

2003

# ILLINOIS

## REGISTER

RULES  
OF GOVERNMENTAL  
AGENCIES



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## TABLE OF CONTENTS

February 21, 2003 Volume 27, Issue 8

### PROPOSED RULES

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF	
Facilities and Programs Exempt from Licensure	
89 Ill. Adm. Code 377 .....	2755
Licensing Standards for Day Care Centers	
89 Ill. Adm. Code 407 .....	2765
HUMAN SERVICES, DEPARTMENT OF	
Subacute Alcoholism and Substance Abuse Treatment Services	
77 Ill. Adm. Code 2090 .....	2829
NATURAL RESOURCES, DEPARTMENT OF	
Designation of Restricted Waters in the State of Illinois	
17 Ill. Adm. Code 2030 .....	2835
PROFESSIONAL REGULATION, DEPARTMENT OF	
Dietetic and Nutrition Services Practice Act	
68 Ill. Adm. Code 1245 .....	2844
Environmental Health Practitioner Licensing Act	
68 Ill. Adm. Code 1247 .....	2846
PUBLIC HEALTH, ILLINOIS DEPARTMENT OF	
Hospital Licensing Requirements	
77 Ill. Adm. Code 250 .....	2848

### ADOPTED RULES

HUMAN SERVICES, DEPARTMENT OF	
Food Stamps	
89 Ill. Adm. Code 121 .....	2889
HEALTH FACILITIES PLANNING BOARD, ILLINOIS	
Narrative and Planning Policies	
77 Ill. Adm. Code 1100 .....	2904
Processing, Classification Policies and Review Criteria	
77 Ill. Adm. Code 1110 .....	2916
Health Facilities Planning Financial and Economic Feasibility Review	
77 Ill. Adm. Code 1120 .....	2960
Health Facilities Planning Procedural Rules	
77 Ill. Adm. Code 1130 .....	2976
PUBLIC AID, ILLINOIS DEPARTMENT OF	
Medical Payment	
89 Ill. Adm. Code 140 .....	3041
PUBLIC HEALTH, ILLINOIS DEPARTMENT OF	
Plumbing Contractor Registration Code	
77 Ill. Adm. Code 894 .....	3063
Private Sewage Disposal Code	
77 Ill. Adm. Code 905 .....	3074

**EMERGENCY RULES**

PROFESSIONAL REGULATION, DEPARTMENT OF  
Dietetic and Nutrition Services Practice Act  
68 Ill. Adm. Code 1245 .....3121  
Environmental Health Practitioner Licensing Act  
68 Ill. Adm. Code 1247 .....3143

**AGENCY MODIFICATION IN RESPONSE TO A STATEMENT OF OBJECTION**

PUBLIC HEALTH, ILLINOIS DEPARTMENT OF  
Plumbing Contractor Registration Code  
77 Ill. Adm. Code 894 .....3160

**NOTICE OF CORRECTIONS**

ENVIRONMENTAL PROTECTION AGENCY  
Brownfields Redevelopment Grant Program  
35 Ill. Adm. Code 885 .....3161

**JOINT COMMITTEE ON ADMINISTRATIVE RULES STATEMENTS OF RECOMMENDATION**

CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF  
The Travel Regulation Council  
80 Ill. Adm. Code 3000.300.....3162

**JOINT COMMITTEE ON ADMINISTRATIVE RULES STATEMENTS OF OBJECTION**

PROFESSIONAL REGULATION, DEPARTMENT OF  
Perfusionist Practice Act  
68 Ill. Adm. Code 1335.30.....3163

**SECOND NOTICES RECEIVED**

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
Standards for Protection Against Radiation  
32 Ill. Adm. Code 340 .....3164  
Professional Boxing Act  
68 Ill. Adm. Code 1370 .....3164  
Pay Plan  
80 Ill. Adm. Code 310 .....3164

**REGULATORY AGENDA**

ATTORNEY GENERAL, OFFICE OF THE  
Solicitation for Charity Act  
14 Ill. Adm. Code 400 .....3165  
Motor Vehicle Advertising  
14 Ill. Adm. Code 475 .....3165  
Charitable Trust Act  
14 Ill. Adm. Code 480 .....3165  
Statewide Automated Victim Notification System  
20 Ill. Adm. Code 2000 .....3165  
Crime Victims Compensation  
74 Ill. Adm. Code 500 .....3165

Illinois Estate and Generation - Skipping Transfer Tax Act	
86 Ill. Adm. Code 2000 .....	3165
FIRE MARSHAL, OFFICE OF THE STATE	
Licensing of Petroleum Equipment Contractors (New Part)	
41 Ill. Adm. Code .....	3170
Licensing of Elevator Contractors Inspectors and Mechanics (New Part)	
41 Ill. Adm. Code .....	3170
Licensing of Fire Sprinkler Contractors (New Part)	
41 Ill. Adm. Code .....	3170
Boiler and Pressure Vessel Safety	
41 Ill. Adm. Code 120 .....	3170
Policy and Procedures Manual for Fire Protection Personnel	
41 Ill. Adm. Code 140 .....	3170
Storage, Transportation, Sale and Use of Petroleum and Other Regulated	
Substances	
41 Ill. Adm. Code 170 .....	3170
Compliance Certification for Underground Storage Tanks	
41 Ill. Adm. Code 171 .....	3170
Compliance Certification for Underground Storage Tanks	
41 Ill. Adm. Code 171 .....	3170
STATE UNIVERSITIES RETIREMENT SYSTEM	
Universities Retirement	
80 Ill. Adm. Code 1600.40.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.80 .....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.123 .....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.20.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.10.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.135.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.137.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.151.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.60.....	3176
Universities Retirement	
80 Ill. Adm. Code 1600.25.....	3176

**NOTICES REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER**  
BANKS AND REAL ESTATE, OFFICE OF  
Real Estate License Act of 2000  
68 Ill. Adm. Code 1450 .....3185

**ISSUES INDEX I – 1**

**Editor’s Note 1:** The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedules for the quarterly and annual indexes are (End of March, June, Sept, and Dec) as follows:

Issue 15 - April	11, 2003: Data through	March	31, 2003 (1 <sup>st</sup> Quarter)
Issue 28 - July	11, 2003: Data through	June	30, 2003 (2nd Quarter)
Issue 41 - October	10, 2003: Data through	September	29, 2003 (3rd Quarter)
Issue 2 - January	9, 2004: Data through	December	29, 2003 (Annual)

**Editor’s Note 2:** Submit all rulemaking documentation to the following address:

Secretary of State  
Department of Index  
Administrative Code Division  
111 East Monroe Street  
Springfield, Illinois 62756

**Editor’s Note 3:** It has become necessary to add file pages to the documents in the electronic copy that is being forwarded to the Code Division. This is effective immediately. This can also be found in the Style Manual.

[http://www.sos.state.il.us/publications/pdf\\_publications/admin\\_code\\_style\\_manual.pdf](http://www.sos.state.il.us/publications/pdf_publications/admin_code_style_manual.pdf)

Section 4-5: FORMAT FOR FILING RULES (1 Ill. Adm. Code 100.500 and Appendix B, Illustration D)

All rules, amendments or repealers shall be submitted in 8 ½ x 11 inch, three-hole punched, suitable for being placed in a standard loose-leaf binder for paper that size. In accordance with 1 Ill. Adm. Code 100.Appendix B. Illustration D. (Also see the *Rulemaking Template 2003*)

- i. A complete table of Contents will be provided in accordance with 1 Ill. Adm. Code 100/310. One original and two copies. The page(s) for the Part’s table of contents shall begin with the major divisions of the *Code* appropriate for the Part, Each of these shall have the appropriate division word and the heading for that division in all capital letters. Each line shall be centered on the page

and these shall all be listed single-spaced. A colon shall follow each division label followed by two spaces and then the heading.

- ii. Also required are one original and two copies of agency certification. In accordance with 1 Ill. Adm. Code 100.Appendix B. Illustration C (Also see the Rulemaking Template 2003)
- iii. Also required are one original and two copies of code/file pages. In accordance with 1 Ill. Adm. Code 100.Appendix B. Illustration D (Also see the *Rulemaking Template 2003*)
- iv. Adopted rules filed with the Code Division (file pages) shall not contain either strike-outs or underscoring.

An electronic copy is also required of the Table of Contents, Authority Notes, and Main Source Notes, and the text of the adopted rules with all changes applied. Each section will begin on its own page in order to establish correct headers for each page. All electronic copy must be in a compatible format in order to avoid excessive manipulation and any possible errors associated with manipulating the agencies original document. Therefore all electronic copy must be

- i. In Microsoft Word format
- ii. With margins set at 1 inch on each side, top, bottom, headers, and footers.
- iii. Font must be in Times New Roman 12.
- iv. Section Breaks may be inserted into the document.

## 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. The Register will also contain the Cumulative Index and Sections Affected Indices will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are the end of March, June, Sept, Dec.

Rulemaking activity consist 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 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'

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## 2003 REGISTER SCHEDULE VOLUME # 27

Issue#	Copy Due by 4:30 pm	Publication Date	Issue#	Copy Due by 4:30 pm	Publication Date
Issue 1	December 23, 2002	January 03, 2003	Issue 38	September 08, 2003	September 19, 2003
Issue 2	December 31, 2002	January 10, 2003	Issue 39	September 15, 2003	September 26, 2003
Issue 3	January 06, 2003	January 17, 2003	Issue 40	September 22, 2003	October 03, 2003
Issue 4	January 13, 2003	January 24, 2003	Issue 41	September 29, 2003	October 10, 2003
Issue 5	January 21, 2003	January 31, 2003	Issue 42	October 06, 2003	October 17, 2003
Issue 6	January 27, 2003	February 07, 2003	Issue 43	October 14, 2003	October 24, 2003
Issue 7	February 03, 2003	February 14, 2003	Issue 44	October 20, 2003	October 31, 2003
Issue 8	February 10, 2003	February 21, 2003	Issue 45	October 27, 2003	November 07, 2003
Issue 9	February 18, 2003	February 28, 2003	Issue 46	November 03, 2003	November 14, 2003
Issue 10	February 24, 2003	March 07, 2003	Issue 47	November 10, 2003	November 21, 2003
Issue 11	March 03, 2003	March 14, 2003	Issue 48	November 17, 2003	November 28, 2003
Issue 12	March 10, 2003	March 21, 2003	Issue 49	November 24, 2003	December 05, 2003
Issue 13	March 17, 2003	March 28, 2003	Issue 50	December 01, 2003	December 12, 2003
Issue 14	March 24, 2003	April 04, 2003	Issue 51	December 08, 2003	December 19, 2003
Issue 15	March 31, 2003	April 11, 2003	Issue 52	December 15, 2003	December 26, 2003
Issue 16	April 07, 2003	April 18, 2003			
Issue 17	April 14, 2003	April 25, 2003			
Issue 18	April 21, 2003	May 02, 2003			
Issue 19	April 28, 2003	May 09, 2003			
Issue 20	May 05, 2003	May 16, 2003			
Issue 21	May 12, 2003	May 23, 2003			
Issue 22	May 19, 2003	May 30, 2003			
Issue 23	May 27, 2003	June 06, 2003			
Issue 24	June 02, 2003	June 13, 2003			
Issue 25	June 09, 2003	June 20, 2003			
Issue 26	June 16, 2003	June 27, 2003			
Issue 27	June 23, 2003	July 04, 2003			
Issue 28	June 30, 2003	July 11, 2003			
Issue 29	July 07, 2003	July 18, 2003			
Issue 30	July 14, 2003	July 25, 2003			
Issue 31	July 21, 2003	August 01, 2003			
Issue 32	July 28, 2003	August 08, 2003			
Issue 33	August 04, 2003	August 15, 2003			
Issue 34	August 11, 2003	August 22, 2003			
Issue 35	August 18, 2003	August 29, 2003			
Issue 36	August 25, 2003	September 05, 2003			
Issue 37	September 02, 2003	September 12, 2003			

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## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Facilities and Programs Exempt from Licensure
- 2) Code Citation: 89 III. Adm. Code 377
- 3) 

<u>Section Numbers:</u>	<u>Proposed Actions</u>
377.2	Amend
377.3	Amend
- 4) Statutory Authority: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10]
- 5) A Complete Description of the Subjects and Issues Involved: The Department is amending Part 377 as follows:
 

In Section 377.2, the recently amended definition of “Day Care Center” as defined in the Child Care Act was added and the definition of “Partially exempt before and after school program” was added.

In Section 377.3, a revision in the Child Care Act has been incorporated to exempt before and after school child care programs operating on grounds of public or private schools from licensing standards for physical plant.
- 6) Will the proposed amendments replace an emergency rule currently in effect? No
- 7) Does the proposed amendment contain an automatic repeal date? No
- 8) Does the proposed amendment contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 11) Time, Place, and Manner in which interested persons may comment on the proposed amendments:

Comments on these proposed amendments can be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Jeff Osowski  
Office of Child and Family Policy  
Department of Children and Family Services  
406 E. Monroe, Station #65  
Springfield, Illinois 62703-1498  
Telephone: (217) 524-1983  
TDD: (217) 524-3715  
E-Mail: [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us)  
Facsimile (217)557-0692

The Department will consider fully all written comments on these proposed amendments submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses affected: This rulemaking will affect day care centers operating on school grounds.
  - B) Reporting, bookkeeping or other procedures required for compliance: There are no additional costs to small businesses.
  - C) Types of professional skills necessary for compliance: Clerical
- 13) Regulatory Agenda on which these amendments were summarized: The amendments were not anticipated on either of the last two Regulatory Agendas.

The full text of the proposed rulemaking begins on the next page.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
 CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
 SUBCHAPTER d: LICENSING ADMINISTRATION

PART 377  
 FACILITIES AND PROGRAMS EXEMPT FROM LICENSURE

## Section

- 377.1 Purpose  
 377.2 Definitions  
 377.3 Day Programs Exempt From Licensure  
 377.4 Part Day Child Care Facilities  
 377.5 Child Care Facilities Under Single Circuit Court  
 377.6 License Required for Government Benefit  
 377.7 Severability of This Part

AUTHORITY: Implementing and authorized by the Child Care Act of [225 ILCS 10].

SOURCE: Adopted and codified at 7 Ill. Reg. 7288, effective June 15, 1983; amended at 9 Ill. Reg. 11282, effective July 15, 1985; amended at 11 Ill. Reg. 14013, effective August 15, 1987; amended at 16 Ill. Reg., effective November 15, 1992, amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 377.2 Definitions

"Accredited" means accredited by the North Central Association of Schools and Colleges, its regional counterparts, or the National Accreditation Council.

"Child" means any person under 18 years of age (~~Ill. Rev. Stat. 1991, ch. 23, par. 2212.01~~)[225 ILCS 10.2.01].

"Child care facility" means any person, group of persons, agency, association, or organization whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more eares for children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in the Act. ~~Child care facilities may be established and maintained for the care of children. for profit or not for profit~~ (Ill. Rev. Stat. 1991, ch.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

~~23, par. 2212.05) [225 ILCS 10/2.05]. "Child care facility" is further defined in Section 2.05 of the Child Care Act of 1969.~~

~~"Children who shall have attained the age of 3 years" means children who are 3 years of age but less than 4 years of age at the time of enrollment in the program (Ill. Rev. Stat. 1991, ch. 23, par. 2212.09).~~

"Church" means "religious institution" as defined in this Section.

~~"Day care center" means any child care facility which regularly provides day care for less than 24 hours per day for more than 8 children in a family home, or more than 3 children in a facility other than a family home (Ill. Rev. Stat. 1991, ch. 23, par. 2212.09). Exclusions from this definition are listed in Section 2.09 of the Child Care Act of 1969.~~

"Day care center" means any child care facility which regularly provides day care for less than 24 hours per day for more than 8 children in a family home, or more than 3 children in a facility other than a family home, including senior citizen buildings. The term does not include:

- ~~- programs operated by public or private elementary school systems or secondary level school units or institutions of higher learning that serve children who shall have attained the age of 3 years; or~~
- ~~- private entities on the grounds of public or private elementary or secondary schools that serve children who have attained the age of 3 years, except that this exception applies only to the facility and not to the private entities' personnel operating the program;~~
- ~~- programs or that portion of the program which serves children who shall have attained the age of 3 years and which are recognized by the State Board of Education;~~
- ~~- educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multistate educational organization or association which regularly recognizes or accredits schools;~~

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting standards of the State Board of Education and applicable fire marshal standards;
- facilities operated in connection with a shopping center or service, religious services or other similar facility where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises and readily available;
- any type of day care center that is conducted on federal government premises;
- special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations;
- part day child care facilities, as defined in Section 2.10 of Act; or
- programs or that portion of the program which:
  - serves children who shall have attained the age of 3 years,
  - is operated by churches or religious institutions as described in Section 501(c)(3) of the federal Internal Revenue Code,
  - receives no governmental aid,
  - is operated as a component of religious, nonprofit elementary school,
  - operates primarily to provide religious education, and
  - meets appropriate State or local health and fire safety standards.

For purposes of this Section, "children who shall have attained the age of 3 years" shall mean children who are 3 years of age, but less than 4 years of age, at the time of enrollment in the program. [225 ILCS 10/2.09]

"Department" means the Illinois Department of Children and Family Services (~~Ill. Rev. Stat. 1991, ch. 23, par. 2212.02~~)[225 ILCS 10/2.02].

"Elementary school" for purposes of this Part, means an educational program or facility which offers classes through the sixth grade and which satisfies the compulsory school attendance requirements of the School Code (~~Ill. Rev. Stat. 1991, ch. 122, par. 26~~)[105 ILCS 5] and either offers classes for the first through the sixth grade or offers classes

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

from the levels of nursery school or kindergarten through at least the first grade with a plan to offer classes through the sixth grade within five years.

"Fee" means any charge that a parent is required to pay or agrees to pay directly or indirectly whether as money, goods, or services, for the care of a child.

"License" means a document issued by the Department of Children and Family Services which authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

"Parent(s)" means person(s) assuming legal responsibility for the care and protection of a child on a 24-hour basis; includes guardian or legal custodian.

*"Part day child care facility" means a facility day program conducted by a church, religious organization or social service agency in which ~~provides care to individual children~~ are provided care, on an intermittent basis, for up to 10 hours per 7 day week (~~Ill. Rev. Stat. 1991, ch. 23, par. 2212.10~~)[225 ILCS 10/2.10], and which has notified the Department of its operation in accordance with Section 377.4 of this Part.*

"Partially exempt before and after school program" means a before and after school child care program operated by a private entity on the grounds of a public or private elementary or secondary school for children who have attained the age of 3 years and who have attended that school during the school day.

"Religious institution" or "religious organization," for purposes of the Part, means an entity which declared its intent to operate for religious purposes in securing its tax exempt status pursuant to 26 ~~U.S.C.~~USC 501 (c)(3) of the Internal Revenue Code.

"School", for purposes of this Part, means an educational program or facility which satisfies the compulsory school attendance requirements of the School Code (~~Ill. Rev. Stat. 1991, ch. 122, par. 26~~)[105 ILCS 5].

"School system" means one or more schools operated by a public or private board of education or other central administrative body which exercises control over curriculum, staffing, admissions, and other educational policies.

"Social service agency," for purposes of this Part, means an organization exempt from taxation pursuant to 26 ~~U.S.C.~~USC 501 (c)(3) of the Internal Revenue Code which

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

provides social services directed toward the accomplishment of one or more of the following purposes:

*Protecting and promoting the welfare of children, including homeless, dependent, or neglected children;*

*Preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children;*

*Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing the break-up of the family where the prevention of child removal is desirable and possible;*

*Restoring to their families children who have been removed, by the provision of services to the child and the families;*

*Placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate;*

*Assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption;*

*Providing supportive services and living maintenance which contribute to the physical, emotional and social well-being of children who are pregnant and unmarried;*

*Providing shelter and independent living services for homeless youth; and*

*Placing and maintaining children in facilities that provide separate living quarters for children under the age of 18 years of age and older, unless a child 18 years of age is in the last year of high school education or vocational training, in an approved individual or group treatment program, or in a licensed shelter facility. The Department is not required to place or maintain children:*

*who are in a foster home; or*

*who are developmentally disabled, as defined in the Mental Health and Developmental Disabilities Code; or*

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

*who are female children who are pregnant, pregnant and parenting or parenting; or*

*who are siblings;*

*in facilities that provide separate living quarters for children 18 years of age and older and for children under 18 years of age* ~~(Ill. Rev. Stat. 1991, ch. 23, par. 5005)~~ [20 ILCS 505/5].

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 377.3 Day Programs Exempt From Licensure

- a) Whether called "schools", "child care centers", "nursery schools", "kindergartens", "day nurseries", or similar names, the following day programs are exempt from licensure as day care centers to the extent that their services are provided exclusively to children who have attained the age of 3 years:
- 1) Programs operated by public or private elementary school systems; secondary school units; or institutions of higher learning. This exemption includes programs operated by institutions of higher learning as laboratories for the training of their adult students as part of their regular academic curriculum, whether the program is on the campus of the institution of higher learning or at other facilities controlled by the institution.
  - 2) Programs or that portion of programs recognized by the Illinois State Board of Education.
  - 3) Programs operated by a school registered with the Illinois State Board of Education and recognized or accredited by a national or multi-state educational organization or association which regularly recognizes or accredits schools such as Association Montessori Internationale or the American Montessori Society.
  - 4) Programs serving handicapped children less than 21 years of age which are registered with and approved by the Illinois State Board of Education and which meet the standards of the Illinois State Fire Marshal.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 5) Programs providing primarily religious education as part of the instructional program of an elementary school operated by a church or religious organization which also meet the following criteria:
  - A) Receive no governmental aid or assistance other than exemption from taxation as a non-profit organization;
  - B) Comply with the fire safety standards of the Illinois State Fire Marshal (41 Ill. Adm. Code 100); or comply with local fire prevention and safety standards for schools which are equal to or higher than rules adopted by the Illinois State Fire Marshal; or comply with Illinois State Board of Education Rule 200, Efficient and Adequate Standards for the Construction of Schools (23 Ill. Adm. Code 175);
  - C) Comply with the standards of the Illinois Department of Public Health (77 Ill. Adm. Code 750) or the local health department; and
  - D) Either offers classes for the first through the sixth grade or offers classes from the levels of nursery school or kindergarten through at least the first grade with a plan to offer classes through the sixth grade within five years.
- b) The Child Care Act of 1969 also exempts the following from licensure as day care centers:
  - 1) Facilities operated in connection with a shopping center or service, religious services, or other similar facilities, where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises and readily available;
  - 2) Any type of day care center that is conducted on federal government premises; and
  - 3) Special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

c) Per the Child Care Act, partially exempt before and after school child care programs, as defined in Section 377.2 of this Part, are exempt from meeting the facility requirements of 89 Ill. Adm. Code 407 (Licensing Standards for Day Care Centers). [225 ILCS 10/2.09(a)(ii)].

The operating programs and staff are not exempt from licensing standards and shall be in compliance with Part 407, (Licensing Standards for Day Care Centers).

de) Family homes that care for no more than three (3) children under the age of twelve or which receive only children from a single household, for less than 24 hours per day, are exempt from licensure as day care homes. The three children to whom this exemption applies includes the family's natural or adopted children and any other persons under the age of 12 whether related or unrelated to the operator of the day care home.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Licensing Standards for Day Care Centers
- 2) Code Citation: 89 III. Adm. Code 407
- 3) 

<u>Section Numbers:</u>	<u>Proposed Actions</u>
407.40	Amend
407.45	Amend
407.90	Amend
407.130	Amend
407.140	Amend
407.145	Add
407.146	Add
407.190	Amend
407.200	Amend
407.260	Amend
407.310	Amend
407.330	Amend
407.340	Amend
407.350	Amend
407.370	Amend
407.390	Amend
Appendix H	Amend
- 4) Statutory Authority: Child Care Act of 1969 [225 ILCS 10], the Children's Product Safety Act [430 ILCS 125], and the Abused and Neglected Child Reporting Act [325 ILCS 5/3]
- 5) A Complete Description of the Subjects and Issues Involved: The Department is amending Part 407 as follows:

In Section 407.40, the statement was added indicating that the standards of Part 407 apply to partially exempt before and after school programs unless indicated in the standard to implement a recent revision to the Child Care Act that exempts these programs from the physical plant requirements.

In Section 407.45, the definitions of "continuous enrollment", "corporal punishment", and "partially exempt before and after school program" were added. In addition, references to Child Abuse and Neglect Tracking System (CANTS) were replaced by the

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

term Statewide Automated Child Welfare Information System (SACWIS), and the recent change in the Child Care Act to the definition of “Day Care Center” was added.

In Section 407.90, for facilities serving primarily infants, toddlers and/or preschool-age children, the option of having a program oversight by a director or a master teacher was added.

In Section 407.130, the requirement and conditions that child care directors successfully complete courses in providing care to children with disabilities were added.

Section 407.140 was clarified to indicate that qualifications for early childhood teacher in this Section pertain only to programs under oversight of a director.

Section 407.145 was added to specify qualifications for master teacher.

Section 407.146 was added to specify qualifications for early childhood teachers under the master teacher oversight.

In Section 407.190, the requirement that school age kindergarten children may be mixed with 5 year old preschoolers was eliminated to avoid confusion and redundancy with the previous paragraph.

In Section 407.200, the statements that children shall receive supervision appropriate to their developmental age at all times and that children shall be protected from exploitation, neglect, and abuse were added.

In Section 407.260, the requirement was added that day care centers shall have a written policy explaining to the parents and guardians what actions the caregiver will take when children are not picked up at the agreed time.

In Section 407.310, the requirement that children be immunized against chickenpox before admittance to day care centers was added to be consistent with Illinois Department of Public Health rules. In addition, the acceptance of a signature on children’s medical reports by an advanced practice nurse or physician assistant was added according to provisions in P.A. 92-703.

In Section 407.330, the exemptions of the physical plant requirements for partially exempt before and after school programs apply to kitchen requirements of this Section.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

In Section 407.340, the words “disposable pull-ups” was added as an additional alternative to the use of “diapers”. The deadline of January 1, 2000 for having a hand-washing sink within the same room without barriers was eliminated. Also, it clarifies that the use of aerosol or roll-on products shall not be substituted for hand washing. In addition, the exemption of the physical plant requirements for partially exempt before and after school apply to lavatories and toilet requirements of this Section.

In Section 407.350, in order to reduce the risk of Sudden Infant Death Syndrome (SIDS) deaths, the requirement to remove soft bedding and other soft products from cribs when children are napping or sleeping was added.

In Section 407.370, 407.390, and Appendix H, the exemptions of the physical plant requirements for partially exempt before and after school programs apply to all the requirements of these sections. The requirements that buildings shall be in good shape and operable and in good repair were added to Section 407.370, and that play equipment and the play area also be in good repair were added.

- 6) Will these proposed amendments replace an emergency rule currently in effect? No
- 7) Do these proposed amendments contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: Not applicable
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jeff Osowski  
Office of Child and Family Policy  
Department of Children and Family Services  
406 E. Monroe, Station #65  
Springfield, Illinois 62701-1498

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Telephone: (217) 524-1983

TDD: (217) 524-3715

E-Mail: [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us)

Facsimile (217)557-0692

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

12) Initial Regulatory Flexibility Analysis:

D) Types of small businesses affected: This rulemaking affects child care center businesses that are subject to licensure by the Department.

E) Reporting, bookkeeping or other procedures required for compliance: There are no additional costs to small businesses.

F) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: The amendments regarding Licensing Standards for Day Care Centers were not anticipated.

The full text of the proposed rulemaking begins on the next page.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 89: SOCIAL SERVICES

## CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

## PART 407

## LICENSING STANDARDS FOR DAY CARE CENTERS

## SUBPART A: INTRODUCTION, DEFINITIONS, AND APPLICABILITY

## Section

407.40	Purpose and Applicability
407.45	Definitions

## SUBPART B: PERMITS AND LICENSES

407.50	Application for License
407.55	Application for Renewal of License
407.60	Provisions Pertaining to the License
407.65	Provisions Pertaining to Permits

## SUBPART C: ADMINISTRATION

407.70	Organization and Administration
407.80	Confidentiality of Records and Information

## SUBPART D: STAFFING

407.90	Staffing Structure
407.100	General Requirements for Personnel
407.110	Background Checks for Personnel
407.120	Personnel Records
407.130	Qualifications for Child Care Director
407.140	Qualifications for Early Childhood Teachers and School-age Workers
<u>407.145</u>	<u>Qualifications for Master Teacher</u>

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 407.146     Qualifications for Early Childhood Teacher Under the Master Teacher with Program Oversight
- 407.150     Qualifications for Early Childhood Assistants and School-age Assistants
- 407.160     Students and Youth Aides
- 407.170     Substitutes
- 407.180     Volunteers
- 407.190     Grouping and Staffing

## SUBPART E: PROGRAM REQUIREMENTS

- 407.200     Program Requirements for All Ages
- 407.210     Special Requirements for Infants and Toddlers
- 407.220     Special Requirements for School-Age Children
- 407.230     Intergenerational Programs
- 407.240     Evening, Night, Weekend and Holiday Care

## SUBPART F: STRUCTURE AND SAFETY

- 407.250     Enrollment and Discharge Procedures
- 407.260     Daily Arrival and Departure of Children
- 407.270     Guidance and Discipline
- 407.280     Transportation
- 407.290     Swimming and Wading
- 407.300     Animals

## SUBPART G: HEALTH AND HYGIENE

- 407.310     Health Requirements for Children
- 407.320     Hand Washing
- 407.330     Nutrition and Meal Service
- 407.340     Diapering and Toileting Procedures
- 407.350     Napping and Sleeping
- 407.360     Medications

## SUBPART H: FACILITY AND EQUIPMENT

- 407.370     Physical Plant/Indoor Space
- 407.380     Equipment and Materials

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

407.390 Outdoor Play Area

## SUBPART I: SEVERABILITY OF THIS PART

407.400 Severability of this Part

APPENDIX A Equipment for Infants and Toddlers

APPENDIX B Equipment for Preschool Children

APPENDIX C Equipment for School-Age Children

APPENDIX D Infant Daily Food Requirements

APPENDIX E Meal Patterns and Service Sizes for Child Care Programs

APPENDIX F Resource Reference List

APPENDIX G Early Childhood Teacher Credentialing Programs

APPENDIX H Playground Surfacing and Critical Height

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10] and the Children's Product Safety Act [430 ILCS 125].

SOURCE: Adopted and codified at 7 Ill. Reg. 9215, effective August 15, 1983; amended at 8 Ill. Reg. 8713, effective June 15, 1984; amended at 8 Ill. Reg. 24937, effective January 1, 1985; amended at 16 Ill. Reg. 7597, effective April 30, 1992; emergency amendment at 20 Ill. Reg. 11366, effective August 1, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 923, effective January 15, 1997, amended at 22 Ill. Reg. 1728, effective January 1, 1998; amended at 24 Ill. Reg., effective November 1, 2000; amended at 27 Ill reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 407.40 Purpose and Applicability

- a) The purpose of this Part is to prescribe the minimum standards for licensure as a day care center and to describe how to apply for a license. This Part also establishes requirements for the daily operation of day care centers that serve children. The Child Care Act of 1969 excludes some facilities from the requirement to be licensed. These exclusions from the licensing requirement may be found in Section 2.09 of the Child Care Act of 1969 [225 ILCS 10/2.09] and are explained in Department rules 89 Ill. Adm. Code 377, Facilities and Programs Exempt from Licensure.
- b) The licensing standards set forth in this Part are applicable to day care centers as defined in the Child Care Act of 1969 that are also known as child care centers.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- c) All the standards of this Part apply to partially exempt before and after school programs as defined in Section 407.45 unless the standard states such program are exempt.
- de) Individuals, corporations, associations and groups may write to the Department of Children and Family Services and request a declaratory ruling with regard to the applicability of this Part to their circumstances when the requestor has requested an interpretation from the local licensing authority, but has been unable to obtain such an interpretation or is not satisfied with the response obtained.
- ed) Such requests for declaratory rulings shall be addressed to the Department of Children and Family Services, Office of Rules and Procedures, 406 E. Monroe Street, Station # 65, Springfield, Illinois 62701, shall fully outline the facts of their inquiry, shall provide names and addresses of any Department staff who have been involved in evaluating the applicability of this Part to their circumstances, and shall include a copy of any written interpretations or directions received from the local licensing authority.
- fe) The Department may provide declaratory rulings upon receipt of the initial request or may ask the inquirer to provide additional information within 15 days before a declaratory ruling is issued. Failure to provide the additional requested information within the 15-day period will terminate the request for a declaratory ruling.
- gf) A declaratory ruling regarding the applicability of this Part upon the inquirer will be issued in writing within 60 days after receipt of a complete inquiry which fully states the question and accurately outlines the facts of the inquiry.
- hg) A request for a declaratory ruling shall not delay the implementation of any licensing enforcement action including but not limited to corrective plans, refusal to renew, revocation or other enforcement activities.
- ih) *Declaratory rulings shall not be appealable.* (Section 5-150(a) of the Illinois Procedures Act [5 ILCS 100/5-150(a).])
- ji) The Department shall maintain as a public record in its principal office and make available for public inspection and copying any such declaratory rulings. The Department shall delete trade secrets or other confidential information from the

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

ruling before making it available to the public. See (Section 5 of the Freedom of Information Act [5 ILCS 140-5.]

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.45 Definitions

"Accredited college or university" means a college or university that has been accredited by a regional or national institutional accrediting association recognized by the U.S. Department of Education or a non-governmental recognition counterpart.

"Age-appropriate safety restraint" for a child under four years of age means a child restraint system (infant carrier, infant/toddler seat, or convertible safety seat) that meets the standards of the United States Department of Transportation designed to restrain, seat or position children. For a child four years of age or older, an age-appropriate safety restraint means a child restraint system or seat belt (lap belt or lap-shoulder belt combination).

"Attendance" means the total number of children present at any one time.

"Authorized representative of the Department" means a licensing representative or any person acting on behalf of the Director of the Department.

"Background check" means:

- a criminal history check via fingerprints of persons age 18 and over that are submitted to the Illinois State Police and the Federal Bureau of Investigation (FBI) for comparison to their criminal history records, as appropriate, or via a LEADS check of persons ages 13 through 17; and
- a check of the ~~Child Abuse and Neglect Tracking System (CANTS)-Statewide Automated Child Welfare Information System (SACWIS)~~ and other states child protection systems, as appropriate, to determine whether an individual has been alleged or indicated as a perpetrator of child abuse or neglect; and
- a check of the Statewide Child Sex Offender Registry.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

"CANTS" means the Child Abuse and Neglect Tracking System operated and maintained by the Department. This system is being replaced by the Statewide Automated Child Welfare Information System (SACWIS).

"Child" means any person under 18 years of age. (Section 2.01 of the Child Care Act of 1969 [225 ILCS 10/2.01])

"Child care facility" means any person, group of persons, agency, association or organization, whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in the Child Care Act of 1969, established and maintained for the care of children. (Section 2.05 of the Child Care Act of 1969 [225 ILCS 10/2.05])

"Child care staff" means all staff members providing direct care to children.

"Consultant" means a person providing technical assistance or advice regarding any aspect of the program operation.

"Continuous enrollment" means enrollment in a class with no break in course enrollment for nine months out of the academic year.

"Corporal punishment" means hitting, spanking, swatting, beating, shaking, pinching, excessive exercise, exposure to extreme temperatures, and other measures that produce physical pain".

"Cot" means a comfortable, safe and child-sized alternative bed made of resilient, sanitizable fabric, that is on legs or otherwise above the floor and can be stored to allow for air flow.

"Day care center" means any child care facility which regularly provides day care for less than 24 hours per day for more than 8 children in a family home or more than 3 children in a facility other than a family home, including senior citizen buildings. The term does not include:

- programs operated by public or private elementary school systems or secondary level school units or institutions of higher learning that which serve children who shall have attained the age of 3 years; or

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- private entities on the grounds of public or private elementary or secondary schools that serve children who have attained the age of 3 years, except that this exception applies only to the facility and not to the private entities' personnel operating the program;
- *programs or that portion of the program which serves children who shall have attained the age of 3 years and which are recognized by the State Board of Education;*
- *educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multi-state educational organization or association which regularly recognizes or accredits schools;*
- *programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting standards of the State Board of Education and applicable fire marshal standards;*
- *facilities operated in connection with a shopping center or service, religious services or other similar facility where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises and readily available;*
- *any type of day care center that is conducted on federal government premises;*
- *special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations;*
- *part day child care facilities, as defined in Section 2.10 of the Act; or*
- *programs or that portion of the program which:*
  - *serves children who shall have attained the age of 3 years,*

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- *is operated by churches or religious institutions as described in Section 501(c)(3) of the federal Internal Revenue Code,*
- *receives no governmental aid,*
- *is operated as a component of religious, nonprofit elementary school,*
- *operates primarily to provide religious education, and*
- *meets appropriate State or local health and fire safety standards.*

*For purposes of this Section, "children who shall have attained the age of 3 years" shall mean children who are 3 years of age, but less than 4 years of age, at the time of enrollment in the program. (Section 2.09 of the Child Care Act of 1969 [225 ILCS 10/2.09])*

*"Department" means the Illinois Department of Children and Family Services. (Section 2.02 of the Child Care Act of 1969 [225 ILCS 10/2.02])*

"Disinfect" means to eliminate virtually all germs from inanimate surfaces through the use of chemicals or physical agents (e.g., heat). In the child care environment, a solution of ¼ cup household liquid chlorine bleach added to one gallon of tap water and prepared fresh daily is an effective disinfectant for environmental surfaces and other objects.

"Early childhood" means the years from birth through age six.

"Early childhood assistant" means a staff member who works under the direct supervision of an early childhood teacher and does not assume responsibility for a group of children.

"Early childhood teacher" means a staff member responsible for a group of infants, toddlers or preschool children.

"Employee", as used in this Part, means any staff person employed by a child care facility and includes any substitute or assistant. This definition includes administrative, professional and support staff who have access to children in their present or prospective employment.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

"Enrollment" means the total number of children served by the facility on either a part-time or full-time basis.

"Governing body", as used in this Part, means the board of directors of a corporation. Otherwise, the term means the owner(s) or other person(s), agency, association or organization legally responsible for the operation of the day care center that serves as the policy-making authority and that exercises general direction over the affairs of the facility.

"Group" means a specific number of children who remain together at least 60 percent of the time they are at the facility.

*"Guardian" means the guardian of the person of a minor.* (Section 2.03 of the Child Care Act of 1969 [225 ILCS 10/2.03])

"Guidance/discipline" means the ongoing process of helping children to develop inner controls so that they can manage their own behavior in socially approved ways.

"Infant" means a child from six weeks through 14 months of age.

"Initial background check" means fingerprints have been obtained, as verified by a receipt from the fingerprint vendor, and the individual has cleared a check of the ~~Child Abuse and Neglect Tracking System (CANTS)~~ Statewide Automated Child Welfare Information System (SACWIS) and the Statewide Child Sex Offender Registry.

"Intergenerational activities" means activities that involve children and adults in shared activities that occur at least monthly on a regular basis.

"Kindergarten child" means a child currently enrolled in kindergarten who is eligible to attend first grade during the next school year.

"LEADS" means Law Enforcement Agency Data System.

"License" means a document issued by the Department of Children and Family Services that authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

"License study", as used in this Part, means the review of an application for license, on-site visit(s), interviews, and the collection and review of supporting documents to determine compliance with the Child Care Act of 1969 and the standards prescribed by this Part.

"Licensed capacity" means the maximum number of children permitted in the facility at any one time.

"Licensee" means an individual, agency, or organization who holds a license or permit issued by the Department of Children and Family Services.

"Licensing representative", for the purposes of this Part, means Department staff authorized under the Child Care Act of 1969 to examine facilities for licensure.

"Partially exempt before and after school program" means a before and after school child care program operated by a private entity on the grounds of a public or private elementary or secondary school for children who have attained the age of 3 years and who have attended that school during the school day.

"Parental involvement" means parental assistance with a child care program such as participation in field trips, parties, attendance on special days for special events, or parental support and cooperation in the classroom.

"Parent(s)", as used in this Part, means person(s) assuming legal responsibility for the care and protection of the child on a 24-hour basis; includes guardian or legal custodian.

"Permit", as used in this Part, means a one-time only document issued by the Department of Children and Family Services for a six-month period to allow the individual(s), agency, or organization to operate a day care center and to become eligible for a full license.

"Physician" means a person licensed to practice medicine in the State of Illinois or a contiguous state.

"Preschooler" means a child from three through five years of age. Children enrolled in kindergarten may be considered either preschool or school-age. Children two years of age may be considered preschoolers or toddlers, depending on their level of development.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

"Program" means all activities provided for the children during their hours of attendance in the facility.

"Related services" refers to, but is not limited to, supportive services (psychological, medical, social, or health) for children in a facility.

"Replace or supplement staff" means a paid or unpaid individual who performs essential staff duties as evidenced by being counted in the staff-child ratio or being allowed to be alone with children outside the visual or auditory supervision of child care staff. It also includes professional contractual staff, such as physicians, nurses, therapists, etc., if the professional provides services within the facility and is allowed access to children outside the visual or auditory supervision of staff.

"Resource personnel" means physicians, nurses, psychologists, social workers, speech therapists, physical and occupational therapists, educators and other technical and professional persons whose expertise is utilized in providing specialized services to children

"Resources" may include related services mentioned above and community agencies such as, but not limited to, libraries, university laboratories and their professional staffs, audiovisual materials, museums, and parks.

"Risk management plan" means a document that outlines the process for identifying and analyzing loss exposures, examining alternative risk control methods, and making and carrying out decisions that will minimize the adverse effects of accidental losses.

"School-age" means a child up to 18 years of age who is enrolled in first grade or higher. Children enrolled in kindergarten may be considered either preschool or school-age.

"School-age assistant" means a staff member who works under the direct supervision of a school-age worker.

"School-age director" means a person designated by the governing body to assume full administrative responsibility for the ongoing operation of one or more sites (not to exceed six) and who meets the qualifications for a child care director as outlined in Section 407.130.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

"School-age site coordinator" means a person responsible for implementing curriculum and ensuring that licensing standards are met at the site of a school-age program serving a maximum of 50 children and that is overseen by a school-age director responsible for multiple sites.

"School-age worker" means a staff member who has lead responsibility for a group of school-age children.

"Site" means the physical location in which a day care center operates. A site may consist of more than one building if all of the buildings within the site are connected by property under the exclusive control of the day care center that is used as a playground, for parking, or for other day care related purposes.

"Support staff" means any staff member providing indirect care and services to children in a day care center, such as a driver, cook, janitor, or clerical staff.

"Swimming pool", for purposes of this Part, means any natural or artificial basin of water intended for public swimming or recreational bathing which exceeds two feet six inches (2'6") in depth as specified in the Illinois Swimming Pool and Bathing Beach Act and Code. The term includes bathing beaches and pools at private clubs, health clubs, or private residences when used for children enrolled in a child care facility.

"Toddler" means a child from 15 months to two years of age. The term may include a child up to 30 months of age depending upon physical or social development.

"Universal precautions" means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

"Wading pool", for purposes of this Part, means any natural or artificial basin of water less than two feet six inches (2'6") in depth which is intended for recreational bathing, water play or similar activity as specified in the Illinois Swimming Pool and Bathing Beach Act and Code. The term includes recessed areas less than two feet six inches in depth in swimming pools and includes wading pools at private clubs, health clubs and private residences when used for children enrolled in a child care facility.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.90 Staffing Structure

- a) The day care center shall provide staff to ensure the care and safety of the children at all times.
- 1) A written staffing plan shall organize the staff and enable them to give the children continuity of care and supervision.
  - 2) Each staff person shall be qualified for his or her position, as required by this Part, at the time he or she is hired or promoted.
  - 3) Sufficient child care staff shall be provided to assure that staff/child ratios are maintained as required by Section 407.190.
  - 4) Staff changes shall be minimized so that each child can experience consistent relationships with as few adults as possible.
  - 5) Changes in the position of director or school-age director shall be reported to the Department no later than the next business day after the change. All other staff employment changes shall be reported to the Department each month on forms prescribed by the Department.
- b) The day care center shall employ a qualified child care director to oversee the program and administer day-to-day operations. The child care director shall be responsible for the planning and supervision of the program and activities of the children; orientation to newly employed staff; on-site supervision of all staff; and in-service training totaling a minimum of 15 clock hours per year for each member of the child care staff.
- c) A day care center serving primarily infants, toddlers, and/or preschool-age children shall select one of the two options that follow for a program oversight and staffing structure:
- 1) Director with Program Oversight
    - A) The day care center shall employ a qualified child care director to oversee the program and administer day-to-day operations. The

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

child care director shall be responsible for the planning and supervision of the program and activities of the children; orientation to newly employed staff; on-site supervision of all staff; and in-service training totaling a minimum of 15 clock hours per year for each member of the child care staff;

B) The child care director shall be on duty for all of the hours of operation, and if not, a qualified designate alternate of equal qualifications must be on duty at all times.

2) Master Teacher with Program Oversight

A) The child care director shall oversee the program and administer day-to-day operations and shall be on duty for all of the hours of operation;

B) The master teacher shall be responsible for the planning and supervision of the program and activities of the children; orientation to newly employed staff; on-site supervision of all staff; and in-service training totaling a minimum of 15 clock hours per year for each member of the child care staff.

C) The master teacher shall be responsible for direct supervision and daily oversight of a maximum of four groups as defined in Part 407.45. Additional master teacher could be supervise additional four groups.

D) The master teacher shall be on duty for all of the hours of operation, and if not, a substitute of equal qualifications must be on duty at all times.

The day care center shall report in writing to the Department when the choice of the master teacher program oversight is selected. The day care center may change the option only with prior written request of the operator and subsequent written approval from the Department.

- d) Multi-site school-age programs, with a maximum daily enrollment of 50 children per site, may use a two-tier administrative structure consisting of a school-age director responsible for multiple school-age sites and school-age site coordinators responsible for each school-age site. The school-age director may be responsible

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

for up to six different school-age sites, each of which is under the direct supervision of a school-age site coordinator. When the school-age director is responsible for four to six sites, he or she shall not have any additional programmatic or administrative responsibilities for other sites or programs. The division of responsibilities between the school-age director and the on-site coordinator shall be documented.

