
300.3470 Psychological Services (Repealed)
300.3480 Social Services (Repealed)
300.3490 Recreational and Activities Services (Repealed)
300.3500 Individual Treatment Plan (Repealed)
300.3510 Health Services (Repealed)
300.3520 Medical Services (Repealed)
300.3530 Dental Services (Repealed)
300.3540 Optometric Services (Repealed)
300.3550 Audiometric Services (Repealed)
300.3560 Podiatric Services (Repealed)
300.3570 Occupational Therapy Services (Repealed)
300.3580 Nursing and Personal Care (Repealed)
300.3590 Resident Care Services (Repealed)
300.3600 Record Keeping (Repealed)
300.3610 Food Service (Repealed)
300.3620 Furnishings, Equipment and Supplies (New and Existing Facilities) (Repealed)
300.3630 Design and Construction Standards (New and Existing Facilities) (Repealed)

SUBPART R: DAYCARE PROGRAMS

Section
300.3710 Day Care in Long-Term Care Facilities

SUBPART S: PROVIDING SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

Section
300.4000 Applicability of Subpart S
300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing

in Facilities Subject to Subpart S
300.4020 Reassessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4040 General Requirements for Facilities Subject to Subpart S
300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S
300.4060 Discharge Plans for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4070 Work Programs for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4080 Community-Based Rehabilitation Programs for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S

SUBPART T: FACILITIES PARTICIPATING IN ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES' DEMONSTRATION PROGRAM FOR PROVIDING SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

Section
300.6000 Applicability of Subpart T (Repealed)
300.6005 Quality Assessment and Improvement for Facilities Subject to Subpart T (Repealed)
300.6010 Comprehensive Assessments for Residents of Facilities Subject to Subpart T (Repealed)
300.6020 Reassessments for Residents of Facilities Subject to Subpart T (Repealed)
300.6030 Individualized Treatment Plan for Residents of Facilities Subject to Subpart T (Repealed)
300.6040 General Requirements for Facilities Subject to Subpart T (Repealed)
300.6045 Serious Incidents and Accidents in Facilities Subject to Subpart T (Repealed)
300.6047 Medical Care Policies for Facilities Subject to Subpart T (Repealed)
300.6049 Emergency Use of Restraints for Facilities Subject to Subpart T (Repealed)
300.6050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart T (Repealed)
300.6060 Discharge Plans for Residents of Facilities Subject to Subpart T (Repealed)
300.6070 Work Programs for Residents of Facilities Subject to Subpart T (Repealed)
300.6080 Community-Based Rehabilitation Programs for Residents of Facilities Subject to Subpart T (Repealed)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.6090 Personnel for Providing Services to Residents of Facilities Subject to Subpart T (Repealed)
300.6095 Training and Continuing Education for Facilities Subject to Subpart T (Repealed)

SUBPART U: ALZHEIMER'S SPECIAL CARE UNIT OR CENTER PROVIDING CARE TO PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIA

Section
300.7000 Applicability
300.7010 Admission Criteria
300.7020 Assessment and Care Planning
300.7030 Ability-Centered Care
300.7040 Activities
300.7050 Staffing
300.7060 Environment
300.7070 Quality Assessment and Improvement
300.7080 Variances to Enhance Residents' Quality of Life

300.APPENDIX A Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities (Repealed)
300.APPENDIX B Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)
300.APPENDIX C Federal Requirements Regarding Patients'/Residents' Rights (Repealed)
300.APPENDIX D Forms for Day Care in Long-Term Care Facilities
300.APPENDIX E Criteria for Activity Directors Who Need Only Minimal Consultation (Repealed)
300.APPENDIX F Guidelines for the Use of Various Drugs
300.APPENDIX G Facility Report
300.TABLE A Sound Transmission Limitations in New Skilled Nursing and Intermediate Care Facilities
300.TABLE B Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities
300.TABLE C Construction Types and Sprinkler Requirements for Existing Skilled Nursing Facilities/Intermediate Care Facilities
300.TABLE D Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].
SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency

amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective September 10, 1996; amended at 21 Ill. Reg. 15000, effective November 15, 1997; amended at 22 Ill. Reg. 4094, effective February 13, 1998; amended at 22 Ill. Reg. 7218, effective April 15, 1998; amended at 22 Ill. Reg. 16609, effective September 18, 1998; amended at 23 Ill. Reg. 1103, effective January 15, 1999; amended at 23 Ill. Reg. 8106, effective July 15, 1999; amended at 24 Ill. Reg. 17330, effective November 1, 2000; amended at 25 Ill. Reg. 4911, effective April 1, 2001; amended at 26 Ill. Reg. 3113, effective February 15, 2002; amended at

26 Ill. Reg. 4846, effective April 1, 2002; amended at 26 Ill. Reg. 10523, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2181, effective February 1, 2003, for a maximum of 150 days; emergency expired June 30, 2003; emergency amendment at 27 Ill. Reg. 5452, effective March 25, 2003, for a maximum of 150 days; emergency expired August 21, 2003; amended at 27 Ill. Reg. 5862, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14204, effective August 15, 2003, for a maximum of 150 days; emergency expired January 11, 2004; amended at 27 Ill. Reg. 15855, effective September 25, 2003; amended at 27 Ill. Reg. 18105, effective November 15, 2003; expedited correction at 28 Ill. Reg. 3528, effective November 15, 2003; amended at 28 Ill. Reg. 11180, effective July 22, 2004; amended at 28 Ill. Reg. 14623, effective October 20, 2004; amended at 29 Ill. Reg. 876, effective December 22, 2004; emergency amendment at 29 Ill. Reg. 11824, effective July 12, 2005, for a maximum of 150 days; emergency rule modified in response to JCAR Recommendation at 29 Ill. Reg. 15101, effective September 23, 2005, for the remainder of the maximum 150 days; emergency amendment expired December 8, 2005; amended at 29 Ill. Reg. 12852, effective August 2, 2005; amended at 30 Ill. Reg. 1425, effective January 23, 2006; amended at 30 Ill. Reg. 5213, effective March 2, 2006; amended at 31 Ill. Reg. 6044, effective April 3, 2007; amended at 31 Ill. Reg. 8813, effective June 6, 2007; amended at 33 Ill. Reg. 9356, effective June 17, 2009; amended at 34 Ill. Reg. 19182, effective November 23, 2010; amended at 35 Ill. Reg. 3378, effective February 14, 2011; amended at 35 Ill. Reg. 11419, effective June 29, 2011; expedited correction at 35 Ill. Reg. 17468, effective June 29, 2011; amended at 36 Ill. Reg. 14090, effective August 30, 2012; amended at 37 Ill. Reg. 2298, effective February 4, 2013; amended at 37 Ill. Reg. 4954, effective March 29, 2013; amended at 38 Ill. Reg. _____, effective _____.

SUBPART T: FACILITIES PARTICIPATING IN ILLINOIS DEPARTMENT OF PUBLIC AID'S DEMONSTRATION PROGRAM FOR PROVIDING SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

Section 300.6000 Applicability of Subpart T (Repealed)

~~a) To be subject to this Subpart, a nursing facility shall request in writing to be subject to this Subpart and shall meet each of the following criteria:~~

~~1) 90% or more of the resident population of the nursing home has a diagnosis of serious mental illness;~~

~~2) No more than 15 percent of the resident population of the nursing home is 65 years of age or older;~~

~~3) None of the residents have a primary diagnosis of moderate, severe, or~~

~~profound mental retardation;~~

~~4) None of the residents require medical or nursing care at a level higher than the intermediate nursing care light level of care as defined in Section 300.1230(n) of this Part; and~~

~~5) The facility must participate in Illinois Department of Public Aid's demonstration program relating to specialized services, training, technical assistance, development and use of a standardized assessment tool, data collection, and admission restrictions.~~

~~b) A facility shall certify annually 150 to 120 days prior to license expiration that the facility meets all of the criteria listed in subsection (a) of this Section. A facility that has remained in compliance with admission practices in 89 Ill. Adm. Code 145 (Illinois Department of Public Aid (IDPA): Mental Health Services in Nursing Facilities) and has a resident population more than 15 percent of whom are 65 years of age or older may continue to participate if IDPA provides documentation that the facility has complied with admission practices for the 12 months preceding application.~~

~~c) A facility that has been subject to this Subpart may choose not to be subject to this Subpart by submitting a written notice to the Department within 30 days before the effective date of the facility's intent not to be subject to this Subpart.~~

~~d) For the purposes of this Subpart, "serious mental illness" is defined as the presence of a major disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), excluding alcohol and substance abuse, Alzheimer's disease, and other forms of dementia based upon organic or physical disorders. A severe mental illness is determined by all of the following three areas:~~

~~1) Diagnoses that constitute a serious mental illness are:~~

~~A) Schizophrenia;~~

~~B) Delusional disorder;~~

~~C) Schizo-affective disorder;~~

~~D) Psychotic disorder not otherwise specified;~~

~~E) Bipolar disorder I - mixed, manic, and depressed;~~

~~F) Bipolar disorder II;~~

~~G) Cyclothymic disorder;~~

~~H) Bipolar disorder not otherwise specified I;~~

~~I) Major depression, recurrent;~~

~~2) In addition, the individual must be 18 years of age or older and be substantially functionally limited due to mental illness in at least two of the following areas:~~

~~A) Self-maintenance;~~

~~B) Social functioning;~~

~~C) Community living activities;~~

~~D) Work-related skills;~~

~~3) Finally, the disability must be of an extended duration expected to be present for at least a year, which results in a substantial limitation in major life activities. These individuals will typically also have one of the following characteristics:~~

~~A) Have experienced two or more psychiatric hospitalizations;~~

~~B) Receive Social Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness or could be deemed eligible for SSI or SSDI.~~

~~e) Facilities shall consider the location of a resident's room based on the resident's needs and the needs of other residents in the facility. Factors to be considered include aggressive behavior, supervision needs, noise level, friendship patterns, common rehabilitation goals or services, sleep patterns, interests, recreational~~

~~pursuits, and vulnerability.~~

~~f) The following Sections of this Part do not apply to facilities subject to this Subpart: 300.660, 300.663, 300.682, 300.684, 300.690, 300.820, 300.830, 300.1010, 300.1220, 300.1230, 300.1240, 300.4000, 300.4010, 300.4020, 300.4030, 300.4040, 300.4050, 300.4060, 300.4070, 300.4080, and 300.4090.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6005 Quality Assessment and Improvement for Facilities Subject to Subpart T (Repealed)

~~a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:~~

~~1) Ongoing monitoring and evaluation of the quality and accessibility of care and services provided at the facility or under contract, including, but not limited to:~~

~~A) Admission of residents appropriate to the capabilities of the facility;~~

~~B) Resident assessment;~~

~~C) Development and implementation of appropriate individualized psychiatric treatment plan;~~

~~D) Resident satisfaction;~~

~~E) Discharge planning;~~

~~F) Infection control; and~~

~~G) Balancing resident autonomy and safety.~~

~~2) Identification and analysis of problems.~~

~~3) Identification and implementation of corrective action or changes in response to problems.~~

~~b) The program shall operate pursuant to a written plan, which shall include, but not be limited to:~~

~~1) A detailed statement of how problems will be identified;~~

~~2) The methodology and criteria that will be used to formulate action plans to address problems;~~

~~3) Procedures for evaluating the effectiveness of action plans and revising action plans to prevent reoccurrence of problems;~~

~~4) Procedures for documenting the activities of the program; and~~

~~5) Identifying the persons responsible for administering the program.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6010 Comprehensive Assessments for Residents of Facilities Subject to Subpart T (Repealed)

~~a) The facility shall establish an Interdisciplinary Team (IDT) for each resident. The IDT is a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and that designs a program to meet those needs. The IDT includes, at a minimum, the resident; the resident's guardian; a Psychiatric Rehabilitation Services Coordinator (PRSC); the resident's primary service providers, including an RN or an LPN with responsibility for the medical needs of the individual; a psychiatrist; a social worker; an activity professional; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the IDT and participate in the process of identifying the resident's strengths and needs.~~

~~b) The IDT shall identify the individual's needs by performing a comprehensive assessment as needed to supplement any preliminary evaluation conducted prior to admission to the facility. The assessment shall be coordinated by a PRSC.~~

~~c) A comprehensive assessment shall be completed by the IDT no later than 14 days after admission to the facility. Reports from the pre-admission screening~~

~~assessment or assessments conducted to meet other requirements may be used as part of the comprehensive assessment if the assessment reflects the current condition of the individual and was completed no more than 90 days prior to admission. The assessment shall include at least the following:~~

~~1) A psychiatric evaluation completed by a board certified or board eligible psychiatrist or by a person who is a certified psychiatric nurse, a nurse with a Bachelor of Science in Nursing (BSN) and two years of experience serving individuals with serious mental illness or a registered nurse with five years of experience serving individuals with serious mental illness, a licensed clinical social worker, a physician, a licensed psychologist, or a licensed clinical professional counselor (LCPC) under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107] if countersigned by a board certified or board eligible psychiatrist. The psychiatric evaluation shall include:~~

~~A) Psychiatric history with present and previous psychiatric symptoms;~~

~~B) Comprehensive mental status examination, which includes: a statement of assets and deficits, a description of intellectual functioning, memory functioning, orientation, affect, suicidal/homicidal ideation, response to reality testing, and current attitudes and overt behaviors; and~~

~~C) Diagnostic formulation, problems, and diagnosis using the Diagnostic and Statistical Manual IV (DSM-IV), ensuring that information is recorded on as many of the five axes as appropriate.~~

~~2) Psychosocial assessment performed by the Psychiatric Rehabilitation Services Director (PRSD), a social worker, an occupational therapist, or an LCPC or the Psychiatric Rehabilitation Services Coordinator (PRSC) if reviewed and countersigned by the PRSD, a social worker, or LCPC. The assessment shall cover the following points:~~

~~A) Identifying information (including resident's name, age, race, religion, date of admission; name of individuals giving information);~~

~~B) Reason for admission (including specific problems and how long the problems have existed in their current state; contributing factors to exacerbation of problems; most recent psychiatric treatment and effects; goals of nursing facility placement as articulated by referral source);~~

~~C) History of mental illness, treatment, and care (including age of onset; private and public hospital inpatient episodes; community mental health care; prior nursing facility placement; specific treatments and effects);~~

~~D) Personal history (including current marital status; marital history including name, occupation, and age of current and previous spouses; name, age, sex and occupation of children, if any; and status of significant personal relationships with individuals (past and present); work history of individual, including all known past professions and/or jobs);~~

~~E) Residential history (including, for the last two years, the types of housing (e.g., family, public housing, apartment, room, or community agency), relationship to other occupants, the total number of known moves; factors known to have contributed to past housing loss; the highest level of residential independence attained, approximate date and length; any patterns of persistent residential instability or homelessness);~~

~~F) Family history (including information regarding individual's parents and siblings; any significant family illnesses, especially psychiatric illnesses; history of traumatic or significant loss, including where, when and effect on individual); and~~

~~G) Developmental history (including early life history, place of birth, where raised and by whom and with whom; school history; and history regarding friends, hobbies, interests, social activities and interactions).~~

~~3) A skills assessment performed by a social worker, occupational therapist, or PRSC or PRSD with training in skills assessment. The skills assessment shall include an evaluation of the resident's strengths, an~~

~~assessment of the resident's levels of functioning, and recommendations for treatment and services, including but not limited to the following areas:~~

~~A) self-maintenance (including basic activities of daily living such as hygiene, dressing, grooming, maintenance of personal space, care of belongings, diet and nutrition, and personal safety);~~

~~B) social skills (including communication, peer group involvement, friendship, family interaction, male/female relationship, and conflict avoidance and resolution);~~

~~C) community living skills (including use of telephone, transportation and community navigation, avoidance of common dangers, shopping, money management, homemaking (cleaning, laundry, meal preparation), and use of community resources);~~

~~D) occupational skills (including basic academic skills; job seeking and retention skills; ability to initiate and schedule activities; promptness and regular attendance; ability to accept, understand and carry out instructions; ability to complete an application; and interview skills);~~

~~E) symptom management skills (including symptom monitoring and coping strategies; stress identification and management; impulse control; medication management and self-medication capability; relapse prevention); and~~

~~F) substance abuse management (including recovery, relapse prevention, and harm reduction).~~

~~4) Assessments and examinations required by Section 300.6047 of this Part.~~

~~5) Discharge plan as required by Section 300.6060 of this Part.~~

~~6) Other assessments recommended by the IDT or required elsewhere in this Subpart or as ordered by the resident's physician or psychiatrist to clarify diagnoses or to identify concomitant motivational, cognitive, affective, or physical deficits that could have an impact on rehabilitation efforts and outcomes, as indicated by the individual's needs.~~

7) A structured assessment of resident interests and expectations regarding psychiatric rehabilitation conducted by the PRSC or PRSD with each resident. The assessment shall include at a minimum:

A) resident's identification of personal strengths, goals, needs, and resources;

B) skill development and problem areas for which the resident expresses an interest in setting goals and participating in psychiatric rehabilitation programming;

C) resident's beliefs and confidence regarding his/her capacity to develop increased skills and independence.

d) Based on the results of all assessments, the PRSD or PRSC shall develop a narrative statement for the IDT review that summarizes findings regarding the resident's strengths and limitations; indicates the resident's expressed interests, expectations, and apparent level of motivation for psychiatric rehabilitation; and prioritizes needs for skill development related to improved functioning and increased independence. The IDT's assessment of overall rehabilitation focus for the resident shall also be identified as one of the following levels:

1) Basic skills training and supports with opportunities for community integration;

2) Intensive skills training and supports with an increasing focus on community integration; or

3) Advanced skills training and supports with active linkage and use of community services in preparation for expected discharge within six months.

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6020 Reassessments for Residents of Facilities Subject to Subpart T (Repealed)

a) At least every three months, the PRSC shall document review of the resident's progress, assessments and treatment plans. If needed, the PRSC shall inform the

~~appropriate IDT members of the change in resident's condition. The appropriate IDT member shall reassess the resident and update the resident's assessment, assuring the continued accuracy of the assessment.~~

~~b)~~ ~~*All persons admitted to a nursing home facility with a diagnosis of serious mental illness who remain in the facility for a period of 90 days shall be re-screened by the Department of Human Services or its designee at the end of the 90-day period, at 6 months, and annually thereafter to assess their continued need for nursing facility care and shall be advised of all other available care options.* (Section 2-104.3 of the Act) Complete comprehensive reassessments shall be conducted in the following areas:~~

~~1) Psychiatric evaluation;~~

~~2) Psychosocial assessment update (including significant events, e.g., death of a significant other since the last reassessment);~~

~~3) Skills assessment update, including an assessment of resident levels of functioning and reassessment or rehabilitation potential (an evaluation of the individual's strengths, potentials, environmental opportunities and ability/likelihood of achieving maximum functioning); and a narrative statement of the individual's strengths and potentials as they directly relate to the individual's functional limitations with recommendations for treatment and/or services, and the potential of the individual to function more independently. A complete reassessment shall be required if changes in the resident's functional level make the current assessment inapplicable. If a complete reassessment is not required, the update must include a narrative summary of the reevaluated assessment;~~

~~4) Recreational and leisure activities updates, including the resident's participation, perceived enjoyment, frequency of self-initiated involvement versus staff coaxing or refusal, and recommended interventions;~~

~~5) Physical examination update, including, but not limited to:~~

~~A) Medical history and medication history updates, including any illness, and changes in medical diagnosis and medication prescription or indication of administration compliance that has~~

~~occurred since the last assessment;~~

~~B) Oral screening updates completed by a dentist or registered nurse;~~

~~C) Nutritional update completed by a dietitian or the food service supervisor under the direction of the dietitian; and~~

~~6) Other assessments needed, as determined by the interdisciplinary team.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6030 Individualized Treatment Plan for Residents of Facilities Subject to Subpart T (Repealed)

~~a) On admission, information received from the admission source (e.g., resident, family, preadmission screening (PAS) agent) shall be used to develop an interim treatment plan. In developing an individual's interim treatment plan (ITTP), the facility shall review the PAS/MH assessments and "Notice of Determination" and consider the use of this information in developing the interim treatment plan. The IITP shall focus on those behaviors and needs requiring attention prior to development of the individualized treatment plan (ITP). Each IITP shall be based on physician's orders and shall include diagnosis, allergies and other pertinent medical information. The following information shall also be considered, as appropriate, to allow for the identification and provision of appropriate services until a final plan is developed:~~

~~1) Known risk factors (e.g., wandering, safety issues, aggressive behavior, suicide, self-mutilation, possible victimization by others);~~

~~2) Observable resident medical/psychiatric conditions that may require additional immediate assessment or consultation;~~

~~3) Therapeutic involvement that might be of interest to the resident, be recommended based on referral information, aid in orientation or provide meaningful data for further professional assessment; and~~

~~4) Other known factors having an impact on the resident's condition (e.g., family involvement, social interaction patterns, cooperation with treatment planning).~~

~~b) An ITP shall be developed within 7 days after completion of the comprehensive assessment.~~

~~c) The plan for each resident shall state specific goals that are developed by the IDT. The resident's major needs shall be prioritized, and approaches or programs shall be developed with specific goals, to address the higher prioritized needs. If a lower priority need is not being addressed through a specific goal or program, a statement shall be made as to why it is not being addressed or how the need will be otherwise addressed.~~

~~d) The ITP shall contain objectives to reach each of the individual's goals in the plan. Each objective shall:~~

~~1) Be developed by the IDT;~~

~~2) Be based on the results obtained from the assessment process;~~

~~3) Be stated in measurable terms and identify specific performance measures to assess; and~~

~~4) Be developed with a projected completion or review date (month, day, year).~~

~~e) Services designed to implement the objectives in the resident's ITP shall specify:~~

~~1) Specific approaches or steps to meet the objective;~~

~~2) Planned skills training, skill generalization technique, incentive/behavior therapy, or other interventions to accomplish the objectives, including the frequency (number of times per week, per day, etc.), quantity (number of minutes, hours, etc.) and duration (period of time, e.g., over the next six months) and the supports necessary for the resident to participate;~~

~~3) The evaluation criteria and time periods to be used in monitoring the expected results of the intervention; and~~

~~4) Identification of the staff responsible for implementing each specific intervention.~~

~~f) Whenever possible, residents shall be offered some choice among rehabilitation interventions that will address specific ITP objectives using techniques suited to individual needs.~~

~~g) ITP Documentation:~~

~~1) Significant events that are related to the resident's ITP, and assessments that contribute to an overall understanding of his/her ongoing level and quality of functioning, shall be documented.~~

~~2) The resident's response to the ITP and progress toward goals shall be documented in progress notes.~~

~~h) The ITP shall be reviewed by the IDT quarterly and in response to significant changes in the resident's symptoms, behavior or functioning; sustained lack of progress; the resident's refusal to participate or cooperate with the treatment plan; the resident's potential readiness for discharge and actual planned discharge; or the resident's achievement of the goals in the treatment plan.~~

~~i) The resident's ITP must be signed by all members of the IDT participating in its development, including the resident or the resident's legal guardian.~~

~~j) If the resident refuses to attend the IDT meeting, the PRSC shall meet with the resident to review and discuss the treatment plan as soon as possible, not to exceed 96 hours after the treatment plan review. Evidence shall be documented that the ITP was explained to the resident or legal guardian of the resident.~~

~~k) The resident's treating psychiatrist shall review and approve the resident's treatment plan as developed by the IDT. The date of this review and approval shall be entered on the resident's treatment plan and be signed by the attending psychiatrist.~~

~~l) The ITP shall be based upon each resident's assessed functioning level, appropriate to age, and shall include structured group or individual psychiatric rehabilitation services interventions or skills training activities, as appropriate, in the following areas:~~

~~1) Self-maintenance;~~

~~2) Social skills;~~

~~3) Community living skills;~~

~~4) Occupational skills;~~

~~5) Symptom management skills; and~~

~~6) Substance abuse management.~~

~~m) Activity interventions for individual residents shall be part of but not used to replace psychiatric rehabilitation programming and should provide for using skills in new situations. Activity programs shall comply with Section 300.1410 of this Part.~~

~~n) Residents' attendance in therapeutic programs shall be recorded.~~

~~o) The PRSC shall assess the reason for the failure to attend whenever a resident fails to attend at least 50 percent of any programs included in his or her ITP over a 30-day period. Within 14 days after noting this failure, the PRSC shall document why the resident's attendance was less then 50 percent and that the resident's attendance is, at the time of the documentation, more than 50 percent, or the PRSC shall conduct an IDT meeting. This IDT meeting shall result in a change in components of the resident's treatment plan or shall indicate why a change in not needed.~~

~~p) The PRSC is responsible for coordinating staff in the delivery of psychiatric rehabilitation services programs, oversight of data collection, and the review of the resident's performance.~~

~~1) At least quarterly, and prior to the treatment plan reviews, the PRSC shall meet with the resident to review and discuss the resident's current treatment plan, progress toward achieving the objectives, and obstacles inhibiting progress. Based upon this review, the PRSC, in consultation with the appropriate IDT members, shall revise the resident's ITP as needed. The revised treatment plan shall be submitted to the appropriate IDT members for review, approval and signature.~~

2) At least quarterly, the PRSC shall record the resident's response to treatment in the clinical record.

q) The psychiatric rehabilitation services aides shall record the resident's response to those areas overseen by the aide.

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6040 General Requirements for Facilities Subject to Subpart T (Repealed)

a) The psychiatric rehabilitation services program of the facility shall provide the following services as needed by residents of the facility:

1) 24 hours of continuous supervision, support and therapeutic interventions;

2) Psychotropic medication administration, monitoring, and self-administration;

3) Case management services and discharge preparation and training;

4) Psychiatric rehabilitation services addressing major domains of functioning and skills development: self-maintenance, social and community living, occupational preparedness, symptom management, and substance abuse avoidance;

5) Crisis services; and

6) Personal care assistance.

b) The psychiatric rehabilitation services programs in the facility shall be designed to improve or maintain the resident's level of functioning and independence.

c) The facility's psychiatric rehabilitation program shall have the following overall goals:

1) Encourage the engagement of each resident in his/her recovery and rehabilitation;

2) Increase acquisition, performance, and retention of skills to enhance

~~independence and promote community integration;~~

~~3) Support the progressive assumption of as much personal responsibility, self-management, and self-determination as each resident can manage;~~

~~4) Broaden the use of living, coping, and occupational skills to new environments with an ultimate goal of discharge to a more independent living arrangement, as appropriate;~~

~~5) Decrease psychotic, self-injurious, antisocial, and aggressive behaviors;~~

~~6) Decrease the impact of cognitive deficits as an impediment to learning new skills;~~

~~7) Foster the human dignity, personal worth, and quality of life of each resident; and~~

~~8) Support the testing and application of advanced or specialized psychiatric rehabilitation techniques that have demonstrated effectiveness in research settings and that address identified needs of individuals or groups of residents in the facility in conjunction with the demonstration project.~~

~~d) The psychiatric rehabilitation program shall provide education and training to maximize residents' capacities for self-management of psychotropic medications and utilization of other supportive mental health services, such as cooperation with a prescribed treatment regimen, self-medication, recognition of early symptoms of relapse, and interactive effects with other drugs and alcohol.~~

~~e) The facility shall have written policies and procedures related to smoking, including smoke-free areas, risk assessment for individuals who smoke, and the conditions and locations where smoking is permitted in the facility.~~

~~f) A facility shall document all leaves and therapeutic transfers. Such documentation shall include date, time, condition of resident, person to whom the resident was released, planned destination, anticipated date of return, and any special instructions on medication dispensed.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6045 Serious Incidents and Accidents in Facilities Subject to Subpart T (Repealed)

~~a) The facility shall notify the Department of any incident or accident that has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents resulting in injury requiring the services of a physician, hospital, or police, or other service provider on an emergency basis and/or requiring the services of the coroner or fire department shall be reported to the Department.~~

~~1) Notification shall be made by faxing Section 300.Appendix G to (217)785-9182 within 24 hours after each serious incident or accident; or~~

~~2) Notification shall be made by a phone call to the Regional Office within 24 hours after each serious incident or accident; or~~

~~3) If the facility is unable to contact the Regional Office or use the fax number, notification shall be made by a phone call to the Department's toll-free complaint registry number.~~

~~b) A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven days after the occurrence.~~

~~c) A descriptive summary of each incident or accident shall be recorded in the progress notes or nurse's notes for each resident involved.~~

~~d) The facility shall maintain a file of all written reports of serious incidents or accidents involving residents.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6047 Medical Care Policies for Facilities Subject to Subpart T (Repealed)

~~a) The facility shall have a written program of medical services, approved in writing by a physician, that reflects the philosophy of care provided, the policies relating to this philosophy, and the procedures for implementation of the services. The program shall emphasize the use of the resident's personal physician and arrangements, as needed, to effect prompt transfer to other facilities. The written program of medical services shall be followed in the operation of the facility.~~

~~b) Each resident admitted shall have a physical examination within five days prior to admission or within 14 days after admission. The examination report shall include at a minimum each of the following:~~

~~1) An evaluation of the resident's condition, including height, weight and nutritional status; diagnoses; plan of treatment; treatment and medication orders; permission for participation in activity programs as appropriate; an assessment of sensory and physical impairments; and a medical history, including history of allergies, surgeries, medications, and other significant medical conditions;~~

~~2) Documentation of the presence or absence of communicable diseases, such as tuberculosis infection, in accordance with Sections 300.1020 and 300.1025 of this Part; and~~

~~3) Documentation of the medical needs and plans for meeting those needs, including:~~

~~A) an assessment of proper treatment and assistive devices to maintain vision and hearing abilities; and~~

~~B) an assessment for specialized rehabilitative services, such as physical therapy, speech-language pathology and occupational therapy.~~

~~c) Each resident shall have an oral screening by a dentist or a nurse within 30 days after admission and annually thereafter.~~

~~d) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident. The facility shall obtain and record the physician's plan of care or treatment of such accident, injury or change in condition at the time of notification.~~

~~e) The facility shall have a written agreement with one or more hospitals or other providers, as necessary, that indicates that the hospital, hospitals, or providers will provide diagnostic, emergency and routine acute care hospital services. (This requirement shall be waived when the facility can document to the satisfaction of~~

~~the Department that by reason of remote location or refusal of local hospitals to enter an agreement, it is unable to effect such an agreement.)~~

~~f)~~ ~~At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6049 Emergency Use of Restraints for Facilities Subject to Subpart T (Repealed)

~~a)~~ ~~If a resident presents a behavioral emergency posing an immediate danger of serious injury to self or others and alternative interventions cannot ensure safety, restraint may be used for a brief period until emergency care and physical transportation to a hospital can be accomplished. The use of restraint is otherwise not permitted. In situations that are successfully resolved through manual holding lasting less than five minutes, without take-down to the ground or undue force, and without injury, transport to an emergency room/hospital is not required.~~

~~b)~~ ~~Restraint use shall be limited to the least amount of physical restriction and the briefest possible duration necessary to resolve the immediate danger.~~

~~c)~~ ~~The limitation on permitted restraint use applies to any physical restraint, including the physical take-down and prolonged restriction of movement by staff, as well as any mechanical restraint device. Gentle physical guidance, prompting and escort of a resident are not considered restraint.~~

~~d)~~ ~~Any resident being restrained until arrival of emergency transportation to the hospital shall be continuously monitored to ensure safety, avoid injury, and minimize discomfort. The resident's position shall be monitored to ensure that breathing is unrestricted. Resident hydration or toileting needs shall be addressed unless precluded by immediate safety concerns.~~

~~e)~~ ~~Nursing staff shall examine the resident as soon as possible, but within ten minutes after the start of the restraint.~~

~~f)~~ ~~The resident's psychiatrist shall be contacted immediately for medical direction. If the resident's psychiatrist is unavailable, the Psychiatric Medical Director shall be contacted.~~

~~g) The staff involved in the restraint shall be debriefed by the Director of Nursing regarding the events leading up to the restraint, take-down and/or application, and the resident's condition during the restraint. The resident shall be debriefed after return from the hospital.~~

~~h) The emergency use of physical restraints shall be documented in the resident's record, including:~~

~~1) The behavioral emergency that prompted the restraint, including preceding events, staff efforts to de-escalate the situation, and reasons for the use of restraint.~~

~~2) The date and time restraint began, the methods used in restraining the resident, the duration of restraint use, the time of release, and events surrounding release.~~

~~3) The names and titles of the staff responsible for applying restraint and for monitoring the resident, and those of any other staff involved in the incident.~~

~~4) Orders by the psychiatrist or psychiatric medical director notified of the restraint.~~

~~5) The emergency transportation utilized and the hospital to which the resident was taken.~~

~~6) Any injury or other negative impact to the resident.~~

~~7) The date of the scheduled care planning conference and results of the care plan review in light of the use of emergency restraint.~~

~~i) Facility staff, including security staff, shall receive a basic orientation to crisis prevention, safe take-down and restraint methods.~~

~~j) The facility shall maintain records of training related to the use of restraints and de-escalation practices provided to staff.~~

~~k) The facility's emergency use of physical restraint shall comply with Section~~

~~300.682(e), (f), (g), and (j).~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart T (Repealed)

~~a) The facility shall develop and implement a psychiatric rehabilitation program. The program shall be designed to allow a wide array of group and individual therapeutic activities, including, but not limited to, the following:~~

~~1) Skills training programs and supports addressing a comprehensive range of skill areas, including the major domains of self-maintenance, social functioning, community living, occupational preparedness, symptom management, and substance abuse management. Skills training programs should:~~

~~A) Include available published, validated modules with highly structured curricula for teaching targeted skills (e.g., trainer's manuals and videotapes that demonstrate the skills to be learned);~~

~~B) Proceed within a training-to-mastery framework that addresses discrete sets of skill competencies, introduces targeted skills in a graded fashion, and regulates the difficulty of exercises to create a momentum of success;~~

~~C) Include focused instructions and modeling, frequent repetition of new material, auditory and visual representation, role playing and practice, and immediate positive feedback for attention and participation; and~~

~~D) Be adjusted in content, form and duration to match residents' profiles in terms of stress tolerance, learning impairments, and motivational characteristics. Environmental conditions shall be arranged to help compensate for deficits in resident concentration, attention, and memory (e.g., reduction of distracting stimuli and extensive use of supportive reminder cues), as needed.~~

~~2) Incentive programs, such as motivational interviewing, behavioral~~

~~contracting, shaping or individual positive reinforcement, and token economy.~~

~~3)~~ ~~Strategies for skill generalization, such as homework, in vivo training, resource management skills, problem-solving skills, and self-management skills (self-monitoring, self-evaluation and self-reinforcement).~~

~~4)~~ ~~Aggression prevention and management, including resident screening (history of aggressive and assaultive behavior, precipitating factors, signals of escalating risk, and effective de-escalation strategies); identification and modification of environment risk factors (e.g., physical plant and resident mix); provision of skills training, behavioral interventions, and appropriate psychopharmacological interventions based on individualized resident assessment; and policies and procedure for rapid response to behavioral emergencies.~~

~~5)~~ ~~Substance dependence and abuse management services, including toxicological screens, psychopharmacology, alcohol and drug education, group interventions, and recovery programs (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Mentally Ill Substance Abusers (MISA)).~~

~~b)~~ ~~The facility's psychiatric rehabilitation program shall be integrated with other services provided to residents by the facility to develop a cohesive approach to each resident's overall needs and consistent plan of care.~~

~~c)~~ ~~Each facility shall have a written description of the components provided by the psychiatric rehabilitation program. Documentation shall include a description of psychiatric rehabilitation principles, the specific rehabilitation techniques and methods, and the type/level of staff utilization in providing each service to the residents.~~

~~1)~~ ~~The facility's psychiatric rehabilitation program shall include specific components aimed at residents with multiple cognitive impairments.~~

~~2)~~ ~~The facility's psychiatric rehabilitation program shall develop, apply and evaluate strategies to create opportunities for residents to practice, transfer, and utilize skills both in the facility and in the broader community.~~

3) ~~Resources utilized outside the facility for service provision, consultation or referrals shall be included in this documentation.~~

d) ~~The facility's psychiatric rehabilitation program shall demonstrate close working alliances with community mental health and vocational service providers through such indicators as joint staff training and planning activities, mutual referrals, collaborative resident treatment planning, and effective resident transition.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6060 Discharge Plans for Residents of Facilities Subject to Subpart T (Repealed)

a) ~~As part of the ITP, a discharge plan shall be considered by the interdisciplinary team as a component of the individual's comprehensive program plan. This plan shall address the reduction of symptoms and the acquisition of behaviors and prioritized skill deficits that inhibit the individual from moving to a more independent environment.~~

b) ~~During the year, but no later than six weeks prior to a planned discharge, preparation for discharge shall address:~~

1) ~~Identification and linkage to proposed community providers;~~

2) ~~Self-directed initiation and compliance with mental health services while in the facility;~~

3) ~~Use of community mental health services;~~

4) ~~Assistance with locating and securing housing; and~~

5) ~~Assistance with identification, application and securing financial resources.~~

c) ~~At least 30 days before the individual's planned discharge, the PRSC must notify the individual or the individual's legal representative and, when appropriate, the individual's family, both orally and in writing, of the upcoming planned discharge. A specific, individualized post-discharge plan must be developed by~~

~~the IDT, and, when appropriate, with input from community support agencies, family and friends, 30 days before the planned discharge. The plan will identify:~~

~~1) The alternative living site;~~

~~2) Financial resources available;~~

~~3) Community service needs and availability;~~

~~4) Community mental health services with scheduled psychiatric appointments;~~

~~5) Access to medical care and medications; and~~

~~6) Case management system responsible for transition and follow-up.~~

~~d) The discharge plan shall consider the resident's geographic preference upon discharge and the need for financial assistance.~~

~~e) Referral and linkage to the post-discharge service provider should occur with face-to-face contact, on-site visits and, if appropriate, assumption of partial services prior to discharge.~~

~~f) At the time of discharge, the facility shall:~~

~~1) Prepare a discharge summary of the resident's current psychiatric status; self-care skills; behavior and impulse control; social functioning; community living skills; basic educational, vocational and work-related skills; substance abuse history; and general health status. Dates of resident's pre-discharge contact with the aftercare agency shall be included, as well as specific issues that may have a negative impact on community adjustment. The discharge plan shall also include recommendations for transitional programming and the name, address, telephone number, and time and date of the resident's first post-discharge appointment with the aftercare service provider.~~

~~2) Provide the post-discharge plan of care and the discharge summary to the resident's new service provider.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6070 Work Programs for Residents of Facilities Subject to Subpart T (Repealed)

a) ~~In-house facility work programs for individual residents participating in the psychiatric rehabilitation program shall be considered to increase work-related skills, further residents' socialization, foster independence, and increase a sense of well-being and adjustment.~~

b) ~~The facility shall work with State and community agencies in assisting individual program residents to avail themselves of specialized work activity programs, prevocational and work adjustment training, supportive employment, sheltered workshop programs, and other similar programs that are provided outside of the facility.~~

c) ~~Appropriate records shall be maintained for residents functioning in work programs in the facility or outside the facility. These shall show appropriateness of the program for the individual; objectives; resident duties, training and supervision; resident's response to the program; and any other pertinent observations. This information shall become a part of the resident's record.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6080 Community-Based Rehabilitation Programs for Residents of Facilities Subject to Subpart T (Repealed)

~~Community-based (off-site) rehabilitation programs shall be used as an adjunct to the facility program where their use will assist in community reintegration or in the development of relationships with the agency that will be providing services to the individuals after discharge. The facility shall develop and maintain working relationships and written agreements with community agencies that provide psychiatric rehabilitation services. Appropriate records shall be maintained for residents receiving psychiatric rehabilitation services from outside agencies. These records shall show the appropriateness of the program for the individual, the ITP objectives addressed, the interventions being utilized, the resident's response to the program, the responsible community agency staff, and any other pertinent observations.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Section 300.6090 Personnel for Providing Services to Residents of Facilities Subject to Subpart T (Repealed)

~~a) Psychiatric Medical Director~~

~~1) The facility shall have a psychiatric medical director who is an Illinois licensed physician and is board eligible or board certified in psychiatry from the American Board of Psychiatry and Neurology. The psychiatric medical director is responsible for advising the administrator and the Psychiatric Rehabilitation Services Director on the overall psychiatric management of the residents.~~

~~2) The psychiatric medical director shall be the medical director of the entire facility or only for the psychiatric rehabilitation program. If the psychiatric medical director is only responsible for the psychiatric rehabilitation program, there shall be communication linkages between the psychiatric medical director and the medical director.~~

~~3) The psychiatric medical director shall be responsible for annually approving in writing the facility's written policies and procedures applicable to the psychiatric rehabilitation program.~~

~~4) Each resident shall be under the care of a psychiatrist. All residents or residents' guardians shall be permitted their choice of psychiatrist.~~

~~5) Each resident shall be seen by a psychiatrist at least every 90 days and as often as necessary to ensure adequate psychiatric treatment.~~

~~b) Psychiatric Rehabilitation Services Director~~

~~1) A Psychiatric Rehabilitation Services Director (PRSD) shall be a licensed, registered, or certified psychiatrist, psychologist, social worker, occupational therapist, rehabilitation counselor, psychiatric nurse or licensed professional counselor and have a minimum of at least one year of supervisory experience and at least one year of experience working directly with persons with serious mental illness.~~

~~2) An individual who is employed at a licensed nursing home in a capacity similar to that of a Psychiatric Rehabilitation Services Director on January~~

~~1, 2002 and who has at least five years of experience in that capacity may petition the Department for approval to continue to act in that role even if the individual is not a licensed, registered, or certified psychiatrist, psychologist, social worker, rehabilitation counselor, psychiatric nurse or licensed professional counselor. The Department will consider information submitted in accordance with subsection (i) of this Section in deciding whether to grant approval. The Department may revoke approval if the individual fails to continue to meet professional standards or to complete the required training.~~

~~3) Each facility shall have a full-time PRSD for the psychiatric rehabilitation program who is assigned responsibility for:~~

~~A) Developing and implementing the facility's psychiatric rehabilitation program;~~

~~B) Developing and implementing the facility's staff training and in-service programs relating to the psychiatric rehabilitation program; and~~

~~C) Ensuring the coordination and monitoring of the residents' participation in the psychiatric rehabilitation program ITP.~~

~~4) The PRSD shall ensure that each resident's ITP is developed by an interdisciplinary team and is individualized, states the progressive goals of treatment, includes measurable objectives, is written in behavioral terms, is understandable and acknowledged by resident and staff, and is implemented.~~

~~5) The PRSD shall ensure that residents' needs are met through appropriate staff interventions and community resources and, whenever possible, that residents and their families or significant others are involved in the preparation of their plan of care.~~

~~6) The PRSD shall ensure the availability of education and information for family members of residents.~~

~~e) Psychiatric Rehabilitation Services Coordinator~~

~~1) A Psychiatric Rehabilitation Services Coordinator (PRSC) shall be an occupational therapist or possess a bachelor's degree in a human services field (including but not limited to: sociology, special education, rehabilitation counseling or psychology) and have a minimum of one year of supervised experience in mental health or human services.~~

~~2) An individual who is employed at a licensed nursing home in a capacity similar to that of a Psychiatric Rehabilitation Services Coordinator on January 1, 2002 and who has at least five years of experience in that capacity may petition the Department for approval to continue to act in that role even if the individual does not possess a bachelor's degree in human services. The Department will consider information submitted in accordance with subsection (i) of this Section in deciding whether to grant approval. The Department may revoke approval if the individual fails to continue to meet professional standards or to complete required training.~~

~~3) Each resident admitted to the facility shall have a PRSC to act as a case manager. The PRSC will be identified as the staff member to whom the resident primarily relates for the coordination of service.~~

~~4) The responsibilities of the PRSC are:~~

~~A) To provide the resident with a stable therapeutic relationship;~~

~~B) To orient the resident to the facility;~~

~~C) To review and assist the resident in understanding the treatment plan and program schedule;~~

~~D) To prepare and assist the resident with active participation in the treatment plan review;~~

~~E) To provide the delivery of the psychiatric rehabilitation services;~~

~~F) To coordinate the delivery of the psychiatric rehabilitation services; and~~

~~G) To monitor the resident in the areas of self-directed care and for overall compliance with the treatment plan.~~

~~5) There shall be a PRSC for each 20 participants.~~

~~d) Director of Nursing~~

~~1) A supervisory nursing position shall be established titled Director of Nursing (DON). The DON shall be a full-time employee who is on duty at least 36 hours per week and at least four days per week. This position shall not be included in the requirement for nursing staff coverage.~~

~~2) The DON shall be a registered nurse, preferably with at least one year's clinical experience in a mental health setting or a master's degree in psychiatric nursing.~~

~~3) The DON, in consultation with the facility's medical director, shall be responsible for the development and implementation of the facility's overall medical policies and practices, including:~~

~~A) The administration, monitoring, and observation of resident medications;~~

~~B) The medication education, compliance and self-administration program;~~

~~C) The monitoring and coordination of residents' physical care, medical appointments, and diagnostic consultation;~~

~~D) The health education of residents; and~~

~~E) The supervision of the facility's nursing personnel.~~

~~e) Assistant Director of Nursing~~

~~1) An Assistant Director of Nursing (ADON) position shall be established in facilities of 300 beds or more. The ADON shall be a full-time employee who is on duty at least 36 hours per week and at least four days per week.~~

~~2) The ADON shall be a licensed nurse, preferably with at least one year of experience working with the chronically mentally ill.~~

3) In consultation with the DON, the ADON shall be responsible for the direct supervision, monitoring and implementation of the facility's medical policies and residents' health services.

f) Nursing Staff

1) Adequate nursing personnel shall be provided to meet the medication, education and health needs of residents, and not fewer than one nurse per 40 residents in a 24 hour period shall be provided (i.e., a full-time equivalent ratio of one nurse to every 40 individuals being served).

2) Facilities shall have at least one licensed nurse (licensed practical nurse or registered nurse) on duty at all times.

3) Licensed practical nurses shall have successfully completed a pharmacology course or have at least one full year of full-time supervised experience in administering medications in a health care setting prior to employment.

g) Psychiatric Rehabilitation Services Aide

1) Beginning January 1, 2003, sufficient psychiatric rehabilitation services aides (PRSAs) or persons who have successfully completed a psychiatric rehabilitation certificate program shall be on duty all hours of each day to provide services that meet the needs of the residents, and no fewer than one PRSA per 10 residents in a 24 hour period shall be provided (i.e., a full-time equivalent ratio of one PRSA for every 10 individuals being served). Prior to January 1, 2003, if the facility does not employ PRSAs, the facility may employ certified nursing assistants (CNAs) if the following minimum training is provided within 30 days after the CNA's first day of employment:

A) Understanding the impact of serious mental illness;

B) Understanding the role of psychiatric rehabilitation, including how to manage psychiatric disabilities and countering stigma and discrimination;

~~C) Confidentiality;~~

~~D) Preventive strategies for managing aggression and crisis intervention;~~

~~E) Goals and function of case management;~~

~~F) Appropriate verbal and physical interaction;~~

~~G) Communication skills between staff and resident; and~~

~~H) Basic psychiatric rehabilitation techniques and service delivery.~~

~~2) *A facility shall not employ an individual as* a PRSA *unless the facility has inquired of the Department as to information in the Department's Nurse Aide Registry concerning the individual.* (Section 3-206.01 of the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect, or misappropriation of property in accordance with Section 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 300.661 of this Part.)~~

~~3) The facility shall ensure that each PRSA complies with one of the following conditions:~~

~~A) Is approved on the Department's Nurse Aide Registry. "Approved" means that the PRSA has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver.~~

~~B) Begins an approved Psychiatric Rehabilitation Services Aide Training Program (see 77 Ill. Adm. Code 395) no later than 45 days after employment. The PRSA shall successfully complete the training program within 120 days after the date of initial employment. An aide enrolled in a program approved in accordance with 77 Ill. Adm. Code 395.150(a)(2) shall not be employed more than 120 days prior to successfully completing the program.~~

C) Within 120 days after initial employment, submits documentation to the Department in accordance with Section 300.663 of this Part to be registered on the Nurse Aide Registry.

4) Each person employed by the facility as a PRSA shall meet each of the following requirements:

A) *Be at least 16 years of age, of temperate habits and good moral character, honest, reliable, and trustworthy* (Section 3-206(a)(1) of the Act);

B) *Be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents* (Section 3-206(a)(2) of the Act);

C) *Provide evidence of prior employment or occupation, if any, and residence for two years prior to present employment* as a PRSA (Section 3-206(a)(3) of the Act);

D) *Have completed at least eight years of grade school or provide proof of equivalent knowledge* (Section 3-206(a)(4) of the Act).