- e) Each group of children shall be under the direct supervision of an early childhood teacher or a school-age worker.
  - 1) Infant, toddler and preschool groups, as well as multi-age groups, shall be supervised by an early childhood teacher at all times, except as allowed by Section 407.190(e)(2).
  - 2) School-age groups shall be supervised by a school-age worker at all times, except as allowed by Section 407.90(e)(2) below.
  - 3) Early childhood teachers and school-age workers shall be responsible for planning and supervising the group, as well as supervising assistants.
- f) Assistants shall be assigned to each group as needed to meet the staff/child ratios required by Section 407.190.
  - 1) Early childhood assistants shall be assigned to infant, toddler and preschool groups and work under the direct supervision of an early childhood teacher. They shall not assume full responsibility for the group, except as allowed by Section 407.190(e).
  - 2) School-age assistants shall be assigned to school-age groups and work under the direct supervision of a school-age worker. At the discretion of the school-age worker, school-age assistants may be responsible for small groups of ten or fewer children during special planned on-site activities for a limited period of time, not to exceed one hour per five-hour period. Activities may include activities on the center's on-site outdoor play area.
- g) Support staff shall be provided as needed.
  - 1) There shall be sufficient support staff so that assignment of service duties does not interfere with the child care staff's responsibilities for the direct care of the children.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) Support staff shall have the same personnel qualifications required of other staff by Section 407.100.
- h) Resource personnel shall be available as appropriate. Persons providing professional services to children shall comply with current State registration and/or certification laws, if applicable.
- i) Day care centers licensed for ten or fewer three- to five-year-old children and operating with only one regular staff person shall provide:
  - 1) A daily assistant to help when attention must be given to activities other than the direct care of children; and
  - 2) At least two persons who can respond to a call and be on the premises within five minutes, so that the adult in charge will not have to leave the children unattended in the event of an emergency; and
  - 3) A substitute who is familiar with the children and program.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.130 Qualifications for Child Care Director

- a) Day care centers licensed for more than 50 children shall employ a full-time child care director to be on site in a non-teaching capacity. The director may be on site in a teaching capacity at the following times:
  - 1) During the first hour and last hour of a program that operates ten or more hours per day; or
  - 2) When attendance falls below 50 children.
- b) Day care centers licensed for 50 or fewer children, or half-day programs with children attending no more than three consecutive hours per day regardless of capacity, may employ a child care director who also serves as a member of the child care staff.
  - 1) When the director serves in both capacities, he or she must meet the qualifications of both the director position and the teaching position.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) When the director attends to non-teaching responsibilities, his or her group must be supervised by a person qualified to be in charge of the group.
- c) The child care director shall be at least 21 years of age.
  - d) The child care director shall have a high school diploma or equivalency certificate (GED).
  - e) In addition to meeting the requirements of Section 407.100, the child care director of a facility serving the same number of groups of pre-school and school-age children or more groups of pre-school children than groups of school-age children shall have achieved:
    - 1) Sixty semester hours (or 90 quarter hours) of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related directly to child care and/or child development from birth to age six; or
    - 2) Two years (3120 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center, 30 semester hours (or 45 quarter hours) of college credits with ten semester or 15 quarter hours in courses related directly to child care and/or child development, and proof of enrollment in an accredited college or university until two years of college credit have been achieved. A total of 18 semester hours (or 27 quarter hours) in courses related directly to child care and/or child development is required to be obtained within the total two years of college credits; or
    - 3) Completion of a credentialing program approved in accordance with Appendix G of this Part, completion of 12 semester (or 18 quarter hours) in courses related to child care and/or child development from birth to age six at an accredited college or university, and two years (3120 clock hours) child development experience in a nursery school, kindergarten or licensed day care center.
  - f) In addition to meeting the requirements of Section 407.100, the child care director of a facility serving more groups of school-age children than groups of pre-school children shall have achieved:

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Sixty semester hours (or 90 quarter hours) of credit from an accredited college or university with 18 semester or (27 quarter hours) in courses related to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children; or
  - 2) Two years (3120 clock hours) of child development experience in a recreational program, kindergarten, or licensed day care center serving school-age children or license exempt school-age child care program operated by a public or private school, 30 semester hours (or 45 quarter hours) of college credits with ten semester (or 15 quarter hours) in courses related directly to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, and proof of enrollment in an accredited college or university until two years of college credit have been achieved. A total of 18 semester hours (or 27 quarter hours) in courses related directly to child care and/or child development, elementary education, physical education, recreation, camping, or other related fields, including courses related to school-age children, is required to be obtained within the total two years of college credits.
- g) Completion of a training program accredited by the American Montessori Society or Association Montessori International may be substituted for the courses directly related to child care and/or child development required by this Section. Persons holding a Montessori pre-primary credential may serve as director to children through age six. Persons holding a Montessori primary or elementary credential may serve as director to children six years of age or older.
- h) Persons who were deemed qualified to serve as a child care director prior to January 1, 1985, continue to be deemed qualified for their position.
- i) When a program serves only school-age children and meets the criteria of Section 407.90(c), qualifications for the school-age director responsible for multiple sites and the site coordinators shall be as follows:
- 1) The school-age director and each site coordinator shall be at least 21 years of age.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) The school-age director shall meet both of the following requirements for education and experience:
  - A) Sixty semester hours (or 90 quarter hours) of credit from an accredited college or university, with 18 semester hours (or 27 quarter hours) in courses related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; and
  - B) At least 1560 clock hours of child development experience in a recreational program or a licensed day care center serving school-age children.
- 3) The school-age site coordinators must meet one of the following qualifications:
  - A) Thirty semester hours (or 45 quarter hours) of credit from an accredited college or university with 12 semester hours (or 18 quarter hours) related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields and 750 clock hours of experience in a recreational program or a licensed day care center serving school-age children or in a license exempt school-age child care program operated by a public or private school; or
  - B) 1560 clock hours of experience in a recreational program or licensed day care center serving school-age children or license exempt school-age child care program operated by a public or private school and either six semester hours or nine quarter hours of credit from an accredited college or university related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields.
- j) A staff member who meets the qualifications for a day care center director shall be designated to assume decision-making responsibility whenever the child care director is off site. A record of employees who meet the qualifications for director and who have been designated to assume decision-making responsibility in the director's absence shall be kept at the site. The person designated as alternate

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

director may be in the classroom and counted in the staff/child ratio under the following circumstances:

- 1) When the center meets the criteria of Section 407.130(b) above; or
  - 2) During the first hour and last hour of a program that operates ten or more hours per day; or
  - 3) When attendance falls below 50 children.
- k) The child care director must successfully complete a basic training course approved by the Department in providing care to children with disabilities. The day care center shall have on file a certificate attesting to the training of the child care director.
- 1) Persons employed as a child care director on the effective date of this subsection shall complete this training within 36 months from the effective date of this subsection. Child care directors employed on or after the effective date of this subsection shall complete this training within 36 months from date appointed as child care director.
  - 2) A child care director who has completed training prior to the effective date of this subsection may have that training approved as meeting the provisions of this subsection. A certificate of training completion and a description of the course content must be submitted to the Department for approval.
  - 3) A child care director that obtains approved training and moves from one day care facility to another shall not be required to take another training course as long as the child care director can provide documentation in the form of a certificate that the training was completed.
  - 4) Programs approved by the Department in providing care for children with disabilities must include the following components:
    - Introduction to Inclusive Child Care
    - Getting to Know Children With Disabilities
    - Building Relationships With Families
    - Including Young Children With Disabilities in Daily Activities

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- Community Services for Young Children With Disabilities
- Preparing for the Arrival of Children With Disabilities

(Source: Amended at 27 Ill. Reg. \_\_\_\_, effective \_\_\_\_\_)

Section 407.140      Qualifications for Early Childhood Teachers Under Director with Program Oversight and School-age Workers

- a) Early childhood teachers and school-age workers shall be at least 19 years of age.
- b) Early childhood teachers and school-age workers shall have a high school diploma or equivalency certificate (GED).
- c) In addition to meeting the requirements of Section 407.100, the early childhood teacher responsible for a group of children that includes infants, toddler or preschool-age children shall have achieved:
  - 1) Sixty semester hours (or 90 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or
  - 2) One year (1560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and thirty semester hours (or 45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or
  - 3) Completion of credentialing programs approved by the Department in accordance with Appendix G of this Part.
- d) School-age workers shall be at least 19 years of age and at least five years older than the oldest child with whom they work.
- e) In addition to meeting the requirements of Section 407.100, the newly employed school-age worker responsible for a group of school-age children shall have achieved:
  - 1) Thirty semester hours (or 45 quarter hours) of credit from an accredited college or university with six semester hours (or 9 quarter hours) related to

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; or

- 2) 1560 clock hours of experience in a recreational program or licensed day care center serving school-age children or a license exempt school-age child care program operated by a public or private school, and six semester hours (or nine quarter hours) of credit from an accredited college or university related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; or
  - 3) A high school diploma or equivalency certificate plus 3120 clock hours of experience in a recreational program, kindergarten, or licensed day care center serving school-age children or a license exempt school-age child care program operated by a public or private school.
- f) Completion of a training program accredited by the American Montessori Society or Association Montessori International may be substituted for the courses directly related to child care and/or child development required by this Section. Persons holding a Montessori pre-primary credential may supervise children through age six. Persons holding a Montessori primary or elementary credential may supervise children six years of age or older.
- g) Persons who were deemed qualified as a child care worker or school-age worker prior to January 1, 1985, continue to be deemed qualified as an early childhood teacher or school-age worker.
- h) Early childhood teachers and school-age workers shall be responsible for the planning and supervision of a group of children. Early childhood workers and school-age workers shall also be responsible for supervising persons assigned to assist their group who are not similarly qualified.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 407.145      Qualifications for Master Teachers

- a)      The master teacher shall be at least 21 years of age.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- b) In addition to meeting the requirements of Section 407.100, the master teacher shall have achieved a Bachelor of Arts or Bachelor of Science Degree in Child Development or Early Childhood Education from an accredited college or university.

(Source: Added at 27 Ill Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 407.146 Qualifications for Early Childhood Teachers Under the Master Teacher with Program Oversight

- a) Early childhood teachers shall be at least 19 years of age.
- b) Early childhood teachers shall have a high school diploma or equivalency certificate (GED).
- c) In addition to meeting the requirements of Section 407.100, the early childhood teacher shall have achieved:
- 1) Current enrollment in an accredited college or university and proof of continuous enrollment in an accredited college or university in courses directly related to child development or early childhood education until 16 semester hours (or 24 quarter hours) have been achieved. (Documents that can be considered for verification of continuous enrollment shall include but not be limited to a copy of course registration; or a copy of an enrollment slip for each class); and
  - 2) Four years (6240 clock hours) of supervised child development experience in a nursery school, kindergarten, or licensed day care center;

Another alternative to the above requirement is:

- 3) A Bachelor of Arts or Bachelor of Science Degree in a human services field from an accredited college or university; and
- 4) Current enrollment in an accredited college or university and continuous proof of enrollment in an accredited college or university in courses directly related to child development or early childhood education until 6 semester (or 9 quarter hours) have been achieved. Failure to remain in

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

courses will result in the employee being considered no longer qualified for the position.

- d) Early childhood teachers shall work under the daily supervision of the master teacher and shall be responsible for the planning and supervision of a group of children. Early childhood workers shall also be responsible for supervising persons assigned to assist their group who are not similarly qualified.

(Source: Added at 27 Ill Reg. \_\_\_\_\_ effective \_\_\_\_\_)

## Section 407.190 Grouping and Staffing

- a) The group sizes and ratio of child care staff to children present at any one time shall be as follows:

AGE OF CHILDREN	STAFF/ CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age Kindergartners present	1 to 20	30

- b) The following exception to this Section is permitted: An early childhood teacher aided by an early childhood assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- c) Whenever children of different ages are combined, as allowed by Section 407.190(d) below, the staff/child ratio and maximum group size shall be based on the age of the youngest child in the group.
- d) Children may be combined in any of the following ways:
- 1) Infants, toddlers and two-year-olds may be combined; and/or

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

2) Two-year-olds through five-year-old preschool children may be mixed in any combination; and/or

~~3) School-age kindergarten children may be mixed with five-year-old preschoolers; and/or~~

~~34) Four-year-olds through six-year-old children may be mixed; and/or~~

~~45) Children of all ages may be mixed during the first hour and last hour of programs that operate ten or more hours per day.~~

Programs that combine children in any of the above ways shall have staff training activities and daily schedules to meet the needs of all children in the group.

e) With the exception of infants and toddlers, children may be under the direct supervision (staff in the same room) of 50% of the qualified staff required by this Section during nap times, provided the required staff-to-child ratio is maintained on the premises.

1) Infants and toddlers shall be under the direct supervision of staff required by this Section at all times.

2) When all of the children are two years of age or older, an early childhood assistant 18 years of age or older may provide direct supervision without the presence of an early childhood teacher for a maximum of one hour per day while the children are all on cots.

f) Children shall not be left unattended at any time.

g) When the needs of individual children dictate, additional staff may be required to meet the needs of all children. The appropriate ratio shall be determined through consultation among the parent, staff, resource personnel and the Department.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- a) Each child shall be recognized as an individual whose gender, ability differences, personal privacy, choice of activities, cultural, ethnic, and religious background shall be respected.
- b) The staff of the day care center shall have a written plan for encouraging parents to visit the center to observe and participate in their children's experience. Parents shall be allowed to visit the center without an appointment any time during normal hours of operation.
- c) The program shall include opportunities for a child to have free choice of activities to play alone, if desired, or with one or several peers chosen by the child.
- d) The facility shall provide a basic program of activities geared to the age levels and developmental needs of the children served. The daily program shall be posted in the facility, and shall provide:
  - 1) Regularity of such routines as eating, napping, and toileting with sufficient flexibility to respond to the needs of individual children;
  - 2) A balance of active and quiet activity;
  - 3) Daily indoor and outdoor activities in which children make use of both large and small muscles. For pre-school programs in which individual children receive care for less than three hours per day, outdoor activities are recommended, but not required;
  - 4) Occasional trips and activities away from the facility (frequency to be determined by the day care center);
  - 5) A supervised nap or rest period for children under six years of age who remain five or more hours as required by Section 407.350.
- e) The daily program of the facility shall provide experiences which promote the individual child's growth and well-being and the development of self-help and communication skills, social competence, and positive self-identity.
- f) Program planning shall provide the following:

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) A variety of activities which takes into consideration individual differences in interest, attention span, and physical and intellectual maturity;
  - 2) Sufficient time for activities and routines, so that the children can manage them and progress at their own developmental rate;
  - 3) Sufficient materials and equipment to avoid excessive competition and long waits;
  - 4) Program planning so that the children are not always required to move from one activity to another as a total group. Staff-initiated large group activities shall not be the predominant program option.
  - 5) Smooth transition from one activity to another to avoid long waiting periods between activities and prolonged periods during which the children must stand or sit; and
  - 6) Provision for privacy through arranging a small, quiet area that is easily accessible to the child who seeks or needs time to be alone.
- g) The use of visual media, such as television, films and videotapes, shall be limited to developmentally appropriate programming, and an alternative activity shall be made available. Media may be used as a special event or to achieve a specific goal, but shall not be used as a regular daily routine.
  - h) The program shall take into account the stress and fatigue that result from constant pressures and stimulation of long hours in a group living situation.
  - i) Activity areas, equipment, and materials shall be arranged so that staff can be easily aware of the child's presence and activity at all times.
  - j) Equipment shall be arranged in orderly, clearly defined areas of interest, with sufficient space in each area for the children to see various activities available to them.
  - k) Programs involving intergenerational activities shall conduct those activities according to Section 407.230.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- l) Materials and equipment shall respect children's racial, cultural, ethnic, religious and gender identities, as well as age and ability.
- m) Each child shall have access to the full variety of age-appropriate equipment on a daily basis.
- n) When a specific plan is developed to meet a child's individual needs, the record shall include:
  - 1) Any assessments by center staff or resource personnel;
  - 2) Written program recommendations and goals for the child;
  - 3) A written plan for implementing those recommendations within the program;
  - 4) Periodic written evaluations of whether goals are being met;
  - 5) Adjustments to the program plan as indicated by the evaluations.
- o) Staff shall consult with parents before implementing any special procedures required to meet a child's individual needs.
- p) Children shall not be left unattended at any time.
- q) Staff assignments shall be such that children experience comfortable, ongoing relationships with adults. Every attempt shall be made to establish a primary relationship between each child and one adult.
- r) Children shall receive supervision appropriate to their developmental age at all times. All children in the facility shall be protected from exploitation, neglect, and abuse.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.260 Daily Arrival and Departure of Children

- a) The daily arrival of children at the center shall be conducted in a way that protects each child's physical and emotional well-being. Information provided by the

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

parents about a child's immediate daily needs shall be communicated in a timely manner to staff caring for the child.

- b) Child care staff shall conduct a daily pre-admission screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the child's inclusion or exclusion for the day shall be determined in accordance with Section 407.310(b) and (c).
- c) Children served in a day care center shall not remain on the premises for more than 12 hours in any 24-hour period, unless the parent's employment or training schedule requires more than 12 hours of day care and this has been confirmed in writing, by the parent. The written confirmation shall be kept on file for licensing review.
- d) A daily attendance log shall be maintained in such a way that it is always possible to determine the number of children present at any given time.
- e) The daily departure of children from the center shall be conducted in a way that protects each child's physical and emotional well-being.
  - 1) The staff shall refuse to release a child to any person, whether related or unrelated to the child, who has not been authorized by the parent(s) to receive the child. Persons not known to the staff shall be required to provide a driver's license (with photo), a photo identification card issued by the Illinois Secretary of State or other photo identification to establish their identity before the child is released to them.
  - 2) When a child is released to a person authorized on the contingency list, the center shall maintain a record of the person's name and the date and time.
  - 3) The time of each child's departure from the center shall be noted on a daily departure log and initialed, signed or otherwise documented by the person to whom the child is released.
  - 4) When the center has a written policy or an individual plan for a specific school-age child, that child may be allowed to leave the center unaccompanied with written authorization from their parent(s). The authorization must include:
    - A) the time of release from the center;

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- B) the means of transportation the child will use and, if applicable, the time the child is to return to the center;
  - C) the procedure to be followed if the child does not return at the expected time; and
  - D) the designated staff person to enter the time of the child's departure and initial the log.
- f) All day care centers shall have a written policy that explains the actions they will take if a parent or guardian does not retrieve, or arrange to have someone retrieve, their child at the designated, agreed upon time. The policy shall consist of the provider's expectations clearly presented to the parent or guardian in the form of a written agreement that shall be signed by the parent or guardian and shall include at least the following elements:
- 1) The consequences of not picking up the child(ren) on time shall be precisely communicated to parents, for example:
    - A) Amount of late fee, if any, and when those fees begin to accrue.
    - B) The degree of diligence the provider will use to reach emergency contacts, e.g., number of attempted phone calls to parents and emergency contacts, requests for police assistance in finding emergency contacts, and so forth.
    - C) Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as, the child abuse hotline, police, and so forth.
  - 2) Emphasis of the importance of having up-to-date emergency contact numbers on file.
  - 3) Acknowledgement of the provider's responsibility for the child's protection and well-being until the parent or outside authorities arrive.
  - 4) A reminder to staff that the child is not responsible for the situation and the parent or guardian, never the child, shall be dealt with if this issues arises.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 27 Ill. Reg. \_\_\_\_, effective \_\_\_\_\_)

## Section 407.310 Health Requirements for Children

- a) A medical report on forms prescribed by the Department shall be on file for each child.
- 1) The initial medical report shall be dated less than six months prior to enrollment of infants, toddlers and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than six months old) or the day care center may require a more recent medical report by its own enrollment policy. If a health problem is suspected, the day care center may require additional documentation of the child's health status.
  - 2) If a child transfers from one day care center to another, the medical report may be used at the new center if it is less than one year old. In such a case, the center the child is leaving shall maintain a copy of the child's medical form and return the original to the parent.
  - 3) The medical examination shall be valid for two years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center.
  - 4) The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus haemophilus influenzae B, ~~and~~ hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 690.50 of the Department of Public Health.
  - 5) Unless the examining physician has made a determination that it is unnecessary, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Mantoux method shall be repeated when children begin elementary and secondary school.

- 6) The initial examination shall show that children from the ages of one to six years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).
  - 7) In accordance with the Child Care Act of 1969, as amended, a parent may request that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent(s), and kept in the child's record.
  - 8) Exceptions made for children who should not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form.
  - 9) Day care centers shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public Health rules 77 Ill. Adm. Code 695.40, List of Non-Immunized Child Care Facility Attendees or Students. The number of non-immunized children on the list shall be available to parents who request it.
  - 10) Medical records shall be dated and signed by the examining physician, advance practice nurse who have a written collaborative agreement with a collaborating physician which authorizes them to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician, and include the name, address and telephone number of the physician responsible for the child's health care.
- b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690) shall be excluded from the center.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- c) Children shall be screened upon arrival daily for any obvious signs of illness. If symptoms of illness are present, the child care staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present and facilities available to care for the ill child.
- 1) Children with diarrhea and those with a rash combined with fever (oral temperature of 101°F or higher or under the arm temperature of 100°F or higher) shall not be admitted to the day care center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.
  - 2) Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the day care center is required:
    - A) Illness which prevents the child from participating comfortably in program activities;
    - B) Illness which calls for greater care than the staff can provide without compromising the health and safety of other children;
    - C) Rash combined with fever over 101° F (oral);
    - D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;
    - E) Diarrhea;
    - F) Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration;
    - G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;
    - H) Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- I) Purulent conjunctivitis, until 24 hours after treatment has been initiated;
  - J) Impetigo, until 24 hours after treatment has been initiated;
  - K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;
  - L) Head lice, until the morning after the first treatment;
  - M) Scabies, until the morning after the first treatment;
  - N) Chicken pox (varicella), until at least six days after onset of rash;
  - O) Whooping cough (pertussis), until five days of antibiotic treatment have been completed;
  - P) Mumps, until nine days after onset of parotid gland swelling;
  - Q) Measles, until four days after disappearance of the rash; or
  - R) Symptoms which may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- e) Space shall be provided for a child who becomes ill at the center. Such space shall be ventilated and heated, within sight and hearing of an adult and equipped with a cot and materials that can be easily cleaned and sanitized.
- f) The center shall report any known or suspected case or carrier of communicable disease to local health authorities and comply with the Illinois Department of Public Health's Control of Communicable Diseases Code (77 Ill. Adm. Code 690). The center shall maintain a file of reported illnesses ~~that~~ ~~which~~ may indicate possible infectious disease.
- g) If a child needs emergency care because of an accident or illness that occurs while the child is in care, the day care center shall attempt to contact the child's parent(s)

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

at the phone numbers provided for that purpose. If unable to locate the parents, the day care center's attempts to do so shall be documented in the child's file.

- h) Major and minor accidents or illnesses which happen to a child at the day care center shall be recorded in the file, and parents shall be notified.
- i) Reports of all incidents and injuries involving children shall be prepared by the person responsible for the child at the time of the occurrence and shall include:
  - 1) The time and place of the incident or injury and details about how it occurred;
  - 2) When medical care is necessary, a statement signed by the physician attending the child, describing the nature and the extent of injury.
- j) Employees shall wear disposable latex gloves when treating a wound. Employees shall wash their hands, as prescribed by Section 407.320, after removing the disposable gloves.
- k) When a child's medical needs require special care or accommodation, such care shall be administered as required by a physician, subject to receipt of appropriate releases from the parent(s). Medical consultation shall be available to the staff as needed for the health and medical needs of the children served.
- l) The facility shall make potable drinking water freely available to all children by providing drinking fountains and/or disposable cups for individual use. Water shall be offered to infants and toddlers at frequent intervals.
- m) A child's wet or soiled clothing shall be changed immediately. Universal precautions shall be followed when handling soiled clothing.
- n) Children shall have a shower, tub or sponge bath when necessary to ensure bodily cleanliness. Parents shall be notified when a child has received a shower or bath. Children under the age of five shall not be left alone when bathing.
- o) When used by children at the child care center, toilet articles such as combs, brushes, toothbrushes, towels and washcloths shall be individually provided by the parent or the center. They shall be plainly marked with the child's name and stored individually in a sanitary manner in areas which promote drying. Single-

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

use and disposable articles are permitted. Toothbrushes, if used, shall be replaced when they have lost their tone.

- p) If toothpaste is used, care shall be taken to avoid cross-contamination when dispensing.
  - 1) Each child shall be given a separate tube of toothpaste labeled with his or her name; or
  - 2) If a single tube is used, the toothpaste shall be dispensed by placing a small amount on the rim of each child's rinsing cup or on a piece of waxed paper.
- q) All new linens shall be laundered prior to use.
- i. Staff and children shall wash hands as required by Section 407.320.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.330 Nutrition and Meal Service

- a) Food shall be cooked or prepared at the day care center in a kitchen which has been inspected and approved in accordance with the Illinois Department of Public Health's Food Service Sanitation Code (77 Ill. Adm. Code 750, unless the before and after school program is exempt per Section 2.09(a)(ii) of the Child Care Act) or food may be purchased from a licensed catering service. Preparation of food, whether on or off site, shall comply with the Food Service Sanitation Code. A copy of these regulations shall be available to appropriate staff.
- b) Food service shall be under the management of a State-certified food service manager as required by the Food Handling Regulation Enforcement Act [410 ILCS 625].
- c) None of the operations connected with routine food preparation shall be conducted in a room used for sleeping, caregiving or laundry purposes.
- d) Kitchen areas shall be clean and equipped for preservation, storage, preparation and serving of food.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- e) Provisions shall be made for the cleaning and sanitization of dishes.
- f) All food consumed by children under the supervision of the child care center shall be provided by the center, except as follows:
  - 1) Parents may provide food for infants not yet consuming table food or for any child requiring a special diet that cannot reasonably be provided by the center.
  - 2) Upon agreement of the staff, commercially prepared foods may be brought in occasionally by parents as part of holiday or birthday celebrations. Food brought in for this purpose must arrive unopened as packaged by the bakery or manufacturer, or it shall not be accepted.
  - 3) If food is to be catered rather than prepared at the center, a dated contract with the catering service specifying the number of food orders to be delivered shall be available for review.
- g) Menus shall be planned at least one week in advance and shall be available for review. If substitutions are made for any food item, menus shall be corrected to reflect meals as served. Substitutions shall be nutritionally equal to the food items being replaced. Corrected menus shall be on file and available for review for one year after the meals were served.
  - 1) Menus shall be posted in the kitchen, the classroom or other area accessible to parents, and made available to parents upon request.
  - 2) Menu planning shall reflect consideration for cultural and ethnic patterns, and menus shall be nutritionally equivalent to the requirements of the Meal Pattern Chart in Appendix D and Appendix E, as appropriate.
  - 3) From the months of October through May, the main meal shall be a hot meal, with occasional exceptions of no more than twice per month. During the months of June through September, a hot or a cold meal conforming to the Meal Pattern Chart (see Appendix E) shall be served.
  - 4) Lunches served during field trips shall be provided by the center or purchased from a food vendor.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- h) Adequate and appropriate food shall be served according to the amount of time the child spends at the center. The center shall provide 1/3 to 2/3 of the child's daily nutrient needs depending on length of stay, as outlined in the chart below. These nutrient needs are based on the current recommended dietary allowances set by the Food and Nutrition Board of the National Research Council and are outlined in Appendix D and Appendix E.

<u>Time Present Per Day</u>	<u>Number of Meals and Snacks Per Day</u>
Two to five hours	One snack
Five to ten hours	One meal and two snacks or two meals and one snack
More than ten hours	Two meals and two snacks or one meal and three snacks

- i) Children shall be offered food at intervals of not less than two hours and not more than three hours apart, unless the child is asleep.
- j) Provisions of this Section notwithstanding, a child requiring a special diet due to medical reasons, allergic reactions or religious beliefs shall be provided with meals and snacks according to the written instructions of the child's parents, clergy and/or the child's medical provider.
- 1) Information on special diets shall be obtained in writing from the parents and/or medical providers and maintained on file at the child care center.
  - 2) Records of food intake shall be maintained when indicated by the child's medical provider.
  - 3) When providing a special diet causes undue hardship or expense for the child care center, meals or portions of meals may be provided by the parent upon written agreement of the parent and the center. The parent shall be responsible for the safety of food brought into the center.
  - 4) Potentially hazardous and perishable food shall be refrigerated immediately upon arrival.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 5) Special foods provided by parents shall be clearly labeled with the child's name, date and identity of the food and shall not be shared by other children.
- k) Meals and snacks for children one year of age and older shall comply with the requirements of Appendix E.
  - 1) Meal components are as follows:
    - A) Milk: Grade A, pasteurized, fortified, fluid milk. Because low-fat and skim milks may not provide adequate levels of calories and fatty acids, these milks shall not be given to children under two years of age unless ordered by the child's physician.
    - B) Meat or meat alternative: Edible protein such as meat, fish or chicken or other protein sources such as eggs, cheese, dried beans or peas. A casserole or mixed dish must contain the required amount of protein per serving.
    - C) Fruits and vegetables: Cooked or raw. Each child shall have a total of two servings of fruits and/or vegetables for lunch. A good source of vitamin C shall be served daily. These include citrus fruits, melons and other fruits and juices that contain at least 30 mg of vitamin C per serving.
    - D) Bread or bread alternative: An equivalent serving of cornbread, biscuits, rolls, muffins, bagels or tortillas made of enriched or whole grain meal or flour may be substituted for sliced bread. Bread alternatives include enriched rice, macaroni, noodles, pasta, stuffing, crackers, bread sticks, dumplings, pancakes, waffles and hot or cold cereal.
    - E) Butter or margarine: As a spread for bread, if desired.
  - 2) If any part of the nutritional requirements is designated as dessert, it shall be served as an integral part of the meal. Ice cream or milk-based pudding may be used occasionally. Cake, pastries, cookies or other foods with high sugar and/or fat content shall not be used as lunch desserts.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 3) Vegetarian meals that meet protein requirements may be served. The main dish shall contain one or more of the following: cheese, eggs, legumes, or peanut butter.
  - 4) Foods that cause choking shall not be served to children under two years of age as noted in Section 407.210(f)(19). Hot dogs and raw carrots may be served to children between two and three years of age only if cut into short, thin strips. Peanut butter shall only be served to children between two and three years of age if thinly spread on bread, crackers, or other foods or if mixed with other foods.
  - 5) Children shall be permitted to have one or more additional servings to meet their individual needs.
- l) Food shall be prepared and handled safely.
    - 1) Hot foods shall be maintained at a temperature of 140°F or above and cold foods at 40°F or below, except that food may be held at a temperature of 45°F for a maximum of three days. See Section 750.140 of the Food Service Sanitation Code (77 Ill. Adm. Code 750).
    - 2) Food returned from individual plates and family style serving bowls shall be discarded. Other unserved food shall be promptly covered to avoid contamination, labeled, dated and refrigerated or frozen immediately. Leftover fresh food shall be used within 24 hours. Frozen food shall be used within 30 days.
    - 3) Milk, formula and baby food shall be handled and served to infants who are not yet eating table food according to the provisions of Section 407.210.
  - m) Adequate numbers of appropriate durable dishes, glassware and eating utensils shall be provided to serve all of the children. These items shall be in good repair and free of breaks, cracks or chips. Disposable dishes and utensils may be used and shall be discarded after single use. Due to the danger of choking, disposable eating utensils shall not be used by children under two years of age.
  - n) The design and size of tables, chairs, dishes, glasses and eating utensils shall be appropriate to the ages of the children served.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- o) All cooking and feeding utensils shall be washed and sanitized after each use.
- p) Meals shall be relaxed and unhurried and provide time for socialization.
  - 1) An adult shall sit at the table with the children during meal time, provide supervision and demonstrate good mealtime practices.
  - 2) Delays in food service shall be avoided so that children do not have to sit and wait.
  - 3) Children shall be encouraged to eat, but not forced or bribed.
  - 4) Small portions of bite-sized pieces shall be provided for preschool children.
  - 5) Children shall be encouraged to feed themselves. Staff shall provide supportive help for as long as the child needs such help.
  - 6) Food shall be served onto plates or other sanitary containers.
  - 7) Children shall be seated comfortably, with sufficient room to manage food and eating utensils.
  - 8) School-age children may be served separately or with younger children, if this can be accomplished without disruption to the ongoing program.
- q) Food shall never be used as a punishment or reward.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.340 Diapering and Toileting Procedures

- a) Each area serving children wearing diapers or disposable pull-ups shall have a designated diapering area which includes at least the following:
  - 1) An accessible hand-washing sink within the same room without barriers such as doors, unless the before and school program is exempt per Section 2.09(a)(ii) of the Child Care Act. ~~Facilities licensed for infant care on~~

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

~~January 1, 1998 have until January 1, 2000 to come into compliance with this requirement.~~

- 2) A changing surface that has an impervious, non-absorbent surface.
- 3) Covered receptacles conveniently located close to the changing surface(s) for the disposal of soiled diapers. These receptacles shall be washable, plastic lined and tightly covered. There shall be separate containers for disposable diapers, cloth diapers (if used) and soiled clothes and linens.
- 4) A supply of disposable latex gloves.
- 5) Clearly posted procedures for diaper changing, consistent with the following:
  - A) Have the following supplies ready before bringing the child to the diapering area:
    - i) Disposable wipes or fresh, wet paper towels;
    - ii) Diapers;
    - iii) Skin preparations prescribed by the child's doctor or requested by the child's parent; and
    - iv) Disinfecting solution and paper towels for cleaning up.
  - B) Lay the child on the changing surface, taking care to minimize contact with the child if his/her outer clothes are soiled.
  - C) Put on protective gloves.
  - D) Remove diaper and any soiled clothes.
  - E) Clean the child's bottom from front to back with a fresh disposable wipe or a damp paper towel. Aerosol or roll-on products shall not be used.
  - F) Dispose of disposable diapers, paper towels and diaper wipes in covered receptacle. Put soiled clothes and cloth diapers into a plastic bag to be sent home with the parent.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- G) Remove disposable gloves. Wash hands or wipe hands with a premoistened towelette.
  - H) Wash the child's hands in accordance with the requirements of Section 407.320.
  - I) Place clean diaper on the child. Make sure child's clothing is clean and dry. If not, change child's clothing.
  - J) Remove child from the changing table.
  - K) Clean visible soil from the changing table with paper towels or disposable wipes.
  - L) Clean and disinfect the diapering area.
  - M) Wash adult hands, using procedures outlined in Section 407.320.
- b) The diapering area shall be separate from any food preparation areas, and shall never be used for the temporary placement or serving of food.
  - c) Changing surfaces shall be cleaned and sanitized between each diaper change.
  - d) Diaper receptacles shall be cleaned and sanitized daily.
  - e) Diapers shall be able to contain urine and stool and minimize fecal contamination of the child, caregivers, environmental surfaces and objects of the child care center.
  - f) If cloth diapers are used, soiled cloth diapers and/or soiled training pants shall never be rinsed. The fecal content may be placed in the toilet, but the diaper shall not be rinsed.
  - g) Toilet-training equipment shall be provided for children being toilet-trained.
    - 1) Child-sized toilets or safe and cleanable step aids and modified toilet seats shall be available.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) If used, the contents of potty chairs shall be dumped in the toilet, and the potty chair shall be cleaned and sanitized between each use.
- 3) Toilet-training equipment shall not be counted as toilets in the toilet/child ratio.
- g) Lavatories (hand-washing sinks) and toilet facilities shall be provided in the ratios specified below. Although potty chairs are allowed when children are being toilet-trained, potty chairs are not counted when determining compliance with these ratios. partially exempt before and after school programs are exempt from this standard.

Capacity of Child Care Center (excluding infants)	Number of Toilets	Number of Lavatories
1 to 10	1	1
11 to 25	2	2
26 to 50	3	3
51 to 75	4	4
76 to 100	5	5
101 to 125	6	6
126 to 150	7	7
151 to 175	8	8
Per every 25 more children	1 more	1 more

- h) Toilets and lavatories shall be readily accessible to the children. If toilets are not located near the children's activity areas, an adult shall accompany children four years of age or younger.
- i) If toilets and lavatories are not child-sized, non-absorbent safe steps shall be provided.
- j) Hot and cold running water shall be provided.
- 1) Hot water supplied to plumbing fixtures used by children shall be tempered or thermostatically controlled to less than 115°F.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) In areas serving infants and toddlers, water shall be mixed through one mixing valve.
- k) Mild liquid soap and single-use towels or automatic dryers shall be provided. Towels may be disposable. Automatic dryers shall not be used for infants and toddlers.
- l) Toilet areas for school-age children shall be enclosed to provide for privacy.
- m) Toilet(s) and lavatories shall be readily accessible for staff use.
- n) Children and staff shall wash hands thoroughly according to Section 407.320 after using the toilet or assisting in toileting, and after each diaper change.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 407.350 Napping and Sleeping

- a) When a child's time in attendance at the day care center requires sleep or nap provisions, the center shall provide a separate crib, bed or cot and individual sheets and bedding.
  - 1) Children under six years of age who are not enrolled in kindergarten or elementary school who remain five or more hours shall have the opportunity to rest or nap.
  - 2) Infants and toddlers shall be allowed to rest or sleep according to each child's individual pattern, as determined in consultation with parents.
  - 3) Children three years of age and older (until they are enrolled in kindergarten) generally shall not nap for more than two hours or rest without sleeping for more than 60 minutes. Children in this age group who do not sleep may be permitted to get up and shall be helped to have a quiet time with equipment or activities which will not disturb the napping children. When children are allowed to get up, the staff/child ratio must comply with Section 407.190(a).

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 4) Kindergarten and school-age children shall not be required to sleep or nap. However, floor pillows, sofa, carpet, bean bag chairs, padded chairs or cots shall be provided for lounging or resting.
- b) The crib, bed or cot provided for each child shall be appropriate to the child's level of development.
  - 1) Infants shall sleep in cribs:
    - A) Safe, sturdy, well-constructed free-standing cribs or portable cribs used for sleeping shall be equipped with a good, firm, tight-fitting mattress.
    - B) Mattresses shall be at least two inches thick and made of washable materials.
    - C) There shall be no more than  $\frac{1}{2}$  inch of space between the mattress and the bed frame when the mattress is pushed flush to one corner of the crib.
    - D) When using cribs with slats, cribs slats shall be spaced no more than  $2 \frac{3}{8}$  inches apart.
  - 2) Toddlers may use either stacking cots or full-size cribs.
  - 3) A cot or bed shall be provided for each toddler and preschool child in attendance for five or more consecutive hours. A crib shall be provided for each licensed infant slot, regardless of the amount of time the child is present.
- c) Each cot, bed or crib shall be labeled with the name of the child.
- d) Cribs, beds and cots shall be maintained in clean and sanitary conditions.
  - 1) Cribs, beds and cots shall be wiped clean as often as necessary. Cribs shall be cleaned twice per week and then sanitized with a germicidal solution. Cots shall be cleaned once per week with a germicidal solution.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) All cribs, beds or cots shall be thoroughly cleaned and then sanitized with a germicidal solution when a child is no longer enrolled, prior to use by another child.
  - 3) At no time shall two children be allowed to share the same crib, bed or cot unless it is thoroughly cleaned and then sanitized with a germicidal solution before each child's use.
- e) Freshly laundered sheets and blankets shall be provided and changed at least twice per week for infants and toddlers and at least once per week for preschool children, or more frequently if wet or soiled.
  - f) Bed linens shall be tightly fitting and washable.
  - g) Waterproof mattress covers or under sheets for cribs, beds or cots shall be provided for all children who are enuretic.
  - h) Conveniently located, washable, plastic-lined, covered receptacles shall be provided for soiled bed linens.
  - i) To avoid sudden infant death syndrome, children who cannot turn over alone shall be placed on their sides or backs when put down to sleep unless contraindicated by a physician. Placing children on their abdomens for any reason shall be avoided, unless specifically instructed by the child's physician to do so.
  - ~~j) Soft bedding, bumpers, pillows, quilts, comforters, sheepskins, stuffed toys and other soft products shall be removed from the crib when children are napping or sleeping.~~
  - ~~kj) Staffing during nap times shall be in accordance with Section 407.190(e). When non-sleeping children are allowed to get up, staffing shall be in accordance with Section 407.190(a).~~
  - ~~lk) When children are sleeping or napping, the room shall have reduced light but shall not be dark.~~

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Section 407.370 Physical Plant/Indoor Space

Partially exempt before and after school programs are exempt from these standards

- a) Buildings used for day care center programs shall be in good shape, operable must comply with all applicable fire safety standards.
  - 1) The building housing a center shall be approved prior to occupancy and license renewal by the Illinois Department of Public Health and the Office of the State Fire Marshal or local agencies authorized by those State agencies to conduct inspections on their behalf. Otherwise, inspection and approval shall be in accordance with the regulations of the proper health and fire authorities.
  - 2) Day care centers that provide day care only for school-age children in a building currently being used as a pre-primary, primary, or secondary school do not need to obtain the fire clearance in subsection (a)(1) above if the day care center provides written documentation that a fire safety clearance has been received from the responsible party of the Illinois State Board of Education and/or the Regional School Superintendent and that all exit doors for the school remain unlocked. An acceptable fire safety clearance from the Illinois State Board of Education must be in writing and must indicate that the school complies with the applicable fire safety regulations adopted by the Illinois State Board of Education (23 Ill. Adm. Code 180).
- b) The building or portion of the building to which children from the center have access shall be used only for a program of child care during the hours that the center is in operation. The space used for child care may be shared by other groups or persons outside of the hours of operation.
- c) Infants and toddlers shall be housed and cared for at ground level unless otherwise approved through the exception process below. Travel distance between any point in a room used for infants and toddlers and an exit discharging directly outside shall not exceed 150 feet. Only a fire inspector from the Office of the State Fire Marshal or the Chicago Fire Department's Fire Prevention Bureau may grant an exception to the requirement that infants and toddlers be housed and cared for at ground level.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- d) There shall be sufficient indoor space to conduct the program.
- 1) There shall be a minimum of 35 square feet of activity area per child in centers for children two years of age and older. This space is exclusive of exit passages and fire escapes, which must be clear. This space is also exclusive of administrative space, storage areas, bathrooms, kitchen, space required for equipment that is not used for direct activities with children, and gymnasiums or other areas used exclusively for large muscle activity or active sports.
  - 2) The amount of space required for infants and toddlers shall be determined according to the use of the space for sleep and play purposes.
    - A) Regardless of whether infants play and sleep in the same room or in two separate rooms, there shall be a minimum of 25 square feet of play space per child plus a minimum of 30 square feet of sleeping space per child, with at least two feet between each crib and the next crib.
    - B) When toddlers play and sleep in the same room using cots which can be stacked, there shall be 35 square feet of space per child. When children are in their cots, there must be a minimum of two feet between the cots.
    - C) When toddlers play and sleep in the same room using cribs, there shall be a minimum of 55 square feet per child. When children are in their cribs, there must be a minimum of two feet between the cribs.
    - D) When toddlers play and sleep in separate rooms, there shall be minimum of 35 square feet of play space per child and a minimum of 30 square feet of sleeping space per child, with at least two feet between each cot or crib.
  - 3) Storage space shall be provided for cots, bedding, and other equipment.
  - 4) One room, no matter how large, shall accommodate only one group, except that room dividers or program equipment at least 3'6" in height may be used to define and separate the space for each group of children up

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

to age five. Gymnasiums and similar sized areas may accommodate two groups, without dividers, when used for large muscle activity and active sports.

- 5) All rooms or spaces accommodating more than one group shall be provided with an acoustical ceiling or its equivalent in carpeting or wall covering. If carpeting is used to control noise, it shall not be required in water play, painting, and similar areas.
- e) The building and indoor ~~Indoor~~ space shall be maintained in good repair and shall provide a safe, comfortable environment for the children. |
- 1) Adjustable window shades, drapes, or blinds shall be provided in all rooms where children rest or nap or in rooms that receive direct sunlight while children are present.
  - 2) The floors and floor coverings shall be washable and free from drafts, splinters, and dampness.
  - 3) Toxic or lead paints or finishes shall not be used on walls, window sills, beds, toys or any other equipment, materials or furnishings which may be used by children or within their reach. Peeling or damaged paint or plaster shall be repaired promptly to protect children from possible hazards.
  - 4) Any thermal hazards (radiators, hot water pipes, steam pipes, heaters) in the space occupied by children shall be out of the reach of children or be separated from the space by partitions, screens, or other means.
  - 5) Sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs, sharp instruments, power tools, cleaning supplies and any other such items which might be harmful to children shall be kept in areas inaccessible to children. Hazardous items for infants and toddlers also include coins, balloons, safety pins, marbles, Styrofoam<sup>®</sup> and similar products, and sponge, rubber or soft plastic toys.
  - 6) All cleaning compounds, pesticides, fertilizers and other potentially hazardous or explosive compounds or agents shall be stored in original containers with legible labels in a locked area which is inaccessible to children.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 7) A draft-free temperature of 65°F to 75° F shall be maintained during the winter months or heating season. For infants and toddlers, a temperature of 68° F to 82° F shall be maintained during the summer or air-conditioning months. When the temperature in the center exceeds 78° F, measures shall be taken to cool the children. Temperatures shall be measured at least three feet above the floor.
  - 8) If electric fans are used to control temperature, measures shall be taken to assure the safety of the children in the group:
    - A) Stationary fans shall be mounted on the walls (at least five feet above the floor) or on the ceiling.
    - B) When portable fans on stands are used, they shall be anchored to prevent tipping.
    - C) All portable fans shall have blade guard openings of less than ½ inch and shall be inaccessible to children.
  - 9) Exits shall be kept unlocked and clear of equipment and debris at all times.
  - 10) Electrical outlets within the reach of children shall be covered.
  - 11) The program shall be modified, as needed, when there are adverse conditions caused by weather, heating or cooling difficulties or other problems. When such conditions exceed a 24-hour period, the Department shall be notified regarding program modifications.
- f) Drills for possible emergency situations including fire and tornado shall be conducted.
- 1) A floor plan shall be posted in every room indicating the following:
    - A) The building areas that will provide the most structural stability in case of tornado; and
    - B) The primary and secondary exit routes in case of fire.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) Drills shall be conducted once a month for fire and twice a year (seasonally) for tornado.
  - 3) Records shall be maintained of the dates and times that fire and tornado drills are conducted.
- g) All areas of the center shall receive sufficient light.
- 1) Areas for reading, painting, puzzles or other close work shall be illuminated to at least 50 to 100 foot candles on the work surface.
  - 2) Areas for general play, such as housekeeping and block building, shall be illuminated to at least 30 to 50 foot candles on the surface.
  - 3) Stairways, walkways, landings, driveways and entrances shall be illuminated to at least 20 foot candles on the surface.
- h) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of a public water supply, the center shall supply written records of current test results indicating that the water supply is safe for drinking in accordance with the standards specified for non-community water supplies in the Drinking Water Systems Code (77 Ill. Adm. Code 900). New test results must be provided prior to relicensing. If nitrate content exceeds ten parts per million, bottled water must be used for infants.
- i) There shall be no smoking or use of tobacco products in any form in the child care center or in the presence of children while on the playground or engaged in other activity away from the center.
- j) Major cleaning shall not be done while children are present.
- k) Basement or cellar windows used or intended to be used for ventilation, and all other openings to a basement or cellar, shall not permit the entry of rodents.
- l) Openings to the outside shall be protected against the entrance of flies or other flying insects by doors, windows, screens, or other approved means.
- m) Any extensive extermination of pest or rodents shall be conducted by a licensed pest control operator under the direct observation of a staff member to insure that residue is not left in areas accessible to children.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- n) Chemicals for insect and rodent control shall be applied in minimum amounts and shall not be used when children are present in the facility. Over-the-counter products may be used only according to package instructions. Commercial chemicals, if used, shall be applied by a licensed pest control operator and shall meet all standards of the Department of Public Health (Structural Pest Control Code, 77 Ill. Adm. Code 830). A record of any pesticides used shall be maintained at the facility.
- o) All garbage and refuse shall be collected daily and stored in a manner that will not permit the transmission of disease, create a nuisance or a fire hazard or provide harborage for insects, rodents or other pests.
  - 1) An adequate number of covered, durable, water-tight, insect and rodent-proof garbage and refuse containers shall be provided for use.
  - 2) Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies shall be tightly covered and lined with plastic. Contents shall be covered immediately or removed for discarding.
- p) The center shall be cleaned daily and kept in a sanitary condition at all times.
  - 1) The center shall provide necessary cleaning and maintenance equipment.
  - 2) Toys, table tops, furniture and other similar equipment used by children shall be washed and disinfected when soiled or contaminated with matter such as food, body secretions or excrement.
  - 3) Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical substances shall be labeled and stored in a space designated solely for this purpose. These materials shall be stored in a locked place which is inaccessible to children.
- q) Kitchen sinks used for food preparation shall not be used as hand-washing lavatories nor counted in the total number of hand-washing lavatories required.
- r) There shall be means for communication in emergencies.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) An operable non-coin telephone shall be on the premises, easily accessible for use in an emergency and for other communications.
- 2) A list of emergency telephone numbers, such as the fire department, police department, poison control and emergency medical treatment, along with the full address of the day care center, shall be posted next to each telephone.
- 3) In facilities where communication between groups is difficult due to the design of the day care center, operation in multiple buildings on the same site or on multiple floors, an intercom or a written plan for other effective means of communication between groups shall be provided.
- 4) During hours of operation and at all times that children are present, there shall be a means for parents of enrolled children to have direct telephone contact with a center staff person.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 407.390 Outdoor Play Area

Partially exempt before and after school programs are exempt from these standards.

- a) An outdoor play area shall be provided unless the program operates less than three hours per day in accordance with Section 407.200(d)(3) or a waiver has been granted by the Department in accordance with subsection (q) of this Section.
- b) The requirements for outdoor play areas shall be met immediately, except for equipment and protective surfaces installed by the center before January 1, 1998 ~~the effective date of this Part, and shall fully comply with this Part no later than 36 months after the effective date.~~ Fences around play areas which are newly installed or replaced after January 1, 1998 ~~the effective date of this Part~~ must comply with the requirements of this Section.
- c) The outdoor play area shall accommodate 25 percent of the licensed capacity at any one time.
- d) There shall be a minimum of 75 square feet of safe outdoor area per child for the total number of children using the area at any one time. Children under the age of

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

24 months shall not use a common outdoor play area at the same time as children ages three or older.

- e) Play space shall be in a well-drained area.
- f) All play space shall be fenced or otherwise enclosed or protected from traffic and other hazards. Fences shall be at least 48 inches in height (for fences installed or replaced after January 1, 1998). Fences shall be constructed in such a way that children cannot exit without adult supervision. Corral-type fences and fences made of chicken wire shall not be used. Play areas for children under two years of age shall be enclosed so that the bottom edge is no more than 3½ inches above the ground and openings in the fence are no greater than 3½ inches.
- g) The outdoor play area shall be adequately protected from traffic, water hazards, electrical transformers, toxic gases and fumes, railway tracks and animal hazards.
- h) The outdoor play area shall be arranged so that all areas are visible to staff at all times.
- i) Protective surfaces (wood mulch, bark mulch, wood chips, sand, gravel, rubber mats, etc.) shall be provided in areas where climbing, sliding, swinging or other equipment from which a child might fall is located.
  - 1) The protective surface shall extend at least six feet beyond the perimeter of the equipment, except for swings.
    - A) For single-axis (traditional) swings, the protective surface shall extend both forward and backward a distance of at least two times the height measured from the supporting bar.
    - B) For tire swings which rotate, the protective surface shall extend six feet beyond the farthest reach of the tire in all directions.
  - 2) The protective surface shall have a Critical Height value of at least the height of the highest accessible part of the equipment, unless rubber mats are used which have been manufactured specifically for this purpose and which comply with the requirements established by the Consumer Products Safety Commission or the American Society for Testing Materials. See Appendix H for Critical Height values.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 3) The surface material shall be properly drained to prevent the growth of molds and bacteria.
  - 4) When resilient materials become packed, they shall be raked and/or turned to restore resilience.
- j) A surface shall be provided that is suitable for children's wheeled vehicles and pull toys.
- k) There shall be a shaded area in the summer to protect children from excessive sun exposure. Equipment with smooth metal surfaces, such as slides, shall be in an area that is shaded during the summer or shall be placed in a north/south alignment. Equipment permanently affixed on January 1, 1998 shall be accepted if otherwise determined safe. Procedures shall be in place to prevent children from being burned when the metal surface is too hot.
- l) Play areas and play equipment shall be maintained in a safe, clean, in good repair and sanitary manner.
- 1) The equipment in the outdoor play area shall be of safe design and in good repair.
  - 2) The equipment shall be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, hazardous small parts, broken glass, lead-based paint or other poisonous materials.
  - 3) All bolts, hooks, eyes, shackles, rungs and other connecting and linking devices used on playground equipment shall be designed and secured to prevent loosening or unfastening.
  - 4) Outdoor equipment shall be situated to avoid collisions and accidents while still permitting freedom of action by the children.
  - 5) Supports for climbing apparatus and large equipment shall be securely fastened to the ground.
  - 6) Access to play equipment shall be limited to age groups for which the equipment is developmentally appropriate according to the manufacturer's instructions.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 7) Swings, if used, shall have seats of rubber or impact-absorbing material and design. Wood or metal seats shall not be used.
- 8) Crawl spaces, such as tunnels, shall be short and wide enough to permit access by adults.
- 9) All pieces of playground equipment used by children five years of age and younger shall be designed to guard against entrapment or situations that may cause strangulation.
  - A) Openings in exercise rings shall be smaller than 4½ inches or larger than nine inches in diameter.
  - B) There shall be no openings in a play structure with a dimension between 3½ inches and nine inches (except for exercise rings). Side railings, stairs and other locations that a child might slip or climb through shall be checked for appropriate dimensions.
  - C) Distances between vertical slats or poles, where used, must be 3½ inches or less (to prevent head entrapment).
  - D) No opening shall form an angle of less than 55° unless one leg of the angle is horizontal or slopes downward.
  - E) No opening shall be between ¾ inch and one inch in size (to prevent finger entrapment).
- 10) Sandboxes, if smaller than 100 square feet, shall be covered when not in use. Larger sand play areas shall be covered, or there shall be a written plan for the daily raking and cleaning of animal fecal matter, if present.
- 11) Areas for sand play shall be distinct from the landing areas surrounding slides and other equipment.
- m) The center director or designee shall inspect the playground daily before children go out to play to ensure there are no hazards present.
- n) Prior approval of the Department is required when play space not connected with the center is used to meet the requirements of subsections (a) through (l) of this Section in lieu of the center's own play space. Proposed use of a nearby park, school yard or other alternative shall be considered on a case-by-case basis in

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

consultation with local health and safety officials, with consideration given to the following criteria:

- 1) Location;
  - 2) Accessibility to children and staff by foot or the availability of push carts or other means of transporting infants and toddlers;
  - 3) Age(s) of the children in the group(s);
  - 4) Availability of appropriate equipment;
  - 5) Traffic patterns of vehicles and people in the area;
  - 6) Condition of the park in areas related to safety;
  - 7) Usage of the park by other groups when the children would be most likely to use it;
  - 8) Compliance with the requirements of subsection (a) through (m) of this Section.
- o) If an area not connected with the center is used for play or recreation, the children shall be closely supervised both during play and while traveling to and from the area.
- p) Roof-top playgrounds are permissible only if the playground is completely surrounded by a non-climbable fence at least eight feet in height which has no openings of any kind, a structural clearance for the use of the roof as a play area has been obtained, and the Office of the State Fire Marshal or the Chicago Fire Department's Fire Prevention Bureau has approved in writing the use of the roof as a playground.
- q) The Department may grant a waiver of the outdoor play area requirement under the following conditions:
- 1) The facility is located in an urban area where suitable, safe outdoor space is not available;

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) The facility has an indoor activity room that provides 75 square feet per child for at least 25% of the licensed capacity of the facility and is used for gross motor play in lieu of the outdoor space; and
- 3) Parents are given notification of this waiver in writing upon enrollment of their children.

(Source: Amended at 27 Ill. Reg. \_\_\_\_, effective \_\_\_\_\_)

## 407 Appendix H

## Playground Surfacing &amp; Critical Height

Partially exempt before and after school programs are exempt from this standard.

Critical Height is a term used to describe the shock absorbing performance of a surfacing material and is used in this Part as an approximation of the maximum fall height from which a life-threatening head injury would not be expected to occur.

The surfacing material used under and around a particular piece of playground equipment should have a Critical Height value of at least the height of the highest accessible part of the equipment.

Acceptable surfacing materials are available in two basic types, unitary or loose-fill.

Unitary materials are generally rubber mats or a combination of rubberlike materials held in place by a binder that may be poured in place at the playground site. Persons wishing to install a unitary material as a playground surface should request test data from the manufacturer that should identify the Critical Height of the desired material. Site requirements should also be obtained from the manufacturer because some unitary materials require installation over a hard surface, while for others this is not required.

Loose-fill materials can also have acceptable shock absorbing properties. These materials include, but are not confined to, sand, gravel and shredded wood products. Loose-fill materials should not be installed over hard surfaces such as asphalt or concrete.

Many vendors are unlikely to have information on the shock absorbing performance of loose-fill materials. For that reason the U.S. Consumer Product Safety Commission has conducted tests to determine the relative shock absorbing properties of some loose-fill materials commonly used as surfaces under and around playground equipment. The table below identifies the Critical Heights of these materials when tested at various depths.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Critical Heights of Tested Materials				
Material	6 inch uncompressed depth	9 inch uncompressed depth	12 inch uncompressed depth	9 inch compressed depth
Wood Mulch	7 feet	10 feet	11 feet	10 feet
Double Shredded Bark Mulch	6 feet	10 feet	11 feet	7 feet
Uniform Wood Chips	6 feet	7 feet	12 feet	6 feet
Fine Sand	5 feet	5 feet	9 feet	5 feet
Course Sand	5 feet	5 feet	6 feet	4 feet
Fine Gravel	6 feet	7 feet	10 feet	6 feet
Medium Gravel	5 feet	5 feet	6 feet	5 feet

The above material was reproduced with permission from the Handbook for Public Playground Safety by the U.S. Consumer Product Safety Commission.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Subacute Alcoholism and Substance Abuse Treatment Services
- 2) Code Citation: 77 Ill. Adm. Code 2090
- 3) Section Numbers: 2090.35                      Proposed Action: Amend
- 4) Statutory Authority:
- 5) A Complete Description of the Subjects and Issues involved: Amendments have been proposed to ensure compliance with the Department's Automated Reporting and Tracking System (DARTS) and the security and privacy provisions of the federal Health Care Portability and Accountability Act.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed rulemaking contain incorporations by reference? Yes
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days of the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Karl Menninger, Acting Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
Harris Building, 3<sup>rd</sup> Floor  
Springfield, Illinois 62762  
(217) 785-9772

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Alcoholism and substance abuse treatment providers doing business with the Department.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 13) Regulatory agenda on which this rulemaking was summarized: The proposed amendments were on the January 2003 Regulatory Agenda.

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER X: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER g: MEDICAID PROGRAM STANDARDSPART 2090  
SUBACUTE ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT SERVICES

Section	Purpose
2090.10	Purpose
2090.20	Definitions
2090.30	Medicaid Certification/Enrollment/Recertification
2090.35	General Requirements
2090.40	Reimbursable Services
2090.50	Quality Improvement
2090.60	Client Records
2090.70	Rate Setting
2090.80	Rate Appeals
2090.90	Inspections
2090.100	Sanctions for Non-Compliance/Audits
2090.105	Inspections (Renumbered)
2090.110	Sanctions for Non-Compliance (Renumbered)

AUTHORITY: Implementing and authorized by Section 5-10 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/5-10].

SOURCE: Adopted at 11 Ill. Reg. 2236, effective January 14, 1987; emergency amendments at 12 Ill. Reg. 11273, effective June 30, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 20061, effective November 26, 1988; emergency amendments at 15 Ill. Reg. 10222, effective June 25, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16662, effective November 1, 1991; amended at 16 Ill. Reg. 11807, effective July 14, 1992; amended at 18 Ill. Reg. 14223, effective September 2, 1994; amended at 19 Ill. Reg. 9411, effective July 1, 1995; amended at 19 Ill. Reg. 10454, effective July 1, 1995; emergency amendments at 20 Ill. Reg. 12489, effective August 30, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 1600, effective January 27, 1997, recodified from the Department of Alcoholism and Substance Abuse to the Department of Human Services at 21 Ill. Reg. 9319; emergency amendment at 21 Ill. Reg. 14087, effective October 9, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 5895, effective March 13, 1998; emergency amendment at 22 Ill. Reg. 12189, effective June 24, 1998 for a maximum of 150 days; emergency expired November 21, 1998; amended at 22 Ill. Reg. 22403, effective

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

December 8, 1998; emergency amendment at 23 Ill. Reg. 8832, effective July 23, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13879, effective November 4, 1999; emergency amendment at 26 Ill. Reg. 4426, effective March 8, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 12631, effective August 1, 2002; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 2090.35      General Requirements

- a) To be reimbursable, treatment services shall be provided in compliance with all provisions specified in 77 Ill. Adm. Code 2060. Specifically, physician and professional staff involvement in treatment services shall be in compliance with 77 Ill. Adm. Code 2060.417, 2060.419, 2060.421, 2060.423 and 2060.425. The provider shall only bill for services that are reimbursable.
- b) The provider shall submit Medicaid claims as soon after the service date as is reasonable unless there is good cause for later submission. In any event, all claims for services (both initial and previously rejected) must be submitted to the State on a timely enough basis to be paid within 12 months from the date of service. If such claims are not submitted within this time frame, the provider may request an exception from the Department and IDPA to allow these claims to be processed. Exceptions will only be granted if it is determined that the delay in submission was due to Department or IDPA processing errors.
- c) Information Collection
  - 1) The provider shall report, on a monthly basis, demographic and service system data using the Department's Automated Reporting and Tracking System (DARTS), [in the manner and data format prescribed by the Department](#). The data collected shall be for the purpose of assessing individual client performance and for planning for future service development. Information to be reported by the provider, for each individual served by a program certified under Section 2090.90 of this Part, shall include but is not limited to the following:
    - A) Name, date of birth, gender, race and national origin, family size, income level, marital status, residential address, employment, education and referral source.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- B) Special population designation, such as Medicaid eligible clients, women with dependent children, intravenous drug users (IVDUs), DCFS clients, DHS clients, and criminal justice clients.
  - C) Drug/alcohol problem areas treated, characterized by drugs of use, frequency of use, and medical diagnosis.
  - D) Closing date information, such as the reason for discharging the client from the program.
- 2) The Department shall supply providers with DARTS software.
  - 3) Disclosure of information contained within DARTS is governed by the specific provisions of federal regulations under Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR 2 (1997)) [and the Health Insurance Portability and Accountability Act, 42 USC § 1320d et seq., and the regulations promulgated thereunder at 45 CFR Parts 160, 162 and 164, to the extent such information is covered thereunder.](#)
- d) The reimbursement limits herein shall not be applied in situations where to do so would deny an eligible individual under age 21 from receiving “early and periodic screening, diagnostic and treatment services” (EPSDT) as defined in 42 USC 1396d(r). With the exception of adolescent residential rehabilitation as specified in Section 2090.40(c)(1) of this Part, services as set forth in this Part shall be reimbursable to an eligible individual under age 21 for as long as the services are clinically necessary pursuant to review which is consistent with subsection (a) of this Section. (The reimbursement limit for adolescent residential rehabilitation services as set forth in Section 2090.40(c)(2) of this Part is not considered to be a denial of required, early and periodic screening, diagnostic and treatment services.)
  - e) The reimbursement limits herein shall not be applied where to do so would deny services to a pregnant woman that have been determined to be clinically necessary pursuant to review which is consistent with subsection (a). This exemption from the limits exists during the pregnancy and through the end of the month in which the 60-day period following termination of the pregnancy ends (post partum period), or until the services are no longer clinically necessary, whichever comes first. This exemption shall not apply to a woman who enters treatment services after delivery.

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DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

- f) The provider shall not be reimbursed for services delivered in more than one Medicaid covered subacute alcoholism or other drug abuse level of care per client per day except for ancillary psychiatric diagnostic services.
- g) Group treatment in Level I and II care shall be reimbursed only for up to 12 clients per group that are supported by any type of Department contract funding.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Designation of Restricted Waters in the State of Illinois
- 2) Code Citation: 17 Ill. Adm. Code 2030
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
2030.20	Amendment
2030.30	Amendment
2030.60	New Section
- 4) Statutory Authority: Implementing and authorized by Sections 5-7 and 5-12 of the Boat Registration and Safety Act [625 ILCS 45/5-7 and 5-12].
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to designate an area of the Rock River in Winnebago County and an area of the Kankakee River between Momence and the Indiana border as No Wake and to establish a daytime and nighttime speed limit on Kinkaid Lake in Jackson County.
- 6) Will this rulemaking replace an emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:  

Stanley Yonkauski, Jr.  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271  
217/782-1809
- 12) Initial Regulatory Flexibility Analysis:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on which this rulemaking was summarized: The Department did not list this rulemaking the regulatory agenda because at the time the agenda was filed, we did not anticipate the need for proposing amendments to this Part.

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER e: LAW ENFORCEMENTPART 2030  
DESIGNATION OF RESTRICTED WATERS IN THE STATE OF ILLINOIS

Section	
2030.10	General Regulations
2030.15	Designation of Restricted Waters by the Department of Natural Resources
2030.20	Region I - Designated Restricted Boating Areas
2030.30	Region II - Designated Restricted Boating Areas
2030.40	Region III - Designated Restricted Boating Areas
2030.50	Region IV - Designated Restricted Boating Areas
<a href="#">2030.60</a>	<a href="#">Region V - Designated Restricted Boating Areas</a>
2030.70	Riverboat Gambling Casinos - Designated Restricted Boating Areas

AUTHORITY: Implementing and authorized by Sections 5-7 and 5-12 of the Boat Registration and Safety Act [625 ILCS 45/5-7 and 5-12].

SOURCE: Adopted at 5 Ill. Reg. 8763, effective August 25, 1981; codified at 5 Ill. Reg. 10617; amended at 9 Ill. Reg. 4789, effective April 2, 1985; amended at 11 Ill. Reg. 9519, effective May 5, 1987; emergency amendment at 12 Ill. Reg. 8745, effective May 15, 1988, for a maximum of 150 days; emergency expired September 20, 1988; emergency amendment at 12 Ill. Reg. 12111, effective July 6, 1988, for a maximum of 150 days; emergency expired December 12, 1988; amended at 12 Ill. Reg. 16707, effective September 30, 1988; amended at 12 Ill. Reg. 20472, effective November 28, 1988; corrected at 13 Ill. Reg. 967; emergency amendment at 13 Ill. Reg. 2878, effective February 21, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 12814, effective July 21, 1989; amended at 16 Ill. Reg. 8483, effective May 26, 1992; amended at 19 Ill. Reg. 7549, effective May 26, 1995; emergency amendment at 19 Ill. Reg. 11967, effective August 3, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 750, effective December 29, 1995; amended at 20 Ill. Reg. 7864, effective June 3, 1996; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 20 Ill. Reg. 15692, effective December 2, 1996; amended at 23 Ill. Reg. 6822, effective May 20, 1999; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 2030.20      Region I - Designated Restricted Boating Areas

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- a) The following portions of the Rock River are designated as Slow, No Wake areas:
- 1) An area of the Rock River located at Moonlite Bay, 4 miles east of Sterling and 6 miles west of Dixon, Illinois.
  - 2) The portion of the Rock River 1/4 mile above the dam at Oregon, Illinois, at the docking area at Lowden Memorial Park.
  - 3) [The portion of the Rock River at Martin Park in Loves Park from the Riverside Bridge south to the island located at the south end of Martin Park.](#)
- b) The following portions of the Fox River are designated as Slow, No Wake areas:
- The portion of the Fox River between the Main Street bridge of the City of Ottawa and the mouth of the Fox River at the confluence of the Illinois River.
- c) The following portions of the Illinois River are designed as Slow, No Wake areas:
- 1) The portion of the Illinois River from the Burlington Northern R. R. bridge in the City of Ottawa to the upstream side of the mouth of the Fox River.
  - 2) The area of the Illinois River near the Spring Bay boat harbor at Spring Bay, Illinois.
  - 3) An area of the Illinois River at the Woodford County Conservation area, 7 miles north of Spring Bay off Route 87.
  - 4) An area of the Illinois River located at the Detweiller Marina, Peoria, Illinois.
  - 5) An area of the Illinois River from the southernmost edge of the Downtown Riverfront Marina to the Murray Baker Bridge, Peoria, Illinois.
  - 6) An area of the Illinois River at Alfrisco Harbor, Peoria Heights, Illinois.
  - 7) An area located at the Sobowski Marina, Peoria Heights, Illinois.
  - 8) An area located at the Illinois Valley Yacht Club, Peoria Heights, Illinois.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 9) An area at Henry, Illinois, on the west side of the River from Browns Landing to 300 yards north of the bridge.
  - 10) The Lacon Boat Club Dock, Lacon, Illinois.
  - 11) The boat harbor at Lacon, Illinois.
  - 12) An area at the South Shore Boat Club, Peru, Illinois.
  - 13) The harbor of Starved Rock Marina, Ottawa, Illinois.
  - 14) The waters of the Illinois River beginning in front of the Pekin Boat Club launching ramp.
- d) The following portions of the Mississippi River are designated as Slow, No Wake areas:
- 1) An area bordering the Savanna Park waterfront, extending from a jetty south of the Ritchie Boat Dock, north to a jetty north of the Kindell Marina.
  - 2) An area in Vaely Chute which runs through the Andalusia Islands located 4 miles west of Andalusia.
  - 3) An area at the launching ramp and harbor of the Rock Island Boat Club located at the foot of 18th Avenue in Rock Island.
  - 4) An area at the harbor and boat ramp in front of the Legion Hall at Cordova, Illinois.
  - 5) An area located at the boat ramps, City of Moline, between 26th Street and 34th Street and River Drive.
  - 6) An area near the launching ramps and bathing beach at Keithsburg, Illinois.
  - 7) An area in the chute connecting Sturgeon Bay and the Mississippi River at New Boston, Illinois.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 8) An area near the boat ramp and floating gas station at the end of Route 17 at New Boston.
- 9) An area at Shokohon, Illinois.
- 10) An area in the fish preserve lock and dam 19 at Hamilton, Illinois.
- 11) The public launching area 3 miles north above the dam at Hamilton.
- 12) The waters of Harris Slough Mississippi River backwaters at the Galena Boat Club, 3 miles south of Galena, Illinois.
- 13) The waters encompassing the cut starting at the mouth of the cut on Deadman's Slough, then northward approximately 250 feet to the confluence of the Harris and Keohough Sloughs.
- 14) The backwater section of the Mississippi River (river mile marker 479.8) that starts at the Harbor opening of Potter's Lake, Sunset Park, Rock Island and covers the entire lake area.
- 15) The area of Cattail Slough off the Mississippi River, located south of Fulton, Whiteside County, 7/10 mile in length, 150 yards wide, starting on the north at the Chicago and Northwestern R. R. bridge and extending south 7/10 of a mile to the first narrows.
- 16) The waters of the south entrance to Chandler Slough lying upstream from the north boundary of the U.S. Fish and Wildlife Service property up to and including the Bent Prop Marina harbor area.
- 17) The waters of Frentress Lake lying upstream from the boat ramp at Charlies Boat Dock, including the adjacent sand pit harbor area.
- 18) An area of the Mississippi River in the vicinity of the Lazy River Marina at Savanna, Illinois, extending from the upper limit of the dredge cut at Miller's Lake to a point north of the Miller's Hollow public launching ramp.
- 19) An area located approximately at Mississippi River mile 536.6 known as Savanna Slough from the Soo Line railroad bridge north to the north point of the Savanna Park District island as posted by signs or buoys.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- e) The following waters shall be designated as restricted waters as described below:
- 1) No Boats
    - A) The swimming area at Martin Park, Loves Park, Illinois.
    - B) The swimming area at Albany Beach located in Albany Township.
    - C) The swimming area at the Santa Fe Island bar, approximately 4 miles north of Savanna.
    - D) The head of Big Island and 1 1/2 miles north of Oquawka, Illinois.
    - E) The Boy Scout Camp located on Lake Cooper, Mississippi River.
    - F) The waters of the four chutes of Argyle Lake, approximately 2 miles north of Colchester, Illinois.
    - G) The water 600 feet above and 150 feet below dams 12, 13, 14, 15, 16, 17 and 18 on the Mississippi River.
  - 2) No Ski - It shall be unlawful to water ski in the following designated waters:

That area of the inside cut of the Mississippi River, opening directly into Frentrees Lake, includes the area from the north to the south entrances from the river slough, inclusive, east of Mile Post 576.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 2030.30      Region II - Designated Restricted Boating Areas

- a) The following portions of the Calumet and Little Calumet Rivers are designated as Slow, No Wake areas:
  - 1) An area from the O'Brien Locks to the Michigan Central Railroad Bridge (approximately mile 326.5 to 325.3).

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 2) An area around the Pier 11 Marina and the Lake Calumet Boat and Gun Club (approximately mile 323.2 to 323.1).
  - 3) An area around the Maryland Manor Boat Club, Skipper's Marina, and Rentner Marina (approximately mile 323.0 to 322.5).
  - 4) An Area around Triplex Marina (approximately mile 319.9 to 319.8).
- b) The following portions of the Des Plaines River are designated as Slow, No Wake areas:
- 1) An area around the Bay Hill Marina, Wilmington, Illinois (approximately mile 273.7), extending 150 feet out into the river and 300 feet both upstream and downstream from the center of the Marina.
  - 2) An area around the Three Rivers Yacht Club, Wilmington, Illinois (approximately mile 273.7), extending 150 feet from the harbor entrance.
- c) The following portion of the Fox River is designated as a Slow, No Wake area:
- An area within 150 feet upstream and downstream of the I-90 bridge.
- d) The following portions of Lake Michigan are designated as No Boat areas:
- 1) An area at North Point Marina, located off the northern breakwater, running the length of the beach parallel to the shoreline and 100 yards out into the lake.
  - 2) An area at Illinois Beach State Park, located between the park office and the #3 bathhouse, running parallel to the shoreline and 70 yards out into the lake.
- e) It shall be unlawful to operate any watercraft with a motor larger than 10 horsepower on the waters of Griswold Lake in McHenry County.
- f) The following portion of the Kankakee River shall be designated as a Slow, No Wake area:
- An area 100 yards upstream and 100 yards downstream from the River Isle hair-pin curve which is approximately midway between Momence, Illinois, and the Indiana border.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 2030.60      Region V – Designated Restricted Boating Areas

On the waters of Lake Kinkaid in Jackson County, a speed limit of 50 MPH shall be imposed during the period of one-half hour before sunrise and one-half hour after sunset and a speed limit of 25 MPH from one-half hour after sunset to one-half hour before sunrise.

(Source: Former Section 2030.60 repealed at 19 Ill. Reg. 7549, effective May 26, 1995; new Section added at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Dietetic and Nutrition Services Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1245
- 3) Section Numbers:      Proposed Action:

1245.10	Amendment
1245.110	Amendment
1245.130	Amendment
1245.150	Amendment
1245.210	Amendment
1245.220	Amendment
1245.230	Amendment
1245.250	Amendment
1245.260	Amendment
1245.300	Amendment
1245.320	Amendment
- 4) Statutory Authority: Dietetic and Nutrition Services Practice Act [225 ILCS 30]
- 5) A Complete Description of the Subjects and Issues Involved: P.A. 92-0642, effective July 11, 2002, is the sunset reauthorization of the Dietetic and Nutrition Services Practice Act; this proposed rulemaking implements its provisions. Among its changes are elimination of the two separate license categories, dietitian and nutrition counselor, after October 31, 2003 and the creation of a new licensure category, licensed dietitian nutritionist. When renewing, all licensed dietitians will be issued the new license. Nutrition counselors may obtain the new license at renewal if they submit proof of completion of 30 hours of continuing education, at least 24 of which must be in medical nutrition therapy. Makes numerous technical changes in various sections to facilitate this transition.
- 6) Will these proposed amendments replace emergency rules currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 10) Statement of Statewide Policy Objectives (if applicable): This rulemaking has no impact on local governments.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may submit written comments to:

Department of Professional Regulation  
Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786  
217/785-0813 Fax#: 217/782-7645

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

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Businesses providing dietetic or nutrition services.
- B) Reporting, bookkeeping or other procedures required for compliance:  
None
- C) Types of professional skills necessary for compliance:  
Dietetic and nutrition skills are required for licensure.
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2002

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendment published in this issue of the *Illinois Register* on page 3121:

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Environmental Health Practitioner Licensing Act
- 2) Code Citation: 68 Ill. Adm. Code 1247
- 3) Section Numbers:                      Proposed Action:

1247.20	Amendment
1247.25	New Section
1247.55	Amendment
1247.75	Amendment
1247.100	Amendment
- 4) Statutory Authority: Environmental Health Practitioner Licensing Act [225 ILCS 37].
- 5) A Complete Description of the Subjects and Issues Involved: Public Act 92-837, effective August 22, 2002, is the sunset reauthorization of the Environmental Health Practitioner Licensing Act. Among its changes was the creation of a new licensure category, an environmental health practitioner in training; this proposed rulemaking implements this provision. Section 1247.25 sets forth the process for application for licensure as an EHP in training, while Section 1247.55 includes the requirements for supervision of licensed environmental health practitioners in training and environmental health inspectors. Section 1247.75 adds the \$50 application fee for an EHP in training and also decreases the renewal fee for an environmental health practitioner from \$110 per year to \$75 per year. Various other technical changes are also included.
- 6) Will these proposed amendments replace emergency rules currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives (if applicable): This rulemaking has no impact on local governments.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

Interested persons may submit written comments to:

Department of Professional Regulation  
Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786  
217/785-0813

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

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing the services of environmental health practitioners.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: Environmental health practitioner skills are required for licensure.

13) Regulatory Agenda on which this rulemaking was summarized: July 2002

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendment published in this issue of the *Illinois Register* on page 3143:

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Hospital Licensing Requirements
- 2) Code Citation: 77 Ill. Adm. Code 250
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
250.160	Amendment
250.410	Amendment
250.1075	Amendment
250.1830	Amendment
250.2420	Amendment
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) A complete description of the subjects and issues:

Section 250.160 (Incorporated and Referenced Materials) is being amended to update incorporated and referenced materials.

Section 250.410 (Organization) is being amended to require hospitals, prior to employing any individual in a position that requires a State license, the contact the Illinois Department of Professional Regulation to verify that the individual's license is active. The hospital will also be required to check the status of all applicants with the Nurse Aide Registry prior to hiring.

Section 250.1075 (Use of Restraints) is being amended to implement Public Act 92-356, which amended the Hospital Licensing Act to require hospitals to have a written policy to address the use of restraints and seclusion in the hospital. The policies should be consistent with the requirements for participation in the federal Medicare program. The amendments include requirements for ordering restraints.

Section 250.1830 (General Requirements for all Maternity Departments) is being amended to update references to guidelines of the American College of Obstetricians and Gynecologists. A reference to the Department's rules titled Maternal Death Review is being added, as well as a definition of maternal death.

Section 250.2420 (Submission of Plans for New Construction, Alterations or Additions to Existing Facility) is being amended to require as-built drawings to be maintained by the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

hospital. Referenced to the BOCA National Building Code are being changed to the International Building Code.

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) Will this rulemaking replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain any incorporations by reference? Yes
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate under the State Mandates Act [30 ILCS 805]
- 11) Time, place, and manner in which interested persons may comment on this rulemaking:

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

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

- 12) Initial Regulatory Flexibility Analysis:
- A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2002

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 b: HOSPITALS AND AMBULATORY CARE FACILITIES

## PART 250

## HOSPITAL LICENSING REQUIREMENTS

## SUBPART A: GENERAL

## Section

250.110	Application for and Issuance of a Permit to Establish a Hospital
250.120	Application for and Issuance of a License to Operate a Hospital
250.130	Administration by the Department
250.140	Hearings
250.150	Definitions
250.160	Incorporated and Referenced Materials

## SUBPART B: ADMINISTRATION AND PLANNING

## Section

250.210	The Governing Board
250.220	Accounting
250.230	Planning
250.240	Admission and Discharge
250.250	Visiting Rules
250.260	Patients' Rights
250.265	Language Assistance Services
250.270	Manuals of Procedure
250.280	Agreement With Designated Organ Procurement Agencies

## SUBPART C: THE MEDICAL STAFF

## Section

250.310	Organization
250.315	House Staff Members
250.320	Admission and Supervision of Patients
250.330	Orders for Medications and Treatments
250.340	Availability for Emergencies

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART D: PERSONNEL SERVICE

Section	
250.410	Organization
250.420	Personnel Records
250.430	Duty Assignments
250.435	Health Care Worker Background Check
250.440	Education Programs
250.450	Personnel Health Requirements
250.460	Benefits

## SUBPART E: LABORATORY

Section	
250.510	Laboratory Services
250.520	Blood and Blood Components
250.525	Designated Blood Donor Program
250.530	Proficiency Survey Program
250.540	Laboratory Personnel (Repealed)
250.550	Western Blot Assay Testing Procedures (Repealed)

## SUBPART F: RADIOLOGICAL SERVICES

Section	
250.610	General Diagnostic Procedures and Treatments
250.620	Radioactive Isotopes
250.630	General Policies and Procedures Manual

## SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

Section	
250.710	Classification of Emergency Services
250.720	General Requirements
250.725	Notification of Emergency Personnel
250.730	Community or Areawide Planning
250.740	Disaster and Mass Casualty Program
250.750	Emergency Services for Sexual Assault Victims

## SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## Section

250.810	Applicability of Other Parts of These Requirements
250.820	General
250.830	Classifications of Restorative and Rehabilitation Services
250.840	General Requirements for all Classifications
250.850	Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860	Medical Direction
250.870	Nursing Care
250.880	Additional Allied Health Services

## SUBPART I: NURSING SERVICE AND ADMINISTRATION

## Section

250.910	Nursing Services
250.920	Organizational Plan
250.930	Role in hospital planning
250.940	Job descriptions
250.950	Nursing committees
250.960	Specialized nursing services
250.970	Nursing Care Plans
250.980	Nursing Records and Reports
250.990	Unusual Incidents
250.1000	Meetings
250.1010	Education Programs
250.1020	Licensure
250.1030	Policies and Procedures
250.1035	Domestic Violence Standards
250.1040	Patient Care Units
250.1050	Equipment for Bedside Care
250.1060	Drug Services on Patient Unit
250.1070	Care of Patients
250.1075	Use of Restraints
250.1080	Admission Procedures Affecting Care
250.1090	Sterilization and Processing of Supplies
250.1100	Infection Control

## SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

## Section

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.1210	Surgery
250.1220	Surgery Staff
250.1230	Policies & Procedures
250.1240	Surgical Privileges
250.1250	Surgical Emergency Care
250.1260	Operating Room Register and Records
250.1270	Surgical Patients
250.1280	Equipment
250.1290	Safety
250.1300	Operating Room
250.1305	Visitors in Operating Room
250.1310	Cleaning of Operating Room
250.1320	Postoperative Recovery Facilities

## SUBPART K: ANESTHESIA SERVICES

Section	
250.1410	Anesthesia Service

## SUBPART L: RECORDS AND REPORTS

Section	
250.1510	Medical Records
250.1520	Reports

## SUBPART M: FOOD SERVICE

Section	
250.1610	Dietary Department Administration
250.1620	Facilities
250.1630	Menus and Nutritional Adequacy
250.1640	Diet Orders
250.1650	Frequency of Meals
250.1660	Therapeutic (Modified) Diets
250.1670	Food Preparation and Service
250.1680	Sanitation

## SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## Section

250.1710	Housekeeping
250.1720	Garbage, Refuse and Solid Waste Handling and Disposal
250.1730	Insect and Rodent Control
250.1740	Laundry Service
250.1750	Soiled Linen
250.1760	Clean Linen

## SUBPART O: MATERNITY AND NEONATAL SERVICE

## Section

250.1810	Applicability of other Parts of these regulations
250.1820	Maternity and Neonatal Service (Perinatal Service)
250.1830	General Requirements for <a href="#">All</a> <a href="#">aH</a> Maternity Departments
250.1840	Discharge of Newborn Infants from Hospital
250.1850	Rooming-In Care of Mother and Infant
250.1860	Special Programs
250.1870	Single Room Maternity Care

## SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS -- HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL.

## Section

250.1910	Maintenance
250.1920	Emergency electric service
250.1930	Water Supply
250.1940	Ventilation, Heating, Air Conditioning, and Air Changing Systems
250.1950	Grounds and Buildings Shall be Maintained
250.1960	Sewage, Garbage, Solid Waste Handling and Disposal
250.1970	Plumbing
250.1980	Fire and Safety

## SUBPART Q: CHRONIC DISEASE HOSPITALS

## Section

250.2010	Definition
250.2020	Requirements

## SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## Section

- 250.2110 Service Requirements
- 250.2120 Personnel Required
- 250.2130 Facilities for Services
- 250.2140 Pharmacy and Therapeutics Committee

## SUBPART S: PSYCHIATRIC SERVICES

## Section

- 250.2210 Applicability of other Parts of these Regulations
- 250.2220 Establishment of a Psychiatric Service
- 250.2230 The Medical Staff
- 250.2240 Nursing Service
- 250.2250 Allied Health Personnel
- 250.2260 Staff and Personnel Development and Training
- 250.2270 Admission, Transfer and Discharge Procedures
- 250.2280 Care of Patients
- 250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
- 250.2300 Diagnostic, Treatment and Physical Facilities and Services

## SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

## Section

- 250.2410 Applicability of these Standards
- 250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility
- 250.2430 Preparation of Drawings and Specifications -- Submission Requirements
- 250.2440 General Hospital Standards
- 250.2450 Details
- 250.2460 Finishes
- 250.2470 Structural
- 250.2480 Mechanical
- 250.2490 Plumbing and Other Piping Systems
- 250.2500 Electrical Requirements

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART U: CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

## Section

250.2610	Applicability of these Standards
250.2620	Codes and Standards
250.2630	Existing General Hospital Standards
250.2640	Details
250.2650	Finishes
250.2660	Mechanical
250.2670	Plumbing and Other Piping Systems
250.2680	Electrical Requirements

## SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

## Section

250.2710	Special Care and/or Special Service Units
250.2720	Day Care for Mildly Ill Children

## SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

## Section

250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records
250.2870	Referral
250.2880	Client Legal and Human Rights

APPENDIX A	Codes and Standards (Repealed)
EXHIBIT A	Codes (Repealed)
EXHIBIT B	Standards (Repealed)
EXHIBIT C	Addresses of Sources (Repealed)
ILLUSTRATION A	Seismic Zone Map
TABLE A	Measurements Essential for Level I, II, III Hospitals
TABLE B	Sound Transmission Limitations in General Hospitals
TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
TABLE G	Insulation/Building Perimeter

AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p.88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendments at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 3234, effective February 15, 1996; emergency expired on May 31, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999;

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

## Section 250.160 Incorporated and Referenced Materials

- a) The following regulations and standards are incorporated in this Part:
  - 1) Private and professional association standards:
    - A) American Society for Testing and Materials (ASTM), Standard No. E90-99 (2002): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959. (See Section 250.2420.)
    - B) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, GA 30329: (See Section 250.2480.)
      - i) ASHRAE Handbook of Fundamentals (2001);
      - ii) ASHRAE Handbook for HVAC Systems and Equipment (1996);
      - iii) ASHRAE Handbook - HVAC Applications (1999).
    - C) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269:
      - i) No. 101 (2000): Life Safety Code; (See Sections 250.2420, 250.2450, 250.2460, 250.2470, and 250.2490.)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- ii) No. 10 (1998): Standards for Portable Fire Extinguishers; (See Section 250.1980.)
- iii) No. 13 (1999): Standards for the Installation of Sprinkler Systems; (See Sections 250.2490 and 250.2670.)
- iv) No. 14 (2000): Standard for the Installation of Standpipe, Private Hydrants and Hose Systems; (See Sections 250.2490 and 250.2670.)
- v) No. 25 (1998): Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems;
- vi) No. 30 (2000): Flammable and Combustible Liquids Code; (See Section 250.1980.)
- vii) No. 45 (2000): Standard on Fire Protection for Laboratories Using Chemicals;
- viii) No. 54 (1999): National Fuel Gas Code;
- ix) No. 70 (2002): National Electrical Code; (See Sections 250.2440 and 250.2500.)
- x) No. 72 (1999): National Fire Alarm Code;
- xi) No. 80 (1999): Standard for Fire Doors and Fire Windows; (See Section 250.2450.)
- xii) No. 82 (1999): Standard on Incinerators and Waste and Linen Handling Systems and Equipment; (See Section 250.2440.)
- xiii) No. 90A (1999): Standard for Installation of Air Conditioning and Ventilating Systems; (See Sections 250.2480 and 250.2660.)
- xiv) No. 96 (2001): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations; (See Section 250.2660.)
- xv) No. 99 (2002): Standard for Health Care Facilities; (See Sections 250.1410, 250.1980, 250.1910, 250.2460, 250.2480, 250.2490 and 250.2660.)
- xvi) No. 101-A (2001): Guide on Alternative Approaches to Life Safety; (See Section 250.2620.)
- xvii) No. 110 (1999): Standard for Emergency and Standby Power Systems;
- xviii) No. 220 (1999): Standard on Types of Building Construction; (See Sections 250.2470 and 250.2620.)
- xix) No. 221 (2000): Standard for Fire Walls and Fire Barrier Walls;

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- xx) No. 241 (2000): Standard for Safeguarding Construction, Alteration and Demolition Operations;
  - xxi) No. 255 and 258 (2000): Standard Method of Test of Surface Burning Characteristics of Building Materials, and Recommended Practice for Determining Smoke Generation of Solid Materials; (See Section 250.2480.)
  - xxii) No. 701 (1999): Standards Methods of Fire Tests for Flame Propagation of Textiles and Films. (See Sections 250.2460 and 250.2650.)
- D) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, ~~Fourth Third~~ Edition (~~1997~~1992), which may be obtained from the [American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 4500, Kearneysville, West Virginia 25430-4500 \(800-762-2264\). American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois 60009.](#) (See Section 250.1820.)
- E) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare (~~Second Edition (2002) January 1996~~) and ~~Guidelines for Perinatal Care, Fourth Edition~~, which may be obtained from the American College of Obstetricians and Gynecologists [Distribution Center, P.O. Box 4500, Kearneysville, West Virginia 25430-4500 \(800-762-2264\).](#) , ~~409 12th Street, SW, Washington, D.C. 20024-1288.~~ (See Section 250.1820.)
- F) National Council on Radiation Protection and Measurements (NCRP), Report No.49: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV (1976) and NCRP Report No. 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 800, Bethesda, Maryland 20814-3095. (See Sections 250.2440 and 250.2450.)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- G) DOP Penetration Test Method MIL STD No.282 (1995): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, which may be obtained from Naval Publications and Form Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120. (See Section 250.2480.)
- H) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (1957), which may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 1016 20th Street, N.W., Washington, D.C. 20036. (See Section 250.2420.)
- I) [The International Code Council](#), ~~Building Officials Code Administrators (BOCA) International~~, International Building Code ~~IBC~~ (2000), which may be obtained from ~~BOCA~~, [The International Code Council](#), 4051 Flossmoor Road, Country Club Hills, IL 60477-5795. (See Section 250.2420.)
- J) American Standards Association, Inc., Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped (1968), which may be obtained from the American Standards Association, Inc., East 40th Street, New York, New York 10016. (See Section 250.2420.)
- K) Accreditation Council for Graduate Medical Education, Essentials of Accredited Residencies in Graduate Medical Education (1997), which may be obtained from the Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 200, Chicago, Illinois 60610. (See Section 250.315.)
- L) Joint Commission on Accreditation of Healthcare Organizations, 2002 Hospital Accreditation Standards (HAS) (January 1, 2002), Standard P.E.1.9 and Standard P.E.8, which may be obtained from the Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oak Brook Terrace, Illinois 60181. (See Section 250.1035.)
- 2) Federal Government Publications:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Isolation Precautions in Hospitals", February 18, 1997 and "Guidelines for Infection Control in Health Care Personnel," 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161. (See Section 250.1100.)

- b) 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 additions or deletions subsequent to the date specified.
- c) The following statutes and State regulations are referenced in this Part:
  - 1) State of Illinois statutes:
    - A) Hospital Licensing Act [210 ILCS 85] .
    - B) Illinois Health Facilities Planning Act [20 ILCS 3960] .
    - C) Medical Practice Act of 1987 [225 ILCS 60] .
    - D) Podiatric Medical Practice Act of 1987 [225 ILCS 100] .
    - E) Pharmacy Practice Act of 1987 [225 ILCS 85] .
    - F) Physicians Assistant Practice Act of 1987 [225 ILCS 95] .
    - G) Illinois Clinical Laboratory Act [210 ILC 25] .
    - H) Radiation Installation Act [420 ILCS 30] .
    - I) X-ray Retention Act [210 ILCS 90] .
    - J) Safety Glazing Materials Act [430 ILCS 60] .
    - K) Mental Health and Developmental Disabilities Code [405 ILCS 5].

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- L) Nursing and Advanced Practice Nursing Act [225 ILCS 65] .
- 2) State of Illinois rules:
- A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890).
  - B) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545).
  - C) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
  - D) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750).
  - E) Department of Public Health, Public Area Sanitary Practice Code (77 Ill. Adm. Code 895).
  - F) [Department of Public Health, Maternal Death Review \(77 Ill. Adm. Code 657\).](#)
  - ~~G~~F) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400).
  - ~~H~~G) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120).
  - ~~I~~H) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100).
  - ~~J~~H) Department of Nuclear Safety, Standards for Protection Against Radiation (32 Ill. Adm. Code 340).
  - ~~K~~J) Department of Nuclear Safety, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360).