5) *The facility shall certify that each* PRSA employed by the facility *meets the requirements of this Section.* The certification *shall be retained by the facility as part of the employee's personnel record.* (Section 3-206(d) and (e) of the Act)

6) During inspections of the facility, the Department may require PRSAs to demonstrate competency in the principles, techniques, and procedures covered by the basic PRSA training program curriculum described in the Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395), when possible problems in the care provided by aides or other evidences of inadequate training are observed. The State approved manual skills evaluation testing format and forms will be used to determine competency of an aide when appropriate. Failure to demonstrate competency of the principles, techniques and procedures shall result in the provision of in-service training to the individual by the facility. The in-service training shall address the PRSA training principles and techniques relative to the procedures in which the aides are found to

~~be deficient during inspection (see 77 Ill. Adm. Code 395).~~

~~h) Registry of Certified Psychiatric Rehabilitation Services Aides~~

~~1) An individual will be placed on the Nurse Aide Registry when he/she has successfully completed a training program approved in accordance with the Long-Term Care Assistants and Aides Training Programs Code and has met background check information required in Section 300.661 of this Part, and when there are no findings of abuse, neglect, or misappropriation of property in accordance with Section 3-206.01 and 3-206.02 of the Act.~~

~~2) An individual will be placed on the Nurse Aide Registry if he/she has met background check information required in Section 300.661 of this Part and submits documentation supporting one of the following equivalencies:~~

~~A) Documentation of current registration from another state as a PRSA.~~

~~B) Documentation of successful completion of a PRSA training course approved by another state as evidenced by a diploma, certification or other written verification from the school. The documentation must demonstrate that the course is equivalent to, or exceeds, the requirements for PRSAs in the Long-Term Care Assistants and Aides Training Programs Code.~~

~~i) An individual petitioning the Department to continue acting as a PRSD or a PRSC even if that person does not meet formal education requirements shall submit the following information to the Department:~~

~~1) Work history;~~

~~2) Education since high school;~~

~~3) Employment references;~~

~~4) A statement that the person was working in a capacity similar to the position for which he/she is seeking recognition; and~~

~~5) Any other information that supports that the person is capable of meeting~~

~~the professional standards of the position.~~

~~Within one year after the petition is approved, the individual shall complete the training offered by IDPA for PRSC/PRSD, as applicable.~~

~~j)~~ ~~Consultants~~

~~1)~~ ~~A facility may use consultants with advanced professional degrees who meet the same requirements as facility personnel under this Subpart to provide psychiatric rehabilitation services and to provide expertise in the development and implementation of the facility's psychiatric rehabilitation services program and individual resident assessment and care planning.~~

~~2)~~ ~~All consultants providing services at the facility who are not physicians shall complete the Illinois Department of Public Aid-approved Psychiatric Rehabilitation Training Program.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 300.6095 Training and Continuing Education for Facilities Subject to Subpart T (Repealed)

~~a)~~ ~~Within the first 12 months after the facility elects to comply with Subpart T, the Psychiatric Rehabilitation Services Director, Psychiatric Rehabilitation Services Coordinator and the Director of Nursing shall complete an Illinois Department of Public Aid-approved training program.~~

~~b)~~ ~~Within 12 months after completing the IDPA-approved training and annually thereafter, the PRSD, PRSC, and DON shall participate in at least six continuing education units on psychiatric rehabilitation.~~

~~c)~~ ~~All consultants who are not physicians providing services at the facility shall complete the IDPA-approved Psychiatric Rehabilitation Training Program.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULE

1) Heading of the Part: Specialized Mental Health Rehabilitation Facilities Code

2) Code Citation: 77 Ill. Adm. Code 380

3)

Section Numbers:	Emergency Action:
380.100	New Section
380.110	New Section
380.120	New Section
380.130	New Section
380.140	New Section
380.150	New Section
380.160	New Section
380.170	New Section
380.180	New Section
380.190	New Section
380.200	New Section
380.210	New Section
380.220	New Section
380.300	New Section
380.310	New Section
380.320	New Section
380.330	New Section
380.400	New Section
380.410	New Section
380.420	New Section
380.430	New Section
380.440	New Section
380.500	New Section
380.510	New Section
380.515	New Section
380.520	New Section
380.530	New Section
380.540	New Section
380.550	New Section
380.560	New Section
380.570	New Section
380.580	New Section
380.600	New Section
380.610	New Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULE

380.620	New Section
380.630	New Section
380.640	New Section
380.650	New Section
380.660	New Section
380.670	New Section
380.700	New Section
380.710	New Section
380.720	New Section
380.730	New Section
380.740	New Section
380.750	New Section
380.760	New Section
380.770	New Section
380.780	New Section

4) Statutory Authority: Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]

5) A complete Description of the Subjects and Issues Involved: Part 380 implements the Specialized Mental Health Rehabilitation Act of 2013. Its six Subparts address provisional licensure, licensure, training of staff, the assessment of consumers, physical plant requirements, and the care to be provided to consumers in the four levels of service to be provided in specialized mental health rehabilitation facilities.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

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

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

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

9) Does this rulemaking contain incorporations by reference? Yes

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULE

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

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

12) Information and questions regarding this rule shall be directed to:

Susan Meister
Administrative Rules Coordinator
Department of Public Health
Division of Legal Services
535 W. Jefferson St., 5th Floor
Springfield, Illinois 62761

217/782-2043
dph.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Specialized Mental Health Rehabilitation Facilities

B) Reporting, bookkeeping or other procedures required for compliance: Data collection for quality assurance requirements, and to fulfill reporting requirements; maintaining current records of training of employees

C) Types of professional skills necessary for compliance: Nursing, medical

14) Regulatory Agenda on which this rulemaking was summarized: January 2014

The full text of the proposed rule is identical to that of the emergency rule for this Part, and begins in this issue of the *Illinois Register* on page 11819:

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Income Tax

2) Code Citation: 86 Ill. Adm. Code 100

3)

Section Numbers:	Proposed Action:
100.5000	Amendment
100.5020	Amendment
100.6000	New Section

4) Statutory Authority: 35 ILCS 5/102 and 5/601 and 35 ILCS 735/3-8

5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends Sections 100.5000 and 100.5020 of the Illinois income tax regulations and adds new Section 100.6000 to provide guidance on how extensions allowed under federal law for filing income tax returns and paying income taxes due (in cases of natural disaster, for example) automatically apply to Illinois filing and payment due dates.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

Section Numbers:	Proposed Action:	Ill Register Citation:
100.2657	New Section	37 Ill. Reg. 19082; December 2, 2013
100.2060	New Section	38 Ill. Reg. 832; January 10, 2014
100.2198	Amendment	38 Ill. Reg. 3482; February 7, 2014
100.7380	New Section	38 Ill. Reg. 3482; February 7, 2014
100.2171	New Section	38 Ill. Reg. 5148; February 21, 2014
100.7350	Amendment	38 Ill. Reg. 5503; February 28, 2014
100.3220	Amendment	38 Ill. Reg. 5782; March 7, 2014

11) Statement of Statewide Policy Objectives: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

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

217/782-7055

13) Initial Regulatory Flexibility Analysis:

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

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

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 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 Section 201(f))
100.2120 Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone and River Edge Redevelopment Zone (IITA Section 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 Section 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 Section 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

NOTICE OF PROPOSED AMENDMENTS

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

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

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 and River Edge Redevelopment 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 H: BASE INCOME OF TRUSTS AND ESTATES

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

Section
100.2655 Subtraction Modification for Enterprise Zone and River Edge Redevelopment Zone Interest (IITA Section 203(b)(2)(M))
100.2657 Subtraction Modification for High Impact Business Interest (IITA Section 203(b)(2)(M-1))
100.2680 Capital Gain Income of Estates and Trusts Paid to or Permanently Set Aside for Charity (Repealed)

SUBPART J: 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 K: 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 L: 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 M: 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)
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 N: ACCOUNTING

Section
100.4500 Carryovers of Tax Attributes (IITA Section 405)

SUBPART O: 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)

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

SUBPART P: COMPOSITE RETURNS

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 Q: 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 R: PAYMENTS

100.6000 Payment on Due Date of Return (IITA Section 601)

SUBPART S: REQUIREMENT AND AMOUNT OF WITHHOLDING

Section
100.7000 Requirement of Withholding (IITA Section 701)

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

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)
100.7050 Computation of Amount Withheld (IITA Section 702)
100.7060 Additional Withholding (IITA Section 701)
100.7070 Voluntary Withholding (IITA Section 701)
100.7080 Correction of Underwithholding or Overwithholding (IITA Section 701)
100.7090 Reciprocal Agreement (IITA Section 701)
100.7095 Cross References

SUBPART T: AMOUNT EXEMPT FROM WITHHOLDING

Section
100.7100 Withholding Exemption (IITA Section 702)
100.7110 Withholding Exemption Certificate (IITA Section 702)
100.7120 Exempt Withholding Under Reciprocal Agreements (IITA Section 702)

SUBPART U: INFORMATION STATEMENT

Section
100.7200 Reports for Employee (IITA Section 703)

SUBPART V: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD

Section
100.7300 Returns and Payments of Income Tax Withheld from Wages (IITA Sections 704 and 704A)
100.7310 Returns Filed and Payments Made on Annual Basis (IITA Section 704)
100.7320 Time for Filing Returns and Making Payments for Taxes Required to Be Withheld Prior to January 1, 2008 (IITA Section 704)
100.7325 Time for Filing Returns and Making Payments for Taxes Required to Be Withheld On or After January 1, 2008 (IITA Section 704A)
100.7330 Payment of Tax Required to be Shown Due on a Return (IITA Sections 704 and 704A)
100.7340 Correction of Underwithholding or Overwithholding (IITA Section 704)
100.7350 Domestic Service Employment (IITA Sections 704 and 704A)

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

100.7360 Definitions and Special Provisions Relating to Reporting and Payment of Income Tax Withheld (IITA Sections 704 and 704A)
100.7370 Penalty and Interest Provisions Relating to Reporting and Payment of Income Tax Withheld (IITA Sections 704 and 704A)

SUBPART W: ESTIMATED TAX PAYMENTS

Section
100.8000 Payment of Estimated Tax (IITA Section 803)
100.8010 Failure to Pay Estimated Tax (IITA Sections 804 and 806)

SUBPART X: COLLECTION AUTHORITY

Section
100.9000 General Income Tax Procedures (IITA Section 901)
100.9010 Collection Authority (IITA Section 901)
100.9020 Child Support Collection (IITA Section 901)

SUBPART Y: NOTICE AND DEMAND

Section
100.9100 Notice and Demand (IITA Section 902)

SUBPART Z: ASSESSMENT

Section
100.9200 Assessment (IITA Section 903)
100.9210 Waiver of Restrictions on Assessment (IITA Section 907)

SUBPART AA: DEFICIENCIES AND OVERPAYMENTS

Section
100.9300 Deficiencies and Overpayments (IITA Section 904)
100.9310 Application of Tax Payments Within Unitary Business Groups (IITA Section 603)
100.9320 Limitations on Notices of Deficiency (IITA Section 905)
100.9330 Further Notices of Deficiency Restricted (IITA Section 906)

SUBPART BB: CREDITS AND REFUNDS

Section

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

100.9400 Credits and Refunds (IITA Section 909)
100.9410 Limitations on Claims for Refund (IITA Section 911)
100.9420 Recovery of Erroneous Refund (IITA Section 912)

SUBPART CC: INVESTIGATIONS AND HEARINGS

Section
100.9500 Access to Books and Records (IITA Section 913)
100.9505 Access to Books and Records − 60-Day Letters (IITA Section 913) (Repealed)
100.9510 Taxpayer Representation and Practice Requirements
100.9520 Conduct of Investigations and Hearings (IITA Section 914)
100.9530 Books and Records

SUBPART DD: JUDICIAL REVIEW

Section
100.9600 Administrative Review Law (IITA Section 1201)

SUBPART EE: DEFINITIONS

Section
100.9700 Unitary Business Group Defined (IITA Section 1501)
100.9710 Financial Organizations (IITA Section 1501)
100.9720 Nexus
100.9730 Investment Partnerships (IITA Section 1501(a)(11.5))
100.9750 Corporation, Subchapter S Corporation, Partnership and Trust Defined (IITA Section 1501)

SUBPART FF: LETTER RULING PROCEDURES

Section
100.9800 Letter Ruling Procedures

SUBPART GG: MISCELLANEOUS

Section
100.9900 Tax Shelter Voluntary Compliance Program

100.APPENDIX A Business Income Of Persons Other Than Residents

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

100.TABLE A Example of Unitary Business Apportionment
100.TABLE B Example of Unitary Business Apportionment for Groups Which Include Members Using Three-Factor and Single-Factor Formulas

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].

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 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. 20751, effective December 13, 2013; recodified at 38 Ill. Reg. 4527; amended at 38 Ill. Reg. 9550, effective April 21, 2014; amended at 38 Ill. Reg. _____, effective _____.

SUBPART O: TIME AND PLACE FOR FILING RETURNS

Section 100.5000 Time for Filing Returns~~: Individuals~~ (IITA Section 505)

a) Unless~~, pursuant to Illinois Income Tax Act (IITA) Section 602,~~ an extension of time for filing a return is granted, returns shall be filed on or before the due dates specified below.

1) Individuals
Under IITA Section 505(a)(2), the annual return of an individual or married couple is required to be filed on or before the 15th day of the fourth month following the close of the individual's or married couple's taxable year. The final return of a decedent shall be filed at the time (extensions included) that it would have been due had the decedent not died.

2) Corporations (Including Subchapter S Corporations)
Under IITA Section 505(a)(1), except as provided by subsection (a)(6) of this Section, the annual return of a corporation is required to be filed on or before the 15th day of the third month following the close of the corporation's taxable year unless the income or loss of a taxpayer is reported for federal purposes on a return with a due date later than the 15th day of the third month following the close of the taxable year, in which case the same due date shall apply to the corresponding Illinois return.

3) Cooperatives
The annual return of a cooperative is required to be filed on or before the 15th day of the ninth month following the close of the cooperative's taxable year. For purposes of this subsection (a)(3)~~regulation~~, a cooperative is any taxpayer that derives its base income under IITA Section 203(e)(2)(F) from federal taxable income determined in accordance with IRC sections~~26 U.S.C~~ 1381 through 1388.

4) Partnerships
Under IITA Section 505(a)(2), the annual return of a partnership is

required to be filed on or before the 15th day of the fourth month following the close of the partnership's taxable year.

5) Estates and Trusts
Under IITA Section 505(a)(2), the annual return of an estate or trust is required to be filed on or before the 15th day of the fourth month following the close of taxable year of the estate or trust.

6) Exempt Organizations
Under IITA Section 505(a)(3), the annual return of an organization that~~which~~ is exempt from the federal~~Federal~~ income tax pursuant to ~~Internal Revenue Code (~~IRC~~)~~ section~~Section~~ 501(a) (other than an employees' trust described in IRC section~~Section~~ 401(a)) is required to be filed on or before the 15th day of the fifth month following the close of the taxable year of the exempt organization.

b) Due Date that Falls on Saturday, Sunday or a Holiday
IRC section 7503 provides that, when the last day for filing a return falls on Saturday, Sunday or a legal holiday, the return is considered timely if it is filed on the next succeeding day that is not a Saturday, Sunday or legal holiday. This provision is incorporated into the meaning of "due date" for purposes of the IITA under IITA Section 102~~Pursuant to Section 1.11 of "AN ACT to revise the law in relation to the construction of the statutes" (Ill. Rev. Stat. 1985, ch. 1, par. 1012), if the due date for any return or other report or payment falls on Saturday, Sunday or a Holiday, such due date shall be considered to be the next business date either for the purpose of submitting such return or other report or payment by mail or for the purpose of submitting such return or other report or payment in person~~.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 100.5020 Extensions of Time for Filing Returns: All Taxpayers (IITA Section 505)

a) Tentative Payments. An extension of time to file a return permitted under this Section is not to be construed as an extension by the Department of the time for payment of tax due on that~~such~~ return.

b) Automatic Illinois Extensions. The Department will grant an automatic extension of 6 months (7 months for corporations) to file any Illinois income tax return except returns due under Article 7 of the IITA. No application form need be filed

by a taxpayer to obtain this extension. If a balance of tentative tax is due, the taxpayer should transmit the payment with the appropriate form by the original filing due date in order to avoid the penalty for underpayment of tax (IITA Section 1005) and statutory interest (IITA Section 1003).

c) Additional Extensions Beyond the Automatic Extension Period. The Department will approve an extension of more than 6 months (7 months for corporations) if an extension of more than 6 months is granted by the Internal Revenue Service. For corporations the additional Illinois extension will be one month beyond any approved federal extension of longer than 6 months. For all other taxpayers, the additional extension will be for the length of time approved by the Internal Revenue Service. All taxpayers must attach a copy of the approved federal extension to their return when it is filed.

d) Penalty and Interest on Underpayment of Tax

1) IITA Section 1005 Penalty
A penalty of 6% per annum on any tax underpayment shall be assessed if the amount of tax required to be shown on a return is not paid on or before the date required for filing the return (determined without regard to any extension of time to file) for returns due prior to January 1, 1994. For returns due on and after January 1, 1994, without regard to extensions, the penalty shall be determined in the manner and at the rate prescribed by the UPIA.

2) IITA Section 1003 Interest~~.~~
Interest at the rate of 9% per annum (or at the~~such~~ adjusted rate ~~as is~~ established under IRC section~~26 USC~~ 6621(b)) will be assessed for the period from the due date of the return to the date of payment for any amount of tax not paid on or before the due date (determined without regard to any extension) for returns due before January 1, 1994. For returns due on and after January 1, 1994, without regard to extensions, the penalty shall be determined in the manner and at the rate prescribed by the UPIA.

e) Late Filing Penalty

1) The Department will not assess an IITA Section 1001 late filing penalty for the period of any extension provided by the IITA and this

Section~~regulation~~.

2) For returns due prior to January 1, 1994, *in case of failure to file any tax return required under this Act on the date prescribed therefor (determined with regard to any extensions of time for filing), unless it is shown that such failure is due to reasonable cause* (as defined in IRC section~~26 USC~~ 6651) *there shall be added as a penalty to the amount required to be shown as tax on such return 7.5% of the amount of such tax if the failure is not for more than one month, with an additional 7.5% for each additional month or fraction thereof during which such failure continues, not exceeding 37.5% in the aggregate.* (Section 1001 of the IITA, effective until January 1, 1994)

3) For returns due on and after January 1, 1994, without regard to extensions, *in case of failure to file any tax return required under* the IITA~~*this Act*~~ *on the date prescribed therefor, (determined with regard to any extensions of time for filing) there shall be added as a penalty the amount prescribed by Section 3-3 of the UPIA.* (Section 1001 of the IITA, effective January 1, 1994)

4) No penalty is imposed if there was reasonable cause for the taxpayer's failure to timely file the return. (See IITA Section 1001 (as in effect prior to January 1, 1994) and UPIA Section 3-8.) If the due date for filing of any federal income tax return is extended for any reason (for example, as the result of another state's holiday, such as the Emancipation Day holiday observed in Washington, D.C., or because of natural disaster under IRC section 7508A), a taxpayer who files his or her Illinois return after it is due under the IITA, but on or before the extended due date of the equivalent federal return, is deemed to have reasonable cause for the late filing.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART R: PAYMENTS

Section 100.6000 Payment on Due Date of Return (IITA Section 601)

a) Except as provided in subsection (b), *every taxpayer required to file a return under* the IITA *shall, without assessment, notice or demand, pay any tax due thereon to the Department on or before the date fixed for filing such return*

(determined without regard to any extension of time for filing the return). (IITA Section 601(a))

b) *If the due date for payment of a taxpayer's federal income tax liability for a tax year (as provided in the Internal Revenue Code or by Treasury regulation, or as extended by the Internal Revenue Service) is later than the date fixed for filing the taxpayer's Illinois income tax return for that tax year*, the *due date for payment* of the Illinois income tax liability due on that return shall be the extended *due date for payment of the taxpayer's federal income tax liability*. (IITA Section 601(a)) Pursuant to this provision, if the due date for payment of any federal income tax liability is extended for any reason (for example, as the result of a holiday, including a holiday not observed in this State such as the Emancipation Day holiday observed in Washington, D.C., or because of natural disaster under IRC section 7508A), the payment of any Illinois income tax liability on or before the extended federal due date for payment of the equivalent federal liability shall be timely.

(Source: Added at 38 Ill. Reg. _____, effective _____)

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Local Records Commission

2) Code Citation: 44 Ill. Adm. Code 4000

3)

Section Numbers:	Proposed Actions:
4000.10	Amendment
4000.20	Amendment
4000.22	New Section
4000.30	Amendment
4000.40	Amendment
4000.50	Amendment
4000.60	Amendment
4000.70	New Section
4000.80	New Section

4) Statutory Authority: Implementing and authorized by the Local Records Act (50 ILCS 205)

5) Complete Description of the Subjects and Issues Involved: Updates requirements for the management and retention of records to reflect current technology and practices in use, standardize rules, delete outdated references and methods, and eliminate antiquated language.

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

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

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

9) Does this rulemaking contain incorporations by reference? Yes

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

11) Statement of Statewide Policy Objectives: The proposed amendments do not require expenditures by units of local government.

12) Time, Place and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Texts of the proposed amendments are posted on Secretary of State's web

site, www.sos.state.il.us/departments/index/home as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this notice to:

Dave Joens
Director, Illinois State Archives
Norton Building, 2nd Floor W
Springfield, Illinois 62756

djoens@ilsos.net

The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: All units of local government in 101 counties, excluding Cook County.

B) Reporting, bookkeeping or other procedures required for compliance: The amendments require no new procedures.

C) Types of professional skills necessary for compliance: None.

14) Regulatory Agenda on Which this Rulemaking Was Summarized: This rulemaking was included on the Regulatory Agenda published January 24, 2014 (38 Ill. Reg. 3215).

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

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY MANAGEMENT
SUBTITLE C: GOVERNMENTAL RECORDS
CHAPTER I: LOCAL RECORDS COMMISSION

PART 4000
LOCAL RECORDS COMMISSION

Section
4000.10 General
4000.20 Definitions
4000.22 Incorporations by Reference
4000.30 Procedures for Compiling and Submitting Lists and Schedules of Records for Disposal
4000.40 Procedures for the Physical Destruction or Other Disposition of Records Proposed for Disposal
4000.50 Standards for the Reproduction of Records by Microphotographic and Electronic Microimaging Processes with a View to the Disposal of the Original Records
4000.60 Minimum Standards of Quality for Permanent Record Photographic Microcopying Film
4000.70 Digital Reproduction
4000.80 Management of Electronic Records
4000.APPENDIX A Limits for Residual Thiosulfate (Repealed)

AUTHORITY: Implementing and authorized by the Local Records Act [50 ILCS 205].

SOURCE: Filed August 6, 1975; amended at 4 Ill. Reg. 29, p. 274, effective July 3, 1980; codified at 8 Ill. Reg. 15501; recodified from Secretary of State to Local Records Commission at 9 Ill. Reg. 15502; amended at 9 Ill. Reg. 17796, effective November 5, 1985; amended at 15 Ill. Reg. 11932, effective August 6, 1991; amended at 38 Ill. Reg. _____, effective _____.

Section 4000.10 General

a) The Local Records Commission for agencies comprising counties of less than 3,000,000 inhabitants shall consist of a county board chairperson/president, a mayor/president of a city, village or incorporated town, a county auditor, a State's Attorney (all of whom shall be appointeed by the Governor), the State Archivist and the State Historian. The chairperson/president of the county board shall be the chairman of the Local Records Commission (the Commission). A member of

the Commission may designate a substitute.

~~1) The Local Records Commission for agencies comprising counties of less than 3,000,000 inhabitants shall consist of a chairman of a county board, a mayor or president of a city, village or incorporated town, a county auditor, and a State's attorney – all of whom shall be appointed by the Governor; the State Archivist, and the State Historian.~~

~~2) A member of the Commission may designate a substitute.~~

b) The Commission shall meet at 10:00 a.m. on the first Tuesday of each month. If the first Tuesday falls on a holiday, the Commission shall meet on the second Wednesday. ~~whenever called by the Chairman, who shall be a chairman of a county board.~~

c) All meetings of the Commission shall be open to the public and will be held in the John Daley Conference Room, Margaret Cross Norton Building, ~~conference room of the State Archives Building,~~ Springfield, Illinois unless otherwise stated in the publicly posted notice of~~call for~~ the meeting.

d) The~~It shall be the duty of the~~ Commission shall~~to~~ determine what records no longer have ~~any~~ administrative, legal, fiscal, research, or historical value; determine what records ~~and~~ should be destroyed or otherwise disposed of; and authorize and approve the destruction or other disposal of records. The State Archivist~~archivist~~ may ~~retain any records which the Commission has authorized to be destroyed, where they have a historical value, and may~~ deposit records~~them~~ in the State Archives, State Library or State Historical Museum, or with a local historical society, museum or library.

e) No public record, except as otherwise provided by law, shall be disposed of by any officer or~~local government~~ agency, unless written approval of the ~~Local Records~~ Commission is first obtained.

~~f) *"Agency" means any Court, and all parts, boards, departments, bureaus and commissions of any county, municipal corporation or political subdivision.*~~

f)~~g)~~ The Commission reserves the rights to review, modify~~,~~ or revoke approved records disposal schedules after due notice is given to the agency ~~has been given~~ and an open meeting on the subject is~~has been~~ held.

g)~~h)~~ The presiding judge of any court of record or the head of each agency shall provide for compliance with all provisions of ~~these~~ rules approved by the Commission. In the case of a violation of the Local Records Act [50 ILCS 205 ~~(Ill. Rev. Stat. 1983, ch. 116, pars. 43.101 et seq.)~~] or of this Part discovered by the Commission, the Attorney General~~,~~ and the county's State's Attorney ~~of the county in which the alleged violation occured,~~ will be notified.

h) Non-record materials may be destroyed at any time by the agency in possession of those materials without the prior approval of the Commission. Whenever there is doubt that certain items are non-record materials, the agency should consider them to be records until their status is determined.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 4000.20 Definitions

Administrative Value – Those aspects of records containing facts concerning an agency's administrative decisions that an agency needs for its immediate day-to-day function. This value almost always diminishes and is lost over time.

Agency – Any court, and all parts, boards, departments, bureaus and commissions of any county, municipal corporation or political subdivision.

Analog Records – Records created and maintained on a physical medium. Examples include, but are not limited to, paper documents, analog motion picture film, analog photographs and analog audio tape.

Authentic Copy – A reproduction of a record that duplicates the content of the original record and that has been certified as authentic by the creating agency so that it may be submitted as legal evidence.

Born-Digital Records – Records created in a digital format, as opposed to those created in other media and then converted to digital surrogates. Examples include, but are not limited to, word processing documents, electronic spreadsheets and digital photographs.

Chairman – Chairman of the Local Records Commission.

Commission or LRC – The Local Records Commission created by Section 6 of the Local Records Act [50 ILCS 205].

Database – A collection of information organized in such a way that a computer program can select desired pieces of data. A database is typically used as an electronic filing system through which users can quickly sort and retrieve data as necessary.

Digital Surrogate – A reproduction of content on analog media that has been scanned, photographed, encoded or otherwise converted to a digital file that, when printed, viewed or played, replicates the original content.

Digitization Process – The methods, tools and procedures by which a digital surrogate is created for an original record. Examples include scanning and encoding of audio/video signals into digital data.

Electronic Microimaging – Any process in which digital documents or images (scanned or born-digital) are converted to permanent record microfilm.

Electronic Record – A record generated, communicated, received or stored by electronic means. Both born-digital records and digital surrogates of analog records are considered electronic records. Databases or components of databases may or may not be considered records, depending upon their function and contents. Electronic records can be contained in various storage media.

Fiscal Value – Those aspects of records containing monetary information that accounts for the receipt or expenditure of funds.

Geographic Redundancy – The practice of replicating business data at two or more geographically distinct sites in order to protect against catastrophic data loss. Geographic redundancy can be provided through duplicate storage systems in different locations, or through contracting with vendors for remote or "cloud" storage.

Illinois State Archives – Department of the Archives and Records, Office of the Secretary of State, established pursuant to the State Records Act [5 ILCS 160].

Legal Value – Records that contain evidence of legally enforceable rights or obligations of the State, such as legal decisions and opinions; fiscal documents

representing agreements, such as leases, titles and contracts; and records of actions in particular cases, such as claim papers and legal dockets.

List – An Application for the Authority to Dispose of Local Records that have accumulated.

Metadata – Commonly referred to as "data about data", metadata is structured data that describes, explains, locates or otherwise makes it easier to retrieve, use or manage an information resource. Metadata is typically organized into distinct categories, such as administrative, descriptive, preservation or structural.

Non-Record Material –

Material not filed as evidence of administrative activity or for its informational content.

Extra copies of documents preserved only for convenience of reference.

Stocks of printed or reproduced documents kept for supply purposes, when file copies have been retained for record purposes.

Books, periodicals, newspapers, posters, finding aids and other library and museum materials made or acquired and preserved solely for reference or exhibition purposes.

Private materials neither made nor received by a local agency pursuant to State or local law or in connection with the transaction of public business.

Perforated, magnetized and photographically coded cards and tapes, provided that documents containing the same information have been filed in the same office and the cards and tapes were not prepared as evidence of administrative decisions or transactions subject to audit.

Transitory messages, consisting of material that is created primarily to communicate information of short-term value. These can include messages sent via email, instant messaging (IM), text messaging (SMS) or paper correspondence. Examples of transitory messages include, but are not limited to, reminders to employees about scheduled meetings or appointments; most telephone messages (whether in paper, voicemail or

other electronic form); announcements of office events such as holiday parties or group lunches; and recipient copies of announcements of agency-sponsored events such as exhibits, lectures, workshops, etc. Transitory messages are not intended to formalize or perpetuate knowledge and do not set policy, establish guidelines or procedures, certify a transaction or become a receipt.

Permanent – To be retained forever.

Permanent Record Film – A photographic camera original, or an exact copy of an original film, so composed and treated that the image and support will have maximum keeping quality under archival room storage conditions of 65-70 degrees Fahrenheit and 30-40% humidity.

Public Record – *Any book, paper, map, photograph or other official documentary material, regardless of physical form or characteristics, made, produced, executed or received by any agency or officer pursuant to law or in connection with the transaction of public business and preserved or appropriate for preservation by such agency or officer, or any successor thereof, as evidence of the organization, function, policies, decisions, procedures, or other activities thereof, or because of the informational data contained therein.* [50 ILCS 205/3]

Raw Stock – Sensitized photographic material that has not undergone the process of development.

Records Retention Schedule or Schedule – Formally known as the Application for the Authority to Dispose of Local Records, the document stating the official retention, maintenance and disposition requirements for a record series, or type of record, based on administrative, fiscal, legal or archival values for the scheduled records. The schedule is of no force unless approved by the Local Records Commission (see Section 7 of the Local Records Act).

Record Series – A group of identical or related documents (either as to form or content) that is arranged under a single filing system or kept together as a unit because they consist of the same form, relate to the same subject, result from the same activity, or have certain common physical characteristics (i.e., maps, blueprints, etc.). A series may contain both forms and correspondence.

Research, Historical or Archival Value – Records that document a specific local program, a unique program, a departure from previous local policy, formation of public policy, the activities of an important government official, or a trend or movement by the citizenry.

State Archivist – The Illinois Secretary of State.

System Decommissioning – The removal of a system from service, such as when a system used to manage business records is shut down when it is no longer being utilized or is being replaced by a new system.

~~a)~~ ~~*"Public record" means any book, paper, map, photograph or other official documentary material, regardless of physical form or characteristics, made, produced, executed or received by any agency or officer pursuant to law or in connection with the transaction of public business and preserved or appropriate for preservation by such agency or officer, or any successor thereof, as evidence of the organization, function, policies, decisions, procedures, or other activities thereof, or because of the informational data contained therein.* The preceding definition includes among other things, microfilm, magnetic tapes and punch cards.~~

~~b)~~ ~~Types of "nonrecord" materials are:~~

~~1)~~ ~~Material not filed as evidence of administrative activity or for the informational content thereof.~~

~~2)~~ ~~*Library and museum material made or acquired and preserved solely for reference or exhibition purposes.*~~

~~3)~~ ~~*Extra copies of documents preserved solely for convenience of reference.*~~

~~4)~~ ~~*Stocks of publications and of processed documents kept for supply purposes only.*~~

~~5)~~ ~~Perforated, magnetized and photographically coded cards and tapes, provided that documents containing the same information have been filed in the same office and such cards and tapes were not prepared as evidence of administrative decisions or transactions subject to audit.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 4000.22 Incorporations by Reference

a) No incorporation by reference in this Part includes any amendment or edition later than the date specified.

b) The following materials are incorporated in this Part:

1) ANSI/AIIM MS23 (2004) – Recommended Practice – Production, Inspection, and Quality Assurance of First Generation, Silver Microforms of Documents.

2) ANSI/AIIM MS62 (1999) – Recommended Practice for COM (Computer Output Microfilm) Recording System Having an Internal Electronic Forms Generating System – Operational Practices for Inspection & Quality Control.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 4000.30 Procedures for Compiling and Submitting Lists and Schedules of Records for Disposal

a) The presiding judge of any court of record or the head of each agency shall submit to the ~~Local Records~~ Commission lists or schedules of public records in his or her custody that are not needed in the transaction of current business and that do not have sufficient administrative, legal~~,~~ or fiscal value to warrant their further preservation.

~~1) Lists are applications for authority to destroy records that have accumulated.~~

~~2) Schedules are applications for continuing authority to destroy records after specified periods of time or the occurrence of specified events.~~

b) New lists or schedules are required whenever the informational content~~contents~~ of a record series is~~are~~ changed.

c) An original and one copy of all Applications~~applications~~ for the

Authorityauthority to Dispose of Local Recordsdestroy records shall be submitted to the Commission on forms available from the Local Records Commission, Margaret Cross NortonArchives Building, Springfield, Illinois, 62756.

d) Applications for authority to dispose of local records must be accompanied only by samples of each record series which the Commission has not previously reviewed. In the case of confidential records, blank forms and explanatory statements may be submitted in place of originals.

d)e) Nonrecord materials may be destroyed at any time by the agency in possession of thesuch materials without the prior approval of the Commission. However, whenever the head of any agency doubts whether certain papers are nonrecord materials, he or she should presume that they are records.

e) The Archivist shall be the local records advisor and shall appoint such assistants as necessary to assist local governments in carrying out the purposes of the Local Records Act [50 ILCS 205/5], including the preparation of lists and schedules of records.

f) Applications for the Authority to Dispose of Local Records must be received in the office of the Local Records Unit of the Illinois State Archives at least 5 business days before a scheduled Commission meeting to be placed on the agenda of that meeting. If received after that time, applications will be placed on the agenda of the next Commission meeting.

g) The Commission will consider all applications presented at each meeting. The Commission may approve, amend, deny or defer approval of an application pending clarification, modification or deletion of information presented on any portion of the application.

h) During the review of each application, the Commission will consider if the description of the record series is complete and easily understandable with regard to how and why the record was created, what purpose it serves, where else the information can be found, and if the proposed retention is appropriate in light of the record's administrative, fiscal, legal, research or historical value.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 4000.40 Procedures for the Physical Destruction or Other Disposition of Records

Proposed for Disposal

a) Subject to statutory provisions, agencies may dispose of records authorized for destruction by the Commission.

b) All records for which disclosure is prohibited by law that contain social security, driver's license or State identification numbers, or that identify a person by name and birth date, must be destroyed by a lawful, secure manner that does not allow for the reconstruction or reuse of the original record information.

1) Approved methods of destruction for paper based records for which disclosure is prohibited by law or that identify a person include: burning; shredding, in which either a crosscut shredder cutting to a maximum width of ⅜ inches or an industrial sized strip cut shredder is used, if it is incorporated with a baler or the shredded paper is further destroyed; pulping using standard wet process pulpers; or pulverizing using a dry destruction process that may include the use of hammer mills, choppers, huggers or disintegrating equipment.

2) Approved methods of destruction for non-paper based records for which disclosure is prohibited by law or that identify a person include: burning in a pyrolytic furnace or other incinerator or incendiary device; destroying in a dry pulverizing system; shredding; grinding, which is defined as abrading through the surface of an optical disc (compact disc); milling; knurling; disintegration; or degaussing. Computer software or hardware must be erased or wiped/sanitized in a manner that prevents retrieval.

3) The handling and transportation of the records designated for destruction must be done in a reasonably secure manner that is designed to prevent public access to the records.

4) The custodian of the records must prepare, sign and keep on file a Local Records Disposal Certificate that shows what records have been destroyed, the method of destruction, who destroyed the records and the date of destruction.

c) Thirty days prior to disposal or destruction of any records, regardless of physical format or characteristics, the agency shall submit a Local Records Disposal Certificate to the Commission and proceed with disposal only after a copy of that

certificate has been reviewed and approved by the Chairman and returned to the agency. The original copy of this Local Records Disposal Certificate will be kept in the files of the Commission and the duplicate copy approved and returned by the Chairman shall be retained by the agency.

d) If an agency's records have been damaged by water, fire, smoke, insects or vermin, mold or some other natural disaster that poses a health or safety risk to employees, that agency may apply to the Commission for permission to dispose of those records ahead of their scheduled disposal date. The request must include a Local Records Disposal Certificate accompanied by the agency's explanation of why the records need to be disposed of early. The Commission may grant the request only after physically reviewing the damaged records.

~~b) At least 60 days before disposing of their records, agency chiefs shall fill out in duplicate a Records Disposal Certificate which shall show the date on which the records are to be disposed of, and the number of the application approved by the Local Records Commission authorizing the records destruction. This form shall be signed by the officer having jurisdiction over the records. The original copy of the Records Disposal Certificate shall be kept in the files of the Local Records Commission, and the duplicate copy shall be retained by the local government officer for his records.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 4000.50 Standards for the Reproduction of Records by Microphotographic and Electronic Microimaging Processes with a View to the Disposal of the Original Records

a) Records proposed for microfilming or electronic microimaging with a view to disposal of the original records must be on a list or retention schedule approved by the Commission.

b) In submitting lists or schedules of records scheduled for permanent retention for which microfilm copies are to be substituted, the head of each agency shall certify that microfilm copies, made in accordance with standards of the Commission, will be adequate substitutions for the original records.

c) Quality of the Film Used. The film stock must be silver halide and the processing of the film shall comply with the minimum standards of quality required by the Commission as set forth in Section 4000.60.

d) Preparation of the Records for Filming or Electronic Microimaging

1) All documents in the file shall be microfilmed, unless their size or physical form prevents microfilming, in which case an explanation of their omission shall be microfilmed at the appropriate point on the roll of film and be worded substantially as follows:

"(Item Description) was omitted from this roll of film because _____. It may be located _____."

2) Any records not filmed shall be maintained by the agency or transferred to the Archives under terms specified on the approved records disposition schedule.

e) Integrity of the Original Records

1) The integrity of the original records shall be preserved through a photographic or electronic microimaging process so that the image on film, or exact duplicates of the image, will be adequate substitutes for the original records in that they will serve the purposes for which the records were created or maintained and that the copies will contain all significant record detail needed for probable future reference and will not permit additions, deletions or changes to the reproductions of the original images.

2) Prior to microfilming, the original documents shall be prepared, arranged, classified and indexed to readily permit the subsequent location, examination and reproduction of the photographs. Any significant characteristics of the records that would not reflect photographically (e.g., that the record is indistinct or that certain figures are of a color not suited to recording on microfilm) shall be indicated by means of an explanatory target inserted to guide the user. Any notations on the face or reverse side of any document shall be photographed and identified as forming an integral part of the original document. A significant characteristic is any part of the record necessary for its interpretation, including all words, numbers and illustrations.

A) Each film roll, camera negative, or sheet (including 105 mm continuous fiche film rolls, but not COM) shall be identified by or contain the following targets:

i) A technical target for measuring resolution.

ii) A film density target (8½ x 11 inch bond paper).

iii) A roll number START target in characters that can be read without magnification.

iv) A TITLE target giving name of the office having custody of the records, a brief title of the record series, dates, file arrangement, and the number of the schedule approved by the Commission authorizing the project.

v) Listed between the START file and END file targets must be explanatory targets for omission, deletion, misfiles, retakes, or any example given in this subsection (e)(2).

B) At the end of each roll/sheet of film, after the document images, shall be targets as follow:

i) An END target containing the number of the list or schedule approved by the Commission authorizing the project.

ii) Roll number.

iii) Brief title of the record series.

iv) Beginning and ending file designations.

v) A camera/electronic microimaging operator's certificate as follows:

"I hereby certify that I have on this ____ day of _____, 20___, photographed or electronically microimaged the documents appearing on this roll of film, that they are true

copies of the documents found in the record file described above, and that the integrity of the above described record file has been maintained on this film by microfilming or electronic microimaging each document in the exact order in which it was found in the file. Reproductions designed to serve as permanent records comply with the regulations and standards of the Local Records Commission."

vi) Signature of camera operator.

vii) A film density target (8½ x 11 inch bond paper).

viii) A technical target for measuring resolution.

f) Security microfilm shall have no breaks, cuts or splices in the body of the film, which shall be the area following the START target and preceding the Camera/Electronic Microimaging Operator's Certificate. However, a retake of a length of film may be spliced ahead of the START target or after the Camera/Electronic Microimaging Operator's Certificate, providing that the retake be given its own START target and Camera/Electronic Microimaging Operator's Certificate. This shall be done in such a manner as not to overload a reel or cartridge. Exceptions to this rule are:

1) If the trailing end of a reel is fogged or unreadable, the camera or electronic microimaging operator shall rephotograph the original documents or obtain the corresponding electronically microimaged documents from a point 12 images in advance of the last readable image prior to the fogged or unreadable area. The retake will include a Camera/Electronic Microimaging Operator's Certificate and will be spliced to the trailing end of the fogged or unreadable portion of the film.

2) When a court-ordered expungement of specific records is issued and deletions are made from the roll of film, the court expungement order and a Certificate of Deletion, illustrated below, must be photographed or electronically microimaged and the images spliced to the beginning of the film.

CERTIFICATE OF DELETION

This is to certify the deletion of microfilm images on this roll of microfilm occurred due to Court Order # _____, dated _____ , signed by Judge _____. No other images other than those listed in this order were deleted.

_____
Signature of Officer

g) The camera or microimaging system used to microfilm the records shall be one that accurately reproduces the content of the original records with sufficient photographic contrast and resolution to be readable through three generations of reproduction.

h) The camera or microimaging system used to microfilm the records shall be one that accurately reproduces the content of the original records with sufficient photographic contrast and resolution to be readable through three generations of reproduction.

i) Each roll of original film or camera negative must be inspected after processing and before duplicate copies are made. The inspection must be conducted in such a manner as to reveal defects such as improper density, poor resolution, blurred or obscured images, improper document sequence, or improper identification targets. If a defect prohibits a clear, legible, hard copy print from the files, the original records must be rephotographed. The following methods are suitable means of inspection:

1) Random sampling of the film, including samples from the beginning, middle and end of the roll or microform. (It is suggested that this be done on all film as a minimum quality control.)

2) Visually inspecting the film by passing each image through a reader and checking for overlapping, double or folded images, or other types of problems that would impair retrieving any information on the microimages.

3) Performing all of the requirements of subsection (i)(2) plus counting the number of microimages on the film and comparing that against the number of documents that were to be microfilmed. (If the numbers

coincide, the conclusion is made that every document has been microfilmed.)

4) Individually comparing each document with each microimage that was actually created. (This visual verification provides the highest assurance that every document has been properly filmed.)

j) If more than 1% of the original images needs to be refilmed (approximately 30 images per roll), the entire roll must be refilmed.

k) Updateable Microfiche Systems. An agency considering using an updateable microfiche system should first contact the Commission to review the proposed application. This application will be approved if the updateable microfiche meets the following specifications:

1) Each microfiche must have the specified targets at the beginning and end of each fiche as required by subsection (e)(2)(A) and (B).

2) Each time a microfiche is updated, either a Camera Operator's Certificate must be inserted at the end of the added documents or annotated reference to the original Camera Operator's Certificate must appear on each added image.

3) Only records bearing retention periods of 10 years or less may be placed on updateable microforms.

4) If a court-ordered expungement is necessary, a Certificate of Deletion must appear at the place of the deleted image.

l) Prior to the destruction of records microfilmed under the authority of approved records schedules, the agency shall file with the Commission a statement of compliance with its standards governing the microfilming of records. The statement must include:

1) Agency having custody of the records.

2) Date.

3) Title and inclusive dates of the record series.

4) The number of the list or schedule approved by the Commission authorizing the project.

5) The following statement:

"I hereby certify that the film on which the records were reproduced complies with the standards given in Section 4000.60 of the rules of the Local Records Commission (44 Ill. Adm. Code 4000.60)."

6) Signature of the microfilm project supervisor.

m) Each film carton shall be identified by a label or exterior marking indicating:

1) Roll number.

2) Name of office.

3) Title of the record series.

4) Names of the file units at the start of the roll, at space targets, and at the end of the roll.

5) The number of the application authorizing the microfilming of the record/record series.

n) Inspection. Security or master films of permanent record microforms, and records microfilmed to dispose of the original record, shall be inspected every 2 years during their scheduled life. The inspection shall be made using a 1% randomly selected sample in the following categories: 70% – microforms not previously tested; 20% – microforms tested in the last inspection; and 10% – control group. The control group shall represent samples of microforms from the oldest microforms filmed through the most current.

~~a) *Prior to the destruction of any original records, papers or documents, the agency head having such records in his custody or under his supervision shall attach to each reproduction or continuous roll of reproductions, as the case may be, a certification substantially as follows:*~~

~~Certificate of Intent~~
~~(Letterhead of Certifying Officer)~~

~~This is to certify and declare that the microfilmed records which appear on this roll of film are accurate and true images of records of the (Describe Office), _____ State of Illinois, and that such records are microfilmed in the ordinary course of business and are preserved by microphotography on this roll of microfilm, exactly as in the original.~~

~~We also certify that the original records on this roll are to be destroyed or disposed of in accordance with statutes, and only after inspection of the film has assured the accuracy and completeness of these records and their film images.~~

~~We also certify that the microphotography used to commit these documents and records to microfilm complies with requirements of the Local Records Commission for permanency of film images.~~

_____
~~(Signature of Officer)~~

_____
~~(Title)~~

~~b)~~ ~~Preparation of the records for filming.~~

~~All documents in the file shall be microfilmed, unless their size or physical form prevents microfilming, in which case an explanation of their omission shall be microfilmed at the appropriate point on the roll.~~

~~c)~~ ~~Integrity of the original records.~~

~~1)~~ ~~The integrity of the original records shall be preserved on photographic or microfilm copies, so that such copies will be adequate substitutes for the original records in that they will serve the purposes for which such records were created or maintained and that such copies will contain all significant record detail needed for probable future reference.~~

~~2)~~ ~~Prior to microfilming, the original documents shall be so prepared,~~

~~arranged, classified and indexed as to readily permit the subsequent location, examination and reproduction of the photographs thereof. Any significant characteristics of the records which would not reflect photographically (e.g., that the record is indistinct or that certain figures are of a color not suited to recording on microfilm) shall be noted by the use of explanatory targets.~~

~~3) Each film roll shall be identified by:~~

~~A) a title target showing the name of the office having custody of the records, a brief title of the record series, inclusive dates, file arrangement and the number of the approved application authorizing the microfilming of the records.~~

~~B) a Certificate of intent, title target information (as listed in Section 4000.50 (c)(3)(A) and a "start file" target at the beginning of each reel of roll film.~~

~~C) an "end file" target and a Certificate of Authenticity placed at the end of each reel of roll film.~~

~~D) explanatory targets placed between the start file and end file targets as needed. Explanatory targets, for example, show omissions, deletions, misfiles, retakes, and information required pursuant to Subsection 4000.50(c)(2).~~

~~4) Each roll of original film or camera negative must be inspected after processing and before duplicate copies are made. The inspection must be conducted in such a manner as to reveal defects such as improper density, poor resolution, blurred or obscurred images, improper document sequence, or improper identification targets. If a defect prohibits a clear, legible, hard copy print from the film, the original records must be re-photographed. The inspection must follow one of the following procedures:~~

~~A) randomly sampling the film, making sure that the samples include the beginning, middle, and end of the roll or microfilm. (It is suggested that this be done on all film as a minimum quality control).~~

~~B) visually inspecting the film by passing each image through a reader and checking for overlapping, double or folded images, or other types of problems that would impair retreiving any information on the micro-images.~~

~~C) performing all of subsection (B) plus, counting the number of microimages on the film and comparing that against the number of documents that were to be microfilmed. (If the numbers coincide, the conclusion is made that every document has been microfilmed.)~~

~~D) individually comparing each document with each micro-image that was actually created. (This visual verification provides the highest assurance that every document has been properly filmed.)~~

~~5) If more than one percent of the original images need to be refilmed (approximately 30 images per roll), the entire roll must be refilmed.~~

~~6) The retake of documents must be spliced to the end of the film along with a Certificate of Addition. The storage container must be labeled to reflect these additions.~~

~~7) *At the end of each roll shall be a certificate worded substantially as follows:*~~

~~Certificate of Authenticity~~
~~(Service Company or Agency Letterhead)~~

~~This is to certify that the microfilmed images on this roll of microfilm starting with _____ and ending with _____ are true and accurate images of the documents of the (Describe office) _____~~

~~These documents are microfilmed in the ordinary course of business as a part of the _____ (Service Company or Agency) procedures.~~

_____
~~(Camera Operator)~~
~~(or Certifying Officer)~~

~~8) When the retaking of images is necessary the following certificate shall be required.~~

~~Certificate of Additions~~

~~(Service Company or Agency Letterhead)~~

~~This is to certify that the microfilmed images appearing on this roll of film between Start Additions and End Additions are true and accurate images of those documents of the (Describe office) _____ which were missing or proved unreadable upon inspection of the original roll, and are to be spliced to such original roll for its completion.~~

_____
~~(Camera Operator)~~
~~(or Certifying Officer)~~

~~9) No splice will be permitted between the start file and end file targets except for the court ordered expungement of specific records. When such an order is issued, and deletions are made from the roll of film, a certification substantially as follows must be inserted at the beginning of the reel of film.~~

~~CERTIFICATE OF DELETION~~

~~This is to certify the deletion of microfilm images on this roll of microfilm occurred due to Court Order # _____, dated_____, signed by Judge _____. No other images other than those listed in this order were deleted.~~

_____
~~Signature of Officer~~

_____

~~10) Each film carton shall be identified by a label or exterior marking showing:~~

~~A) roll number~~

~~B) name of office~~

~~C) title of record series~~

~~D) names of file units at the start of the roll, at space targets, and at the end of the roll.~~

~~E) the number of the application authorizing the microfilming of the record/record series.~~

~~11) Computer Output Microfilm (COM) is to be considered an original record and not a copy of an original record. Therefore, authentication requirements for source document microfilm, described in Sections 4000.50(c)(7),(8) and (9), do not apply to COM.~~

~~12) Microfiche and Aperture Cards~~

~~A) the microform must be an accurate representation of the original records.~~

~~B) the Certificate of Intent and Authenticity must appear on each microfiche or aperture card.~~

~~C) the headings on each fiche or aperture card must be legible without magnification, and must include the name of the office having custody of the records, a brief title of the record series, inclusive dates and approved application number.~~

~~D) any index registers or other finding aids must be microfilmed and located within the collection of filmed records.~~

~~13) Updateable Microfiche Systems:~~

~~An agency considering using an updateable microfiche system should first contact the Local Records Unit to review the proposed application. The use of the updateable system will be approved if the Updateable Microfiche meet the following specifications:~~

~~A) each microfiche must have the specified targets at the beginning and end of each fiche. A certificate of intent and a certificate of authenticity are the minimum allowed.~~

~~B) each time a microfiche is updated, either a certificate of authenticity must be inserted at the end of the added documents or annotated reference to the certificate of authenticity must appear on each added image.~~

~~C) only records bearing retention periods of seven years or less may be placed on updateable microforms.~~

~~D) if a court ordered expungement is necessary a certificate of deletion must appear at the place of the deleted image.~~

~~14) Prior to the destruction of records microfilmed under the authority of approved records schedules, the agency shall file with the Local Records Commission a statement of compliance with its standards governing the microfilming of records. The statement shall include:~~

~~A) Name of agency having custody of the records.~~

~~B) Date~~

~~C) Title and inclusive dates of the records series~~

~~D) The number of the list or schedule approved by the Local Records Commission authorizing the project.~~

~~E) A statement as follows:~~

~~"I hereby certify that the film on which the records were~~

~~reproduced complies with the standards given in Section 4000.60 of the rules of the Local Records Commission."~~

~~F) Signature of the microfilm project supervisor or records custodian.~~

~~15) Master or Security Copy~~

~~The security or master microform shall not be used for reference purposes. Duplicates shall be used for reference and for further duplication on a recurring basis or for large-scale duplication, as for distribution of records on microforms. Agency procedures shall ensure that master microforms remain clean and undamaged during the duplication process. The agency may deposit a silver based film of permanent record materials in the Illinois State Archives, in roll form only.~~

~~16) Inspection~~

~~Security or Master films of permanent record microforms, and records microfilmed to dispose of the original record, shall be inspected every 2 years during their scheduled life. The inspection shall be made using a 1 percent randomly selected sample in the following categories: 70 percent – microforms not previously tested, 20 percent – microforms tested in the last inspection, and 10 percent – control group. The control group shall represent samples of microforms from the oldest microforms filmed through the most current.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 4000.60 Minimum Standards of Quality for Permanent Record Photographic Microcopying Film

a) These standards are concerned with both raw stock for permanent record films and with the processed films ready for storage. They are not restricted to microfilm but apply equally to motion picture films, roll films, and sheet films. They reflect incorporations listed~~No incorporation by reference~~ in Section 4000.22~~4000.60 includes any later amendments or editions~~.

b) All such film stock shall be of approved permanent type polyester based film that includes an anti-halation dye system that~~such as~~ meets the minimum

specifications of ANSI/AIIM MS23.~~the American National Standards Institute (ANSI) as found in:~~

~~PH 1.25 – 1984~~

~~PH 1.28 – 1984~~

~~PH 1.41 – 1984~~

c) Each frame of microfilm shall be exposed and processed so that every line and character on the document appears on the microfilm with sufficient clarity to permit reproducibility through three successive generations of reproduction. With regard to operational procedures, inspection and quality control of silver gelatin microfilm, ANSI/AIIM MS23 shall apply. ~~Microimages and paper copies thereof must "exhibit a high degree of legibility and readability." Legibility is defined as "the quality of a letter or number that enables the observer to identify it positively and quickly to the exclusion of all other letters or numerals." Readability is "the quality of a group of letters or numerals being recognizable as words or complete numbers." Agencies filming public records before disposal of the originals must comply with the following ANSI standards relating to preparing and filming of records and the use, storage and inspection of developed film: ANSI PH1.25-1984, ANSI PH1.28-1984, ANSI PH1.41-1984, ANSI PH1.43-1983, ANSI PH4.8-1985, ANSI PH5.8-1972-R1978, and ANSI/AIIM MS19-1978.~~

d) The background photographic densities must be appropriate to the type of documents being filmed. Appropriate background densities are as follows:

~~1) Appropriate background densities are as follows:~~

Classification	Description of Documents	Background Density
Group 1	High-quality, high-contrast printed books and~~,~~ periodicals; black type face; fine-line originals; black opaque pencil writing; and documents with small, high-contrast print~~, and dense typing~~.....	1.00 to 1.30~~1.10-1.40~~
Group 2	Pencil and ink drawings; faded and very small print (for example,	0.90 to 1.10~~1.00-1.20~~

	footnotes at the bottom of a printed page); scenic checks; documents with printed pictorial images; and newspapersFine-line originals, letters typed with a worn ribbon, pencil writing with a soft lead, and documents with small printing.....	
Group 3	Low-contrast manuscripts and drawings; graph paper with pale, fine-colored lines; letters typed with a worn ribbon; poorly printed, faint documentsPencil drawings, faded printing, graph paper with pale, fine colored lines, and very small printing.....	0.80 to 1.00 (1:24 reduction or less).90-1.10
Group 4	Very low-contrast (worst case) documents can require extremely low background densityVery weak pencil manuscripts and drawings, and poorly printed, faint documents ..	0.75 to 0.85 (1:24 reduction or less).80-1.00
Group 5	COMSome poor-contrast documents may require a lower background density (i.e. photo-stats or blueprints, etc.....	1.50 to 2.00.70-.90
Group 6	Computer-Output Microforms.....	1.50-2.00

2) The base-plus-fog density of unexposed, processed, clear based microfilm must not exceed 0.10.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 4000.70 Digital Reproduction

a) Analog records may not be destroyed in favor of digital surrogates unless the digital surrogates are produced in compliance with this Section and unless done pursuant to a retention schedule approved by the Commission.

b) In submitting schedules of analog records scheduled for permanent retention for which digital surrogates are to be substituted, each agency shall certify that the

copies will be made in accordance with the standards of the Commission and will be authentic copies of the analog records.

c) Analog records scheduled for permanent retention may not be destroyed in favor of digital surrogates unless those surrogates are maintained in compliance with Section 4000.80. If the requirements of Section 4000.80 are not met, records must be additionally maintained either in original format or in a microfilm format that complies with Sections 4000.50 and 4000.60.

d) File Integrity. The integrity and authenticity of the analog records shall be preserved through the digitization process so that the images or surrogates will be authentic copies of the analog records. They must serve the purposes for which the original records were created or maintained and the copies must contain all significant record detail needed for probable future reference.

e) Digital surrogates of analog records must be created and stored in file formats approved by the Commission. These formats include, but are not limited to, PDF, PDF/A and TIFF.

f) Access. The digital surrogates shall be prepared, arranged, classified and indexed to readily permit subsequent location, examination and reproduction of individual records. Hardware, software and documentation must be maintained to allow ready access to each file.

g) External Vendors. Agencies may contract with external vendors to perform any of the tasks involved with the digitization of records. The vendors must comply with all State laws and rules governing the digitization process. The contracting agency will remain responsible for the proper management of records in the temporary custody of the vendor.

h) Technical Standards for Creation of Digital Surrogates

1) Quality Control. Prior to production, an agency shall assemble a sample set of source documents or records equivalent in characteristics to the source documents for the purposes of evaluating scanner results. Scanner quality must be evaluated in accordance with current industry best practices at the time of production, such as, but not limited to, Riley & Whitsel's "Practical Quality Control Procedures for Digital Imaging Projects" and the Federal Agencies Digitization Guidelines Initiative's

Technical Guidelines for Digitizing Cultural Heritage Materials: Creation of Raster Image Master Files. If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

2) Quality Assurance. Before production, an agency shall develop written quality assurance procedures based upon the results of the pre-production quality sample. Before the original documents are destroyed, quality assurance must be conducted in accordance with current industry best practices at the time of production, such as, but not limited to, Riley & Whitsel's "Practical Quality Control Procedures for Digital Imaging Projects" and the Federal Agencies Digitization Guidelines Initiative's Technical Guidelines for Digitizing Cultural Heritage Materials: Creation of Raster Image Master Files. If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

3) Scanning Resolution. Scanning resolution must be adequate to ensure that no information is lost. A scanning resolution with a minimum of 200 dots per inch is required for recording documents that contain no type font smaller than 6 point. A minimum scanning resolution of 300 dots per inch is required for engineering drawings, maps and other documents with a type font smaller than 6 point or with background detail. The selected scanning resolution must be validated with tests on actual source documents.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 4000.80 Management of Electronic Records

a) Born-digital Records. Born-digital records shall be subject to the same record schedules as those records originally created in other media.

b) Databases. Databases or components of databases may or may not be considered records, depending upon their function and contents. An agency's Records Retention Schedule, as approved by the Commission, will be used to make such a determination.

c) Permanent Records. Records scheduled for permanent retention must be stored in file formats approved by the Commission (examples include PDF/A, Tiff, Waveform Audio File Format (WAVE) and Moving Picture Experts Group-4 (MPEG-4) at the time the records are permanently removed from the active system, at the time of active system decommissioning, or at the request of the Commission.

d) Storage Media. Electronic records may be stored on a hard disk, networked server, magnetic tape or other media approved by the Commission. Stored records must be regularly migrated to new media in accordance with current industry best practices, such as, but not limited to, ANSI/ARMA 16-2007, The Digital Preservation Coalition's Digital Preservation Handbook and the University of Illinois' "Best Practices for Media Selection and Migration". If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

e) Access. Electronic records must be maintained in such a way that each record is individually accessible for the length of the scheduled retention.

f) Backup Copies. A minimum of two copies of all electronic records must be preserved for the length of scheduled retention. Copies must be stored according to current industry best practices for geographic redundancy, such as, but not limited to, NIST Special Publication 800-34 Rev. 1 – Contingency Planning Guidelines for Federal Information Systems and the New York State Archives' "Record Advisory: Electronic Records Disaster Preparedness and Recovery". If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

g) External Vendors

1) Agencies may contract with external vendors for the storage or management of electronic records. Vendors must comply with this Section. Contracting agencies will remain responsible for the proper management of records in the custody of vendors.