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS  
SUBPART D: PERSONNEL SERVICE

Section 250.410 Organization

- a) Personnel department organization
- 1) There shall be an organized personnel department or service designed to meet the needs of the personnel.
  - 2) The chief executive officer shall designate an individual as department or service chief.
  - 3) The chief executive officer (administrator) shall ensure that personnel policies and practices ~~that which~~ adequately support hospital services and quality of patient care are established and maintained.
  - 4) There shall be sufficient qualified personnel to properly operate the various departments and the adjunct services requiring technical skill, such as laboratory, x-ray, physical therapy, pharmacy, nursing, surgery, respiratory therapy, etc.
  - 5) There shall be sufficient service personnel to properly operate service departments.
  - 6) Qualified personnel shall mean those persons who hold necessary licenses for the activities they perform. If no license is required, qualified personnel shall mean those persons who are registered or certified by the Department, the Illinois Department of [Professional Regulation](#) ~~Registration and Education~~, the Council on Medical Education of the American Medical Association or Agencies or Committees established in collaboration with the Council, other accrediting agencies approved by the Department, or an acceptable experience equivalent to the above.
- b) Personnel policies shall be written and available to all personnel.
- c) Personnel policies shall be reviewed and/or revised periodically, but no less than once every two years. The date of review or revision shall be indicated on the personnel policies.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- d) The governing body, through its chief executive officer, shall identify functions for the management of personnel and place responsibility for implementation and actions related to established policies and procedures.
- e) Under the direction of administration, the personnel service shall have available organizational charts ~~that~~ ~~which~~ identify all departments and/or services.
- f) All positions shall be authorized by the governing authority, either directly or through delegation to the administrator.
- g) There shall be a written job description including minimum qualifications for each position in the hospital.
- h) Prior to employing any individual in a position that requires a State license, the hospital shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
- i) The hospital shall check the status of all applicants with the Nurse Aide Registry prior to hiring.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART I: NURSING SERVICE AND ADMINISTRATION

## Section 250.1075 Use of Restraints

- a) Each hospital licensed under the Act and this Part shall have a written policy to address the use of restraints and seclusion in the hospital. Each hospital policy shall include periodic review of the use of restraints and seclusion in the hospital. (Section 6.20 of the Act).
- b) The hospital's policy governing the use of restraints and seclusions shall be consistent with 42 CFR 482.13(e) and (f). (Section 6.20 of the Act)
- c) In hospitals, restraints or seclusion may only be ordered by a physician licensed to practice medicine in all its branches or a registered nurse with supervisory responsibilities as authorized by the medical staff. The medical staff of a hospital may adopt a policy specifying the requirements for the use of restraints or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

*seclusion and identifying whether a registered nurse with supervisory responsibilities may order restraints or seclusion in the hospital when the patient's treating physician is not available. (Section 6.20 of the Act)*

- d) *Registered nurses authorized to order restraints or seclusion shall have appropriate training and experience as determined by medical staff policy. The treating physician shall be notified when restraints or seclusion are ordered by a registered nurse. Nothing in this Section requires that a medical staff authorize a registered nurse with supervisory responsibilities to order restraints or seclusion. (Section 6.20 of the Act).*

~~Established written policy(ies) shall address the use of restraints in the hospital and shall include, at a minimum, the following provisions:~~

- a) ~~Restraints shall be used only to prevent the individual from injuring him/herself or others, or to prevent serious disruption of the provision of care to the patient or others.~~
- b) ~~Restraints shall be used only upon the written order of a physician. In an emergency, other appropriate individuals, as specifically designated in policies and procedures, may order use of a restraint for a period not to exceed one hour. The clinical justification for use of a restraint will be addressed in the medical record on each use of the restraint. Orders shall be for specific episodes rather than unspecified future use (PRN).~~
- e) ~~Restraint use shall be time limited by policy, not to exceed 24 hours without review and re-initiation of a physician order.~~
- d) ~~The required proximity to the nurses' station of patients on the floor who are placed in restraints shall be stated.~~
- e) ~~Methods and frequency of observation of patients, including maximum length of time between observations, shall be stated.~~
- e)f) When hard restraints are employed, all nursing and patient care staff assigned to that unit must have a restraint key in their possession for the duration of their shift.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART O: MATERNITY AND NEONATAL SERVICE

Section 250.1830 General Requirements for [All aH](#) Maternity Departments

- a) The temperature and humidity in the nurseries and in the delivery suite shall be maintained at a level best suited for the protection of mother and baby as determined by the responsible people in the department and as recommended by the American Academy of Pediatrics and ACOG. Chilling of the neonate must be avoided: the neonate must be immediately placed in an approved radiant heat source ready to receive the infant and that allows access for resuscitation efforts. Personnel trained to use the equipment to maintain a neutral thermal environment for the neonate shall be available. For general temperature and humidity requirements see Section 250.2480(d)(1). In general, a temperature between 72 degrees and 76 degrees and relative humidity between 35% and 60% are acceptable.
- b) Linens and Laundry
  - 1) Nursery linens shall be washed separately from other hospital linens.
  - 2) Soiled linens shall be discarded into impervious plastic bags placed in hampers that are easy to clean and disinfect. Soiled diapers shall be placed in special diaper receptacles immediately after removal from the neonate. Diapers shall not be rinsed in the nursery. Chutes from nursery to laundry shall be used only if a system of negative air pressure exists.
  - 3) Plastic bags of soiled diapers (reusable or disposable) and other linens shall be sealed and removed from the nursery at least every eight hours.
  - 4) Linens shall be transported to the nursery in an enclosed unit or otherwise protected from contamination.
  - 5) No new unlaundered garments shall be used in the nursery. Linen used in observation and special care nurseries shall be autoclaved.
- c) Sterilizing equipment, as required in Section 250.1090, shall be available. This may be provided in the maternity department or in a central sterilizing unit

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

provided that flash sterilizing equipment or adequate sterile supplies and instruments are provided in the maternity department.

- d) Accommodations and facilities for mothers
- 1) The hospital shall identify specific rooms and beds, adjacent when possible to other maternity facilities, as maternity rooms and beds. These rooms and beds shall be used exclusively for maternity patients or for combined maternity and gynecological service beds in accordance with Section 250.1820(h).
  - 2) Whenever feasible, adjacent patient rooms and beds may be used as "swing beds" to be made a part of another nursing unit. Adjacent rooms and beds may be used for clean cases. A corridor partition with doors is recommended to provide a separation between the maternity beds and maternity facilities and the nonmaternity rooms. The doors shall be kept closed except when in active use as a passageway.
  - 3) Facilities shall be available for the immediate isolation of all patients in whom an infectious condition is thought to exist or other conditions inimical to the safety of other maternity and neonatal patients.
  - 4) It is preferred that labor rooms be private or two-bed rooms. Labor rooms shall be conveniently located with reference to the delivery rooms and shall have facilities for examination and preparation of patients.
  - 5) Delivery rooms shall be equipped and staffed to provide emergency resuscitation for infants. Equipment shall include an infant size positive pressure bag with capability of 100% O<sub>2</sub> delivery; ~~bag~~ Bag and mask with attachment for oxygen; laryngoscope with zero and one sized blades; endotracheal tubes sizes 10, 12, 14 French or equivalent; oral airways; and an appropriate device to provide a source of continuous suction for aspiration of the pharynx and stomach. An umbilical vessel catheterization tray should be available. Only personnel qualified and trained to do so should use this equipment.
  - 6) If only one delivery room is required, one labor room shall be arranged as an emergency delivery room and shall have a minimum clear floor area of 180 square feet.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 7) A recovery room is recommended. The patient shall be kept under close observation until her condition is stabilized following delivery. Observations at established time intervals shall be recorded as a part of the patient's chart. A recovery area shall be provided. Emergency equipment and supplies must be available for use in the recovery area. Continuing education for personnel providing recovery room care should be provided. Refer to Section 250.1410(g).
- e) Accommodations and facilities for infants
    - 1) Primary Care Nurseries
      - A) A clean nursery or nurseries shall be provided, near the mothers' rooms with adequate lighting and ventilation. There shall be a minimum of 30 square feet of floor area for each bassinet and three feet between bassinets. Equipment must be provided to prevent direct draft on the infants. Because one nursing staff person is required for every six to eight normal infants, individual nursery rooms should have a capacity of six to eight or 12 to 16. The normal newborn infant care area in a smaller hospital should limit room size to eight, so that two or more rooms are available to permit cohorting in [the](#) presence of infection.
      - B) Bassinets equipped to provide for the medical examination of the newborn infant and for the storage of necessary supplies and equipment shall be provided in a number to exceed obstetric beds by ~~20%~~ at least [20 percent](#) to accommodate multiple births, extended stay, and fluctuating patient loads. Bassinets are to be separated by a minimum of three feet measuring from the edge of one bassinet to the edge of the adjacent one.
      - C) A glass observation window shall be provided through which babies may be viewed.
      - D) Resuscitation equipment as described for the delivery suite and below, and personnel trained to use it, shall be available in the nursery at all times.
      - E) Each primary care nursery shall have immediately on hand equipment necessary to stabilize the sick infant prior to transfer.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Such equipment shall consist of:

- i) A heat source capable of maintaining the core temperature of even the smallest infant at 98 degrees (an incubator, or preferably a radiant heat source).
  - ii) Equipment with the ability to monitor blood sugar frequently. (Dextrostix).
  - iii) A resuscitation tray containing at least laryngoscope, 0 and 1 size blades, endotracheal tubes of various neonatal sizes, infant size positive pressure bag and appropriate sized masks, gavage tubes, and an umbilical vessel catheterization tray.
  - iv) Equipment for delivery of 100% oxygen concentration, and the ability to measure delivered oxygen in fractional inspired concentrations (FI O<sub>2</sub>). The oxygen analyzer shall be calibrated and serviced at least monthly by the hospital's respiratory therapy department or other responsible personnel trained to perform the task.
- K) Consultation and Referral Protocols
- i) Each primary care nursery shall have a clearly designated Level II or Level III nursery to which it refers patients and from which it seeks consultation and advice. The telephone number of the Level II or Level III nursery and the name of the nursery director shall be posted in the nursery. A log of communication between the general nursery and the referral nursery shall be maintained by the head nurse of the general nursery.
  - ii) Protocols for management of certain disease states, and for consultation and referral shall be developed by the nursery director in conjunction with the director of the Level II or Level III unit to which referrals are sent.
  - iii) These protocols shall spell out details for local management of disease states and specific transfer criteria. These protocols shall be maintained in the nursery.
- 2) Intermediate and Intensive Care Nurseries shall meet all of the conditions described above except that infant cribs shall be separated by four to six

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

feet of space to allow for ease of movement of additional personnel, and to allow space for additional equipment used in care of infants in these areas. There should be 80 to 100 square feet of space for each infant cared for in the Level III or Intensive Care area.

- 3) Facilities shall be available for the immediate isolation of all newborn infants who have or are suspected of having an infectious disease.
  - 4) When an infectious condition is thought to exist, the infant shall be isolated in accordance with policies and procedures established and approved by the hospital and consistent with recommended procedures of ACOG, AAP, and the Control of Communicable Diseases Code.
- b) The personnel requirements and recommendations set forth in Subpart D apply to the operation of the maternity department in addition to the following:
- 1) Nursing Staff - General Requirements
    - A) Nursing supervision by a registered professional nurse shall be provided for the entire 24-hour period for each occupied unit of the maternity and neonatal services. This nurse shall have education and experience in maternity and/or neonatal nursing.
    - B) At least one maternity or neonatal nurse trained in maternity and nursery care shall be assigned to the care of mothers and infants at all times. When infants are present in the nursery, at least one person trained to give care to the newborn infants shall be assigned at all times to the nursery with duties restricted to the care of the infants. Infants shall never be left unattended.
    - C) A registered professional nurse must be in attendance at all deliveries, and must be available to monitor the mother's general condition and that of the fetus during labor and for at least two hours after delivery and longer if complications occur.
    - D) Nursing personnel providing care for obstetric and other patients shall be instructed on a continuing basis in the proper technique to prevent cross-infection. When necessary for the same nurse to care for both maternity and nonmaternity patients in the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

gynecologic unit, proper technique shall be followed.

- E) Nursing personnel are only permitted to be assigned to the maternity neonatal division for an entire shift.
  - F) Temporary relief from outside the maternity neonatal division by qualified personnel shall be permitted as necessary according to appropriate infection control policy.
- 2) Nursing Staff - Level I or Primary Care for occupied units. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).
- A) Labor and Delivery Unit Staffing shall be planned to ensure that the total nursing personnel on each shift is equal to one-half the average number of deliveries per 24 hours. At least half of the personnel on each shift shall be R.N.s, and at no time shall the nursing staff on any shift be fewer than two. The nursing staff of the labor and post delivery recovery area shall not have other responsibilities in the labor/delivery suite except for emergencies.
  - B) Postpartum and General Care Newborn Unit
    - i) If these units are organized as separate nursing units, staffing should be based on a formula of one nursing personnel per six to eight patients and should ensure one R.N. per unit per shift.
    - ii) If the units are combined as a rooming-in or modified rooming-in unit, the nursing staff shall be planned to provide one nursing personnel per four mother baby units and shall never be staffed at fewer than two nursing personnel per shift. One shall be a registered professional nurse (R.N.).
  - C) At least one member of the nursing staff on each shift, who is skilled in cardiopulmonary resuscitation of the newborn, must be immediately available to the delivery suite and newborn nursery area.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- D) Changes in medical staff regulations, where applicable, shall be provided to permit the perinatal medicine service to fully utilize the services of specially trained paramedical and nursing personnel where these personnel are needed and/or desired.
- 3) Nursing Staff - Level II Intermediate Perinatal Care Requirements. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).
- A) Labor and delivery shall include at least one registered professional nurse on each shift who must be competent in the use of continuous electronic fetal monitoring techniques.
- B) Intermediate Care Nursery
- i) A staffing ratio of one licensed nursing personnel per three or four infants must be available.
- ii) Nursing personnel may be shared with the general care nursery as needed.
- iii) There must never be fewer than two licensed nursing personnel available in the general and intermediate care nurseries, at least one of whom is an R.N.
- 4) Nursing Staff - Level III Tertiary Perinatal Care. These units shall meet the following requirements in addition to Intermediate Care Requirements in [subsection Section 250.1830](#) (f)(3).
- A) Staffing patterns on each shift must be such that a 1:1 ratio between patients who require intensive care during labor and delivery and a registered professional nurse who is competent, by virtue of training and/or experience, in the care of high risk obstetric patients can be maintained as necessary. A ratio of at least one registered professional nurse to 1 1/2 patients shall be maintained at all times.
- B) Neonatal intensive care nursing on a 1:1 basis must be available as indicated. A ratio of at least one registered professional nurse to 1 1/2 patients shall be maintained at all times.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 5) Medical Personnel
  - A) Level I or Primary Care:
    - i) One physician should be Chief of Neonatal Care. He or she should be a board certified pediatrician. Where this is not possible, a physician with experience and regular practice may be the Chief and responsible for neonatal care, and a source of pediatric and/or neonatology consultation shall be documented.
    - ii) The director of obstetrical service should be a board certified obstetrician. Where this is not possible, a physician with experience and regular practice may be Chief and responsible for obstetric care, and a source of obstetric consultation shall be documented.
  - B) Level II or Intermediate Care:
    - i) A board certified pediatrician with special interest and training in neonatal/perinatal medicine or a certified neonatologist should be Chief of Neonatal Care. A board certified obstetrician should be Chief of Obstetrical Care. Obstetrical anesthesia should be directed by a board certified anesthesiologist with experience and competence in obstetrical anesthesia. Hospital staff should also include a pathologist and an "on call" radiologist 24 hours a day. Specialized medical and surgical consultation shall be readily available.
    - ii) Other staff: Laboratory and X-ray technicians in the hospital shall be readily available at all times. In addition, a respiratory therapist may be part of the staff.
  - C) Level III or Intensive Care:
    - i) The Chief of Neonatal Pediatrics should be eligible for certification by the American Board of Pediatrics' subspecialty board of neonatal/perinatal medicine, and is responsible for care in intensive care areas. Only physicians eligible for certification in neonatal/perinatal

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

medicine shall be responsible for care of infants in the Intensive Care area, but other physicians should be encouraged to participate. The Chief shall be full-time with the hospital service. There shall be sufficient number of qualified or certified neonatologists to assure availability of such care at all times. The chief of obstetric/perinatal service at the Level III facility shall be a board certified obstetrician and preferably certified in fetal/maternal medicine.

- ii) Pediatric medical and surgical subspecialists must be available for consultation. An anesthesiologist with special training in maternal fetal and neonatal anesthesia must be in charge of anesthesia services. A pathologist and radiologist with experience in interpretation of radiographs of neonatal patients shall be members of the hospital staff.

6) Nutritionist Staff

- A) For Level II units, a registered dietitian with professional experience and/or course work that relates to perinatal maternal and newborn dietary management should be available.
- B) For Level III units, a registered dietitian with professional experience and/or course work that relates to perinatal maternal and newborn dietary management shall be available.

g) Practices and procedures for care of mothers and infants

- 1) The hospital shall effect all necessary precautionary measures against the admission to the maternity department of actual or suspected infectious patients.
- 2) Patients with clean obstetric complications (regardless of month of gestation), such as toxemia of pregnancy for observation and treatment, placenta praevia for observation or delivery, ectopic pregnancy, and hypertensive heart disease in a pregnant patient, may be admitted to the maternity department and be under the same rules ~~and regulations~~ as any other maternity case. [\(See subsection Refer to Section 250.1820 \(h\)\(6\)\(B\)-\)](#)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 3) The physician shall determine whether a prenatal serological test for syphilis has been done on each mother and the results recorded. If no such test has been done before the admission of the patients, the test shall be performed as soon as possible. Specimens may be submitted in appropriate containers to an Illinois Department of Public Health laboratory for testing without charge.
- 4) No maternity patient under the effect of an analgesic or an anesthetic, in active labor or delivery, shall be left unattended at any time.
- 5) Fetal maturity shall be established and documented prior to elective inductions and Cesarean sections. ~~There shall be a~~ The hospital shall establish a written policy and procedure ~~established by the hospital~~ concerning the administration of oxytocic drugs.
  - A) Oxytocin should be used for the contraction stress test only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility. It is recommended that Oxytocin ~~should~~ be administered by controlled infusion.
  - B) Oxytocin shall be used for medical induction or stimulation of labor only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility. It is recommended that the following be included in these policies:
    - i) The attending physician should evaluate the patient for induction or stimulation, especially with regard to indications.
    - ii) The physician or other individuals starting the Oxytocin shall be familiar with its effect and complications and be qualified to identify both maternal and fetal complications.
    - iii) A qualified physician shall be immediately available as is necessary to manage any complication effectively.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- iv) The intravenous route is the only acceptable mode of administration. It is recommended that an infusion pump, or other device for accurate control of the rate of flow, and a two-bottle system, one of which contains no Oxytocin substance, be used.
  - v) During Oxytocin administration, the fetal heart rate; the resting uterine tone; and the frequency, duration and intensity of contractions must be monitored electronically and recorded. Maternal blood pressure and pulse must be monitored and recorded at intervals comparable to the dosage regimen; that is, at 30 to 60 minute intervals, when the dosage is evaluated for maintenance, increase or decrease. Evidence of maternal and fetal surveillance must be documented.
- 6) Identification of infants. The hospital shall use standards that are consistent with, but not limited to, procedures for the identification of newborn infants as recommended by the American Academy of Pediatrics, which are as follows (Guidelines for Perinatal Care; American Academy of Pediatrics/American College of Obstetricians and Gynecologists; 1983; pg. 78):
- A) "NEONATE IDENTIFICATION. While the newborn is still in the delivery room, two identical bands indicating the mother's admission number, the neonate's sex, and the date and time of birth should be placed on the wrist or ankle. The nurse in charge of the delivery room is responsible for preparing and securely fastening these identification bands to the neonate. The birth records and identification bands should be checked by both the nurse and the responsible physician before the neonate leaves the resuscitation area of the delivery room. When the neonate is admitted to the nursery, both the delivery room nurse and the admitting nurse should check the identification bands and birth records, verify the sex of the neonate, and sign the neonate's record. The admitting nurse should fill out the bassinet card and attach it to the bassinet. Later, when the neonate is shown to the mother, she should be asked to verify the information on the identification bands and the sex of the neonate. It is imperative that delivery room and nursery personnel be meticulous in the preparation and placement of

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

neonate identification bands."

- B) "Footprinting and fingerprinting have in the past been recommended for purposes of neonate identification. Techniques such as sophisticated blood typing are now available and appear to be more reliable. If utilized, dermatoglyphics should be done carefully. Individual hospitals may want to continue with footprinting and fingerprinting, but universal use of this practice is no longer recommended."
- 7) Within one hour after delivery, a one percent silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin shall be instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum. Do not irrigate immediately. This solution may be obtained free of charge from the Department.
- 8) Each infant shall be given complete individual cribside care. The use of a common bath table is prohibited. Scales shall be adequately protected to prevent cross-infection.
- 9) Artificial feedings and formula changes shall not be instituted except by written order of the attending physician.
- 10) Facilities for drug services. ~~See Refer to~~ Section 250.2130(a).
- 11) Transport of newborn infants from the delivery room to the nursery shall be done in a safe manner. Adequate support systems (heating, oxygen, suction) should be incorporated into the transport units for these infants (e.g., to x-ray). Chilling of the newborn and cross-infection must be avoided. Where travel is excessive and through other areas, special transport incubators may be required. The method of transporting infants from the nursery to the mothers shall be individual, safe and free from cross-infection hazards.
- 12) The stay of the mother and the baby in the hospital after delivery should be planned to allow the identification of problems and to reinforce instructions in preparation for the infant's care at home. The mother and infant shall be carefully observed for a sufficient period of time and assessed prior to discharge to ensure that their conditions are stable.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Healthy infants should be discharged from the hospital simultaneously with the mother or to other authorized (by the mother) personnel should the mother remain in the hospital for an extended stay. It is recommended that there be a provision for follow-up for the mothers and babies discharged within 24 hours. This follow-up should include a face-to-face encounter with a health care provider who will assess the condition of mother and baby and arrange for intervention if problems are identified.

- 13) When a patient's condition permits, an infant may be transferred from an intensive care nursery to the referring nursery or to another nursery that is nearest the home and at which an appropriate level of care may be provided.
  - 14) Circumcisions by a Mohel shall be performed under aseptic conditions. Such circumcisions shall not be performed in the delivery room. A registered nurse or physician shall be in attendance and attendance by visitors shall be limited.
  - 15) A single parenteral dose of vitamin K-1, water soluble 0.5 mgm, shall be given to the infant soon after birth as a prophylaxis against hemorrhagic disorder in the first days of life.
  - 16) Circumcisions shall not be done in the delivery room or within the first six hours after birth. A physician may order and perform a circumcision when the infant is over the age of 6 hours and is healthy and stable in the physician's professional judgment.
  - 17) The hospital shall adhere to the practices prescribed in [Guidelines for Perinatal Care and Guidelines for Women's Health Care](#) ~~the 1995 edition of the American Academy of Pediatrics publication entitled, "Standards and Recommendations for Hospital Care for Newborn Infants," and the (American College of Obstetricians and Gynecologists) (see Section 250.160).~~ ~~publication, "Standards for Obstetric Gyneecologic Services."~~
- h) Medical Records
- 1) Obstetric records
    - A) For each patient there shall be adequate, accurate, and complete

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

medical records. The medical records shall include findings during the prenatal period, which should be available in the maternity department prior to the patient's admission and shall include medical and obstetric history, observations and proceedings during labor, delivery and the postpartum period, and laboratory and x-ray findings.

- B) Records shall be maintained in accordance with the minimum observations and laboratory tests outlined in [Guidelines for Perinatal Care and Guidelines for Women's Health Care](#), ~~the 1989 edition of the "Manual of Standards," American College of Obstetricians and Gynecologists~~. The physician director of the maternity department shall require all physicians delivering obstetrics care to send copies of the prenatal records to the obstetrical unit at or before 37 weeks gestation.
- 2) Infant records. For each infant there shall be accurate and complete medical records. The medical records shall include:
- A) History of maternal health and prenatal course.
  - B) Description of labor, including drugs administered, method of delivery, complications of labor and delivery, and description of placenta and amniotic fluid.
  - C) Time of birth and condition of infant at birth, including Apgar score at one and five minutes, age respiration became spontaneous and sustained, description of resuscitation if required, description of abnormalities and problems occurring from birth until transfer from the delivery room.
  - D) Report of a complete and detailed physical examination within 24 hours following birth; report of a medical examination within 24 hours of discharge and one at least every three days during the hospital stay.
  - E) Physical measurements, including length, weight and head circumference at birth and weight every day; temperature twice daily.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- F) Documentation of infant feeding: intake, content, and amount if by formula.
  - G) Clinical course during hospital stay, including treatment rendered and patient response; clinical note of status at discharge.
- 3) The hospital shall keep a record of births that contains data sufficient to duplicate the birth certificate. The requirement may be met:
- A) by retaining the yellow "hospital copy" of the birth certificate properly bound in chronological order, or
  - B) by retaining this copy with the individual medical record.
- i) Reports
- 1) Each hospital that provides maternity service shall submit a monthly perinatal activities report on forms provided for this purpose by the Department. This report shall be signed by a representative of the department preparing the document and shall be mailed not later than the 15<sup>th</sup> ~~fifteenth~~ of the following month.
  - 2) Maternal Death Report
    - A) The hospital shall submit an immediate report of the occurrence of a maternal death to the Department, in accordance with the Department's rules titled Maternal Death Review (77 Ill. Adm. Code 657). Maternal death is the death of any woman dying of any cause whatsoever while pregnant or within one year after termination of the pregnancy, irrespective of the duration of the pregnancy at the time of the termination or the method by which it was terminated. A death shall be reported ~~when it involves any condition associated with gestation, such as normal pregnancy, abortion, or ectopic pregnancy,~~ regardless of whether the death occurred in the maternity division or any other section of the hospital, or whether the patient was delivered in the hospital where death occurred, or elsewhere. ~~This report shall also be made on the death of any woman within 90 days following the termination of a~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

~~pregnancy.~~

- B) The filing of this report shall in no way preclude the necessity of filing a death certificate or of including the death on the Maternity Activities Report.
- 3) The hospital shall comply with the laws of the State and the regulations of the Department as regards the preparation and filing of birth, stillbirth, and death certificates.
- 4) Epidemic and Communicable Disease Reporting
  - A) The hospital shall develop a protocol for management and reporting of infections consistent with the Control of Communicable Diseases Code and with [Guidelines for Perinatal Care and Guidelines for Women's Health Care](#) ~~policies and procedures described by the Academy of Pediatrics in "Standards and Recommendations for Hospital Care for Newborn Infants"~~ and as approved by the Infection Control Committee. These policies shall be known to maternity and nursery personnel.
  - B) The facility shall particularly address those infections specifically related to mothers and infants, including but not limited to diarrhea of the newborn, staphylococcal infections occurring in infants under 28 days of age, and ophthalmia neonatorum.
- j) Formula
  - 1) If pasteurized, commercially prepared formula is used exclusively and no formula is prepared by the hospital, a formula room and formula room equipment are not required; however, adequate space, equipment and procedures acceptable to the Department for processing, handling and storing of commercially prepared formula shall be provided. Procedures and aseptic techniques shall be established and enforced. Provisions must be made for the preparation of special formula.
  - 2) All hospitals providing maternity or pediatric services, ~~that~~ ~~which~~ prepare their own formula, shall provide a well-ventilated and well-lighted formula room, which shall be adequately supervised and used exclusively

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

for the preparation of formulas.

- 3) Equipment shall include ~~hand-washing~~ ~~handwashing~~ facilities with hot and cold running water with knee, foot or elbow controlled valves; a double section sink for washing and rinsing bottles; facilities for storing cleaning equipment, refrigeration facilities; utensils in good condition for preparation of formulas; cupboard and work space and a work table; an autoclave and a supply of individual formula bottles, nipples and protecting caps, adequate to prepare a 24-hour supply of formula and water for each infant. Procedures shall be established by the hospital and enforced.

k) Visiting regulations

- 1) The visiting regulations set forth in Subpart B shall apply to maternity departments, except as modified in this subsection.
- 2) It is recommended that visitors be limited to two per patient at any one time.
- 3) Contact with the infant shall be restricted to the father, or one other adult selected by the mother, except as provided in subsection (k)(~~3~~4) of this Section or as part of a rooming-in program as provided in Section 250.1850.
- 4) Siblings and grandparents may have contact with the infant only if the hospital has established specific policies and procedures for such a program. The program ~~shall~~ ~~must~~ include:
  - A) Approval of the program by the hospital's Infection Control Committee and Governing Board;
  - B) A requirement for written consent of the mother for visitation by specific siblings or grandparents;
  - C) A procedure for ~~hand washing by~~ ~~handwashing of~~ visitors prior to having contact with the infant; and
  - D) A policy on the location where visitation will occur.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 5) The presence of the father or individual selected by the mother in the delivery room shall be discretionary with the individual hospital. If the father or the individual selected by the mother of the baby is to be admitted to the delivery room of any hospital, the hospital shall first have adopted a policy statement on the matter that ~~includes, among other things, establishes~~ the following conditions:
  - A) ~~Written~~ Written consent of both the mother and the attending physician;
  - B) ~~Prior~~ Prior orientation preparation of the father of the baby or the selected individual and mother to this experience; and
  - C) ~~Application~~ Application of safeguards against the introduction of infection or other hazard by the father of the baby or selected individual.
- 6) Smoking shall be prohibited in the delivery rooms, nurseries, corridors and other areas in accordance with facility policy. (~~See~~ Refer to Section 250.250(g).)
- 7) Visiting hours shall not correspond with periods during which infants are with the mothers or with periods during which mothers are receiving nursing care, nor interfere with the care of patients.
- 8) Visitors shall neither sit nor place their clothing upon the beds.
- 1) *Every hospital shall demonstrate to the Department that the following have been adopted:*
  - 1) *Procedures designed to reduce the likelihood that an infant patient will be abducted from the hospital. The procedures may include, but need not be limited to, architectural plans to control access to infant care areas, video camera observation of infant care areas, and procedures for identifying hospital staff and visitors.*
  - 2) *Procedures designed to aid in identifying allegedly abducted infants who are recovered. The procedures may include, but need not be limited to, footprinting infants by staff who have been trained in that procedure,*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

*photographing infants, and obtaining and retaining blood samples for genetic testing.* (Section 6.15 of the Act)

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility

- a) New Construction, Addition, or Major Alteration
  - 1) When construction is contemplated, either for new buildings or additions or material alterations to existing buildings coming within the scope of [this Part](#) ~~these standards~~, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. Comments or approval shall be provided within 30 days after receipt by the Department.
  - 2) Final Drawings
    - A) The final working drawings and specifications shall be submitted to the Department for review and approval prior to the beginning of construction. Alternative methods of design development and construction may be acceptable subject to the approval of the Department. Department approval is null and void if construction contracts are not executed and construction is not started within one year after the plan approval date. Comments by the Department shall be provided within 60 days after the day on which the submission is deemed complete.
    - B) The Department shall be notified of the award of construction contracts.
  - 3) Any contract modifications that affect or change the function, design, or purpose of a facility shall be submitted to the Department for approval prior to authorizing the modifications. Comments or approval shall be provided within 30 days after receipt by the Department.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 4) The Department shall be notified when construction has been completed or whenever any area is occupied.
- 5) As-built drawings ~~should~~ shall be maintained by the hospital.
- b) Minor Alterations and Remodeling. Minor alterations or remodeling changes that do not affect the structural integrity of the building, that do not change functional operation, that do not affect fire safety, and that do not add beds or facilities over those for which the hospital is licensed need not be submitted for approval.
- c) Alterations of Water Supply, Plumbing and Drainage. No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor shall any such existing system be materially altered or extended, until complete plans and specifications for the installation, alteration or extension have been submitted to the Department and have been reviewed and approved.
- d) Codes and Standards
  - 1) Nothing stated in this Part shall relieve the sponsor from compliance with building codes, ordinances, and regulations that are enforced by city or county jurisdictions.
  - 2) The recommendations of the International ~~BOCA National~~ Building Code shall apply insofar as such recommendations are not in conflict with the standards set forth in this Part or with the National Fire Protection Association (NFPA) Standard No.101,"Life Safety Code."
    - A) ~~The portions of the BOCA National Building Code requiring automatic extinguishing systems in all hospitals, smoke detectors in all patient rooms, and automatic door closers on all patient room doors are hereby specifically excluded from these requirements.~~
    - B) The International ~~BOCA National~~ Building Code is intended as a model code for municipalities with no building code ~~Building Code~~ of their own.
    - C) ~~NFPA Standard No.101-M, "Alternative Approaches to Life Safety," shall apply only if the Department determines that the~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

~~proposed equivalent system is safe and does not constitute a hazard to the life and safety of the staff and patients.~~

- 3) The codes and standards referenced in this Part can be ordered from the various agencies at the addresses listed in Section 250.160 and are effective on the dates cited in that Section.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Food Stamps
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3) Section Numbers:

<u>Section Numbers:</u>	<u>Adopted Action:</u>
121.20	Amendment
121.59	Amendment
121.63	Amendment
- 4) Statutory Authority:

Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].
- 5) Effective Date of Amendments: February 7, 2003
- 6) Does this rulemaking contain an automatic repeal date?  
 Yes  No
- 7) Do these amendments contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register:

August 2, 2002 (26Ill. Reg. 11706)
- 10) Has JCAR Issued a Statement of Objections to this Rule? No
- 11) Difference(s) between proposal and final version:

No substantive changes were made in the text of the proposed amendments.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will these amendments replace an emergency amendments currently in effect? No

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 14) Are there any amendments pending on this Part: Yes

Section Numbers Proposed Action Illinois Register Citation

121.10	Amendment	10-04-02, 26 Ill. Reg. 14452
121.92	Amendment	12-13-02, 26 Ill. Reg. 17605

- 15) Summary and Purpose of Rule:

Revisions are being made to the Food Stamp Program. These changes are required by enactment of the Food Stamp Reauthorization Act of 2002 (the 2002 Farm Bill - HR 2646) and are effective October 1, 2002. As a result of these amendments:

- Noncitizens who meet citizenship requirements may now qualify for food stamps;
- Food Stamp units with more than one member may receive additional food stamp benefits due to the increase in the standard deduction for larger households; and
- The asset disregard for disabled persons is increased.

In addition, this rulemaking increases the air conditioning/heating standard to \$259 and the electric standard to \$155.

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

Karl Menninger, Acting Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
3<sup>rd</sup> Floor Harris Bldg.  
Springfield, Illinois 62762  
(217) 785-9772

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER b: ASSISTANCE PROGRAMSPART 121  
FOOD STAMPS

## SUBPART A: APPLICATION PROCEDURES

## Section

121.1	Application for Assistance
121.2	Time Limitations on the Disposition of an Application
121.3	Approval of an Application and Initial Authorization of Assistance
121.4	Denial of an Application
121.5	Client Cooperation
121.6	Emergency Assistance
121.7	Expedited Service
121.10	Interviews

## SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

## Section

121.18	Work Requirement
121.19	Ending a Voluntary Quit Disqualification (Repealed)
121.20	Citizenship
121.21	Residence
121.22	Social Security Numbers
121.23	Work Registration/Participation Requirements
121.24	Individuals Exempt from Work Registration Requirements
121.25	Failure to Comply with Work Provisions
121.26	Period of Sanction
121.27	Voluntary Job Quit/Reduction in Work Hours
121.28	Good Cause for Voluntary Job Quit/Reduction in Work Hours
121.29	Exemptions from Voluntary Quit/Reduction in Work Hours Rules

## SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

## Section

121.30	Unearned Income
121.31	Exempt Unearned Income
121.32	Education Benefits
121.33	Unearned Income In-Kind

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

121.34	Lump Sum Payments and Income Tax Refunds
121.40	Earned Income
121.41	Budgeting Earned Income
121.50	Exempt Earned Income
121.51	Income from Work/Study/Training Programs
121.52	Earned Income from Roomer and Boarder
121.53	Income From Rental Property
121.54	Earned Income In-Kind
121.55	Sponsors of Aliens
121.57	Assets
121.58	Exempt Assets
121.59	Asset Disregards

## SUBPART D: ELIGIBILITY STANDARDS

Section	
121.60	Net Monthly Income Eligibility Standards
121.61	Gross Monthly Income Eligibility Standards
121.62	Income Which Must Be Annualized
121.63	Deductions From Monthly Income
121.64	Food Stamp Benefit Amount

## SUBPART E: HOUSEHOLD CONCEPT

Section	
121.70	Composition of the Assistance Unit
121.71	Living Arrangement
121.72	Nonhousehold Members
121.73	Ineligible Household Members
121.74	Strikers
121.75	Students
121.76	Households Receiving AFDC, SSI, Interim Assistance and/or GA - Categorical Eligibility

## SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

Section	
121.80	Fraud Disqualification (Renumbered)
121.81	Initiation of Administrative Fraud Hearing (Repealed)
121.82	Definition of Fraud (Renumbered)
121.83	Notification To Applicant Households (Renumbered)
121.84	Disqualification Upon Finding of Fraud (Renumbered)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

121.85	Court Imposed Disqualification (Renumbered)
121.90	Monthly Reporting and Retrospective Budgeting (Repealed)
121.91	Monthly Reporting (Repealed)
121.92	Budgeting
121.93	Issuance of Food Stamp Benefits
121.94	Replacement of the EBT Card or Food Stamp Benefits
121.95	Restoration of Lost Benefits
121.96	Uses For Food Coupons
121.97	Supplemental Payments
121.98	Client Training for the Electronic Benefits Transfer (EBT) System
121.105	State Food Program (Repealed)
121.107	New State Food Program
121.120	Recertification of Eligibility
121.130	Residents of Shelters for Battered Women and their Children
121.131	Fleeing Felons and Probation/Parole Violators
121.135	Incorporation By Reference
121.140	Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers
121.145	Quarterly Reporting

## SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

Section	
121.150	Definition of Intentional Violations of the Program
121.151	Penalties for Intentional Violations of the Program
121.152	Notification To Applicant Households
121.153	Disqualification Upon Finding of Intentional Violation of the Program
121.154	Court Imposed Disqualification

## SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

Section	
121.160	Persons Required to Participate
121.162	Participation and Cooperation Requirements
121.164	Orientation
121.166	Assessment and Employability Plan
121.170	Job Search Component
121.172	Basic Education Component
121.174	Job Readiness Component
121.176	Work Experience Component
121.177	Illinois Works Component
121.178	Job Training Component
121.179	JTPA Employability Services Component

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

121.180	Grant Diversion Component (Repealed)
121.182	Earnfare Component
121.184	Sanctions
121.186	Good Cause for Failure to Cooperate
121.188	Supportive Services
121.190	Conciliation and Fair Hearings
121.200	Types of Claims (Recodified)
121.201	Establishing a Claim for Intentional Violation of the Program (Recodified)
121.202	Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)
121.203	Collecting Claim Against Households (Recodified)
121.204	Failure to Respond to Initial Demand Letter (Recodified)
121.205	Methods of Repayment of Food Stamp Claims (Recodified)
121.206	Determination of Monthly Allotment Reductions (Recodified)
121.207	Failure to Make Payment in Accordance with Repayment Schedule (Recodified)
121.208	Suspension and Termination of Claims (Recodified)

## SUBPART I: WORK REQUIREMENT FOR FOOD STAMPS

Section	
121.220	Work Requirement Components
121.221	Meeting the Work Requirement with the Earnfare Component
121.222	Volunteer Community Work Component
121.223	Work Experience Component
121.224	Supportive Service Payments to Meet the Work Requirement
121.225	Meeting the Work Requirement with the Illinois Works Component
121.226	Meeting the Work Requirement with the JTPA Employability Services Component

AUTHORITY: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].

SOURCE: Adopted December 30, 1977; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 31, p. 109, effective August 3, 1979; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 41, p. 165, effective October 11, 1979; amended at 3 Ill. Reg. 42, p. 230, effective October 9, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; preemptory amendment at 4 Ill. Reg. 3, p. 49, effective January 9, 1980; preemptory amendment at 4 Ill. Reg. 9, p. 259, effective February 23, 1980; amended at 4 Ill. Reg. 10, p. 253, effective February 27, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

at 4 Ill. Reg. 45, p. 134, effective October 17, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1131, effective January 16, 1981; amended at 5 Ill. Reg. 4586, effective April 15, 1981; preemptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; preemptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 12736, effective October 29, 1981; amended at 6 Ill. Reg. 1653, effective January 17, 1982; amended at 6 Ill. Reg. 2707, effective March 2, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10208, effective August 9, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 5715, effective May 1, 1983; amended at 7 Ill. Reg. 8118, effective June 24, 1983; preemptory amendment at 7 Ill. Reg. 12899, effective October 1, 1983; amended at 7 Ill. Reg. 13655, effective October 4, 1983; preemptory amendment at 7 Ill. Reg. 16067, effective November 18, 1983; amended at 7 Ill. Reg. 16169, effective November 22, 1983; amended at 8 Ill. Reg. 5673, effective April 18, 1984; amended at 8 Ill. Reg. 7249, effective May 16, 1984; preemptory amendment at 8 Ill. Reg. 10086, effective July 1, 1984; amended at 8 Ill. Reg. 13284, effective July 16, 1984; amended at 8 Ill. Reg. 17900, effective September 14, 1984; amended (by adding section being codified with no substantive change) at 8 Ill. Reg. 17898; preemptory amendment at 8 Ill. Reg. 19690, effective October 1, 1984; preemptory amendment at 8 Ill. Reg. 22145, effective November 1, 1984; amended at 9 Ill. Reg. 302, effective January 1, 1985; amended at 9 Ill. Reg. 6804, effective May 1, 1985; amended at 9 Ill. Reg. 8665, effective May 29, 1985; preemptory amendment at 9 Ill. Reg. 8898, effective July 1, 1985; amended at 9 Ill. Reg. 11334, effective July 8, 1985; amended at 9 Ill. Reg. 14334, effective September 6, 1985; preemptory amendment at 9 Ill. Reg. 15582, effective October 1, 1985; amended at 9 Ill. Reg. 16889, effective October 16, 1985; amended at 9 Ill. Reg. 19726, effective December 9, 1985; amended at 10 Ill. Reg. 229, effective December 20, 1985; preemptory amendment at 10 Ill. Reg. 7387, effective April 21, 1986; preemptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; preemptory amendment at 10 Ill. Reg. 15714, effective October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; preemptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; preemptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; preemptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987; amended at 11 Ill. Reg. 13635, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; preemptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 1941, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; preemptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988; amended at 12 Ill. Reg. 20161, effective November 30, 1988; amended at 13 Ill. Reg. 3890, effective March 10, 1989; amended at 13 Ill. Reg. 13619, effective August 14, 1989; preemptory amendment at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; preemptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; preemptory amendment at 15 Ill. Reg. 14134, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 757, effective January 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 10011, effective June 15, 1992; amended at 16 Ill. Reg. 13900, effective August 31, 1992; emergency amendment at 16 Ill. Reg. 16221, effective October 1, 1992, for a maximum of 150 days; preemptory amendment at 16 Ill. Reg. 16345, effective October 1, 1992; amended at 16 Ill. Reg. 16624, effective October 23, 1992; amended at 17 Ill. Reg. 644, effective December 31, 1992; amended at 17 Ill. Reg. 4333, effective March 19, 1993; amended at 17 Ill. Reg. 14625, effective August 26, 1993; emergency amendment at 17 Ill. Reg. 15149, effective September 7, 1993, for a maximum of 150 days; preemptory amendment at 17 Ill. Reg. 17477, effective October 1, 1993; expedited correction at 17 Ill. Reg. 21216, effective October 1, 1993; amended at 18 Ill. Reg. 2033, effective January 21, 1994; emergency amendment at 18 Ill. Reg. 2509, effective January 27, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 3427, effective February 28, 1994; amended at 18 Ill. Reg. 8921, effective June 3, 1994; amended at 18 Ill. Reg. 12829, effective August 5, 1994; amended at 18 Ill. Reg. 14103, effective August 26, 1994; amended at 19 Ill. Reg. 5626, effective March 31, 1995; amended at 19 Ill. Reg. 6648, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 12705, effective September 1, 1995, for a maximum of 150 days; preemptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; preemptory amendment at 20 Ill. Reg. 2229, effective January 17, 1996; amended at 20 Ill. Reg. 7902, effective June 1, 1996; amended at 20 Ill. Reg. 11935, effective August 14, 1996; emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 13668, effective October 8, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 3156, effective February 28, 1997; amended at 21 Ill. Reg. 7733, effective June 4, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; emergency amendment at 22 Ill. Reg. 1954, effective January 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 5502, effective March 4, 1998; amended at 22 Ill. Reg. 7969, effective May 15, 1998; emergency amendment at 22 Ill. Reg. 10660, effective June 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 12167, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16230, effective September 1, 1998; amended at 22 Ill. Reg. 19787, effective October 28, 1998; emergency amendment at 22 Ill. Reg. 19934, effective November 1, 1998; for a maximum of 150 days; amended at 22 Ill. Reg. 20099 effective November 1, 1998; emergency amendment at 23 Ill. Reg. 2601, effective February 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 3374, effective March 1, 1999; amended at 23 Ill. Reg. 7285, effective June 18, 1999;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

emergency amendment at 23 Ill. Reg. 13253, effective October 13, 1999, for a maximum of 150 days; emergency amendment at 24 Ill. Reg. 3871, effective February 24, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 4180, effective March 2, 2000; amended at 24 Ill. Reg. 10198, effective June 27, 2000; amended at 24 Ill. Reg. 15428, effective October 10, 2000; emergency amendment at 24 Ill. Reg. 15468, effective October 1, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 845, effective January 5, 2001; amended at 25 Ill. Reg. 2423, effective January 25, 2001; emergency amendment at 25 Ill. Reg. 2439, effective January 29, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 3707, effective March 1, 2001, for a maximum of 150 days; emergency expired July 28, 2001; amended at 25 Ill. Reg. 7720, effective June 7, 2001; amended at 25 Ill. Reg. 10823, effective August 12, 2001; amended at 25 Ill. Reg. 11856, effective August 31, 2001; emergency amendment at 25 Ill. Reg. 13309, effective October 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 151, effective January 1, 2002; amended at 26 Ill. Reg. 2025, effective February 1, 2002; amended at 26 Ill. Reg. 13530, effective September 3, 2002; peremptory amendment at 26 Ill. Reg. 15099, effective October 1, 2002; amended at 26 Ill. Reg. 16484, effective October 25, 2002; amended at 27 Ill. Reg. 2889, effective February 7, 2003.

## SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

## Section 121.20 Citizenship

To be eligible for assistance, an individual shall be either a U.S. citizen or a non-citizen within specific categories and subject to specific restrictions as set forth below:

- a) Citizenship status -- Persons born in the U.S. or in its possessions are U.S. citizens. Citizenship can also be acquired by naturalization through court proceedings or by certain persons born in a foreign country of U.S. citizen parent(s).
- b) Non-citizens -- The following categories of non-citizens may receive assistance, if otherwise eligible:
  - 1) Non-citizens Credited with 40 Quarters of Work
    - A) Aliens lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (INA) who have worked 40 qualifying quarters of coverage (as defined under Title II of the Social Security Act). Effective January 1, 1997, in order for a quarter of work to count, the client must not have received any benefits under a federal means-tested program during that quarter.
    - B) Quarters of a parent count for an alien while the alien is under age 18.
    - C) Quarters of a spouse count for an alien if the alien is still married to that spouse or the spouse is deceased.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 2) Veterans, Active U.S. Military Service Persons and Their Dependents. A veteran honorably discharged from U.S. military service or a person in active U.S. military duty and the spouse or dependent child or children of such a person meet the citizenship requirement for food stamps if their INS status is:
  - A) lawful permanent resident;
  - B) refugee admitted under Section 207 of the Immigration and Nationality Act (INA) (8 USCA 1157);
  - C) asylee admitted under Section 208 of the INA (8 USCA 1158);
  - D) Cuban or Haitian national admitted on or after 4/21/80;
  - E) conditional entrant under Section 203(a)(7) of the INA (8 USCA 1153(a)(7));
  - F) parolee status for at least a year under Section 212(d)(5) of the INA (8 USCA 1182(d)(5));
  - G) deportation withheld under Section 243(h) (8 USCA 1253(h)) or 241(b)(3) (USCA 1231(b)(93)) of the INA; or
  - H) battered spouse or child, or parent or child of a battered person with a petition pending under Section 204(a)(1)(A) or (B) (8 USCA 1154(a)(1)(A) or (B)) or 244(a)(3) (8 USCA 1641(c)) of the INA. This status does not apply if the non-citizen lives with the abuser.
- 3) Non-citizens Who Qualify for a Limited Time. For 7 years after the status has been attained, the following non-citizens meet the citizenship requirement for food stamps:
  - A) refugees admitted under Section 207 of the INA;
  - B) asylees admitted under Section 208 of the INA;
  - C) persons for whom deportation has been withheld under Section 243(h) (8 USCA 1253(h)) or 241(b)(3))(8 USCA 1231(b)(3)) of the INA;
  - D) Cuban or Haitian national admitted on or after 4/21/80; or
  - E) Amerasians from Vietnam and their close family members admitted through the Orderly Departure Program beginning on 3/20/88.
- 4) Children, ~~disabled~~, or elderly non-citizens who were lawfully residing in the U.S. |

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

on 8/22/96, and disabled persons lawfully residing in the U.S. A person qualifies as a child if the person is under age 18. A person qualifies as elderly if the person was age 65 on 8/22/96. A person qualifies as disabled/blind if the person meets one of the requirements listed in Section 121.61(a)(1)(B) through (L). The person must also have the following status with INS:

- A) lawful permanent resident;
  - B) refugee admitted under Section 207 of the Immigration and Nationality Act (INA) (8 USCA 1157);
  - C) asylee admitted under Section 208 of the INA;
  - D) Cuban or Haitian national admitted on or after 4/21/80;
  - E) conditional entrant under Section 203(a)(7) of the INA (8 USCA 1153(a)(7));
  - F) parolee status for at least a year under Section 212(d)(5) of the INA (8 USCA 1182(d)(5));
  - G) deportation withheld under Section 243(h) (8 USCA 1231(b)(3)) or 241(b)(3) (8 USCA 1231(b)(3)) of the INA; or
  - H) battered spouse or child, or parent or child of a battered person with a petition pending under Section 204(a)(1)(A) or (B) (8 USCA 1154(a)(1)(A) or (B)) or 240A of the INA. This status does not apply if the non-citizen lives with the abuser.
- 5) Hmong or Highland Laotian tribe members and the member's close family members. A person lawfully residing in the U.S. that was a member of a Hmong or Highland Laotian tribe when the tribe helped U.S. personnel by taking part in a military or rescue operation during the Vietnam era (between August 5, 1964 and May 7, 1975). This also includes the person's spouse, unmarried surviving spouse, if deceased, and unmarried dependent children.
- 6) Certain American Indians born in Canada. An American Indian born in Canada to whom the provisions of Section 289 of the INA apply, and a member of an Indian tribe as defined in Section 4e of the Indian Self-Determination and Education Assistance Act.

(Source: Amended at 27 Ill. Reg. 2889, effective February 7, 2003)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

## Section 121.59 Asset Disregards

- a) Households which are categorically eligible, as defined in Section 121.76, do not have to meet the asset limits in this Section.
- b) \$3,000 for all households with a disabled member or one or more members 60 years of age or older.
- c) \$2,000 for all other households.

(Source: Amendment at 27 Ill. Reg. 2889, effective February 7, 2003)

## Section 121.63 Deductions From Monthly Income

- a) The deductions described in this Section shall be allowed in the determination of the adjusted net monthly food stamp income.
- b) Earned Income Deduction. Eighty percent of total gross earned income is considered. See Sections 121.40 through 121.54 for a description of earned income.
- c) Standard Deduction. The standard deduction is \$134 per household per month, equal to 8.31 percent of the net monthly income standard for the household size, or \$134, whichever is greater. The amount for a household of 6 or larger- is calculated using the net monthly income standard for a household of 6. See Section 121.60 for the Net Monthly Income Standards.
- d) Dependent Care Deduction
  - 1) The dependent care deduction consists of payments for the care of a child or other dependent when necessary for a household member to accept or continue employment or to seek employment in compliance with the job search criteria (contained in 89 Ill. Adm. Code 112.70 through 112.73) or to attend training or pursue education which is preparatory for employment.
  - 2) The amount of the deduction is to be determined by the actual costs for care and is not to exceed \$200 per month for each child under age 2 and \$175 per month for each other dependent household member.
- e) Child Support Deduction. The child support deduction is the amount of legally obligated child support paid by a household member to or for a nonhousehold member.
- f) Shelter Costs Deduction

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) The shelter deduction is the amount of shelter costs that exceeds 50% of the household's total income after the allowable deductions in subsections (b),(c),(d), and (e) of this Section have been made. The shelter deduction shall not exceed \$300. The shelter deduction shall not exceed \$367 for certification periods starting March 1, 2001 or later.
  - 2) If the household contains a member who is elderly or disabled, as defined at 7 CFR 271.2 (~~1990~~2000) and Section 121.61, there is no limit on the amount of the excess shelter deduction.
  - 3) Shelter costs include only the following:
    - A) continuing charges for the shelter occupied by the household (rent, mortgage and other charges leading to the ownership of the shelter, including interest on such charges);
    - B) property taxes, State and local assessments and insurance on the structure itself; and
    - C) utility costs, as described in subsection (g) of this Section.
  - 4) Shelter costs for a home temporarily unoccupied by the household because of employment or training away from home, illness or abandonment caused by a natural disaster or casualty loss, if:
    - A) the household intends to return to the home;
    - B) the current occupants of the home, if any, are not claiming the shelter costs for food stamp purposes; and
    - C) the home is not leased or rented during the absence of the household.
  - 5) Charges for repair of a home which was damaged or destroyed due to a natural disaster. Shelter costs shall not include repair charges which have been or will be reimbursed by private or public relief agencies, insurance companies or any other source.
- g) Utility Costs
- 1) Utility costs include:
    - A) the cost of heating and cooking fuel, air conditioning, electricity, water, sewerage, garbage and trash collection;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- B) basic service fee for one telephone (including tax on the basic fee) of \$27.00; and
- C) fees charged by the utility provider for initial installation.
- 2) Utility deposits are not considered to be utility costs.
- 3) Except for households that claim utility expenses for an unoccupied home, either the air conditioning/heating standard or the electricity standard must be used if the household is billed for air conditioning, heating or electricity. See Section 121.63 (g)(7) for households that claim utility expenses for an unoccupied home. Households that are billed for heating or air conditioning, or both, or heating, air conditioning and electricity, must use the air conditioning/heating standard allowance of ~~\$259~~ ~~\$255~~. Those households that are not billed for air conditioning or heating but are billed for electricity must use the electricity standard allowance of ~~\$155~~ ~~\$151~~. Households living in rental housing who are billed on a regular basis by a landlord for costs for air conditioning, heating, or electricity must use the appropriate standard. If the air conditioning/heating standard allowance or the electricity standard allowance is used, then no other utility costs may be claimed. If actual utility costs are allowed because the household does not qualify for either standard, then actual, verified costs may be claimed, except that if a separately-billed phone expense is claimed only the basic telephone allowance of \$27 per month is allowed.
- 4) A household that is billed less often than monthly for its costs for heating, air conditioning, or electricity must continue to use the air conditioning/heating standard allowance or the electricity standard allowance, whichever is appropriate, between billing months.
- 5) Households in public housing or privately-owned rental units that receive a bill for over-usage are ~~not~~ entitled to use the air conditioning/heating standard allowance or the electricity standard allowance. When households (as defined at 7 CFR 273.1(a) (~~1990~~ 2000)) live together, the air conditioning/heating standard allowance or the electricity standard allowance, whichever is appropriate, shall be allowed for each household ~~divided equally among the households~~ that contributes ~~contribute~~ toward the utility costs whether or not each household participates in the program.
- 6) Households whose expense for heat or electricity, or both, is covered by indirect energy assistance payments under the Illinois Home Energy Assistance Program (47 Ill. Adm. Code 100) shall be entitled to the air conditioning/heating standard allowance or the electricity standard allowance, whichever is appropriate (7 CFR 273.9 and 273.10(d)(6) (~~1990~~ 2000)). The provisions of subsection (f)(3) of this

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Section are applicable to households whose expenses for heating or electricity, or both, are covered by indirect energy assistance payments.

- 7) When the household claims a utility expense for an unoccupied home (as defined in Section 121.63 (f)(4), actual utility expenses are allowed for the unoccupied home as well as the current residence. The air conditioning/heating standard or the electricity standard is not used for either home. The appropriate utility standard may be used if the household chooses not to claim utilities for the unoccupied home.
- h) Excess Medical Deduction. A deduction for excess medical expenses shall be allowed for households which contain an elderly or disabled member as defined at 7 CFR 271.2 (~~1990~~ 2000) and Section 121.61. The medical expenses incurred by the qualifying household member which are over \$35 will be deducted, if the expenses will not be reimbursed by insurance or a third party.

(Source: amended at 27 Ill Reg. 2889, effective February 7, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

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

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1100.70	Amendment
1100.540	Amendment
1100.590	Repeal
1100.600	Repeal
1100.661	Repeal
1100.680	Repeal
1100.690	Repeal
1100.700	Repeal
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960]
- 5) Effective Date of Rulemaking: February 21, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: February 21, 2003
- 9) Notice of Proposal Published in Illinois Register: 26 Ill. Reg. 6038
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:

Line: 54, deleted “(Repealed)”

Line 57, deleted “Interventional Cardiac Catheterization and”.

Line 59, deleted “Diagnostic”.

Lines 115 - 119, withdraw the proposed language.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Lines 124 - 136: Withdraw the proposed repeal of 77 Ill. Adm. Code 1100.580.

Lines 225 - 249: Withdraw the proposed changes to 77 Ill. Adm. Code 1100.610.

Lines 252 - 263: Withdraw the proposed changes to 77 Ill. Adm. Code 1100.620.

Although not part of the original rulemaking, the State Board request the following modification to 77 Ill. Adm. Code 1100.540. The following language should be inserted at the end of the Section stating:

“BOARD NOTE: The Burn Treatment Category of Service was repealed by the State Board. Health care facilities which had beds classified as Burn Treatment beds will have those beds reclassified as Intensive Care beds and included in the Inventory as Intensive Care beds.”

During the Second Notice period, grammatical and typographical errors were corrected by JCAR staff to the proposed rulemaking. These corrections are not referenced in this Notice of Adopted Amendments.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking:

Changes are being adopted to Part 1100 to repeal Certificate of Need (CON) review of the following services: neonatal intensive care, burn treatment, therapeutic radiology, sheltered care, intraoperative magnetic resonance imaging, high linear energy transfer and positron emission tomographic scanning.

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

Name: Donald Jones  
 Address: Health Facilities Planning Board  
 525 West Jefferson, 2nd Floor  
 Springfield, Illinois 62761  
 Telephone: 217-782-3516

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS/RULES

Fax: 217-785-4308  
TTY (for hearing impaired only): 800-547-0466  
E-mail: [djones1@idph.state.il.us](mailto:djones1@idph.state.il.us)

The full text of the Adopted Amendment(s)/Rule(s) begins on the next page:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## TITLE 77: PUBLIC HEALTH

## CHAPTER II: HEALTH FACILITIES PLANNING BOARD

## SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

## PART 1100

## NARRATIVE AND PLANNING POLICIES

## SUBPART A: GENERAL NARRATIVE

## Section

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

## SUBPART B: GENERAL DEFINITIONS

## Section

1100.210	Introduction
1100.220	Definitions

## SUBPART C: PLANNING POLICIES

## Section

1100.310	Need Assessment
1100.320	Staffing
1100.330	Professional Education
1100.340	Public Testimony
1100.350	Multi-Institutional Systems
1100.360	Modern Facilities
1100.370	Occupancy/Utilization Standards
1100.380	Systems Planning
1100.390	Quality
1100.400	Location

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 1100.410 Needed Facilities  
 1100.420 Discontinuation  
 1100.430 Coordination with Other State Agencies

## SUBPART D: NEED FORMULAS/UTILIZATION TARGETS

## Section

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

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

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

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

## SUBPART A: GENERAL NARRATIVE

## Section 1100.70 Data Appendices

The State Board in conjunction with the Illinois Department of Public Health publishes data appendices at least once every three years that include Inventory of Health Care Facilities and Services and Need Determinations~~inventories of health care facilities and services~~. Inventories contain facility capacity, need estimates, utilization and socio-economic information. Throughout the year, inventories (see 77 Ill. Adm. Code 1110) are updated ~~up-dated~~ on the 15<sup>th</sup> day of each month (excluding holidays and weekends). Examples of changes included in the monthly update are: permits issued by the State Board; transactions such as a change of facility name or change in bed total; and declaratory rulings made by the State Board.

(Source: Amended at 27 Ill. Reg. 2904, effective February 21, 2003)

## SUBPART D: NEED FORMULAS/UTILIZATION TARGETS

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## Section 1100.540 Intensive Care Category of Service

- a) Planning Areas: Same as M-S
- b) Age Groups: All ages
- c) Occupancy Target: 60%
- d) Bed Capacity: Intensive care bed capacity is the reported functional capacity of each patient room.
- e) Total Bed Need Determination for intensive care and the number of additional beds needed is determined by:
  - 1) dividing the three year average of experienced intensive care patient days by the total base year population to obtain a use rate;
  - 2) multiplying the use rate by the projected total population to obtain projected patient days;
  - 3) dividing the projected patient days by days in year to obtain a projected average daily census;
  - 4) dividing the projected average daily census by the occupancy target for new construction for the service to obtain the bed need;
  - 5) calculating the number of beds which should be added in each area by subtracting the number of beds in existing facilities from the number of beds needed.

BOARD NOTE: The Burn Treatment Category of Service was repealed by the State Board. Health care facilities that had beds classified as Burn Treatment beds will have those beds classified as Intensive Care beds and included in the Inventory as Intensive Care beds.

(Source: Amended at 27 Ill. Reg. 2904, effective February 21, 2003)

Section 1100.590 Burn Treatment Category of Service (Repealed)

- ~~a) Planning Area: The State of Illinois~~
- ~~b) Age Groups: All ages~~
- ~~c) Occupancy Target: 60%~~
- ~~d) Bed Capacity: Burn treatment bed capacity is the reported functional capacity of the burn unit.~~
- ~~e) Burn Incidence:  
A standard estimate is that annually one in every 10,000 persons will have a burn accident requiring hospitalization in a burn treatment center/unit. The number of burn victims requiring hospitalization can be determined by calculating the~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~number of annual burn admissions within the State.~~
- f) ~~Total Bed Need Determination and the number of additional beds needed for burn treatment are determined as follows:~~
- ~~1) Calculate the number of expected annual burn treatment patients requiring hospitalization by dividing the projected planning area population by 10,000.~~
  - ~~2) Calculate the projected patient days by multiplying the number of annual burn treatment patients by 13 days (average length of stay).~~
  - ~~3) Calculate the projected average daily census by dividing the projected patient days by 365.~~
  - ~~4) Calculate the number of burn treatment center/unit beds needed by dividing the projected average daily census by .60.~~
  - ~~5) Calculate the number of burn treatment beds that should be added in the planning area by subtracting the number of beds in existing facilities from the number of beds needed.~~

~~Agency Note: Changes to Section 1100.590 will become effective on March 15, 1999. This effective date is necessary due to the State Board publishing a revised Inventory of Healthcare Facilities and Services and Need Determinations in accordance with 77 Ill. Adm. Code 1100.70.~~

(Source: Repealed at 27 Ill. Reg. 2904, effective February 21, 2003)

Section 1100.600 Therapeutic Radiology Equipment (Repealed)

- a) ~~Planning Areas:~~  
~~Planning area boundaries are established and are coterminous with HSA boundaries except for the Chicago metropolitan area where HSA's 6,7,8, and 9 are combined into one service area. These areas are combined because of the high number of patients receiving radiation therapy service across HSA boundaries. The State Board encourages the areawide health planning organizations in the Chicago metropolitan area to coordinate efforts to develop a proper distribution of radiology equipment and services throughout the area.~~
- b) ~~Classification of Equipment:~~  
~~The following classes are established for equipment used in therapeutic radiology:~~
- ~~1) Class A High Energy Megavoltage (MEV) includes linear accelerators, betatrons, and related equipment capable of producing x-rays, electrons, photons or neutrons with maximum energies in excess of 25 MEV.~~
  - ~~2) Class B Medium Energy Megavoltage includes linear accelerators and supporting or related equipment capable of producing x-rays and electrons~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~and maximum energies of 8-25 MEV.~~
- 3) ~~Class C Low Energy Megavoltage includes linear accelerators, Van de Graaff generators, Cobalt 60, Cesium and equivalent equipment capable of producing x-ray or gamma rays with maximum energies of 600 KEV-6 MEV.~~
- e) ~~Utilization Standards:  
Annual treatment courses of 300 per piece of equipment minimum.~~
- d) ~~Need Assessment—External Beam Therapy/Teletherapy:—The need for megavoltage equipment (Classes A, B, and C) is determined on a planning area basis as follows:~~
- 1) ~~Project the area's population based upon the latest Illinois Bureau of the Budget projections officially published.~~
  - 2) ~~Project the incidence of cancer for the area by multiplying the projected population by the area's age specific incidence rates.~~
  - 3) ~~Project the number of patients needing therapeutic radiology by multiplying the area's cancer incidence by 60%.~~
  - 4) ~~Project the number of megavoltage units required by dividing the projected number of patients by 300.~~
  - 5) ~~Adjustment to the number of needed megavoltage units will be allowed by the State Board based upon patient flow across state lines. In such instances, the areawide health planning organization must conduct a study of the situation and determine the need for megavoltage equipment, existing resources available, and develop a detailed recommendation for distribution of such equipment. The Agency shall adjust the need determination when the study indicates that there is an impact on the need as calculated by the Agency.~~

(Source: Repealed at 27 Ill. Reg. 2904, effective February 21, 2003)

## Section 1100.610 Open Heart Surgery Category of Service

- a) Planning Areas: Health Service Areas
- b) Utilization Standards:
  - 1) Adult: There should be a minimum of 200 open heart procedures performed annually by each facility within three years after initiation, in any institution in which open heart surgery is performed for adults. Higher case loads, over 200 per annum, are encouraged.
  - 2) Pediatric: There should be a minimum of 75 pediatric open heart operations performed annually by each facility within three years after

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

initiation of the service.

- 3) Adult/Pediatric: The defined minimum utilization standards for both adult and pediatric shall apply for programs doing both adult and pediatric open heart surgery.
- c) Open Heart Surgery Programs:  
The need for an open heart surgery category of service shall be institution specific and determined by the volume of at least 200 patients referred to other institutions for surgery following a cardiac ~~catheterization~~ ~~catherization~~ procedure at the applicant facility or a minimum of 750 cardiac ~~catheterizations~~ ~~catherizations~~ were performed annually at the applicant facility.

(Source: Amended at 27 Ill. Reg. 2904, effective February 21, 2003)

Section 1100.661 General Long-Term Care-Sheltered Care Category of Service (Repealed)

- a) ~~Planning Areas: For purposes of need assessment, the applicant shall identify the planning or geographic service area pursuant to the review criteria requirements of 77 Ill. Adm. Code 1110. For inventory purposes, sheltered care facilities and beds shall be inventoried in accordance with the planning areas established for the nursing care category of service in this Part.~~
- b) ~~Age Group: 75 and over.~~
- c) ~~Occupancy Targets: 85% for additional beds and for modernization.~~
- d) ~~Need Determination: No formula or bed need for the sheltered care category of service has been established. The applicant must document that the number of beds to be added or modernized is needed pursuant to the review criteria of 77 Ill. Adm. Code 1110.~~
- e) ~~Bed Capacity: Sheltered care capacity is the number of sheltered care beds licensed by the Agency.~~

(Source: Repealed at 27 Ill. Reg. 2904, effective February 21, 2003)

Section 1100.680 Intraoperative Magnetic Resonance Imaging Category of Service (Repealed)

- a) ~~Planning Area: The State of Illinois.~~
- b) ~~Need Assessment: The State Board has determined that eight Intraoperative Magnetic Resonance Imaging machines are needed in the State.~~

(Source: Repealed at 27 Ill. Reg. 2904, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Section 1100.690 High Linear Energy Transfer (L.E.T.) (~~Repealed~~)

- a) ~~Planning Area: The State of Illinois.~~
- b) ~~Need Assessment: One piece of equipment for the entire State.~~

(Source: Repealed at 27 Ill. Reg. 2904, effective February 21, 2003)

Section 1100.700 Positron Emission Tomographic Scanning (P.E.T.) (~~Repealed~~)

- a) ~~Planning Area: Health Service Areas.~~
- b) ~~Target Utilization: A minimum of 1,000 scans annually per P.E.T. machine within two years after initiation. The calculation of 1,000 scans will be based upon data submitted by the applicant demonstrating the machine's utilization by all referral sources.~~
- e) ~~Need Determination: The need for a P.E.T. machine shall be determined by using the adjusted Illinois cancer incidence rate and applying that rate to each HSA. This is determined as follows:
  - 1) ~~determine the population in each HSA;~~
  - 2) ~~divide the HSA population from step one by 100,000;~~
  - 3) ~~determine the total number of diagnosed cancer cases in Illinois;~~
  - 4) ~~divide the number in subsection (c)(3) by 2 (it is assumed that 50% of patients diagnosed with cancer will not benefit from a P.E.T. scan);~~
  - 5) ~~divide the number from subsection (c)(4) by the number in subsection (c)(2) to determine the adjusted statewide cancer incidence rate per 100,000 population;~~
  - 6) ~~multiply the total number in subsection (c)(5) by the number in subsection (c)(2) to determine the estimated number of cancer cases diagnosed in the HSA;~~
  - 7) ~~multiply the number in subsection (c)(6) by 1.5 to accommodate non-oncology patients;~~
  - 8) ~~divide the number in subsection (c)(7) by 1,000 (target utilization) to determine the number of P.E.T. machines needed in each HSA;~~
  - 9) ~~subtract existing P.E.T. machines in operation to determine additional machines needed.~~~~

~~BOARD NOTE: In relation to subsection (c)(9), if a mobile P.E.T. machine is utilized in more than one HSA, it shall be counted against each HSA's calculated need based upon its actual utilization in that HSA. For example, if a mobile P.E.T. machine is utilized in HSA 3 two days per week and HSA 4 three days per week then there would exist 2/5 of a~~

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HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS/RULES

~~P.E.T. machine in HSA 3 and 3/5 of a P.E.T. machine in HSA 4.~~ |

(Source: Repealed at 27 Ill. Reg. 2904, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

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

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1110.40	Amendment
1110.60	Amendment
1110.230	Amendment
1110.520	Amendment
1110.1010	Repeal
1110.1020	Repeal
1110.1030	Repeal
1110.1110	Repeal
1110.1120	Repeal
1110.1130	Repeal
1110.1720	Amendment
1110.1730	Amendment
1110.1910	Repeal
1110.1920	Repeal
1110.1930	Repeal
1110.2010	Repeal
1110.2020	Repeal
1110.2030	Repeal
1110.2110	Repeal
1110.2120	Repeal
1110.2130	Repeal
1110.Appendix B	Amendment
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960]
- 5) Effective Date of Rulemaking: February 21, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: February 21, 2003

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 9) Notice of Proposal Published in Illinois Register: 26 Ill. Reg. 6049
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:

Line: 35, after "Ownership" add ", Mergers and Consolidations"

Line 106, delete "INTERVENTIONAL CARDIAC CATHETERIZATION".

Line 117, delete "DIAGNOSTIC".

Lines 122 - 123, DELETE "Diagnostic".

Lines 400 - 601: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.230.

Lines 694, change "On the effective date" to "Effective February 15, 2003".

Lines 722 - 726: Withdraw the proposed repeal of 77 Ill. Adm. Code 1110.910.

Lines 729 - 759: Withdraw the proposed repeal of 77 Ill. Adm. Code 1110.920.

Lines 762 - 833: Withdraw the proposed repeal of 77 Ill. Adm. Code 1110.930.

Lines 694 - 698: Although not part of the original rulemaking, the State Board request the following modification to 77 Ill. Adm. Code 1110.520(d). The following language should be inserted at the end of the Section stating:

"On the effective date of the repeal of 77 Ill. Adm. Code, Sections 1110.1010, 1110.1020 and 1110.1030, the beds and corresponding utilization for the Burn Treatment category of service will be included in the Intensive Care category of service."

Lines 1095 - 1112: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.1210.

Lines 1115 - 1124: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.1215.

Lines 1127 - 1163: Withdraw the proposed changes to 77 Ill. Adm. Code 110.1220.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Lines 1166 - 1266: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.1230.

Lines 1269 - 1388: Withdraw the proposed new section at 77 Ill. Adm. Code 1110.1235.

Lines 1394 - 1398: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.1310.

Lines 1402 - 1433: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.1320.

Lines 1436 - 1568: Withdraw the proposed changes to 77 Ill. Adm. Code 1110.1330.

Lines 2027 - 2028: Withdraw the proposed language.

Lines 2070 - 2071: Withdraw the proposed change.

In Appendix B, at the end of the table, strike “\*Surgical visits and obstetric procedures”.

During the Second Notice period, grammatical and typographical errors were corrected by JCAR staff to the proposed rulemaking. These corrections are not referenced in this Notice of Adopted Amendments.

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

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

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

15) Summary and Purpose of Rulemaking:

Changes are being adopted to Part 1110 to repeal Certificate of Need (CON) review of the following services: neonatal intensive care, burn treatment, therapeutic radiology, sheltered care, intraoperative magnetic resonance imaging, high linear energy transfer and positron emission tomographic scanning.

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

Name: Donald Jones  
Address: Health Facilities Planning Board  
525 West Jefferson, 2nd Floor

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HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS/RULES

Springfield, Illinois 62761

Telephone:

217-782-3516

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TTY (for hearing impaired only):

800-547-0466

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[djones1@idph.state.il.us](mailto:djones1@idph.state.il.us)

The full text of the Adopted Amendment(s)/Rule(s) begins on the next page:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

TITLE 77: PUBLIC HEALTH  
 CHAPTER II: HEALTH FACILITIES PLANNING BOARD  
 SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1110  
 PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

## SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

## Section

- 1110.10 Introduction to Part 1110  
 1110.20 Projects Required to Obtain a Permit (Repealed)  
 1110.30 Processing and Reviewing Applications  
 1110.40 Classification of Projects  
 1110.50 Recognition of Services Which Existed Prior to Permit Requirements  
 1110.55 Recognition of Non-~~hospital~~ ~~Hospital~~ Based Ambulatory Surgery Category of Service  
 1110.60 Master Design Projects  
 1110.65 Master Plan or Capital Budget Projects

## SUBPART B: REVIEW CRITERIA – DISCONTINUATION

## Section

- 1110.110 Introduction  
 1110.120 Discontinuation – Definition  
 1110.130 Discontinuation – Review Criteria

SUBPART C: GENERAL, MASTER DESIGN, AND CHANGES  
 OF OWNERSHIP REVIEW CRITERIA

## Section

- 1110.210 Introduction  
 1110.220 Definitions – General Review Criteria  
 1110.230 General Review Criteria  
 1110.235 Additional General Review Criteria for Master Design and Related Projects Only  
 1110.240 Changes of Ownership, Mergers and Consolidations

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

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## CHANGE IN BED CAPACITY

## Section

- 1110.310 Introduction
- 1110.320 Bed Related Review Criteria

## SUBPART E: MODERNIZATION REVIEW CRITERIA

## Section

- 1110.410 Introduction
- 1110.420 Modernization Review Criteria

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

## Section

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

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

## Section

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

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

## Section

- 1110.710 Introduction
- 1110.720 Acute Mental Illness – Definitions
- 1110.730 Acute Mental Illness – Review Criteria

SUBPART I: CATEGORY OF SERVICE REVIEW CRITERIA –  
SUBSTANCE ABUSE/ADDICTION TREATMENT

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## Section

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

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

## Section

- 1110.910 Introduction  
1110.920 Neonatal Intensive Care – Definitions  
1110.930 Neonatal Intensive Care – Review ~~Criteria~~ Criteria

SUBPART K: CATEGORY OF SERVICE REVIEW CRITERIA –  
BURN TREATMENT

## Section

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

SUBPART L: CATEGORY OF SERVICE REVIEW CRITERIA –  
THERAPEUTIC RADIOLOGY

## Section

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

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

## Section

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

SUBPART N: CATEGORY OF SERVICE REVIEW CRITERIA –  
CARDIAC CATHETERIZATION

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## Section

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

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA –  
CHRONIC RENAL DIALYSIS

## Section

- 1110.1410 Introduction
- 1110.1420 Chronic Renal Dialysis – Definitions
- 1110.1430 Chronic Renal Dialysis – Review Criteria

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA –  
NON-HOSPITAL BASED AMBULATORY SURGERY

## Section

- 1110.1510 Introduction
- 1110.1520 Non-Hospital Based Ambulatory Surgery – Definitions
- 1110.1530 Non-Hospital Based Ambulatory Surgery – Projects Not Subject to This Part
- 1110.1540 Non-Hospital Based Ambulatory Surgery – Review Criteria

SUBPART Q: CATEGORY OF SERVICE REVIEW CRITERIA –  
COMPUTER SYSTEMS

## Section

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

SUBPART R: CATEGORY OF SERVICE REVIEW CRITERIA –  
GENERAL LONG-TERM CARE

## Section

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

## SUBPART S: CATEGORY OF SERVICE REVIEW CRITERIA –

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## SPECIALIZED LONG-TERM CARE

## Section

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

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

## Section

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

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

## Section

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

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

## Section

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

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

## Section

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

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

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

## Section

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

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA –  
KIDNEY TRANSPLANTATION

## Section

- 1110.2410 Introduction
- 1110.2420 Kidney Transplantation – Definitions
- 1110.2430 Kidney Transplantation – Review Criteria

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

## Section

- 1110.2510 Introduction
- 1110.2520 Subacute Care Hospital Model – Definitions
- 1110.2530 Subacute Care Hospital Model – Review Criteria
- 1110.2540 Subacute Care Hospital Model – State Board Review
- 1110.2550 Subacute Care Hospital Model – Project Completion

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

## Section

- 1110.2610 Introduction
- 1110.2620 Postsurgical Recovery Care Center Alternative Health Care Model – Definitions
- 1110.2630 Postsurgical Recovery Care Center Alternative Health Care Model – Review  
Criteria
- 1110.2640 Postsurgical Recovery Care Center Alternative Health Care Model – State Board  
Review
- 1110.2650 Postsurgical Recovery Care Center Alternative Health Care Model – Project  
Completion

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

SUBPART AB: CATEGORY OF SERVICE REVIEW CRITERIA –  
CHILDREN'S RESPITE CARE ALTERNATIVE HEALTH CARE MODEL

- 1110.2710 Introduction
- 1110.2720 Children's Respite Care Center Alternative Health Care Model – Definitions
- 1110.2730 Children's Respite Care Center Alternative Health Care Model – Review Criteria
- 1110.2740 Children's Respite Care Center Alternative Health Care Model – State Board Review
- 1110.2750 Children's Respite Care Center Alternative Health Care Model – Project Completion

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

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

- APPENDIX A Medical Specialty Eligibility/Certification Boards
- APPENDIX B State and National Norms
- APPENDIX C Statutory Citations for All State and Federal Laws and Regulations Referenced in Chapter 3

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

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

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

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

## SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

## Section 1110.40 Classification of Projects

When an application for permit has been received by the State Board, the Executive Secretary shall classify the project into one of the following classifications:

- a) Emergency Classification
  - 1) Emergency projects are subject to the review process and are those construction or modification projects that affect the inpatient operation of a health care facility and are necessary because there exists one or more of the following conditions:
    - A) An imminent threat to the structural integrity of the building; or
    - B) An imminent threat to the safe operation and functioning of the mechanical, electrical, or comparable systems of the building.
  - 2) Since the State Board recognizes that applications for emergency projects must be processed as expeditiously as possible, all applications will be reviewed in accordance with the following review criteria:
    - A) the project is indeed an emergency project as defined in subsection (a)(1)(A) or (B)-~~above~~; and
    - B) failure to proceed immediately with the project would result in closure or impairment of the inpatient operation of the facility; and
    - C) the emergency conditions did not exist longer than 30 days prior to requesting the emergency classification.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- b) Non-Substantive Review Classification. Non-substantive projects are those establishment, construction, modification or equipment projects which consist solely of the characteristics detailed in this subsection. Applications shall be evaluated only against the following applicable review criteria of the Sections or Parts specified.

Applicable Project Type	Review Criteria
Establishment of long-term care facilities licensed by the Department of Children and Family Services	Section 1110.230 and Part 1120
Discontinuation of beds or category of service	Section 1110.130 and Part 1120
Changes of ownership	Sections 1110.230(b), 1110.240, and Part 1120
Long-term care for the Developmentally Disabled Categories of Service	Section 1110.230; Section 1110.320(b); Section 1110.1830; and Part 1120
Acute Care Beds Certified for Extended Care Category of Service as defined by the Health Care Financing Administration (42 CFR 405.471 (1987))	Section 1110.230(a), (c), (e); and Part 1120
Chronic Renal Dialysis Category of Service	Section 1110.230; Part 1110.1430; and Part 1120
<del>Positron Emission Tomographic Scanning Category of Service</del>	<del>Section 1110.230(a), (c), (d), and (e); Section 1110.2130; and Part 1120</del>
<del>Residential units and apartments</del>	<del>Section 1110.230; and Part 1120</del>
Projects intended solely to provide care to patients suffering from Acquired Immunodeficiency Syndrome (AIDS) or	Section 1110.230; Section 1110.320; Section 1110.420; and Part 1120

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

related disorders

~~Projects to comply with Life Safety Code Requirements~~      ~~Section 1110.420(a) and (b); and Part 1120~~

~~Restaurants, cafeterias, snack bars and all other non-patient dining areas~~      ~~Section 1110.230(c) and (e); Section 1110.420(b); and Part 1120~~

~~Administration and volunteer offices~~      ~~Section 1110.230(c) and (e); and Part 1120~~

Replacement of diagnostic or therapeutic equipment with comparable equipment to be utilized for a similar purpose      Section 1110.420(b); and Part 1120

Medical office buildings, fitness centers, and other non-inpatient space      Section 1110.230(c), (d) and (e); and Part 1120

~~Boiler repair or replacement (does not include boiler plant); bridges, tunnels, walkways, elevators or other structures designed to provide access between or through existing buildings; capitalized projects that are considered basically maintenance, such as carpeting, tile replacement or furniture purchase chapels; computers; educational facilities, including auditoriums, classrooms, student housing; emergency transportation equipment; gift shops, news stands and other retail space; mechanical systems for heating, ventilation and air conditioning; modernization of structural components (roof replacement, masonry work, etc.); loading docks; parking facilities; telephone systems~~      ~~Part 1120~~

Community-Based Residential Rehabilitation Center Alternative Health      Section 1110.28302850

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## Care Model

- c) Substantive Review Classification. All projects that do not include components specified in subsection (b) shall be subject to review and shall be classified substantive unless they are found to be emergency projects as delineated in subsection (a) ~~above~~.
- d) Classification of projects with both non-substantive and substantive components. Projects which include both substantive and non-substantive components shall be classified as substantive.
- e) Classification Appeal. Appeal of any classification may be made to the State Board at the next scheduled State Board meeting.

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

## Section 1110.60 Master Design Projects

- a) Definition  
Master Design Project means a proposed project solely for the planning and/or design costs associated with an institutional master plan or with one or more future construction or modification projects. Project costs include: preplanning costs, site survey and soil investigation costs, architects fees, consultant fees and other fees related to planning or design. The master design project is for planning and design only and shall not contain any construction elements.
- b) Review Coverage  
Master design projects shall be classified as substantive. Such projects shall be reviewed to determine the financial and economic feasibility of the master design project itself, the need for the proposed master plan or for the future construction or modification ~~projects~~project(s), and the financial and economic feasibility of the proposed master plan or of the future construction or modification ~~projects~~project(s). Findings concerning the need for beds and services and financial feasibility made during the review of the master design project are applicable only for the master design project. Approval by the State Board of a master design project does not obligate approval or positive findings on future construction or modification projects implementing the design. Future applications including those involving the replacement or addition of beds are subject to the review criteria and bed need in effect at the time of State Board review.
- c) Applicable Review Standards
  - 1) The estimated project costs of a master design project shall be subject to

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

review only under the applicable review criteria of 77 Ill. Adm. Code 1120.

- 2) The master plan or the future construction or modification ~~project(s)~~ projects proposed pursuant to the master design project shall be subject to the applicable review criteria of 77 Ill. Adm. Code 1120 and the following review criteria found in this Part:

Section 1110.230(a)	Location
Section 1110.230(b)	Background of Applicant
Section 1110.230(c)	Alternatives to the Proposed Project
Section 1110.235	Additional General Review Criteria for Master Design and Related Projects Only
Section 1110.320(a)	Establishment of Additional Hospitals
Section 1110.320(b)	Allocation of Additional Beds
Section 1110.420(b)	Modern Facilities
Section 1110.530(a)	Unit Size
Section 1110.630(a)	Facility Size
Section 1110.730(a)	Unit Size
<del>Section 1110.930(b)</del>	<del>Letter of Agreement</del>
<del>Section 1110.1030(b)</del>	<del>Unit Size</del>
Section 1110.1230(b)	Establishment of Open Heart Surgery
Section 1110.1330(b)	Establishment or Expansion of Cardiac Catheterization Service
Section 1110.1330(d)	Modernization of Existing Cardiac Catheterization Equipment
Section 1110.1430(b)	Minimum Size of Renal Dialysis Center or Renal Dialysis Facilities
Section 1110.1730(a)	Facility Size
Section 1110.1730(c)	Zoning
Section 1110.1830(a)	Facility Size
Section 1110.1830(d)	Recommendation from State Department
Section 1110.1830(f)	Zoning
<del>Section 1110.1930(f)</del>	<del>Multi-institutional Systems</del>
<del>Section 1110.2030(a)</del>	<del>Initial Introduction</del>
<del>Section 1110.2130(d)</del>	<del>Location</del>
Section 1110.2330(a)	Establishment of a Program

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

SUBPART C: GENERAL, MASTER DESIGN, AND CHANGES  
OF OWNERSHIP REVIEW CRITERIA

## Section 1110.230 General Review Criteria

## a) Location – Review Criterion

An applicant who proposes to establish a new health care facility or a new category of service or who proposes to acquire major medical equipment that is not located in a health care facility and that is not being acquired by or on behalf of a health care facility must document the following:

- 1) that the primary purpose of the proposed project will be to provide care to the residents of the planning area in which the proposed project will be physically located. Documentation for existing facilities shall include patient origin information for all admissions for the last 12 months. Patient origin information must be presented by zip code and be based upon the patient's legal residence other than a health care facility for the last six months immediately prior to admission. For all other projects for which referrals are required to support the project, patient origin information for the referrals is required. Each referral letter must contain a certification by the health care worker physician that the representations contained therein are true and correct. A complete set of the referral letters with original notarized signatures must accompany the application for permit.
- 2) that the location selected for a proposed project will not create a maldistribution of beds and services. Maldistribution is typified by such factors as: a ratio of beds to population (population will be based upon the most recent census data by zip code), within 30 minutes travel time under normal driving conditions of the proposed facility, which exceeds one and one half times the State average; an average utilization rate for the last 12 months for the facilities providing the proposed ~~services~~ ~~service(s)~~ within 30 minutes travel time under normal driving conditions of the proposed project which is below the Board's target occupancy rate; or the lack of a sufficient population concentration in an area to support the proposed project.

## b) Background of Applicant – Review Criterion

- 1) The applicant shall demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the fitness of the applicant, the State Board shall consider

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

- 2) For purposes of this subsection:
- A) "Adverse action" means conviction of any felony or any misdemeanor involving fraud or dishonesty; any supervision, probation, suspension, revocation, termination, or denial of a license or certificate or registration; imposition of a conditional license; termination or suspension from participation in any program involving payment authorized under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act, as amended; or denial, suspension, revocation or termination of accreditation by an nationally recognized organization.
  - B) A health care facility is considered "owned or operated" by every person or entity which, within the three years preceding the filing of the application, owns, directly or indirectly, an ownership interest as specified in this subsection (b)(2).
  - C) "Ownership interest" means any legal or equitable interest, including any interest arising from a lease or management agreement, which gives rise to participation in profits or losses, or which gives rise to the exercise or implementation of any decision-making authority respecting the operations or finances of the health care facility.
    - i) In the case of an individual, "ownership interest" includes any interest owned or exercised, directly or indirectly, by or for the individual's spouse or children.
    - ii) In the case of a partnership, "ownership interest" includes any interest owned or exercised, directly or indirectly, by or for any general partner, and the partnership is considered to be owned by all of its general partners.
    - iii) In the case of a limited liability company, "ownership interest" includes any interest owned, directly or indirectly, by or for any member or partner, and the limited liability company is considered to be owned by all of its members or partners.
    - iv) In the case of an estate, "ownership interest" includes any interest owned or exercised, directly or indirectly, by any beneficiary, and the estate is considered to be owned by all of its beneficiaries.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- v) In the case of a trust, "ownership interest" includes any interest owned or exercised, directly or indirectly, by any beneficiary, and the trust is considered to be owned by all of its beneficiaries.
  - vi) In the case of a corporation, "ownership interest" includes any interest owned, directly or indirectly, by or for any principal shareholder, member, director or officer, and the corporation is considered to be owned by its principal shareholders, members, directors and officers.
- D) "Principal shareholder" means:
- i) In the case of a corporation having 30 or more shareholders, a person who, directly or indirectly, beneficially owns, holds or has the power to vote 5% or more of any class of securities issued by the corporation.
  - ii) In the case of a corporation having fewer than 30 shareholders, a person who, directly or indirectly, beneficially owns, holds or has the power to vote 50% or more of any class of securities issued by the corporation, or any member of any group of five or fewer shareholders which, directly or indirectly, beneficially own, hold or have the power to vote 80% or more of any class of securities issued by the corporation.
- E) If any person or entity owns any option to acquire stock, ~~the such~~ stock shall be considered to be owned by such person or entity.
- 3) Examples of facilities owned or operated by the applicant:
- A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.
  - B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter ASTC, its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.
  - C) Dr. Wellcare is the applicant. His wife is the director of a corporation which owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.
  - D) Drs. Faith, Hope and Charity own 40%, 35%, and 10%, respectively, of the shares of Healthfair, Inc., a corporation, which is the applicant. Dr. Charity owns 45% and Drs. Well and Care

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

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

- 4) Documentation to be submitted shall include:
  - A) A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable;
  - B) proof of current licensure and, if applicable, certification and accreditation of all health care facilities owned or operated by the applicant;
  - C) a certification from the applicant listing any adverse action taken against any facility owned or operated by the applicant during the three years prior to the filing of the application~~:-~~;
  - D) authorizations permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection (b)(4) or to obtain any additional documentation or information which the State Board or IDPH finds pertinent to this subsection (b)(4). Failure to provide ~~the such~~ authorization shall constitute an abandonment or withdrawal of the application without any further action by the State Board.
- 5) If during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior application may be utilized to fulfill the data requirements of this Part. In ~~these such~~ cases, applicant must state that the information has been previously provided to IDPH, cite the project for the prior application, and certify that no changes have occurred regarding the information which has been previously provided.
- 6) In addition to documentation submitted by the applicant, the State Board and IDPH shall review the official records of IDPH, other State agencies, and, where applicable, those of other states, respecting licensure and certification, and shall review the records of nationally recognized accreditation organizations to determine compliance with the requirements of this subsection (b).
- c) Alternatives to the Proposed Project – Review Criterion. The applicant must document that the proposed project is the most effective or least costly alternative. Documentation shall consist of a comparison of the proposed project to alternative options. Such a comparison must address issues of cost, patient access, quality, and financial benefits in both the short and long term. If the alternative

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

selected is based solely or in part on improved quality of care, the applicant shall provide empirical evidence including quantifiable outcome data that verifies improved quality of care. Alternatives must include, but are not limited to: purchase of equipment, leasing or utilization (by contract or agreement) of other facilities, development of freestanding settings for service and alternate settings within the facility.

- d) Need For the Project – Review Criterion. The project must be needed.
- 1) If the State Board has determined need pursuant to Part 1100, the proposed project shall not exceed additional need determined unless the applicant meets the criterion for a variance.
  - 2) If the State Board has not determined need pursuant to Part 1100, the applicant must document that it will serve a population group in need of the services proposed and that insufficient service exists to meet the need. Documentation shall include but not be limited to:
    - A) area studies (which evaluate population trends and service use factors);
    - B) calculation of need based upon models of estimating need for the service (all assumptions of the model and mathematical calculations must be included);
    - C) historical high utilization of other area providers; and
    - D) identification of individuals likely to use the project.
  - 3) If the project is for the acquisition of major medical equipment that does not result in the establishment of a category of service, the applicant must document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.
- e) Size of Project – Review Criterion. The applicant must document that the size of a proposed project is appropriate.
- 1) The proposed project cannot exceed the norms for project size found in Appendix B of this Part unless the additional square footage beyond the norm can be justified by one of the following:
    - A) the proposed project requires additional space due to the scope of services provided;
    - B) the proposed project involves an existing facility where the facility design places impediments on the architectural design of the proposed project;
    - C) the proposed project involves the conversion of existing bed space and the excess square footage results from that conversion; or
    - D) the proposed project includes the addition of beds and the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

historical demand over the last five year period for private rooms has generated a need for conversion of multiple bed rooms to private usage.