2) Contracts for the storage of electronic records by external vendors must allow for the return of all electronic data files and indexing information to the agency at the expiration of the contract or, in the case of vendor

failure, in a format complying with the requirements of subsections (c) and (e).

h) Identification. Media used to store electronic records must provide unique identification of each physical unit. Each electronic record must have a unique identifier to allow for ongoing management of that record.

i) System Requirements for the Management of Permanent Records

1) Electronic Records Scheduled for Permanent Retention. These records must be stored and managed in accordance with subsections (d) through (h). If those requirements are not or cannot be met, then an additional microfilm or print copy must be created for permanent preservation. Microfilm copies must be created in accordance with Sections 4000.50 and 4000.60. Certain record types that are unsuitable for print or microfilm reproduction, such as audio or video files, are exempt from this requirement.

2) Classification. Systems used to store and access electronic records must allow records to maintain their relationships with one another.

3) Security. Systems used to store and access electronic records must not permit unauthorized additions, deletions or changes to the records. Access to the system must be limited and strictly controlled.

4) Access. Systems used to store and access electronic records must allow for the retrieval of individual records and their associated metadata in a timely manner.

5) Metadata. Systems used to store and access electronic records must capture relevant structural, descriptive and administrative metadata at the time a record enters the system. The system must generate additional metadata whenever a record is moved within the system or migrated to another format or storage medium.

6) Format Migration. Systems used to store and access electronic records must allow for the migration of stored records, and their associated metadata, notes and attachments, from one file format to another.

7) System Maintenance. Each agency shall ensure that hardware, software and documentation (including maintenance documentation) used to store and access electronic records are retained for the entire life of that system.

8) System Changes. If hardware, software and/or documentation used to store and access electronic records is replaced, or if the electronic records are migrated to a new system, the agency must ensure that the replacement hardware, software and/or documentation meets all requirements mandated in the approved records schedule and in this Section.

(Source: Added at 38 Ill. Reg. _____, effective _____)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Travel

2) Code Citation: 80 Ill. Adm. Code 2800

3)

Section Numbers:	Adopted Action:
2800.230	Repeal
2800.235	Amendment
2800.260	Amendment
2800.700	Amendment

4) Statutory Authority: Authorized by Sections 12-1 and 12-2 of the State Finance Act [30 ILCS 105/12-1 and 12-2] and by Section 710 of the Travel Regulation Council Rules (80 Ill. Adm. Code 3000.710)

5) Effective Date of Rule: May 23, 2014

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 rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposal published in the *Illinois Register*: 38 Ill. Reg. 3273; January 31, 2014

10) Has JCAR issued a Statement of Objection to this Rulemaking? No

11) Differences between Proposal and Final Version. In Section 2800.235(b)(1), struck "because the travel was not to or through headquarters". In Section 2800.700, restored the subsection label and changed that subsection to read: "b) Travel outside of Illinois (including travel outside the contiguous United States) requires the approval of the Governor's Office of Management and Budget prior to the travel. All requests shall be submitted to the Governor's Office of Management and Budget's on-line travel system (eTravel) at least 30 days in advance of the departure date. Requests shall be approved, partially approved or denied based on the needs of the agency. The agency submitting the request must describe the purpose of the travel and why it is critical and provide a detailed breakdown of travel-related costs."

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

12) Have all of the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

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

14) Are there any rulemakings pending on this Part? No

15) Summary and Purpose of the Rulemaking: Repealing Section 2800.230 as the Government Charge Card Program is no longer in effect. Amending Section 2800.235 to implement a change in the manner in which commuting mileage is reimbursed. Amending Section 2800.260 to remove the reference to Section 2800.230, which, as noted above, is to be repealed. Amending Section 2800.700 to require that all requests for travel outside the contiguous United States be submitted for approval to the Governor's Office of Management and Budget's on-line travel system, not to the Chairman of the Governor's Travel Control Board.

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

Benno Weisberg
Deputy General Counsel, Finance and Administration
Illinois Department of Central Management Services
100 W. Randolph St., Ste. 4-500
Chicago, IL 60601

312/814-0933

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE I: GENERAL TRAVEL CONTROL
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES/
GOVERNOR'S TRAVEL CONTROL BOARD

PART 2800
TRAVEL

SUBPART A: GENERAL

Section
2800.100 Definitions
2800.110 Application and Interpretation

SUBPART B: TRAVEL CONTROL SYSTEM

Section
2800.200 Travel Control System
2800.210 Travel Coordinator
2800.220 Travel Authority
2800.230 Government Charge Cards (Repealed)
2800.235 Expenses at Headquarters or Residence
2800.240 Preparation and Submission of Travel Vouchers
2800.250 Approval and Submission of Travel Vouchers
2800.260 Items Directly Billed
2800.270 Conference Registration Fees

SUBPART C: TRANSPORTATION EXPENSES

Section
2800.300 Incidental Expenses for Private and State Owned Automobiles

SUBPART D: LODGING

Section
2800.400 Conference Lodging
2800.410 Employee Owned or Controlled Housing

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

SUBPART E: PER DIEM MEALS

Section
2800.500 Conference Meals

SUBPART F: MISCELLANEOUS RULES

Section
2800.600 Lack of Receipts
2800.650 Headquarter Designation for Agency Heads

SUBPART G: EXCEPTIONS TO THE RULES

Section
2800.700 Special Exceptions-Requested in Advance
2800.710 Ex Post Facto Exceptions

2800.APPENDIX A Reimbursement Schedule

AUTHORITY: Authorized by Sections 12-1 and 12-2 of the State Finance Act [30 ILCS 105/12-1 and 12-2] and by Section 710 of the Travel Regulation Council Rules (80 Ill. Adm. Code 3000.710).

SOURCE: Amended March 11, 1976; amended at 2 Ill. Reg. 30, p. 215, effective August 1, 1978; new rules adopted at 4 Ill. Reg. 28, p. 155, effective July 1, 1980; old rules repealed at 4 Ill. Reg. 30, p. 1224, July 1, 1980; amended at 5 Ill. Reg. 150, effective January 1, 1981; amended at 6 Ill. Reg. 6682, effective July 1, 1982; amended at 7 Ill. Reg. 9205, effective August 1, 1983; amended at 8 Ill. Reg. 127, 130, effective January 1, 1984; amended at 8 Ill. Reg. 14243, effective August 1, 1984; codified at 8 Ill. Reg. 19350; amended at 10 Ill. Reg. 18014, effective October 6, 1986; Part repealed, new Part adopted at 12 Ill. Reg. 738, effective January 15, 1988; emergency amendment at 15 Ill. Reg. 13196, effective September 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17981, effective November 27, 1991; amended at 16 Ill. Reg. 4831, effective March 12, 1992; amended at 16 Ill. Reg. 13823, effective September 1, 1992; amended at 19 Ill. Reg. 36, effective January 1, 1995; amended at 19 Ill. Reg. 7858, effective July 1, 1995; amended at 20 Ill. Reg. 7379, effective May 13, 1996; emergency amendment at 22 Ill. Reg. 12082, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 20036, effective November 6, 1998; emergency amendment at 24 Ill. Reg. 867, effective January 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 7655, effective May 9, 2000; amended at 26 Ill. Reg. 14979, effective October 8, 2002; emergency amendment

at 27 Ill. Reg. 10476, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 17061, effective October 23, 2003; amended at 38 Ill. Reg. 11767, effective May 23, 2014.

SUBPART B: TRAVEL CONTROL SYSTEM

Section 2800.230 Government Charge Cards (Repealed)

~~a) Agencies are encouraged to establish a Government Charge Card travel expense payment system in accordance with the agreement negotiated by the Governor's Travel Control Board.~~

~~b) An employee who direct bills State travel expenses at least four (4) times per year should be issued a Government Charge Card.~~

~~c) The Government Charge Card may only be used for business related travel expenses, specifically transportation, lodging, meals, and other expenses considered reimbursable under this Part or under the Rules of the Travel Regulation Council (80 Ill. Adm. Code 3000, Subparts C, D, E and F). Reimbursements to the employee for charges paid for with the Government Charge Card may not exceed the amounts specified in the Reimbursement Schedule (found in the rules of the Travel Regulation Council).~~

~~d) Agencies are responsible for monitoring the travel expense payment system to ensure compliance with this Part and the rules of the Council and the terms of the agreement. Misuse or abuse of the Government Charge Card may result in disciplinary action.~~

(Source: Repealed at 38 Ill. Reg. 11767, effective May 23, 2014)

Section 2800.235 Expenses at Headquarters or Residence

a) As a condition of employment, employees expect to incur commuting expenses between their residence and headquarters. These expenses are not reimbursable. Expenses associated with State business in excess of commuting expenses are reimbursable at headquarters and/or residence. An employee whose travel during a given day does not include travel through headquarters shall be reimbursed for all mileage traveled that day in excess of the employee's ordinary commuting mileage. An employee whose travel does include travel through headquarters shall be reimbursed for all mileage in excess of commuting mileage. All travel

must be by the most direct route.

~~b)~~ ~~"Travel through headquarters" is defined as:~~
~~Any travel to or through the corporate city limits of the employee's designated headquarters, regardless of whether the employee made a stop at the work site or changed vehicles or modes of transportation.~~

be) Examples of reimbursable mileage expenses include~~of reimbursable mileage expenses are as follows~~:

1) Residence/Lincoln – Headquarters/Springfield. Employee drives from residence in Lincoln to Chicago and returns to residence. Reimbursement is for all mileage in excess of commuting mileage~~because the travel was not to or through headquarters~~.

2) Residence/Lincoln – Headquarters/Springfield. Employee drives from residence in Lincoln to Collinsville and back to residence. Reimbursement is for all mileage in excess of commuting mileage.~~ The travel, by the most direct route, was through headquarters.~~

3) Residence/Carbondale – Headquarters/Marion. Employee drives from residence to headquarters. Later, employee drives from headquarters to Anna and back to residence. Reimbursement is for all mileage in excess of commuting mileage.

4) Residence/Evanston – Headquarters/JRTC, Chicago. Employee drives from residence to McCormick Place for an event. After the event, the employee drives to headquarters, then to residence. Reimbursement is for all mileage in excess of commuting mileage~~ because the travel was through headquarters~~.

5) Residence/Chicago – Headquarters/JRTC, Chicago. Employee normally commutes to work by train. However, in order to attend a meeting at another location, the employee drives from residence to headquarters, then to the meeting location, then returns to headquarters and back to residence. Reimbursement is for all mileage in excess of commuting mileage. The fact that the employee normally rides the train to work has no effect on determining reimbursement.

~~d) Agencies are responsible for monitoring claims under this Section.~~

(Source: Amended at 38 Ill. Reg. 11767, effective May 23, 2014)

Section 2800.260 Items Directly Billed

a) Agency Heads shall keep billing of travel expenses directly to the State to the least extent possible. ~~The Government Charge Card system specified under Section 2800.230 should be implemented to achieve this.~~

b) Employees may not be reimbursed for items billed directly to the State. Such direct billed items shall be indicated on the travel voucher along with all reimbursable items. All columns of travel vouchers are to be totaled and cross-footed. The direct-billed total will then be deducted from the cross-footed total with the balance being the amount to be reimbursed to the employee. In all such cases supporting documentation shall also be attached if available. For transportation expenses billed directly, a copy of the State of Illinois Transportation Request form shall be attached to the invoice voucher (Form C-13). For lodging expenses billed directly, room, tax, hotel parking and business phone calls only shall be accepted. However, charges for business phone calls must be noted as such on the invoice voucher (Form C-13). Charges for phone service in a room which are automatically added to the bill by the hotel may also be direct billed. Any charges in excess of the allowable lodging rate specified in the Reimbursement Schedule (found in the rules of the Travel Regulation Council) or for restaurants, room services, personal telephone calls and other expenses shall be paid by the traveler upon check-out. Such expenses shall not be deducted from the traveler's reimbursement in exchange for direct billing. Meal and incidental expenses shall not be billed directly to the State. Such expenses shall not be in excess of the maximums allowed.

(Source: Amended at 38 Ill. Reg. 11767, effective May 23, 2014)

SUBPART G: EXCEPTIONS TO THE RULES

Section 2800.700 Special Exceptions − Requested In Advance

a) Exceptions to the operation of specific provisions of this Part may be granted in advance by the Chairman of the Governor's Travel Control Board when necessary to meet special or unavoidable circumstances and when in the best interest of the

State. Exceptions are to be requested in writing by the Agency Head and submitted sufficiently in advance to allow meaningful consideration. These exceptions are granted to specific individuals or specified groups of individuals in a single agency.

b) Travel outside of Illinios (including travel outside the contiguous United States) requires the approval of the Governor's Office of Management Budget~~Chairman of the Governor's Travel Control Board~~ prior to the~~such~~ travel. All requests shall be submitted to the Governor's Office of Management and Budget's on-line travel system (eTravel) at least 30 days in advance of the departure date. Requests shall be approved, partially approved or denied~~in writing with approval/disapproval~~ based on the needs of the agency~~necessity~~. The agency submitting the request~~To show necessity, the Agency Head~~ must describe the purpose of the travel and why it is critical and provide a detailed breakdown of travel-related costs.~~how the travel relates to a function of the agency, must state why the particular individuals were selected, must verify that the least costly reasonable means of travel was selected and must personally sign the request. Unless the travel is patently nonessential or clearly excessive as to cost, approval will be given.~~

(Source: Amended at 38 Ill. Reg. 11767, effective May 23, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Food Service Sanitation Code

2) Code Citation: 77 Ill. Adm. Code 750

3)

Section Numbers:	Adopted Action:
750.5	Amendment
750.551	Amendment
750.1820	Amendment
750.1830	Amendment
750.1840	Amendment

4) Statutory Authority: Authorized by the Food Handling Regulation Enforcement Act [410 ILCS 625]

5) Effective Date of Rule: May 21, 2014

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

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted rule, 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*: 38 Ill. Reg. 2787; January 24, 2014

10) Has JCAR issued a State of Objection to this rulemaking? No

11) Differences between Proposal and Final Version: None

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested.

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

14) Are there any rulemakings pending on this Part? Yes

Section Numbers:	Proposed Action:	*Illinois Register* citation:
750.5	Amendment	38 Ill. Reg. 10822, May 23, 2014

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

750.10	Amendment	38 Ill. Reg. 10822, May 23, 2014
750.570	New Section	38 Ill. Reg. 10822, May 23, 2014
750.3400	New Section	38 Ill. Reg. 10822, May 23, 2014
750.3410	New Section	38 Ill. Reg. 10822, May 23, 2014
750.3420	New Section	38 Ill. Reg. 10822, May 23, 2014
750.3430	New Section	38 Ill. Reg. 10822, May 23, 2014

15) Summary and Purpose of Rulemaking: As currently written, this Part is in conflict with the Food Handling Regulation Enforcement Act, which was recently amended by Public Act 98-0566 to reduce the required training hours for Food Service Sanitation Manager Certification (FSSMC) and to change the recertification and reciprocity approval process in the State of Illinois. This rulemaking will update incorporated and referenced materials; amend requirements for certification and recertification issuance; update course content and course approval requirements; and amend reciprocity provisions.

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

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
e-mail: 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 m: FOOD, DRUGS AND COSMETICS

PART 750
FOOD SERVICE SANITATION CODE

SUBPART A: GENERAL PROVISIONS

Section
750.5 Incorporated and Referenced Materials
750.10 Definitions
750.20 Inspections and Inspection Report

SUBPART B: FOOD SUPPLIES

Section
750.100 General
750.110 Special Requirements
750.120 General – Food Protection
750.130 General – Food Storage
750.140 Refrigerated Storage
750.150 Hot Storage
750.151 Ready-to-Eat Potentially Hazardous Food, Date Marking
750.152 Ready-to-Eat Potentially Hazardous Food, Disposition
750.153 Time as a Public Health Control
750.155 Damaged Food Containers
750.160 General – Food Preparation
750.170 Raw Fruits and Raw Vegetables
750.180 Cooking Potentially Hazardous Foods
750.185 Minimum Food Temperature and Holding Time Required Under Section 750.180(a)(2) for Cooking All Parts of Pork and Game Animals, Comminuted Fish and Meats, and Injected Meats
750.186 Oven Parameters Required for Destruction of Pathogens on the Surface of Roasts of Beef and Corned Beef
750.187 Minimum Holding Times Required at Specified Temperatures for Cooking All Parts of Roasts of Beef and Corned Beef
750.188 Plant Food Cooking for Hot Holding
750.189 Microwave Cooking

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

750.190 Dry Milk and Dry Milk Products
750.200 Liquid, Frozen, Dry Eggs and Egg Products
750.208 Preparation for Immediate Service
750.210 Reheating for Hot Holding
750.220 Nondairy Products
750.230 Product Thermometers
750.240 Thawing Potentially Hazardous Foods
750.250 Food Display and Service of Potentially Hazardous Food
750.260 Display Equipment
750.270 Reuse of Tableware
750.280 Dispensing Utensils
750.290 Ice Dispensing
750.300 Condiment Dispensing
750.310 Milk and Cream Dispensing
750.320 Re-Service
750.325 Special Requirements for Highly Susceptible Populations
750.330 General – Food Transportation
750.340 Public Health Protection
750.350 Preventing Health Hazards, Provision for Conditions Not Addressed
750.360 Variances
750.370 Justification for and Documentation of Proposed Variance

SUBPART C: PERSONNEL

Section
750.500 General – Employee Health
750.510 General – Personal Cleanliness
750.512 When to Wash Hands
750.514 Where to Wash Hands
750.516 Hand Antiseptics
750.520 General – Clothing
750.530 General – Employee Practices
750.540 Management Sanitation Training and Certification
750.550 Management Sanitation Certification Examination (Repealed)
750.551 Certification and Recertification~~Certificate~~ Issuance
750.560 Certificate Revocation or Suspension

SUBPART D: EQUIPMENT AND UTENSILS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section
750.600 General – Materials
750.610 Solder
750.620 Wood
750.630 Plastics
750.640 Mollusk and Crustacea Shells
750.650 General – Design and Fabrication
750.660 Accessibility
750.670 In-Place Cleaning
750.680 Thermometers
750.690 Non-Food-Contact Surfaces
750.700 Ventilation Hoods
750.710 General – Equipment Installation and Location
750.720 Table-Mounted Equipment
750.730 Portable Equipment
750.740 Floor-Mounted Equipment
750.750 Aisles and Working Spaces

SUBPART E: CLEANING, SANITIZING, AND STORAGE OF EQUIPMENT AND UTENSILS

Section
750.800 Cleaning Frequency
750.810 Wiping Cloths
750.820 Manual Cleaning and Sanitizing
750.830 Mechanical Cleaning and Sanitizing
750.840 Drying
750.850 Equipment, Utensil, and Tableware Handling
750.860 Equipment, Utensil, and Tableware Storage
750.870 Pre-Set Tableware
750.880 Single-Service Articles
750.890 Prohibited Storage Area

SUBPART F: SANITARY FACILITIES AND CONTROLS

Section
750.1000 General – Water Supply
750.1010 Transportation
750.1020 Bottled Water

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

750.1030 Water Under Pressure
750.1040 Steam
750.1050 General – Sewage Disposal
750.1060 General – Plumbing
750.1070 Nonpotable System
750.1080 Backflow
750.1090 Grease Traps
750.1100 Drains
750.1110 General – Toilet Facilities
750.1120 General – Lavatory Facilities
750.1130 Containers – Garbage and Refuse
750.1140 Garbage and Refuse Storage
750.1150 Disposal of Garbage and Rubbish
750.1160 General – Insect and Rodent Control
750.1170 Protection of Openings Against Entrance of Insects and Rodents

SUBPART G: CONSTRUCTION AND MAINTENANCE OF PHYSICAL FACILITIES

Section
750.1200 General – Floors
750.1210 General – Walls and Ceilings
750.1220 General – Cleaning Physical Facilities
750.1230 General – Lighting
750.1240 Protective Light Shielding
750.1250 General – Ventilation
750.1260 Special Ventilation
750.1270 Dressing Areas
750.1280 Lockers
750.1290 Poisonous or Toxic Materials Permitted
750.1300 Labeling of Poisonous or Toxic Materials
750.1310 Storage of Poisonous or Toxic Materials
750.1320 Use of Poisonous or Toxic Materials
750.1330 Personal Medications
750.1340 First-Aid Supplies
750.1350 General – Premises
750.1360 Living Areas
750.1370 Laundry Facilities
750.1380 Linens and Clothes Storage

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

750.1390 Cleaning Equipment Storage
750.1400 Animals

SUBPART H: MOBILE FOOD SERVICE

Section
750.1500 General – Mobile Food Units
750.1510 Restricted Operation
750.1520 Single-Service Articles
750.1530 Water Systems
750.1540 Waste Retention
750.1550 Base of Operations
750.1560 Servicing Area
750.1570 Servicing Operations

SUBPART I: TEMPORARY FOOD SERVICE

Section
750.1600 General – Temporary Food Service Establishments
750.1610 Restricted Operations
750.1620 Ice
750.1630 Equipment
750.1640 Water
750.1650 Wet Storage
750.1660 Waste Disposal
750.1670 Handwashing
750.1680 Floors
750.1690 Walls and Ceilings of Food Preparation Areas
750.1700 Single-Service Articles

SUBPART J: FOOD SERVICE SANITATION MANAGER CERTIFICATION

Section
750.1800 General
750.1810 Instructor Approval
750.1815 Instructor Denial
750.1820 Course Content
750.1830 Course Approval
750.1831 Alternative Methods of Training

750.1835 Make Up Work
750.1836 Home Study
750.1837 Course Waiver
750.1838 Course Denial
750.1840 Reciprocity
750.1850 Certification Examination
750.1855 Testing Criteria
750.1860 Examination Notification
750.1861 Class Enrollment Form
750.1862 Administration of Examination
750.1865 Monitors
750.1868 Cheating
750.1870 Re-test Class
750.1876 Dictionary
750.1880 Retake Examination
750.1890 Certificates
750.1895 Change of Address

SUBPART K: REDUCED OXYGEN PACKAGING

Section
750.2000 General
750.2010 Acceptable Products
750.2020 Employee Training
750.2030 Refrigeration Requirements
750.2031 Labeling – Refrigeration Statements
750.2032 Labeling – "Use By" Dates
750.2040 Safety Barriers
750.2041 Fish and Fishery Products
750.2042 Safety Barrier Verification
750.2050 Hazard Analysis Critical Control Point (HACCP) Program
750.2060 Precautions Against Contamination
750.2070 Disposition of Expired Product
750.2080 Dedicated Area/Restricted Access

SUBPART L: MEAT/POULTRY PROCESSING AND LABELING

Section
750.3000 Exceptions

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

750.3100 Meat and Poultry Labeling
750.3200 Smoked Meat, Poultry and Other Food Products
750.3300 Curing of Meat and Poultry

750.APPENDIX A Retail Food Sanitary Inspection Report
750.APPENDIX B Examination Date Notification Form
750.APPENDIX C Class Enrollment Form
750.APPENDIX D Permission to Retake Certification Examination Form
750.APPENDIX E Monitor's Agreement Form

AUTHORITY: Implementing the Illinois Food, Drug and Cosmetic Act [410 ILCS 620] and the Sanitary Food Preparation Act [410 ILCS 650] and authorized by Section 21 of the Illinois Food, Drug and Cosmetic Act [410 ILCS 620/21], Section 11.1 of the Sanitary Food Preparation Act [410 ILCS 650/11.1] and the Food Handling Regulation Enforcement Act [410 ILCS 625].

SOURCE: Adopted December 23, 1975; amended at 2 Ill. Reg. 19, p. 180, effective May 13, 1978; old rules repealed, new rules adopted and codified at 7 Ill. Reg. 1336, effective January 25, 1983; amended at 7 Ill. Reg. 16415, effective November 23, 1983; amended at 11 Ill. Reg. 2345, effective February 1, 1987; amended at 11 Ill. Reg. 18735, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 14380, effective September 2, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17918, effective December 1, 1988; amended at 13 Ill. Reg. 1819, effective January 30, 1989; amended at 13 Ill. Reg. 18888, effective December 1, 1989; amended at 14 Ill. Reg. 19975, effective January 1, 1991; amended at 14 Ill. Reg. 20535, effective January 1, 1991; amended at 16 Ill. Reg. 15995, effective October 1, 1992; amended at 17 Ill. Reg. 18588, effective October 15, 1993; amended at 20 Ill. Reg. 2171, effective January 20, 1996; amended at 20 Ill. Reg. 3210, effective February 5, 1996; amended at 22 Ill. Reg. 19009, effective October 1, 1998; amended at 32 Ill. Reg. 11980, effective July 10, 2008; amended at 37 Ill. Reg. 20365, effective December 6, 2013; amended at 38 Ill. Reg. 11775, effective May 21, 2014.

SUBPART A: GENERAL PROVISIONS

Section 750.5 Incorporated and Referenced Materials

a) The following materials are referenced in this Part:

1) Alternative Health Care Delivery Act [210 ILCS 3]

2) Nursing Home Care Act [210 ILCS 45]

3) Good Samaritan Food Donor Act [745 ILCS 50]

4) Hospital Licensing Act [210 ILCS 85]

5) Federal Food, Drug, and Cosmetic Act (21 USC 301)

6) Illinois Food, Drug and Cosmetic Act [410 ILCS 620]

7) Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635]

8) Meat and Poultry Inspection Act [225 ILCS 650]

9) Sanitary Food Preparation Act [410 ILCS 650]

10) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)

11) Salvage Warehouses and Stores for Foods, Alcoholic Liquors, Drugs, Medical Devices and Cosmetics Code (77 Ill. Adm. Code 725)

12) The Illinois Plumbing Code (77 Ill. Adm. Code 890)

13) Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)

14) Drinking Water Systems Code (77 Ill. Adm. Code 900)

15) Private Sewage Disposal Code (77 Ill. Adm. Code 905)

16) ~~Illinois~~ Water Well Construction Code (77 Ill. Adm. Code 920)

17) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

18) Food Service Sanitation Code (77 Ill. Adm. Code 750)

19) Meat and Poultry Act (8 Ill. Adm. Code 125)

b) The following materials are incorporated in this Part:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Official Methods of Analysis of the Association of Official Analytical Chemists, 18th Edition, Association of Official Analytical Chemists (2006), 111 North Nineteenth Street, Suite 210, Arlington, Virginia 22209.

2) Standard Methods for the Examination of Dairy Products, 17th Edition, American Public Health Association (2004), 8001 I Street, Washington, D.C. 20001-3710.

3) The following Federal Regulations, Office of the Federal Register, National Archives and Records Administration (2005), U.S. Government Printing Office, 732 N. Capitol Street NW, Washington, D.C. 20401.

A) 9 CFR 1: Animals and Animal Products; Animal Welfare, Definition of Terms;

B) 9 CFR 301: Animals and Animal Products; Mandatory Meat Inspection, Definitions;

C) 9 CFR 318: Animals and Animal Products; Mandatory Meat Inspection, Entry into official establishments; reinspection and preparation of products;

D) 9 CFR 381: Animals and Animal Products; Mandatory Poultry Products Inspection, Poultry products inspection regulations;

E) 21 CFR 110: Current Good Manufacturing Practice in Manufacturing, Packaging, or Holding Human Food;

F) 21 CFR 133: Cheeses and Related Cheese Products;

G) 21 CFR 131: Milk and Cream;

H) 21 CFR 114: Acidified Foods;

I) 9 CFR 317: Labeling, Marking Devices, and Containers;

J) 21 CFR 170.39 − Threshold of regulation for substances used in food-contact articles;

K) 21 CFR 178 − Indirect Food Additives: Adjuvants, Production Aides, and Sanitizers (as regulated for use as a food additive with conditions of safe use);

L) 21 CFR 182 − Substances Generally Recognized as Safe;

M) 21 CFR 184 − Direct Food Substances Affirmed as Generally Recognized as Safe; and

N) 21 CFR 186 − Indirect Food Substances Affirmed as Generally Recognized as Safe (for use in contact with food).

4) Conference for Food Protection – "Standards for Accreditation of Food Protection Manager Certification Programs" (April 2012) (available online at http://www.foodprotect.org/media/managercert/CFP%20FPMC%20April%202012%20Standards.pdf). ~~"Approved Drug Products with Therapeutic Equivalence Evaluations", prepared by the Center for Drug Evaluation and Research, U.S. Food and Drug Administration (available on-line at http://www.fda.gov/cder/ob/default.htm).~~

~~5) Tentative Final Monograph: "Topical Antimicrobial Drug Products for Over-the-Counter Human Use: Health-Care Antiseptic Drug Products", prepared by the Center for Drug Evaluation and Research, U.S. Food and Drug Administration (available on-line at http://www.fda.gov/cder/http://www.fda.gov/cder/otcmonographs/category_sort/antimicrobial.htm).~~

c) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Amended at 38 Ill. Reg. 11775, effective May 21, 2014)

SUBPART C: PERSONNEL

Section 750.551 Certification and Recertification~~Certificate~~ Issuance

a) *For purposes of certification and recertification for food service sanitation manager certification, the Department shall accept only training approved by the Department and certification exams accredited under standards developed and adopted by the Conference for Food Protection or its successor.* (Section 3 of the Food Handling Regulation Enforcement Act)

b~~a~~) Original certifications and recertifications~~certificates~~ issued under this Part shall:

1) Be issued only after the Department has received~~ both~~:

A) Evidence of completion of eight hours of Department-approved training;

B~~A~~) Evidence of successful completion of an approved Food Service Sanitation Manager Certification examination with a final score of 75% or higher;~~ and~~

C~~B~~) Payment of a $35 nonrefundable fee;~~.~~

2) Be issued as of the date when the individual successfully completed the examination;~~, and~~

3) Expire five years after~~from~~ the date of the original issuance; and~~.~~

4) Be issued only if recertification training was taken not more than 12 months prior to the certification expiration date.

c~~b~~) Replacement or duplicate certificates issued under this Part shall:

1) Be issued after the Department has received payment of a $10 fee; and

2) Have the same expiration date as the original certificate.

~~c) Renewal certificates shall be issued by the Department at the written request of the certificate holder if the request, documentation of meeting recertification training and/or testing requirements and payment of a $35 fee are received by the Department prior to or on the certificate's expiration date. Renewed certificates shall expire five years from the date of the original certificate's expiration date.~~

~~1) Certified food service sanitation managers shall have completed one of the following training and/or testing activities within the previous five years before expiration of their certificates:~~

~~A) A Department-approved 15-hour certification training course;~~

~~B) A Department-approved examination, developed in compliance with Section 750.1850, with a passing score of 75% or higher;~~

~~C) A minimum five-hour refresher course provided by an Illinois approved instructor, as defined in Section 750.1810, using a curriculum provided by the Department; or~~

~~D) Other training, a minimum of five hours in length, that has received pre-approval by the Department.~~

~~d) If a certificate renewal application is received by the Department with a postmark no later than 30 days after the certificate's expiration date, it shall be renewed, provided that a written request for renewal is accompanied by documentation of having met recertification criteria as listed in subsection (c) of this Section and the $35 fee. Any fees submitted after the expiration date of the certificate that are not accompanied by all necessary items listed in this subsection (d) are non-refundable.~~

(Source: Amended at 38 Ill. Reg. 11775, effective May 21, 2014)

SUBPART J: FOOD SERVICE SANITATION MANAGER CERTIFICATION

Section 750.1820 Course Content

a) The minimum course content and eight~~fifteen~~ hours of training, inclusive of the examination, are~~is~~ as follows. The instructor shall~~should~~ consider expanding the number of contact hours when a review of the participants reveals learning disabilities, language barriers or other inhibiting factors to learning. To~~In order to~~ renew an instructor's certificate, a new syllabus must be submitted using the format outlined in subsection (b)~~ of this Section~~.

b) Subject Area – Specific Elements of Knowledge

		Hours
1)	Identify foodborne illness and discuss food allergens (90 minutes).	2
	A) Define terms associated with foodborne illness:~~;~~ outbreak, food infection, food intoxication, communicable disease, pathogens, potentially hazardous foods, temperature danger zone.	
	B) Recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination: bacteria, viruses, parasites, fungi. Define and recognize illnesses that can be associated with chemical and physical contamination.	
	C) Define and recognize potentially hazardous foods (time/temperature control for food safety).	
	D) Define and recognize the major factors that contribute to foodborne illness.~~Define and recognize illnesses that can be associated with chemical and physical contamination.~~	
	E) Identify common food allergens and recognize causes of cross-contact.~~Define and recognize the major contributing factors for foodborne illness.~~	
	~~F) Recognize how microorganisms cause foodborne disease.~~	
2)	Identify time/temperature relationship with foodborne illness (60 minutes).	2
	A) Recognize the relationship between time/temperature and microorganisms (survival, growth~~,~~ and toxin production) during the following stages: receiving, storing, thawing, cooking, holding/displaying, serving, cooling, storing (post production), reheating, transporting.	
	B) Describe the use of thermometers in monitoring food temperatures: types of thermometers, techniques and	

frequency, calibration and frequency.

3) Describe the relationship between personal hygiene and food safety (45 minutes). 3

A) Recognize the association of hand contact and foodborne illness: hand-washing technique and frequency;~~,~~ proper use of gloves, including replacement frequency and use with food allergens; and~~,~~ minimal hand contact with food.

B) Recognize the association of personal habits and behaviors and foodborne illness: smoking, eating and drinking, wearing clothing that may contaminate food, personal behaviors, including sneezing, coughing, etc.

C) Recognize the association of health of a food handler~~foodhandler~~ to foodborne illness: free of symptoms of communicable disease, free of infections, food protected from contact with open wounds.

~~D) Recognize how policies, procedures and management contribute to improved food hygiene practices: self inspection program, pest control program, cleaning schedules and procedures, equipment and facility maintenance program.~~

4) Describe methods for preventing food contamination, from purchasing to serving (135 minutes). 3

A) Define and identify potential hazards prior to delivery and during delivery: contamination, adulteration, damage, approved source, sound and safe condition.

B) Define HACCP and identify~~Identify~~ potential hazards and methods to minimize or eliminate hazards after delivery: personal hygiene, cross-contamination (food to food and equipment and utensils), contamination (chemical, additives, physical), service/display – customer contamination, storage, re-service~~reservice~~.

5) Identify and apply correct procedures for cleaning, sanitizing and facility management (60 minutes)~~and sanitizing equipment and utensils~~. 2

A) Define terms associated with cleaning, and sanitizing.

B) Apply appropriate methods of cleaning and sanitizing: manual ware washing, mechanical ware washing, clean in place (CIP)~~Apply principles of cleaning and sanitizing~~.

C) Identify frequency of cleaning and sanitizing~~Identify materials: equipment, detergent, sanitizer~~.

D) Identify facility, design and construction suitable for food establishments: refrigeration, heating and hot holding, floors, walls, ceilings, pest control, lighting, plumbing, ventilation, water supply, wastewater disposal, waste disposal.~~Apply appropriate methods of cleaning and sanitizing: manual warewashing, mechanical warewashing, clean in place (CIP).~~

~~E) Identify frequency of cleaning and sanitizing.~~

~~6) Recognize problems and potential solutions associated with facility, equipment, and layout.~~

~~A) Identify facility, design, and construction suitable for food establishments: refrigeration, heating and hot holding, floors, walls, ceilings, pest control, lighting, plumbing, ventilation, water supply, wastewater disposal, waste disposal.~~

~~B) Identify equipment and utensil design and location.~~

6~~7~~) Codes related to food service establishments (30 minutes).

A) Public Health Codes~~ & Regulations~~: responsibilities affecting operation:~~.~~

i) Illinois Food, Drug and Cosmetic Act ~~(Ill. Rev. Stat. 1991, ch. 56½, par. 501 et seq.) [410 ILCS 620]~~

ii) Food Service Sanitation Code ~~(77 Ill. Adm. Code 750)~~

iii) Meat and Poultry Inspection Act as those rules pertain~~Code (8 Ill. Adm. Code 125) as it pertains~~ to food service establishments~~.~~

iv) Federal regulations regarding food safety and food allergens

B) Appendix A (Retail Food Sanitary Inspection Report) ~~Regulatory Inspection Report~~ and its use as a control tool.

7) Examination (minimum 60 minutes or per approved national examination provider).

A) An examination shall be proctored by an approved proctor for an approved national examination provider.

B) Additional time shall be provided for the examination as allowed in the procedures set forth by the approved national examination provider. Additional time is allowed for examination, but shall not be substituted for required training hours.

~~c) Evaluation Examination~~
~~An examination must be monitored by a Department approved monitor.~~

(Source: Amended at 38 Ill. Reg. 11775, effective May 21, 2014)

Section 750.1830 Course Approval

Course approval by the Department is contingent upon compliance with~~on~~ the following requirements:

a) An approved Food Service Sanitation Manager Certification instructor shall~~must~~

teach the course.

b) An approved institution shall~~must~~ sponsor the instructor. Approved~~Such approved~~ institutions are limited to local health departments, community colleges, universities, institutional training programs or nutrition consultation agencies. The Department will approve exceptions~~Exceptions shall be approved~~ only ~~by the Department~~ based on the instructor's demonstrated ability to provide a location, textbooks~~text books~~, hand-outs or other references;~~,~~ for example, agreements with bookstores to make references available for sale. The Department will revoke or suspend any~~Any~~ sponsorship ~~may be revoked or suspended by the Department~~ when the sponsor fails to comply with this Part. Prior to a~~such~~ suspension or revocation, the sponsor shall be given the opportunity for a hearing before the Department~~regulatory authority~~ pursuant to the Department's ~~Rules of~~ Practice and Procedure in Administrative Hearings~~ (77 Ill. Adm. Code 100)~~.

c) An approved course syllabus shall~~is to~~ be used. Each course shall meet the standards for content and length of training. The syllabus shall delineate:

1) Textbook~~text book~~ and other teaching materials used;

2) Methods~~methods~~ and locations used for instructions;

3) Course~~course~~ content;

4) Topics~~topics~~ and length of class meeting; and

5) Method~~method~~ used to determine students'~~students~~ participation and presence during the course sessions, examples such as~~,~~ sign-up sheets, roster, etc.

d) Instructors shall submit one copy~~two copies~~ of the syllabus to the Department~~Central Office, Division of Food, Drugs and Dairies,~~ and receive approval prior to teaching a State-approved course. Any syllabus content revision shall be sent to the Department~~Central Office~~ for approval.~~ One syllabus shall be retained by the Central Office, the second will be sent to the applicable Regional Office.~~

~~e) The Department's Food Service Sanitation Manager Certification examination shall not be offered to individuals who participated in a non-approved course or~~

~~who were taught by a non-approved or inactive instructor unless course waiver applies.~~

~~f)~~ ~~A course must have a minimum of five students. For the examination to be monitored by a Department approved monitor who is employed by the Department of Public Health, there must be a minimum of 10 students.~~

(Source: Amended at 38 Ill. Reg. 11775, effective May 21, 2014)

Section 750.1840 Reciprocity

a) *The Department shall award an Illinois certificate to anyone presenting a valid certificate issued by another state, so long as the holder of the certificate provides proof of having passed an examination accredited under standards developed and adopted by the Conference for Food Protection or its successor. Reciprocity is only for individuals who have moved to or begun working in Illinois in the six months prior to applying for reciprocity.* (Section 3 of the Food Handling Regulation Enforcement Act) Individual's seeking reciprocity shall submit~~The Department will recognize similar course work and/or certificates and develop reciprocity agreements or similar approval agreements with industry, state or local health departments, provided that~~:

1) A *$35.00* nonrefundable *issuance fee* (Section 3 of the Food Handling Regulation Enforcement Act) to be paid at the time of reciprocity request; ~~the course work or certificate was completed within five (5) years of applying for an Illinois Food Service Sanitation Manager certificate,~~ and

2) Proof of having moved to or begun working in Illinois in the last six months, such as an out-of-state identification card or driver's license, utility bill with out-of-state address and postmark, or a letter from a current employer, dated and on letterhead, confirming recent employment.~~the standards for certification are essentially equivalent to Section 750.1820 through Section 750.1836, and~~

~~3)~~ ~~the reciprocal course and/or certificate is approved by the Department in writing.~~

b) *The reciprocal Illinois certificate shall expire on the same date as the presented certificate. Any individual presenting an out-of-state certificate may do so only once.* (Section 3 of the Food Handling Regulation Enforcement Act)

c) *On or before the expiration date, the holder must have met the Illinois recertification requirements* of this Part *in order to be reissued an Illinois certificate*. (Section 3 of the Food Handling Regulation Enforcement Act)

d~~b~~) The City of Chicago reciprocity agreement~~Reciprocity agreements~~ shall be reviewed on an annual basis.

(Source: Amended at 38 Ill. Reg. 11775, effective May 21, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Grade A Pasteurized Milk and Milk Products

2) Code Citation: 77 Ill. Adm. Code 775

3)

Section Number:	Adopted Action:
775.20	Amendment

4) Statutory Authority: Authorized by the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635]

5) Effective Date of Rule: May 21, 2014

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

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted rule, 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*: 38 Ill. Reg. 1794; January 17, 2014

10) Has JCAR issued a State of Objection to this rulemaking? No

11) Differences between Proposal and Final Version: None

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested.

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

14) Are there any rulemakings pending on this Part? Yes

Section Numbers:	Proposed Action:	*Illinois Register* citation:
775.10	Amendment	38 Ill. Reg. 10853, May 23, 2014
775.20	Amendment	38 Ill. Reg. 10853, May 23, 2014
775.50	Amendment	38 Ill. Reg. 10853, May 23, 2014
775.115	New Section	38 Ill. Reg. 10853, May 23, 2014

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

15) Summary and Purpose of Rulemaking: This rulemaking will update references to several documents that are incorporated by reference in the Grade A Pasteurized Milk and Milk Products rules. Documents that are being updated include the Grade A Pasteurized Milk Ordinance (PMO), the Methods of Making Sanitation Ratings of Milk Shippers (MMSR), the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration (FDA) Program of the National Conference on Interstate Milk Shipments and the incorporated sections of the Code of Federal Regulations and the Evaluation of Milk Laboratories, all published by the FDA. These amendments also add the Illinois Food, Drug and Cosmetic Act as an authority for this Code, which will link the Grade A Code to the permits and associated fees and connect procedures for the issuance of both. It also sets the stage for development of a future amendment for the procedure of issuance of a pasteurizer sealer certification.

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

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield IL 62761

217/782-2043
e-mail: dph.rules@illinois.gov

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER m: FOOD, DRUGS AND COSMETICS

PART 775
GRADE A PASTEURIZED MILK AND MILK PRODUCTS

Section

775.1 Minimum Regulations (Renumbered)
775.10 Definitions
775.20 Incorporated and Referenced Materials
775.30 Minimum Requirements
775.40 Local Government Implementation
775.50 Permits
775.60 Suspension of Permits
775.70 Inspections and Investigations
775.80 Approval of Construction Plans
775.90 Administrative Hearings
775.100 Milk Hauler-Samplers Examination
775.110 Milk Tank Trucks
775.120 Cleaning and Sanitizing Procedures
775.130 Action Levels for Added Water in Milk
775.140 Pesticide, Herbicide and Mycotoxin Residue Control Program (Repealed)
775.150 Drug Residue Control Program

AUTHORITY: Authorized by and implementing the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635] and the Illinois Food, Drug and Cosmetic Act [410 ILCS 620].

SOURCE: Adopted and codified at 8 Ill. Reg. 4190, effective March 16, 1984; amended at 11 Ill. Reg. 1464, effective February 1, 1987; amended at 12 Ill. Reg. 17925, effective December 1, 1988; amended at 17 Ill. Reg. 14015, effective August 15, 1993; amended at 19 Ill. Reg. 12271, effective August 10, 1995; amended at 22 Ill. Reg. 20633, effective November 10, 1998; amended at 25 Ill. Reg. 11904, effective September 1, 2001; amended at 25 Ill. Reg. 12629, effective September 25, 2001; amended at 27 Ill. Reg. 15979, effective October 1, 2003; amended at 32 Ill. Reg. 8432, effective May 21, 2008; amended at 35 Ill. Reg. 14193, effective August 2, 2011; amended at 37 Ill. Reg. 7166, effective May 13, 2013; amended at 38 Ill. Reg. 11796, effective May 21, 2014.

Section 775.20 Incorporated and Referenced Materials

a) The following regulations, guidelines and standards are incorporated in this Part:

1) Federal government guidelines:

A) The Grade A Pasteurized Milk Ordinance (PMO), and Appendices A through R (except Sections 16 and 17) Recommendations of the United States Public Health Service/Food and Drug Administration, 2011 Revision (Publication 229). U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835. In addition, the jurisdiction name, left blank in Sections 1, 2, 3, 5, and 11 of the PMO, for the purposes of this Part, shall mean the State of Illinois; and the regulatory agency referred to in Section 1 shall mean the Illinois Department of Public Health. (See Section 775.30(a).)

B) Evaluation of Milk Laboratories (2013~~2011~~ Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835.

C) Methods of Making Sanitation Ratings of Milk Supplies (2013~~2011~~ Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835.

D) Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments (2013~~2011~~ Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835.

2) Private and professional standards:

A) Standard Methods for the Examination of Dairy Products (17th

Edition, 2004, American Public Health Association, 1015 – 18th Street, N.W., Washington, D.C. 20036). (See Section 775.70(b).)

B) Official Methods of Analysis of the Association of Official Analytical Chemists (18th Edition, 2010, Association of Official Analytical Chemists, P.O. Box 540, Ben Franklin Station, Washington, D.C. 20044). (See Section 775.70(b).)

3) Federal regulations:

A) 21 CFR 131.110, Milk (2013~~2011~~). (See Section 775.10, the definition of "milkfat and nonfat solid content standards".)

B) 21 CFR 556, Tolerances for Residues or New Animal Drugs in Food (2013~~2011~~). (See Section 775.10, the definition of "violative drug residue".)

C) 40 CFR 180, Tolerances and Exemptions from Tolerances for Pesticide Chemicals in Food (2013~~2011~~). (See Section 775.140(a)(1).)

b) The following rules and statutes are referenced in this Part:

1) Illinois Plumbing Code (77 Ill. Adm. Code 890), Illinois Department of Public Health. (See Section 775.30(c)(4).)

2) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100), Illinois Department of Public Health. (See Section 775.90.)

3) The Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS 115].

4) Illinois Administrative Procedure Act [5 ILCS 100].

c) All incorporations by reference of federal guidelines and regulations and the standards of professional organizations refer to the materials on the date specified and do not include any amendments or editions subsequent to the date specified.

d) All citations to federal regulations in this Part concern the specified regulation in

the 2013~~2011~~ Code of Federal Regulations, unless another date is specified.

e) Copies of all incorporated materials are available for inspection and copying by the public at the Department's Central Office, Division of Food, Drugs, and Dairies, 525 West Jefferson Street, Springfield, Illinois 62761.

(Source: Amended at 38 Ill. Reg. 11796, effective May 21, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Tanning Facilities Code

2) Code Citation: 77 Ill. Adm. Code 795

3)

Section Numbers:	Adopted Action:
795.30	Amendment
795.40	Amendment
795.60	Amendment
795.130	Amendment
795.190	Amendment
795.220	Amendment

4) Statutory Authority: Authorized by the Tanning Facility Permit Act [210 ILCS 145]

5) Effective Date of Rule: May 21, 2014

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 rule, 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*: 38 Ill. Reg. 1801; January 17, 2014

10) Has JCAR issued a State of Objection to this rulemaking? No

11) Differences between proposal and Final Version: None

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested.

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

14) Are there any rulemakings pending on this Part? Yes

Section Numbers	Proposed Action	*Illinois Register* citation:
795.20	Amendment	38 Ill. Reg. 10869, May 23, 2014

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

795.30	Amendment	38 Ill. Reg. 10869, May 23, 2014
795.60	Amendment	38 Ill. Reg. 10869, May 23, 2014
795.100	Amendment	38 Ill. Reg. 10869, May 23, 2014
795.150	Amendment	38 Ill. Reg. 10869, May 23, 2014
795.180	Amendment	38 Ill. Reg. 10869, May 23, 2014

15) Summary and Purpose of Rulemaking: This Part is being amended to implement Public Act 98-0349, which amended the Tanning Facility Permit Act to prohibit any person under the age of 18 from the use of tanning equipment in a tanning facility in the State of Illinois. PA 98-0349 was effective January 1, 2014. Definitions are being updated and new definitions for "personal use" and "private residence" are being added, as well as new statutory language defining equipment. An exemption is being added for personal use of a tanning bed in a private residence. Application requirements are being updated. Permit denial and renewal requirements are being amended to refer to use of the facility by a person under age 18. Record-keeping requirements will require verification of age by facility patrons.

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

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
e-mail: 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

PART 795
TANNING FACILITIES CODE

Section
795.10 Purpose and Scope
795.20 Incorporated Materials
795.30 Definitions
795.40 Exemptions
795.50 Liability
795.60 Application for Permit to Operate a Tanning Facility
795.70 Issuance of Permit to Operate a Tanning Facility
795.80 Expiration of Permit to Operate a Tanning Facility
795.90 Renewal of Permit to Operate a Tanning Facility
795.100 Report of Changes
795.110 Non-Transfer of Permit
795.120 Approval Not Implied
795.130 Denial, Suspension, Revocation or Non-Renewal of a Permit to Operate a Tanning Facility
795.140 Hearings
795.150 Construction and Operation of Tanning Facilities
795.160 Additional Requirements for Stand-Up Booths
795.170 Protective Eyewear
795.180 Operators
795.190 Records
795.200 Injury Reports
795.210 Sanitation
795.220 Enforcement and Penalties
795.APPENDIX A Examples of Human Skin Types
795.APPENDIX B Determination of Skin Types

AUTHORITY: Implementing and authorized by the Tanning Facility Permit Act [210 ILCS 145].

SOURCE: Adopted at 16 Ill. Reg. 19895, effective December 7, 1992; emergency amendment at 19 Ill. Reg. 11648, effective August 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 2422, effective February 1, 1996; amended at 38 Ill. Reg. 11802, effective May 21, 2014.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 795.30 Definitions

The definitions and interpretations contained in section~~Section~~ 201 of the Federal Food, Drug and Cosmetic Act (21 USC~~U.S.C.~~ 301 et seq.), 21 CFR 1040.20, and the Illinois Food, Drug and Cosmetic Act [410 ILCS 620] are applicable to those terms~~such items~~ when used in this Part. The following definitions shall also apply:

"Act" means the Tanning Facility Permit Act ~~[210 ILCS 145]~~.

"Agent" means a local health department recognized by the Department.

"Applicant" means any person who applies to the Department for a permit to maintain and operate a tanning facility.

"Change of ownership" means any of the following:

In the case of a tanning facility owned by a corporation, the transfer of the facility by the corporation to another corporation, to a partnership or association, or to a natural person. Transfer of stock in a corporation does not constitute change of ownership.

In the case of a tanning facility owned by a partnership or association, the transfer of the facility by the partnership or association to another partnership or association, to a corporation, or to a natural person. Transfer of interest in the partnership or association or substitution of any or all partners or members of the association does not constitute change of ownership.

In the case of a tanning facility owned by a natural person, the transfer of the facility to any corporation, partnership, association or other natural person whether or not the owner retains any interest in the facility.

"Consumer" means any member of the public who is provided access to a tanning facility in exchange for a fee or other compensation, or any individual who, in exchange for a fee or other compensation, is afforded use of a tanning facility as a condition or benefit of membership or access. (Section 5 of the Act)

"Department" means the Illinois Department of Public Health or other health

authority designated as its agent. (Section 5 of the Act)

"Director" means the Director of Public Health or his or her *designee*. (Section 5 of the Act)

"Disinfect or disinfection" means a process that~~which~~ provides an effective concentration of a United States Environmental Protection Agency approved chemical for enough time as specified by the manufacturer to reduce bacterial count, including pathogens, to a safe level (when those disease organisms which may be present are destroyed so as to prevent transfer) on tanning equipment surfaces and in toilet and hand-washing~~handwashing~~ facilities.

"Existing facility" means a tanning facility that submitted an application for a permit to operate a tanning facility on or before March 8, 1993 and remains in operation with an unexpired tanning facility permit at the same location under the same ownership as listed in the original tanning facility permit application.

"Expired facility" means a previously permitted tanning facility that has not renewed its tanning facility permit on or before the expiration date of the~~said~~ permit, except as provided in the definition of new facility.

"Extensively remodeled" means conversion of an existing structure for use as a tanning facility; structural additions or alterations to existing facilities; or changes, modifications or extensions of plumbing or electrical systems, excluding routine maintenance of the~~such~~ systems.

"Facility" means tanning facility.

"Fee" means the payment or exchange of goods, or anything of value, for the use of the tanning facility or facilities. (Section 5 of the Act)

"Individual" means any human being.

"Injury" means any circumstance or incident, resulting from the use of a tanning device that~~,which~~ prompts a consumer to seek medical attention.

"Inspection" means an official examination or observation that~~which~~ includes, but is not limited to, tests, surveys, and monitoring to determine compliance with this Part~~rules, regulations, orders, requirements and conditions of the Department~~.

"Licensee" means the same as "permitteepermitee".

"New facility" includes any tanning facility that submitted an initial application for a tanning facility permit on or after March 9, 1993. Previously permitted facilities that have changed location or ownership are considered to be new facilities upon their relocation or change of ownership. Expired facilities that fail to renew their tanning facility permit within 90 days after the permit expiration shall be considered new facilities.

"Operator" means the trained *person designated by the licensee for the facility* to control the operation of a tanning facility in compliance with the Act and this Part and *to assist and instruct the public in the correct operation of the tanning facility* and its equipment. (Section 5 of the Act)

"Other compensation" means the payment or exchange of goods, or anything of value, for use of the tanning facility or facilities. (Section 5 of the Act)

"Permanent" means a minimum of five years for record keepingrecords related to an adult and a minimum of five years past emancipation for records related to a minor.

"Permit" means a permit issued by the Department in accordance with this Part.

"PermitteePermitee" means any person who is licensed by the Department in accordance with this Part.

"Person" means any individual, corporation, partnership, firm, association, society, trust, estate, public or private institution, group, agency, political subdivision of this State, any other State or political subdivision or agency of any other state or political subdivisionthereof, and any legal successor, representative, agent, or agency of any of the entities listedthe foregoing.

"Personal use" means the use of tanning equipment in a private residence for the owner or owners of the residence and other individuals living at the residence.

"Private residence" means a place in which an individual, group or family can live and store personal property, such as a single-family detached home, apartment, duplex or condominium. Private residence does not mean an apartment complex

or a condominium complex or community and does not apply to the common or public areas found in the complex or community.

"Photosensitizing agent" means any food, drug, cosmetic, toiletry or other substance, whether ingested or topically applied, that~~which~~ may induce hypersensitivity of an individual to exposure to the sun or other sources of ultraviolet radiation, resulting in inflammation of the skin and its underlying structures, often accompanied by edema.

"Protective eyewear" means eyewear that has been designed and tested in accordance with ~~the provisions set forth in~~ 21 CFR 1040.20. Protective~~Such protective~~ eyewear shall~~must have been determined to~~ allow for the required protection to ultraviolet radiation while also allowing for adequate vision to maintain balance and to locate~~location of~~ the tanning equipment's ~~'~~emergency cut-off~~'~~ switch.

"Radiation" means ultraviolet radiation.

"Radiation machine" means any device capable of producing radiation.

"Registrant" means any person who obtains a permit or other entitlement from the Department~~Agency~~, and who is obligated to obtain the~~such~~ permit or other entitlement from the Department pursuant to the Act and this Part.

"Registration" means registration with the Department in accordance with this Part.

"Tanning equipment" means sunlamp products and ultraviolet lamps intended to induce skin tanning through the irradiation of any part of the living body~~.~~ (Section 5 of the Act) and *equipment that emits ultraviolet (UV) radiation used for tanning of the skin, such as a sunlamp, tanning booth, or tanning bed that emits electromagnetic radiation with wavelengths in the air between 200 and 400 nanometers. "Tanning equipment" includes*, but is not limited to, *any accompanying equipment, such as protective eyewear, timers, and handrails* (Section 25(g)(2) of the Act) as well as~~Tanning equipment includes, but is not limited to, protective eyewear, accurate timers, original equipment lamp type~~, protective barriers, ~~handrails,~~ warning labels, recommended exposure schedules, and recommended exposure distances. Tanning equipment shall be manufactured in accordance with 21 CFR 1040.20.

"Tanning facility" or "Tanning facilities" means a room or a booth or a group of rooms or booths, or a structure or business *that houses ultraviolet lamps or products containing lamps intended for the irradiation of any part of the living body for cosmetic or nonmedical related purposes but does not include any hotel or motel guest rooms where sunlamps are installed in the restroom area*. (Section 5 of the Act)

"Ultraviolet radiation" means electromagnetic radiation with wavelengths in air between ~~two hundred (~~200~~)~~ nanometers and ~~four hundred (~~400~~)~~ nanometers.

(Source: Amended at 38 Ill. Reg. 11802, effective May 21, 2014)

Section 795.40 Exemptions

a) Equipment intended for purposes other than the deliberate exposure of parts of the living human body to ultraviolet radiation and that produce or emit ultraviolet radiation incidental to its proper operation are exempt from the provisions of this Part.

b) Radiation machines while in transit or storage ~~incidental thereto~~ are exempt from ~~provisions of~~ this Part.

c) Any physician licensed to practice medicine in all of its branches, any licensed dentist, or any licensed podiatrist is exempt from ~~the provisions of~~ this Part to the extent that the~~such~~ practitioner uses, in the practice of medicine, dentistry or podiatry, medical diagnostic and therapeutic equipment that~~which~~ emits ultraviolet radiation.

d) Personal use by an individual in a private residence and by other individuals living at the residence is exempt from ~~the provisions of~~ this Part to the extent that the~~such~~ individual owns the tanning equipment exclusively for personal use and no fee or other compensation is involved in the use of the tanning equipment.

(Source: Amended at 38 Ill. Reg. 11802, effective May 21, 2014)

Section 795.60 Application for Permit to Operate a Tanning Facility

a) Each person ~~having a tanning facility in operation on the effective date of this Part~~

shall apply to the Department for a permit to operate a tanning facility~~such facility within 90 days following the effective date of this Part or, thereafter,~~ prior to acquiring or establishing the operation of a tanning facility. Application for the permit shall be completed on forms prescribed by and available from the Department and shall contain all of the information required by the form and any accompanying instructions. Unless otherwise stated, the term "application" as used in this Section~~herein~~ shall include original and renewal applications.

b) In the event of a change of ownership, the new owner shall apply for a permit to operate a tanning facility prior to taking possession of the property. The Department may issue a~~A~~ provisional permit ~~may be issued by the Department~~ until an initial inspection for a permit can be performed by the Department or its designated agent.

c) The Department shall require at least the following information on the Application for Permit to Operate a Tanning Facility form:

1) Name~~name~~, physical address, mailing address and telephone number or numbers~~number(s)~~ of the following:

A) The~~the~~ tanning facility;

B) The~~the~~ applicant (owner or owners~~owner[s]~~) of the tanning facility;

2) The~~the~~ manufacturer, model number, serial number, year and month of manufacture, and type of each ultraviolet lamp or piece of tanning equipment located within the facility;

3) The~~the~~ primary function of the business in which the tanning facility is located;

4) The~~the~~ geographic areas within the State to be covered, if the facility is mobile;

5) Copies~~copies~~ of any posted warnings or other notices that~~which~~ are not required by this Part and that~~which~~ address the safe or proper use of tanning equipment and protective devices;

~~6)~~ ~~copies of consent forms and statements which consumers, parents or guardians will be required to sign pursuant to this Part;~~

6~~7~~) Names~~names~~ and addresses of the tanning equipment supplier or suppliers, installer or installers, and service agent or agents~~supplier(s), installer(s), and service agent(s)~~;

7~~8~~) A~~a~~ copy of the operating procedures to be used in the tanning facility;

8~~9~~) The~~the~~ hours of operation of the tanning facility;

9~~10~~) The~~the~~ name of the on-site manager of the tanning facility;

10~~11~~) A~~a~~ signed and dated certification that the applicant has received, read and understood the requirements of this Part.

~~d)~~ ~~Each applicant shall provide such additional information as the Department may reasonably require.~~

d~~e~~) Each initial application shall be submitted with a nonrefundable $250 fee.

e~~f~~) Each annual renewal application shall be submitted with a nonrefundable $150 fee, except that each expired facility shall pay a nonrefundable $250 fee for renewal of the permit.

f~~g~~) If the owner owns or operates more than one tanning facility, the owner shall file a separate application and submit a separate fee for each facility owned and operated.

g~~h~~) Expired facilities that fail to pay a nonrefundable $250 permit renewal fee within 90 days after the permit expiration shall submit a new permit application and comply with requirements for new facilities in order to receive a tanning facility permit.

(Source: Amended at 38 Ill. Reg. 11802, effective May 21, 2014)

Section 795.130 Denial, Suspension, Revocation or Non-Renewal of a Permit to Operate a Tanning Facility

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

The Department may deny, suspend, revoke or refuse to renew a permit to operate a tanning facility sought or issued pursuant to this Part for any of the following reasons:

a) Failure~~the failure~~ to submit information required pursuant to Section 795.60 that~~which~~ demonstrates that the tanning facility will be constructed, operated and maintained in accordance with the requirements of this Part;

b) Submission~~submission~~ of incorrect, false or misleading information in the documents required under this Part;

c) Failure~~failure~~ to construct, operate or maintain the tanning facility in accordance with this Part, except as the~~such~~ maintenance may involve the replacement of lamps by "equivalent" lamps as~~which have been~~ defined in Section 795.100 ~~above~~;

d) Operation~~operation~~ of the tanning facility in a way that causes or creates a nuisance or hazard to the public health or safety;

e) Violation~~violation~~ of the ~~provisions of the~~ Act or this Part~~the rules and regulations adopted by the Department~~;

f) Violation~~violation~~ of any condition upon which the permit was issued;

g) Failure~~failure~~ to allow duly authorized agents of the Department or its designated health authorities to conduct inspections of the facility;

h) Conviction~~conviction~~ of an applicant or permit holder of an offense arising from false, fraudulent, deceptive, or misleading advertising (The record of conviction or a certified copy of the~~such~~ record shall be conclusive evidence of the conviction.);

i) Revocation~~revocation~~ of a permit during the past five~~5~~ years, or surrender or expiration of the permit during the pendency of action by the Department to revoke or suspend the permit during the previous five~~5~~ years, if before the permit was issued to the individual applicant, a controlling owner or controlling combination of owners of the applicant, or any affiliate of the individual applicant or controlling owner of the applicant or affiliate of the applicant was a controlling owner of the prior permit;

j) Payment~~payment~~ of permit fees or fines with checks returned for non-sufficient funds; ~~or~~

k) Failure~~failure~~ to pay any permit fees or applicable fines; or~~.~~

l) Allowing anyone under the age of 18 years to use a permitted facility's tanning equipment.

(Source: Amended at 38 Ill. Reg. 11802, effective May 21, 2014)

Section 795.190 Records

a) At the consumer's initial visit to a tanning facility, and at least annually after the initial visit, the~~thereafter, such~~ consumer shall be given a written statement of warning as described in Section 795.150(a) and shall sign a written statement acknowledging that he/she has read and has understood the warning statement. For illiterate or visually handicapped persons, the operator shall read the warning statement ~~shall be read by the operator~~ to the consumer in the presence of a witness. Both the witness and the operator shall sign the statement, indicating that it has been read to the consumer.

b) Each consumer desiring to use the facility shall fill out a form specifying ~~any and~~ all prescription medicines and over-the-counter (non-prescription) medications the consumer is taking, and any cosmetics and toiletries, including any tanning accelerators, he or she may have applied prior to using the tanning facility. The consumer shall certify that he or she has not used the services of a tanning facility within the immediately previous ~~twenty-four (~~24~~)~~ hours. The form or record shall be kept as a confidential, permanent part of the record of the individual's attendance and progress. Information~~No information~~ concerning a consumer's prescription and non-prescription medications as listed on the required form or record shall not~~may~~ be released to any person without the written consent of the consumer. The~~Such~~ information ~~, however,~~ shall be made available to the Department or an agent of the Department during the regular course of an inspection.

c) No person~~minor~~ under 18~~fourteen~~ years of age shall be allowed to use ~~a~~ tanning equipment~~device~~, either alone or in the presence of another individual. Proof of age shall be verified by a government-issued identification (ID) that contains both a birth date and picture. A copy of the ID shall not be required to be maintained

on site.~~Minors age fourteen through seventeen shall obtain the written consent of a parent or legal guardian prior to being provided access to a tanning device. The parent or legal guardian shall sign a consent form in the presence of the operator who is not a minor, indicating that such parent or guardian has read and understood the warnings required under Section 795.150(a). The parent or guardian shall not be required to be in the tanning room or booth with the minor.~~

d) The facility operator shall keep a~~A~~ record ~~shall be kept by the facility operator~~ of each consumer's total number of tanning visits, dates and duration of tanning exposures and the tanning equipment used. The~~Such~~ records shall be kept as a permanent part of the record of the individual's attendance and progress. Records shall be maintained and available for inspection for a minimum of five years past a facility's termination of business.

e) Information required by this Section that the facility maintains~~which is maintained by the facility~~ on computer systems shall be regularly copied, at least monthly, and updated on storage media other than the hard drive of the computer.

(Source: Amended at 38 Ill. Reg. 11802, effective May 21, 2014)

Section 795.220 Enforcement and Penalties

a) Any tanning facility operating without a valid permit or operating on a revoked permit shall be guilty of committing a public nuisance.

b) A person convicted of knowingly maintaining a public nuisance commits a Class A misdemeanor. Each subsequent offense under the Act is a Class 4 felony.

c) Penalties or fines shall not exceed $1,000 per day for each day the permit holder remains in violation.

d) In addition to any other action authorized by the Act or this Part, the Department may assess fines against a tanning facility for violation of any provision of the Act or this Part. The Department shall review each inspection report according to criteria in subsections (e) through (h)~~ below~~.

e) The Department shall consider the following criteria independently and aggregately to determine whether a fine shall be assessed.

1) Whether a violation has been noted on an inspection report, and whether the facility corrected the violation~~such violation was corrected by the facility~~.

2) Whether the facility or owner has previously been cited for a violation of the Act or this Part~~rules~~, except that any previously cited violation shall not be considered if the~~such~~ violation was held to be unfounded or unapproved by a final order of the Department or by a court of competent jurisdiction, or if any previous citations for violations occurred more than three ~~(3)~~ years prior to the current violation.

3) Whether the violation creates~~is of such a nature as to result in~~ the possibility of injury or other harm to the environment, to the owner's employees, to the building owner, to users or occupants, or to the general public.

4) Whether the violation appears to be the result of any degree of negligence by the owner, the operator, or the owner's other employees.

5) Whether the owner demonstrated good faith efforts (e.g., taking steps to correct or agreeing to correct the cited violations within a specified period of time) to correct the violations upon receipt of oral or written notice of the violation and whether the~~such~~ actions ~~in fact~~ corrected the violation.

f) The following criteria shall be used~~Criteria~~ to determine the amount of a fine~~ are the following~~, and all amounts determined pursuant to the criteria shall be added together to determine the total fine against the tanning facility:

1) For each violation related to the operation of a tanning facility without having submitted an application for a permit to operate a tanning facility, pursuant to Section 795.60: $250.

2) For each violation related to the failure to notify the Department of changes to the information specified in the permit application, pursuant to Section 795.100: $50.

3) For each violation related to the failure to maintain an equipment maintenance log, as required by Section 795.100: $100.

4) For each violation related to the failure to post warnings as required by the Act and Section 795.150(a)~~ of this Part~~: $100.

5) For each violation related to tanning equipment timers that~~which~~ fail to operate in accordance with the manufacturer's recommended exposure limit as required by Section 795.150(b)(2): $250.

6) For each violation related to the presence of tanning equipment that~~which~~ fails to incorporate a manual control that~~which~~ allows the user to terminate radiation, as required by Section 795.150(b)(3): $250.

7) For each violation related to the presence of tanning equipment lacking physical barriers to protect consumers from injury induced by touching or breaking ~~of~~ the lamps, as required by Section 795.150(b)(6): $250.

8) For each violation related to the use of lamps and bulbs that~~which~~ are not certified for use in the equipment in which they are found to be installed, as required by Section 795.150(b)(8): $250.

9) For each violation related to the absence of an adequate supply of eyewear meeting the specifications of 21 CFR 1040.20, as required by Section 795.170(a): $250.

10) For each violation related to the failure to properly sanitize eyewear in accordance with Section 795.170(c): $100.

11) For each violation related to allowing consumers to use tanning equipment without use of protective eyewear as required by Section 795.170(f): $250.

12) For each violation in which the tanning facility was operated in the absence of a trained operator, as required by Section 795.180(c): $250.

13) For each violation related to the failure to maintain consumer use records, as required by the Act and Section 795.190~~ of this Part~~: $250.

14) For each violation related to the failure to maintain prescription and non-prescription drug information required by Section 795.190(b) in a confidential manner: $500.

15) For each violation allowing the use of tanning equipment by persons~~minors~~ under the age of 18,~~14 or use by an individual age 14 to 17 without a signed consent form by a parent or guardian~~ as prohibited~~required~~ by Section 795.190(d): $250.

16) For each violation in which an injury resulting from the use of the tanning equipment was not reported to the Department, as required by Section 795.200: $500.

17) For each violation related to the failure to provide proper sanitation of tanning equipment or the tanning facility, as required by Section 795.210: $100.

g) Violations~~Violation~~ of any provision of the Tanning Facility Permit Act or any provision of~~ the rules of~~ this Part shall be issued as the following:

1) First violation – the permittee shall be issued a warning letter.

2) Second violation – the permittee shall be issued a fine according to this Section~~ 795.220~~. The repeat violation fine will be a minimum of $250 plus a fine according to this Section.

3) Third violation – the permittee~~permitee~~ shall be issued a fine according to this Section~~ 795.220~~. The repeat violation fine will be a minimum of $500 plus a fine according to this Section. The permittee~~permitee~~ shall be notified of the Department's intent to revoke the permit and shall be offered a hearing in accordance with Section 795.140.

h) Each day that a violation exists shall constitute a separate violation.

i) The Department shall serve any notice of assessment of fine on the permittee~~permitee~~ in the same manner as any notice of permit revocation provided pursuant to the Act and this Part, and the permittee~~permitee~~ shall have the same rights and opportunity for hearing as elsewhere provided pursuant to the Act and this Part. If~~In the event that~~ the permittee~~permitee~~ does not request a hearing within the time allowed by the Act and this Part, the fine assessed shall be due in full at the expiration of time allowed to request a hearing.

j) All fine assessments that~~assessment which~~ are upheld in whole or in part by final order of the Department shall be due in full at the conclusion of the time period for filing for administrative review pursuant to the Administrative Review Law [735 ILCS 5/Art. III] ~~(Ill. Rev. Stat. 1991, ch. 110, pars. 3-101 et seq.)~~, unless the permittee~~permitee~~ has within that time filed proceedings in administrative review specifically appealing the fine assessment and unless the court has stayed the enforcement of the fine assessment.

k) Following the issuance of the notice of violation, the Department or its agent will~~shall~~ reinspect a facility to determine compliance with the Act and this Part.

(Source: Amended at 38 Ill. Reg. 11802, effective May 21, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

1) Heading of the Part: Specialized Mental Health Rehabilitation Facilities Code

2) Code Citation: 77 Ill. Adm. Code 380

3)

Section Numbers:	Emergency Action:
380.100	New Section
380.110	New Section
380.120	New Section
380.130	New Section
380.140	New Section
380.150	New Section
380.160	New Section
380.170	New Section
380.180	New Section
380.190	New Section
380.200	New Section
380.210	New Section
380.220	New Section
380.300	New Section
380.310	New Section
380.320	New Section
380.330	New Section
380.400	New Section
380.410	New Section
380.420	New Section
380.430	New Section
380.440	New Section
380.500	New Section
380.510	New Section
380.515	New Section
380.520	New Section
380.530	New Section
380.540	New Section
380.550	New Section
380.560	New Section
380.570	New Section
380.580	New Section
380.600	New Section
380.610	New Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

380.620	New Section
380.630	New Section
380.640	New Section
380.650	New Section
380.660	New Section
380.670	New Section
380.700	New Section
380.710	New Section
380.720	New Section
380.730	New Section
380.740	New Section
380.750	New Section
380.760	New Section
380.770	New Section
380.780	New Section

4) Statutory Authority: Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]

5) Effective Date of Rule: May 22, 2014

6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which it is to expire: The emergency rulemaking will expire at the end of the 150-day period, or upon adoption of the permanent rule, whichever comes first.

7) Date filed with the Index Department: May 22, 2014

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: The Specialized Mental Health Rehabilitation Facilities Act of 2013 (Pubic Act 98-0104; [210 ILCS 49]), passed by the Illinois General Assembly in 2013 and signed by the governor on July 22, 2013, mandates the Department of Public Health to file emergency rules to implement the new Act. The Act says, "The Department, in consultation with the Division of Mental Health of the Department of Human Services and the Department of Healthcare and Family Services, is granted the authority under this Act to establish provisional licensure and licensing procedures by emergency rule. The Department shall file emergency rules concerning provisional

licensure under this Act within 120 days after the effective date of this Act." While the deadline for filing emergency rules was November 18, intense negotiations involving numerous stakeholders prevented the Department from meeting that goal. However, the Department remains committed to getting the rules in place as soon as possible.

Additionally, these emergency rules fit the requirement for emergency rules under the Illinois Administrative Procedure Act because a situation exists "that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare" (Section 5-45(a) of the Illinois Administrative Procedure Act [5 ILCS 100]).

The emergency nature of this rule results from the Williams Consent Decree, a consent decree entered into by plaintiffs in a class action lawsuit filed on August 15, 2005, on behalf of Illinois residents with mental illness who were living in institutions for the mentally diseased (IMDs), and by the State of Illinois. The purpose of the consent decree, filed September 29, 2010, was to "assure that Defendants provide Plaintiffs with the opportunity to receive the services they need in the most integrated setting appropriate and to promote and ensure the development of integrated settings that maximize individuals' independence, choice, opportunities to develop and use independent living skills, and afford the opportunity to live similar lives to individuals without disabilities." Recognizing the need for Illinois citizens with serious mental illness to receive care as described in the consent decree, the Department sought to create a new kind of facility, geared toward rehabilitation, that would help individuals with mental illness achieve dignity and as much independence as possible in community settings.

To that end, and to satisfy the requirements of the consent decree, the General Assembly enacted the Specialized Rehabilitation Act of 2013 (PA 98-0104), which "provides for licensure of long term care facilities that are federally designated as institutions for the mentally diseased on the effective date of this Act and specialize in providing services to individuals with a serious mental illness. On and after the effective date of this Act, these facilities shall be governed by this Act instead of the Nursing Home Care Act." PA 98-0104, recognizing the Department's desire to get facilities licensed as quickly as possible to meet the needs of this population, mandated that the Specialized Mental Health Rehabilitation Act of 2013 be implemented via emergency rule.

PA 98-0104 additionally said, "All consent decrees that apply to facilities federally designated as institutions for the mentally diseased shall continue to apply to facilities licensed under this Act."

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

PA 98-0104 mandated the Department to work with the Division of Mental Health in the Department of Human Services, and the Department of Healthcare and Family Services, to draft licensure rules under which the former IMDs are to be licensed. Consistent with the Act and the consent decree, the rules envision facilities "that offer high quality rehabilitation and recovery care, help consumers achieve and maintain their highest level of independent functioning, and prepare them to live in permanent supportive housing and other community-integrated settings. Facilities licensed under this Act will be multi-faceted facilities that provide triage and crisis stabilization to inpatient hospitalization, provide stabilization for those in post crisis stabilization, and provide transitional living assistance to prepare those with serious mental illness to reintegrate successfully into community living settings. Those facilities licensed under this Act will provide care under a coordinated care model and seek appropriate national accreditation and provide productive and measurable outcomes."

10) A complete Description of the Subjects and Issues Involved: Part 380 implements the Specialized Mental Health Rehabilitation Act of 2013. Its six Subparts address provisional licensure, licensure, training of staff, the assessment of consumers, physical plant requirements, and the care to be provided to consumers in the four levels of service to be provided in specialized mental health rehabilitation facilities.

11) Are there any proposed rulemakings pending to this Part? No

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

13) Information and questions regarding this rule shall be directed to:

Susan Meister
Administrative Rules Coordinator
Department of Public Health
Division of Legal Services
535 W. Jefferson St., 5th Floor
Springfield, Illinois 6276

217/782-2043
dph.rules@illinois.gov

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 380
SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section
380.100 Definitions
EMERGENCY
380.110 Incorporated and Referenced Materials
EMERGENCY
380.120 Applicability and General Requirements
EMERGENCY
380.130 Staff Qualifications and Training Requirements
EMERGENCY
380.140 Consumer Rights and Choices
EMERGENCY
380.150 Informed Consent
EMERGENCY
380.160 Restraints and Therapeutic Separation
EMERGENCY
380.170 Consumer Background Checks
EMERGENCY
380.180 Identified Offenders
EMERGENCY
380.190 Consumer Records
EMERGENCY
380.200 Assessment, Level of Service Determination, and Authorization
EMERGENCY
380.210 Individualized Treatment Plan
EMERGENCY
380.220 Transferor or Discharge
EMERGENCY

SUBPART B: SPECIALIZED MENTAL HEALTH
REHABILITATION FACILITIES PROGRAMS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

Section
380.300 Triage Centers
EMERGENCY
380.310 Crisis Stabilization Units
EMERGENCY
380.320 Recovery and Rehabilitation Supports Centers
EMERGENCY
380.330 Transitional Living Units
EMERGENCY

SUBPART C: PROGRAM PERSONNEL

Section
380.400 Employee Personnel Policies and Records
EMERGENCY
380.410 Initial Health Evaluation for Employees, Interns, and Volunteers
EMERGENCY
380.420 Health Care Worker Background Check
EMERGENCY
380.430 Executive Director
EMERGENCY
380.440 Psychiatric Medical Director
EMERGENCY

SUBPART D: ADMINISTRATION

Section
380.500 Required Policies and Procedures
EMERGENCY
380.510 Quality Assessment and Performance Improvement
EMERGENCY
380.515 Reportable Performance Indicators
EMERGENCY
380.520 Information to Be Made Available to the Public
EMERGENCY
380.530 Incidents, Accidents, and Emergency Care
EMERGENCY
380.540 Abuse, Neglect, and Theft

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

EMERGENCY
380.550 Contacting Local Law Enforcement
EMERGENCY
380.560 Care and Treatment of Sexual Assault Survivors
EMERGENCY
380.570 Fire Safety and Disaster Preparedness
EMERGENCY
380.580 Research
EMERGENCY

SUBPART E: SUPPORT SERVICES AND ENVIRONMENT

Section
380.600 Required Support Services
EMERGENCY
380.610 Physician Medical Services
EMERGENCY
380.620 Health/Nursing Services
EMERGENCY
380.630 Pharmaceutical Services and Medication Administration
EMERGENCY
380.640 Infection Control and Vaccinations
EMERGENCY
380.650 Dietetic Services
EMERGENCY
380.660 Dental Services
EMERGENCY
380.670 Physical Plant and Environmental Requirements
EMERGENCY

SUBPART F: LICENSURE REQUIREMENTS

Section
380.700 Licensure Application Requirements
EMERGENCY
380.710 Application Process and Requirements for a Provisional License
EMERGENCY
380.720 Plan of Operation
EMERGENCY

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

380.730 Requirements for Accreditation
EMERGENCY
380.740 Surveys and Inspections
EMERGENCY
380.750 License Sanctions and Revocations
EMERGENCY
380.760 Citation Review and Appeal Procedures
EMERGENCY
380.770 Safety, Zoning, and Building Clearances
EMERGENCY
380.780 Special Demonstration Programs and Services
EMERGENCY

AUTHORITY: Implementing and authorized by the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49].

SOURCE: Emergency rule adopted at 38 Ill. Reg. 11819, effective May 22, 2014, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 380.100 Definitions
EMERGENCY

Act – the Specialized Mental Health Rehabilitation Act of 2013

Activities of Daily Living – a consumer's abilities to bathe, dress, and groom; transfer and ambulate; use the toilet; eat; and use speech, language, or other functional communication systems.

Abuse – any physical or mental injury or sexual assault inflicted on a consumer other than by accidental means in a facility. (Section 1-102 of the Act)

Physical abuse means the infliction of injury or threat of injury by a consumer upon himself or herself, or by another consumer, a staff, or a visitor, on a resident that occurs other than by accidental means and not as part of the treatment plan.

Verbal abuse means the use of demeaning, intimidating or threatening words, written or oral, or gestures, by another consumer, a staff, or a visitor, about, or toward, a consumer and in the presence of an individual or individuals.

Accreditation – recognition by *any of the following* that a program meets their nationally-recognized standards of behavioral health care:

the Joint Commission;

the Commission on Accreditation of Rehabilitation Facilities;

the Healthcare Facilities Accreditation Program; *or*

any other national standards of care as approved by the Department. (Section 1-102 of the Act)

Active treatment – treatment that addresses an acute crisis in a consumer and that facilitates a return to a community setting. Active treatment includes, but is not limited to, therapy, family meetings, group sessions, and assessment.

Agent – a representative of a facility who is not an owner, licensee, executive director, or employee.

Ambulatory – the ability to move from place to place independent of staff assistance. A consumer may use assistive devices, such as a cane, walker or wheelchair, and still be considered ambulatory, provided that the consumer is able to move and transfer independently on a regular basis. A consumer who needs temporary time-limited assistance, such as after surgery or a medical illness, is also still considered ambulatory.

Applicant – any person making application for a license or a provisional license under the *Act* and this Part. (Section 1-102 of the Act)

Assessment – A comprehensive clinical evaluation to determine the strengths, preferences, clinical status, including the level of functioning, and the clinical needs of a consumer. The assessment may also fulfill the requirements of federal law or State consent decrees for assessment or mental health preadmission screening and resident review prior to admission, or resident reviews, (MH

PASRR) during treatment. The assessment shall be conducted by a Licensed Practitioner of the Healing Arts (LPHA) and shall:

Determine the individualized intervention strategies that will assist the consumer in advancing in his or her recovery;

Determine what supports are needed for the individual to live in community-based settings; and

Determine the appropriate level of care for service delivery.

Authorization – A determination of the level of treatment services that best suits the clinical needs of the consumer.

Authorized representative – a person other than an owner, agent, or employee of a facility, not related to the consumer, designated in writing by a consumer to be his or her representative. A consumer may designate his or her guardian as an authorized representative.

Biopsychosocial approach – a model for the treatment of persons with mental illness that acknowledges the biological, psychological and social influences on a person's psyche, relying on multiple disciplines for the treatment and rehabilitation of persons with mental illness.

Certified Recovery Support Specialist (CRSS) – An individual who is certified and in good standing as a Recovery Support Specialist by the Illinois Alcohol and Other Drug Abuse Professional Certification Association. A CRSS, at a minimum, shall function as a mental health professional.

Community-based behavioral health services – services provided to a consumer, e.g., by a community-based behavioral health provider, while living in his or her own home or in a group living situation of 16 or fewer beds. The services are designed to assist consumers in achieving rehabilitative, resiliency and recovery goals in the least restrictive natural settings possible. The services consist of interventions that facilitate illness self-management, identification and use of adaptive and compensatory strategies, skills-building, and the identification and use of natural supports and community resources.

Consumer – a person, 18 years of age or older, admitted to a specialized *mental health rehabilitation facility for evaluation, observation, diagnosis, treatment, stabilization, recovery, and rehabilitation. "Consumer" does not mean any of the following*:

an individual requiring a locked setting;

an individual requiring psychiatric hospitalization because of an acute psychiatric crisis;

an individual under 18 years of age;

an individual who is actively suicidal or violent toward others;

an individual who has been found unfit to stand trial;

an individual who has been found not guilty by reason of insanity based on committing a violent act, such as sexual assault, assault with a deadly weapon, arson, or murder;

an individual subject to temporary detention and examination under Section 3-607 of the Mental Health and Developmental Disabilities Code;

an individual deemed clinically appropriate for inpatient admission in a state psychiatric hospital; and

an individual transferred by the Department of Corrections pursuant to Section 3-8-5 of the Unified Code of Corrections. (Section 1-102 of the Act)

Consumer record – a record that organizes all information on the care, treatment, and rehabilitation services rendered to a consumer in a specialized mental health rehabilitation facility. (Section 1-102 of the Act)

Controlled drugs – those drugs covered under the federal Comprehensive Drug Abuse Prevention Control Act of 1970, as amended, or the Illinois Controlled Substances Act. (Section 1-102 of the Act)

Crisis stabilization – a secure and separate unit that provides short-term behavioral, emotional, or psychiatric crisis stabilization as an alternative to hospitalization or re-hospitalization for consumers from residential or community placement. (Section 1-102 of the Act)

Debrief – a meeting with a consumer and facility staff following a period of restraint, holding, or therapeutic separation in which the impact of the intervention is assessed from a perspective of emotional impact, outcome, and possible alternatives to the use of restraint.

Department – the Department of Public Health. (Section 1-102 of the Act)

DHS − the Illinois Department of Human Services

DHS-DMH − the Illinois Department of Human Services-Division of Mental Health

Dietetic Service Supervisor − a person who:

is a dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution that included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary manager course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third or fourth paragraph of this definition.

Dietitian – a person licensed as a dietitian under the Dietitian Nutritionist Practice Act.

Director – the Director of the Department of Public Health or his or her designee.

Discharge – the full release of any consumer from a facility. (Section 1-102 of the Act)

Drug administration – the act in which a single dose of a prescribed drug or biological is given to a consumer. The complete act of administration entails removing an individual dose from a container, verifying the dose with the prescriber's orders, giving the individual dose to the consumer, and promptly recording the time and dose given. (Section 1-102 of the Act)

Drug dispensing – the act entailing the following of a prescription order for a drug or biological and proper selection, measuring, packaging, labeling, and issuance of the drug or biological to a consumer. (Section 1-102 of the Act)

Dual Diagnosis – the condition of experiencing a mental illness and a comorbid substance abuse problem.

Emergency – a situation, physical condition, or one or more practices, methods, or operations that *present imminent danger of death or serious physical or mental harm to consumers of a facility.* (Section 1-102 of the Act)

Evidence-based practice – the conscientious use of current evidence in making decisions about the care of the individual consumer, integrating individual clinical expertise with available external clinical evidence from systematic research.

Executive director – a person who is charged with the general administration and supervision of a facility licensed under the *Act* and this Part. (Section 1-102 of the Act)

Face check – visual confirmation by a staff person to ensure the consumer's safety and well-being, to be performed at intervals as determined by the individualized treatment plan of the consumer.

Facility – a specialized mental health rehabilitation facility (SMHRF) *that provides at least one of the following services: triage center; crisis stabilization;*

recovery and rehabilitation supports; or transitional living units for 3 or more persons. The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons, 18 years or older, with mental disorders to develop the skills to become self-sufficient and capable of increasing levels of independent functioning. It includes facilities that meet the following criteria:

100% of the consumer population of the facility has a diagnosis of serious mental illness;

no more than 15% of the consumer population of the facility is 65 years of age or older;

none of the consumers are non-ambulatory;

none of the consumers have a primary diagnosis of moderate, severe, or profound intellectual disability; *and*

the facility must have been licensed under the Specialized Mental Health Rehabilitation Act or the Nursing Home Care Act immediately preceding the effective date of the *Act and qualifies as an institute for mental disease under the federal definition of the term*.

"Facility" does not include the following:

a home, institution, or place operated by the federal government or agency of the federal government*, or by the State of Illinois*;

a hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities for the treatment of mental illness that *is required to be licensed under the Hospital Licensing Act*;

a facility for child care as defined in the Child Care Act of 1969;

a community living facility as defined in the Community Living Facilities Licensing Act;

a nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination; however, the *nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety*;

a facility licensed by the Department of Human Services as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act;

a supportive residence licensed under the Supportive Residences Licensing Act;

a supportive living facility in good standing with the program established under Section 5-5.01a of the Illinois Public Aid Code, except only for purposes of the employment of persons in accordance with Section 3-206.01 of the Nursing Home Care Act;

an assisted living or shared housing establishment licensed under the Assisted Living and Shared Housing Act, except only for purposes of the employment of persons in accordance with Section 3-206.01 of the Nursing Home Care Act;

an Alzheimer's disease management center alternative health care model licensed under the Alternative Health Care Delivery Act;

a home, institution, or other place operated by or under the authority of the Illinois Department of Veterans' Affairs;

a facility licensed under the ID/DD Community Care Act; *or*

a facility licensed under the Nursing Home Care Act after July 22, 2013 (Section 1-102 of the Act)

Findings of root cause analysis – the conclusions of a facility's root cause analysis that summarize how the incident, accident, or violation happened and reasons for the incident, accident, or violation. Reportable findings do not include investigatory notes, data, staff interviews and other unrelated documentation that led to the conclusions of the root cause analysis.

Governing body – the persons responsible for the overall leadership, oversight and administration of a specialized mental health rehabilitation facility

Guardian – a person appointed as a guardian of the person or guardian of the estate, or both, of a consumer under the Probate Act of 1975. (Section 1-102 of the Act)

Identified Offender – a person who:

> *Has been convicted of, found guilty of, adjudicated delinquent for, found not guilty by reason of insanity for, or found unfit to stand trial for, any felony offense listed in Section 25 of the Health Care Worker Background Check Act, except for the following: felony offense described in Section 10-5 of the Nurse Practice Act; a felony offense described in Section 5, 5.1, 5.2, 7, or 9 of the Cannabis Control Act; a felony offense described in Section 401, 401.1, 404, 405, 405.1, 407, or 407.1 of the Illinois Controlled Substances Act; and a felony offense described in the Methamphetamine Control and Community Protection Act*, or
>
> *Has been convicted of, adjudicated delinquent for, found not guilty by reason of insanity for, or found unfit to stand trial for, any sex offense as defined in subsection (c) of Section 10 of the Sex Offender Management Board Act.* (Section 1-102 of the Act)

Illness Management and Recovery (IMR) – an evidence-based practice aimed at assisting individuals with mental illnesses in learning to manage the symptoms of the illness to reduce interference with pursuit of personal goals.

Individualized Treatment Plan or Treatment Plan – a written compilation of the consumer's goals; the anticipated outcomes of services; the intermediate objectives to achieve the goals; the specific SMHRF services to be provided to the consumer; the amount, frequency, and duration of the services; and the staff responsible for providing the services.

Institute for Mental Disease (IMD) – Facilities that are federally designated as institutes for mental diseases and that will be licensed as specialized mental health rehabilitation facilities under the Act and this Part, subject to the provisions in Section 1-101.5 of the Act.

Instrumental activities of daily living (IADL) – Activities to support daily life within the home and community that require more complex interactions than the self-care in ADLs, including, but not limited to, communication, community mobility, health management, home management, meal preparation and clean up, safety and emergency management, shopping, and money management.

Interdisciplinary Team (IDT) − a group of persons representing those professions, disciplines, or service areas that are relevant to identifying a consumer's strengths, preferences, and needs, which designs a program to meet those needs.

Licensed Practitioner of the Healing Arts (LPHA) – shall have the meaning ascribed to it in the DHS-DMH rule Medicaid Community Mental Health Services Program.

Licensed Practical Nurse − a person with a valid Illinois license to practice as a practical nurse under the Nurse Practice Act.

Licensee – the person, persons, firm, partnership, association, organization, company, corporation, or business trust to which a license has been issued. (Section 1-102 of the Act)

Linkage – A partnership between a facility and a community-based behavioral health provider that includes the community-based behavioral health provider from the time of a consumer's admission into a facility (in crisis stabilization, transitional living units, and recovery and rehabilitation supports), or as soon as possible following admission, in developing and implementing the consumer's individualized treatment plan for effective care coordination and transitioning the consumer to independent living in the community, or to the least restrictive setting of the consumer's choice. Linkage includes a face-to-face meeting between the consumer and the community-based behavioral health provider with which he or she is linked prior to discharge, except for consumers in the 23-hour triage center.

Mental Health Preadmission Screening and Resident Review (MH PASRR) – a comprehensive review conducted under the auspices of the Illinois Department of Human Services Division of Mental Health prior to the admission of a consumer with serious mental illness, at the end of 90 days following admission, at the end of six months, and then annually.

Mental Health Professional (MHP) – shall have the meaning ascribed to it in the DHS-DMH rule, the Medicaid Community Mental Health Services Program.

Misappropriation of a consumer's property – the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a consumer's belongings or money without the consent of a consumer or his or her guardian. (Section 1-102 of the Act)

Neglect – a facility's failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance that is necessary to avoid physical harm and mental anguish of a consumer. (Section 1-102 of the Act)

On site – in a facility, and in a particular level of service within a facility.

Performance Improvement Project (PIP) – an effort by a facility to address a specific violation or problem, either in one service area of a facility, or facility-wide. PIPs require a systematic gathering of information to clarify issues and problems to improve the delivery of care to consumers.

Person-centered care – an approach to mental health treatment that involves collaboration between the consumer, treatment providers, and other supporters of the individual, including the consumer's guardian and substitute decision maker, and is focused on the goals the consumer has identified for recovery in his or her treatment plan. Person centered care focuses on building upon the strengths and resources of the consumer to achieve recovery goals. Roles are defined for the consumer, the treatment providers, and other supporters to assist in reaching these goals.

Personal care (or activities of daily living) – *assistance with meals, dressing, movement, bathing, or other personal needs, maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his or her person, whether or not a guardian has been appointed for* the *individual. "Personal care" shall not be construed to confine or otherwise constrain a facility's pursuit to develop the skills and abilities of a consumer to become self-sufficient and capable of increasing levels of independent functioning.* (Section 1-102 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

Psychiatric Medical Director – a physician who is licensed under the Medical Practice Act of 1987 and who is board eligible or board certified in psychiatry by the American Board of Psychiatry and Neurology.

Psychotropic medication – medications used for antipsychotic, antidepressant, anti-manic, anti-anxiety, or behavior modification, for behavioral management purposes as listed in the American Medical Association Drug Evaluation and the Physicians' Desk Reference.

Qualified Mental Health Professional (QMHP) – shall have the meaning ascribed to it in the DHS-DMH rule Medicaid Community Mental Health Services Program.

Recovery and rehabilitation supports – a unit with a *program that facilitates a consumer's longer-term symptom management and stabilization while preparing the consumer for transitional living units* or transition to the community *by improving living skills and community socialization.* (Section 1-102 of the Act)

Recovery – the process in which persons are able to live, work, learn, and participate fully in their communities. For some persons, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Registered Nurse − a person with a license to practice as a registered professional nurse under the Nurse Practice Act.

Rehabilitation Services Associate (RSA) – shall have the meaning ascribed to it in the DHS-DMH rule Medicaid Community Mental Health Services Program.

Restorative care – care that is designed to facilitate the consumer's recovery and re-entry into the community.

Restraint:

> *a physical restraint that is any manual method or physical or mechanical device, material, or equipment attached or adjacent to a consumer's body that the consumer cannot remove easily and restricts freedom of movement or normal access to one's body; devices used for positioning,*

including, but not limited to, bed rails, gait belts, and cushions, shall not be considered to be restraints for purposes of this Part*. For the purposes of* the *Act* and this Part, *restraint shall be administered only after utilizing a coercive-free environment and culture; or*

a chemical restraint that is any drug used for discipline or convenience and not required to treat medical symptoms. (Section 1-102 of the Act)

Root cause – a fundamental reason or reasons for an incident, accident, or violation, without which the incident, accident, or violation would not have occurred.

Root cause analysis – the process for determining how an incident, accident, or violation, occurred.

Self-administration of medication – means that *consumers shall be responsible for the control, management, and use of* his or her *own medication.* (Section 1-102 of the Act)

Sentinel event – an unexpected occurrence involving death or serious physical or psychological injury, or the risk of those, including loss of a limb or the function of a limb or other body part. The phrase, "or the risk of those" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Serious Mental Illness – as used in this Part, any of the following diagnoses:

DSM-5 diagnosis of a psychotic disorder, excluding those caused by a general medical condition or substance use when of moderate or severe intensity and associated with moderate or severe functional impairment of a greater than 90-day duration.

DSM-5 diagnosis of bipolar or related disorder, excluding those caused by a general medical condition or substance use, when of moderate or severe intensity and associated with moderate to severe functional impairment of a greater than 90-day duration.

DSM-5 diagnosis of a depressive disorder, excluding those caused by a general medical condition or substance use, when of moderate or severe

intensity and associated with severe functional impairment of a greater than 90-day duration.

DSM-5 diagnosis of borderline personality disorder associated with moderate to severe functional impairment of a greater than 90-day duration.

DSM-5 diagnosis of post-traumatic stress disorder associated with moderate to severe functional impairment of a greater than 90-day duration.

DSM-5 diagnosis of obsessive compulsive disorder associated with moderate to severe functional impairment of a greater than 90-day duration.

Substitute decision maker – a person who possesses the authority to make mental health decisions on behalf of the consumer under the Powers of Attorney for Health Care Law, under the Mental Health Treatment Preference Declaration Act, or under the Probate Act of 1975.

Transitional living units – residential units within a facility that have the purpose of assisting the consumer in developing and reinforcing the necessary skills to live independently outside of the facility. The duration of stay in this *setting shall not exceed 120 days for each consumer. Nothing in this definition shall be construed to be a prerequisite for transitioning out of a facility.* (Section 1-102 of the Act)

Therapeutic separation – the removal of a consumer from the milieu to a room or area that *is designed to aid in the emotional or psychiatric stabilization of that consumer.* (Section 1-102 of the Act)

Triage center – a non-residential, 23-hour center that serves as an alternative to emergency room care, hospitalization, or re-hospitalization for consumers in need of short-term crisis stabilization. (Section 1-102 of the Act)

Unit – a crisis stabilization, recovery and rehabilitation supports, or transitional living level of service within a facility.

Wellness Recovery Action Plan (WRAP) – an evidence-based system developed by the Copeland Center for use by people dealing with mental health and other challenges who want to attain the highest possible level of wellness.

Section 380.110 Incorporated and Referenced Materials
EMERGENCY

a) The following regulations and standards are incorporated in this Part:

1) National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Chapter 33, Existing Board and Care Occupancies (2012) or Chapter 32, New Board and Care Occupancies (2012), and the following additional standards, which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169.

A) No. 10 (2010): Standard for Portable Fire Extinguishers

B) No. 13 (2010): Standards for the Installation of Sprinkler Systems

C) No. 25 (2011): Standard for the Inspection, Testing, Maintenance of Water-Based Fire Protection Systems

D) No. 54 (2012): National Fuel Gas Code

E) No. 70 (2011): National Electrical Code

F) No. 72 (2010): National Fire Alarm and Signaling Code

G) No. 80 (2010): Standard for Fire Doors and Other Opening Protectives

H) No. 90A (2012): Standard for Installation of Air Conditioning and Ventilating Systems

I) No. 96 (2011): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operation

J) No. 99 (2012): Health Care Facilities Code

K) No. 110 (2010): Standard for Emergency and Standby Power Systems

L) No. 220 (2012): Standards on Types of Building Construction

M) No. 241 (2009): Standard for Safeguarding Construction, Alteration and Demolition

2) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals (2001), and Handbook of Applications (1999), which may be obtained from the American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329.

3) American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) (2013) (American Psychiatric Association), which may be obtained from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, Va. 22209-3901.

4) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264).

5) Drug Burden Index to Define the Functional Burden of Medications in Older People (April, 2007), which may be obtained from the American Medical Association, AMA Plaza, 330 N. Wabash Ave., Chicago, IL 60611-5885, or accessed at http://archinte.jamanetwork.com/article.aspx?articleid=412262.