- 2) When the State Board has established utilization targets for the beds or services proposed, the applicant must document that in the second year of operation the annual utilization of the beds or service will meet or exceed the target utilization. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures which would increase utilization.

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

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

Section 1110.520 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Definitions

- a) Medical/Surgical
  - 1) "Medical-Surgical Service" means a category of service pertaining to the medical-surgical care performed at the direction of a physician in behalf of patients by physicians, dentists, nurses and other professional and technical personnel. For purposes of this Subchapter, the medical-surgical category of service includes such subcategories of service as medical, surgical, ophthalmology, intermediate intensive care, tuberculosis, gynecology (outside obstetric (OB) department), research, eyes-ears-nose and throat, orthopedic, neurology, cardio-thoracic-vascular, trauma, inpatient renal dialysis, special care units, substance abuse/addiction treatment, dental and urology. The medical-surgical category of service does not include the following categories of service and their subcategories:
    - A) Obstetric Service;
    - B) Pediatric Service;
    - C) Intensive Care Service;
    - D) Rehabilitation Service;
    - E) Acute Mental Illness Treatment Service;
    - F) Neonatal Intensive Care Service;
    - G) Burn Treatment Service;
    - H) General Long-Term Care Categories of Service; and

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- I) Specialized Long-Term Care Categories of Service.
- 2) "Medical-Surgical Unit" means an assemblage of inpatient beds and related facilities in which medical-surgical services are provided to a defined and limited class of patients according to their particular medical care needs.
- b) Obstetrics
- 1) "Combined Maternity and Gynecological Unit" means an entire facility or a distinct part of a facility which provides both a program of maternity care (as defined in subsection (b)(3) below) and a program of obstetric gynecological care (as defined in subsection (b)(5) below) and which is designed, equipped, organized and operated in accordance with the requirements of the Hospital Licensing Act [210 ILCS 85].
- 2) "Fertility Rate" means projections of population fertility based upon resident birth occurrence as provided by IDPH.
- 3) "Maternity Care" means a subcategory of obstetric service related to the medical care of the patient prior to and during the act of giving birth either to a living child or to a dead fetus and to the continuing medical care of both patient and newborn infant under the direction of a physician in behalf of the patient by physicians, nurses, and other professional and technical personnel.
- 4) "Maternity Facility or Unit" means an entire facility or a distinct part of a facility which provides a program of maternity and newborn care and which is designed, equipped, organized, and operated in accordance with the requirements of the Hospital Licensing Act.
- 5) "Obstetric Gynecological Care" means a subcategory of obstetric service where medical care is provided to clean gynecological, surgical, or medical cases which are admitted to a postpartum section of an obstetric unit in accordance with the requirements of the Hospital Licensing Act.
- 6) "Obstetric Service" means a category of service pertaining to the medical or surgical care of maternity and newborn patients or medical or surgical cases which may be admitted to a postpartum unit.
- c) Pediatrics
- 1) "Designated Pediatric Beds" means beds within the facility which are primarily used for pediatric patients and are not a component part of a distinct pediatric unit as defined in subsection (c)(2) below.
- 2) "Pediatric Facility or Distinct Pediatric Unit" means an entire facility or a distinct unit of a facility, where the nurses' station services only that unit, which provides a program of pediatric service and is designed, equipped, organized and operated to render medical-surgical care to the 0-14 age

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- population.
- 3) "Pediatric Service" means a category of service for the delivery of treatment pertaining to the non-intensive medical-surgical care of a pediatric patient (0-14 years in age) performed at the direction of a physician in behalf of the patient by physicians, dentists, nurses, and other professional and technical personnel.
- d) Intensive Care
- 1) "Intensive Care Service" means a category of service providing the coordinated delivery of treatment to the critically ill patient or to patients requiring continuous care due to special diagnostic considerations requiring extensive monitoring of vital signs through mechanical means and through direct nursing supervision. This service is given at the direction of a physician in behalf of patients by physicians, dentists, nurses, and other professional and technical personnel. The intensive care category of service includes the following subcategories; medical Intensive Care Unit (ICU), surgical ICU, coronary care, pediatric ICU, and combinations of such ICU. This category of service does not include intermediate intensive or coronary care and special care units which are included in the medical-surgical category of service.
  - 2) "Intensive Care Unit" means a distinct part of a facility which provides a program of intensive care service and which is designed, equipped, organized and operated to deliver optimal medical care for the critically ill or for patients with special diagnostic conditions requiring specialized equipment, procedures and staff, and which is under the direct visual supervision of a qualified professional nurses' staff. Effective February 15, 2003, the repeal of 77 Ill. Adm. Code 1110.1010, 1110.1020 and 1110.1030, the beds and corresponding utilization for the Burn Treatment category of service will be included in the Intensive Care category of service.

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

SUBPART K: CATEGORY OF SERVICE REVIEW CRITERIA –  
BURN TREATMENT

Section 1110.1010 Introduction (Repealed)

~~Subpart K contains Review Criteria which pertain to the Burn Treatment category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.1020 Burn Treatment – Definitions (Repealed)

~~"Burn Care Technician" means a licensed practical or vocational nurse or an operating room technician or corpsman; or a high school graduate with basic nurse aide training who has received special education or experience in burn treatment care.~~

~~"Burn Center Unit" means a facility or a distinct part of a facility which provides a program of burn treatment service and which is a specially designed physical area which is set aside exclusively for the physical management of burn patients in all phases of treatment, staffed by individuals trained specifically to provide the necessary care.~~

~~"Burn Specialist" means a registered professional nurse who possesses experience in general nursing and experience in and/or knowledge of intensive nursing care and burn treatment care.~~

~~"Burn Treatment Service" means a category of service providing an appropriate mix of services for those patients requiring "Burn Treatment" including treatment capability for the following 3 Classifications of Burn Injuries:~~

~~Major Burn Injury—Second degree burns of greater than 25% Body Surface Area (BSA) in adults (20% in children), all third degree burns involving hands, face, eyes, ears, feet, perineum, all inhalation injury, electrical burns and complicated burn injury involving fractures, or other major trauma and all poor risk patients.~~

~~Moderate Uncomplicated Burn Injury—Second degree burns of 10-15% BSA in adults (10-20% in children) with less than 10% third degree burn and which does not involve eyes, ears, face, hands, feet or perineum. Excludes electrical injury, complicated injury (fractures), inhalation injury and all poor risk patients (extremes of age, intercurrent disease, etc.).~~

~~Minor Burn Injury—Second degree burns of less than 15% BSA in adults (10% in children) with less than 2% third degree, not involving eyes, ears, face, hands, feet or perineum. Excludes electrical injury, inhalation injury, complicated injury~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~(fractures), and all poor risk patients (extremes of age, intercurrent disease, etc.).~~

~~"Clinical Nurse Specialist in Burn Care" means a registered professional nurse possessing a master's degree in nursing with a burn care specialty or equivalent experience.~~

~~"Severe Burn" means all burns that cover more than 20 percent of the body area, and burns requiring intensive treatment, such as but not limited to, inhalation injuries, chemical and electrical burns, burns with complications such as fractures, burns to the face, full thickness burns to the hands or feet, patients with burns where pre-burned health was known to be poor, such as diabetes, heart disease, etc., and for those experiencing burns that are under 5 and over 60 years of age.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.1030 Burn Treatment – Review Criteria (Repealed)

- a) ~~Staffing—Review Criterion~~
- ~~1) The applicant must document that personnel possessing proper credentials in the following categories are available to staff the service:~~
    - ~~A) Director—a physician (general surgeon) with at least one year of experience in a Burn Unit.~~
    - ~~B) Clinical Nurse Specialist—as defined in Section 1110.1020.~~
    - ~~C) Burn Specialist—as defined in Section 1110.1020.~~
    - ~~D) Burn Care Technician—as defined in Section 1110.1020.~~
    - ~~E) Support staff consisting of: anesthetist, dietician, inhalation therapist, microbiologist, occupational therapist, pharmacist and physical therapist.~~
    - ~~F) Specialists including: physiatrist, psychiatrist, plastic surgeon, orthopedic surgeon, internist, ophthalmologist, social worker, special education teacher, pathologist, chaplain, and pediatrician.~~
  - ~~2) Documentation shall consist of:~~
    - ~~A) letters of interest from potential employees;~~
    - ~~B) applications filed with the applicant for a position;~~
    - ~~C) signed contracts with required staff; or~~
    - ~~D) a narrative explanation of how other positions will be filled.~~
- b) ~~Unit Size—Review Criterion. The minimum size for a burn unit is six beds.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

SUBPART L: CATEGORY OF SERVICE REVIEW CRITERIA –  
THERAPEUTIC RADIOLOGYSection 1110.1110 Introduction (Repealed)

~~Subpart L contains Review Criteria which pertain to the Therapeutic Radiology category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.1120 Therapeutic Radiology – Definitions (Repealed)

- a) ~~"Brachytherapy" means a type of radiation therapy which involves applying a radioactive material within or in close approximation to the patient. This material may be contained in various types of apparatus, e.g., tubes, needles, wire, seeds, and other small containers. Common materials used in brachytherapy are radium-226, cobalt-60, cesium-137 and gold-198. Interstitial, intracavitary, and surface applications are forms of brachytherapy. (See Agency Note #1)~~
- b) ~~"Cancer" means a malignant tumor or neoplasm, varying from highly curable local skin, oral and cervix cancers to rapidly fatal advanced cancers. (See Agency Note #2)~~
- e) ~~"Cancer Incidence" means the number of patients newly diagnosed in a specific calendar year within a defined population. This is often expressed as the ratio of new cases per unit of population per year (rate). (See Agency Note #2)~~
- d) ~~"Cancer Prevalence" means the total number of patients (old or new) with cancer present during a specified time within a defined population. (See Agency Note #2)~~
- e) ~~"External Beam Therapy/Teletherapy" means a type of radiation therapy which delivers radiation from a source at a distance from the body through an external beam. (See Agency Note #1)~~
- f) ~~"Interstitial Irradiation" means a form of brachytherapy which involves a radiation source(s) placed in the tissue. (See Agency Note #1)~~
- g) ~~"Intracavitary Irradiation" means a form of brachytherapy which involves the use of radiation source(s) within special applicators placed within body cavities. (See Agency Note #1)~~
- h) ~~"Megavoltage Treatment" means a form of external beam/therapy which involves the delivery of energy greater than or equivalent to one million volts by the emission of x-rays, gamma rays, electrons, or other radiation. (See Agency Note~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- #1)
- i) ~~"Oncology" means the study and treatment of tumors.~~
  - j) ~~"Orthovoltage Treatment" means a form of external beam/therapy which involves the delivery of x-rays generated by voltages approximately between 140 and 600 kilovolts. (See Agency Note #1)~~
  - k) ~~"Radiation Oncologist" means a person certified by the American Board of Radiology in therapeutic radiology or its equivalent. (See Agency Note #3)~~
  - l) ~~"Radiation Therapy Procedure" means one patient visit for therapy regardless of the number of fields.~~
  - m) ~~"Radiation Therapy Technologist or Radiologic Technologist" means a person who has completed at least two years experience in radiation therapy or who is registered by the American Board of Radiologic Technologists. (See Agency Note #3)~~
  - n) ~~"Radiologic Physicist" means a person who is a graduate physicist, and is either certified, or eligible for certification, by the American Board of Radiology or its equivalent, or who is a graduate physicist with equivalent training and experienced to that required by the American Board of Radiology. (See Agency Note #1)~~
  - o) ~~"Radiologist" means a physician who is certified by the American Board of Radiology in the field of Radiology or in one or more of its subspecialties, or who has equivalent education, training, experience and knowledge to that of persons so certified. (See Agency Note #1)~~
  - p) ~~"Superficial Treatment" means a form of external beam/teletherapy which involves the delivery of minimally penetrating x-ray of low peak energy generated by voltages of 140 kilovolts or less. Such treatment is used to treat lesions on the body surface. (See Agency Note #1)~~
  - q) ~~"Therapeutic Radiology or Radiation Therapy" means a category of service which involves the delivery of a precisely controlled and monitored dose of radiation to a well defined volume of tumor bearing tissue within a patient. The radiation dose may be delivered by the use of radioactive implants in the tumor region for a prescribed period of time, or by directing a beam of ionizing radiation, from an external source, through the patient's skin towards the tumor region. For purposes of this Subchapter only, megavoltage treatment shall constitute the category of service. In addition, only the acquisition, modernization or discontinuation of megavoltage equipment shall require a permit.~~
  - r) ~~"Treatment Courses" means a prescribed series of megavoltage procedures given to a patient to treat cancerous tissue in a given location or locations. If additional procedures are required to treat a recurrence of cancer in a patient already treated, that series of procedures shall also constitute a course of treatment.~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- s) ~~"Tumor Registry" means a registry which lists patients with tumors, cataloging all anatomic sites and providing statistical reports on site, stage, method of diagnosis, treatment, results and follow-up. A registry may be institution-wide or serve an entire region.~~  
~~AGENCY NOTE #1: "A Glossary of Terms for Radiation Therapy", American College of Radiology, Supplement No. 2, September 1975 (In some instances definitions modified based upon testimony received at public hearings.)~~  
~~AGENCY NOTE #2: "Guidelines for the Development of Criteria and Standards for Radiation Therapy Services by Health System Agencies", Draft prepared by Health Resources Administration, 1977.~~  
~~AGENCY NOTE #3: "The Role of Radiation Oncology" report to the National Institute of Health by the Subcommittee for Revision of the "Blue Book" (1968 report). Committee for Radiation Therapy Studies, November 1, 1972.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.1130 Therapeutic Radiology – Review Criteria (Repealed)

- a) ~~"Variances to Computed Need for Additional Megavoltage Equipment" – Review Criteria~~
- 1) ~~The State Board recognizes that in some instances facilities may be operating existing megavoltage equipment at utilization levels which exceed recommended levels. Therefore, the State Board may approve an application for additional megavoltage equipment at a facility which can document the following:~~
    - A) ~~that its case load during the latest 12 month period for which data is available has averaged in excess of 11,250 treatments per piece of existing megavoltage equipment, and~~
    - B) ~~that if the additional equipment is a "gamma" knife there are no facilities within 30 minutes travel time under normal driving conditions from the applicant facility which can or will absorb the increased projected case load of the applicant facility.~~
  - 2) ~~Accessibility Variance. The following variance is recognized by the State Board as a basis for granting approval to a project which is not in accord with computed need for the therapeutic radiology category of service:~~
    - A) ~~Entitlement to this variance is dependent on the proposed project's documentation that the proposed project will be providing a therapeutic radiology category of service which is not readily accessible to the general population of the given planning area.~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~Factors affecting accessibility include, but are not limited to:~~

- ~~i) Restrictive admission policies by facilities currently providing the service in the area; and/or~~
- ~~ii) Location of existing services requires an excessive amount of travel time (more than 45 minutes under normal driving conditions) for area residents to receive service.~~

~~B) In addition to the above, the proposed project must provide documentation that the proposed project will achieve, within the first year of operation, the target occupancy for the service and that there is an available number of patients needing the facility's services to meet this level.~~

~~b) "Staffing"—Review Criteria~~

- ~~1) A proposed project for therapeutic radiology equipment must document that it has or can meet the following minimum staffing criteria based upon the Committee for Radiation Therapy Studies report to the National Cancer Institute. Facilities with Megavoltage Capability~~

<del>Personnel</del>	<del>Availability</del>
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<del>Radiation Oncologist</del>	<del>Full-time</del>
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<del>Physicist</del>	<del>Full-time</del>
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<del>Radiation Therapy</del>	<del>Full-time</del>
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<del>Technologist (at least one per megavoltage unit)</del>	
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- ~~2) In addition, the facility must have available the following personnel as needed: nurse, dosimetrist, radiobiologist, machinist and mold technician.~~

- ~~3) It should be noted that the State Board encourages the Agency and the Hospital Licensing Board to develop licensure standards for staffing of therapeutic radiology services. The staffing standards detailed in this Section shall be utilized by all reviewing agencies unless standards are adopted and promulgated by the Agency in accordance with the "Illinois Administrative Procedure Act" for therapeutic radiology services in which case those standards shall be utilized.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

SUBPART N: CATEGORY OF SERVICE REVIEW CRITERIA –  
CARDIAC CATHETERIZATION

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

SUBPART R: CATEGORY OF SERVICE REVIEW CRITERIA –  
GENERAL LONG-TERM CARE

## Section 1110.1720 General Long-Term Care – Definitions

- a) "General Long-Term Care" means a classification of categories of service that provides inpatient levels of care primarily for convalescent or chronic disease adult patients/residents who do not require specialized long-term care services.
- b) The General Long-Term Care Classification includes the nursing category of service following Categories of Services: 1) Nursing Category of Service. The nursing category of service ~~Nursing Category of Service~~ provides inpatient treatment for convalescent or chronic disease patients/residents and includes the skilled nursing level of care and/or the intermediate nursing level of care (both as defined in IDPH's Long-Term Care Facilities Minimum Standards, Rules and Regulations).
  - 2) ~~Sheltered Care Category of Service. The Sheltered Care Category of Service includes only the sheltered level of care (as defined in the Long-Term Care Facilities Minimum Standards, Rules and Regulations). The State Board notes that persons who have established or are operating unlicensed sheltered care or nursing care facilities are in violation of the provisions of this Act with respect to obtaining a permit and are subject to the sanctions or penalties prescribed by law.~~

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

## Section 1110.1730 General Long-Term Care – Review Criteria

- a) Facility Size – Review Criterion. The maximum size of a general long-term care facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c) (Long-Term Care Facilities) over a 2 year period of time.
- b) Community Related Functions – Review Criterion. The applicant must document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from such organizations.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- c) Zoning – Review Criterion. The applicant must document one of the following:
- 1) the property to be utilized has been zoned for the type of facility to be developed;
  - 2) zoning approval has been received; or
  - 3) a variance in zoning for the project is to be sought.
- d) Variances to Computed Nursing Care Bed Need – Review Criterion
- 1) Defined Population Variance.
    - A) The applicant must document that the proposed project will service a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic area (hereinafter referred to as the GA) proposed to be served and which includes, at a minimum, the entire health service area in which the facility is or will be physically located.  
Documentation shall consist of the following:
      - i) a description of the proposed religious, fraternal or ethnic group proposed to be served;
      - ii) the boundaries of the GA; and
      - iii) the number of individuals in the defined population which lives within the proposed GA, including the source of the figures.
    - B) In addition, the applicant must document each of the following:
      - i) the proposed services do not exist in the GA where the facility is or will be located; and
      - ii) the services cannot be instituted at existing facilities within the GA in sufficient number to accommodate the group's needs. The applicant must enumerate each specific service the proposed facility will provide which could not be provided in any of the existing facilities in the GA; the basis for determining why such service could not be provided.
    - C) The application must document that the proposed number of beds is needed based upon the target occupancy rate. Documentation shall consist of an identification of the defined population volume; the patient origin of the proposed patients; and a rationale for the utilization projections.
    - D) The applicant must document that at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of written admission policy which insures that the requirements of this subsection will be met.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- E) The applicant must document that the proposed project is either directly owned, sponsored or affiliated with the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant must provide legally-binding documents which prove ownership, sponsorship or affiliation.
- 2) Continuum of Care Variance
  - A) The applicant must document that the project will provide a continuum of care for a geriatric population which includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly, and retirement villages) and related health and social services. Such housing complex must be on the same site as the health facility component of the project. Such a proposal must be for the purposes of and serve only the residents of the housing complex and may be developed in one of the following ways:
    - i) The proposal may be developed after the housing complex has been established; or
    - ii) The proposal may be developed as a part of a total housing construction program, provided that, the entire complex is one inseparable project and that there is a documented demand for the housing and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.
  - B) The applicant must also document the following:
    - i) That the proposed number of beds are needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds may not exceed one licensed long-term care bed for every five apartments or independent living units; and
    - ii) That its written policies of operation provide that if a resident of the retirement community is transferred to the long-term care unit, the resident will not lose his or her apartment unit or be transferred to another long-term care facility solely because of the resident's altered financial status or medical indigency.
- e) ~~Need Assessment for Sheltered Care Beds — Review Criterion~~  
~~An applicant proposing the addition of sheltered care beds must document need as specified in Section 1110.230. Each area study must identify the facility's~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~proposed planning or geographic service area (GSA). The geographic service area shall be no less than 30 minutes and no greater than 45 minutes travel time (under normal driving conditions) from the facility's site. The applicant shall identify all existing beds and sheltered care facilities (including those for which permits have been granted but that are not operational) that are located within the geographic service area. The area study shall address the historical occupancy for existing facilities and whether beds are available in the area. For existing facilities that have operated below the target occupancy (based upon utilization data reported to IDPH for the latest three calendar years for which data is available), the applicant must document that existing underutilized beds are not available to provide sheltered care services. Documentation includes, but is not limited to, verification that a facility is utilizing bed space for other purposes, restrictive admissions policies, utilization of two bed rooms for private rooms, etc.~~

f) ~~Impact of Other Facilities — Review Criterion~~

~~An applicant proposing to add sheltered care beds must document the impact the proposal will have on existing nursing and sheltered care facilities (including those for which permits have been granted but that are not operational) within the geographic service area and that the proposed project will not result in an unnecessary duplication of services or facilities. Documentation shall include evidence that existing facilities have been contacted in writing regarding the proposed project and any correspondence received from such existing facilities regarding the impact of the proposed project.~~

g) ~~Discharge Criteria for Sheltered Care — Review Criterion~~

~~An applicant proposing the establishment or addition of sheltered care beds must provide a copy of its resident contract agreement. The contract must document the conditions that will result in the discharge of a resident, such as, but not limited to, a resident posing a serious threat to him/herself or to others, a resident not being able to communicate his or her needs, or a resident who needs continual nursing care for an extended period of time. In addition, the applicant must provide the facility's policy regarding discharge of residents who no longer have sufficient financial resources to remain in the facility.~~

h) ~~Affiliation or Nursing Care Referral for Sheltered Care — Review Criterion~~

~~An applicant proposing the establishment or addition of sheltered care beds must document the following:~~

- ~~1) the sheltered care beds are located in a facility that is or will be licensed to provide nursing care services; or~~
- ~~2) a policy for the transfer of residents who require nursing care has been established that provides the resident and/or the family or guardian with a selection of nursing facilities, at least one of which is located in the~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~geographic service area, that have established a formal transfer or referral agreement with the applicant.~~
- i) ~~Community Service Requirements for Sheltered Care—Review Criterion~~  
~~An applicant proposing the establishment or addition of sheltered care beds must provide services to the community such as, but not limited to, the following: educational and activities programs, meals on wheels, adult day care, screening services, etc.~~
- j) ~~Assurance Requirements for Sheltered Care—Review Criterion~~  
~~An applicant proposing the establishment, addition, or modernization of sheltered care beds must certify that the sheltered care beds will not be converted to nursing care until at least five years after the date of project completion. Such assurance shall apply to subsequent facility owners or operators.~~
- k) ~~Minimum Beds and Size for Sheltered Care Facilities—Review Criterion~~  
~~The applicant must document that a facility that is or will be licensed solely for sheltered care will contain at least 60 sheltered care beds if the proposed project is located in a metropolitan statistical area. In addition, the minimum gross square footage (GSF) allocation for new sheltered care facilities shall be at least 450 GSF per bed.~~
- h) ~~Staffing – Review Criterion~~  
 Applicants must document that the supply of manpower currently available in the area is sufficient to meet the health service needs in that area. Documentation should include, but is not limited to, letters from employment services in the area indicating the number of potential health care employees on their rolls; letters from local health departments, in whose jurisdiction the applicant is located, indicating the availability of personnel in the planning area; actual applications for employment on file with the applicant; and surveys performed by persons other than the applicant regarding the availability of manpower.

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

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

Section 1110.1910 Introduction (Repealed)

~~Subpart T contains Review Criteria which pertain to the Intraoperative Magnetic Resonance Imaging category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.1920 Intraoperative Magnetic Resonance Imaging – Definitions (Repealed)

~~"Intraoperative Magnetic Resonance Imaging" means a category of service that utilizes an Intraoperative Magnetic Resonance Imaging machine. The machine is used simultaneously with a surgical or diagnostic procedure and allows free access to the patient from all sides, while enabling the operator to obtain high-resolution images in any desired plane in real time.~~

~~"Magnetic Resonance" means the use of magnetic spin properties of certain atomic nuclei to visualize and analyze tissue.~~

~~"Magnetic Resonance Imaging" means a diagnostic imaging technique that uses the magnetic spin properties of certain atomic nuclei to visualize and analyze the body tissues.~~

~~AGENCY NOTE: A permit is required for the acquisition of an Intraoperative Magnetic Resonance (MR) Imaging machine. If a person or healthcare facility wishes to acquire a standard MR machine (one that is not considered Intraoperative) and the cost of the machine is above the major medical equipment threshold, an exemption or permit for the acquisition must be obtained from the State Board.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.1930 Intraoperative Magnetic Resonance Imaging – Review Criteria (Repealed)

- a) ~~Location—Review Criterion~~  
~~The applicant must document that the equipment will be located in a hospital:~~
- ~~1) that is an affiliated teaching facility of a medical school (a copy of a letter selecting the location from the Dean (or a designated representative) of a College of Medicine will constitute sufficient documentation); or~~
  - ~~2) that has been selected to be the location for a State or national research study that evaluates the efficacy of the intraoperative magnetic imaging scanner (a copy of a letter approving the selection of the location from the entity that is sponsoring the research study will constitute sufficient documentation).~~
- b) ~~Surgical Volume—Review Criterion~~  
~~The applicant must document that a minimum of 10,000 hours of surgery for each~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~of the last two years has been performed at the hospital selected to be the location of the equipment. Documentation will be based upon the latest available data from IDPH's annual questionnaires.~~

- e) ~~"Data"—Review Criterion~~  
~~The applicant must document that it will provide utilization data, clinical data, cost data and reports of clinical efficiency in comparison to other forms of diagnostic imaging, as requested by the State Board. A letter stating that, if approved, the applicant will provide all requested data will constitute sufficient documentation.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

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

Section 1110.2010 Introduction (Repealed)

~~Subpart U contains Review Criteria which pertain to the High Linear Energy Transfer category of service. These review criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.2020 High Linear Energy Transfer (L.E.T.) – Definitions (Repealed)

~~"High Linear Energy Transfer (L.E.T.)" means a category of service which utilizes high L.E.T. particles in the treatment of patients through equipment operating above 30 million electron volts (MEV) in particle energy.~~

~~"High Linear Energy Transfer (L.E.T.) Neutron and other High Linear Energy Transfer Generators" are those pieces of equipment operating above 30 MEV in particle energy which will provide patient treatment with high L.E.T. Particles. This definition does not apply to generators using only electric or x ray emissions.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.2030 High Linear Energy Transfer (L.E.T.) – Review Criteria (Repealed)

- a) ~~Initial Introduction—Review Criterion. The equipment must be located in~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~Chicago.~~

- ~~b) Utilization of Equipment—Review Criterion. The applicant must document a minimum volume of at least 1,000 cases of new cancer patients eligible for radiation therapy per year from its or other facilities' ongoing cancer patients. Documentation shall consist of historical cancer caseload data and copies of all referral agreements.~~
- ~~e) Appropriate Medical and Related Services to be Provided—Review Criterion~~
- ~~1) Medical and Related Services~~
- ~~A) The applicant must document the availability of specialists adequately trained in radiation therapy. This staff must include the following:~~
- ~~i) Radiation Oncologist(s)~~
- ~~ii) Radiological Physicist(s)~~
- ~~iii) Nurse(s)~~
- ~~iv) Computer Science Analyst(s)~~
- ~~v) Radiation Therapy Technologist(s)~~
- ~~vi) Mechanical-Electrical Engineer(s)~~
- ~~B) Documentation shall include: a statement concerning proposed staffing patterns for the service and the names, qualifications, and specialties of individuals who will staff the service.~~
- ~~2) Support Services~~
- ~~The applicant must document that each cancer patient has or will have access to specialty services which can contribute to the diagnosis and treatment of his or her disease. The applicant must document oncologic diagnostic radiology, chemotherapy, surgery, rehabilitation and appropriate psychological and social support services will be available.~~
- ~~d) Data Collection—Review Criterion. The applicant must document the availability of a cancer or tumor registry in the applicant facility. Documentation shall consist of a written certification as to the existence of such a registry.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

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

Section 1110.2110 Introduction (Repealed)

~~Subpart V contains Review Criteria which pertain to the Positron Emission Tomographic Scanning category of service. These review criteria are utilized in addition to the "General~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.2120 Positron Emission Tomographic Scanning (P.E.T.) – Definitions (Repealed)

~~"Positron Emission Tomographic Scanners" (P.E.T.) are those pieces of equipment which measure the emissions of positrons in order to produce images in various organs and tissues in the body with the use of a computer.~~

~~"Positron Emission Tomographic Scanning" means a category of service which utilizes positron emission in order to generate images of body organs and tissues.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

Section 1110.2130 Positron Emission Tomographic Scanning (P.E.T.) – Review Criteria (Repealed)

- a) ~~Projected P.E.T. Volume—Review Criterion~~  
The applicant must document that the projected number of P.E.T. scans will meet or exceed the target utilization level specified in 77 Ill. Adm. Code 1100.700(b). Documentation shall consist of the following:
- 1) ~~number of cancer cases diagnosed at the applicant's facility; or~~
  - 2) ~~referrals from other sources in the HSA; or~~
  - 3) ~~referrals from physicians in the HSA; or~~
  - 4) ~~multi-institutional system appropriate referrals.~~
- b) ~~Multi-Institutional Systems—Review Criterion~~  
The applicant must document that the proposed project will result in the establishment of a multi-institutional system with regard to the utilization of Positron Emission Tomographic Scanners. Such documentation may include copies of letters or signed agreements with other facilities stating that those facilities will utilize this equipment by the referral of patients.
- e) ~~Unnecessary Duplication of Service—Review Criterion~~  
An applicant must document that establishing the P.E.T. category of service will not result in an unnecessary duplication of service within the HSA. Documentation shall include evidence of the following:
- 1) ~~there are no healthcare facilities providing (or approved to provide) the P.E.T. category of service within the HSA; or~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~2) the proposed project will not reduce utilization below the standard specified at 77 Ill. Adm. Code 1100.700(b) for facilities that have operated at or above the established level for the latest 12 month period (for which data is available); or~~
- ~~3) the impact the proposed project will have on an existing facility (including those approved to provide P.E.T. service that are not in operation) that has not operated at the target utilization level; or~~
- ~~4) that existing P.E.T. facilities located in the HSA have restrictive policies or protocols that preclude patients from the applicant's facility from obtaining P.E.T. services.~~
- d) ~~Medical Staffing—Review Criterion~~  
~~The applicant must provide documentation that each facility or site where the P.E.T. service is proposed has a medical director who is a board-certified physician by the American College of Radiology or the American College of Nuclear Medicine and has a demonstrated expertise in conducting and interpreting P.E.T. scans.~~
- e) ~~Data Collection—Review Criteria~~  
~~As part of the State Board's evaluation of this service, the applicant must document that it will provide the following information:~~
  - ~~1) number of P.E.T. scans performed;~~
  - ~~2) number of patients that received a P.E.T. scan;~~
  - ~~3) number of physicians who referred patients for a P.E.T. scan;~~
  - ~~4) number of physicians who performed P.E.T. scans;~~
  - ~~5) payor source for the P.E.T. scan (e.g., self-pay, insurance, Medicare, Medicaid, etc.).~~~~The requested information must be provided annually as part of the facility's data requirements as stipulated at 77 Ill. Adm. Code 1100.70. A letter stating that, if Approved, the applicant will participate by providing required data will constitute sufficient documentation.~~
- f) ~~Assurances—Review Criteria~~  
~~The applicant must provide the following assurances that will be binding upon the applicant or upon subsequent owners/operators of the applicant's facility:~~
  - ~~1) that the service will cease operation in the absence of a medical director and will not resume until a medical director who meets the medical staffing criterion of subsection (d) is attained;~~
  - ~~2) that the P.E.T. service will be made available to patients regardless of source of payment, including patients that are Medicare or Medicaid or free care; and~~
  - ~~3) that it has secured (through a proposed contract or letter of commitment)~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~the availability of the isotope from a provider. The documentation must demonstrate that the provider has the capability to furnish the isotope and that furnishing the isotope will not adversely impact its operations. Additionally, the documentation submitted must demonstrate that the availability to provide the isotope is contingent upon the Health Facilities Planning Board approving the proposed project.~~

(Source: Repealed at 27 Ill. Reg. 2916, effective February 21, 2003)

## Section 1110.APPENDIX B State and National Norms

The following norms are established for gross square footage by department and/or utilization of medical equipment. NOTE: Gross Square Footage indicated as gft<sup>2</sup>.

Department	State Norms
Acute Mental Illness Beds <del>Admitting</del>	586 gft <sup>2</sup> /Bed (Psych) <del>12.9 gft<sup>2</sup>/Bed (Total)</del>
Ambulatory Care	4.1 Clinic Visits/gft <sup>2</sup> or 667 gft <sup>2</sup> /Treatment Room (based upon 2,000 visits per room)
Ambulatory Surgical Treatment Centers <del>Burn Treatment Beds</del> <del>Cafeteria</del>	2,750 gft <sup>2</sup> /Treatment Room (based upon 1,500 hours of surgery per room) <del>596 gft<sup>2</sup>/Bed (Burn)</del> <del>18 gft<sup>2</sup>/Bed (Total) or 34 meals/gft<sup>2</sup></del>
Cardiac Catheterization	1,596 gft <sup>2</sup> /Laboratory
Central Sterile Supply	18 gft <sup>2</sup> /Bed (Total)
Conversion of Hosp. Acute Care Beds to Skilled Care	429 gft <sup>2</sup> /Bed (Total)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Diagnostic Radiology	1,386 gft <sup>2</sup> /Procedure Room or 5.5 Procedures/gft <sup>2</sup> (based upon 6,500 procedures/general x-ray room, 2,000 visits per mammography room, 2,000 visits per ultrasound room, 400 procedures per angiography room, and 2,000 visits per special procedures room (computerized tomography, multi-directional tomography, etc.))
Emergency Room	744.6 gft <sup>2</sup> /Treatment Room (based upon 2,000 per treatment room per year) or 3.1 <del>visits</del> <del>Visits</del> per gft <sup>2</sup>
<del>Food Service</del>	<del>42 Meals/gft<sup>2</sup> or 54 gft<sup>2</sup>/Bed (Total)</del>
Hemodialysis	470 gft <sup>2</sup> /Room
<del>Housekeeping</del>	<del>15.5 gft<sup>2</sup>/Bed (Total)</del>
ICF/DD Facilities – 16 or less	369 gft <sup>2</sup> /Bed (Total)
ICF/DD Facilities Over 16 Beds)	564 gft <sup>2</sup> /Bed (Total)
<del>In-service Education</del>	<del>17.0 gft<sup>2</sup>/Bed (Total)</del>
Intensive Care Beds	603 gft <sup>2</sup> /Bed (ICU)
Laboratory (includes blood bank)	225 gft <sup>2</sup> /Full-Time Equivalent or 36 gft <sup>2</sup> /Bed (Total)
Labor-Delivery-Recovery	23 gft <sup>2</sup> /Bed or 4.6 gft <sup>2</sup> /Procedure or 1975 gft <sup>2</sup> /Needed Delivery Room (based upon 750 Live Births/Delivery Room)
<del>Laundry</del>	<del>22 gft<sup>2</sup>/Bed (Total)</del>
LDRP	1,119 gft <sup>2</sup> /Bed
<del>Maintenance</del>	<del>12.9 gft<sup>2</sup>/Bed (Total)</del>
Medical-Surgical Beds	401 gft <sup>2</sup> /Bed (M-S)
<del>Morgue</del>	<del>3.0 gft<sup>2</sup>/Bed (Total)</del>
MRI	3,400 gft <sup>2</sup> /unit (2,000 visits per MRI)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Neonatal-High Risk Beds	355 gft <sup>2</sup> /Bed (Neo)
Newborn Nursery	152 gft <sup>2</sup> /Bed (Obstetrics)
Nuclear Medicine	2.9 Procedures/gft <sup>2</sup> or 1,135 gft <sup>2</sup> /Treatment Room or 11.7 gft <sup>2</sup> /Bed (Total) (based upon 2,000 visits per piece of equipment)
Nursing Care Facilities	414 gft <sup>2</sup> /Bed (Total)
Obstetric Beds	476 gft <sup>2</sup> /Bed (OB)
Occupational Therapy	4.3 gft <sup>2</sup> /Bed (Total less ICU and OB)
Pediatric Beds	420 gft <sup>2</sup> /Bed (Ped)
Pharmacy	12.0 gft <sup>2</sup> /Bed (Total)
Physical Therapy	7.5 Treatments/gft <sup>2</sup> or 23 gft <sup>2</sup> /Bed (M-S, Peds, Rehab, Burn and LTC)
<del>Radiation Therapy (Megavoltage Equipment)</del>	<del>1.1 Treatments/gft<sup>2</sup> (300 treatment courses per year)</del>
Recovery (Surgical)	180 gft <sup>2</sup> /Recovery Station (based upon maximum of 4 stations per needed operating room)
Rehabilitation Beds	588 gft <sup>2</sup> /Bed (Rehab)
Respiratory Therapy	20.5 Procedures/gft <sup>2</sup> or 8.9 gft <sup>2</sup> /Bed
<del>Sheltered Care Facilities</del>	<del>585 gft<sup>2</sup>/Bed (Total)</del>
<del>Social Services</del>	<del>4.5 gft<sup>2</sup>/Bed (Total)</del>
Speech Pathology/Audiology	1.8 gft <sup>2</sup> /Bed (Total)
<del>Storage</del>	<del>33 gft<sup>2</sup>/Bed (Total)</del>
<del>Substance Abuse Beds</del>	<del>466 gft<sup>2</sup>/Bed</del>
<u>Surgery</u> <del>urgery</del>	2,078 gft <sup>2</sup> /Surgical Room (based upon 1,500 hours of surgery per operating room per year)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~\*Surgical visits and obstetric procedures.~~

The State Board shall periodically evaluate the norms to determine if revisions should be made. Any revisions shall be promulgated in accordance with the provisions of the Illinois Administrative Procedure Act [5 ILCS 100].

(Source: Amended at 27 Ill. Reg. 2916, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 1) Heading of the Part: Health Facilities Planning, Financial and Economic Feasibility Review
- 2) Code Citation: 77 Ill. Adm. Code 1120
- 3) Section Numbers: Adopted Action:

1120.10	Amendment
1120.20	Amendment
1120.310	Amendment
1120.Appendix A	Amendment
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960]
- 5) Effective Date of Rulemaking: February 21, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: February 21, 2003
- 9) Notice of Proposal Published in Illinois Register: 26 Ill. Reg. 6101
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:

Lines 52 - 60: Withdraw the proposed changes to 77 Ill. Adm. Code 1120.10.

Line 57, add "1) "Agency" means the Illinois Department of Public Health (DPH)".

Lines 201 - 209: Withdraw the proposed changes to 77 Ill. Adm. Code 1120.130.

Line 224, after the opening parenthesis add "medical office buildings".

Lines 244 - 245, strike "doctors' offices, parking garages, day care centers, independent living units apartments, etc.".

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Lines 242 - 248: Withdraw the proposed changes to 77 Ill. Adm. Code 1120.310(f). During the Second Notice period, grammatical and typographical errors were corrected by JCAR staff to the proposed rulemaking. These corrections are not referenced in this Notice of Adopted Amendments.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking:

Changes are being adopted to Part 1120 to revise various financial review criteria applicable to CON applications.

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

Name: Donald Jones  
Address: Health Facilities Planning Board  
525 West Jefferson, 2nd Floor  
Springfield, Illinois 62761  
Telephone: 217-782-3516  
Fax: 217-785-4308  
TTY (for hearing impaired only):  
800-547-0466  
E-mail: [djones1@idph.state.il.us](mailto:djones1@idph.state.il.us)

The full text of the Adopted Amendment(s)/Rule(s) begins on the next page:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

TITLE 77: PUBLIC HEALTH  
CHAPTER II: HEALTH FACILITIES PLANNING BOARD  
SUBCHAPTER b: OTHER BOARD RULESPART 1120  
HEALTH FACILITIES PLANNING FINANCIAL AND  
ECONOMIC FEASIBILITY REVIEWSUBPART A: STATUTORY AUTHORITY, DEFINITIONS, APPLICABILITY  
AND REVIEW REQUIREMENTS

Section	
1120.10	Statutory Authority and Definitions
1120.20	Applicability and Review Requirements

## SUBPART B: INFORMATION REQUIREMENTS

Section	
1120.110	Project and Related Cost Data
1120.120	Information Requirements for Financial Feasibility
1120.130	Information Requirements for Economic Feasibility

## SUBPART C: FINANCIAL FEASIBILITY REVIEW CRITERIA

Section	
1120.210	Financial Feasibility Review Criteria

## SUBPART D: ECONOMIC FEASIBILITY REVIEW CRITERIA

Section	
1120.310	Economic Feasibility Review Criteria

## APPENDIX A Financial and Economic Review Standards

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

SOURCE: Emergency amendments at 16 Ill. Reg. 13132, effective August 4, 1992, for a maximum of 150 days; emergency expired on January 1, 1993; adopted at 17 Ill. Reg. 4431,

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

effective March 22, 1993; recodified at 20 Ill. Reg. 2596; amended at 21 Ill. Reg. 15872, effective January 1, 1998; amended at 24 Ill. Reg. 6052, effective April 7, 2000; amended at 27 Ill. Reg. 2960, effective February 21, 2003.

SUBPART A: STATUTORY AUTHORITY, DEFINITIONS, APPLICABILITY  
AND REVIEW REQUIREMENTS

## Section 1120.10 Statutory Authority and Definitions

## a) Statutory Authority

This Part is filed pursuant to Section 12 of the Illinois Health Facilities Planning Act (Act) [20 ILCS 3960/12]. A public hearing on this Part was held in accordance with the provisions of Section 12 of the Act. The Executive Secretary maintains a record of the public hearing on this Part. Copies of the public hearing record are available for inspection at the offices of the State Board at 525 West Jefferson Street, Springfield, IL. 62761.

## b) Definitions

- 1) "Agency" means the Illinois Department of Public Health (DPH).
- ~~2)4)~~ "Capital Expenditure" means an expenditure as defined in the Act [20 ILCS 3960/3] and includes expenditures made by, through, or on behalf of a health care facility as specified at 77 Ill. Adm. Code 1130.
- ~~3)2)~~ "Debt Financing" means all or any portion of project costs financed through borrowing. Leasing is, for purposes of this Part, considered to be borrowing. Portions of lease payments which are for service, insurance, or other noncapital costs are not considered borrowing.
- ~~4)3)~~ "Economically Feasible" means the costs of financing, constructing, acquiring, and operating a proposed project are reasonable and the expected impact of the project's operating and capital costs on the overall costs of health care are reasonable.
- ~~5)4)~~ "Estimated Total Project Cost" means the dollar amount of all expenditures or other transactions required to complete a project. Such amount includes all items that are to be capitalized and also includes the fair market value of any items which may be acquired through lease, donation, gift or other means.
- ~~6)5)~~ "Fair Market Value" means the dollar value of a project or any component of a project that is accomplished by lease, donation, gifts or any other means which would have been required for purchase, construction, or acquisition.
- ~~7)6)~~ "Financially Feasible" means that funds are available or will be obtained

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

that are equal to or in excess of the estimated total project and related costs without jeopardizing the applicant's financial viability.

(Source: Amended at 27 Ill. Reg. 2960, effective February 21, 2003)

## Section 1120.20 Applicability and Review Requirements

## a) Applicability

The State Board shall review applications for permit to determine financial and economic feasibility pursuant to the standards and criteria of this Part. All applications shall be subject to this Part except for:

- 1) those applications which are classified as emergency under 77 Ill. Adm. Code 1130; or
- 2) those applications which are solely for discontinuation provided that the discontinuation has no cost; or
- 3) those applications which are solely for the establishment of the acute care beds certified for extended care category of service provided the establishment has no cost; or
- 4) those applications which have been deemed complete pursuant to the provisions of 77 Ill. Adm. Code 1130, prior to the effective date of this Part.

## b) Review Category

- 1) Applications for permit submitted by persons other than the Department of Human Services and the Department of Veterans' Affairs shall be categorized as Category A or B pursuant to the following:
  - A) Category A – applications which have no project cost or an estimated total project cost below \$2 million and which do not propose the establishment of a new category of service or of a health care facility;
  - B) Category B – all applications which are not Category A.
- 2) Applications submitted by the Department of Human Services and by the Department of Veterans' Affairs shall not be categorized. Those applications must provide the information required by Sections 1120.110 and 1120.120, and be reviewed for conformance with the review criteria of Sections 1120.210(b) and 1120.310(d).
- 3) Category B projects which are master design projects shall be reviewed for the financial and economic compliance of the master design costs. The applicant shall comply with all information requirements and be reviewed against the applicable review criteria for Category B projects. In addition

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS/RULES

the master plan and future construction or modification project(s) associated with the master design shall be reviewed for both financial and economic feasibility. All proposed future ~~projects project(s)~~ detailed in the master design project shall also be reviewed as Category B ~~projects project(s)~~ subject to the referenced review criteria excluding Conditions of Debt Financing (Section 1120.310(b)), Reasonableness of Project Costs (Section 1120.310(c)), and Reasonableness of Resultant Operating Costs (Section 1120.310(d)).

- c) Information Requirements  
Applicants (including co-applicants) other than the Departments of Veterans' Affairs and Human Services must provide the information specified in Table I according to the application's review category. When there are co-applicants to a proposed project, the information required in Table I must be provided for each co-applicant.

Table I

Information Requirements	Review Category	
	A	B
Project and Related Cost Data (Section 1120.110)	Yes	Yes
Financial Feasibility (Section 1120.120)	Yes	Yes
Bond Rating or Historical Financial Statements (Section 1120.130(a))	Yes	Yes
<del>Projected Capital Costs (Section 1120.130(b))</del>	<del>No</del>	<del>Yes</del>
Projected Operating Costs (Section 1120.130(c))	Yes	Yes

- d) Review Criteria  
  
Category A and B applications will be reviewed for conformance with the applicable review criteria specified in Table II.