6) Accreditation:

A) Standards for Behavioral Health Care (Joint Commission, 2014), One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181;

B) Behavioral Health Standards Manual (Commission on Accreditation of Rehabilitation Facilities CARF, 2014), 4891 East Grant Road, Tucson, Arizona 85711; or

C) Accreditation Requirements for Behavioral Health Centers (Healthcare Facilities Accreditation Program, 2010), 142 E. Ontario Street, Chicago IL 60611.

7) Federal guidelines:

A) Recommendations of the Advisory Committee on Immunization Practices (ACIP) (2014), which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Rd. Atlanta, GA 30333 (800-232-4636).

B) Sexually Transmitted Diseases Treatment Guidelines (2010), which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (800-232-4636).

C) "Recommended Dietary Allowances", 10th Edition (1989), adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, which may be obtained from the National Academy of Science, Keck Center W700, 500 Fifth St. NW, Washington, DC 20001 (202-334-2352).

8) Evidence-based and evidence-informed treatment practices, including but not limited to:

A) The Illness Management and Recovery Evidence-Based Practices Kit (Substance Abuse and Mental Health Services Administration. Illness Management and Recovery: Practitioner Guides and Handouts, HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.).

B) Wellness Recovery Action Plan (WRAP), by Copeland, Mary Ellen, Ph.D., Peach Press (2011), P.O. Box 301, West Dummerston, VT 05357.

C) Motivational Interviewing, by Miller, W. R., & Rollnick, S. Guilford press (2002), 72 Spring Street New York, NY 10012 (800-365-7006).

9) ADA Standards for Accessible Design (2010) which may be obtained from the U.S, Department of Justice ADA website (www.ada.gov) or by writing U.S. Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section – NYA, Washington, D.C. 20530 (800-514-0301).

10) Federal Rules:

A) 21 CFR 1306.11, Requirement of Prescription (April 1, 2013)

B) 21 CFR 1306.21, Requirement of Prescription (April 1, 2013)

C) 45 CFR 46, Protection of Human Subjects (October 1, 2012)

b) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.

c) The following statutes and State regulations are referenced in this Part:

1) Federal statutes:

A) Americans with Disabilities Act (104 USC 327)

B) Health Insurance Portability and Accountability Act (110 USC 1936)

C) Comprehensive Drug Abuse Prevention Control Act of 1970 (21 USC 13)

2) State of Illinois statutes:

A) Specialized Mental Health Act of 2013 [210 ILCS 490

B) Mental Health and Developmental Disabilities Code [405 ILCS 5]

C) Unified Code of Corrections [730 ILCS 5]

D) Nurse Practice Act [225 ILCS 65]

E) Medical Practice Act of 1987 [225 ILCS 60

F) Clinical Psychologist Licensing Act [225 ILCS 15]

G) Clinical Social Work and Social Work Practice Act [225 ILCS 20]

H) Illinois Occupational Therapy Practice Act [225 ILCS 75]

I) Professional Counselor and Clinical Professional Counselor Licensing and Practice Act [225 ILCS 107]

J) Marriage and Family Therapy Licensing Act [225 ILCS 55]

K) Health Care Worker Background Check Act [225 ILCS 46]

L) Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70]

M) Illinois Controlled Substances Act [720 ILCS 570]

N) AIDS Confidentiality Act [410 ILCS 305]

O) Dietitian Nutritionist Practice Act [225 ILCS 30]

P) Smoke Detector Act [425 ILCS 65]

Q) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV]

R) Mental Health Treatment Preference Declaration Act [755 ILCS 43]

S) Whistleblower Act [740 ILCS 174]

T) Criminal Code of 2012 [720 ILCS 5]

U) Smoke Free Illinois Act [410 ILCS 82]

V) Mental Health and Development Disabilities Confidentiality Act [740 ILCS 110]

W) Probate Act of 1975 [755 ILCS 5]

X) Language Assistance Services Act [210 ILCS 87]

Y) Safety Glazing Materials Act [430 ILCS 65]

Z) Child Care Act of 1969 [225 ILCS 10]

AA) Community Living Facilities Licensing Act [210 ILCS 35]

BB) Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]

CC) Supportive Residences Licensing Act [210 ILCS 65]

DD) Illinois Public Aid Code [305 ILCS 5]

EE) Assisted Living and Shared Housing Act [210 ILCS 9]

FF) Alternative Health Care Delivery Act [210 ILCS 3]

GG) Cannabis Control Act [720 ILCS 550]

HH) Methamphetamine Control and Community Protection Act [720 ILCS 646]

II) Sex Offender Management Board Act [20 ILCS 4026]

JJ) Illinois Human Rights Act [775 ILCS 5]

KK) Uniform Conviction Information Act [20 ILCS 2635]

LL) Hospital Licensing Act [210 ILCS 85]

3) State of Illinois Administrative Rules:

A) Department of Public Health, Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

B) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890)

C) Department of Public Health, Control of Tuberculosis Code (77 Ill. Adm. Code 696)

D) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955)

E) Department of Public Health, Control of Communicable Disease Code (77 Ill. Adm. Code 690)

F) Department of Public Health, Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)

G) Department of Public Health, Food Services Sanitation Code (77 Ill. Adm. Code 750)

H) Department of Public Health, Drinking Water Systems Code (77 Ill. Adm. Code 900)

I) Department of Public Health, Well Water Construction Code (77 Ill. Adm. Code 920)

J) Department of Public Health, Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)

K) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545)

L) Department of Public Health, Language Assistance Services Code (77 Ill. Adm. Code 940)

M) Department of Public Health, Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)

N) Department of Public Health, Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395)

O) Department of Public Health, Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code (77 Ill. Adm. Code 515

P) Department of Human Services, Medicaid Community Mental Health Services Program (59 Ill. Adm. Code 132)

Q) Healthcare and Family Services, Mental Health Services in Nursing Facilities (89 Ill. Adm. Code 145)

R) Office of the State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100)

S) Office of the State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)

T) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)

Section 380.120 Applicability and General Requirements
EMERGENCY

a) The *Act* and this Part provide *for licensure of long term care facilities that are federally designated as institutions for mental disease on* July 22, 2013 *and specialize in providing services to individuals with serious mental illness. On and after* July 22, 2013*, these facilities shall be governed by* the *Act instead of the Nursing Home Care Act.* (Section 1-101.5(a) of the Act)

b) *All consent decrees that apply to facilities federally designated as institutions for mental disease shall continue to apply to facilities licensed under* the *Act* and this

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

Part. (Section 1-101.5(b) of the Act)

c) Subject to the Act and this Part, the facility shall develop and implement a psychiatric rehabilitation program providing individual and group therapeutic interventions, services and supports to address the goals, preferences, needs, strengths and risks of persons with a diagnosis of mental illnesses and who meet clinical criteria as specified in each level of service.

d) Triage centers, crisis stabilization units, transitional living units, and recovery and rehabilitation supports units shall be designed to improve the adaptive functioning of persons with mental illness, facilitate the recovery of those persons, and enable those persons to achieve a higher level of independence while preventing regression to a lower level of functioning.

e) As defined in the Act and this Part, the facility may develop specialized units and programs to serve different consumers in different stages of illness, including:

1) Non-residential triage centers, with a length of stay no more than 23 hours, for short-term crisis assessment and disposition;

2) Crisis stabilization units that serve consumers for no more than 21 days;

3) Recovery and rehabilitation supports units that address longer-term consumer mental health rehabilitation needs and training; and

4) Transitional living units that prepare consumers for community transition within 120 days following admission.

f) Each of these programs shall have its own separate program and staffing requirements, based on the crisis intervention and recovery treatment needs of the consumers, and as required by the Act and this Part.

g) A facility is not required to implement all of the programs in subsection (e)(1) through (4).

h) All levels of service shall incorporate evidence-based practices, biopsychosocial approaches, and programs regarding the treatment and rehabilitation of persons who have mental illnesses.

i) The mental health rehabilitation and recovery services shall be designed to assist consumers in developing skills to effectively manage their symptoms and effectively become capable of increasing levels of independent functioning in the community.

j) All services shall reflect varying individual goals, diverse needs, concerns, strengths, motivations and the abilities of each consumer, which shall be documented in writing within the medical chart. The programs shall emphasize the participation of consumers in all aspects of treatment, including, but not limited to, individual treatment, services planning, program design, and evaluation.

k) The facility shall have an interdisciplinary team (IDT) at all levels of service. The interdisciplinary team shall include a physician and a licensed clinical social worker or a licensed clinical professional counselor, as well as the consumer, the consumer's guardian, and other professionals, including the consumer's primary service providers, particularly the staff most familiar with the consumer; and other appropriate professionals and caregivers as determined by the consumer's needs. The consumer or his or her guardian may also invite other people to meet with the interdisciplinary team and participate in the process of identifying the consumer's strengths and needs.

l) For all levels of service except triage centers, a facility shall provide linkage, including coordinating the consumer's care with other health care providers, including, but not limited to, primary care physicians, psychiatrists, hospitals and other medical professionals, to ensure that the mental and physical health care needs of the consumer are met. The facility shall share all relevant treatment information for a consumer with the community-based behavioral health provider or other health care provider to facilitate a consumer's recovery and rehabilitation. Linkage may occur through direct partnerships with providers as well as through managed care entities.

m) For triage centers, linkage means connecting the consumer to a community-based behavioral health provider if the triage staff determines that community behavioral health services are needed.

n) A crisis stabilization center, recovery and rehabilitation supports center, or a transitional living unit shall not accept for treatment anyone with medical issues requiring active intervention or treatment, or who requires a higher level of

medical care, e.g., issues beyond medical maintenance, including, but not limited to, persons:

1) Who require skilled nursing care, who have limited feeding capacity, or who need assistance ambulating;

2) With a swallowing problem with recurring aspiration;

3) Who require a catheter, such as a foley catheter, feeding tubes or nasogastric tubes, or central lines;

4) Who are at risk of medically significant complications due to recent major medical trauma, according to the requirements for trauma in the Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code;

5) With acute neurological symptoms, including unstable seizure disorders;

6) Who require ongoing nebulizer treatments that are not self-administered;

7) Who require electrocardiogram monitoring/telemetry;

8) For transitional living and rehabilitation and recovery only, persons with a condition that potentially requires urgent surgery;

9) Who are at risk of medically significant complications due to drug withdrawal;

10) With medically significant bleeding;

11) With communicable diseases requiring isolation; except for brief contact isolation;

12) With delirium;

13) With primary dementia;

14) With moderate, severe or profound developmental disability;

15) With methadone dependency, unless he or she is in an accredited methadone program; or

16) With toxic levels of medication or who are at risk to become toxic (i.e., acetaminophen).

o) A triage center shall screen all consumers for the medical issues in subsection (n)(1) through (16).

Section 380.130 Staff Qualifications and Training Requirements
EMERGENCY

a) *Training for all new employees specific to the various levels of care offered by a facility shall be provided to employees during their orientation period and* then *annually. Training shall be independent of the Department and overseen by* DHS-DMH *to determine the content of all facility employee training and to provide training for all trainers of facility employees*. (Section 2-103 of the Act) DHS-DMH will determine if the outlined employee training plan submitted to it by the facility meets the DHS-DMH requirements prior to the acceptance of the facility's plan of operation by the Department.

b) *Training of employees shall be consistent with nationally recognized national accreditation standards as defined in* the *Act* and this Part. *Training shall be required for all existing staff at a facility prior to the implementation of any new services authorized under* the *Act* and this Part. (Section 2-103 of the Act)

c) The facility shall have a written policy for regular staff training at all levels of service that the facility provides. Training referenced in this Section may be provided via any of the usual methods of adult education, including, but not limited to, in-service training, webinar, comport programs, on-line education, and on-the-job training.

d) The curriculum for staff training will be developed or approved by DHS-DMH and will include, but not be limited to, understanding symptoms of mental illnesses; principles of evidence-based practices and emerging best practices, including trauma informed care, illness management and recovery, wellness recovery action plans, crisis prevention intervention training, consumer rights, and recognizing, preventing, and mandatory reporting of abuse and neglect. Training shall also include relevant health and safety matters. Training shall use didactic

as well as practical and on-the-job experiences.

e) Executive Director

1) The executive director shall meet the requirements in Section 380.430.

2) The executive director shall complete at least 15 hours of training as prescribed by DHS-DMH on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming duties in a facility.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in subsection (e)(2) within the past five years may use this training to meet the requirements of this subsection (e). The facility shall document this training in the employee's personnel file.

4) The executive director also shall complete additional training annually as prescribed by DHS-DMH.

f) Psychiatric Medical Director

1) The psychiatric medical director shall be a board eligible or board certified psychiatrist.

2) The psychiatric medical director shall complete training as prescribed by DHS-DMH on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming the duties of this position.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in subsection (f)(2) within the past five years may use this training to meet the requirements of this subsection (f). The facility shall document this training in the employee's personnel file.

4) The psychiatric medical director shall not have a revoked or currently suspended license, and shall not be on probation or have been reprimanded by the Department of Financial and Professional Regulation.

g) Program Director
Each program operated by the licensee shall have a program director who is a licensed practitioner of the healing arts.

h) Licensed Practitioner of the Healing Arts (LPHA)

1) The LPHA shall meet the definition of this job title in 59 Ill. Adm. Code 132.

2) The LPHA shall complete training as prescribed by DHS-DMH on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming the duties of this position.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in subsection (h)(2) within the past five years may use this training to meet the requirements of this subsection (h). The facility shall document this training in the employee's personnel file.

4) The LPHA also shall complete additional training annually as prescribed by DHS-DMH.

i) Qualified Mental Health Professional (QMHP)

1) The QMHP shall meet the definition of this job title.

2) The QMHP shall complete training as prescribed by DHS-DMH on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming the duties of this position.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in (i)(2) within the past five years may use this training to meet the training requirements of this subsection (i). The facility shall document this training in the employee's personnel file.

4) The QMHP also shall complete additional training annually as prescribed

by DHS-DMH.

j) Mental Health Professional (MHP)

1) The MHP shall meet the definition of this job title in 59 Ill. Adm. Code 132.

2) The MHP shall complete training as prescribed by DHS-DMH on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming the duties of this position.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in subsection (j)(2) within the past five years may use this training to meet the requirements of this subsection (j). The facility shall document this training in the employee's personnel file.

4) The MHP also shall complete additional training annually as prescribed by DHS-DMH.

k) Certified Recovery Support Specialist (CRSS)

1) The CRSS shall meet the definition of this job title in Section 380.100.

2) The CRSS shall complete at least 60 hours of training as prescribed by DHS-DMH) on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming the duties of this position.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in subsection (k)(2) within the past five years may use this training to meet the requirements of this subsection (k). The facility shall document this training in the employee's personnel file.

4) The CRSS also shall complete additional training annually as prescribed by DHS-DMH.

l) Rehabilitation Services Associate (RSA)

1) The RSA shall meet the definition of this job title in 59 Ill. Adm. Code 132.

2) The RSA shall complete training as prescribed by DHS-DMH on mental illness, mental health services, psychiatric rehabilitation, State mental health administrative rules, and the mental health service system prior to assuming the duties of this position.

3) Individuals who have successfully completed training on the specific topics and training hours prescribed in subsection (l)(2) within the past five years may use this training to meet the requirements of this subsection (l). The facility shall document this training in the employee's personnel file.

4) The RSA also shall complete additional training annually as prescribed by DHS-DMH.

m) Volunteers
All volunteers at the facility shall complete at least 12 hours of supervised training as prescribed by DHS-DMH prior to beginning their volunteer services. Volunteers shall be subject to all the hiring requirements in Subpart C. Volunteers are prohibited from working in triage centers or crisis stabilization units. In recovery and rehabilitation supports units and transitional living units, their services shall be limited to assisting consumers with ADLs, IADLs, and recreational activities.

Section 380.140 Consumer Rights and Choices
EMERGENCY

a) *Consumers served by a facility under* the *Act* and this Part *shall have all the rights guaranteed pursuant to Chapter II, Article I of the Mental Health and Developmental Disabilities Code, a list of which shall be prominently posted in English and any other language representing at least 5% of the county population in which the specialized mental health rehabilitation facility is located*. (Section 3-101 of the Act)

1) *Each consumer and consumer's guardian or other person acting on behalf*

of the consumer shall be given a written explanation of all of his or her rights. The explanation shall be given at the time of admission to a facility or as soon thereafter as the condition of the consumer permits, but in no event later than 48 hours after admission and again at least annually thereafter, except for triage. *If a consumer is unable to read* the *written explanation, it shall be read to the consumer in a language the consumer understands*. (Section 3-209 of the Act)

2) *The facility shall ensure that its staff is familiar with and observes the rights and responsibilities enumerated in this Article*. (Section 3-210 of the Act)

b) *A consumer shall be permitted to manage his or her own financial affairs unless he or she or his or her guardian authorizes the executive director of the facility in writing to manage the consumer's financial affairs*. (Section 3-102 of the Act)

c) *To the extent possible, each consumer shall be responsible for his or her own moneys and personal property or possessions in his or her own immediate living quarters unless deemed inappropriate by a physician or other facility* LPHA *clinician and so documented in the consumer's record. In the event the moneys or possessions of a consumer come under the supervision of the facility, either voluntarily on the part of the consumer or so ordered by a facility physician or other* LPHA *clinician, each facility to whom a consumer's moneys or possessions have been entrusted shall comply with the following*:

1) *No facility shall commingle consumers' moneys or possessions with those of the facility; consumers' moneys and possessions shall be maintained separately, intact, and free from any liability that the facility incurs in the use of the facility's funds*;

2) *The facility shall provide reasonably adequate space for the possessions of the consumer; the facility shall provide a means of safeguarding small items of value for its consumers in their rooms or in any other part of the facility so long as the consumers have reasonable and adequate access to* their *possessions*; *and*

3) *The facility shall make reasonable efforts to prevent loss and theft of consumers' possessions; those efforts shall be appropriate to the particular facility and particular living setting within each facility and*

may include staff training and monitoring, labeling possessions, and frequent possession inventories; the facility shall develop procedures for investigating complaints concerning theft of consumers' possessions and shall promptly investigate all complaints. (Section 3-103 of the Act)

d) *Every consumer, except those in triage centers, shall be permitted unimpeded, private, and uncensored communication of his or her choice by mail, telephone, Internet, or visitation*.

1) *The executive director shall ensure that correspondence is conveniently received and reasonably accessible*.

2) *The executive director shall ensure that consumers may have private visits at any reasonable hour unless visits are restricted due to the treatment plan of the consumer*.

3) *The executive director shall ensure that space for visits is available and that facility personnel reasonably announce their intent to enter, except in an emergency, before entering any consumer's room during visits*.

4) *Consumers shall be free to leave at any time. If a consumer in a triage center expresses a desire to contact a third party for any purpose, the facility staff shall contact that third party on behalf of the consumer*. (Section 3-108 of the Act)

e) *A consumer shall be permitted the free exercise of religion. Upon a consumer's request, and if necessary, at the consumer's expense, the executive director may make arrangements for a consumer's attendance at religious services of the consumer's choice. However, no religious beliefs or practices or attendance at religious services may be imposed upon any consumer*. (Section 3-109 of the Act)

f) *Access to consumers*

1) *Any employee or agent of a public agency, any representative of a community legal services program, or any other member of the general public shall be permitted access at reasonable hours to any individual consumer of any facility, unless the consumer is receiving care and treatment in triage centers*. This subsection (f)(1) shall not be construed to limit the Department's ability to conduct off-hour surveys or inspections.

2) *All persons entering a facility under* the Act and *this* subsection (f) *shall promptly notify appropriate facility personnel of their presence. They shall, upon request, produce identification to establish their identity. No person shall enter the immediate living area of any consumer without first identifying himself or herself and then receiving permission from the consumer to enter. The rights of other consumers present in the room shall be respected. A consumer may terminate at any time a visit by a person having access to the consumer's living area under* the Act and *this* subsection.

3) *This* subsection (f) *shall not limit the power of the Department or other public agency otherwise permitted or required by law to enter and inspect a facility*.

4) *Notwithstanding subsection* (1) *of this* subsection (f), *the executive director of a facility may refuse access to the facility to any person if the presence of that person in the facility would be injurious to the health and safety of a consumer or would threaten the security of the property of a consumer or the facility, or if the person seeks access to the facility for commercial purposes*.

5) *Nothing in this* subsection (f) *shall be construed to conflict with, or infringe upon, any court orders or consent decrees regarding access*. (Section 3-110 of the Act)

g) *A consumer shall be permitted to present grievances on behalf of himself or herself or others to the executive director, the consumers' advisory council, State governmental agencies, or other persons without threat of discharge or reprisal in any form or manner whatsoever. The executive director shall provide all consumers or their representatives with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged*. (Section 3-112 of the Act) All facilities shall display contact information and make it accessible and visible to consumers and visitors with a minimum of interaction with staff.

h) *A consumer may refuse to perform labor for a facility*. (Section 3-113 of the Act)

i) *No consumer shall be subjected to unlawful discrimination as defined in Section*

1-103 of the Illinois Human Rights Act by any owner, licensee, executive director, employee, or agent of a facility. Unlawful discrimination does not include an action by any licensee, executive director, employee, or agent of a facility that is required by the *Act or* by this Part. (Section 3-114 of the Act)

j) Except for triage centers and crisis stabilization units, *each facility shall establish a consumers' advisory council* consisting of at least five consumers chosen by consumers. If there are not five consumers capable of functioning on the consumers' advisory council, as determined by the interdisciplinary team, consumers' substitute decision makers shall take the place of the required number of consumers. *The executive director shall designate a member of the facility staff* other than the executive director *to coordinate the establishment of, and render assistance to, the council*.

1) *No employee or affiliate of a facility shall be a member of the council*.

2) *The council shall meet at least once each month with the staff coordinator, who shall provide assistance to the council in preparing and disseminating a report of each meeting to all consumers, the executive director, and the staff*.

3) *Records of council meetings shall be maintained in the office of the executive director*, subject to compliance with the Health Insurance Portability and Accountability Act and Mental Health and Developmental Disabilities Confidentiality Act.

4) *The consumers' advisory council may communicate to the executive director the opinions and concerns of the consumers. The council shall review procedures for implementing consumer rights and facility responsibilities, and make recommendations for changes or additions that will strengthen the facility's policies and procedures as they affect consumer rights and facility responsibilities*.

5) *The council shall be a forum for*:

A) *Obtaining and disseminating information*;

B) *Soliciting and adopting recommendations for facility programming and improvements*; *and*

C) *Early identification and for recommending orderly resolution of problems*.

6) *The council may present complaints on behalf of a consumer to the Department or to any other person it considers appropriate*, without retaliation of any kind from the facility or any facility employee. (Section 3-203 of the Act)

k) A facility shall provide language assistance services in accordance with the Language Assistance Services Act and the Language Assistance Services Code.

l) A facility shall inform a consumer of his or her right to designate a substitute decision maker in writing and shall assist the consumer in naming a substitute decision maker, if the consumer requests it.

Section 380.150 Informed Consent
EMERGENCY

a) For the purposes of this Section and Section 380.160, the following definitions shall apply:

Authorized representative – a guardian with a court order granting authority to consent to psychotropic medication or the use of restraints on behalf of a consumer, or a person authorized to consent to psychotropic medication or the use of restraints on behalf of a consumer pursuant to the Power of Attorney Act or the Mental Health Treatment Preference Declaration Act.

Capable consumer – a consumer who is able to understand the nature of the decision to be made, the information relevant to making the decision and the possible consequences of any decision, and to make a reasoned judgment based on this information.

Informed consent – written consent for specific medical care, given freely, without coercion or deceit, by a capable consumer, or by a consumer's authorized representative, after the consumer, or the consumer's authorized representative, has been fully informed of, and had an opportunity to consider, the nature of the care, the likely and possible benefits and risks to the consumer of receiving the care, any other likely and possible consequences of receiving or not receiving the

care, and possible alternatives to the proposed care. Written informed consent shall be obtained from a consumer or from a consumer's authorized representative when he or she is admitted. Before obtaining informed consent from a consumer, or from a consumer's authorized representative, the facility shall inform the consumer or the consumer's authorized representative that the potential consequences of an emergency situation in a SMHRF may include temporary holding, restraint, or the use of medications as ordered by the physician for safety purposes. For psychotropic medications, the informed consent shall comply with subsection (d) of this Section.

b) The facility shall document in the consumer's record whether he or she is capable of giving informed consent for medical care, including for receiving psychotropic drugs. If the consumer is not capable of giving informed consent, the identity of the consumer's authorized representative shall be placed in the consumer's record.

c) No psychotropic medication may be given to any consumer without the informed consent of the consumer or, if the consumer is not capable, the informed consent of a person authorized to consent for the consumer without capacity. Informed consent shall be secured in compliance with the requirements of this Section.

d) Procedure for securing informed consent for psychotropic medication

1) Prior to initiating any detailed discussion designed to secure informed consent, a licensed medical professional shall inform the consumer or the consumer's authorized representative that the consumer's physician has prescribed a psychotropic medication for the consumer, and that an informed decision is required from the consumer or the consumer's authorized representative before the consumer may be given the medication.

2) The discussion designed to secure informed consent shall be private, between the consumer or the consumer's authorized representative, and the resident's physician, a registered pharmacist who is not a dispensing pharmacist for the facility where the consumer is receiving services, or a licensed nurse. The consumer shall be given the opportunity to ask questions throughout the discussion. The consumer shall be given as much time as he or she needs to grant informed consent, and shall be told that he or she is not required to make the decision during the meeting.

3) The discussion shall include information about:

A) The name of the medication;

B) The consumer's illness that the medication is intended to treat;

C) The symptoms of the illness that the medication is intended to treat, and how those symptoms are affecting the consumer;

D) How the medication is intended to affect those symptoms;

E) Other possible effects or side effects of the medication, and any reasons (e.g., age, health status, other medications) that the consumer is more or less likely to experience side effects;

F) Dosage information, including how much medication would be administered, how often, and the method of administration (e.g., orally or by injection; with, before, or after food);

G) Any tests and related procedures that are required for the safe and effective administration of the medication;

H) Any food or activities the consumer should avoid while taking the medication;

I) Any possible alternatives to taking the medication that could accomplish the same purpose; and

J) Any possible consequences to the consumer of not taking the medication.

4) The consumer or the consumer's authorized representative shall be told that his or her informed consent may be withdrawn at any time, and that, even with informed consent, the consumer may refuse to take the medication. The consumer or the consumer's authorized representative shall be told whether stopping the medication poses a risk of serious health consequences for the consumer, and whether stopping the medication and resuming it will reduce the subsequent effectiveness of the medication.

5) In addition to the oral discussion, the consumer or his or her authorized representative shall be given the information in 380.150(d)(2) in writing. The information shall be in plain language, understandable to the reader. If the document is in a language not understood by the reader, the facility shall provide a translator capable of communicating with the reader and the health care professional conducting the discussion. The health care professional shall guide the consumer through the written information. The document shall include a place for the consumer or his or her authorized representative to give, or to refuse to give, informed consent, or to request more time or more information prior to making a decision. Informed consent is not secured until the consumer or authorized representative has given oral and written informed consent.

6) If a consumer has an authorized representative the consumer may still be present at the discussion required by this Section. If a consumer has an authorized representative, that consumer shall still be given appropriate information about the medication. The information shall include, at a minimum, written information and an oral explanation of common side effects of the medication, to facilitate the consumer in identifying the medication, and in communicating the existence of side effects to the nursing staff. If the consumer is capable of understanding, the explanation shall also include:

A) The information in subsection (d)(3)(H) of this Section;

B) Whether stopping the medication poses a risk of serious health consequences for the consumer; and

C) Whether stopping the medication and resuming it will reduce the subsequent effectiveness of the medication.

7) The time period for informed consent for psychotropic medication shall not exceed one year.

8) Informed consent shall be given for a maximum daily dosage. Additional informed consent is not required so long as the medication administered to the consumer remains within the maximum daily dosage for which consent was given.

9) If a consumer in a triage center has a current prescription for psychotropic medication, the triage center shall take all reasonable steps to confirm that the consumer has given informed consent for the medication.

10) A consumer shall not be asked to consent to the administration of a new psychotropic medication in a dosage or frequency that exceeds the maximum recommended daily dosage as found in the Physician's Desk Reference.

11) The facility shall obtain informed consent using forms provided by the Department pursuant to Section 2-106.1 of the Nursing Home Care Act.

Section 380.160 Restraints and Therapeutic Separation
EMERGENCY

a) For the purposes of this Section, an emergency is defined as a situation that poses an immediate danger of serious injury to self or others, and alternative interventions cannot ensure safety.

b) The facility shall develop and implement a written plan to create coercion-free environments as defined in the Mental Health and Developmental Disabilities Code in recognition of the prevalence of trauma histories in the populations to be treated in all levels of service in the facility. The plan shall address how the facility will:

1) Use leadership to create organizational change;

2) Use data to inform practice;

3) Train the workforce in policies and practices;

4) Use restraint and therapeutic separation prevention tools;

5) Use debriefing techniques following the use of restraints or therapeutic separations; and

6) Create appropriate spaces (e.g., comfort rooms) for therapeutic separations.

c) Restraints

1) A physical restraint, or momentary physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, shall be applied only by staff trained in the safe and humane application of the particular type of restraint. Training shall be in a program administered or approved by DMH.

2) A restraint shall be used only in an emergency.

3) *Informed consent shall be required for restraints consistent with the requirements contained in subsection (c) of Section 2-106 of the Nursing Home Care Act*. (Section 3-115 of the Act)

A) Written informed consent for the short-term emergency use of a restraint may be obtained from a consumer when he or she is admitted or after admission. Before obtaining informed consent, the facility shall inform the consumer that, in a behavioral emergency, when necessary to protect the consumer or other people from immediate physical harm, the staff may use the temporary holding, and, if informed consent has been given, may use short-term restraint until the consumer can be transported to a hospital.

B) Whenever use of a physical restraint is initiated, the consumer shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the physical restraint. A period of use is initiated when a physical restraint is applied to a consumer for the first time under a new or renewed informed consent for the use of physical restraints. A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the physical restraint, whether or not the guardian approves the notice. The person or organization shall be notified whenever a consumer is restrained.

C) The facility shall provide the following information in writing to the person or organization named by the consumer. If the consumer requests that the Guardianship and Advocacy

Commission be contacted, the facility shall also provide the following information in writing to the Guardianship and Advocacy Commission:

i) The reason the physical restraint was needed;

ii) The type of physical restraint that was used;

iii) The interventions used or considered prior to physical restraint and the impact of these interventions;

iv) The length of time the physical restraint was applied; and

v) The name and title of the facility employee to be contacted for further information.

D) Whenever a physical restraint is used on a consumer whose primary mode of communication is sign language, the consumer shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the consumer or others.

4) The use of a restraint is not permitted unless a consumer presents a behavioral emergency. In these circumstances restraints may be used for a brief period until emergency care and physical transportation to a hospital can be accomplished. In situations that are successfully resolved through manual holding lasting less than five minutes, without physical hold to the ground or undue force, and without injury, transport to an emergency room or hospital is not required.

A) Restraint use shall be limited to the least amount of physical restriction and the briefest possible duration necessary to resolve the immediate danger.

B) The limitation on allowable restraint use applies to any physical restraint, including physical hold and prolonged restriction of movement by staff, as well as the use of any mechanical restraint device. Gentle physical guidance, prompting, and escorting a consumer are not considered restraints. Momentary periods of

physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force, and that are designed to prevent a consumer from completing an act that would result in potential physical harm to himself or herself or another shall not constitute restraint, but shall be documented in the consumer's clinical record, and may be used only by a person trained pursuant to subsection (c)(1).

C) Any consumer being restrained shall be continuously monitored by a staff member, who shall be present throughout the period of restraint use to ensure safety, to avoid injury, and to minimize discomfort. The consumer's position shall be monitored to ensure that breathing is unrestricted. Consumer hydration or toileting needs shall be addressed unless precluded by immediate safety concerns.

D) Nursing staff shall examine the consumer as soon as possible, but no later than ten minutes, after the start of the restraint use.

E) The consumer's psychiatrist shall be contacted immediately for medical direction. If the consumer's psychiatrist is unavailable, the psychiatric medical director shall be contacted.

F) The QMHP, pursuant to the facility's written policy, shall debrief the staff involved in the restraint use regarding the events leading up to the restraint, physical hold, or application, and the consumer's condition during the duration of the restraint use. A consumer who was transported to a hospital shall be debriefed upon return to the facility.

G) The use of physical restraints shall be documented in the consumer's record, including:

i) The behavior emergency that prompted the use of restraints, including preceding events, staff efforts to de-escalate the situation, and reasons for the use of restraint;

ii) The date and time that restraints were applied to the consumer, the methods used in restraining the consumer,

the duration of restraint use, the time of release, and events surrounding release;

iii) The names and titles of the staff responsible for applying the restraint and for monitoring the consumer, and the names and titles of any other staff involved in the incident;

iv) Orders by the psychiatrist or psychiatric medical director who was notified of the restraint;

v) The emergency transportation that was used and the hospital to which the consumer was taken;

vi) Any injury or other negative impact sustained by the consumer; and

vii) The date of the scheduled care planning conference and the results of the care plan review in light of the use of emergency restraints.

H) Facility staff, including safety personnel, shall receive a basic orientation in crisis prevention and in safe physical hold and restraint methods. No facility staff may use any physical hold or other restraint method unless trained pursuant to subsection (c)(1).

I) The facility shall maintain written records of training related to the use of restraints and to de-escalation practices provided to staff.

d) Therapeutic separation

1) The facility shall develop policies and procedures for the use of therapeutic separation as a strategy for creating a coercion-free environment.

2) The facility shall designate specific space (e.g., a comfort room) for therapeutic separation that is designed in a way that calms the senses and provides a temporary sanctuary from stress. The comfort room shall be:

A) Used as a tool to teach individuals calming techniques to decrease

agitation and aggressive behavior;

B) Used to prevent the use of emergency restraints;

C) Used at the consumer's will, and shall remain unlocked;

D) Located in an area that is easily accessible to those who will be using it and close to a staffed area for adequate line of sight and supervision;

E) Used before the onset of aggressive/uncontrolled behavior, and after as necessary; and

F) Developed and furnished with input from staff and consumers.

3) Therapeutic separation shall not be forced upon consumers and shall not be used as punishment.

e) The use of chemical restraints is prohibited.

Section 380.170 Consumer Background Checks
EMERGENCY

a) Except for triage centers, *a facility shall, within 24 hours after admission, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons age 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to subsection (d) of Section 6.09 of the Hospital Licensing Act. Background checks conducted pursuant to this Section shall be based on the consumer's name, date of birth, and other identifiers as required by the Department of State Police.* (Section 2-104(a) of the Act)

b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

c) *If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of*

Public Health based on verification by the facility that the consumer meets criteria related to the consumer's health or lack of potential risk (Section 2-104(a) of the Act), such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-104(a) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within five days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.

d) *A waiver issued pursuant to Section* 2-104(a) of the Act *shall be valid only while the consumer is immobile or while the criteria supporting the waiver exist*. (Section 2-104(a) of the Act)

e) *The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility* or off-site premises if accompanied by staff. *If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the consumer's dignity and that minimizes any emotional or physical hardship to the consumer.* (Section 2-104(a) of the Act)

f) If a facility does not conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-104(a) of the Act.

g) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.#

Section 380.180 Identified Offenders
EMERGENCY

a) The facility shall review the results of the criminal history background checks immediately upon receipt of the checks.

b) The facility shall be responsible for taking all steps necessary to ensure the safety

of consumers while the results of a name-based background check or a fingerprint-based check are pending.

c) *If the results of a consumer's criminal history background check reveal that the consumer is an identified offender as defined in* Section 1-102 of the *Act, the facility shall do the following*:

1) *Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, in collaboration with the Department of Public Health, that the consumer is an identified offender*.

2) *Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender consumer. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection* (c)(2) and Section 2-104(b) of the Act*, any criminal history record information contained in its files*. (Section 2-104(b) of the Act)

d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.

e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry.

f) If identified offenders are consumers of a facility, the facility shall comply with all of the following requirements:

1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or

probation for a felony offense who are consumers of the facility. If a consumer of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual consumer to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of the Act and this Part, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.

2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility consumers who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 380.550 of this Part.

3) Every licensed facility shall provide to every prospective and current consumer and consumer's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the consumer, guardian, or employee of his or her right to ask whether any consumers of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility.

   A) The notice shall also be prominently posted within every licensed facility.

   B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us, and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us.

4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the consumer's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the consumer's record. The record must also include the consumer's

criminal history record.

g) Facilities shall maintain written documentation of compliance with Section 380.170.

h) Recovery and rehabilitation supports units and transitional living units shall annually complete all of the steps required in subsection (f) of this Section for identified offenders. This requirement does not apply to consumers who have not been discharged from the facility during the previous 12 months.

i) For current consumers who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of State Police.

j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the psychiatric medical director and law enforcement, shall specifically address the consumer's needs in an individualized treatment plan.

k) *The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan* (treatment plan) *created pursuant to 42 CFR 483.20*. (Section 2-105(f) of the Act)

l) *If the identified offender is a convicted* (see 730 ILCS 150/2) *or registered* (see 730 ILCS 150/3) *sex offender or if the Identified Offender Report and Recommendation* prepared pursuant to Section 2-105(d) of the Act *reveals that the identified offender poses a significant risk of harm to others within the facility, the offenders shall be required to have his or her own room within the facility*. (Section 2-105(d) of the Act)

m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-205(d) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility with regard to the identified offender or other facility consumers.

n) The facility remains responsible for continuously evaluating the identified offender and for making any changes in the treatment plan that are necessary to ensure the safety of consumers.

o) Incident reports shall be submitted to the Division of Long-Term Care Field Operations in the Department's Office of Health Care Regulation in compliance with Section 380.530 of this Part. The facility shall review its treatment plan and placement determination of identified offenders based on incident reports involving the identified offender. In incident reports involving identified offenders, the facility shall identify whether the incident involves substance abuse, aggressive behavior, or inappropriate sexual behavior, as well as any other behavior or activity that would be reasonably likely to cause harm to the identified offender or others. If the facility cannot protect the other consumers from misconduct by the identified offender, or *if, based on the Identified Offender Report and Recommendation, a facility determines that it cannot manage the identified offender consumer safely within the facility, it shall commence involuntary transfer or discharge proceedings pursuant to Section 3-402* of the Nursing Home Care Act. (Section 2-105(g) of the Act)

p) The facility shall notify any appropriate local law enforcement agency, the Illinois Prisoner Review Board, or the Department of Corrections of the incident and whether it involved substance abuse, aggressive behavior, or inappropriate sexual behavior that would necessitate relocation of that consumer.

q) The facility shall develop written procedures for implementing changes in consumer care and facility policies when the consumer no longer meets the definition of identified offender as defined in the Act and this Part. #

Section 380.190 Consumer Records
EMERGENCY

a) *The Department shall respect the confidentiality of a consumer's record and shall not divulge or disclose the contents of a record in a manner that identifies a consumer, except upon a consumer's death to a relative or guardian or under judicial proceedings. This Section shall not be construed to limit the right of a consumer to inspect or copy the consumer's own records*, and the consumer may inspect and copy his or her own records.

b) *Confidential medical, social, personal, or financial information identifying a consumer shall not be available for public inspection in a manner that identifies a consumer*, or in a manner that violates the Mental Health and Developmental Disabilities Confidentiality Act or the federal Health Insurance Portability and Accountably Act. (Section 3-206 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

Section 380.200 Assessment, Level of Service Determination, and Authorization EMERGENCY

a) Authorizations for levels of service shall facilitate treatment in the least restrictive settings. Authorization is not required for admission to triage centers. Authorization is required for admission to crisis stabilization, transitional living, and recovery and rehabilitation supports. Authorization shall be limited in time based on the clinical status and needs of the consumer and the maximum length of stay at each level of service. A facility may request re-authorization if the initial authorization has expired and the consumer still requires treatment at a specific level of service. Initial authorizations shall be conducted by venders who are contracted with the State. Re-authorizations may be conducted by the same vendor or by a managed care entity.

b) Admission

1) Except for triage, each consumer shall receive an assessment prior to admission to a facility. The assessment shall be used to determine the appropriate level of service for service delivery and is required for authorization of services.

2) *After the provisional license period, no individual with mental illness whose service plan provides for placement in community-based settings shall be housed or offered placement in a facility at public expense unless, after being fully informed, he or she declines the opportunity to receive services in a community-based setting*. (Section 4-107 of the Act)

3) To ensure that consumers are fully informed of their options regarding community-based services, the facility shall document, in writing, that community-based providers were granted access to each consumer. Information to be shared with consumers whose service plans provide for placement in a community-based setting shall include (f) through (h) of this section, and:

A) An introduction to community based settings, permanent supportive housing and community-based services available to assist consumers in these settings and the financial support consumers may receive in these settings; and

B) A description of the benefits of placement in a community-based setting.

3) The facility shall not admit any consumer or be compensated for services prior to the completion of the assessment and the authorization by the State-designated assessment and authorization entity. Authorizations are not required for admission to a triage unit. Authorization is required prior to admission to:

A) Crisis stabilization units;

B) Transitional living units; and

C) Recovery and rehabilitation supports units.

4) Authorization shall be valid for a limited amount of time, determined by:

1) The clinical status and needs of the consumer; and

2) The length-of-stay limitations at each level of service.

c) Continued Stay or Transfer Between Units

1) Additional authorizations may be requested by the interdisciplinary team if the initial authorization has expired and the consumer continues to require treatment at a specific level of service. Authorization shall be performed by entities authorized by the Department of Health Care and Family Services. Authorizing entities may be, but are not required to be, managed care entities assigned as the consumer's primary provider.

2) Any transfer to a new level of service requires the authorization by the State-designated assessment and authorization entity. The facility shall not admit any consumer or be compensated for services in a new level of service prior to authorization by the State-designated assessment and authorization entity.

d) Assessment content for assessments conducted by the facility
All initial assessments and annual re-assessments conducted by the facility shall

be person centered and focus on the services and supports required for the consumer to live in permanent supportive housing or another appropriate community-based setting. All assessments shall include, but are not limited to, the consumer's

1) Social history and demographic background information;

2) Psychiatric history and history of psychiatric hospitalizations;

3) Substance use history, including a substance abuse assessment;

5) Cognitive impairment screen;

5) Co-morbid medical conditions, treatment and management;

6) Medication history and compliance;

7) Strengths and preferences;

8) Risk indicators or potential;

9) Criminal history;

10) ADL and IADL self-management skills;

11) Medical condition, including any medical condition may have an impact on his or her appropriateness for placement in a community-based setting;

12) History of physical abuse or trauma, including childhood sexual or physical abuse, intimate partner violence, sexual assault, or other forms of interpersonal violence;

13) Goals and objectives, which the consumer will need to achieve to be discharged to community living; and

14) Preference to be placed in a gender-specific unit or bed. The facility shall provide this placement if it is available.

e) The assessment shall include a consultation with the treating psychiatrist or other

professional staff and other persons of the consumer's choosing.

f) The assessments shall be completed by an LPHA, and reviewed and signed by the treating psychiatrist within 14 days after admission. The psychiatrist shall complete an independent mental status exam and confirm or revise the initial diagnosis.

g) Re-assessment by the Department of Health Care and Family Services

1) The Department of Health Care and Family Services or its designee may conduct re-assessments to comply with the requirements of the Williams Consent Decree. The re-assessments may be conducted:

A) Annually; or

B) No more than once every three months, upon request by the consumer who declined to move to a community-based setting.

2) Annual re-assessments shall document the reasons for the consumer's opposition to transferring to a community-based setting.

h) Re-assessment by the facility

1) The facility shall also conduct re-assessments:

A) To develop or update a treatment plan; and

B) When there is a change in the consumer's clinical functioning.

2) A recovery and rehabilitation supports unit shall conduct re-assessments within 120 days following admission of a consumer.

Section 380.210 Individualized Treatment Plan
EMERGENCY

a) Each individualized treatment plan that is implemented by a facility shall be developed with the following principles:

1) The consumer shall be an active participant in the development and

evaluation of the treatment plan and progress.

2) All diagnoses and treatment recommendations and options shall be shared and explained to the consumer, within clinical limits.

3) The facility shall seek and honor the consumer's preferences as the treatment plan is developed.

4) The individualized treatment plan shall focus on developing self-reliance, personal decision making, and resiliency.

5) The consumer's strengths shall be identified, and all treatment strategies shall build upon and use these strengths to support the consumer's recovery.

6) The consumer's needs shall be identified for home, community, and work environments.

7) The consumer's expressed values and culture shall be considered in the development of the plan.

b) For triage, the treatment plan shall be initiated on admission and shall be updated prior to discharge. For crisis stabilization, the treatment plan shall be updated at least once every seven days. For transitional living, the treatment plan shall be updated at least once every 30 days. For recovery and rehabilitation supports, the treatment plan shall be updated at least quarterly. For crisis stabilization, transitional living, and recovery and rehabilitation supports, the treatment plan shall be updated whenever there has been a change in the consumer's clinical function that has prompted a re-assessment. When updated, the treatment plan shall reflect:

1) Any new interventions that are required to promote stabilization and recovery; and

2) Any changes in the consumer's needs and preferences, including his or her desire to move to a community-based setting.

c) For recovery and rehabilitation supports units only, if a consumer declines to move to a community-based setting, the new individualized treatment plan shall

incorporate appropriate services to assist in the acquisition of activities of daily living and illness self-management.

Section 380.220 Transfer or Discharge
EMERGENCY

a) *Consumers shall be free to leave at any time. If a consumer in a triage center expresses a desire to contact a third party for any purpose, the facility staff shall contact that third party on behalf of the consumer*. (Section 3-108 of the Act)

b) *A consumer may be discharged from a facility after he or she gives the executive director, a physician, or a nurse of the facility written notice of the desire to be discharged. If a guardian has been appointed for a consumer, the consumer shall be discharged upon written consent of his or her guardian. In the event of a requested consumer discharge, the facility is relieved from any responsibility for the consumer's care, safety, and well-being upon the consumer's discharge*. This requirement shall not be construed to limit the consumer's right to leave the facility at any time. (Section 3-111 of the Act)

c) The process for the involuntary transfer or discharge of a consumer from a facility shall be conducted in accordance with Sections 3-401 through 3-423 of the Nursing Home Care Act.

d) The facility shall contact the community-based behavioral health provider following the consumer's discharge from the facility to ensure that the consumer is receiving follow-up care.

SUBPART B: SPECIALIZED MENTAL HEALTH
REHABILITATION FACILITIES PROGRAMS

Section 380.300 Triage Centers
EMERGENCY

a) Triage centers shall provide an immediate assessment of consumers who present in psychiatric distress, as an alternative to emergency room treatment or hospitalization, as well as connecting the consumer with community-based services and treatment when considered necessary. Triage center staff shall determine the continued treatment needs of the consumer and refer him or her to the appropriate treatment services, if needed. A stay at a triage center shall not

exceed 23 hours.

b) Consumers accepted at a triage center shall:

1) Have acute symptoms of psychiatric crisis, requiring a structured assessment within a safe, therapeutic environment; and

2) Be expected to benefit from the treatment provided in a triage center.

c) Consumers may self-refer to a triage center. Referrals also may come from a consumer's family, a community-based behavioral health provider, a hospital, a federally qualified health center, schools such as a college or university, or via a court order.

d) Triage centers shall not accept for admission:

1) Consumers who are directly referred by police;

2) Anyone younger than 18 years of age;

3) Anyone who is severely intoxicated, or who is at risk of severe withdrawal symptoms from alcohol or other substances as indicated by a DHS-DMH screening instrument;

4) Anyone who has one of the medical conditions in Section 380.120(n), requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the triage center;

5) Anyone who presents an imminent risk of harm to himself or herself, or to others meeting the criteria of involuntary commitment in Section 1-119 of the Mental Health and Developmental Disabilities Code;

6) Anyone who is unable to care for himself or herself meeting the criteria of involuntary commitment in Section 1-119 of the Mental Health and Developmental Disabilities Code;

7) Consumers who are non-ambulatory; or

8) Anyone who falls under any other restrictions in the Act and this Part,

including exclusions from the definition of "Consumer" in Section 380.100.

e) A triage center shall call 911 for consumers who need immediate medical attention and assess the need for basic life support, and administer the basic life support as clinically indicated.

f) Service Requirements
A consumer who presents at a triage center shall be immediately assessed by an LPHA, or shall be assessed as quickly as is practicable if the triage center is experiencing high consumer traffic. Additional service requirements include:

1) Initial service planning;

2) Case management to provide linkage regarding a consumer's next level of services;

3) Brief therapy interventions, as needed;

4) Assistance with ADLs, as needed;

5) Safety monitoring;

6) Medication services;

7) Determining whether a consumer may require additional services due to a dual diagnosis; and

8) The provision of basic medical assessments, including, but not limited to, vital signs and blood sugar levels.

9) Engagement of family and natural supports, as practical.

g) Staffing Requirements
The triage center shall maintain the following staffing levels, on site in the triage center, at all times.

1) At least one LPHA shall be on site at all times to provide clinical supervision and assessment services.

2) A psychiatrist, or a psychiatric advanced practice nurse (APN) shall be immediately available by phone 24 hours per day, and shall be able to respond on site within 90 minutes after being contacted by phone, when facility staff considers this necessary.

3) At least one registered nurse shall be on site at all times to provide health care services.

4) At least one CRSS shall be on site daily to provide recovery support services. Whenever possible, each consumer shall have at least one individual face-to-face discussion with a CRSS prior to discharge from the triage center.

5) At least one MHP per every eight or fewer consumers shall be on site and available to provide mental health services to individuals 24 hours per day.

6) Safety personnel shall be available 24 hours per day, and shall be able to respond within five minutes after being contacted by phone.

h) To ensure rapid and priority access for referrals, a triage center shall maintain collaborative agreements with psychiatric centers, detox centers, longer-term residential substance abuse treatment centers, homeless shelters, hospitals, ambulance departments, and outpatient mental health centers.

i) Discharge Planning

1) Discharge planning shall be conducted in conjunction with a community-based behavioral health provider, a community mental health center, or other service provider selected by the consumer.

2) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

3) Depending on the final assessment of the consumer, he or she may be discharged to home or another living arrangement or, subject to authorization, a community-based behavioral health provider residential program, a crisis stabilization unit, a recovery and rehabilitation supports

unit, a transitional living unit, or other appropriate clinical treatment site.

Section 380.310 Crisis Stabilization Units
EMERGENCY

a) Crisis stabilization units shall provide safety, structure, and the support necessary, including peer support, to help a consumer to stabilize a psychiatric episode. The maximum length of stay at a crisis stabilization unit shall not exceed 21 days.

b) Consumers admitted to a crisis stabilization unit shall:

1) Be diagnosed as having a serious mental illness;

2) Be experiencing an acute exacerbation of psychiatric symptoms;

3) Have a need for assessment and treatment within a structured, supervised therapeutic environment; and

4) Be expected to benefit from the treatment provided.

c) A consumer shall not be admitted to a crisis stabilization unit without approved authorization by the State-designated assessment and authorization entity.

d) Visiting family members who are younger than age 18 shall be accompanied by an adult.

e) Crisis stabilization units shall not accept for admission:

1) Anyone younger than 18 years of age;

2) Anyone who is intoxicated, as manifested by unstable vital signs or neurologic impairment, including but not limited to stupor, disorientation, or difficulty with swallowing or breathing that requires medical monitoring to assure medical safety, or who is at risk of severe withdrawal symptoms from alcohol or other substances;

3) Anyone who has one of the medical conditions in Section 380.120(n), requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the crisis stabilization unit;

4) Anyone who is an imminent risk of harm to himself or herself, or others, or who is unable to care for himself or herself, and who is eligible for involuntary commitment under the Mental Health and Developmental Disabilities Code;

5) Consumers who are non-ambulatory; or

6) Anyone who falls under any other restrictions in the Act and this Part, including exclusions from the definition of "Consumer" in Section 380.100.

f) Service Requirements
The crisis stabilization unit shall ensure that all consumers who are admitted undergo an immediate assessment that, in consultation with the consumer, identifies and prioritizes the immediate and longer term services that the consumer needs. Additional service requirements include:

1) Treatment planning in accordance with Section 380.620(a);

2) Ongoing assessment to determine the consumer's progress and readiness for discharge;

3) Case management, including discharge planning, linkage to the community-based behavioral health provider that has been identified as responsible for the outpatient care for that consumer, referral, and follow-up;

4) Therapeutic interventions that use evidence-based practices.