Table II

Applicable Review Criteria	Review Category
----------------------------	-----------------

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

	A	B
Financial Viability (Section 1120.210(a))	Yes	Yes
Availability of Funds (Section 1120.210(b))	Yes	Yes
Operating Start Up Costs (Section 1120.210(c))	No	Yes
Reasonableness of Financing Arrangements (Section 1120.310(a))	No	Yes
Conditions of Debt Financing (Section 1120.310(b))	Yes	Yes
Reasonableness of Project Costs (Section 1120.310(c))	Yes	Yes
Projected Operating Costs (Section 1120.310(d))	Yes	Yes
Total Effect on Capital Costs (Section 1120.310(e))	No	Yes
Non-Patient Related Services (Section 1120.310(f))	No	Yes

(Source: Amended at 27 Ill. Reg. 2960, effective February 21, 2003)

## SUBPART D: ECONOMIC FEASIBILITY REVIEW CRITERIA

## Section 1120.310 Economic Feasibility Review Criteria

- a) Reasonableness of Financing Arrangements – Review Criterion  
This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:
- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or
  - 2) funded in total or in part by borrowing because:
    - A) a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- B) borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.
- b) **Conditions of Debt Financing – Review Criterion**  
The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.
- c) **Reasonableness of Project and Related Costs – Review Criterion**
- 1) **Construction and Modernization Costs**  
Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.
  - 2) **Contingencies**  
Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

~~BOARD AGENCY~~ NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

- 3) Architectural Fees  
Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.
  - 4) Major Medical and Movable Equipment
    - A) For each piece of major medical equipment, the applicant must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
    - B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.
  - 5) Other Project and Related Costs  
The applicant must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed.
- d) Projected Operating Cost – Review Criterion  
The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs means the fully allocated costs of salaries, benefits, and supplies for

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- the service.
- e) Total Effect of the Project on Capital Costs – Review Criterion  
The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.
- f) Non-patient Related Services – Review Criterion  
The applicant must document that projects involving non-patient related services (~~medical office buildings-doctors' offices, parking garages, day care centers, independent living units apartments, etc.~~) will be self-supporting and not result in increased charges to patients or that increased charges to patients are justified based upon such factors as, but not limited to, a cost benefit or other analysis which demonstrates that the project will improve the applicant's financial viability.

(Source: Amended at 27 Ill. Reg. 2960, effective February 21, 2003)

## Section 1120.APPENDIX A Financial and Economic Review Standards

## Review Criterion 1120.210(a), Financial Viability

Current Ratio = Current Assets/Current Liabilities	1.5
Net Margin Percentage or Net Excess Margin = Net income/Net operating revenue X 100%	3.5% for hospitals and facilities other than long-term care 2.5% for long-term care facilities
Percent Debt to Total Capitalization = Long-term debt/Long-term debt and unrestricted fund balance X 100%	60% for hospitals 80% for other facilities
Projected Debt Service Coverage = Net Income + Depreciation + Interest + Amortization/Principal and Interest (for year of maximum debt service after project completion)	1.75 for hospitals and facilities other than long-term care 1.50 for long-term care facilities
Days Cash on Hand = Cash and Investments +	90 days for hospitals

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Board Designated Funds/Operating Expense – Depreciation Expense/365	75 days for long-term care facilities 45 days for ambulatory surgical treatment centers, end stage renal disease facilities, and ICF/DD facilities
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Cushion Ratio = Cash and Investments + Board Designated Funds/Maximum Annual Debt Service	5 for hospitals and facilities other than long-term care 3 for long-term care facilities
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~~BOARD AGENCY~~ NOTE: If an applicant operates a hospital and other health care facility(ies) and has combined or consolidated financial statements, all of the hospital standards in this table shall apply to the applicant.

Review Criterion 1120.310(c), Reasonableness of Project and Related Costs

Construction and Modernization Costs (per gross square foot)

	Hospitals	Gen. LTC	ICF/DD	ESRDs	ASTCs
New Construction Costs	Adjusted Third Quartile from Means	Adjusted Third Quartile from Means	<del>\$130.64</del> <del>\$82.97</del>	<del>\$133.67</del> <del>\$116.40</del>	<del>\$200.58</del> <del>\$190.95</del>
Modernization Costs	70% of above figure	70% of above figure	<del>N/A</del>	<del>\$98.03</del> <del>\$76.34</del>	<del>\$125.06</del> <del>\$110.78</del>

~~BOARD AGENCY~~ NOTE: Standards are based upon ~~2000+1998~~ data and will be adjusted (inflated or deflated by the lesser of 3% or the latest capital expenditure inflation factor as published pursuant to 77 Ill. Adm. Code 1130.Appendix A) for review purposes to the first fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.

## Contingencies

Type of Drawing	New Construction	Remodeling
Working drawings/schematics	10%	10-15%
Preliminary working drawings	7%	7-10%
Final working drawings	3-5%	5-7%

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

CAPITAL DEVELOPMENT BOARD  
 BASIC RATE and/or FIXED FEE SCHEDULE  
 FOR ARCHITECTURAL and ENGINEERING COSTS  
 ([For New Construction Projects](#))

<u>Construction and Contingencies Cost</u>	<u>Hospitals, Nursing Facilities, Developmental Centers, ASTCs, Mental Illness, Laboratories</u>	<u>ESRD, Sheltered Care, Dietary, Laundry, Classrooms, Office Buildings</u>	<u>Site Work</u>
<u>&lt;\$ 100,000</u>	<u>8.00%-15.40%</u>	<u>7.30%-14.15%</u>	<u>6.60%-12.90%</u>
<u>\$ 200,000</u>	<u>7.70%-15.25%</u>	<u>6.95%-13.95%</u>	<u>6.30%-12.70%</u>
<u>\$ 300,000</u>	<u>7.40%-14.90%</u>	<u>6.70%-13.65%</u>	<u>6.10%-12.40%</u>
<u>\$ 400,000</u>	<u>6.80%-14.00%</u>	<u>6.10%-12.75%</u>	<u>5.50%-10.95%</u>
<u>\$ 500,000</u>	<u>6.30%-13.10%</u>	<u>5.65%-11.90%</u>	<u>5.00%-10.70%</u>
<u>\$ 625,000</u>	<u>5.75%-12.65%</u>	<u>5.10%-11.45%</u>	<u>4.60%-10.20%</u>
<u>\$ 750,000</u>	<u>5.40%-12.30%</u>	<u>4.85%-11.10%</u>	<u>4.30%-9.95%</u>
<u>\$ 875,000</u>	<u>5.20%-12.10%</u>	<u>4.50%-10.90%</u>	<u>4.05%-9.70%</u>
<u>\$ 1,000,000</u>	<u>5.00%-11.80%</u>	<u>4.35%-10.55%</u>	<u>3.95%-9.35%</u>
<u>\$ 1,250,000</u>	<u>4.80%-11.30%</u>	<u>4.20%-10.10%</u>	<u>3.75%-9.00%</u>
<u>\$ 1,500,000</u>	<u>4.65%-11.00%</u>	<u>4.05%-9.80%</u>	<u>3.60%-8.65%</u>
<u>\$ 2,000,000</u>	<u>4.50%-10.70%</u>	<u>3.90%-9.50%</u>	<u>3.45%-8.30%</u>
<u>\$ 2,500,000</u>	<u>4.40%-10.25%</u>	<u>3.80%-9.15%</u>	<u>3.40%-7.95%</u>
<u>\$ 3,000,000</u>	<u>4.35%-9.95%</u>	<u>3.75%-8.75%</u>	<u>3.30%-7.70%</u>
<u>\$ 4,000,000</u>	<u>4.30%-9.60%</u>	<u>3.70%-8.45%</u>	<u>3.25%-7.35%</u>
<u>\$ 5,000,000</u>	<u>4.25%-9.25%</u>	<u>3.65%-8.10%</u>	<u>3.15%-7.05%</u>
<u>\$ 7,500,000</u>	<u>4.10%-8.85%</u>	<u>3.50%-7.70%</u>	<u>3.00%-6.45%</u>
<u>\$10,000,000</u>	<u>3.90%-8.45%</u>	<u>3.30%-7.45%</u>	<u>2.80%-6.15%</u>
<u>\$15,000,000</u>	<u>3.75%-8.00%</u>	<u>3.20%-7.00%</u>	<u>2.70%-5.95%</u>
<u>\$20,000,000</u>	<u>3.60%-7.75%</u>	<u>3.10%-6.75%</u>	<u>2.60%-5.70%</u>
<u>\$25,000,000</u>	<u>3.45%-7.45%</u>	<u>2.95%-6.45%</u>	<u>2.50%-5.55%</u>
<u>\$30,000,000</u>	<u>3.25%-7.10%</u>	<u>2.85%-6.10%</u>	<u>2.40%-5.35%</u>
<u>\$40,000,000</u>	<u>3.05%-6.65%</u>	<u>2.45%-5.65%</u>	<u>2.25%-5.00%</u>
<u>\$50,000,000</u>	<u>2.70%-6.15%</u>	<u>2.35%-5.15%</u>	<u>2.05%-4.65%</u>
<u>&gt;\$50,000,000</u>	<u>2.30%-5.80%</u>	<u>2.00%-5.20%</u>	<u>1.75%-4.45%</u>

CAPITAL DEVELOPMENT BOARD  
[PROFESSIONAL SERVICES AND FEES](#)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

FOR ARCHITECTURAL AND ENGINEERING COSTS  
(For Modernization Projects)

<u>Construction and Contingencies Cost</u>	<u>Hospitals, Nursing Facilities, Developmental Centers, ASTCs, Mental Illness, Laboratories</u>	<u>ESRD, Sheltered Care, Dietary, Laundry, Classrooms, Office Buildings</u>	<u>Site Work</u>
<u>&lt;= \$ 100,000</u>	<u>7.80%-15.70%</u>	<u>7.00%-14.45%</u>	<u>6.10%-13.25%</u>
<u>\$ 200,000</u>	<u>7.45%-15.50%</u>	<u>6.70%-14.20%</u>	<u>5.85%-13.05%</u>
<u>\$ 300,000</u>	<u>7.20%-15.15%</u>	<u>6.50%-13.90%</u>	<u>5.65%-12.75%</u>
<u>\$ 400,000</u>	<u>6.55%-14.25%</u>	<u>5.85%-13.00%</u>	<u>5.05%-11.30%</u>
<u>\$ 500,000</u>	<u>6.05%-13.35%</u>	<u>5.40%-12.15%</u>	<u>4.80%-11.05%</u>
<u>\$ 625,000</u>	<u>5.50%-12.80%</u>	<u>4.85%-11.60%</u>	<u>4.35%-10.55%</u>
<u>\$ 750,000</u>	<u>5.20%-12.55%</u>	<u>4.55%-11.35%</u>	<u>4.10%-10.25%</u>
<u>\$ 875,000</u>	<u>5.00%-12.30%</u>	<u>4.30%-11.10%</u>	<u>3.85%-10.00%</u>
<u>\$ 1,000,000</u>	<u>4.80%-12.05%</u>	<u>4.15%-10.85%</u>	<u>3.80%-9.75%</u>
<u>\$ 1,250,000</u>	<u>4.60%-11.60%</u>	<u>4.00%-10.40%</u>	<u>3.70%-9.35%</u>
<u>\$ 1,500,000</u>	<u>4.40%-11.20%</u>	<u>3.80%-10.00%</u>	<u>3.60%-9.00%</u>
<u>\$ 2,000,000</u>	<u>4.25%-10.80%</u>	<u>3.65%-9.65%</u>	<u>3.50%-8.65%</u>
<u>\$ 2,500,000</u>	<u>4.20%-10.50%</u>	<u>3.60%-9.40%</u>	<u>3.40%-8.30%</u>
<u>\$ 3,000,000</u>	<u>4.15%-10.30%</u>	<u>3.55%-9.10%</u>	<u>3.30%-8.05%</u>
<u>\$ 4,000,000</u>	<u>4.10%-9.90%</u>	<u>3.50%-8.75%</u>	<u>3.20%-7.70%</u>
<u>\$ 5,000,000</u>	<u>4.05%-9.60%</u>	<u>3.45%-8.45%</u>	<u>3.05%-7.40%</u>
<u>\$ 7,500,000</u>	<u>3.90%-9.00%</u>	<u>3.25%-7.85%</u>	<u>2.95%-6.80%</u>
<u>\$10,000,000</u>	<u>3.80%-8.70%</u>	<u>3.10%-7.70%</u>	<u>2.80%-6.50%</u>
<u>\$15,000,000</u>	<u>3.70%-8.35%</u>	<u>3.00%-7.35%</u>	<u>2.70%-6.30%</u>
<u>\$20,000,000</u>	<u>3.50%-8.05%</u>	<u>2.80%-7.05%</u>	<u>2.65%-6.05%</u>
<u>\$25,000,000</u>	<u>3.40%-7.75%</u>	<u>2.60%-6.75%</u>	<u>2.55%-5.90%</u>
<u>\$30,000,000</u>	<u>3.30%-7.55%</u>	<u>2.50%-6.55%</u>	<u>2.40%-5.70%</u>
<u>\$40,000,000</u>	<u>3.25%-7.25%</u>	<u>2.45%-6.25%</u>	<u>2.30%-5.35%</u>
<u>\$50,000,000</u>	<u>2.90%-6.75%</u>	<u>2.65%-5.75%</u>	<u>2.25%-5.00%</u>
<u>&gt;\$50,000,000</u>	<u>2.50%-6.00%</u>	<u>2.35%-5.40%</u>	<u>2.20%-4.80%</u>

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Construction and Contingencies-Cost	Hospitals, Nursing Facilities, Developmental Centers, ASTCs, Mental Illness, Laboratories	ESRD, Sheltered Care, Dietary, Laundry, Classrooms, Office Buildings	Independent Living, Independent Living Apartments, Parking Structures, Site Work, Warehouses
\$ 300,000	11.42%	10.41%	9.39%
350,000	11.14	10.13	9.11
400,000	10.88	9.87	8.85
450,000	10.65	9.64	8.62
500,000	10.43	9.41	8.40
550,000	10.20	9.19	8.17
600,000	10.14	9.13	8.11
650,000	10.01	9.00	7.98
700,000	9.90	8.88	7.87
750,000	9.80	8.78	7.77
800,000	9.70	8.68	7.67
850,000	9.59	8.58	7.56
900,000	9.51	8.50	7.48
950,000	9.45	8.44	7.42
1,000,000	9.39	8.38	7.36
1,250,000	9.19	8.17	7.16
1,500,000	9.03	8.01	7.00
1,750,000	8.88	7.87	6.85
2,000,000	8.76	7.74	6.73
2,250,000	8.63	7.61	6.60
2,500,000	8.51	7.50	6.48
2,750,000	8.41	7.39	6.38
3,000,000	8.31	7.29	6.27
3,250,000	8.21	7.20	6.18
3,500,000	8.14	7.12	6.11
3,750,000	8.06	7.05	6.03
4,000,000	7.99	6.98	5.96
4,250,000	7.92	6.90	5.89
4,500,000	7.86	6.84	5.83
4,750,000	7.80	6.78	5.77
5,000,000	7.74	6.72	5.71
5,250,000	7.68	6.66	5.65
5,500,000	7.62	6.61	5.59

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

5,750,000	7.57	6.56	5.54
6,000,000	7.53	6.51	5.50
6,250,000	7.48	6.47	5.45
6,500,000	7.44	6.43	5.41
6,750,000	7.40	6.39	5.37
7,000,000	7.36	6.35	5.33
8,000,000	7.24	6.22	5.21
9,000,000	7.16	6.14	5.13
10,000,000	7.11	6.09	5.08
12,500,000	7.04	6.03	5.03
15,000,000	6.95	5.96	4.96
17,500,000	6.87	5.90	4.91
20,000,000	6.80	5.84	4.86
22,500,000	6.72	5.77	4.82
25,000,000	6.65	5.72	4.78
27,500,000	6.56	5.65	4.72
30,000,000	6.48	5.58	4.67
32,500,000	6.41	5.52	4.62
35,000,000	6.34	5.46	4.57
37,500,000	6.25	5.39	4.53
40,000,000	6.17	5.33	4.49
42,500,000	6.10	5.28	4.43
45,000,000	6.02	5.21	4.38
47,500,000	5.94	5.15	4.32
50,000,000	5.86	5.09	4.29
52,500,000	5.79	5.02	4.23
55,000,000	5.71	4.95	4.18
57,500,000	5.64	4.89	4.13
60,000,000	5.55	4.82	4.09
62,500,000	5.48	4.77	4.03
65,000,000	5.40	4.70	3.99
67,500,000	5.32	4.63	3.94
70,000,000	5.24	4.57	3.90
72,500,000	5.17	4.51	3.84
75,000,000	5.10	4.44	3.80
77,500,000	5.03	4.39	3.76
80,000,000	4.94	4.32	3.71
85,000,000	4.78	4.19	3.60
90,000,000	4.63	4.07	3.50

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS/RULES

95,000,000	4.49	3.93	3.40
100,000,000	4.32	3.81	3.30
999,999,999	4.32	3.81	3.30

Source: Professional Services and Fees Handbook for Centralized Fee Negotiation published Handbook of Tables and Fee Schedule: Published by the Capital Development Board, 401 South Spring Street, Springfield, Illinois 62706.

~~AGENCY NOTE: Projects solely for modernization shall be allowed an additional 2% above the rate listed. For example, a modernization project which costs \$300,000 would be allowed 11.42% of construction and contingency costs for architectural and engineering fees from the fee schedule. The Agency would add 2% to this allowance, thus revising the standard to 13.42%.~~

Review Criterion 1120.310(c), Reasonableness of Project and Related Costs

Moveable Equipment

Hospitals	General LTC	ICF/DD	ESRDs	ASTCs
N/A	\$ <u>5,1394,578</u> /bed	\$ <u>5,0122,480</u> /bed	\$ <u>26,48525,157</u> /station	\$ <u>361,743322,375</u> /OR

~~BOARDAGENCY~~ NOTE: Standards are based upon ~~2000~~1998 data and will be adjusted (inflated or deflated by the lesser of 3% or the latest capital expenditure inflation factor as published pursuant to 77 Ill. Adm. Code 1130.Appendix A) for review purposes to the first fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.

Review Criterion 1120.310(c), Other Project and Related Costs

Preplanning – Costs shall not exceed 1.8% of construction, contingencies and equipment costs.  
 Site survey and preparation – Costs shall not exceed 5.0% of construction and contingency costs.

(Source: Amended at 27 Ill. Reg. 2960, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 1) Heading of the Part: Health Facilities Planning Procedural Rules
- 2) Code Citation: 77 Ill. Adm. Code 1130
- 3) Section Numbers:

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1130.140	Amendment
1130.210	Amendment
1130.310	Amendment
1130.410	Amendment
1130.510	Amendment
1130.520	Amendment
1130.531	New
1130.539	Repeal
1130.540	Amendment
1130.541	Amendment
1130.542	Amendment
1130.543	Repeal
1130.544	Amendment
1130.550	Amendment
1130.560	Amendment
1130.570	Amendment
1130.620	Amendment
1130.630	Amendment
1130.710	Amendment
1130.720	Amendment
1130.740	Amendment
1130.750	Amendment
1130.Appendix A	Amendment
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960]
- 5) Effective Date of Rulemaking: February 21, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: February 21, 2003

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

9) Notice of Proposal Published in Illinois Register: 26 Ill. Reg. 6118

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:

Delete lines 44-45.

Line 53, add “(Repealed)” at the end.

Delete lines 58-59.

After line 119, add “”Agency” means the Illinois Department of Public Health (IDPH).”.

Lines 126 - 138: Withdraw the proposed definition.

Lines 386 - 412: Withdraw the proposed definition.

Lines 745 - 803: Withdraw the proposed new language for 77 Ill. Adm. Code 1130.410(j).

Line 851: Strike out the word “Information” at the end of the statement.

Lines 836 - 837: Change the language in 77 Ill. Adm. Code 1130.510(b)(7) to read as follows:

“7) ~~A signed~~ Certification that the equipment will not be used to provide services to inpatients of any health care facility;”

Lines 838 - 840: Change the language in 77 Ill. Adm. Code 1130.510(b)(8) to read as follows:

8) A signed ~~C~~ertification that use of the proposed equipment will not result in the inpatient admission of patients to a health care facility following outpatient treatment except in emergency conditions;

Lines 852 - 859: Change the proposed language in 77 Ill. Adm. Code 1130.510(b)(11) by removing the language from the original proposal and replacing with the following:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- “11) Certification that failure to comply with the completion requirements of this Section will invalidate the exemption.”

Line 860: Before the “BOARD NOTE”, insert a new subsection (c). This would read as follows:

- “c) Completion Requirements  
A project that has received an exemption for acquisition of major medical equipment must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.”

Lines 878 - 879: Replace the language from the original proposal with the following new language:

Section 1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Projects for the acquisition of an existing health care facility are exempt from the requirement of obtaining a permit if the requirements of this Section and Subpart are met.

a) Submission of Application for Exemption

Prior to any person acquiring or entering into a contract to acquire an existing health care facility, the person must submit an application for exemption to the State Board, submit the required application processing fee and receive approval from the State Board.

b) Application for Exemption ~~Information~~

The application for exemption shall contain the following: ~~be approved pursuant to Section 1130.560 when the following information is submitted:~~

- 1) the name and address of the person proposing to acquire the facility;
- 2) the name and location of the existing healthcare facility to be acquired;
- 3) ~~a signed~~ a signed certification that the categories of service and number of beds as reflected in the Inventory of Health

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Care Facilities maintained by IDPH will not substantially change per definition in Section 1130.140 for at least 12 months following the project's completion date;

4) documents which detail conditions and terms of any lease or purchase arrangement;

5) ~~financial information, the latest audited financial statements of the applicant and a statement by the applicant specifying the source of funds which will be used to acquire the facility;~~

6) the anticipated acquisition price and the fair market value of the facility to be being acquired (determination of fair market value is stipulated by 77 Ill. Adm. Code Section 1190.40(b)) and the sources of funds to finance the acquisition;

67) proof of publication of the required legal notice of the change of ownership (as required by subsection Section 1130.520(c) of this Section);

8) ~~a statement acknowledging that the change of ownership will void any permits for projects which have not been completed;~~

79) documentation from the Illinois Secretary of State that the legal entity that is the exemption applicant is registered to conduct business in Illinois and is in good standing;  
810) certification that the acquisition or purchase agreement has not yet been entered into or executed, or if the acquisition or purchase agreement has been executed it contains a clause stating the transaction is contingent upon receiving approval from the Illinois Health Facilities Planning Board;

911) certification that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section ~~prior to the effective date of the change of ownership;~~

10) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, a copy of the applicant's latest audited financial statements;

1112) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, a certified copy of the transcript of the public hearing and copies of all exhibits, documents and other written materials presented at the hearing;

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~1213~~) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, copies of the bylaws for the existing facility and for the applicant;

~~1314~~) if the change of ownership is for a governmental or not-for-profit facility, or for a proprietary hospital, a written response addressing the review criteria of 77 Ill. Adm. Code 1110.240. ~~The Such~~ response shall be made available for public inspection on the premises of the health care facility at least 10 days prior to the public hearing required by this Section.

~~14) a proposed completion date for the exemption. The completion date shall in no event be greater than 24 months from the date of exemption approval certification that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.~~

## c) Legal Notice Requirements

Any person requesting an exemption for a change of ownership must publish a legal notice in a newspaper of general circulation in the community in which the facility is located. This legal notice must provide the following:

- 1) the name and address of the facility for which the exemption is sought;
- 2) the name and address of the applicant entity requesting the exemption;
- 3) the nature of the transaction (e.g., the purchase, lease, or transfer of stock of the licensed entity);
- 4) when the entity which will be assuming ownership of the facility is a wholly owned subsidiary of another corporation, the name and address of the parent firm;
- 5) a certification that the categories of service and number of beds as reflected in the Inventory of Health Care Facilities maintained by IDPH will not substantially change per the definition in Section 1130.140 for at least 12 months following the exemption's completion date; ~~statement that all categories of service and beds currently provided will be maintained~~
- 6) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, an announcement of a public hearing containing the information requirements of this Section; and
- 7) a name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

transaction.

~~AGENCY NOTE: Professional and trade association publications that are intended to serve a defined population will not be considered a newspaper of general circulation.~~

d) Public Hearing Requirements for [Proprietary Hospital and Governmental governmental](#) or Not-For-Profit Facility Changes of Ownership-

Any person requesting an exemption for a change of ownership of a governmental or not-for-profit facility or for a proprietary hospital must conduct a public hearing in the community in which the "Facility" is located. The hearing shall be held in a place of reasonable size and accessibility and a full and complete written transcript of the proceedings shall be made. The applicant shall include in the legal notice required in this Section the following information:

- 1) a statement as to the anticipated benefits of the proposed changes in ownership to the community;
- 2) the anticipated or potential cost savings, if any, that will result for the community and the facility as a result of the change in ownership;
- 3) a description of the mechanism that will be utilized to assure quality control;
- 4) a description of the applicant's organizational structure, including a listing of controlling or subsidiary persons;
- 5) a description of the selection process that the acquiring entity will utilize in selecting the facility's board of directors;
  - 6) a statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility;
- 7) the location, time, and date of the hearing, which must be no later than 10 days nor more than 30 days after the date of publication of the legal notice; and
- 8) a statement that the hearing is an open public meeting at which time an opportunity will be afforded to all persons wishing to present written or oral comments.

e) [Application Processing Fee](#)

[The application processing fee is \\$1,000.](#)

~~e~~) [Completion of Projects with Outstanding Permits](#)

A permit or exemption cannot be transferred.

[1\) For purposes of a change of ownership, a permit will not be considered transferred for any project that does not establish a health care facility or that does not involve a substantial change in scope \(as defined](#)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

in Section 1130.140) provided that the project has been obligated in accordance with the provisions of Section 1130.140 and has proceeded with due diligence.

2) Permits for the establishment of a new facility or for a substantial change in scope will not be considered transferred under the following circumstances:

A) for projects involving the establishment of a new facility, the facility must be licensed (or certified if licensing is not applicable) and also be operational as defined in Section 1130.140; and

B) for projects involving a substantial change in scope, the change must be completed (as defined in Section 1130.140) (e.g., a new service initiated and operational, discontinuation of a service completed, a new surgical specialty commenced).

3) If the requirements of this subsection (f) are not met, any change of ownership will be considered a transfer of the permit and results in the permit being null and void.

4) In the event of a change of ownership of a health care facility prior to the completion of an approved project ~~that does not meet the requirements of this subsection (e)~~, it is the responsibility of the permit holder to seek State Board approval to alter the permit to reflect only that construction or modification which will be completed at the time ownership of the facility transfers to another person. Failure to obtain an alteration approval will result in the totality of the permit being considered abandoned. Any person requesting an exemption for a change of ownership of a health care facility for which an outstanding permit exists must in the case where a permit has been altered to avoid abandonment, submit documentation in accordance with the provisions of Section 1130.750 to detail as to the scope and costs associated with completing the project as originally proposed. IDPH shall advise the applicant for exemption if a permit is required under Section 1130.310. A permit is required if the remainder of the project meets the review conditions specified in Section 1130.310.

g) Material Change and Completion Requirements

1) Material Change Requirements

A) A material change to a project for a proposed change of ownership requires prior notice to and approval from the State Board. For purposes of this Section, "material change" means an increase or

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

decrease of more than 5% and less than 10% of the proposed acquisition or transaction cost for a change of ownership of a proprietary hospital and for any governmental or not-for-profit facility and an increase of more than 10% for all other facility changes of ownership.

B) The notice to the State Board shall consist of a request for material change and proof of publication of a legal notice in a newspaper of general circulation that contains the following information:

- 1) name and address of the exemption holder;
- 2) description of the proposed project or transaction including facility name and location;
- 3) a statement that the project received exemption approval from the State Board and the date of such approval;
- 4) description of the proposed change;
- 5) name, title, address, phone number and e-mail address, if applicable, of the individual from whom interested parties may obtain information on the proposed project.

C) The notice must be received by IDPH at least 45 days prior to the next scheduled State Board meeting. The Chairman shall review and take action on the material change request in accordance with the provisions of Section 1130.560.

D) In the case of a change of ownership of a proprietary hospital or of a governmental or not-for profit facility, an increase of 10% or more in the project cost and a decrease of 5% or more in the project cost is not allowable and invalidates the exemption.

i) Completion

A project that has received an exemption for a change of ownership must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

Lines 1064 - 1110: Replace the language from the original proposal with the following new language:

1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds

A project to establish or expand a neonatal intensive care category of service

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

(NICU) and add beds is not subject to review and to the requirements of obtaining a permit, provided an application for exemption is submitted in accordance with the requirements of this section and an exemption is issued by the State Board. The application for exemption shall be subject to review and action by the State Board pursuant to Section 1130.560.

a) Application for Exemption

The application for exemption shall contain the following

- 1) the name and address of the person proposing the project;
- 2) the name and location of the existing facility where the project will occur;
- 3) a description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed;
- 4) the total estimated project cost and the sources and uses of funds;
- 5) the anticipated date of project obligation and project completion;
- 6) a copy of a signed letter of support for the proposed project from the Regionalized Perinatal Advisory Committee (77 Ill. Adm. Code 640);
- 7) a certification that a final cost report will be submitted to the Agency no later than 60 days following the anticipated project completion date;
- 8) certification that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.

~~9) a proposed completion date for the exemption. The completion date shall in no event be greater than 24 months from the date of exemption approval.~~

b) Application Processing Fee

The application processing fee shall be the greater of \$1,000 or .1% of the total estimated project cost with a maximum application processing fee of \$20,000 for projects with \$20,000,000 or more estimated project cost.

c) Material Change and Completion Requirements

1) Material Change Requirements

A material change to a project for establishment or expansion of an NICU requires prior notice to and approval from the State Board. For purposes of this Section, "material change" means an increase

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

or decrease in the number of neonatal intensive care beds being established or added. An exemption holder proposing to change the number of neonatal intensive care beds must provide notice to the State Board of the revised number of beds, any change in project costs, and a signed letter of support from the Regionalized Perinatal Advisory Committee regarding the proposed change. The notice must be received by IDPH at least 45 days prior to the next scheduled State Board meeting. The State Board shall review and take action on the material change request in accordance with the provisions of Section 1130.560.

2) Completion

A project that has received an exemption to establish a neonatal intensive care category of service must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

Lines 1139 - 1194: Withdraw the proposal.

Line 1316: After the word “Board”, start a new paragraph and begin that paragraph with the following:

“a) Application for Exemption”

Line 1319: change the “a)” to “1)”

Line 1320: change the “b)” to “2)”

Line 1322: change the “c)” to “3)”

Line 1330: change the “d)” to “4)”

Lines 1332 - 1334: remove the proposed new language and replace with the following:

“5) Completion Requirements”

A project that has received an exemption for combining facility licenses must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

exemption.”

Line 1343: After the word “Board”, start a new paragraph and begin that paragraph with the following:

“a) Application for Exemption”

Line 1346: change the “a)” to “1)”

Line 1348: change the “b)” to “2)”

Line 1357 - 1359: remove the proposed new language and replace with the following:

“3) Completion Requirements

A project that has received an exemption for the temporary use of beds for demonstration programs must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.”

Lines 1274 - 1310: Repeal 77 Ill. Adm. Code 1130.543.

Line 1323: Strike out the word “Information”

Lines 1342 - 1343: remove the proposed new language and replace with the following:

“9) certification that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.”

Lines 1362 - 1379: before the “BOARD NOTE” insert language for a new subsection (d). The new language will read as follows:

“d) Material Change and Completion Requirements

1) Material Change Requirements

A material change to a project to add dialysis stations requires prior notice to and approval from the State Board. For purposes of this Section, “material change” means an increase or decrease in the number of dialysis stations that are proposed.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

An exemption holder proposing to change the number of dialysis stations must provide notice to the State Board of the revised number of stations, any change in project costs, and document continued compliance with the Application for Exemption requirements of this Section. The notice must be received by IDPH at least 45 days prior to the next scheduled State Board meeting. The State Board shall review and take action on the material change request in accordance with the provisions of Section 1130.560.

2) Completion

A project that has received an exemption to add dialysis stations must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.”

Line 1513: after the word “exemption” insert the following:

“and any proposed material change to a project that has received an exemption”

Line 1515: after the word “applications” insert the following:

“or material change”

Line 1517: after the word “exemption” insert the following:

“and any proposed material change to a project that has received an exemption”

Line 1523: after the word “exemption” insert the following:

“and any proposed material change to a project that has received an exemption”

Line 1525: after the word “application” insert the following:

“or change”

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Line 1529: after the word “exemption” insert the following:

“or for a proposed material change”

Line 1532: after the word “exemption” insert the following:

“or a proposed material change”

Lines 1445 - 1522: Replace the language from the proposal with the following new language (note - new language appears in bold)

- a) **An project that has received an exemption must be completed within the time frames specified in the applicable sections of this Subpart.** ~~An exemption shall be valid through completion provided the requirements of this Section are met. Approval to undertake a transaction that is exempt from review shall be valid for 12 months from the date the exemption application was approved. An exemption transaction for which the exemption approval was issued must be completed or obligated within this 12-month period. The approval for an exempted transaction that is not obligated or completed within this 12-month period will expire on the one year anniversary date after the exemption application’s approval. The exemption holder must provide documentation to the Executive Secretary of completion or obligation of the transaction no later than 10 business days from the exemption approval expiration date. Documentation of obligation or completion shall consist of the following as applicable:~~
- ~~1) for change of ownership, the effective date that the transaction was completed, by providing evidence of the date of issuance of a new license or certification (if licensing is not applicable), or evidence of the effective date of a stock transfer, or evidence of the effective date of a majority change in voting membership or sponsorship of a not for profit corporation, or evidence of the effective date of a transfer of assets, or evidence of the effective date of a merger or consolidation, or evidence of the date of any other means of completion;~~
  - ~~2) for major medical equipment, the effective date that the equipment became operation;~~
  - ~~3) for combined facility licensing, the date of the issuance of a new license;~~
  - ~~4) for demonstration programs, the date of approval to participate in the demonstration program;~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~5) for acquisition of equipment by or on behalf of a health care facility, the date the project was obligated;~~

~~6) for the addition of dialysis stations to existing facilities, the date the project was obligated;~~

~~7) for the establishment of the Positron Emission Tomography (P.E.T.) service, the date the project was obligated.~~

~~AGENCY NOTE: Failure to provide the required notification of obligation or completion to the Executive Secretary no later than 10 business days following the exemption expiration date shall subject the exemption holder to the sanctions provided by the Act.~~

b) For purposes of this Section, "completion" means:

1) for major medical equipment, the equipment is in operation;

2) for change of ownership of a health care facility, a new license has been issued (or, if licensing is not applicable, certification has been obtained), or a stock transfer has been accomplished, or a majority change in voting membership or sponsorship of a not-for-profit corporation has been accomplished, or the transfer of assets has occurred, or the merger or consolidation has been accomplished, whichever is applicable;

3) for demonstration programs, the facility has received all required approvals to participate in the demonstration program; or

4) for all other projects, the requisite licensure or certification has been obtained.

~~An exemption for a change of ownership of a health care facility shall be invalid if the health care facility ceases to be an existing health care facility as defined in Section 1130.140.~~

c) The exemption holder shall provide the following information and documentation, as applicable:

1) A prior written notice submitted to the State Board of any proposed material change to a project or transaction in accordance with the provisions of **the applicable section of this Subpart; and Section 1130.580;**

2)

3) — Where required under other sections of this Part, a final cost report submitted to the State Board no later than 60 days following the project completion date.

~~Failure to comply with any conditions and/or certifications required for an exemption shall constitute an unauthorized modification to the exemption and shall subject the person to the penalties provided by the Act.~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

d) An exemption for a change of ownership of a health care facility shall be invalid if the health care facility ceases to be an existing health care facility as defined in Section 1130.140. Any person failing to obtain an exemption or permit when required shall be subject to the sanctions provided by the Act.

e) An exemption is not transferable or assignable and cannot be bought or sold on its own or as part of any other transaction. However, an exemption for a project that has been initiated and is in compliance with the provisions of this Section will not be considered transferred in the case of an existing health care facility change of ownership that has met the exemption requirements of this Part.

f) Failure to comply with the requirements of this Section within the specified timeframes shall subject the exemption holder to the sanctions and penalties provided by the Act and this Part as for permits.

~~BOARD AGENCY~~ NOTE: See Section 1130.520 regarding changes of ownership for facilities with outstanding permits.

Lines 1642 - 1717: Withdraw the proposed new section at 77 Ill. Adm. Code 1130.580.

Lines 1721 - 1749: Withdraw the proposed new section at 77 Ill. Adm. Code 1130.590.

Line 1842, delete "Health and Fitness Centers:".

Delete the table after line 1843.

Lines 1848 - 1850: Withdraw the proposed new language at 77 Ill. Adm. Code 130.620(e).

Line 1855, strike "the 57<sup>th</sup> Annual Edition of the".

Line 1856, after "Data" add ". Hospitals Component of Square Footage, Cubic Feet and Percent of Total Costs"; after "Inc.," add "63 Smiths Lane,"; after "MA" strike the comma and add "02364-0800 (2003, no later editions or amendments included).".

Strike line 1857.

Lines 1617 - 1636: Withdraw the proposed new language at 77 Ill. Adm. Code 1130.630(b).

Lines 1919 - 1925: Withdraw the proposed new language for 77 Ill. Adm. Code 1130.640((a)(5)).

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

During the Second Notice period, grammatical and typographical errors were corrected by JCAR staff to the proposed rulemaking. These corrections are not referenced in this Notice of Adopted Amendments.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking:

Changes are being adopted to Part 1130 to streamline exemption requirements and to create new exemptions to expedite certain projects currently reviewed under the Certificate of Need (CON) program. The State Board is repealing the requirement on the acquisition of major medical equipment. Changes are being implemented on the exemption for a change of ownership of a health care facility, combined facility licensure, temporary use of beds for demonstration programs, equipment to be acquired by or on behalf of a health care facility, and the addition of dialysis stations. The State Board will also implement an exemption for the establishment or expansion of neonatal intensive care service.

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

Name: Donald Jones  
Address: Health Facilities Planning Board  
525 West Jefferson, 2nd Floor  
Springfield, Illinois 62761  
Telephone: 217-782-3516  
Fax: 217-785-4308  
TTY (for hearing impaired only): 800-547-0466  
E-mail: [djones1@idph.state.il.us](mailto:djones1@idph.state.il.us)

The full text of the Adopted Amendment(s)/Rule(s) begins on the next page:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

TITLE 77: PUBLIC HEALTH  
CHAPTER II: HEALTH FACILITIES PLANNING BOARD  
SUBCHAPTER b: OTHER BOARD RULESPART 1130  
HEALTH FACILITIES PLANNING PROCEDURAL RULES  
SUBPART A: AUTHORITY, PURPOSE AND DEFINITIONS

## Section

- 1130.110 Statutory Authority/Applicability
- 1130.120 Public Hearings
- 1130.130 Purpose
- 1130.140 Definitions
- 1130.150 Incorporated Materials

## SUBPART B: WHO IS SUBJECT TO THE HEALTH FACILITIES PLANNING ACT

## Section

- 1130.210 Persons Subject to the Act
- 1130.220 Necessary Parties to the Application for Permit or Exemption

SUBPART C: PROJECTS OR TRANSACTIONS SUBJECT TO REVIEW |

## Section

- 1130.310 Transactions Subject to Review

SUBPART D: PROJECTS OR TRANSACTIONS ~~WHICH ARE~~ EXEMPT FROM REVIEW |

## Section

- 1130.410 Projects or Transactions ~~Which Are~~ Exempt from Review |

## SUBPART E: PROCEDURAL REQUIREMENTS FOR EXEMPTIONS

## Section

- 1130.510 Requirements for Exemptions Involving the Acquisition of Major Medical Equipment
- 1130.520 Requirements for Exemptions Involving the Change of in Ownership of a Health Care Facility |

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 1130.530 Requirements for Exemptions Involving Health Maintenance Organizations (Repealed)
- 1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds
- 1130.539 Requirements for Exemptions Involving the Establishment of Positron Emission Tomography (P.E.T.) Service (Repealed)
- 1130.540 Requirements for Exemptions Involving Discontinuation
- 1130.541 Requirements for Exemptions for Combined Facility Licensure
- 1130.542 Requirements for Exemptions for Temporary Use of Beds for Demonstration Programs
- 1130.543 Requirements for Exemption for Equipment to be Acquired By or on Behalf of a Health Care Facility (Repealed)
- 1130.544 Requirements for Exemption for the Addition of Dialysis Stations
- 1130.550 Agency Processing of an Application for Exemption
- 1130.560 State Board Action
- 1130.570 Validity of an Exemption and Reporting Requirements

## SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW AND PROCESSING OF APPLICATIONS FOR PERMIT

## Section

- 1130.610 Duration of the Review Period and Time Frames
- 1130.620 Consultation, Classification, Completeness Review, and Review Procedures
- 1130.630 Agency Actions During the Review Period
- 1130.640 Extension of the Review Period Prior to Initial State Board Action
- 1130.650 Modification of an Application
- 1130.660 Approval of an Application
- 1130.670 Notice of Intent-to-Deny an Application
- 1130.680 Denial of an Application

## SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION

## Section

- 1130.710 Validity of Permits
- 1130.720 Obligation
- 1130.730 Extension of the Obligation Period
- 1130.740 Renewal of a Permit
- 1130.750 Alteration of a Project for which a Permit Has Been Issued
- 1130.760 Annual Progress Reports

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 1130.770 Project Completion, Final Realized Costs and Cost Overruns  
1130.780 Revocation of a Permit  
1130.790 Penalties, Fines and Sanctions Mandated in the Illinois Health Facilities Planning Act for Non-compliance with the Act and the State Board's Rules

## SUBPART H: DECLARATORY RULINGS

## Section

- 1130.810 Declaratory Rulings

## APPENDIX A Annual Inflation Adjustments to Review Thresholds

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

SOURCE: Adopted at 14 Ill. Reg. 7183, effective May 1, 1990; emergency amendment at 15 Ill. Reg. 4787, effective March 18, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 9731, effective June 17, 1991; emergency amendments at 16 Ill. Reg. 13153, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 17 Ill. Reg. 4448, effective March 24, 1993; amended at 17 Ill. Reg. 5882, effective March 26, 1993; amended at 19 Ill. Reg. 2972, effective March 1, 1995; expedited correction at 21 Ill. Reg. 3753, effective March 1, 1995; recodified at 20 Ill. Reg. 2597; emergency amendment at 21 Ill. Reg. 12671, effective September 2, 1997, for a maximum of 150 days; emergency expired January 30, 1998; amended at 23 Ill. Reg. 2911, effective March 15, 1999; emergency amendment at 23 Ill. Reg. 3835, effective March 15, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7752, effective July 9, 1999; amended at 24 Ill. Reg. 6013, effective April 7, 2000; amended at 25 Ill. Reg. 10786, effective August 24, 2001; amended at 27 Ill. Reg. 2976, effective February 21, 2003.

## SUBPART A: AUTHORITY, PURPOSE AND DEFINITIONS

## Section 1130.140 Definitions

Definitions pertaining to program components can be found in the Act and in 77 Ill. Adm. Code 1100 and 1110. Definitions which will assist in the understanding of this Part are presented below.

"Agency" means the Illinois Department of Public Health (IDPH).

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

"Alteration" means any revision or change to a project as detailed in the application that occurs after State Board issuance of the permit. The site of the proposed project or the ~~persons person(s)~~ who ~~is (are)~~ the permit holder cannot be altered.

"Applicant" means a ~~persons person(s)~~ as defined in the Illinois Health Facilities Planning Act [20 ILCS 3960/3] who applies for a permit or exemption to construct or modify a health care facility or to acquire major medical equipment. See ~~Section 77 Ill. Adm. Code~~ 1130.220 to determine what parties are necessary for an application.

"Authorized Representative" means a person who has authority to act on behalf of the legal entity or person that is the applicant or permit holder. Authorized representatives are: in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor.

*"Capital Expenditure" means an expenditure made by or on behalf of a health care facility (as such a facility is defined in the Act), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation and maintenance, or is made to obtain by lease or comparable arrangement any facility or part thereof or any equipment for a facility or part and which exceeds the capital expenditure minimum. For purposes of this definition, the ~~The~~ cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if such expenditure exceeds the capital expenditure minimum. Donations of equipment or facilities to a health care facility which if acquired directly by such facility would be subject to review under the Act shall be considered capital expenditures, and a transfer of equipment or facilities for less than fair market value shall be considered a capital expenditure if a transfer of the equipment or facilities at fair market value would be subject to review. [20 ILCS 3960/3]*

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

"Capital Expenditure Minimum" means the dollar amount or value which would require a permit for capital projects and major medical equipment. Capital expenditure minimums are annually adjusted to reflect the increase in construction costs due to inflation per Section 1130.310.

"Certified" or "Certification" means approval for a facility to receive reimbursement under Title XVIII and/or XIX of the Social Security Act (42 USCA 1395x).

"Change of Ownership" means a change in the person who has operational control of an existing health care facility or a change in the person who has ownership or control of a health care facility's physical plant and capital assets. A change of ownership is indicated by, but not limited to, the following transactions: sale, transfer, acquisition, leases, change of sponsorship or other means of transferring control. Examples of change of ownership include:

- a transfer of stock or assets resulting in a person obtaining majority interest (i.e., over 50%) in the person who is licensed or certified (if the facility is not subject to licensure), or in the person who owns or controls the health care facility's physical plant and capital assets; or

- the issuance of a license by IDPH to a person different from the current licensee; or

- for facilities not subject to licensing, the issuance of a provider number to a different person by certification agencies that administer Titles XVIII and XIX of the Social Security Act; or

- a change in the membership or sponsorship of a not-for-profit corporation or a change of 50% or more of the voting members of a not-for-profit corporation's board of directors, during any consecutive 12 month period, that controls a health care facility's operations, license, certification (when the facility is not subject to licensing) or physical plant and capital assets; or

- a change in the sponsorship or control of the person who is licensed or certified (when the facility is not subject to licensing) to operate, or who owns the physical plant and capital assets of a governmental health care facility; or

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

any other transaction that results in a person obtaining control of a health care facility's operations or physical plant and capital assets including leases.

"Completion" or "Project Completion" means that the project has been brought to a conclusion, and that the State Board has determined that the finished project is or is not in accordance with what the State Board authorized, and that a project completion date has been established by the State Board (see Section 1130.770 for further information on Project Completion).