5) Meal services, in accordance with Section 380.650;

6) Assistance with activities of daily living, as needed;

7) Support and monitoring for safety, to include face checks as needed;

8) Skill building to facilitate illness self-management through the identification, development and use of individual strengths and natural supports;

9) Psychiatric evaluations;

10) Medication services; and

11) The capability of providing dual diagnoses services for a consumer, if needed.

g) The crisis stabilization unit shall provide 32 hours per week of group or individual active treatment, as prescribed by each consumer's treatment plan. The active treatment shall be documented in the consumer's record.

h) Discharge Planning

1) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

2) Discharge planning shall be conducted in conjunction with a community mental health center or other service provider selected by the consumer.

3) All discharge planning shall commence on admission to the crisis stabilization unit. If a consumer is homeless, the discharge planning shall include the immediate identification of living arrangements.

4) The crisis stabilization unit shall facilitate connection to the community-based behavioral health provider or community-based provider prior to discharge to foster the development of, or maintain the treatment relationship with, the community-based behavioral health provider or community-based provider.

5) The discharge plan shall be reviewed with the consumer and with any individual acting on behalf of the consumer at the consumer's request, and it shall be revised as progress indicates. At a minimum, the review shall occur once every seven days until discharge.

6) A consumer's supervision levels and his or her needed level of service shall be part of the assessment in determining the discharge plan.

i) The assessment of a consumer's need for face checks pursuant to subsection (f)(7) shall be ongoing and adjusted as needed.

j) Staffing Requirements
In no case shall the staffing ratio in a *crisis stabilization* unit *be less than 3.6 hours of direct care for* each consumer. (Section 2-102(1) of the Act) For the purposes of this Section, "on site" means being in the crisis stabilization unit within a facility, and the unit determines the work hours of the person. For the purpose of computing staff-to-resident ratios, direct care staff shall include the following:

1) An LPHA, to provide clinical supervision of the program. The LPHA shall spend at least 50% of each full-time equivalent (FTE) work week on site at the crisis stabilization unit;

2) At least one QMHP per every 16 or fewer consumers, to provide assessment, individual and group therapy, and other mental health services as needed;

3) A psychiatrist or advance practice nurse who shall be immediately available by phone 24 hours per day, and who shall be able to respond on site within 90 minutes after being contacted by phone, when facility staff considers this necessary;

4) At least one registered nurse to provide at least 15 minutes of nursing care per day for each consumer;

5) At least one CRSS, on duty and available for services four hours per day, seven days per week. Each consumer shall have at least one individual, face-to-face-discussion with a CRSS prior to discharge or transfer to another level of service, as well as the opportunity for participation in group and individual meetings to develop a consumer's Wellness Recovery Action Plan;

6) MHPs, to provide mental health services to consumers 24 hours per day. The ratio of individuals served to MHPs shall not exceed 16 to one;

7) RSAs, to provide support and assistance to consumers 24 hours per day. The ratio of individuals served to RSAs shall not exceed 16 to one.

k) The staff of a crisis stabilization unit also shall include a dietetic service supervisor and safety personnel, but these shall not be considered part of the facility's direct care staff.

l) Safety personnel shall be available 24 hours per day, and shall be able to respond within five minutes after being contacted by phone. While crisis stabilization units shall be secure, they are not required to be locked.

m) The direct care staff shall meet weekly for cross-training to support professional skill development.

n) A crisis stabilization unit shall maintain collaborative agreements with:

1) Community-based behavioral health providers to facilitate discharge planning; and

2) A local psychiatric unit to assure rapid priority access when a consumer needs to be admitted to the psychiatric unit; and

o) Consumer preferences shall be considered whenever possible.

Section 380.320 Recovery and Rehabilitation Supports Centers
EMERGENCY

a) Recovery and rehabilitation supports centers shall facilitate *a consumer's longer-term symptom management and stabilization while preparing the consumer for transitional living units* or transition to the community *by improving living skills and community socialization. The duration of stay in* this *setting shall be* based on the clinical needs of the consumer, as determined by the consumer's interdisciplinary team. (Section 1-102 of the Act)

b) Consumers admitted to a recovery and rehabilitation supports center shall:

1) Be diagnosed as having schizophrenia, schizoaffective disorder, shared psychotic disorder, bipolar disorder with psychotic features, or major depression with psychotic features;

2) Be in need of recovery and rehabilitation supports units as determined by

assessment, level of service determination, and authorization criteria; and

3) Have a history of multiple inpatient psychiatric hospitalizations not appropriate for the transitional living level of service, or have been treated in the transitional level of service, and remain unable to safely transition to the community.

c) A consumer shall not be admitted to a recovery and rehabilitation supports center without authorization and without undergoing the authorization and background check requirements of Section 380.170 and Section 380.180.

d) Recovery and rehabilitation and supports centers shall not accept for admission:

1) Anyone younger than 18 years of age;

2) Anyone with a primary diagnosis of substance use disorder;

3) Anyone who has one of the medical conditions in Section 380.120(n), requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the recovery and rehabilitation supports center;

4) Anyone diagnosed with a traumatic brain injury or diagnosed with dementia;

5) Consumers who are non-ambulatory;

6) Anyone who presents an imminent risk of harm to himself or to herself, or to others, and is eligible for involuntary commitment under the Mental Health and Developmental Disabilities Code; or

7) Anyone who falls under any other restrictions in the Act and this Part, including exclusions from the definition of "Consumer" in Section 380.100.

e) The determination that a consumer meets the requirements of subsections (d)(2) through (d)(6) shall be made by the center's LPHA. The determination shall be in writing, shall be kept on file at the center for no less than three years, and shall be made available to the Department or to DHS-DMH upon request.

f) Service Requirements
The recovery and rehabilitation supports center shall ensure that:

1) Treatment planning is conducted in accordance with Section 380.620(a);

2) The continued stay of all consumers is subject to demonstrated medical necessity as substantiated by regular authorization reviews pursuant to the assessment timetables in Section 380.210(b);

3) The facility is capable of performing dual diagnosis services for consumers, including the engagement of services appropriate for the pre-contemplative state of recovery;

4) The facility provides consumers with assistance in identifying and developing natural supports in the community;

5) Consumers receive an initial assessment of their mental health treatment and training needs related to the ADLs and IADLs. The initial assessment shall occur within the first two weeks after admission and shall be updated no less than quarterly;

6) Consumers receive adequate case management, including discharge planning and linkage, referral and follow-up to all necessary supports needed to live safely in the community;

7) Consumers receive appropriate therapeutic interventions, including evidence-based practices of IMR, WRAP, motivational interviewing, cognitive training, and wellness and resilience support development.

8) Consumers are provided training in ADLs and IADLs, as clinically appropriate;

9) Consumers receive regular psychiatric and medical evaluations as indicated by changing conditions in their treatment plans, or as a part of other authorization processes;

10) Consumers receive 15 hours of treatment programming per week, and that the care is documented in the consumer's medical record and is part of the

consumer's treatment plan; and

11) Consumers receive adequate medication services, pursuant to Section 380.630.

g) Staffing requirements
In no case shall the staffing ratios in a *recovery and rehabilitation supports* center *be less than a staffing ratio of 1.8 hours of direct care for* each consumer. (Section 2-102(2) of the Act) For the purposes of this Section, "on site" means being present in the recovery and rehabilitation supports unit within a facility. For the purpose of computing staff-to-resident ratios, direct care staff shall include the following:

1) An LPHA, to provide clinical supervision of the program. The LPHA shall spend at least 25% of each work week on site at the recovery and rehabilitation supports center;

2) For each consumer, a minimum of 15 minutes of nursing care per day by a registered nurse or licensed practical nurse;

3) At least one CRSS, on site eight hours per day, five days per week, to provide recovery support services. Each consumer shall have at least one individual face-to-face discussion with a CRSS within the first week of admission to the rehabilitation and recovery supports center, at least one additional individual, face-to-face discussion prior to discharge or transfer, and the opportunity for participation in group and individual meetings to develop a wellness recovery action plan;

4) MHPs, on site and available to provide mental health services to consumers 24 hours per day, seven days per week. The ratio of consumer to MHPs shall not exceed 32 to one;

5) RSAs, on site and available to provide support and assistance to consumers, as needed, 24 hours per day. The ratio of consumers to RSAs shall not exceed 16 to one;

6) An LPHA, QMHP, or MHP to provide clinical services, e.g., treatment planning and therapy, for 60 minutes per consumer per week; and

7) An LPHA, QMHP, MHP, RSA, or occupational therapy assistant, to provide group recreational and rehabilitative services for 60 minutes per consumer per week.

h) The recovery and rehabilitation supports center shall ensure that a psychiatrist makes monthly visits to each consumer. In addition, the psychiatrist shall be on call each day and shall be available to respond on site within 24 hours after contacted by the center, when considered necessary by staff.

i) The staff of a recovery and rehabilitation supports center also shall include a dietetic service supervisor, who shall not be considered part of the facility's direct care staff.

j) A recovery and rehabilitation supports center shall maintain collaborative agreements with community mental health agencies to facilitate discharge planning.

k) Discharge Planning

1) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

2) Discharge planning shall be conducted in conjunction with a community mental health center or other service provider selected by the consumer, and shall commence as early in the admission as practicable.

3) The recovery and rehabilitation supports unit shall facilitate connection to the community-based behavioral health provider or community-based provider in order to begin discharge planning. Discharge planning shall be part of, and based on, the initial assessment that is conducted when the consumer is admitted to the recovery and rehabilitation supports unit.

4) The discharge plan shall be reviewed at least quarterly with the consumer and any individual acting on behalf of the consumer at the consumer's request, and revised as progress indicates.

Section 380.330 Transitional Living Units
EMERGENCY

a) Transitional living units shall provide assistance and support to consumers with mental illnesses who have not yet acquired, or who have lost previously acquired, skills needed for independent living and are in need of and can benefit from services in a structured, supervised setting in which the consumer can acquire and practice these skills. The maximum length of stay at a transitional living unit shall be 120 days.

b) Consumers admitted to a transitional living unit shall:

1) Be diagnosed with schizophrenia, schizoaffective disorder, shared psychotic disorder, bipolar disorder with psychotic features, or major depression with psychotic features;

2) Within the past two years, have received a minimum of 60 days of psychiatric hospital care or a minimum of 90 days of institutional care for complications of any of the diagnoses in subsection (b)(2);

3) As a result of mental illness, lack critical activities of daily living (ADLs) or instrumental activities of daily living (IADLs) necessary for living in a less restrictive environment, and require an ongoing structured, supervised therapeutic environment to develop these skills; and

4) Demonstrate an ability to generalize skills and to receive supports from a community provider for transition to a community setting;

c) If a consumer is admitted as a result of a direct transfer from the recovery and rehabilitation supports unit in the facility, and has had a background check within the previous 365 days, a background check under Section 380.180 is not required prior to admission to a transitional living unit.

d) A transitional living unit shall cooperate with a consumer's family, or other persons identified by the consumer, with whom the consumer will live after discharge.

e) A transitional living unit may admit consumers who were hospitalized, if those consumers meet the requirements of subsections (b)(1) through (5).

f) Transitional living units shall not accept for admission:

1) Anyone younger than 18 years of age;

2) Anyone with a demonstrated sufficient ability to perform ADLs and IADLs well enough to function in a less restrictive environment;

3) Anyone with a primary diagnosis of substance use disorder;

4) Anyone who has one of the medical conditions in Section 380.120(n), requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the transitional living unit;

5) Anyone who is unable to participate in rehabilitation or engage in treatment and services in the transitional living unit;

6) Anyone diagnosed with a traumatic brain injury or diagnosed with dementia;

7) Anyone who presents an imminent risk of harm to himself or to herself, or to others and who is eligible for involuntary commitment under the Mental Health and Developmental Disabilities Code.

8) Anyone who is non-ambulatory; or

9) Anyone who falls under any other restrictions in the Act and this Part, including exclusions from the definition of "Consumer" in Section 380.100.

g) Visiting family members who are younger than age 18 shall be accompanied by an adult.

h) Service Requirements
The transitional living unit shall ensure that:

1) An occupational therapist completes a face-to-face assessment within the first week after each consumer's admission. All recommendations, including the services to be offered to the consumer, shall be discussed with the consumer.

2) Each consumer receives 90 minutes of individual occupational therapy per week, provided by an occupational therapy assistant, and each consumer receives 18 hours of treatment programming per week. The occupational therapy and treatment programming shall be documented in the consumer's record and shall be part of each consumer's individualized treatment plan.

3) Treatment planning is conducted in accordance with Section 380.620(a);

4) Consumers receive an ongoing assessment, pursuant to the requirements in Section 380.210(b), of their mental health treatment and training needs related to the ADLs and IADLs. These assessments shall include:

   A) Risk assessment and appropriate risk mitigation alternative strategies;

   B) Assessing the consumer's ability to manage money; and

   C) A cognitive screen related to skill development;

5) Consumers receive adequate case management, including discharge planning, linkage, referral and follow up;

6) Consumers receive appropriate therapeutic interventions, including evidence-based practices of IMR, WRAP, motivational interviewing, cognitive training, and wellness and resilience support development;

7) Consumers undergo intensive training in ADLs and IADLs, including the use of a dietitian in meal planning, and training for individuals with medical diet needs;

8) Consumers receive adequate skill building to facilitate illness self-management through the identification, development and use of individual strengths and natural supports;

9) Consumers receive regular psychiatric evaluations as indicated by changing conditions in the treatment plans, or as part of other authorization processes;

10) Consumers receive adequate medication services, pursuant to the requirements in Section 380.630; and

11) The transitional living unit is capable of performing dual diagnosis services for a consumer, if needed.

i) Staffing requirements
In no case shall the staffing ratios in a *transitional living* unit *be less than a staffing ratio of 1.6 hours of direct care for* each consumer. For the purposes of this Section, "on site" means being present in the transitional living unit within a facility. For the purpose of computing staff-to-resident ratios, direct care staff shall include the following:

1) An LPHA, who shall provide clinical supervision of the program. The LPHA shall spend at least 25% of each full time equivalent work week on site at the transitional living unit;

2) For every consumer, at least 15 minutes of nursing care per day by a registered or licensed practical nurse;

3) At least one CRSS on duty and available for services four hours per day, seven days per week. Each consumer shall have at least one individual face-to-face discussion with a CRSS within the first week after admission to the transitional living unit, and at least one additional individual, face-to-face discussion prior to discharge or transfer, as well as the opportunity for participation in group and individual meetings to develop his or her wellness recovery action plan;

4) MHPs, who shall be on site and available 24 hours per day, seven days per week to provide mental health services to consumers. The ratio of consumers to MHPs shall not exceed 16 to one;

5) RSAs, who shall be on site and available 24 hours per day to provide support and assistance to consumers, when needed. The ratio of consumers to RSAs shall not exceed 16 to one; and

6) An occupational therapy assistant for every 16 or fewer consumers, who shall be on site eight hours per day, five days per week to assist the consumer with skill development according to the recommendations of the

occupational therapist's assessment.

j) The transitional living unit shall arrange for a psychiatrist to make routine visits. In addition, a psychiatrist shall be on call to the transitional living unit daily and respond on site within 24 hours when deemed necessary by staff.

k) Each transitional living unit shall have a dietitian available who conducts at least one assessment of each consumer within the first week after admission. The dietetic service supervisor shall function as a part of the treatment team, participating in the development of treatment recommendations, advising staff of any dietary concerns, and providing training to direct care staff regarding the development of meal planning, budgeting and cooking skills.

l) The treatment team shall conduct weekly meetings to facilitate cross training to support skill development.

m) A transitional living unit shall maintain collaborative agreements with community mental health agencies, local psychiatric units, and substance abuse providers to facilitate discharge planning.

n) Discharge Planning

1) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

2) Discharge planning shall be conducted in conjunction with a community mental health center or other service provider selected by the consumer and shall commence on admission to the transitional living unit.

3) The transition living unit shall facilitate connection to the community-based behavioral health provider or community-based provider to begin discharge planning within the first month after admission to the transitional living unit to foster the development of, or maintain the treatment relationship with, the community-based behavioral health provider or community-based provider.

4) The discharge plan shall be reviewed with the consumer and any individual acting on behalf of the consumer at the consumer's request, and

revised as progress indicates. This review shall be conducted a minimum of once every 30 days until discharge.

SUBPART C: PROGRAM PERSONNEL

Section 380.400 Employee Personnel Policies and Records
EMERGENCY

a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section.

b) Employee Records

1) Employment application forms shall be completed for each employee and kept on file in the facility. Completed forms shall be available to the Department for review.

2) Individual personnel files for each employee, intern, unpaid staff, and volunteer regularly scheduled at least weekly to work directly with consumers shall contain date of birth; home address; educational background; experience, including types and places of employment; date of employment and position employed to fill in this facility; and (if no longer employed in this facility) last date employed.

3) Individual personnel files for each employee, intern, unpaid staff, and volunteer regularly scheduled at least weekly to work directly with consumers shall contain health records, including the initial health evaluation and the results of the tuberculin skin test, and any other pertinent health records.

4) Individual personnel records for each employee, intern, unpaid staff, and volunteer regularly scheduled at least weekly to work directly with consumers shall contain records of the employee's performance evaluations.

c) Prior to employing any individual in a position that requires a State license or certification, the facility shall contact the Illinois Department of Financial and Professional Regulation or certifying entity to verify that the individual's license

is active. A copy of the verification shall be placed in the individual's personnel file.

d) For all non-licensed employees, interns, unpaid staff, and volunteers regularly scheduled at least weekly to work directly with consumers, the facility shall comply with Section 380.420.

e) All personnel shall have either training or experience, or both, in the job assigned to them. Written documentation of this training shall be placed in each employee's personnel file and shall be made available to the Department upon request.

f) The facility shall have a comprehensive set of written personnel policies and procedures that include, but are not limited to:

1) Job descriptions and qualifications and documentation of current licensure and certification for all staff, including those on contract with the facility or with an entity subcontracting with the facility. The facility shall also maintain job descriptions for volunteers, interns, and other unpaid personnel;

2) Documentation that staff and interns who provide or supervise services pursuant to this Part meet the staff qualifications defined in this Part, and that their individual performance is evaluated at least once every 12 months;

3) Documentation that volunteers regularly scheduled at least weekly to work directly with consumers and other unpaid personnel who provide services pursuant to this Part meet the requirements in Section 380.130(m), and that their individual performance is evaluated at least once every 12 months; and

4) Documentation that the facility has written personnel policies concerning hiring, evaluating, disciplining and terminating employees, interns, unpaid staff and volunteers regularly scheduled at least weekly to work directly with consumers.

g) The facility shall provide to the Department, upon request, written documentation indicating that staff have engaged in professional development and continuing education as prescribed by DHS-DMH. Acceptable documentation shall

demonstrate post training competency, including copies of post tests or certificates of completion. Annual in-service training programs approved by DHS-DMH shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The facility shall keep written records of program content for each session and of personnel attending each session, and the records shall be available to the Department upon request.

h) Facilities shall not allow any person to work in any capacity until the facility has inquired of the Department's Health Care Worker Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the facility shall not employ him or her in any capacity.

i) Facilities shall not allow volunteers regularly scheduled at least weekly to work directly with consumers until the facility has inquired of the Department's Health Care Worker Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the facility shall not allow him or her to volunteer in any capacity.

j) Each facility shall develop, implement and maintain a plan for clinical supervision of QMHPs, MHPs and RSAs who perform services under the Act and this Part. Group supervision is acceptable, and the size of the group shall be conducive to the provision of clinical supervision. Supervision shall be documented in writing. Supervision of staff as noted in this subsection shall be for a minimum of one hour per week through face-to-face, teleconference or videoconference contact.

1) QMHPs shall be supervised by an LPHA.

2) MHPs and RSAs shall be supervised by, at a minimum, a QMHP.

3) LPHAs are not required to have clinical supervision under this Section.

Section 380.410 Initial Health Evaluation for Employees, Interns, and Volunteers EMERGENCY

a) Each employee, intern, unpaid staff and volunteer regularly scheduled at least weekly to work directly with consumers shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that pose undue risk of infection to themselves, other employees, consumers, or visitors.

b) The initial health evaluation shall be conducted not more than 90 days prior to employment or within 30 days after employment.

c) The initial health evaluation shall include a health inventory. This inventory shall be obtained from the employee and shall include the employee's immunization status and any available history of conditions that would predispose the employee to acquiring or transmitting infectious diseases. This inventory shall include any history of exposure to, or treatment for, tuberculosis. The inventory shall also include any history of hepatitis, dermatologic conditions, or chronic draining infections or open wounds.

d) The initial health evaluation shall include a physical examination and shall include a statement about the presence of any communicable disease that could pose a risk to the person, other employees, consumers, or visitors. The evaluation shall also determine whether the employee is physically able to perform the job functions that the facility intends to assign to the employee, intern, unpaid staff and volunteer regularly scheduled at least weekly to work directly with consumers.

e) The initial health evaluation shall include a tuberculin skin test that is conducted in accordance with the Control of Tuberculosis Code. The facility shall have a written policy on its tuberculin skin tests.

Section 380.420 Health Care Worker Background Check
EMERGENCY

A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.

Section 380.430 Executive Director
EMERGENCY

a) Each facility shall employ an executive director to be responsible for the *general administration and supervision of* the *facility* (Section 1-102 of the Act), who is:

1) A Licensed Practitioner of the Healing Arts or QMHP with a minimum of at least two years of supervisory or management experience and at least one year of relevant experience, e.g., working directly with persons with

serious mental illness; or

2) An administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act, with a minimum of at least two years of supervisory or management experience and at least one year of experience working directly with persons with serious mental illness.

A) At the end of the three-year provisional license period, nursing home administrators who were acting as executive directors of a specialized mental health rehabilitation facility as of July 22, 2013, and who had a minimum of at least two years of supervisory or management experience and at least one year of experience working directly with persons with serious mental illness may serve as executive director of a facility licensed under the Act.

B) After the provisional licensing period has ended, all newly hired executive directors of specialized mental health rehabilitation facilities shall meet the requirements listed in 380.430(a)(1).

b) The licensee shall report any change in the executive director to the Department within five days following the change.

c) The executive director shall delegate, in writing authority to a QMHP to act in an emergency during the executive director's absence. This administrative assignment shall not interfere with consumer care and supervision. The Department will consider the executive director, or the person designated by the executive director to be in charge of the facility in the executive director's absence, to be the agent of the licensee for the purpose of the Act and this Part. At the conclusion of any visit by Department surveyors, the surveyors will provide the licensee with a copy of the report before leaving the facility.

d) The executive director shall arrange for facility supervisory personnel to annually attend appropriate educational programs.

e) The executive director shall appoint, in writing, a member of the facility staff to coordinate the establishment of, and render assistance to, the consumers' advisory council.

f) The licensee and the executive director shall be familiar with the Act and this Part

and shall be responsible for ensuring that the applicable requirements are met in the facility, and that employees are familiar with the requirements of the Act and this Part relevant to their job duties.

Section 380.440 Psychiatric Medical Director
EMERGENCY

a) The facility shall have a psychiatric medical director who is licensed under the Medical Practice Act of 1987, and who is board eligible or board certified in psychiatry from the American Board of Psychiatry and Neurology. The psychiatric medical director is responsible for advising the executive director and the program LPHA on the overall psychiatric management of the consumers.

b) The psychiatric medical director shall be the medical director of the facility. For all non-mental illness related medical issues, the medical director shall comply with Section 380.600(b)(3).

c) The psychiatric medical director shall annually approve, in writing, the facility's written policies and procedures applicable to the psychiatric programming.

d) The psychiatric medical director shall be present at the facility for at least one hour every week to meet with and observe consumers and staff and their interactions, and to make suggestions for changes in staff behavior and training, including changes in the facility policies and procedures. The facility shall keep records demonstrating that this requirement has been met.

SUBPART D: ADMINISTRATION

Section 380.500 Required Policies and Procedures
EMERGENCY

a) The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation, and control of the facility. The delegation of any authority by the licensee shall not diminish the responsibilities of the licensee.

b) *A facility shall establish written policies and procedures to implement the responsibilities and rights provided under* the Act and this Part. *The policies shall include the procedure for the investigation and resolution of consumer*

complaints. The policies and procedures shall be clear and unambiguous and shall be available for inspection by any person. A summary of the policies and procedures, printed in not less than 12-point font, shall be distributed to each consumer and representative. (Section Sec. 3-208 of the Act) Written policies and procedures also shall be established and implemented for each of the following:

1) The administration and management of the facility;

2) Personnel policies and procedures, which shall include:

   A) Job descriptions detailing qualifications and essential duties of each classification of employee, available to all personnel;

   B) Employee orientation to the facility, job, consumer population, policies, procedures, and staff;

   C) Employee benefits;

   D) Employee health and grooming; and

   E) Verification of licensure, credentials, certification, education, training, and references.

3) Policies and procedures for consumer admission, transfer, day passes and weekend passes, discharge, and other care transitions; charge for services included in the basic rate; charges for other services and causes for termination of services. The facility shall comply with the rules of the State-designated assessment and authorization entity;

4) Policies and procedures governing consumer records, including, but not limited to:

   A) Access to, duplication of, and dissemination of information from consumer records, with a specific policy and procedure for sharing information with behavioral health providers and consumers pursuant to applicable federal and State laws; and

   B) Ensuring confidentiality of consumer information, pursuant to applicable federal and State laws, and this Part.

5) Policies and procedures for reporting incidents and accidents, the abuse and neglect of consumers, and the theft of consumers' property and other data as required in Section 380.530;

6) A written organizational chart showing each program, the person in charge of each program, the lines of authority, responsibility and communication, and the staff assignments, including information on the governing structure;

7) Policies concerning the use of restraints only with informed consent, and other restraint and therapeutic separation policies and procedures pursuant to the Act and to Section 380.160;

8) Policies concerning the administration of psychotropic medication only with informed consent, and other informed consent to medical and psychiatric treatment policies and procedures pursuant to the requirements in Section 380.150 and Section 3-106(b) of the Act;

9) Policies and procedures to ensure that experimental research and treatment on consumers is conducted only in accordance with the oversight of an Institutional Review Board, pursuant to the requirements in Section 380.580;

10) Dietary services, policies, and procedures; and

11) Environmental services policies and procedures, including provision for the housekeeping and maintenance of a safe, clean environment for consumers, employees and the public.

c) Each facility shall employ or otherwise provide an executive director, delegated by the licensee to be responsible for the administration and management of the facility. The executive director shall be responsible for the administration and management of only one facility. If these responsibilities are delegated to the executive director, liability shall remain with the licensee or the facility's governing body.

Section 380.510 Quality Assessment and Performance Improvement
EMERGENCY

a) The licensee shall ensure that the facility's executive director and the governing body develop, implement, and maintain a data-driven quality assessment and performance improvement (QAPI) program. The program shall emphasize quality structures, processes, and activities, with a goal of improved behavioral health outcomes that enable consumers to transition to the most integrated community-based settings possible. The written program shall be updated annually and shall require the following:

1) An ongoing program for quality improvement and consumer safety as a priority for facility management that is communicated throughout the facility;

2) A quality improvement committee that shall regularly review and evaluate all QAPI activities and progress;

3) At all levels of service in a facility, the priorities for improved quality of care and consumer safety are identified and addressed, and all improvement actions are evaluated for efficacy;

4) Written benchmarks, targets, and standards of care for safety and quality of care, and for each indicator, which shall be well established and communicated throughout the facility, with regular review of outcomes against the benchmarks and targets;

5) The allocation of adequate resources for measuring, assessing, improving, and sustaining the facility's performance in complying with the Act and this Part;

6) A method for investigating, monitoring, and tracking incidents and accidents, with a written action plan to prevent reoccurrences;

7) That the facility share the results of the QAPI activities with the consumer's advisory council. Results of data collections and performance improvement projects (PIPs) shall be shared with the consumers' advisory council, and input and recommendations from the consumers' advisory council shall be shared with the governing body;

8) A method for conducting annual PIPs, with the report of the PIP and

recommendations for process improvements shared with the executive director and the governing body; and

9) A data collection and reporting process that assures the submission, at least quarterly, of all reports or other required data within prescribed time frames.

b) Quality improvement indicators for triage, crisis stabilization, transitional living, and rehabilitation and recovery services shall include, at a minimum:

1) Verification that prior-authorizations and re-authorizations were secured as applicable for appropriate care and service delivery;

2) Verification that assessments and treatment plans have been conducted to meet consumer needs;

3) Verification that evidence-based practices and person-centered treatment plans are being performed to meet consumer needs as applicable;

4) Verification that appropriate licensed and certified IDT professionals are performing duties as required;

5) Verification that planning and community linkage has occurred to facilitate consumer-community integration;

6) Verification that care coordination and case management systems are in place to achieve quality treatment outcomes and community integration;

7) Verification that facility policy and procedures are established, documented, implemented and evaluated;

8) Verification that consumer records contain all relevant information including, but not limited to, demographic information, historical information, medical information, nutrition and dietary information, social information, psycho-social information, treatment plans, therapy information, assessments, discharge plans, and community support services; and

9) Verification of training to administration, to the supervisory staff, and to

the direct care staff.

c) The quality improvement committee shall:

1) Review all performance indicators, data from consumer quality of life surveys, staff surveys, findings from root cause analyses, performance improvement projects, and other relevant sources of data. The quality improvement committee shall make recommendations to the facility leadership and governing body based on the facility's performance of the indicators in subsection (b). The quality improvement committee shall be composed of members of the facility management team. Procedures for the operation of the quality improvement committee shall be included in the written QAPI program plan; and

2) Conduct a root cause analysis when an in-depth understanding is needed of an incident or accident, or a violation, in the facility, including its causes and implications. The quality improvement committee shall develop policies and procedures for the use of root cause analyses to examine issues across systems in the facility to prevent future serious incidents and accidents and violations, and to promote sustained improvement. The findings of root cause analyses shall be available to the Department, DHS-DMH, or the Department of Healthcare and Family Services upon request.

Section 380.515 Reportable Performance Indicators
EMERGENCY

a) The following information shall be made available to the Department upon entry to the facility by a Department survey team:

1) Census information;

2) Key personnel of the facility and the facility's governing body;

3) A roster of the facility's residents with room numbers;

4) Certified program discharge summaries;

5) Accrediting benchmark achievements;

6) Accrediting performance improvement reports and compliance.

5) The facility's staffing plan;

6) Staff turnover rate;

7) The facility's floor design;

8) The facility's admissions and discharges;

9) Incident reports and sentinel events in the facility;

10) The facility's performance improvement project or projects;

11) Written records on the facility's use of restraints;

12) Pharmacy reports of adverse outcomes;

13) Medication error reports;

14) The facility's written policies and procedures; and

15) The facility's identified offender list.

b) The facility shall provide all data elements that a facility is required to submit to any State agency, managed care organization, accrediting body, or any other third party to the Department upon request.

c) The facility shall submit the following information concerning each level of service to the Department, DHS-DMH, and the Department of Healthcare and Family Services at least monthly. This information shall include, but not be limited to:

1) Admissions, including referral sources and consumer living arrangements prior to admission;

2) Transfers to other facilities, to facilities licensed under the Nursing Home Care Act, to private hospitals for both medical and psychiatric treatment,

and between levels of service;

3) Discharges, including the frequency of discharges to community-based behavioral health providers, other community-based providers, private hospitals for both medical and psychiatric treatment, state hospitals, detox centers, and involuntary discharges;

4) All emergency department visits for both medical and psychiatric treatment;

5) Re-admissions to a facility within 30 days after discharge;

6) Suicides and suicide attempts;

7) Deaths of consumers, including deaths of consumers during hospital visits;

8) Incidents of abuse, neglect and maltreatment, including sexual assault; and

9) The number of times restraints were used.

d) The facility shall submit the results of consumer perception of care or quality of life surveys to the Department, DHS-DMH, and HFS at least biannually.

Section 380.520 Information to Be Made Available to the Public
EMERGENCY

a) The following information shall be conspicuously posted in a prominent location accessible to the public:

1) A listing of all services and programs provided directly by the facility and those provided through written contracts;

2) *Staffing and personnel levels* for each level of licensed service;

3) The location of the most recent *licensure and inspection information* for the facility, and the related plan of correction, if applicable, and that this information is available for public review;

4) *National accreditation information*;

5) *Cost and reimbursement information*;

6) *Consumer complaint information*;

7) State specialized mental health rehabilitation facility benchmark performance percentages for all certified programs provided by the facility;

8) That the facility's written admission and discharge policies are available upon request; and

9) A notice of how to file a complaint with the Department's complaint hotline.

b) Procedures *for the public disclosure of information shall be in accordance with provisions for inspection and copying of public records in the Freedom of Information Act*. (Section 3-205 of the Act)

Section 380.530 Incidents, Accidents, and Emergency Care
EMERGENCY

a) The facility shall have written policies and procedures for, investigating, reporting, tracking, and analyzing incidents, accidents, and emergency care situations through the facility's management structure, up to and including the licensee and governing body representatives. The facility shall ensure that employees demonstrate their knowledge of and follow these policies and procedures. A descriptive summary of each incident and accident affecting a consumer shall also be recorded in the progress notes of that consumer. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a consumer and requires medical treatment. Serious incidents, accidents, and emergency care situations shall include, but are not limited to, the following:

1) Sexual assault;

2) Abuse, neglect, or other maltreatment;

3) All deaths, including deaths of consumers who have been transferred to a hospital;

4) Medication errors that result in unstable vital signs or the referral to an emergency room for a consumer;

5) Physical injury;

6) Assault;

7) Missing persons after 24 hours;

8) Theft;

9) Criminal conduct, including arrests and other interaction with police;

10) All hospitalizations, both medical and psychiatric;

11) All emergency department admissions, both medical and psychiatric; and

12) Fires.

b) The facility shall notify the Department of any serious incident or accident requiring emergency care situations and every consumer death.

c) Any facility employee or agent who becomes aware of a serious incident, accident, emergency care situations involving a consumer, or becomes aware of a consumer death, shall report it immediately to the executive director. An executive director who becomes aware of the incident, accident, or emergency care situation involving a consumer, or becomes aware of a consumer death, shall immediately report the matter by telephone and in writing to the consumer's guardian, the consumer's substitute decision maker, if any, any other individual designated in writing by the consumer, and to the Department. The executive director shall report consumer allegations of abuse or neglect to the Department within 24 hours after the allegation is made.

d) The facility shall, by fax or phone, notify the Department central office within 24 hours after each serious incident, accident, or emergency care situation. If a reportable incident, accident, or emergency care situation results in the death of a consumer, the facility shall, after contacting local law enforcement pursuant to Section 380.550, notify the Department central office by phone only. For the

purposes of this Section, "notify the Department central office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the regional office by phone has been met. If the facility is unable to reach a representative during non-business hours, the facility shall notify the Department's toll free complaint registry hotline.

e) As soon as possible, but no later than 24 hours after the occurrence, the facility shall report any incident that is subject to the Criminal Code of 2012 to local law enforcement agencies.

f) The facility shall send a written narrative summary of each serious incident, accident, or emergency care situation to the Department within seven days after the occurrence.

g) The facility shall maintain a log of incidents, accidents, or emergency care situations that are not considered to be serious because the consumer has not incurred physical or mental harm or injury requiring medical treatment, including all physical altercations involving a consumer, and all threats of physical violence directed at a consumer, or made by a consumer. The log shall be reviewed weekly by the facility's internal clinical quality assurance staff and shall be available to the Department upon request. The log shall include, at a minimum:

1) The name of the perpetrator;

2) The name of the victim, if any;

3) Any injury sustained by the victim;

4) A brief summary of the incident;

5) The number of prior incidents involving the perpetrator;

6) The number of prior incidents involving the victim;

7) Whether a physician (and whose physician) was called, and any orders entered as a result; and

8) What the staff did to prevent recurrence of the incident.

h) The provisions under the Whistleblower Act shall apply to employees of facilities licensed under the Act.

Section 380.540 Abuse, Neglect, and Theft
EMERGENCY

a) *A licensee, executive director, employee, or agent of a facility shall not abuse or neglect a consumer. It is the duty of any facility employee or agent who becomes aware of abuse or neglect* of a consumer *to report it* immediately to the executive director and to the Department, but no later than *within 24 hours* after becoming aware of it. *Facilities shall comply with Section 3-610 and 3-810 of the Nursing Home Care Act.* With respect to theft or misappropriation of a consumer's property, and to whistleblower protection, *the provisions under Section 3-610 and 3-810 of the Nursing Home Care Act shall apply to employees of facilities licensed under* the *Act.* (Section 3-107 of the Act)

b) An executive director who becomes aware of the abuse or neglect of a consumer or theft of a consumer's property shall immediately report the matter by telephone and in writing to the consumer's guardian, the consumer's substitute decision maker, if any, or any other individual designated in writing by the consumer and to the Department, but no later than within 24 hours after becoming aware of the abuse, neglect, or theft.

c) Consumers shall not be subjected to verbal or physical abuse of any kind. Corporal punishment of consumers is prohibited. The facility shall not permit consumers to discipline other consumers. The facility shall comply with this Section and with Section 380.550 in every instance of assault by a consumer of another consumer or of an employee.

d) A facility employee or agent who becomes aware of another facility employee or agent's theft or misappropriation of a consumer's property shall immediately report the matter to the executive director. An executive director who becomes aware of a facility employee or agent's theft or misappropriation of a consumer's property shall immediately report the matter by telephone and in writing to the consumer's representative, to the Department, and to the local law enforcement agency.

e) Consumer allegations of abuse shall be reported to the Department within 24 hours after the allegation is made, and the facility shall comply with the reporting

requirements of Section 380.550. A full investigation report shall be filed with the Department within seven days after the incident occurred.

f) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a consumer indicates that an employee of the facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with any consumer in the facility, pending the outcome of any further investigation, prosecution, or disciplinary action against the employee.

g) Consumer as perpetrator of abuse. When an investigation of a report of suspected abuse of a consumer indicates that another consumer residing in the facility is the perpetrator of the abuse, the perpetrator's condition shall be immediately evaluated to determine the most suitable therapy and placement for that person, considering the safety of that person as well as the safety of other consumers and of employees of and visitors to the facility.

g) The provisions under the Whistleblower Act shall apply to employees of facilities licensed under the Act.

Section 380.550 Contacting Local Law Enforcement
EMERGENCY

a) For the purpose of this Section, the following definitions shall apply:

1) "911" − an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue.

2) Physical abuse − the infliction of injury or threat of injury by another consumer, a staff, or a visitor, on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

3) Sexual abuse − sexual penetration, intentional sexual touching or fondling, or sexual exploitation (i.e., use of an individual for another person's sexual gratification, arousal, advantage, or profit).

b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations:

1) Physical abuse involving physical injury inflicted on a consumer by a staff member or visitor;

2) Physical abuse involving serious physical injury inflicted on a consumer by another consumer;

3) Sexual abuse of a consumer by a staff member, another consumer, or a visitor;

4) Misappropriation or financial exploitation of a consumer's property; or

5) When a crime has been committed in a facility by a person other than a consumer.

c) When a consumer death other than by natural causes has occurred, the facility shall call the coroner or medical examiner.

d) The facility shall develop and implement a written policy concerning local law enforcement notification, including:

1) Ensuring the safety of consumers in situations requiring local law enforcement notification;

2) Contacting local law enforcement in situations involving physical abuse of a consumer by another consumer or staff;

3) Contacting police, fire, ambulance, and rescue services in accordance with recommended procedure;

4) Preservation of a potential crime scene; and

5) Facility investigation of the situation.

e) Facility staff shall be trained in implementing the policy developed pursuant to subsection (d). The training shall be documented.

f) The facility shall also comply with other reporting requirements of this Part.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

Section 380.560 Care and Treatment of Sexual Assault Survivors
EMERGENCY

a) For the purposes of this Section, the following definitions shall apply:

1) Sexual assault − the an act of nonconsensual sexual conduct or sexual penetration, as defined in the Criminal Code of 2012, including, without limitation, acts prohibited under Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012.

2) Ambulance Provider − an individual or entity that owns and operates a business or service using ambulances or emergency medical services vehicles to transport emergency patients.

b) The facility shall adhere to the following protocol for the care and treatment of consumers who are suspected of having been sexually assaulted in the facility or elsewhere:

1) Notify local law enforcement pursuant to the requirements of Section 380.550;

2) Call an ambulance provider if medical care is needed. The facility shall always request transport to a hospital if sexual penetration occurred or is suspected to have occurred and shall document whether a consumer refuses treatment.

3) Move the survivor, as quickly as reasonably possible, to a closed environment to ensure privacy while waiting for emergency or law enforcement personnel to arrive. The facility shall ensure the welfare and privacy of the survivor, including the use of incident code to avoid embarrassment; and

4) Offer to call a friend or family member and a sexual assault crisis advocate, when available, to accompany the survivor.

c) The facility shall take all reasonable steps to preserve evidence of the alleged sexual assault, including encouraging the survivor not to change clothes or bathe, if he or she has not done so since the sexual assault, and to not launder or dispose of the consumer's clothing or bed linens until local law enforcement can

determine whether they have evidentiary value.

d) The facility shall notify the Department and draft a descriptive summary of the alleged sexual assault pursuant to the requirements of Section 380.530.

e) As much as is reasonably possible, the facility shall ensure that the sexual assault survivor receives all appropriate follow-up care pursuant to the Department's rules titled Sexual Assault Survivors Emergency Treatment Code.

Section 380.570 Fire Safety and Disaster Preparedness
EMERGENCY

a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of consumers, personnel, and others present in the facility.

b) Each facility shall have policies covering disaster preparedness for staff, consumers, and others to follow. The policy shall include, but not be limited to, the following:

1) Proper instruction in, and training on, the use of fire extinguishers for all personnel employed on the premises;

2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;

3) A written plan for moving consumers to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning; and

4) An established means of facility notification when the National Weather Service issues a tornado or severe thunderstorm warning that covers the area in which the facility is located. The notification mechanism shall be other than commercial radio or television. Approved notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the facility, or arrangements with local public safety agencies (police, fire, emergency management agency) to be notified if a warning is issued.

c) The facility shall develop, implement, maintain, and annually review a disaster preparedness plan that requires that:

1) Records and reports of fire and disaster training are maintained;

2) A record of actions taken to correct noted deficiencies in fire and disaster drills or inspections is maintained;

3) Employees know and practice how to react to fire, severe weather, disasters, missing persons, psychiatric and medical emergencies, and deaths;

4) Consumers receiving supports on site know how to react to fire or severe weather or are receiving training;

5) Employees and consumers are trained in the location of firefighting equipment, first aid kits, evacuation routes and procedures; and

6) A land-line telephone is available with the listing of telephone numbers of the nearest poison control center, the police, the fire department and emergency medical personnel.

7) The facility has a written plan for alternative arrangements if the facility becomes uninhabitable.

d) The facility shall implement procedures for evacuation that ensure that:

1) Evacuation drills are conducted at a frequency determined by the facility to be appropriate based on the needs and abilities of the consumers receiving supports at the site but no less than annually on each shift if 24-hour supports are provided.

2) Special provision shall be made for those consumers who cannot evacuate the building without assistance.

3) All employees are trained to carry out their assigned evacuation tasks, and the training shall be documented.

4) Inefficiency or problems identified during an evacuation drill shall result in specific corrective action.

5) Evacuation drills shall include actual evacuation of consumers to safe areas.

6) A written evaluation of each drill shall be submitted to the executive director and shall be maintained for one year.

e) At least one approved fire extinguisher shall be available in each level of service within a facility, inspected annually and recharged when necessary. If the facility has multiple floors, one fire extinguisher shall be available on each floor.

f) At least one first aid kit shall be available and inspected and re-supplied regularly.

g) Disaster reporting

1) Upon the occurrence of any disaster requiring hospital service, police, fire department, or coroner, the executive director or designee shall provide a preliminary report to the Department either by using the Department hotline or by directly contacting the appropriate Department central office during business hours. This preliminary report shall include, at a minimum:

A) The name and location of the facility;

B) The type of disaster;

C) The number of injuries or deaths to consumers;

D) The number of beds not usable due to the occurrence;

E) An estimate of the extent of damages to the facility;

F) The type of assistance needed, if any; and

G) A list of other State or local agencies notified about the problem.

2) If the disaster will not require direct Department assistance, the facility

shall provide a preliminary report within 24 hours after the occurrence. The facility shall also submit a full written account to the Department within seven days after the occurrence, which includes the information specified in subsection (h)(1) and a statement of actions taken by the facility after the preliminary report.

h) Each facility shall establish and implement written policies and procedures to provide for the health, safety, welfare and comfort of all consumers when extreme temperatures are present within the facility for a prolonged period of time, including a written temporary transfer plan.

i) Coordination with Local Authorities

1) Each facility shall annually forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction.

2) Each facility shall annually forward copies of its emergency water supply agreements, required under subsection 380.670(d)(1)(C), to the local health authority and local emergency management agency having jurisdiction.

3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.

4) When requested by the local health authority and the local emergency management agency, the facility shall participate in emergency planning activities.

Section 380.580 Research
EMERGENCY

a) *No consumer shall be subjected to research or treatment without first obtaining his or her informed, written consent. The conduct of any experimental research or treatment shall be authorized and monitored by an institutional review board*

appointed by the executive director. No person who has received compensation in the prior 3 years from an entity that manufactures distributes or sells pharmaceuticals, biologics, or medical devices may serve on the institutional review board. (Section 3-116 of the Act)

1) *The membership of the institutional review board shall* include, at a minimum:

A) Director of the Department of Public Health or designee;

B) Director of the Division of Mental Health or designee;

C) An academic faculty member of a college or university who is in a mental health field;

D) The DHS-DMH bureau chief of Evaluation and Services Research or designee;

E) Two additional persons with a background in ethics, policy development, and research, who may be from outside DHS-DMH or the Department; and

F) A representative from the Department's or DHS-DMH's legal services staff as a non-voting member.

2) *The operating procedures for the institutional review board shall be* jointly developed by the Department and by DHS-DMH and shall be made available to the public upon request. The operating procedures shall address:

A) The appointment protocol and tenure of the membership;

B) Conflict-of-interest policies;

C) The meeting schedule;

D) The application process, including university-initiated applications;

E) Informed consent requirements, which shall reference 45 CFR 46,

Protection of Human Subjects, Subparts B,C, and D, and the Mental Health and Developmental Disabilities Confidentiality Act;

F) Requirements for progress reports; and

G) The review process and expedited review process.

3) *The review criteria for the institutional review board shall be* developed jointly by the Department and by DHS-DMH and shall include:

A) Voting procedures;

B) A categorization of risks inherent in the conduct of the research; and

C) A description of the categorical ratings that result from the review.

b) *No facility shall permit research or treatment to be conducted on a consumer, or give access to any person or person's records for a retrospective study without the prior written approval of the institutional review board. No executive director, or person licensed by the State to provide medical care or treatment to any person, may assist or participate in any experimental research on or treatment of a consumer, including a retrospective study that does not have the prior written approval of the board.* This *conduct shall be grounds for professional discipline by the Department of Financial and Professional Regulation*.

c) Following a formal review, *the institutional review board may exempt from ongoing review research or treatment initiated on a consumer before the individual's admission to a facility and for which the board determines there is adequate ongoing oversight by another institutional review board. Nothing in this Section* or the Act *shall prevent a facility, any facility employee, or any other person from assisting or participating in any experimental research on or treatment of a consumer, if the research or treatment began before the person's admission to a facility, until the board has reviewed the research or treatment and decided to grant or deny approval or to exempt the research or treatment from ongoing review.* (Section 3-116 of the Act)

SUBPART E: SUPPORT SERVICES AND ENVIRONMENT

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

Section 380.600 Required Support Services
EMERGENCY

a) For the purpose of this Section, "physician orders" includes instructions from medical doctors (MD), doctors of osteopathy (OD), dentists, podiatrists, advanced practice nurses (APN) in collaboration with an MD, and physician assistants (PA) under the supervision of a physician for that physician's patients.

b) *Facilities shall provide, at a minimum, the following services: physician, nursing, pharmaceutical, rehabilitative, and dietary services. To provide these services, the facility shall adhere to the following*:

1) *Each consumer shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence. Every effort shall be made to keep consumers active and out of bed for reasonable periods of time, except where contraindicated by physician orders*.

2) *Every consumer shall participate in a person-centered planning process regarding his or her total care and treatment*, to the extent that his or her condition permits.

3) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after* the *orders have been issued to ensure facility compliance with* the *orders. Every woman consumer of child bearing age shall receive routine obstetrical and gynecological evaluations as well as necessary prenatal care*, except in triage centers.

A) The frequency and administration of obstetrical, gynecological, and pre-natal care shall be according to the guidelines set forth in the Guidelines for Women's Health Care, published by the American College of Obstetricians and Gynecologists. The date of the consumer's last obstetrical, gynecological, or prenatal appointments shall be identified as part of the treatment assessment, and pregnancy screening may be required before medications are prescribed and administered.

B) If obstetrical and gynecological evaluations are performed in a

facility, the facility shall ensure that the examination room is adequately equipped for these examinations.

C) If obstetrical and gynecological evaluations are not performed in a facility, the facility shall arrange with a local OB/GYN practice or clinic to have the evaluations performed at that location.

c) *Each consumer shall be provided with good nutrition and with necessary fluids for hydration* in accordance with the Food and Nutrition Board of the National Research Council of the National Academy of Science's standard.

d) *Each consumer shall be provided visual privacy during treatment and personal care*.

e) *Every consumer or consumer's guardian shall be permitted to inspect and copy all* of *his or her clinical and other records concerning his or her care kept by the facility or by his or her physician. The facility may charge a reasonable fee for duplication of a record.* (Section 3-104 of the Act)

f) A facility with a pharmacy on premises shall comply with the Controlled Substances Act. Facilities without pharmacies shall ensure that pharmacies they make arrangements, or contract, with comply with the Controlled Substances Act.

Section 380.610 Physician Medical Services
EMERGENCY

a) The licensee shall ensure sufficient physician services to meet the needs of all consumers being served by the facility. Physician services shall be provided by medical doctors who are under contract with the facility or have been chosen by the consumer or by the consumer's substitute decision maker to direct the consumer's medical care.

b) Physician services shall include, but are not limited to:

1) The initial health evaluation, including a written report of a physical examination, and history, obtained within 72 hours after admission, unless a health evaluation has been completed within 30 days prior to admission and is in the consumer's record;

2) An evaluation of the consumer and upon change of physicians, a review of the order for care and treatment;

3) Written and signed orders for diet, diagnostic tests, consultation, and medical treatment of the consumer; and

4) Health care progress notes and other appropriate entries in the consumer record.

c) Orders for therapeutic separation shall comply with the requirements of Section 380.160.

d) Orders for emergency treatment for the safety of the consumer without informed consent shall meet the requirements of Section 380.150 and the Mental Health and Developmental Disabilities Code.

e) Non-physician practitioners may render those medical services that they are legally authorized to perform.

f) The executive director shall verify a physician's credentials by contacting a hospital through which the doctor has practicing rights or by checking applicable databases, including, but not limited to, American Medical Association (AMA) Masterfile, National Practitioner Data Bank, Illinois Department of Financial and Professional Regulation license look up, Drug Enforcement Administration Registry, and the Education Commission for Foreign Medical Graduates (ECFMG).

Section 380.620 Health/Nursing Services
EMERGENCY

a) The licensee shall ensure sufficient nursing services to meet the needs of all consumers being served by the facility. Licensed nursing staff shall perform nursing services within the scope of their licenses, and the nursing services shall be consistent with the care requirements, for each respective level of service, including time frames, as described in Subpart B. Services shall include, but not be limited to, the following:

1) Participation in the formulation of an interdisciplinary treatment plan, which shall include identification of nursing care needs based upon an

initial written evaluation of the consumer's needs with input, as necessary, from health professionals involved in the care of the consumer. The initial nursing care needs, including the physical evaluation required in subsection 380.610(b)(1), shall commence at the time of admission of the consumer and be completed within seven days after admission. The treatment plan shall be reviewed by the treating psychiatrist, the medical doctor, and the interdisciplinary team, and signed by a physician;

2) The implementation of each consumer's treatment plan according to the methods indicated, with ongoing monitoring and documentation of the effectiveness of the plan. Participation in consumer treatment plan conferences for review and modification of each consumer's treatment plans;

3) Ensuring that the dietary department receives dietary orders that are prescribed by physicians or dieticians;

4) Obtaining and documenting physician orders for medical care, appointments and laboratory workups and tests, administration of medications, including pro re nata (PRN) and immediately authorized or emergency (STAT) medications;

5) Implementation and evaluation of quality improvement policies and procedures;

6) The writing, review and signoff of progress notes and notes regarding any change in a consumer's condition; and

7) Notifying the physician promptly of:

A) The admission of a consumer;

B) Any sudden, marked, or adverse change in signs, symptoms or behavior exhibited by a consumer;

C) An unusual incident involving a consumer, as specified in Section 380.530;

D) Any adverse response or reaction by a consumer to a medication or

treatment;

E) Any error in the administration of a medication or treatment to a consumer that is life threatening or that presents a risk to a consumer; and

F) The facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies, or services as prescribed.

b) All attempts to notify physicians shall be noted in the consumer's record, including the time and method of communication and the name of the person acknowledging contact, if any. If the physician is not readily available, emergency medical care shall be arranged immediately.

c) *If a facility orders transportation of a consumer of the facility by ambulance, then the facility must maintain a written record that shows the name of the person who placed the order for that transportation and the medical reason for that transportation.* (Section 3-212 of the Act)

d) Under the supervision of licensed nursing staff, an RSA shall monitor the following:

1) Assisting consumers with dressing, grooming, bathing, and personal hygiene related activities, as needed; and

2) Measuring and recording a consumer's height, weight and vital signs, including temperature, blood pressure and pulse, on admission. At a minimum, vital signs and weight shall be taken weekly for four weeks and then monthly. Weights and vital signs shall be charted in a format that allows for trending and patterning over time. Any clinically significant worsening shall be reported to the physician to assess the need for increased monitoring.

Section 380.630 Pharmaceutical Services and Medication Administration EMERGENCY

a) All consumers shall be assessed for drug allergies, and drug histories shall be documented and reported to the pharmacy and physician. Pharmacies shall immediately notify the physician and the facility of any potential drug interactions

prior to dispensing the medication.

b) *Pharmaceutical Treatment*

1) *A consumer shall not be given unnecessary drugs. An unnecessary drug is any drug used in an excessive dose, including in duplicative therapy; for excessive duration; without adequate monitoring; without adequate indication for its use; or in the presence of adverse consequences that indicate the drug should be reduced or discontinued.*

2) *No drug shall be administered except upon the order of a person lawfully authorized to prescribe for and treat mental illness.*

3) *All drug orders shall be written, dated, and signed by the person authorized to give* the *order. The name, quantity, or specific duration of therapy, dosage, and time or frequency of administration of the drug and the route of administration if other than oral shall be specific.*

4) *Verbal orders for drugs and treatment shall be received only by those authorized under Illinois law to do so from their supervising physician. Orders shall be recorded immediately in the consumer's record by the person receiving the order and shall include the date and time of the order.* (Section 3-106 of the Act)

5) A facility with a pharmacy on the premises shall comply with the Controlled Substances Act. Facilities without pharmacies shall ensure that pharmacies with which they make arrangements, or contract, comply with the Controlled Substances Act.

c) Medication Policies

1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall comply with all federal and State laws and administrative rules relating to the procurement, storage, dispensing, administration and disposal of medications.

2) The medication policies and procedures shall be developed with the advice

of a licensed pharmacist, the medical director and the director of health services.

3) The facility shall ensure that pharmaceutical services are arranged and their administration is supervised in accordance with the Medical Practice Act of 1987 and the Nurse Practice Act. The facility shall ensure that:

A) A physician is responsible for the medical services provided to individuals, and the management of consumers' medications;

B) A licensed prescriber prescribes and monitors all prescription medications;

C) A psychiatrist performs an examination of the consumer prior to the initiation of psychotropic medications;

D) Screening for and documentation of abnormal involuntary movements, including tardive dyskinesia in individuals receiving prescribed psychotropic medications, is completed at least every six months by employees trained in performing this type of assessment;

E) A psychiatrist reviews all medications prescribed and shall be available for consultation on the prescribed medications. Psychiatrist documentation within the individual's record shall include, but is not limited to, the rationale for continuing current medications and or initiating new medications, and medication side effects. When clinically indicated, a psychiatrist and facility shall arrange for consultation with the appropriate medical specialist;

i) A psychiatrist or a psychiatric nurse practitioner review medications and perform case management on consumers as needed in triage centers.

ii) A psychiatrist review medications and see individuals three times weekly in crisis stabilization units. In addition, a psychiatrist shall be immediately available by phone 24 hours per day, respond on site within 24 hours.

iii) A psychiatrist review medications and see individuals at least monthly in transitional living units and in recovery and rehabilitation supports units.

F) In recovery and rehabilitation supports and transitional living, a psychiatrist or registered professional nurse evaluates the ability of each consumer to self-administer medications within the first three months after admission, and then at least annually, after a consumer completes a self-medication training program, prior to the consumer moving to community-based services or prior to transition to community living.

G) A clinical pharmacist reviews each consumer's chart to evaluate for unnecessary medications in accordance with the Drug Burden Index, and for potential adverse drug events based upon the total pharmacotherapy regimen and pre-existing medical conditions;

H) A psychiatrist provides the written order for a consumer to self-administer medications or participate in a self-administration of medication training program based on the results of the consumer's evaluation. The order shall become part of the individual's record;

I) Consumers in transitional living units and recovery and rehabilitation supports units who are able to independently self-administer medications have access to their medications;

i) The facility has a written policy on determining the level of independence, and documentation of the level of independence will be placed in the consumer's treatment plan.

ii) Level I independence means that the consumer shall have a secured medicine storage cabinet in his or her bedroom for which he or she has the key or the combination to the lock.

iii) Level II independence means that the consumer shall be responsible for independently requesting his or her medication from a central medication area, which shall be staffed by a licensed medical professional, at the

appropriate times.

J) When facilities supervise the self-administration of medication training programs, or administer the medications, medications are secured from unauthorized access, and only a psychiatrist, pharmacist, or a registered or licensed practical nurse shall supervise the self-administration of a medication training program or administer medications and have access to medications. A psychiatrist, pharmacist or licensed nurse shall be available at all times for consultation and supervision of the self-administration of medications training program;

K) A physician or pharmacist is available to consult with the QMHP or MHP in reference to staff's behavioral or other observations relating to the individual's level, dosage, and types of side effects from any prescribed medications;

L) A physician or pharmacist makes available to consumers information on expected consequences, the potential benefits and possible side effects of any prescribed medication, and if requested, this information will also be made available to employees and families; and

M) All Schedule II controlled substances are stored so that two separate locks, using two different keys, shall be unlocked to obtain these substances.

d) Emergency Medication Kits

1) A facility shall not maintain a stock supply of controlled drugs, except for those in the emergency medication kits, as described in this subsection (d).

2) A facility may stock drugs that are regularly available without prescription. These shall be administered to a consumer only upon the order of a licensed prescriber. Administration shall be from the original containers, and shall be recorded in the consumer's clinical record.

3) A facility may keep emergency medication kits containing medications to be used for initial doses.

4) Each emergency medication kit shall be the property of and under the control of the pharmacy that supplies the contents of the box, and it shall be kept in a locked medicine room or cabinet. Schedule II controlled substances shall not be kept in emergency medication kits.

5) The contents and number of emergency medication kits shall be approved by the facility's pharmacist, medical director, and director of health services, and shall be available for immediate use at all times in locations determined by them.

A) Each emergency medication kit shall be sealed after it has been checked and refilled.

B) Emergency medication kits shall also contain all of the equipment needed to administer the medications.

C) The contents of emergency medication kits shall be labeled on the outside of each kit. The label shall include expiration dates of any medications contained in the kit. The kits shall be checked and refilled by the pharmacy after use and as otherwise needed. The pharmaceutical advisory committee shall review the list of substances kept in emergency medication kits at least quarterly. The facility shall maintain written documentation of this review.

D) The contents and number of emergency medication kits shall be determined by the pharmacist, medical director and the director of health services. The contents should include, at a minimum, but not be limited to, behavioral medications and medications to specifically address anaphylactic and dystonic reactions. The contents shall be listed on the outside of each box.

6) The facility shall comply with the following requirements when controlled substances are kept as part of the emergency medication kits:

A) If an emergency medication kit is not stored in a locked room or cabinet, or if the kit contains controlled substances that require refrigeration, then the controlled substances portion of the kit shall be stored separately in a locked cabinet or room (or locked

refrigerator or a locked container within a refrigerator, as appropriate) and labeled with a list of the substances and a statement that they are part of the emergency medication kit. The label of the emergency medication kit shall list the substances and the specific location where they are stored.

B) Controlled substances for emergency medication kits shall be obtained from a federal Drug Enforcement Administration registered hospital, pharmacy, or licensed prescriber.

C) Only the director of health services, a registered nurse on duty, a licensed practical nurse on duty, a consultant pharmacist, or a licensed prescriber shall have access to controlled substances stored in emergency medication kits.

D) No more than 10 different controlled substances shall be kept as part of an emergency medication kit, and there shall be no more than three single-doses of any one controlled substance.

E) Controlled substances in emergency medication kits shall be administered only by persons licensed to administer medications, in compliance with federal regulations 21 CFR 1306.11 and 21 CFR 1306.21, and the Illinois Controlled Substances Act.

F) A proof-of-use sheet shall be stored with each controlled substance. The nursing staff or licensed prescriber shall enter the date and time that a drug was administered to a consumer, the dose, the name of the consumer, and the name of the prescriber on the proof-of-use sheet when any controlled substance from the kit is used. The completed proof-of-use sheets shall be filed with the consultant pharmacist and shall be retained for two years.

G) The consultant pharmacist shall be notified within 24 hours after the controlled substance portion of an emergency medication kit is opened. During any period when the kit is opened, a shift count shall be done on all controlled substances until the kit is re-locked, or the controlled substance is replaced. Shift counts are not mandatory when the kit is sealed. Forms for shift counts shall be kept with the controlled substances portion of the emergency

medication kit.

H) The consultant pharmacist shall check the controlled substances portions of emergency medication kits at least monthly and document the check on the outside of each kit.

Section 380.640 Infection Control and Vaccinations
EMERGENCY

a) The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as needed.

b) All cases of reportable communicable diseases shall be reported to the Department and to the local health department in accordance with the Control of Communicable Disease Code and the Control of Sexually Transmissible Infections Code.

c) All employees and consumers shall be screened for tuberculosis in accordance with the Control of Tuberculosis Code.

d) When consumers having a communicable disease, or presenting signs and symptoms that suggest that diagnosis, are admitted, precautionary measures shall be taken to avoid cross-infection to personnel, other consumers, or the public.

e) Consumers presenting with a communicable disease shall be treated in accordance with the Control of Communicable Diseases Code and Control of Sexually Transmissible Infections Code. When isolation is required, the facility shall implement precautions, i.e. contact isolation, or provide temporary transfer to a licensed entity that is capable of providing enhanced isolation techniques.

f) The facility shall be responsible for developing, implementing, monitoring, and enforcing a hand hygiene program. For the purposes of this Section, "hand hygiene" is a general term that applies to hand washing with plain soap and water; antiseptic hand wash using soap containing antiseptic agents and water; and antiseptic hand rub using a waterless antiseptic product, most often alcohol based, rubbed on the surface of the hands.

g) *A facility shall annually administer and arrange for administration of a*

vaccination against influenza to each consumer in a recovery and rehabilitation supports unit who has been admitted for a least a year, *in accordance with the* Prevention and Control of Influenza with Vaccines: *Recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the consumer refuses the vaccine.* (Section 3-211(a) of the Act)

h) *All persons seeking admission to a facility shall be verbally screened for risk factors associated with hepatitis B, hepatitis C, and the Human Immunodeficiency Virus (HIV) according to the guidelines established by the U.S. Centers for Disease Control and Prevention*, the Sexually Transmitted Diseases Treatment Guidelines. *Persons who are identified as being at high risk for hepatitis B, hepatitis C, or HIV shall be offered an opportunity to undergo laboratory testing in order to determine infection status if they will be admitted to the facility for at least 7 days and are not known to be infected with any of the listed viruses. All HIV testing shall be conducted in compliance with the AIDS Confidentiality Act. All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any* level of service except triage. *A facility shall document in the consumer's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the consumer was immunized against hepatitis B.* (Section 3-211(b) of the Act)

Section 380.650 Dietetic Services
EMERGENCY

a) The facility shall arrange for each consumer to have available at least three meals per day. Meals shall be brought in and served separately in the triage center and crisis stabilization unit. Not more than 14 hours shall elapse between the last and first meal.

b) Consumer food preferences, including religious practices, shall be adhered to as much as possible and shall be from appropriate food groups.

c) Between-meal options shall be provided as requested or required by a diet order.

d) The dietetic services programs shall be creatively focused on encouraging or maintaining as much consumer responsibility, participation and independence as

possible in choice, preparation, purchasing and cleanup with regard to food service. This may involve formal training programs, collaborative food preparation and cleanup, family-style meal preparation with involvement of consumers, or cafeteria or buffet-style service. Consumers with a communicable disease shall be evaluated by a registered nurse or physician prior to being allowed to assist in food preparation.

e) With the exception of the triage centers and crisis stabilization units, the consumer's discharge and transition plan shall address his or her menu planning and food preparation level of knowledge and responsibility.

f) Within the context of consumer food preparation training and choice, the total daily diet for consumers shall be of the quality and in the quantity to meet the nutritional needs of the consumers and be guided by the Food and Nutrition Board of the National Research Council of the National Academy of Science's standard, Recommended Dietary Allowances, adjusted to the age, activity and environment of the group involved. All food shall be of good quality and be selected, stored, prepared and served in a safe and healthful manner.

g) In planning menus for the facility population, which includes consumers at risk for certain chronic health conditions (e.g., diabetes and hypertension), the food and beverage options provided in prepared meals, snacks and vending machines shall include healthy choices to address these risks and conditions. The facility shall obtain consumer feedback on the desirability of the available healthy options at least twice per year and incorporate the results in planning menu and vending options.

h) A dietetic service supervisor shall manage and operate the food service in each facility. If the dietetic service supervisor is not a dietitian, the dietetic service supervisor shall have frequent and regularly scheduled consultation from a dietitian.

i) Sufficient staff shall be employed, oriented and trained, and their working hours scheduled, to provide for the nutritional needs of the consumers and to maintain the dietetic service areas. The facility shall consider having facility consumers receive food service training and employment in the facility dietary services.

j) Under supervision, only consumers who have been screened for communicable diseases pursuant to subsection (d) may assist in cooking and kitchen activities as

part of their skills training program.

k) Dietetic service personnel, including consumers regularly participating in food service, shall be trained in basic food sanitation techniques, shall wear clean clothing and a cap or a hair net, and gloves, and shall be excluded from duty when affected by skin infection or communicable diseases.#

Section 380.660 Dental Services
EMERGENCY

a) The facility shall have a dental program for stays over 21 days, which will provide for in-service education to consumers in collaboration with dental personnel, including, at a minimum, the following:

1) Information regarding nutrition and diet control measures that are dental health oriented;

2) Instruction on proper oral hygiene methods;

3) Instruction concerning the importance of maintaining oral hygiene; and

4) Providing dental supplies, including floss, tooth paste, and brushes.

b) The facility shall arrange, from an outside resource, the following dental services to meet the needs of each consumer:

1) Routine dental services, to the extent covered under the State plan or other resources;

2) Emergency dental services;

3) Assisting the consumer in making appointments and arranging transportation to and from the dentist's office; and

4) Prompt referrals of consumers with loose or damaged dentures to a dentist, to the extent covered under the State plan.

Section 380.670 Physical Plant and Environmental Requirements
EMERGENCY

a) Consumer living areas shall be planned and arranged with an awareness of the prevalence of trauma in people with mental health and substance abuse issues. Evidence-based practices of trauma-informed care in residential settings shall be adhered to.

b) Private meeting space shall be available in each facility for consumers to meet with outside service providers, assessors, family, or other persons for other professional purposes in accordance with the consumer's treatment plan.

c) Physical Plant Requirements. The facility shall comply with locally adopted building codes as enforced by local authorities and Chapter 33, Existing Board and Care, of the editions of the NFPA 101, Life Safety Code (National Fire Protection Association), as cited in the rules of the Office of the State Fire Marshal, Fire Prevention and Safety, and any local fire codes that are more stringent than the NFPA as enforced by local authorities or the Office of the State Fire Marshal. New construction shall comply with Chapter 32, New Board and Care, of the NFPA 101. The facility shall make available to the Department, upon request, the report of an inspection that has been made by the local authorities or the Office of the State Fire Marshal. The facility shall comply with the following additional NFPA standards:

1) No. 10: Standard for Portable Fire Extinguishers

2) No. 13: Standards for the Installation of Sprinkler Systems

3) No. 25: Standard for the Inspection, Testing, Maintenance of Water-Based Fire Protection Systems

4) No. 54: National Fuel Gas Code

5) No. 70: National Electrical Code

6) No. 72: National Fire Alarm and Signaling Code

7) No. 80: Standard for Fire Doors and Other Opening Protectives

8) No. 90A: Standard for Installation of Air Conditioning and Ventilating Systems

9) No. 96: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operation

10) No. 99: Health Care Facilities Code

11) No. 110: Standard for Emergency and Standby Power Systems

12) No. 220: Standards on Types of Building Construction

13) No. 241: Standard for Safeguarding Construction, Alteration and Demolition

d) Living arrangements shall meet the following additional requirements:

1) A triage center shall provide a secure room within the facility, near the facility entrance, for the assessment of incoming consumers. The triage center shall provide the following:

A) A staff member, available as needed at the entrance of the triage center;

B) A centrally located nurse duty area that gives staff a direct line of site to the consumer, permitting constant observation;

C) A window to the outside that is secured from opening and contains glazing so that, when broken, will not produce shards of glass that can inflict injury to the consumer or to staff;

D) Features such as electrical outlets, sprinkler heads, doorknobs, light switches, etc., which shall be of a type that prevent a consumer from injuring himself or herself, accidentally or deliberately;

E) Adequate space and furnishings to permit staff to assess and diagnose consumers who present for triage;

F) Separate restroom facilities for men and women, complete with baths or showers and hygiene supplies, including soap, shampoo,

and deodorant for consumers;

G) A maximum of eight individual areas for interviews and assessment. The physical arrangement of the rooms shall preserve the safety and privacy of each consumer served;

H) Laundry services for consumer use, including laundry detergent;

I) Clean replacement clothing for both male and female consumers, if needed by the consumer;

J) Kitchen equipment to provide hot meals and snacks for consumers; and

K) A toilet room that is accessible from within the triage center. The toilet room shall be equipped with a water closet and lavatory. The door to the toilet room shall be lockable from the outside only.

2) A crisis stabilization unit shall be a separate unit within the facility, if the facility provides more than one level of service. In addition, a crisis stabilization unit shall provide the following:

A) Meeting and therapy rooms that comply with the level of service. The rooms shall be of adequate size and number to accommodate the maximum consumer population of the unit and shall be furnished for the purpose intended;

B) A maximum of 16 beds;

C) Visual monitoring of consumers for safety reasons, when indicated in the consumer's treatment plan;

D) As much privacy for each consumer as is clinically appropriate.

E) Hallways and common areas that are visible from the nurse duty area. If electronic monitoring devices are used the video recording must be kept for seven days; and

F) Features including, but not limited to, electrical outlets, sprinkler

heads, doorknobs, and light switches that that prevent a consumer from injuring himself or herself accidentally or deliberately;

3) Recovery and rehabilitation supports units shall provide the following:

A) Meeting and therapy rooms in accordance with the level of service. The rooms shall be of adequate size and number to accommodate the maximum consumer population, and shall be furnished for the purpose intended;

B) Bedroom doors that are visible from the nurse duty area;

C) Adequate common space for programming; and

D) Sufficient private space for consumers to meet with assessors, transition staff, and visitors.

4) A recovery and rehabilitation supports unit may choose to be all-male or all-female, for consumers who prefer segregated living arrangements, or for treatment purposes.

5) Transitional Living Units shall provide the following:

A) Meeting and therapy rooms accordance to the level of service. The rooms shall be of adequate size and number to accommodate the maximum consumer population, and shall be furnished for the purpose intended;

B) Bedroom doors that are visible from the nurse duty area; and

C) A distinct unit within a facility.

6) Nurse duty area

A) The nurse duty area shall be either a centralized cluster serving more than one level of service in a facility, or shall be used as a supportive area within a self-contained level of service.

B) The nurse duty area shall have adequate work counters, storage

areas, and communication equipment.

C) A hand-washing station convenient to the nurse duty area shall be provided.

D) A lounge and toilet rooms for staff shall be provided.

E) Closets or compartments shall be provided for the safekeeping of coats and personal effects of nursing personnel.

F) Charting facilities shall be provided for nurses and doctors, including work counter and secured file storage.

G) At least one tub or shower shall be provided for each 15 beds that do not have bathing facilities within the consumer's room. Each tub or shower shall be in an individual room that provides space for the private use of the bathing fixture and for drying and dressing.

H) A nourishment station with a sink equipped for hand washing, refrigerator, storage cabinets, ice dispensing equipment, and other equipment/supplies as necessary for serving nourishment between meals shall be provided.

I) A clean utility/work room shall be provided in each nursing area. The clean utility/work room shall contain a work counter, hand washing sink, and storage. A separate designated area shall be provided for clean linen storage. If a cart system is used, an alcove for storage of the cart may be used.

J) A soiled utility/workroom shall be provided and shall contain a hand washing sink and a waste receptacle.

K) A locked janitor's closet shall be provided for each nurse duty area. The closet shall be for the exclusive use of housekeeping staff and shall be equipped with a floor receptor or service sink and adequate storage space for housekeeping equipment and supplies.

L) Mops and other cleaning supplies used and stored in the nurse

areas shall not be used or stored in the kitchen area.

7) The facility shall have a smoke detection system that complies with the Smoke Detector Act.

8) Bathrooms shall be located and equipped to facilitate independence. When needed by the consumer, special assistive devices shall be provided. Bathing and toilet facilities shall provide privacy.

9) Each single individual bedroom shall have at least 75 square feet of net floor area, not including space for closets, bathrooms and clearly definable entryway areas.

A) Each multiple bedroom shall have at least 55 square feet of net floor area per consumer, not including space for closets, bathrooms and clearly definable entryway areas. A minimum of 3 feet of clearance at the foot and sides of each bed shall be provided.

B) Each bedroom within crisis stabilization units, recovery and rehabilitation supports units, and transitional living units shall accommodate no more than two consumers, with 5% of the rooms in the first 18 months, and 10% of the rooms in the first three years, reserved for single occupancy.

C) Reasonable storage space for clothing and other personal belongings shall be provided for each consumer.

D) Each bedroom shall have walls that extend from floor to ceiling, a fire-graded bed that is suitable to the size of the consumer and that provides support and comfort, if beds are provided by the agency, and at least one outside window. The total window area to the outside shall be at least one tenth of the floor area of the room.

E) Each toilet room shall be equipped with a water closet, a lavatory, and a shower or shower/tub combination.

10) The facility shall ensure that living arrangements are free from vermin. Waste and garbage shall be stored, transferred, and disposed of in a manner that does not permit the transmission of diseases. Water systems

shall comply with the Drinking Water Systems Code, and the facility shall maintain copies of inspections performed by local and State inspectors in regard to health, sanitation and environment.

e) Plumbing, drainage facilities, and drinking water shall be maintained in compliance with the Illinois Plumbing Code.

1) Each facility shall be served by water from a municipal public water supply when available.

A) When a municipal public water supply is not available, the water supply shall comply with the Drinking Water Systems code.

B) If water is supplied by a well that is not part of a municipal system, the well shall be constructed and maintained in accordance with the Water Well Construction Code and Illinois Water Well Pump Installation Code.

C) Each facility shall have a written agreement with a water company, dairy, or other water purveyor to provide an emergency supply of potable water for drinking and culinary purposes.

2) Hot water temperature controls shall be maintained and regulated to prevent scalding, so that the temperature of hot water delivered to the plumbing fixtures that are used by consumers not to exceed 115 degrees.

3) Minimum hot water temperature shall be maintained at the final rinse section of dishwashing facilities as required by the Food Service Sanitation Code.

4) Suicide-resistant grab bars (for crisis stabilization and triage centers) and other bathroom fixtures shall be maintained at each community toilet, lavatory, shower, and bathtub used by consumers and as needed in individual consumer rooms.

5) Toilet, hand-washing and bathing facilities shall be maintained in operating condition and in the number and types specified in construction requirements in effect at the time the building or unit was constructed.

6) If the facility accepts physically handicapped consumers, the water closets, bathing and toileting appliances shall be equipped for use by consumers with physical handicaps. All handicapped accessible facilities must meet the minimum requirements of the Illinois Accessibility Code and the Americans with Disabilities Act.

f) All rooms, attics, basements, passageways and other spaces shall be provided with artificial illumination in accordance with National Electrical Code.

1) All consumer rooms and accessible areas of corridors, storerooms, stairways, ramps, exits, and entrances shall have lighting for ease of reading, working and passage.

2) The facility shall provide and maintain an emergency electrical system in safe operating condition.

g) Heating, air conditioning and ventilating systems shall be maintained in normal operating condition to provide a comfortable temperature and shall meet the requirements of American Society of Heating, Refrigerating, and Air Conditioning Engineers Handbook of Fundamental Principles and Handbook of Applications.

1) The mechanical system shall be capable of maintaining a temperature of at least 75 degrees Fahrenheit.

2) The air-conditioning system shall be capable of maintaining an ambient air temperature of between 75 degrees Fahrenheit and 80 degrees Fahrenheit.

h) The facility shall develop a written record of the maintenance history of the heating, air conditioning and ventilation systems, which shall be available for inspection by the Department.

1) A log shall be used to document all maintenance work performed.

2) When maintenance is performed by an equipment service company, the facility shall request a certification that the required work has been performed in accordance with acceptable standards. The certification shall be retained on file in the facility for review by the Department.

i) The facility shall have housekeeping procedures to routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.

j) Schedules shall be posted and implemented that indicate areas of the facility that shall be cleaned daily, weekly or monthly.

1) Cleaning supplies and equipment shall be available to housekeeping staff and shall meet the following requirements:

A) Cleaning supplies and equipment shall be stored in rooms for housekeeping use only;

B) Appropriate cleaning agents shall be used for all cleaning;

C) Mop heads shall be removable and changed at least daily; and

D) Cleaning supplies and equipment shall be kept in a secured location/area that is accessed by authorized personnel only.

2) Housekeeping personnel shall be employed to maintain the interior of the facility in a safe, clean, orderly and attractive manner free from offensive odors.

3) Janitor closets, service sinks and storage areas shall be clean and maintained to meet the needs of the facility.

k) If the facility operates a laundry that is separate from consumer-operated washers and dryers for clothes, the facility laundry area shall be located in relationship to other areas so that steam, odors, lint and objectionable noises do not reach consumer areas.

1) The facility laundry area shall be adequate in size, well lighted, ventilated to meet the needs of the facility, and be kept clean and sanitary.

2) Laundry equipment shall be kept in good condition, maintained in a sanitary condition, and have suitable capacity.

3) Laundry areas shall have, at a minimum, the following:

A) Separate rooms for the storage of clean linen and soiled linen;

B) Hand-washing facilities maintained at locations convenient for laundry personnel; and

C) Linen carts labeled "soiled" or "clean" and constructed of washable materials that shall be laundered or suitably cleaned as needed to maintain sanitation.

4) The facility shall implement written procedures for handling, storing, transporting, and processing linens. The written procedures shall be posted in the laundry.

5) If the facility does not maintain a laundry service, the facility shall contract only with a commercial laundry that meets the requirements of this Section.

l) The facility, including the grounds, shall be maintained in a clean and sanitary condition and in good condition at all times to ensure the safety and well-being of consumers, staff and visitors.

1) Buildings and grounds shall be free of environmental pollutants and nuisances that may adversely affect the health or welfare of consumers to the extent that is within the reasonable control of the facility.

2) All buildings, fixtures, equipment, and spaces shall be maintained in operable condition.

3) Personnel shall be employed to provide preventive maintenance and to carry out the required maintenance program.

4) Equipment shall meet all applicable Occupational Safety and Health Act requirements in effect at the time of purchase. All portable electrical medical equipment designed for 110-120 volts, 60 hertz current, shall be equipped with a 3-wire-grounded power cord with a hospital-grade 3-prong plug. The cord shall be an integral part of the plug.

5) The facility shall be maintained free from vermin and rodents through

operation of a pest control program. The pest control program shall be conducted in the main consumer buildings, all outbuildings on the property and all grounds.

m) The facility shall be responsible for the regular inspection, cleaning, or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating conditions.

1) A written record of inspection, cleaning, or replacement shall be maintained and available for inspection by the Department.

2) When filter maintenance is performed by an equipment service company, the facility shall request a certification that the filter has been inspected, cleaned or replaced with dates noted.

n) Emergency Electrical Requirements

1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

2) The source of this emergency electrical service shall be one of the following:

A) A Type 3 Essential Electrical System in accordance with NFPA 99 when the normal service is supplied by only one central station transmission line; or

B) Automatic battery-operated systems or equipment that will be effective for 90 minutes and will be capable of supplying power for lighting for exit signs, exit corridors, stairways, nurses' areas, communication system, and all alarm systems.

3) The facility shall provide emergency electrical service for:

A) Illumination of a means of egress as necessary for corridors, passageways, stairways, landings and exit doors and all ways of approach to and through exits, including outside lights;

B) Exit signs and exit directional signs;

C) Fire alarm systems and detection systems;

D) Communication systems that are used for issuing instructions; and

E) Task illumination in the nurse duty area.

o) Kitchen

1) Floor material in kitchens shall be easily cleanable and shall have wear resistance that is appropriate for the location involved, and shall be water resistant and greaseproof. The kitchen wall base shall be tightly sealed to the wall and floor and shall be constructed without voids or gaps that can accumulate dirt and grime and harbor vermin. Ceiling finishes shall be smooth, sanitary, and washable; and shall be able to withstand treatment with harsh chemicals. The ceiling finish shall be capable of being thoroughly cleaned, including any concealed spaces that may be present.

2) Mops and all other cleaning supplies that are used in the kitchen shall not be used or stored anywhere else in the facility. A janitor's closet, equipped with a floor receptor or service sink and adequate storage space for housekeeping equipment and supplies, shall be provided for the kitchen.

3) Equipment and furnishing installations must meet all the requirements of the following:

A) NFPA 56 National Fuel Gas Code;

B) NFPA 70 National Electrical Code; and

C) NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operation.

SUBPART F: LICENSURE REQUIREMENTS

Section 380.700 Licensure Application Requirements
EMERGENCY

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

a) The *Act provides for licensure of long term care facilities that are federally designated as institutions for mental disease on* July 22, 2013 *and specialize in providing services to individuals with a serious mental illness*.

b) *All consent decrees that apply to facilities federally designated as institutions for mental disease shall continue to apply to facilities licensed under* the *Act* and this Part. (Section 1-101.5 of the Act)

c) *No person may establish, operate, maintain, offer, or advertise a facility within this State unless and until he or she obtains a valid license, which license remains unsuspended, unrevoked, and unexpired. No public official or employee may place any person in, or recommend that any person be in, or directly or indirectly cause any person to be placed in any facility that is being operated without a valid license*.

1) A facility whose license has been successfully revoked is disqualified from obtaining a provisional license under the Act and this Part.

2) A facility with a pending Notice of Revocation and Opportunity for Hearing is disqualified from obtaining a provisional license until the Notice of Revocation is resolved including, but not limited to, a voluntary withdrawal of the Notice of Revocation by the Department or a successful appeal of the Notice of Revocation by the facility.

d) *All licenses and licensing procedures established under Article III of the Nursing Home Care Act, except those contained in Section 3-202* of the Nursing Home Care Act*, shall be deemed valid under* the *Act* and this Part *until the Department establishes licensure. The Department is granted the authority under* the *Act* and this Part *to establish provisional licensure and licensing procedures under* the *Act* and this Part. (Section 4-102 of the Act)

1) All facilities that are federally designated as institutions for mental disease, and that were previously certified under Subpart T of 77 Ill. Adm. Code 300, shall apply for provisional licensure under the Act and this Part.

2) All facilities that are federally designated as institutions for mental disease that are currently certified under Subpart S of 77 Ill. Adm. Code 300 shall apply for provisional licensure under the Act and this Part.

e) *The Department shall be the sole agency responsible for licensure*. Licensure shall be *in accordance with* the *Act for the purpose of*:

1) *Protecting the health, welfare, and safety of consumers; and*

2) *Ensuring the accountability for reimbursed care provided in facilities*. (Section 4-101 of the Act)

f) Provisions of this Part establishing requirements for provisional licenses are effective for three years beginning on May 22, 2014, will be in effect *for a period of three years, and will not be extended beyond* May 22, 2017. (Section 4-103 of the Act)

g) The Department will issue no more than 24 licenses statewide for specialized mental health rehabilitation facilities in accordance with the Act and this Part.

h) Pursuant to Section 4-102 of the Act, a new provisional license application is required upon initial licensure as a specialized mental health rehabilitation facility, whenever there is a change of ownership, a change in licensed bed capacity, a change in services provided, or change of location.

i) The application shall be under oath, and the submission of false or misleading information shall be a Class A misdemeanor. The application, in a form prescribed by the Department, shall contain the following information:

1) The name, or proposed name, and address of the facility;

2) The name, residence and mailing address of applicant;

3) If the applicant is a partnership, the name and principal business address of each partner;

4) If the applicant is a corporation or association, the name, title, and business address of each officer and member of the governing board;

5) If, at the time of application, the applicant is associated with a clinical or operational managed care organization, the name of the company, manager, principle business address, and written copies of consulting

arrangements;

A) For the purposes of this Section, "associated" means employed by or in a contractual relationship with a clinical or operational managed care organization.

B) The applicant shall submit to the Department written copies of all employment agreements and contracts in effect between the applicant and a clinical or operational managed care organization. If, following the time of application, an applicant becomes employed by or enters into a contractual relationship with a clinical or managed care organization, he or she shall inform the Department and submit all required documentation to the Department.

6) The name and address of the owner or owners of the facility premises if the applicant is leasing or renting;

7) A written plan of operation as specified in Section 380.720;

8) A financial statement setting forth the financial condition of the applicant, demonstrating that the applicant's ability to maintain *the minimum financial or other resources necessary to meet the standards established under* the Act and this Part (Section 2-101(7) of the Act); and

9) Documentation that a needs assessment survey was performed within the community in which the facility is located, justifying the levels of service to be provided.

10) A non-refundable license fee of $5,700.

Section 380.710 Application Process and Requirements for a Provisional License EMERGENCY

a) *A provisional license shall be valid upon fulfilling the requirements established by the Department* in this Part. *The license shall remain valid as long as a facility remains in compliance with the licensure provisions established in* this Part. (Section 4-105 of this Part)

b) When an application for a provisional license and certification of any of the four programs identified in the Act and in Subpart B is submitted pursuant to this Part, the Department will notify the applicant in writing within 30 days after receipt of the application as to whether the application is complete and accepted for filing, or whether the application is incomplete, and what specific information or documentation is required to complete the application.

c) If the applicant fails to respond within 30 days after being notified that the Department needs additional information or documentation, the applicant shall be considered to have withdrawn the application. Any applicant considered to have withdrawn an application may reapply by submitting a new application.

d) The Department shall notify an applicant in writing, within 60 days following the acceptance of an application, of the Department's decision to approve or deny the application.

e) If the Department fails to notify an applicant by the end of the 60-day time period, the applicant may request, in writing, a review by the Director. The written request shall include:

1) An identification of the applicant;

2) The date the application was submitted;

3) A copy of any correspondence between the Department and the applicant regarding the application; and

4) Any other information the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.

f) The Department shall notify an applicant immediately upon denial of any application for provisional licensure. The notice shall be in writing and shall include:

1) A clear and concise statement of the basis of the denial. The statement shall include a citation to the provisions of the Act and this Part under which the application is being denied.

2) A notice of the opportunity for a hearing. If the applicant desires to contest

the denial of a license, it shall provide written notice to the Department of a request for a hearing within 10 days after receipt of the notice of denial. The hearing will be conducted pursuant to Sections 3-704 through 3-712 of the Nursing Home Care Act.

g) Requirements for Provisional Licensure

1) DHS-DMH will advise the applicants of the training that shall be completed prior to the issuance of the provisional license. Limited trainings may be conducted over a three-month period following the issuance of the provisional license.

2) All staff shall be hired in accordance with the requirements for each level of service prior to the beginning of clinical operations for the respective levels of service after the issuance of the provisional license.

3) Crisis stabilization, transitional living units and recovery and rehabilitation supports units shall comply with the physical plant standards in Subpart E within three years after May 22, 2014. Triage centers shall comply with all physical plant standards prior to the beginning of clinical operations, after the issuance of a provisional license.

Section 380.720 Plan of Operation
EMERGENCY

a) The license applicant shall submit, with the license application, the plan of operation, including but not limited to, the following components of the facility, respective of the level or levels of service to be provided:

1) A proposal of certification for each level of service to be provided by a facility;

2) A summary of administration requirements as specified in Subpart D;

3) Services and staffing;

A) Clinical level of service and staffing, as appropriate to each level of service provided, and pursuant to the respective level of service requirements in Subpart B;

B) Documentation of the required training for each staffing classification in each level of service; and

C) Any contractual arrangements.

4) Admission process and criteria;

5) Discharge planning and transition process;

6) Network linkages with community-based behavioral health providers;

7) Contents of consumer health and treatment records;

8) Consumer rights and empowerment;

9) Pharmaceutical services and self-medication program;

10) Program space allocation;

11) Restraint and therapeutic separation policies and procedures:

12) Physical plant or buildings, and fire safety;

13) Health services program;

14) Interdisciplinary treatment teams;

15) Psychiatric and psychological services; and

16) Quality improvement plan.

b) The plan of operation shall specify each target population group and service that the facility plans to offer, as referenced in Subpart A. The description shall identify:

1) Eligibility for services;

2) The number of consumers to be served;

3) An identification of the particular needs of the population;

4) How the facility's respective levels of service are designed to meet the needs of the population; and

5) The method and frequency of evaluating consumer progress.

c) The plan of operation shall include a description of how a facility's respective levels of service meet identified mental health needs in its service area. The description shall demonstrate what makes the facility's levels of service innovative compared to existing programs in the service area pursuant to Section 380.700(i)(9).

d) The plan of operation shall specify how a facility expects to obtain accreditation via achieving the components in (a), (b), and (c) for each year of provisional licensure. Each provider shall, annually, specify operational benchmarks toward achieving accreditation status for each year of the provisional license period, with the correlating documentation for verification of compliance.

1) During the provisional licensure period, the Department will conduct surveys to determine facility compliance with timetables and benchmarks, and with the facility's provisional licensure application plan of operation. Timetables and benchmarks shall comply with the requirements for accreditation of the national accreditation entities in Section 380.730, and shall include, but not be limited to, the following:

A) The training of new and existing staff;

B) The establishment of a data collection and reporting program for the facility's QAPI program, pursuant Sections 380.510 and 380.515; and

C) Compliance with Chapter 33 of the NFPA and with Section 380.670.

2) As part of the surveys required in subsection (d)(1), the Department will conduct reviews to determine the compliance with timetables and benchmarks associated with the accreditation process. Facilities shall meet

timetables and benchmarks in accordance with a facility's preferred accrediting entity's conformance standard and recommendations to include, but not be limited to, a comprehensive facility self-evaluation in accordance with one of the established national accreditation programs in Section 380.730.

3) Facilities shall submit all reporting and outcome data required by their preferred accrediting entity to the Department upon request.

4) Except for incidents involving the potential for serious harm as described in Section 380.750(c)(5), or death, or a facility's consistent and repeated failure to take necessary corrective actions as described in Section 380.750(c)(6) within 60 days, findings in the facility's root cause analysis and the facility's QAPI program in accordance with Section 4-104(22) of the Act and Section 380.510 shall not be used as a basis for non-compliance.

Section 380.730 Requirements for Accreditation
EMERGENCY

a) *At the end of the provisional licensure period established in* the *Act*, *the Department shall license a facility as a specialized mental health rehabilitation facility under* the *Act that successfully completes and obtains valid national accreditation in behavioral health from a recognized national accreditation entity and complies with* this Part. The license shall be good for one year and shall be renewable annually provided the facility is in substantial compliance with the Act, this Part, and this Section. (Section 4-201 of the Act)

b) To achieve accreditation, all levels of service that are operated by the licensee and funded in whole or in part by the State shall comply with nationally recognized standards of care as set by one of the following or their successor accreditation standards:

1) Standards for Behavioral Health Care (Joint Commission);

2) Behavioral Health Standards Manual (Commission on Accreditation of Rehabilitation Facilities (CARF); or

3) Accreditation Requirements for Behavioral Health Centers (Healthcare

Facilities Accreditation Program).

c) The facility shall demonstrate current accreditation status by submission of a certificate of accreditation and the most recent accreditation report to the certifying State agency and to the Department.

d) If the facility's accreditation is suspended, lost or discontinued, the provider shall notify the certifying State agency and the Department of that change immediately.

Section 380.740 Surveys and Inspections
EMERGENCY

a) Upon receipt of a completed application and verification of the facility's compliance with the Act and this Part, and a licensure fee of $5,700, and the completion of an initial survey as described in subsection (b), the Department will issue a provisional license for one or more of the four levels of service identified in the Act and in the definition for facility, as requested by the licensee in the application.

b) Prior to the issuance of the initial provisional license, and then at least annually, *the Department shall conduct surveys of licensed facilities and their certified programs and services. The Department shall review the records or premises, or both, as it deems appropriate for the purpose of determining compliance with* the *Act and* this Part. *The Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the facility to the extent necessary to carry out* the *Act and* this Part. In addition, the Department will:

1) Conduct staff interviews;

2) Conduct consumer interviews: and

3) Review evidence-based program outcomes.

c) *Any holder of a license or applicant for a license shall be deemed to have given consent to any authorized officer, employee, or agent of the Department to enter and inspect the facility in accordance with* the Act. *Refusal to permit entry or inspection shall constitute grounds for denial, suspension, or revocation of a license under* the *Act*. (Section 4-108 of the Act) The Department's access to the

facility's books, records, and any other documents maintained by the facility includes, but is not limited to:

1) Verifying whether the facility complies with all of the requirements for authorization and review of treatment appropriateness for each consumer, based on the service level or levels for which the facility is licensed. The facility shall ensure that State-designated authorization agents and other authorized State personnel are provided with timely and unfettered access to consumers, records, facility staff, and consultants who are part of the facility's treatment team; and

2) Verifying whether, for all programs except for triage centers, the facility has admitted any consumer prior to completing the required authorization. The Department may revoke a facility's license for admission of consumers into crisis stabilization units, transitional living units, or recovery and rehabilitation supports units without pre-authorization for that program. Admission of a consumer without pre-authorization violates this Part and the Department of Healthcare and Family Services' rate requirements. Facilities will not receive retroactive payment for services provided prior to pre-authorization through the required authorization.

Section 380.750 License Sanctions and Revocation
EMERGENCY

a) *The Department may revoke a license for any failure to substantially comply with* the *Act and* this Part*, including, but not limited to, the following* behavior by a licensee:

1) *Fails to correct deficiencies identified as a result of an on-site survey by the Department and fails to submit a plan of correction within 30 days after receipt of the notice of violation*;

2) *Submits false information either on Department forms, required certifications, plans of correction or during an on-site inspection*;

3) *Refuses to permit or participate in a scheduled or unscheduled survey;*

4) *Willfully violates any rights of individuals being served.* (Section 4-109(a) of the Act); or

5) Fails to comply with Section 4-107 of the Act and with subsection 380.200(a)(2) of this Part.

b) *The Department may refuse to license or relicense a facility if the owner or authorized representative or licensee has been convicted of a felony related to the provision of healthcare or mental health services, as shown by a certified copy of the court of conviction.* (Section 4-109(b) of the Act)

c) *Facilities, as a result of an on-site survey, shall be recognized according to levels of compliance with standards as set forth in* the *Act* and this Part. *Facilities with findings from Level 1 to Level 3 will be considered to be in good standing with the Department. Findings from Level 3 to Level 5 will result in a notice of violations, a plan of correction and sanctions* as defined in Section 380.750(f). *Findings resulting in Level 6 will result in a notice of violations and sanction* as defined in Section 380.750(f). *The levels of compliance are*:

1) *Level* 1 is *full compliance with* the *Act and* this Part. Full compliance means meeting the requirements except for variances from the strict and literal performance that results in unimportant omissions or defects, given the particular circumstances involved.

2) *Level 2* is *acceptable compliance with* the *Act and* this Part. *No written plan of correction will be required from the licensee*. Acceptable means enough in either quantity or quality, and within the professional standards applicable to the subject under review, to meet the needs of the consumers of a facility under the particular set of circumstances in existence at the time of review.

3) *Level 3* is *partial compliance with* the *Act and* this Part. *An administrative warning is issued* by the Department. *The licensee shall submit a written plan of correction* pursuant to Section 380.750(a)(1). Partial compliance is a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that less than minimal physical or mental harm to a consumer will result.

4) *Level 4* is *minimal compliance with* the *Act and* this Part. *The licensee shall submit a written plan of correction* pursuant to Section 380.750(a)(1), *and the Department will issue a probationary license. A*

re-survey shall occur within 90 days after the Department receives the written plan of correction from the facility. Minimal compliance is a condition or occurrence relating to the operation and maintenance of a facility that is more likely than not to cause more than minimal physical or mental harm to a consumer.

5) *Level 5* is *unsatisfactory compliance with* the *Act and* this Part. *The facility shall submit a written plan of correction* pursuant to Section 380.750(a)(1), *and the Department will issue a restricted license. A re-survey shall occur within 60 days* after the Department receives the written plan of correction from the facility. Unsatisfactory compliance is a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that the risk of death or serious mental or physical harm to a consumer will result, or has resulted in, actual physical or mental harm to a consumer.

6) *Level 6* is *revocation of the license to provide services. Revocation may occur as a result of a licensee's consistent and repeated failure to take necessary corrective actions to rectify documented violations, or the failure to protect consumers from situations that produce an imminent risk*, creating a condition relating to the operation and maintenance of a facility that proximately caused a consumer's death. (Section 4-109(c) of the Act) Revocation also may occur for the failure to comply with *all consent decrees that apply to facilities federally designated as institutions for the mentally diseased* and that *continue to apply to facilities licensed under* the *Act*, or to otherwise obstruct a consumer from transferring from a facility to a community-based setting. (Section 1-101.5(b) of the Act)

d) In determining the level of a violation, the Director or his or her designee will consider the following criteria:

1) The degree of danger to the consumer, consumers, or the community that is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:

A) Whether the consumer or consumers of the facility are able to recognize conditions or occurrences that may be harmful and are able to take measures for self-preservation and self-protection. The extent of nursing care required by the consumers as indicated

by review of consumer needs will be considered in relation to this determination.

B) Whether the consumer or consumers have access to the area of the facility in which the condition or occurrence exists and the extent of such access. A facility's use of barriers, warning notices, instructions to staff and other means of restricting consumer access to hazardous areas will be considered.

C) Whether the condition or occurrence was the result of inherently hazardous activities or negligence by the facility.

D) Whether the consumer or consumers of the facility were notified of the condition or occurrence and the promptness of the notice. Failure of the facility to notify consumers of potentially harmful conditions or occurrences will be considered. The adequacy of the method of the notification and the extent to which the notification reduced the potential danger to the consumers will also be considered.

2) The directness and imminence of the danger to the consumer, consumers, or the community by the condition or occurrence in the facility. In assessing the directness and imminence of the danger, the following factors will be considered:

A) Whether actual harm, including death, physical injury or illness, mental injury or illness, distress, or pain, to a consumer or consumers resulted from the condition or occurrence and the extent of the harm.

B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the consumer or consumers has resulted from similar conditions or occurrences, and the frequency of this danger.

C) Whether professional opinions and findings indicate that direct and imminent danger to the consumer or consumers will result from the condition or occurrence.

D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.

E) Whether the physical, mental, or emotional state of the consumer or consumers, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

e) *Prior to initiating formal action to sanction a license, the Department will allow the licensee an opportunity to take corrective action to eliminate or ameliorate a violation of* the *Act* or this Part *except in cases in which the Department determines that emergency action is necessary to protect the public or individual interest, safety or welfare*. (Section 4-109(d) of the Act)

f) *Subsequent to an on-site survey, the Department shall issue a written notice to the licensee. The Department shall specify the particular Sections of* the *Act or* this Part*, if any, with which the facility is not compliant. The Department's notice shall require any corrective actions be taken within a specified time period as required by* the *Act and* Sections 380.750(a)(1) and 380.750(c)(4) and (5) of this Part, as applicable. (Section 4-109(e) of the Act)

g) *Sanctions shall be imposed according to the following definitions*:

1) *Administrative notice – A written notice issued by the Department that specifies violations* of the Act and this Part *requiring a written plan of correction with time frames for corrections to be made and a notice that any additional violation of* the *Act and* this Part *may result in a higher level sanction. (Level 3)*

2) *Probation – Compliance with* the *Act and* this Part *is minimally acceptable and necessitates immediate corrective action. Individuals' life safety or quality of care* is *not in jeopardy. The probationary period is limited to 90 days* after the Department receives the written plan of correction from the facility. *During the probationary period, the facility must make corrective changes sufficient to bring the facility back into good standing with the Department. Failure to make corrective changes within that given time frame may result in a determination* by the Department *to initiate a higher-level sanction. The admission of new individuals shall be*

prohibited during the probationary period. (Level 4)

3) *Restricted license – A licensee is sanctioned for unsatisfactory compliance. The admission of new individuals shall be prohibited during the restricted licensure period. Corrective action sufficient to bring the licensee back into good standing with the Department must be taken within 60 days* after the Department receives a written plan of correction from the facility. *During the restricted licensure period a monitor will be assigned to oversee the progress of the facility in taking corrective action. If corrective actions are not taken, the facility will be subject to a higher-level sanction. (Level 5)*

4) *Revocation – Revocation of the license is withdrawal by formal actions of the licensee. The revocation shall be in effect until the provider submits a re-application and the licensee can demonstrate its ability to operate in good standing with the Department. The Department has the right not to reinstate a license. If revocation occurs as a result of imminent risk, all individuals will be immediately relocated and all funding will be transferred. (Level 6)*

5) *Financial penalty* (fines) *– A financial penalty may be imposed upon finding of violation in any one or combination of the provisions of* the *Act* and this Part. *In determining an appropriate financial penalty, the Department may consider the deterrent effect of the penalty on the organization and on other providers, the nature of the violation, the degree to which the violation resulted in a benefit to the organization and/or harm to the public and any other relevant factors to be examined in mitigation or aggravation of the organization's conduct. The financial penalty may be imposed in conjunction with other sanctions or separately. Higher level sanctions may be imposed in situations where there are repeat violations*. Fines for single violations and multiple violations shall be consistent with Section 3-305 of the Nursing Home Care Act. (Section 4-109(f) of the Act)

h) The Department may revoke a facility's certification for an individual level of service without interrupting the operation of other certified levels of service offered by the facility.

Section 380.760 Citation Review and Appeal Procedures

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY RULE

EMERGENCY

a) *Upon receipt of Level 3 to 6 citations, the licensee may provide additional written information and argument disputing the citation within 10 working days* following the receipt of the citations. *The Department shall respond to the licensee's disputation within 20 days* following receipt of the disputation.

b) *If a licensee contests the Department's decision regarding a Level 4 to 6 citation or penalty, it can request a hearing by submitting a written request within 20 working days* after it receives *the Department's dispute resolution decision. The Department shall notify the licensee of the time and place of the hearing not less than 14 days prior to the hearing date*.

c) *A license may not be denied or revoked unless the licensee is given written notice of the grounds for the Department's action. Except when revocation of a license is based on imminent risk, the facility or program whose license has been revoked may operate and receive reimbursement for services during the period preceding the hearing, until a final decision is made.* (Section 4-110 of the Act)

d) All hearings will be conducted in accordance with Practice and Procedures in Administrative Hearings.

e) *Notwithstanding the existence or pursuit of any other remedy, The Director may, in the manner provided by law, upon the advice of the Attorney General who shall represent the Director in the proceedings, maintain an action in the name of the State for injunction or other process against any person or government unit to restrain or prevent the establishment of a facility without a license issued pursuant to* the *Act* or this Part*, or to retrain or prevent the opening, conduction, operating, or maintaining of a facility without a license issued pursuant to* the *Act* or this Part. *In addition, the Director may, in the manner provided by law, in the name of the People of the State and through the Attorney General who shall represent the Director in the proceedings, maintain an action for injunction or other relief or process against any licensee or other person to enforce and compel compliance with the provisions of* the *Act and* this Part *and any order entered for any response action pursuant to* the *Act and* this Part. (Section 4-111 of the Act)

Section 380.770 Safety, Zoning, and Building Clearances
EMERGENCY

a) A license will not be issued to any facility that does not conform to the State Fire Marshal's requirements for fire and life safety, and local fire safety, zoning and building ordinances. All handicapped accessible facilities shall meet the minimum requirements of the Illinois Accessibility Code and the Americans with Disabilities Act. Facilities shall maintain a written policy for reasonable modification for the admission of consumers unable to access the facility's sites due to physical inaccessibility.

b) The licensee shall maintain the facility in a safe structural condition. If the Department determines that an evaluation of the structural condition of a facility building is necessary, the licensee shall submit a report by a licensed structural engineer that shall establish a basis for eliminating or correcting the structural conditions that are found to be hazardous.

Section 380.780 Special Demonstration Programs and Services
EMERGENCY

a) All licensees shall maintain compliance with all requirements of the Act and this Part.

b) Based on data from community needs health assessments conducted by facilities, in cooperation with local health departments, the State may engage specific providers to participate in a special demonstration program.

c) When a facility initiates a special demonstration program, the facility shall obtain approval from the Department prior to the use of concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects that are alternative to the Act and this Part, provided that alternatives are carried out with provision for safe and adequate care. This approval shall provide for the terms and conditions under which the alternative is granted.

d) A written request and substantiating information and documents supporting the request, which the facility may obtain from the local health department, shall be submitted by the applicant or licensee to the Department.

e) Any approval by the Department granted under this Section shall be posted adjacent to the facility license.

f) Information concerning the availability of demonstration programs and services

shall be provided to the designated assessment and authorization entity to inform the admission decisions by the consumer.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION
TO EMERGENCY RULEMAKING

DEPARTMENT OF STATE POLICE

1) Heading of the Part: Firearm Concealed Carry Act Procedures

2) Code Citation: 20 Ill. Adm. Code 1231

3) Section Numbers: 1231.20
1231.30
1231.50
Appendix B
Appendix C

4) Date Originally Published in the Illinois Register: 5/2/14 38 Ill. Reg. 9703

At its meeting on May 20, 2014, the Joint Committee on Administrative Rules objected to the Department of State Police's use of emergency rulemaking to adopt rules titled Firearm Concealed Carry Act Procedures (20 Ill. Adm. Code 1231; 38 Ill. Reg. 9703) because the Department adopted the emergency rule 4 months after the underlying Public Act was effective. That 4 months provided sufficient time for adoption of a proposed rule. Any situation requiring use of emergency rulemaking appears to be Department-created. In addition, JCAR objects to Section 1231.20(a)(1) and (2) and Section 1231.30(a) of the emergency rule because they contain deficiencies and technical errors that result in rule text that does not clearly convey the Department's policy.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed a refusal. The agency's response will be placed on the JCAR agenda for further consideration.

ILLINOIS LABOR RELATIONS BOARD

JULY 2014 REGULATORY AGENDA

a) Part(s) (Heading and Code Citations): Public Information, Rulemaking and Organization, 2 Ill. Adm. Code 2500

1) Rulemaking:

A) Description: This Part implements Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15]. It describes the structure and jurisdiction of the Illinois Labor Relations Board. The proposed rulemaking is needed to address changes in the Board's structure and physical address.

B) Statutory Authority: Authorized by Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15] and by Section 5(j) of the Illinois Public Labor Relations Act [5 ILCS 315/5(j)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

Sarah R. Kerley
Deputy General Counsel
Illinois Labor Relations Board
One Natural Resources Way, First Floor
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Sarah.R.Kerley@Illinois.Gov

G) Related rulemakings and other pertinent information: None

b) Part(s) (Heading and Code Citations): Freedom of Information, 2 Ill. Adm. Code 2501

ILLINOIS LABOR RELATIONS BOARD

JULY 2014 REGULATORY AGENDA

1) Rulemaking:

A) Description: This Part implements Section 3(h) (formerly Section 3(g)) of the Freedom of Information Act [5 ILCS 140/3(h)]. It contains the Board's rules governing the availability of, access to, and requests for records. The proposed rulemaking is needed following substantial changes to the Freedom of Information Act.

B) Statutory Authority: Authorized by Section 3(h) of the Freedom of Information Act [5 ILCS 140/3(h)] and by Section 5(j) of the Illinois Public Labor Relations Act [5 ILCS 315/5(j)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

c) Part(s) (Heading and Code Citations): General Procedures, 80 Ill. Adm. Code 1200

1) Rulemaking:

A) Description: This Part contains general information applicable to

proceedings before the Board. Many of the rules in this Part were last updated in May 2003. The Board will review these rules and determine the amendments and rulemakings necessary to ensure this Part conforms to changes in applicable law, policy, and technology that have occurred since it was last updated. The Board will also determine the amendments and rulemakings necessary to clarify existing practices.

B) Statutory Authority: Authorized by Sections 5(i), 5(j), and 5(l) of the Illinois Public Labor Relations Act [5 ILCS 315/5(i), (j), and (l)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

d) Part(s) (Heading and Code Citations): Representation Proceedings, 80 Ill. Adm. Code 1210

1) Rulemaking:

A) Description: This Part contains policies and procedures applicable to voluntary recognition, representation and related proceedings before the

ILLINOIS LABOR RELATIONS BOARD

JULY 2014 REGULATORY AGENDA

Board. The rules in this Part were last updated in May 2003 and February 2004. The Board will review these rules and determine the amendments and rulemakings necessary to ensure this Part conforms to changes in applicable law, policy, and technology that have occurred since it was last updated. The Board will also determine the amendments and rulemakings necessary to clarify existing practices.

B) Statutory Authority: Authorized by Sections 5(i) and 5(j) of the Illinois Public Labor Relations Act [5 ILCS 315/5(i) and (j)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

e) Part(s) (Heading and Code Citations): Unfair Labor Practice Proceedings, 80 Ill. Adm. Code 1220

1) Rulemaking:

A) Description: This Part details the procedures for initiating, processing, and resolving charges that an employer or a labor organization has

committed or is committing an unfair labor practice. The rules in this Part were last updated in May 2003. The Board will review these rules and determine the amendments and rulemakings necessary to ensure this Part conforms to changes in applicable law, policy, and technology that have occurred since it was last updated. The Board will also determine the amendments and rulemakings necessary to clarify existing practices.

B) Statutory Authority: Authorized by Sections 5(i), 5(j), and 5(k) of the Illinois Public Labor Relations Act [5 ILCS 315/5(i), (j), and (k)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

f) Part(s) (Heading and Code Citations): Impasse Resolution, 80 Ill. Adm. Code 1230

1) Rulemaking:

A) Description: This Part details the procedures for giving required notices during collective bargaining, for resolving impasses in collective bargaining, for making appointments to the Illinois Public Employees

ILLINOIS LABOR RELATIONS BOARD

JULY 2014 REGULATORY AGENDA

Mediation/Arbitration Roster, and for the selection of mediators, fact-finders and arbitrators from the Roster. The rules in this Part were last updated in May 2003. The Board will review these rules and determine the amendments and rulemakings necessary to ensure this Part conforms to changes in applicable law, policy, and technology that have occurred since it was last updated. The Board will also determine the amendments and rulemakings necessary to clarify existing practices.

B) Statutory Authority: Authorized by Sections 5(i) and 5(j) of the Illinois Public Labor Relations Act [5 ILCS 315/5(i) and (j)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

g) Part(s) (Heading and Code Citations): Police Officer Decertification Proceedings, 80 Ill. Adm. Code 1240

1) Rulemaking:

A) Description: This Part implements Section 6.1 of the Illinois Police

ILLINOIS LABOR RELATIONS BOARD

JULY 2014 REGULATORY AGENDA

Training Act [50 ILCS 705/6.1]. It details the procedures for obtaining a hearing before the Board to determine decertification of a police officer based on that officer's commission of perjury in a murder case. The rules in this Part were last updated in November 2004. The Board will review these rules and determine the amendments and rulemakings necessary to ensure this Part conforms to changes in applicable law, policy, and technology that have occurred since it was last updated. The Board will also determine the amendments and rulemakings necessary to clarify existing practices.

B) Statutory Authority: Authorized by Section 5(j) of the Illinois Public Labor Relations Act [5 ILCS 315/5(j)]

C) Scheduled meeting/hearing dates: Interested persons may send specific criticisms, suggestions, and/or comments to the Illinois Labor Relations Board in writing during the First Notice Period.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: Undetermined

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of May 13, 2014 through May 19, 2014. These rulemakings are scheduled for review at the Committee's June 17, 2014 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
6/26/14	Department of Central Management Services, Pay Plan (80 Ill Adm. Code 310)	3/28/14 38 Ill. Reg. 6751	6/17/14
6/26/14	Department of Insurance, Improper Claims Practice (50 Ill. Adm. Code 919)	2/21/14 38 Ill. Reg. 4999	6/17/14
6/27/14	Department of Revenue, Income Tax (86 Ill. Adm. Code 100)	2/28/14 38 Ill. Reg. 5503	6/17/14
6/26/14	Department of Revenue, Income Tax (86 Ill. Adm. Code 100)	2/21/14 38 Ill. Reg. 5148	6/17/14
7/2/14	Secretary of State, Uniform Commercial Code (14 Ill. Adm. Code 180)	3/28/14 38 Ill. Reg. 7088	6/17/14

PROCLAMATIONS

2014-218
Craft Beer Week

WHEREAS, Illinois has a long and vibrant history of brewing beer throughout the state; and,

WHEREAS, the practice of brewing beer in Illinois stretches back to the 19th century and has continued ever since; and,

WHEREAS, the first Illinois craft breweries opened in the late 1980's, paving the way for a surge of small breweries since the year 2000; and,

WHEREAS since 2009, at least 45 new beer brewing operations have opened in Illinois; and,

WHEREAS, the State of Illinois has strived to make itself an accommodating atmosphere for the craft beer industry, by enacting laws such as HB 630, which allows homebrewers in Illinois to legally share their product with friends and family, to enter competitions, and to provide educational courses to the general public; and,

WHEREAS, Illinois' efforts have made it among the easiest states to produce craft beer; and,

WHEREAS, Illinois enacted legislation to provide a means for small start-up brewers to establish their beer brands with name recognition and consumer following while maintaining the state-based regulatory system which creates a competitive, and orderly marketplace for all brewers; and,

WHEREAS, Illinois has also doubled the amount of beer a craft brewer may manufacture from 15,000 barrels to 30,000, while still allowing such brewers to self-distribute up to 7,500 barrels or simultaneously hold a brew pub retailer license; and,

WHEREAS, Illinois affords all Illinois craft brewers the opportunity to have their products delivered, not just across the street, but across the State, through independent beer distributors which remain autonomous from brewery ownership and control through the enactment of laws such as HB 2606; and,

WHEREAS, Illinois has seen a recent expansion of the brewing industry and significant increase in the number of craft breweries, owed in part to the work of organizations such as the Associated Beer Distributors of Illinois and the Illinois Craft Brewers Guild; and,

WHEREAS, a recent study by the National Beer Wholesalers Association showed that Illinois' beer industry ranks fifth in the nation in terms of its economic contribution to the state's economy; and,

WHEREAS, Illinois is home to 152 beer distributing establishments that provide over 15,000 jobs and more than $1 billion in wages and salaries; and,

WHEREAS, from May 15-25, Chicago will host its fifth annual Chicago Craft Beer Week, lasting eleven days and showcasing the city's and the state's craft beer through events all over the city; and,

WHEREAS, American Craft Beer Week will take place from May 12-18, 2014; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 12-18, 2014 as **CRAFT BEER WEEK** in the State of Illinois, in recognition of the vital economic contributions this industry makes throughout the Land of Lincoln.

Issued by the Governor April 21, 2014
Filed by the Secretary of State May 21, 2014

2014-219
Drinking Water Week

WHEREAS, the health, comfort, and quality of life of Illinois' citizens depend on an ample supply of safe, clean water; and,

WHEREAS, water is a precious natural resource that is vital to both the environmental and economic well-being of Illinois' citizens; and,

WHEREAS, protecting our drinking water is essential to preserve our own health and that of future generations; and,

WHEREAS, the ever-increasing need for potable water makes it incumbent on all citizens, businesses and industries to practice water conservation as a cost effective means of extending existing water supplies; and,

WHEREAS, Illinoisans are encouraged to recognize this precious resource and to help protect our source waters from pollution, to practice water conservation, to become involved in local water issues, and plan for its efficient use; and,

WHEREAS, it is necessary to actively support the upkeep of our drinking water infrastructure, and through the Illinois Clean Water Initiative, more communities have access to low-interest loans that will keep our drinking water safe, decrease energy costs and create green jobs; and,

WHEREAS, through public awareness, the Illinois Environmental Protection Agency seeks to remind all citizens about the value, importance and fragility of our water resources; and,

WHEREAS, 2014 marks the 40th Anniversary of the Safe Drinking Water Act, which forms the core of our nation's efforts to provide quality drinking water and protect the health of our citizens; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim the week of May 4-10, 2014 as **DRINKING WATER WEEK** in the State of Illinois.

Issued by the Governor May 2, 2014
Filed by the Secretary of State May 21, 2014

2014-220
National Transportation Week and National Transportation Day

WHEREAS, our transportation system not only gives us freedom and mobility, allowing us to move from place to place, but it also boosts the nation's economy and strengthens our nation's security; and,

WHEREAS, advancing knowledge of the transportation industry and increasing public awareness on the significant nature transportation plays in the nation's economy are two goals the National Defense Transportation Association (NDTA) has set forth for National Transportation Week; and,

WHEREAS, the first National Transportation Week was observed in 1953 with the help of the Women's Transportation Club of Houston. This group originally set up a scholarship program benefiting transportation degree students at the University of Houston; and,

WHEREAS, seeing that the students and the public were virtually unaware and uninterested in the transportation industry, attempts were then made to sway past Presidents of the United States to proclaim National Transportation Week as a way of promoting the transportation industry; and,

WHEREAS, in Illinois, not only has our Department of Transportation been expanding the road system and supporting public transportation, but they have also been successful in reducing highway fatalities, improving opportunities for small, women, and minority owned businesses and upgrading process management throughout the organization; and,

WHEREAS, the observance of National Transportation Week, including National Transportation Day, provides an opportunity for the transportation community to join together for greater

awareness about the importance of transportation and also focuses on making youth aware of transportation-related careers; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 11 - 17, 2014 as **NATIONAL TRANSPORTATION WEEK** and May 16, 2014 as **NATIONAL TRANSPORTATION DAY** in Illinois, in recognition of the dedicated transportation professionals and military service members for their tireless efforts to make America's transportation network the best in the world.

Issued by the Governor May 2, 2014
Filed by the Secretary of State May 21, 2014

2014-221
Reverend James Bass Day

WHEREAS, raised from humble beginnings in the Mississippi delta, Reverend James Bass would go on to pastor many congregations, making his last stop at the 2nd Mount Olive Missionary Baptist Church, where he touched countless lives; and,

WHEREAS, Reverend James Bass served his country for three years in World War II, eventually becoming Colonel and then Chaplain in the Field; and,

WHEREAS, Reverend James Bass is a loving husband whose marriage to Helen Julius in 1967 produced two beautiful children, Vincent and Vikkeda; and,

WHEREAS, Reverend James Bass is a man of strong faith, fortitude, and vision who has positively impacted many lives through his service in ministry and dedication to the community; and,

WHEREAS, the 2nd Mount Olive Missionary Baptist Church will celebrate Reverend James Bass' 94th birthday at their Annual Founder's Day weekend event on May 4, 2014; and,

WHEREAS, birthdays are an excellent time to recount the many achievements and memories you have accumulated during your lifetime; and,

WHEREAS, as a long-time loving family member, friend, neighbor, and pastor, Reverend James Bass has touched many lives, inspiring people and empowering them to achieve to the very best of their abilities; and,

WHEREAS, the citizens of the Land of Lincoln are pleased to extend their best wishes to Reverend James Bass for a very happy 94th birthday celebration; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 4, 2014 as **REVEREND JAMES BASS DAY** in Illinois, in recognition of his commitment and dedication to making the world a better place, and in celebration of his 94th birthday.

Issued by the Governor May 2, 2014
Filed by the Secretary of State May 21, 2014

2014-222
Arthrogryposis Awareness Week

WHEREAS, Arthrogryposis is defined as multiple congenital joint contracture which is when multiple joints are stuck in one position and have very little flexibility; and,

WHEREAS, Arthrogryposis is a rare condition, though the exact frequency with which it occurs is unknown. Previous studies estimate that it affects one to three of every 10,000 babies; and,

WHEREAS, the exact cause of Arthrogryposis is unknown, but a number of different theories have been proposed, including: obstructions to intrauterine movement during pregnancy, early viral infection during a baby's development, and possible failure of the central nervous system and/or muscular system; and,

WHEREAS, the different types of Arthrogryposis are: Amyoplasia (a non-genetic type), which is due to the muscles failing to develop; and Multiple Pterygium /Escobar Syndrome (a genetic type), which occurs when the messages that impact a person's muscle movement are affected; and,

WHEREAS, individuals born with Arthrogryposis require stretching, various therapies (physical, occupational, speech and others) and some surgical interventions that can help improve a person's independence level and quality of life; and,

WHEREAS, increased awareness and expanded knowledge of Arthrogryposis and its impact on patients' quality of life will allow the community at large to better support people who struggle with the challenges of this disorder; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 30, 2014, as **ARTHROGRYPOSIS AWARENESS DAY** in the State of Illinois.

Issued by the Governor May 5, 2014
Filed by the Secretary of State May 21, 2014

PROCLAMATIONS

2014-223
Honeywell UOP Day

WHEREAS, Honeywell UOP was founded in Chicago on June 17, 1914, to commercialize Jesse Adams Dubbs' thermal cracking process, which was the foundation for the modern oil refining industry; and,

WHEREAS, the more than 12,000 patents earned by UOP have helped to develop the world's petroleum, automotive, transportation and petrochemical industries; and,

WHEREAS, UOP pioneered dozens of revolutionary technologies including catalytic polymerization, fluid catalytic cracking, alkylation, isomerization, Platforming, Parex, Oleflex, Uniflex, and methanol-to-olefins technology; and,

WHEREAS, UOP commercialized synthetic zeolites as adsorbents, catalysts and technologies to remediate nuclear contamination; and,

WHEREAS, UOP pioneered environmental breakthroughs including desulfurized diesel fuel, lead-free gasoline, the catalytic converter, biodegradable detergents, and jet and diesel fuel made from renewable sources; and,

WHEREAS, UOP has developed technologies to ensure the economical use of natural gas resources and develop the global petrochemicals industry; and,

WHEREAS, UOP has contributed faculty, guest lecturers and academic support to the Chemistry and Chemical Engineering Departments of Northwestern University since 1931; and,

WHEREAS, UOP employs more than 5,000 people worldwide, including nearly 2,000 in Illinois; and,

WHEREAS, UOP, with headquarters in Des Plaines and an important part of Honeywell's advanced technology portfolio – nearly half of which is linked to improving energy efficiency -- is today the industry's foremost center of research and development, the leading source of innovation for the world's oil and gas industry, and one of America's greatest commercial ambassadors; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, proclaim June 17, 2014 as **HONEYWELL UOP DAY** in Illinois, and commend UOP for its century of service to the people of Illinois, the United States and the world.

Issued by the Governor May 5, 2014

PROCLAMATIONS

Filed by the Secretary of State May 21, 2014

2014-224
Ray Rubio Day

WHEREAS, born Ramon Gonzalez in the vicinity of Canaboncito, Caguas, Ray Rubio currently serves as the Director of Community Engagement and Media for the Illinois Latino Commission and as a radio personality on WSBC 1240 AM; and,

WHEREAS, Ray Rubio exhibited talent at an early age and began playing guitar and singing with rock bands when he was just 13. At 19, he started as a radio announcer in New York, eventually moving to Chicago in 1975 to study theater and work for the Raul Cardona Show; and,

WHEREAS, Ray Rubio has had multiple radio stints with Univision and appeared in Puerto Rican soap operas for 6 years; and,

WHEREAS, in 1980, Ray Rubio won the first Latin America Singing Festival in Chicago; and,

WHEREAS, Ray Rubio has recorded albums and CD's as a singer, composer, and musician; and,

WHEREAS, Ray Rubio, a talented musician, composer, singer, radio host and actor, recently appeared in the film "8 of Diamonds" with the actor Eric Roberts; and,

WHEREAS, Ray Rubio was nominated and selected as one of 100 Puerto Ricans who have made important contributions to the history of Puerto Ricans in the United States; and,

WHEREAS, in addition to his media accomplishments, Ray Rubio has always served others and been involved with numerous community organizations including the Puerto Rican Parade Committee, Logan Square Chamber of Commerce, and El Hogar Del Nino; and,

WHEREAS, as Chairman of the Spanish Action Committee of Chicago, one of the oldest Puerto Rican organizations in the city, Ray Rubio has played a critical role in promoting the dreams of Puerto Ricans; and,

WHEREAS, Ray Rubio has gone above and beyond the call of duty in the media field, and serves as an inspiration to his co-workers; and,

WHEREAS, as a long-time friend and colleague, Ray Rubio has touched many lives through inspiring people and empowering them to achieve to the very best of their abilities; and,

WHEREAS, perhaps most importantly, Ray Rubio is a loving husband to his wife, Leslie, and their 3beautiful daughters and grandchild; and,

WHEREAS, the citizens of the Land of Lincoln are pleased to recognize Ray Rubio on this occasion; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 7, 2014, as **RAY RUBIO DAY** in Illinois, in recognition of his accomplishments and service to the Latino community.

Issued by the Governor May 6, 2014
Filed by the Secretary of State May 21, 2014

2014-225
Carl Kasell Day

WHEREAS, Carl Kasell, who was the voice that Public Radio listeners woke up to in the morning, is one of the most talented broadcasters to ever work in the Land of Lincoln; and,

WHEREAS, Carl Kasell became fascinated by radio at a young age, worked at a local radio station part-time during high school, and was an actor in local theater; and,

WHEREAS, while majoring in English at the University of North Carolina, Chapel Hill, Carl Kasell developed a passion for Tar Heel basketball; and,

WHEREAS, Carl Kasell started at NPR in 1975 as a part-time newscaster for Weekend All Things Considered, and later became a full-time NPR newscaster for Morning Edition; and,

WHEREAS, Carl Kasell is the official judge and scorekeeper for NPR's and WBEZ's Chicago-based weekly news quiz show, "Wait Wait… Don't Tell Me!," which debuted in 1998; and,

WHEREAS, Carl Kasell has received numerous accolades throughout his career including being inducted into the North Carolina Journalism Hall of Fame, winning the Leo C. Lee Friend of Public Radio News Award, and sharing in the George Foster Peabody Institutional Awards given to NPR's Morning Edition and "Wait, Wait… Don't Tell Me!;" and,

WHEREAS, in addition to his professional successes, Carl Kasell is an accomplished magician; and,

WHEREAS, after a five-decade career in broadcasting, Carl Kassell's last Chicago show of "Wait Wait… Don't Tell Me!" will take place on May 8, 2014; and,

WHEREAS, Carl Kasell has gone above and beyond the call of duty in the field of broadcasting, and serves as an inspiration to his co-workers; and,

WHEREAS, as a long-time friend and colleague, Carl Kasell has touched many lives through inspiring people and empowering them to achieve to the very best of their abilities; and,

WHEREAS, the citizens of the Land of Lincoln are pleased to recognize Carl Kasell on this occasion and wish him the best of luck in all his future pursuits; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 10, 2014, as **CARL KASELL DAY** in Illinois, in recognition of his lifetime of contributions to the broadcasting industry.

Issued by the Governor May 7, 2014
Filed by the Secretary of State May 21, 2014

2014-226
Christopher Brown Day

WHEREAS, we hold the highest esteem and reverence for the men and women who answer the call to serve their friends, family and communities; and,

WHEREAS, every day our courageous firefighters face great risks and in many cases put their life on the line to perform their duties; and,

WHEREAS, on March 5, 2013, Firefighter Christopher Brown was abruptly taken from us at the age of 39 while responding to a traffic accident on Interstate 39; and,

WHEREAS, Firefighter Christopher Brown was a 12- year member of the Bloomington Fire Department, a 3- year member of the Hudson Community Fire Department, a 2-year member of the Peoria Heights and the Morton Fire Department as well as a member of the Associated Firefighters of Illinois Honor Guard; and,

WHEREAS, in addition to his life as a firefighter, Christopher Brown was a devoted husband to his wife, Amie; a hero to his sons, Max and Mason; a best friend by nature to his brother Anthony and sister Jennifer, as well as the ideal grandson, nephew and friend; and,

WHEREAS, the State of Illinois owes a tremendous debt of gratitude to Firefighter Christopher Brown who selflessly served to protect our citizens and keep our families safe; and,

WHEREAS, Firefighter Christopher Brown was widely considered to be a stand-up member of his community and will always be remembered for the countless lives he impacted; and,

WHEREAS, at a time when it is imperative for our citizens to take a leadership role in the future of our nation, Firefighter Christopher Brown rose to the occasion by protecting his fellow human beings; and,

WHEREAS, throughout his career as a firefighter, Christopher Brown represented the State of Illinois Admirably; and,

WHEREAS, a ceremony will be held on May 19, 2014 that will designate Interstate 39 between Exit 8 and Exit 5 to be further known as Firefighter Christopher R. Brown Memorial Highway. This designation ceremony serves as a reminder of the powerful legacy that Christopher Brown leaves behind; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 19, 2014 as **CHRISTOPHER BROWN DAY** in Illinois, in celebration of his life, legacy and service to the citizens of Illinois.

Issued by the Governor May 7, 2014
Filed by the Secretary of State May 21, 2014

2014-227
Colonel Charles Young Day

#
WHEREAS, the freedom and security that citizens of the United States enjoy today are a direct result of the service and sacrifice given by members of the United States Armed Forces throughout the history of our great nation; and,

WHEREAS, one of the most accomplished individuals to ever serve in the United States Army was Colonel Charles Young; and,

WHEREAS, born to enslaved parents in 1864, Colonel Charles Young was a trailblazer, becoming the third African American to graduate from West Point and the first black American to be promoted to Colonel; and,

WHEREAS, commissioned in 1889 as a second lieutenant, Charles Young attained the rank of Colonel in 1917; and,

WHEREAS, from 1894 until his death in 1922, Colonel Charles Young was the highest ranking African American commanding officer in the United States Army; and,

WHEREAS, Colonel Charles Young served most of his military career with the all-black 9th and 10th Calvary regiments, often referred to as "Buffalo Soldiers"; and,

WHEREAS, Colonel Charles Young's unique military career included service on the western frontier, combat in the Philippines, time as our nation's first black military attaché to the governments of Haiti, the Dominican Republic, and Liberia, and a position at Wilberforce University as a professor of tactics and military science; and,

WHEREAS, in addition to his outstanding military record, Colonel Charles Young served as Superintendent of Sequoia National Park in California, making him the first African American to be put in charge of a national park; and,

WHEREAS, in 1918, Colonel Charles Young was garrisoned at Camp Grant in Rockford, Illinois; and,

WHEREAS, on May 17, 2014, a ceremony will be held at the Rockford Veterans Memorial Hall in honor of Colonel Charles Young, whose maquette will remain on display at the hall throughout the month of June; and,

WHEREAS, Colonel Charles Young, a talented student, soldier, administrator and diplomat, leaves behind a powerful legacy of patriotism, fortitude, and determination that must never be forgotten; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 17, 2014, as **COLONEL CHARLES YOUNG DAY** in Illinois, in acknowledgment of today's ceremony, and in recognition of his tremendous military career and dedication to our nation.

Issued by the Governor May 8, 2014
Filed by the Secretary of State May 21, 2014

2014-228
Small Business and Entrepreneur Week

WHEREAS, small businesses and entrepreneurs are vital to Illinois' growth and prosperity; and,

WHEREAS, many new jobs created throughout the United States in the past two decades have come from entrepreneurs and small businesses; and,

WHEREAS, many young Americans envision starting a business or doing something entrepreneurial as adults; and,

WHEREAS, the State of Illinois remains committed to nurturing our entrepreneurs and small businesses by providing a network of entrepreneurship and small business centers throughout Illinois to turn promising ideas into promising companies and new jobs; and,

WHEREAS, a broad coalition of partner organizations in Illinois and throughout the United States is actively engaged in enhancing small business and entrepreneurial opportunities; and,

WHEREAS, encouraging youth to be excited about business and working to expand the knowledge and skills of Illinoisans to be successful are crucial to the long-term growth of Illinois and the United States; and,

WHEREAS, Small Business and Entrepreneur Week provides an opportunity to focus on the innovative ways in which small business and entrepreneurship education can bring together the core academic, technical and problem solving skills essential for future entrepreneurs and successful workers in future workplaces; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 12-16, 2014 as **SMALL BUSINESS AND ENTREPRENEUR WEEK** in Illinois, and encourage consumers in the Land of Lincoln to support small businesses and entrepreneurs that create jobs within our communities and reinvest in our local economies.

Issued by the Governor May 8, 2014
Filed by the Secretary of State May 21, 2014

2014-229
Evelyn Brandt Thomas Day

WHEREAS, Illinois is blessed with men and women who selflessly dedicate their time and energy to performing acts of good will and improving the quality of life for all people. One such individual is Evelyn Brandt Thomas, who has made generous contributions to 4-H, the U of I campuses in Springfield and Urbana, and numerous other central Illinois nonprofits; and,

WHEREAS, Evelyn Brandt Thomas grew up on a small family farm near Pleasant Plains, graduated from Springfield High School in 1940, and earned an accounting degree from Illinois Business College; and,

WHEREAS, in the 1950's Evelyn Brandt Thomas and her brother, Glen, started a fertilizer business, which would become Brandt, a multi-million dollar international agriculture company based in Springfield, Illinois; and,

WHEREAS, in 2012, Brandt was named to Inc. Magazine's list of 500 Fastest Growing Public Companies, with more than $400 million in revenue; and,

WHEREAS, Evelyn Brandt Thomas, who celebrated her 90th birthday last August, still serves as Secretary-Treasurer of Brandt and goes to work nearly every day. Her indomitable spirit and commitment to excellence is an inspiration to her family members, friends, and co-workers; and,

WHEREAS, service to others is a hallmark of the American character, and Evelyn Brandt Thomas has always been a leader by volunteering in her community; and,

WHEREAS, Evelyn Brandt Thomas has encouraged many women to pursue careers in business through her support of the Evelyn Brandt Thomas Scholarship at UIS; and,

WHEREAS, in 2002, the Association of Fund Raising Professionals presented Evelyn Brandt Thomas and her husband, Gordon, with the Outstanding Philanthropist Award; and,

WHEREAS, Evelyn Brandt Thomas, an accomplished Springfield business woman and philanthropist, will be receiving an honorary doctorate from the University of Illinois Springfield, during UIS' May 17, 2014, commencement, making her the first person to receive such an honor from the college since 2006; and,

WHEREAS, it is important that the people of Illinois recognize Evelyn Brandt Thomas' contributions on this occasion; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 17, 2014, as **EVELYN BRANDT THOMAS DAY** in Illinois, in recognition of her honorary doctorate and lifelong commitment to making central Illinois, the Land of Lincoln, and the world a better place.

Issued by the Governor May 9, 2014
Filed by the Secretary of State May 21, 2014

2014-230
Kids in Danger Day

WHEREAS, there are millions of children's products on the market today that parents assume are safe. We must make safety a priority to prevent injury and death; and,

WHEREAS, this past year, an estimated 77,900 children under the age of five were treated in hospital emergency rooms for injuries from nursery products, and more than 110 children die annually in incidents associated with nursery products; and,

WHEREAS, Kids in Danger (KID) is a non-profit organization that was founded in Chicago, Illinois in 1998 following the death of the founders' son due to a recalled portable crib that collapsed around his neck. KID's mission is to protect children by improving children's product safety; and,

WHEREAS, KID's programs serve to advocate for stricter safety testing, promote safer product design, and educate caregivers, as well as engineers, about children's product safety. They include Safe from the Start, and Teach Early Safety Testing (TEST); and,

WHEREAS, this year, KID honors Inez Tenenbaum at the annual Best Friend Award Night, for her strong voice in children's product safety. Tenenbaum is the former chair of the US Consumer Product Safety Commission (CPSC). In her work, she oversaw the implementation of "Danny's Law," which requires mandatory standards for infant and toddler durable products including the world's strongest crib standard; and,

WHEREAS, the State of Illinois recognizes the great work performed by KID each day, and it is fitting that we take the time to recognize their dedicated efforts to keep children safe; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 14, 2014 as **KIDS IN DANGER DAY** in Illinois, and encourage all citizens to become cognizant of the safety of children's products to ensure that our children are not unnecessarily harmed.

Issued by the Governor May 9, 2014
Filed by the Secretary of State May 21, 2014

2014-231
Museum of Science and Industry U-505 Week

WHEREAS, The Museum of Science and Industry, Chicago is one of the largest science museums in the world; and,

WHEREAS, The Museum of Science and Industry, Chicago offers world-class and uniquely interactive science experiences that aspire to its vision: to inspire and motivate children to achieve their full potential in science, technology, medicine and engineering; and,

WHEREAS, one of these amazing exhibit experiences is the national historic landmark, the U-505 submarine; and,

WHEREAS, June 4, 2014 marks the 70th anniversary of the capture of this German U-boat; and,

WHEREAS, the U-505 was captured on June 4, 1944, while prowling off the coast of West Africa on the hunt for American and Allied ships; and,

WHEREAS, part of a destructive U-boat campaign on the Atlantic Ocean, the submarine was the only U-boat seized by the U.S. Navy during World War II, and it was instrumental in helping the Allies understand German technology and codes; and,

WHEREAS, seven decades later, the U-505 is the only German submarine in the United States and part of an indoor, 35,000-square-foot interactive exhibition at the Museum of Science and Industry; and,

WHEREAS, open to the Museum's 1.4 million annual guests, the exhibit tells the submarine's important story in context—delving into the history behind World War II, the Battle of the Atlantic, naval technology, and the men and women who selflessly served our country; and,

WHEREAS, the vessel itself, serves as a memorial to the 55,000 American sailors who gave up their lives on the high seas in World Wars I and II; and,

WHEREAS, in commemoration of the 70th anniversary of the U-505 and its capture, The Museum of Science and Industry will honor this significant part of American and World history with special programming and activities on June 4, 7 and 8, 2014. Museum Entry will be free for all Illinois residents June 1 through June 6; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 2-8 2014, as **MUSEUM OF SCIENCE AND INDUSTRY U-505 WEEK** in Illinois, and encourage all citizens to visit this national historic landmark, the U-505 submarine exhibit, beloved by generations since it arrived at the museum in 1954.

Issued by the Governor May 9, 2014
Filed by the Secretary of State May 21, 2014

2014-232
Metropolis Day

WHEREAS, "Chicago Metropolis 2020: Preparing Metropolitan Chicago for the 21st Century," published in 1998, was a project of The Commercial Club of Chicago and presented approaches to strengthen the economic vitality of the region and enhance the quality of life for all of its residents; and,

WHEREAS, the unique non-profit Chicago Metropolis 2020 was launched in 1999 to promote the goals outlined in that report and foster collaboration across the region; and,

WHEREAS, Chicago Metropolis 2020 and its successor organization Metropolis Strategies, a supporting organization of the Chicago Community Trust, have brought the Chicago region's diverse voices to the table to work cooperatively to better the entire metropolitan region; and,

WHEREAS, Metropolis pioneered the concept of using a team of volunteer senior executives – highly accomplished, recognized and knowledgeable principals contributing leadership and staff work for no compensation – to build a small, effective, results-focused operation; and,

WHEREAS, the quality of its work has been recognized for its reliance on data-driven, cost-effective solutions to problems facing the region; and,

WHEREAS, its many accomplishments – including advancements in the availability of early education, affordable workforce housing and sustainability practices that protect the environment – are too numerous to mention in entirety but continue through the work of other organizations; and ,

WHEREAS, its determination to integrate land use and transportation planning led to the creation of the Chicago Metropolitan Agency for Planning, which has received national recognition as a model for effective regional planning; and,

WHEREAS, its call for a world-class transportation system has led to smarter investments in roads and highways, public transit, and the movement of freight and a plan to create an efficient and truly regional mass transit agency, and,

WHEREAS, it has promoted several juvenile justice system reforms, including creation of the rehabilitation-focused Illinois Department of Juvenile Justice, and it helped the state achieve a dramatic reduction in the number of children in state prisons due to Redeploy Illinois and other programs providing rehabilitative services for juveniles locally instead of sending them to more expensive, remote and counter-productive state prisons; and,

WHEREAS, it encouraged the state to create the Sheridan drug treatment prison, rewrite the criminal code, create the Sentencing Policy Advisory Council, and to extend the Redeploy model through the creation of an Adult Redeploy Illinois program, which has helped reduce prison overcrowding; and,

WHEREAS, Metropolis was intended from its inception to have a limited life; and its work will continue in other organizations after it concludes its operations at the end of May; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 29, 2014 as **METROPOLIS DAY i**n Illinois and thank and congratulate all responsible for the many

contributions of Chicago Metropolis 2020 and Metropolis Strategies, including Andrew J. McKenna, Founding Chairman; Donald G. Lubin, Chairman; and George A. Ranney, President and CEO.

Issued by the Governor May 12, 2014
Filed by the Secretary of State May 21, 2014

2014-233
Peace Officers Memorial Day

WHEREAS, all citizens owe a tremendous debt of gratitude to the dedicated men and women of law enforcement who selflessly serve to protect our lives and keep our families and communities safe; and,

WHEREAS, every day, the men and women who work in law enforcement face great risks and, in many cases, put their safety on the line to perform their duties; and,

WHEREAS, peace officers are skilled professionals who must act as counselors, communicators and experts at crisis intervention. They must preserve the safety of our lives and property, and maintain a professional demeanor in stressful situations; and,

WHEREAS, these officers must possess an intuitive sense to resolve conflicts and save lives; and,

WHEREAS, we could not live safely and comfortably in our communities without the hard work and sacrifices made each day by our peace officers; and,

WHEREAS, the State of Illinois is pleased to recognize peace officers for their hard work to ensure the safety of our communities; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby declare May 15, 2014, as **PEACE OFFICERS MEMORIAL DAY** in Illinois, and order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff from sunrise to sunset on this day in honor of the heroism of all our law enforcement officers, especially those who have given their lives so that others might live.

Issued by the Governor May 13, 2014
Filed by the Secretary of State May 21, 2014

2014-234
Bear Necessities Pediatric Cancer Foundation's Awareness Day

WHEREAS, childhood cancer is the number one disease killer and second leading cause of death (exceeded only by accidents) of children; and,

WHEREAS, approximately 36 American children are diagnosed with cancer daily, and their average age at the time of diagnosis is 6 years; and,

WHEREAS, 10,400 American children were diagnosed with cancer in 2007, and 40,000 children in our country undergo treatment for cancer annually; and,

WHEREAS, childhood cancer rates have been rising slightly for the past few decades, and approximately 15,500 children in the United States under the age of 15 will be diagnosed with cancer in 2014; and,

WHEREAS, our children are our most precious resource; and,

WHEREAS, there are a number of organizations dedicated to raising funds for research into pediatric cancer and supporting children and families who are diagnosed with pediatric cancer; and,

WHEREAS, one such organization is Bear Necessities Pediatric Cancer Foundation, named in memory of founder Kathleen Casey's eight year old son, Barrett "Bear" Krupa, who died after a courageous five and a half year battle with Wilms Tumor, a pediatric cancer; and,

WHEREAS, Bear Necessities Pediatric Cancer Foundation is a national organization dedicated to eliminating pediatric cancer and providing hope and support to those who are touched by it; and,

WHEREAS, the mission of Bear Necessities Pediatric Cancer Foundation is carried out through three unique programs which include the Bear Hugs Program, Bear Discoveries and Bear Empowerment; and,

WHEREAS, Bear Necessities Pediatric Cancer Foundation is now in its 21st year of generating funds to reach out to all children in the State of Illinois who will be diagnosed this year with pediatric cancer; and,

WHEREAS, the month of September is recognized as Childhood Cancer Awareness Month. Throughout this month, organizations like Bear Necessities Pediatric Cancer Foundation will be conducting outreach efforts to raise awareness of pediatric cancer; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 12, 2014 as **BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION'S AWARENESS DAY** in Illinois, to raise awareness of pediatric cancer, and in support of the organization's dedication to eradicating this devastating disease.

Issued by the Governor May 14, 2014
Filed by the Secretary of State May 21, 2014

2014-235
Multiracial Heritage Week

WHEREAS, Illinois has a multiracial population of 289,982 people, representing 2.3 percent of the state population according to the 2010 Decennial Census. The percentage change from 2000 to 2010 was 23.4 percent and is expected to grow by 2020. This population is one of the fastest growing in the state. There are over 9 million individuals who self-identify as more than one race in the United States; and,

WHEREAS, multiracial children, teens and adults make vast contributions to the State of Illinois; and,

WHEREAS, Illinois is a true melting pot of race and ethnicity, and honors many different groups (Black, Asian, Hispanic, etc.) with days, weeks, or months that celebrate their heritage; and,

WHEREAS, children in Illinois schools are now allowed to check as many races as apply on school forms for enrollment, testing, etc., and public and private schools in the State are encouraged to include wording in keeping with positive identity practices that reflect the terminology of "multiracial";and,

WHEREAS, several celebrations for or including the multiracial population will occur in the country and in Illinois during the week of June 12 to 19, 2014, including Loving Day (Loving v. Virginia (1967), The Mixed Roots Fest in Los Angeles, and Juneteenth Day (commemorates the abolition of slavery in the United States); and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 12-19 2014 as **MULTIRACIAL HERITAGE WEEK,** and encourage all multiracial Illinoisans to explore and celebrate their unique heritage.

Issued by the Governor May 14. 2014
Filed by the Secretary of State May 21, 2014

2014-236

PROCLAMATIONS

Northern Illinois Rotary Day

WHEREAS, Rotary International is a service organization whose purpose is to bring together business and professional leaders in order to provide humanitarian services, encourage high ethical standards in all vocations, and help build goodwill and peace in the world; and,

WHEREAS, Rotary International was founded in Chicago in 1905, and its World Headquarters is now located in Evanston, Illinois; and,

WHEREAS, three Northern Illinois Rotary Districts, representing nearly 200 Rotary Clubs across the entire northern tier of the state, have come together to form an entity called Northern Illinois Rotary, which includes District 6420 (Rockford Area), 6440 (Northern and Far Western Suburbs) and 6540 (Chicago, Near Western Suburbs, and Southern Suburbs); and,

WHEREAS, Rotary International has over 1.2 million members in roughly 34,000 clubs in more than 200 countries; and,

WHEREAS, Rotary International's number one priority is the world-wide eradication of polio; and,

WHEREAS, polio is a contagious viral illness that in its most severe form causes paralysis, difficulty breathing, and sometimes death; and,

WHEREAS, Rotary International, which has contributed millions of dollars to fighting Polio, is part of the Global Polio Eradication Partnership along with the WHO, the CDC, UNICEF and the Bill & Melinda Gates Foundation; and,

WHEREAS, as a result of the hard work and countless volunteer hours given by Rotary International members, more than two billion children have been immunized in 122 countries; and,

WHEREAS, on August 5, 2014, the Northern Illinois Rotary will be hosting an End Polio Now Fundraiser at U.S. Cellular Field when the Chicago White Sox faces the Texas Rangers. This event represents the first time that all three Districts will be working together on the polio effort; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 5, 2014 as **NORTHERN ILLINOIS ROTARY DAY** in Illinois, in acknowledgment of today's event, and in recognition of Rotary International's commitment to serving others and fighting polio.

Issued by the Governor May 15, 2014
Filed by the Secretary of State May 21, 2014

2014-237
Chicago Area Clean Cities Day

WHEREAS, Chicago Area Clean Cities was the 10th "Clean Cities" coalition designated by the U.S. Department of Energy in May 1994 and is celebrating its 20th anniversary; and,

WHEREAS, many federal, state and local government agencies, auto manufacturers, local car dealers, fuel suppliers, conversion companies, environmental organizations, corporations, small businesses, and individuals have provided their time and resources during the past 20 years to make Chicago Area Clean Cities one of the most successful Clean Cities coalitions in the country; and,

WHEREAS, the coalition's mission in deploying "American fuels" and clean fuel vehicles, such as those running on natural gas, ethanol, propane, biodiesel, and electricity, have helped to improve air quality, provided for greater energy independence, and has led to the creation of many small businesses and jobs in our state; and,

WHEREAS, many government and business fleets in Illinois have partnered with Chicago Area Clean Cities and its members to become national leaders in greening their fleets and to demonstrate the environmental and economic benefits of using Illinois' own domestic and renewable energy sources; and,

WHEREAS, the coalition and its members have worked to implement over 15,000 alternate fuel vehicles and more than 400 fuel stations for E85, propane, natural gas, biodiesel, hydrogen, and electric vehicle charging throughout Illinois; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 21, 2014 as **CHICAGO AREA CLEAN CITIES DAY** in the State of Illinois.

Issued by the Governor May 16, 2014
Filed by the Secretary of State May 21, 2014

2014-238
Senior Corps Week

WHEREAS, service to others is a hallmark of the American character, and throughout our history citizens have stepped up to meet our challenges by volunteering in their communities; and,

WHEREAS, service by older Americans helps volunteers by keeping them active, healthy, and engaged; helps our communities by solving local problems; and helps our nation by strengthening our democracy; and,

WHEREAS, the Senior Corps National Service program allows Illinoisans 55 and older the opportunity to share their expertise and passion; and,

WHEREAS, each year Senior Corps, including the Foster Grandparents Program, the Senior Companions Program, and the Retired & Senior Volunteer Program, places more than 16,000 volunteers in communities throughout Illinois; and,

WHEREAS, these Senior Corps members have helped over **4,400** young people who have special needs, more than **830** homebound seniors and other adults maintain independence in their own homes, and provided other services through more than **1,100** groups across Illinois; and,

WHEREAS, Senior Corps volunteers contribute in ways such as veterans' assistance, disaster preparedness, and poverty reduction, and the over 3,500,000 Senior Corps hours contributed each year are valued at over $80 billion; and,

WHEREAS, Senior Corps Week, May 19 through 23, 2014, is an opportune time for the people of Illinois to salute Senior Corps volunteers for their service; thank Senior Corps' community partners; and bring more Americans into service; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 19 -23, 2014 as **SENIOR CORPS WEEK** in Illinois, and urge citizens to thank Senior Corps volunteers for their service and to find ways to give back to their communities.

Issued by the Governor May 16, 2014
Filed by the Secretary of State May 21, 2014

2014-239
Summer Food Service Program Day

WHEREAS, no child deserves to go without food, and children who are food insecure, meaning they do not have consistent access to adequate food, suffer from increased risk of chronic diseases, increased rates of behavioral problems, decreased academic achievement, and long-term social and economic impacts; and,

WHEREAS, there are children in every county of the State of Illinois who experience food insecurity; and,

WHEREAS, in 2013, 4,189,025 summer meals were provided through the Summer Food Service Program, and these meals were distributed through 1,716 sites, of which only 882 were open to the community and did not require enrollment; and,

WHEREAS, Summer Food Service Program sites are an ideal model for summer food delivery and provide on-site adult supervision and enrichment activities for children; however, more SFSP sites are needed that are open to the community; and,

WHEREAS, USDA, Illinois State Board of Education, No Kid Hungry Illinois, Illinois Hunger Coalition, and Illinois Summer Meals Partners continue to work together to increase participation in the Summer Food Service Program; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 16, 2014 as **SUMMER FOOD SERVICE PROGRAM DAY** in the State of Illinois, and I call upon Summer Food Service Program sites to operate as open sites to the community so that all children can access healthy, nutritious meals during the summer.

Issued by the Governor May 16, 2014
Filed by the Secretary of State May 21, 2014

2014-240
Chiropractic Health Care Month

WHEREAS, every year, more than 30 million Americans throughout the country, including 2 million in Illinois, visit chiropractors who locate and help correct joint and spinal problems; and,

WHEREAS, chiropractic physicians have long stressed that exercise, good posture, and balanced nutrition are essential to proper growth, development, and health maintenance; and,

WHEREAS, Illinois chiropractic physicians are dedicated to protecting and promoting patient rights, the practice of chiropractic medicine and fostering the growth of chiropractic through ongoing training and a commitment to safe and ethical practice; and,

WHEREAS, chiropractic is a safe, conservative approach to pain relief and wellness, and is the most popular form of natural healthcare in the world; and,

WHEREAS, the science of chiropractic and the physicians who practice it have contributed greatly to the health and wellbeing of the people of Illinois:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim October 2014 as **CHIROPRACTIC HEALTH CARE MONTH** in Illinois, to raise awareness about chiropractic care.

Issued by the Governor May 19, 2014
Filed by the Secretary of State May 21, 2014

2014-241
Valerie S. Lies Appreciation Day

WHEREAS, Valerie S. Lies has served as President and CEO of Donors Forum for 27 years, and will retire on June 30, 2014; and,

WHEREAS, under her leadership, Donors Forum has evolved from having a Chicago focus on grantmaking to a statewide association of grantmakers, nonprofits, and their advisors, with a strong public policy and advocacy program, and is the only organization of its kind in the country; and,

WHEREAS, Valerie S. Lies has served as Co-chair of the Illinois Attorney General's Charitable Advisory Council, as a member of the Governor's Commission on Human Services, and as a member of the Governor's Task Force on Social Innovation, Entrepreneurship, and Enterprise Development; and,

WHEREAS, Valerie S. Lies is a nationally recognized leader in philanthropy and the nonprofit sector, having been named twice as an Influential Leader by the Nonprofit Times; and has served on the national boards of the Minnesota Council on Foundations, Women and Philanthropy, the Council on Foundations, Independent Sector, WINGS (Worldwide Initiatives for Grantmaker Support), and the National Center for Family Philanthropy; and,

WHEREAS, under her leadership, Donors Forum created the Illinois Nonprofit Best Practices and Principles, which has also been endorsed by the Attorney General's Office, and has been recognized as a model of nonprofit and philanthropic practice for other states to follow; and,

WHEREAS, under her tenure, Donors Forum has advocated for a more effective nonprofit sector through a stronger partnership between government, nonprofits, and philanthropy with Building a Stronger Illinois: The Public Nonprofit Partnership Initiative and the creation of Fair and Accountable: Partnership Principles for a Sustainable Human Services Delivery System; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 20, 2014 as **VALERIE S. LIES APPRECIATION DAY** in Illinois, in recognition of her upcoming retirement and Donors Forum's 40th anniversary.

Issued by the Governor May 19, 2014
Filed by the Secretary of State May 21, 2014

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 38, Issue 23 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

PROPOSED RULES

77 - 300 11666
77 - 380 11713
86 - 100 11716
44 - 4000 11734

ADOPTED RULES

80 - 2800 5/23/2014 11767
77 - 750 5/21/2014 11775
77 - 775 5/21/2014 11796
77 - 795 5/21/2014 11802

EMERGENCY RULES

77 - 380 5/22/2014 11819

EXECUTIVE ORDERS AND PROCLAMATIONS

14 - 218 4/21/2014 11978
14 - 219 4/2/2016 11979
14 - 220 5/2/2014 11980
14 - 221 5/2/2014 11981
14 - 222 5/5/2014 11982
14 - 223 5/5/2014 11983
14 - 224 5/6/2014 11984
14 - 225 5/7/2014 11985
14 - 226 5/7/2014 11986
14 - 227 5/8/2014 11987
14 - 228 5/8/2014 11988
14 - 229 5/9/2014 11989
14 - 230 5/9/2014 11990
14 - 231 5/9/2014 11991
14 - 232 5/12/2014 11992
14 - 233 5/13/2014 11994
14 - 234 5/14/2014 11994
14 - 235 5/14/2014 11996
14 - 236 5/15/2014 11996
14 - 237 5/16/2014 11998
14 - 238 5/16/2014 11998
14 - 239 5/16/2014 11999
14 - 240 5/19/2014 12000
14 - 241 5/19/2014 12001

OTHER INFORMATION REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER

20 - 1231 11969

REGULATORY AGENDA

2 - 2500 11970

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