For projects that have documented compliance with the provisions of the permit as authorized by the State Board, the date of project completion is:

for projects with no cost that are limited to total discontinuation of a facility or of a category of service, the date the last patient is discharged or the date the permit for discontinuation is issued whichever comes later; or

for projects with no cost that are limited to a substantial change in beds in licensed long-term care facilities, the date the Agency issues a revised license; or

for projects with no cost that are limited to a substantial change in beds in licensed hospitals or in state-operated facilities, the date the Agency receives a revised physical plant survey or the date of permit issuance which ever is later; or

for projects limited to the establishment of a category of service, the date the first patient is treated or the date the Agency receives a report of final realized cost, whichever is later; or

for projects limited to the establishment of a health care facility, the date the health care facility is licensed or the date the Agency receives a report of final realized cost, whichever is later; or

for projects limited to the acquisition of major medical equipment, the date IDPH receives a report of final realized costs or the date the equipment is utilized to treat the first patient, whichever is later; or

for projects limited to the addition of end-stage renal dialysis stations and

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

for projects, with a cost, that are limited to the addition of beds, the date the first patient is treated or the date IDPH receives a report of final realized cost, whichever is later; or

for all other projects including modernization of existing facilities, the date the Agency receives a report of final realized costs; or  
for projects that the State Board has found not in compliance with the provisions of the permit as authorized by the State Board, including projects with cost overruns, the date of project completion is the date established by the State Board.

"Consolidation" means the combination of two or more existing health care facilities into a new health care facility terminating the existence of the existing or original facilities ( $A + B = C$ ). Consolidation results in the establishment of a health care facility within the meaning of the Act and in the discontinuation of the existing facilities, resulting in termination of license for facilities subject to licensure or the loss of certification for facilities not subject to licensure. In example, consolidation becomes reviewable only when a new facility with a new license will be established due to the consolidation. In this case the A and B facilities which consolidate are reviewed for discontinuation and the new licensed facility C is reviewed for establishment. It is this discontinuation and establishment which creates the need for review.

"Control" means a person possesses any of the following discretionary and non-ministerial rights or powers:

the right or power to approve and to remove without cause a controlling portion of the governing body of another person; or

the right or power to require or approve the use of funds or assets of another person for any purpose; or

the right or power to approve, amend, or modify the health care facility's by-laws or other rules of governance.

A person may control one or more other ~~persons~~ person(s). For the purpose of this definition, "governing body" means:

with respect to a corporation having stock, such corporation's board of

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

directors and the owners, directly or indirectly, of more than 50% of the securities (as defined in Section b(a)(1) of the Securities Act of 1933 (15 USC 77b(a)(1)) of any class or classes, the holders of which are ordinarily, in the absence of contingencies, entitled to elect a majority of the corporation's directors (both of which groups shall be considered a governing body);

with respect to a not for profit corporation not having stock, such corporation's members if the members have complete discretion to elect the corporation's directors, or the corporation's directors if the corporation's members do not have such discretion; and

with respect to any other entity, its governing board or body.

For the purposes of this definition, all references to directors and members shall be deemed to include all persons or entities performing the function of directors or members, however denominated.

A controlling person or entity indirectly controls all persons or entities controlled, or owned directly or indirectly, by any person or entity controlled by such controlling person or entity.

*"Construction" or "Modification" means the establishment, erection, building, alteration, reconstruction, modernization, improvement, extension, discontinuation, change of ownership of or by a health care facility, or the purchase or acquisition by or through a health care facility of equipment for diagnostic or therapeutic purposes or for facility administration or operation or any capital expenditure made by or on behalf of a health care facility which exceeds the capital expenditure minimum; however, any capital expenditures made by or on behalf of a health care facility for the construction or modification of a facility licensed under the Assisted Living and Shared Housing Act shall be excluded from any obligations under the Act.* [20 ILCS 3960/3]

"Discontinuation" means to cease operation of an entire health care facility or category of service. Discontinuation includes a determination by the State Board that:

a category of service has not been utilized for its intended purpose for a period of twelve months or more; or

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

a category of service approved after January 1, 1992 is not operating at utilization standards/target occupancy rates specified in 77 Ill. Adm. Code 1100, for that category of service, by the end of the second year of operation after project completion and on average for any two-year period thereafter (based upon data reported by the facility to IDPH pursuant to Section 13 of the Act), and that need no longer exists in the planning area based upon the existence of such factors as, but not limited to, access to other services in the planning area, excess service capacity in the planning area, and the facility's ability to adequately staff the existing service; or

an existing category of service is not operating at utilization standards/target occupancy rates specified in 77 Ill. Adm. Code 1100, for that category of service, on average for any two-year period commencing on January 1, 1995 and thereafter (based upon data reported by the facility to IDPH pursuant to Section 13 of the Act), and that need no longer exists in the planning area based upon the existence of such factors as, but not limited to, access to other services in the planning area, excess service capacity in the planning area, and the facility's ability to adequately staff the existing service.

"Due Diligence" means to take such actions toward the completion of a project for which a permit has been ~~issued granted~~ with that diligence and foresight which persons of ordinary prudence and care commonly exercise under like circumstances. An accidental or unavoidable cause which cannot be avoided by the exercise of due diligence in the meaning of this rule is a cause which reasonable prudent and careful persons, under like circumstances, do not and would not ordinarily anticipate, and whose effects under similar circumstances they do not and would not ordinarily avoid.

"Establish" or "Establishment" means the construction of a new health care facility, the licensing of unlicensed ~~buildings building(s)~~ or ~~structures structure(s)~~ as a health care facility, the replacement of an existing health care facility on another site, or the development, licensing, or certification (if licensing is not applicable) of a category of service.

"Existing Health Care Facility" means any health care facility or any person or organization that owns or operates a health care facility subject to the Act that:

has a license issued by IDPH and has provided services within the past 12

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

months, unless the failure to provide such service is the result of pending license revocation procedures, and has not surrendered or abandoned its license or had its license revoked or voided or otherwise deemed invalid by IDPH; or

is certified under Titles XVIII or XIX of the Social Security Act; or

is a facility operated by the State of Illinois.

~~BOARD AGENCY~~ NOTE: Projects for which permits have been issued granted but ~~that which~~ are not complete as defined in this Section shall not be considered existing facilities, but the approved number of beds or services shall be recorded in the Inventory of Health Care Facilities maintained by IDPH and shall be counted against any applicable need estimate.

"Fair Market Value" means the dollar value of a project or any component of a project that is accomplished by lease, donation, gifts or any other means that would have been required for purchase, construction, or acquisition.

"Final Decision" or "Final Administrative Decision" or "Final Determination" means:

the decision by the State Board to approve or deny an application for permit. Action taken by the State Board to deny an application for permit is subsequent to an administrative hearing or to the waiver of such hearing; or

the decision by the State Board on all matters other than the issuance of a permit; or

the decision is final at the close of business of the State Board meeting at which the action is taken.

"Final Realized Costs" means all costs that are normally capitalized under generally accepted accounting principles that have been incurred to complete a project for which a permit was issued granted. These costs include all expenditures and the dollar or fair market value of any component of the project whether acquired through lease, donation or gift.

"Major Construction Project" means:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

*Projects for the construction of new buildings;*

*Additions to existing facilities; and*

*Modernization projects whose cost is in excess of \$1,000,000 or ten percent of the facility's operating revenue, whichever is less. [20 ILCS 3960/5]*

*"Major Medical Equipment" means medical equipment which is used for the provision of medical and other health services and which costs in excess of the capital expenditure minimum, except that such term does not include medical equipment acquired by or on behalf of a clinical laboratory to provide clinical laboratory services if the clinical laboratory is independent of a physician's office and a hospital and it has been determined under Title XVIII of the Social Security Act (42 USCA 1395x) to meet the requirements of paragraphs (10) and (11) of Section 1861 (S) of such Act. In determining whether medical equipment has a value in excess of the capital expenditure minimum, the value of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition of such equipment shall be included. [20 ILCS 3906/3]*

"Merger" means the absorption of one or more existing health care facility into another existing health care facility. The result of the absorption is that only one facility survives ( $A + B = B$ ). Merger results in the modification (e.g., expansion of beds or services) of the survivor facility and the discontinuation of the facility being absorbed.

"Modification of an Application" or "Modification" means any change to a proposed project during the review period (i.e., prior to final State Board action) which results in changing the proposed project's physical size or gross square feet, the site within a planning area, the operating entity when the operating entity is not the applicant, the number of proposed beds, the categories of service to be provided, the cost, the method of financing, the configuration of space within the building, or any change in the person who is the applicant, including the addition or deletion of one or more persons as co-applicants.

~~BOARD AGENCY~~ NOTE: A change of site to a site outside the planning area originally identified in the application is not considered a modification and invalidates the application.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

"Newspaper of General Circulation" means newspapers other than those intended to serve a particular, defined population, such as the publications of professional and trade associations.

"Non-clinical Service Area" means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; news stands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

"Notification of State Board Action" means the transmittal of State Board decisions to the applicant or permit holder. Notification shall be given to the applicant's or permit holder's designated contact person, legal representative or chief executive officer.

"Obligation" means ~~the project has been initiated receipt by the Executive Secretary of a notarized certification by two authorized representatives (in the case of a corporation one must be a member of the permit holder's board of directors) of the permit holder that attests that the project has been initiated~~ on a given date; ~~and that~~ the financial resources to fund the project are available or committed; ~~and that~~ the project's cost, scope, design, square footage, number of beds or stations, etc. (as applicable) are in accord with what the State Board has approved.

~~AGENCY NOTE: Failure by the permit holder to provide the required certification of obligation to the Executive Secretary no later than 10 business days following the permit expiration date shall subject the permit holder to the sanctions provided by the Act.~~

"Operational" means that a permit holder is providing the service(s) approved by the State Board and, for a new health care facility or a new category of service,

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

licensure or certification has been obtained and residents/patients are utilizing the facility or equipment or receiving service.

*"Out-of-state Facility" means a person that is both licensed as a hospital or as an ambulatory surgery center under the laws of another state or that qualifies as a hospital or an ambulatory surgery center under regulations adopted pursuant to the Social Security Act and not licensed under the Ambulatory Surgical Treatment Center Act, the Hospital Licensing Act, or the Nursing Home Care Act. Affiliates of out-of-state facilities shall be considered out-of-state facilities. Affiliates of Illinois licensed health care facilities 100% owned by an Illinois licensed health care facility or its parent, or Illinois physicians licensed to practice medicine in all its branches, shall not be considered out-of-state facilities. Nothing in this definition shall be construed to include an office or any part of an office of a physician licensed to practice medicine in all its branches in Illinois that is not required to be licensed under the Ambulatory Surgical Treatment Center Act. [20 ILCS 3960/3]*

"Project Obligation Date" means the date the permit holder initiated or commenced the project as attested to in the notarized certification submitted to the Executive Secretary as evidence of project obligation.

"Proposal" or "Project" means any proposed construction or modification of a health care facility or any proposed acquisition of equipment to be undertaken by an applicant.

"Related Person" means any person that:

is at least 50 percent owned, directly or indirectly, by either the health care facility or a person owning, directly or indirectly, at least 50 percent of the health care facility; or

owns, directly or indirectly, at least 50 percent of the health care facility;  
or

is otherwise controlled or managed by one or more health care facilities or a person that controls or manages the health care facility; or

otherwise controls or manages the health care facility; or  
is otherwise, directly or indirectly, under common management or control

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

with one or more health care facilities.

"Review Period" means the time from the date an application for permit is deemed complete until the State Board renders its final decision.

"Site" means the physical location of a proposed project and is identified by address or legal property description.

"Substantially Changes the Bed Count of a Health Care Facility" means construction or modification, including acquisition of equipment, *which changes the bed capacity of a health care facility by increasing the total number of beds or by distributing beds among various categories of service or by relocating beds from one physical facility or site to another by more than 10 beds or more than 10% of total bed capacity as defined by the State Board, whichever is less, over a two year period.* (Section 5 of the Act) The two year period begins on the date when additional beds added to the facility inventory become operational. When a permit is ~~issued that granted which~~ will result in a change in bed capacity, the applicant facility may not add any more beds in those services affected by the permit for two years from the date that such beds become operational without obtaining an additional permit from the State Board. The facility may add beds (as long as the number added does not exceed 10 beds or 10% of the total facility capacity, whichever is less, over the two year period) in the other services not affected by the permit. Each facility will be contacted annually to verify bed inventory. If there is found, through this verification process, an increase in the calculated bed capacity of the facility, IDPH shall determine the date the two year period begins. The date shall be published in the next available compilation of the Inventory of Health Care Facility and Need Determinations by Planning Area.

~~BOARD AGENCY~~NOTE: The discontinuation (reduction) of beds requires notice to IDPH. The effective date of the bed reduction can be no earlier than the date of IDPH's receipt of the bed reduction notice. It should also be noted that all proposed capital expenditures (including those which do not substantially change the bed capacity) in excess of the capital expenditure minimum require a permit, regardless of the purpose or nature of the project or transaction. However, proposals for less than the capital expenditure minimum, including those with no capital expenditure, also require a permit if the project or transaction is for a substantial change in the facility's bed capacity.

"Substantially Changes the Scope or Changes the Functional Operation of the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Facility" means:

the addition or discontinuation of a category of service as defined [at 77 Ill. Adm. Code in Part 1100.220](#);

discontinuation as defined in Section 1130.140;

a change of a material representation made by the applicant in the "Application for Permit" subsequent to receipt of a permit which is relied upon by the State Board in making its decision. Material representations are those which provide a factual basis for issuance of a permit and include:

withdrawal or non-participation in the Medicare and/or Medicaid programs;

charge information;

requirements of variances pursuant to 77 Ill. Adm. Code 1110;

other representations made to the State Board as stipulated in the permit letter;

the addition of a surgical specialty not previously approved by the State Board for an ambulatory surgical treatment center (ASTC) that has not been classified as a multi-specialty ASTC by the State Board in accordance with the provisions of 77 Ill. Adm. Code 1110.1540;

an increase of more than three dialysis stations or more than 10% of the facility's total number of dialysis stations, whichever is less, over a two-year period. The two-year period begins on the date the facility's additional stations are certified. When a permit is ~~issued granted~~ for additional stations or for the establishment of an additional facility/service, the facility may not add any more dialysis stations for two years from the date that such stations approved in the permit are certified without obtaining an additional permit;

~~BOARD AGENCY~~ NOTE: Section 1130.310 details the review requirements (or grandfathering) for kidney dialysis treatment center projects that were undertaken prior to March 1, 1995.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

the acquisition, construction, or leasing of space, buildings, or structures for the purpose of providing outpatient surgical services on a site or location that is not within the licensed premises of the health care facility. Outpatient surgical services are those surgical procedures that are routinely performed in such settings as a hospital or ambulatory surgical treatment center, or in any room or area that is designed, equipped, and used for surgery, such as, but not limited to, a surgical suite or special procedures room. Outpatient surgical services do not include those procedures performed as part of a physician's private practice in examination or non-surgical treatment rooms.

~~BOARD AGENCY~~ NOTE: All proposed capital expenditures (including those which do not substantially change the scope) in excess of the capital expenditure minimum require a permit, regardless of the purpose or nature of the project or transaction. However, it should also be noted that proposals from the capital expenditure minimum or less including those with no capital expenditure, also require a permit if the project or transaction is for a substantial change in the facility's scope or functional operation.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## SUBPART B: WHO IS SUBJECT TO THE HEALTH FACILITIES PLANNING ACT

## Section 1130.210 Persons Subject to the Act

The following persons are subject to the Act:

- a) Hospitals licensed pursuant to the Hospital Licensing Act [210 ILCS 85];
- b) Ambulatory surgical treatment centers required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5];
- c) Long-term care facilities licensed pursuant to the Nursing Home Care Act [210 ILCS 45];
- d) Kidney disease treatment centers, including free standing hemodialysis units;
- e) Any of the above types of facilities operated by the State or any department or agency thereof; and
- f) Any person proposing to establish, construct or modify any of the above types of facilities or proposing to acquire major medical equipment; ~~and-~~
- g) An institution, place, building, or room used for the performance of outpatient

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

surgical procedures that is leased, owned, or operated by or on behalf of an out-of-state facility.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

SUBPART C: PROJECTS OR TRANSACTIONS SUBJECT TO REVIEW

## Section 1130.310 Transactions Subject to Review

- a) A permit shall be obtained prior to the establishment, construction or modification of a health care facility unless an exemption has been issued ~~granted~~ in accordance with the provisions of Subpart D and Subpart E. A transaction that is not exempt from review is subject to review and requires a permit if the transaction:
- 1) requires a total capital expenditure in excess of the capital expenditure minimum. In determining the total capital expenditure, all costs (including the fair market value of assets acquired by lease or other means), which under generally accepted accounting principles are not properly chargeable as expenses of operation and maintenance, must be included even if any of such costs are not capitalized for reimbursement or other purposes. All capital expenditure minimums (Section 1130.140) shall be annually adjusted to reflect the increase in construction costs due to inflation. On June 9 ~~October first~~ of each year, the minimums will be adjusted for inflation. The basis for such adjustment for major medical equipment shall be the latest annual inflation rate as reflected in the Producer's Price Index as calculated in the DRI/McGraw-Hill Health Care Cost Review section on Special Machinery and Equipment (DRI/McGraw-Hill, 1200 G Street, N.W., Suite 1000, Washington, D.C. 20005). The basis for the adjustment to capital expenditures other than major medical equipment shall be the latest annual inflation rate as reflected in the medical construction component of the Means Cost Data (R.S. Means Company Inc., 100 Construction Plaza, P.O. Box 800, Kingston, MA 02364-0800). The revised minimums shall be published as an appendix to this Part; or
  - 2) substantially changes the scope or changes the functional operation of the facility as defined in Section 1130.140; or
  - 3) results in the establishment of a health care facility as defined in Section 1130.140; or
  - 4) changes the bed capacity of a health care facility by increasing the total

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- number of beds or by distributing beds among various categories of service or by relocating beds from one physical facility or site to another by more than ten beds or more than ten percent of total bed capacity as defined by the State Board, whichever is less, over a two year period (pursuant to Section 1130.140); or
- 5) involves a change of ownership as defined in Section 1130.140 unless an exemption has been ~~issued granted~~ in accordance with the provisions of Section 1130.520; or
  - 6) results in the discontinuation of an entire health care facility or category of service.
- b) A permit must be obtained prior to the acquisition of major medical equipment unless an exemption has been ~~issued granted~~ in accordance with the provisions of Subpart D and Subpart E.
  - c) In determining the elements of a transaction or a project subject to review, the following factors apply:
    - 1) Components of construction or modification which are interdependent must be grouped into one permit application. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. In addition when components of construction or modification are to be undertaken by means of a single construction contract or are to be financed through the issuance of a single debt instrument, such as, but not limited to, a mortgage, bonds, or lease, those components must be grouped into an application for permit. Projects involving acquisition of equipment which are linked with construction for the provision of a service cannot be segmented. A health service linkage exists when all components must be present for a service to be operational, or when financing is obtained at one time for a series of related components. Computer software, for example, cannot be separated from the equipment needed to run the program.
    - 2) No health care facility or other person required to obtain a permit shall split what should properly be considered a single capital expenditure into discrete components undertaken during a fiscal year period to evade the capital expenditure review threshold.
    - 3) No health care facility or other person required to obtain a permit shall separate portions of a single project into components, including, but not limited to, site, facility, and equipment, to evade the capital expenditure review threshold or other requirements of the Act or State Board rules.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- d) Examples of projects that constitute construction or modification of a health care facility and require a permit include:
- 1) Projects located within a licensed or certified health care facility;
  - 2) Projects that result in a health care facility:
    - A) Billing for services provided by the proposed project, or
    - B) Capitalizing any portion of the proposed project, or
    - C) Receiving reimbursement for services provided by the proposed project, or
    - D) Receiving recognition as the provider of the proposed service by third party payors;
  - 3) Projects that are staffed or operated by the health care facility;
  - 4) Projects that are otherwise of, by, through or on behalf of a health care facility;
  - 5) Projects that provide a category of service as defined in 77 Ill. Adm. Code 1100 that are offered or made available on a regular basis to inpatients or outpatients of a health care facility.
- e) Existing kidney disease treatment centers (ESRD facilities) that have undertaken projects to add additional ESRD stations prior to March 1, 1995 are not required to obtain a permit for the addition of these stations provided that documentation has been submitted to the State Board that verifies that the project had been committed prior to March 1, 1995. Project commitment means that the facility had executed a binding lease or contract to acquire additional space for the project and that financing of the project had been secured and that an application for certification of the additional stations was submitted to IDPH prior to January 1, 1995.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

SUBPART D: PROJECTS OR TRANSACTIONS ~~WHICH ARE~~ EXEMPT FROM REVIEW

Section 1130.410 Projects or Transactions ~~Which Are~~ Exempt from Review

The following proposed projects and transactions that meet the requirements of this Subpart and Subpart E are not subject to review and to the requirements of obtaining a permit provided an application for exemption is submitted that meets the requirements of this Subpart and Subpart E and if an exemption is issued granted by the State Board:

- a) the acquisition of major medical equipment which will not be owned by, operated in behalf of, or located in a health care facility or be used to provide services to an inpatient of a health care facility.

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- b) the change of ownership of an existing health care facility.
- c) the discontinuation of an existing health care facility or of a category of service when that discontinuation is the result of:
  - 1) revocation of or denial of license renewal by a State or local regulatory agency;
  - 2) for facilities not subject to licensure, the loss of certification;
  - 3) discontinuation action taken by the State Board;
  - 4) the voluntary surrender of a suspended license.
- d) the combination of two or more existing health care facilities into a single licensed health care facility, when:
  - 1) the existing facilities are located on the same site or on sites adjacent to one another;
  - 2) the licensed person for the existing facilities is the same;
  - 3) the combination is for the sole purpose of operating the existing facilities under a single license;
  - 4) the combination does not involve any cost, any change in scope of services provided, or any change in bed capacity.
- e) the temporary use of beds within existing health care facilities for purposes other than categories of service as defined in 77 Ill. Adm. Code 1100, provided the following are met:
  - 1) the beds will be utilized to provide services as part of a demonstration program authorized by State or federal law, such as, but not limited to, the supportive living facility demonstration project established under Section 5-5.01a of the Illinois Public Aid Code; and
  - 2) the beds will continue to be inventoried according to their presently approved use; and
  - 3) the temporary use of such beds shall cease upon withdrawal from or completion of the demonstration program; and
  - 4) that if such beds are to be permanently used for purposes other than those inventoried, a permit will be obtained from the State Board; and
  - 5) that the temporary use of such beds will not be for demonstration models established pursuant to the Alternative Health Care Delivery Act [210 ILCS 3].
- f) the proposed acquisition or replacement of equipment by or on behalf of a health care facility that does not substantially change the bed count or the scope or functional operation of a health care facility and that does not exceed the lesser of \$4 million or 10% of the facility's operating revenues derived from patient/resident care (based upon the latest available audited financial statements of the facility or of the person who controls the facility).

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- g) a proposed project for the addition of dialysis stations to existing facilities located in planning areas where the Inventory indicates a need for additional stations provided that the number of stations to be added does not exceed the planning area's need for additional stations as calculated in the Inventory and also provided that the number of stations to be added does not exceed the lesser of 10 stations or 50% of the facility's certified station capacity.
- h) proposed projects or transactions (such as name changes or corporate restructuring) that the State Board has determined pursuant to Section 1130.810 do not warrant review.
- i) ~~a proposed project limited to the establishment or expansion of a neonatal intensive care service or beds as specified in Subpart E-proposed projects for the establishment of the Positron Emission Tomography (P.E.T.) service at health care facilities.~~

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## SUBPART E: PROCEDURAL REQUIREMENTS FOR EXEMPTIONS

## Section 1130.510 Requirements for Exemptions Involving the Acquisition of Major Medical Equipment

- a) Submission of Application for Exemption  
Prior to any person acquiring major medical equipment which will not be owned by or located in a health care facility, the person must submit an application for exemption to the State Board, submit the required application processing fee pursuant to 77 Ill. Adm. Code 1190, and receive approval from the State Board.
- b) Application for Exemption ~~Information~~  
The application for exemption is subject to approval under Section 1130.560 and shall include the following information:
  - 1) The name and address of the ~~applicant~~ ~~applicant(s)~~ proposing to acquire the equipment (see Section 1130.220);
  - 2) Name and address of any person related to the ~~applicant~~ ~~applicant(s)~~;
  - 3) Identification of the equipment to be acquired including model number, manufacturer and equipment specifications;
  - 4) The address of the premises where the equipment will be installed or used and a description of the premises that includes a gross square footage space allocation for the functions contained therein, such as, but not limited to, diagnostic or treatment areas, administrative space, doctors offices, waiting rooms, etc., and whether any common space is shared or

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- utilized by persons other than the ~~applicant~~applicant(s);
- 5) Copies of any existing or proposed lease or purchase agreements or a proof of ownership regarding the premises where the equipment will be installed;
  - 6) Name and address of the person who owns the premises and whether that person is related to a health care facility or to the ~~applicant~~applicant(s);
  - 7) ~~Certification A signed certification~~ that the equipment will not be used to provide services to inpatients of any health care facility;
  - 8) ~~Certification A signed certification~~ that use of the proposed equipment will not result in the inpatient admission of patients to a health care facility following outpatient treatment except in emergency conditions;
  - 9) A description of each component of an existing or proposed quality assurance plan for the proposed equipment addressing the following:
    - A) how regular objective evaluation of all audits and medical care will be performed;
    - B) how patient interviews and complaint evaluation will be performed;
    - C) infection control measures;
    - D) incident reporting;
    - E) allied health professional credentialing;
    - F) evaluation of external surveys affecting quality of care;
    - G) safety committee concerns;
    - H) problem resolution; and
    - I) confidentiality concerns; ~~and~~
  - 10) The cost or fair market value of the equipment plus all capital costs associated with the acquisition, installation, or operation of the equipment, including the construction costs or fair market value of the premises where the equipment will be installed; ~~and -~~
  - 11) Certification that failure to comply with the completion requirements of this Section will invalidate the exemption.

c) Completion Requirements

A project that has received an exemption for acquisition of major medical equipment must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

~~BOARD AGENCY~~NOTE: a permit is required for the acquisition of major medical equipment which will be owned by, located in, or utilized to serve inpatients of a health care facility. Equipment acquired by exemption cannot be used to treat patients who are directly admitted into an inpatient unit of a health care facility except in the case of a

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

medical emergency which threatens the life of the patient. A physician licensed to practice medicine in all of its branches must verify that such inpatient admission was caused by a medical emergency.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

Section 1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Projects for the acquisition of an existing health care facility are exempt from the requirement of obtaining a permit if the requirements of this Section and Subpart are met.

- a) Submission of Application for Exemption  
Prior to any person acquiring or entering into a contract to acquire an existing health care facility, the person must submit an application for exemption to the State Board, submit the required application processing fee and receive approval from the State Board.
- b) Application for Exemption **Information**  
The application for exemption shall contain the following: be approved pursuant to Section 1130.560 when the following information is submitted:
  - 1) the name and address of the person proposing to acquire the facility;
  - 2) the name and location of the existing health care facility to be acquired;
  - 3) ~~a signed~~ certification that the categories of service and number of beds as reflected in the Inventory of Health Care Facilities maintained by IDPH will not substantially change (per definition in Section 1130.140) for at least 12 months following the project's completion date;
  - 4) documents ~~that which~~ detail conditions and terms of any lease or purchase arrangement;
  - 5) ~~financial information, the latest audited financial statements of the applicant and a statement by the applicant specifying the source of funds which will be used to acquire the facility;~~
  - ~~6)~~ the anticipated acquisition price and the fair market value of the facility to be being acquired (determination of fair market value is stipulated by 77 Ill. Adm. Code Section 1190.40(b)) and the sources of funds to finance the acquisition;
  - ~~67)~~ proof of publication of the required legal notice of the change of ownership (as required by subsection Section 1130.520(c) of this Section);
  - ~~8)~~ ~~a statement acknowledging that the change of ownership will void any permits for projects which have not been completed;~~
  - ~~79)~~ documentation from the Illinois Secretary of State that the legal entity that

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

is the exemption applicant is registered to conduct business in Illinois and is in good standing;

- ~~810~~) certification that the acquisition or purchase agreement has not yet been entered into or executed, or if the acquisition or purchase agreement has been executed it contains a clause stating the transaction is contingent upon receiving approval from the Illinois Health Facilities Planning Board;
- ~~911~~) certification that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section prior to the effective date of the change of ownership;
- ~~10~~) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, a copy of the applicant's latest audited financial statements;
- ~~1112~~) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, a certified copy of the transcript of the public hearing and copies of all exhibits, documents and other written materials presented at the hearing;
- ~~1213~~) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, copies of the bylaws for the existing facility and for the applicant; and
- ~~1314~~) if the change of ownership is for a governmental or not-for-profit facility, or for a proprietary hospital, a written response addressing the review criteria of 77 Ill. Adm. Code 1110.240. The Such-response shall be made available for public inspection on the premises of the health care facility at least 10 days prior to the public hearing required by this Section;-
- ~~14~~) certification that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.

## c) Legal Notice Requirements

Any person requesting an exemption for a change of ownership must publish a legal notice in a newspaper of general circulation in the community in which the facility is located. This legal notice must provide the following:

- 1) the name and address of the facility for which the exemption is sought;
- 2) the name and address of the applicant entity requesting the exemption;
- 3) the nature of the transaction (e.g., the purchase, lease, or transfer of stock of the licensed entity);
- 4) when the entity ~~that which~~ will be assuming ownership of the facility is a wholly owned subsidiary of another corporation, the name and address of the parent firm;

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 5) a ~~certification that the categories of service and number of beds as reflected in the Inventory of Health Care Facilities maintained by IDPH will not substantially change (per the definition in Section 1130.140) for at least 12 months following the exemption's completion date; statement that all categories of service and beds currently provided will be maintained;~~
  - 6) if the change of ownership is for a governmental or not-for-profit facility or for a proprietary hospital, an announcement of a public hearing containing the information requirements of this Section; and
  - 7) a name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.  
~~AGENCY NOTE: Professional and trade association publications that are intended to serve a defined population will not be considered a newspaper of general circulation.~~
- d) Public Hearing Requirements for Proprietary Hospital and Governmental or Not-For-Profit Facility Changes of Ownership-
- Any person requesting an exemption for a change of ownership of a governmental or not-for-profit facility or for a proprietary hospital must conduct a public hearing in the community in which the facility is located. The hearing shall be held in a place of reasonable size and accessibility and a full and complete written transcript of the proceedings shall be made. The applicant shall include in the legal notice required in this Section the following information:
- 1) a statement as to the anticipated benefits of the proposed changes in ownership to the community;
  - 2) the anticipated or potential cost savings, if any, that will result for the community and the facility as a result of the change in ownership;
  - 3) a description of the mechanism that will be utilized to assure quality control;
  - 4) a description of the applicant's organizational structure, including a listing of controlling or subsidiary persons;
  - 5) a description of the selection process that the acquiring entity will utilize in selecting the facility's board of directors;
  - 6) a statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility;
  - 7) the location, time, and date of the hearing, which must be no later than 10 days nor more than 30 days after the date of publication of the legal notice; and
  - 8) a statement that the hearing is an open public meeting at which time an

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

opportunity will be afforded to all persons wishing to present written or oral comments.

e) Application Processing Fee

The application processing fee is \$1,000.

fe) Completion of Projects with Outstanding Permits

A permit or exemption cannot be transferred.

- 1) For purposes of a change of ownership, a permit will not be considered transferred for any project that does not establish a health care facility or that does not involve a substantial change in scope (as defined in Section 1130.140), provided that the project has been obligated in accordance with the provisions of Section 1130.140 and has proceeded with due diligence.
- 2) Permits for the establishment of a new facility or for substantial change in scope will not be considered transferred under the following circumstances:
  - A) for projects involving the establishment of a new facility, the facility must be licensed (or certified if licensing is not applicable) and also be operational as defined in Section 1130.140; and
  - B) for projects involving a substantial change in scope, the change must be completed (as defined in Section 1130.140) (e.g., a new service initiated and operational, discontinuation of a service completed, a new surgical specialty commenced).
- 3) If the requirements of this subsection (f) are not met, any change of ownership will be considered a transfer of the permit and results in the permit being null and void.
- 4) In the event of a change of ownership of a health care facility prior to the completion of an approved project that does not meet the requirements of this subsection, it is the responsibility of the permit holder to seek State Board approval to alter the permit to reflect only that construction or modification ~~that~~ ~~which~~ will be completed at the time ownership of the facility transfers to another person. Failure to obtain an alteration approval will result in the totality of the permit being considered abandoned. Any person requesting an exemption for a change of ownership of a health care facility for which an outstanding permit exists must in the case where a permit has been altered to avoid abandonment, submit documentation in accordance with the provisions of Section 1130.750 to detail as to the scope and costs associated with completing the project as originally proposed. IDPH shall advise the applicant for exemption if a permit is required under Section 1130.310. A permit is required if the remainder of the project meets the review conditions

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

specified in Section 1130.310.

- g) Material Change and Completion Requirements
- 1) Material Change Requirements
- A) A material change to a project for a proposed change of ownership requires prior notice to and approval from the State Board. For purposes of this Section, "material change" means an increase or decrease of more than 5% and less than 10% of the proposed acquisition or transaction cost for a change of ownership of a proprietary hospital and for any governmental or not-for-profit facility and an increase of more than 10% for all other facility changes of ownership.
- B) The notice to the State Board shall consist of a request for material change and proof of publication of a legal notice in a newspaper of general circulation that contains the following information:
- i) name and address of the exemption holder;
- ii) description of the proposed project or transaction, including facility name and location;
- iii) a statement that the project received exemption approval from the State Board and the date of such approval;
- iv) description of the proposed change;
- v) name, title, address, phone number and e-mail address, if applicable, of the individual from whom interested parties may obtain information on the proposed project.
- C) The notice must be received by IDPH at least 45 days prior to the next scheduled State Board meeting. The Chairman shall review and take action on the material change request in accordance with the provisions of Section 1130.560.
- D) In the care of a change of ownership of a proprietary hospital or of a governmental or not-for profit facility, an increase of 10% or more in the project cost and a decrease of 5% or more in the project cost is not allowable and invalidates the exemption.
- 2) Completion
- A project that has received an exemption for a change of ownership must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

Section 1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds

A project to establish or expand a neonatal intensive care category of service (NICU) and add beds is not subject to review and to the requirements of obtaining a permit, provided a application for exemption is submitted in accordance with the requirements of this Section and an exemption is issued by the State Board. The application for exemption shall be subject to review and action by the State Board pursuant to Section 1130.560.

a) Application for Exemption

The application for exemption shall contain the following:

- 1) the name and address of the person proposing the project;
- 2) the name and location of the existing facility where the project will occur;
- 3) a description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed;
- 4) the total estimated project cost and the sources and uses of funds;
- 5) the anticipated date of project obligation and project completion;
- 6) a copy of a signed letter of support for the proposed project from the Regionalized Perinatal Advisory Committee (77 Ill. Adm. Code 640);
- 7) a certification that a final cost report will be submitted to the Agency no later than 60 days following the anticipated project completion date;
- 8) a certification that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.

b) Application Processing Fee

The application processing fee shall be the greater of \$1,000 or .1% of the total estimated project cost with a maximum application processing fee of \$20,000 for projects with \$20,000,000 or more estimated project cost.

c) Material Change and Completion Requirements

1) Material Change Requirements

A material change to a project for establishment or expansion of an NICU requires prior notice to and approval from the State Board. For purposes of this Section, "material change" means an increase or decrease in the number of neonatal intensive care beds being established or added. An exemption holder proposing to change the number of neonatal intensive care beds must provide notice to the State Board of the revised number of beds, any change in project costs, and a signed letter of support from the Regionalized Perinatal Advisory Committee regarding the proposed change. The notice must be received by IDPH at least 45 days prior to the next scheduled State Board meeting. The State Board shall review and

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

take action on the material change request in accordance with the provisions of Section 1130.560.

2) Completion

A project that has received an exemption to establish a neonatal intensive care category of service must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

(Source: Added at 27 Ill. Reg. 2976, effective February 21, 2003)

Section 1130.539 Requirements for Exemptions Involving the Establishment of Positron Emission Tomography (P.E.T.) Service (Repealed)

~~A person proposing a project to establish the Positron Emission Tomography (P.E.T.) category of service (for, by, or on behalf of a health care facility) and who requests an exemption from the requirements of obtaining a permit must submit an application for exemption to the State Board accompanied by the required application processing fee. Through this exemption, the establishment of this service cannot exceed the planning area's need for additional P.E.T. machines as calculated in the Inventory (77 Ill. Adm. Code 1100.700(b) and 1110.2130(e)). Once the calculated need in a given planning area is met, no additional exemptions for this service will be issued in that planning area. After the need has been met for a planning area, persons who wish to provide this service in that planning area will need to apply to the State Board for a CON under the applicable rules at 77 Ill. Adm. Code 1100.700 and 1110.2130. The application for exemption shall be subject to review and action by the State Board pursuant to Section 1130.560.~~

~~a) Application for Exemption Information~~

~~The application for exemption shall contain the following information:~~

- ~~1) the name and address of the person proposing the project;~~
- ~~2) the name and location of the facility where the P.E.T. service will be established;~~
- ~~3) a description of the equipment being acquired, the costs associated with the establishment of the equipment, and the sources and uses of funds;~~
- ~~4) the anticipated project schedule, including the anticipated date of project obligation and project completion;~~
- ~~5) the method of financing the acquisition;~~
- ~~6) documentation that the facility proposing to establish the P.E.T. service will perform at or above the target utilization as described at 77 Ill. Adm. Code 1100.700(b);~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~7) a certification that a final cost report will be submitted to the Agency no later than 60 days following the project completion date;~~
  - ~~8) proof of publication of a legal notice in a newspaper of general circulation in the community in which the facility is located;~~
  - ~~9) certification that the project has not yet been entered into or executed;~~
  - ~~10) certification that the facility proposing to provide the P.E.T. service has a medical director who is a board-certified physician by the American College of Radiology or the American College of Nuclear Medicine and has demonstrated expertise in conducting and interpreting P.E.T. scans. A copy of the physician's certification from one of the listed accreditation bodies will constitute sufficient documentation; and~~
  - ~~11) that the applicant has secured (through a proposed contract or letter of commitment) the availability of the isotope from a provider. The documentation must demonstrate that the provider has the capability to furnish the isotope and that furnishing the isotope will not adversely impact its operations. Additionally, the documentation submitted must demonstrate that the availability to provide the isotope is contingent upon the Health Facilities Planning Board approving the proposed project.~~

~~BOARD NOTE: Certification of compliance with the exemption information requirements of this Section must be in the form of a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.~~
- b) **Legal Notice Requirements**  
Any person requesting an exemption for the proposed establishment of P.E.T. service must publish a legal notice in a newspaper of general circulation (professional and trade association publications that are intended to serve a defined population will not be considered a newspaper of general circulation) in the community in which the facility is located that provides the following:
- ~~1) the name and address of the facility for which the exemption is sought;~~
  - ~~2) the proposed cost of the project;~~
  - ~~3) a name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.~~
- e) **Application Processing Fee**  
The application processing fee shall be the greater of \$1,000 or .1 percent of the total estimated transaction or project cost.
- d) **Assurances — Review Criteria**  
The applicant must provide the following assurances that will be binding upon the exemption holder or upon subsequent owners/operators of the applicant's facility:

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- 1) ~~that the service will cease operation in case of the absence of a medical director and will not resume until a medical director who meets the medical staffing criterion of 77 Ill. Adm. Code 1110.2130(d) is attained; and~~
  - 2) ~~that the P.E.T. service will be made available to patients regardless of source of payment, including patients that are Medicare or Medicaid or free care.~~
- e) Data Requirements  
~~Once an exemption application is approved, the exemption holder will provide the State Board with the following information for evaluative purposes:~~
- 1) ~~number of P.E.T. scans performed;~~
  - 2) ~~number of patients that received P.E.T. scans;~~
  - 3) ~~number of physicians who referred patients for a P.E.T. scan;~~
  - 4) ~~number of physicians who performed P.E.T. scans;~~
  - 5) ~~diagnosis of patients receiving P.E.T. scans;~~
  - 6) ~~patients' payor source for the P.E.T. scan (e.g., self pay, insurance, Medicare, Medicaid, etc.).~~
- ~~The requested information shall be provided annually as part of the facility's data requirements as stipulated at 77 Ill. Adm. Code 1100.70.~~

(Source: Repealed at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.540 Requirements for Exemptions Involving Discontinuation

Facilities ~~that which~~ have discontinued as defined in Section 1130.410 in accordance with the provisions of Subpart D are not required to submit an application for exemption or fee. The State Board shall take action to confirm the discontinuation and determine the date of discontinuation and adjust the Inventory of Health Care Facilities and Services and Need Determinations accordingly.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.541 Requirements for Exemptions for Combined Facility Licensure

A person proposing to combine two or more existing health care facilities into a single licensed health care facility must submit an application for exemption to the State Board, submit the required application processing fee pursuant to 77 Ill. Adm. Code 1190, and receive approval from the State Board.

- a) Application for Exemption

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

The application for exemption shall consist of a written notice, notarized and attested to by an authorized representative of the applicant, that contains the following:

- ~~1a)~~ the name and address of the applicant proposing the combination;
  - ~~2b)~~ documentation that the requirements of Section 1130.410 pertaining to the transaction will be met;
  - ~~3e)~~ proof of publication of a legal notice in a newspaper of general circulation in the community in which the facilities are located. The notice shall provide the name and address of the applicant and the facilities to be combined, a description of the transaction addressing the applicable requirements of Section 1130.410, and the name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction; ~~and~~
  - ~~4d)~~ certification that the transaction has not yet been entered into or executed.
- b) Completion Requirements  
A project that has received an exemption for combining facility licenses must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

#### Section 1130.542 Requirements for Exemptions for Temporary Use of Beds for Demonstration Programs

A person proposing the temporary use of existing beds for purposes other than categories of service currently approved must submit an application for exemption to the State Board, submit the required application processing fee pursuant to 77 Ill. Adm. Code 1190, and receive approval from the State Board.

- a) Application for Exemption
- The application for exemption shall consist of a written notice, notarized and attested to by an officer of the person who is the applicant, that contains the following:
- ~~1a)~~ certification that the applicant will adhere to and comply with the applicable provisions of Section 1130.410; ~~and~~
  - ~~2b)~~ proof of publication of a legal notice in a newspaper of general circulation in the community in which the facility is located. The notice shall provide the name and address of the applicant and of the facility that proposes to participate in the demonstration program, a description of the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

demonstration program, the number of beds proposed to participate in the demonstration program, and the name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.

- b) Completion Requirements  
A project that has received an exemption for the temporary use of beds for demonstration programs must be complete in accordance with the applicable provisions of Section 1130.570 no later than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

Section 1130.543 Requirements for Exemption for Equipment to be Acquired By or on Behalf of a Health Care Facility (Repealed)

~~A person proposing a project to acquire equipment (for, by, or on behalf of a health care facility) that does not change the scope or functional operation of a health care facility and that costs the lesser of \$4 million or 10% of the facility's operating revenue derived from patient/resident care (based upon the latest available audited financial statements of the facility or of the person who controls the facility) must submit an application for exemption to the State Board, submit the required application processing fee and receive approval from the State Board.~~

- a) Application for Exemption Information  
~~The application for exemption is subject to approval pursuant to Section 1130.560 and shall include the following information:~~
- ~~1) the name and address of the person proposing to acquire the equipment;~~
  - ~~2) the name and location of the existing facility where the equipment will be located;~~
  - ~~3) a description of the equipment being acquired, the costs associated with the acquisition of the equipment, and the sources and uses of funds;~~
  - ~~4) the latest audited financial statements for the facility or of the person who controls the facility;~~
  - ~~5) the method of financing the acquisition;~~
  - ~~6) the anticipated project, acquisition and construction schedule, including the anticipated date of project obligation and project completion;~~
  - ~~7) a certification that the elements of the transaction or the project complies with the factors specified in Section 1130.310(c);~~
  - ~~8) a certification that a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~9) certification that the equipment has not yet been acquired and that contracts and agreements to acquire the equipment have not yet been entered into or executed.~~

~~AGENCY NOTE: Certification of compliance with the exemption information requirements of this Section must be in the form of a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.~~

- ~~b) Application Processing Fee  
The application processing fee shall be assessed in accordance with the fee assessment provisions for Application for Exemption of Major Medical Equipment specified at 77 Ill. Adm. Code 1190.90.~~

(Source: Repealed at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.544 Requirements for Exemption for the Addition of Dialysis Stations

A person proposing a project to add dialysis stations to an existing facility that is located in a planning area where the Inventory of Health Care Facilities and Services and Need Determinations (Inventory) indicates a need for additional stations must submit an application for exemption to the State Board, submit the required application processing fee and receive approval from the State Board. The number of stations to be added cannot exceed the planning area's need for additional stations as calculated in the Inventory and also cannot exceed the lesser of 10 stations or 50% of the facility's certified station capacity.

- a) Application for Exemption ~~Information~~
- The application for exemption shall be subject to approval pursuant to Section 1130.560 and shall include the following information:
- 1) the name and address of the person proposing the project;
  - 2) the name and location of the existing facility where the additional dialysis stations will be added;
  - 3) the number of dialysis stations to be added and the cost associated with the addition and the sources and uses of funds;
  - 4) the anticipated project schedule, including the anticipated date of project obligation and project completion;
  - 5) documentation that for the most recent twelve month period, the existing facility has operated at or in excess of the minimum utilization rate specified at 77 Ill. Adm. Code 1100.630;
  - 6) a certification that a final cost report will be submitted to the Agency no later than 60 days following the project completion date;
  - 7) proof of publication of a legal notice in a newspaper of general circulation

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- in the community in which the facility is located; ~~and~~
- 8) certification that the project has not yet been entered into or executed; and
- 9) certification that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.

~~BOARD AGENCY~~ NOTE: Certification of compliance with the exemption information requirements of this Section must be in the form of a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.

b) Legal Notice Requirements

Any person requesting an exemption for a proposed addition of dialysis stations must publish a legal notice in a newspaper of general circulation (professional and trade association publications that are intended to serve a defined population will not be considered a newspaper of general circulation) in the community in which the facility is located that provides the following:

- 1) the name and address of the facility for which the exemption is sought;
- 2) the number of dialysis stations to be added and the proposed project costs;
- 3) a name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.

c) Application Processing Fee

The application processing fee shall be assessed in accordance with the fee assessment provisions for Applications for Exemption of Major Medical Equipment specified at 77 Ill. Adm. Code 1190.90.

d) Material Change and Completion Requirements

1) Material Change Requirements

A material change to a project to add dialysis stations requires prior notice to and approval from the State Board. For purposes of this Section, "material change" means an increase or decrease in the number of dialysis stations that are proposed. An exemption holder proposing to change the number of dialysis stations must provide notice to the State Board of the revised number of stations, any change in project costs, and document continued compliance with the Application for Exemption requirements of this Section. The notice must be received by IDPH at least 45 days prior to the next scheduled State Board meeting. The State Board shall review and take action on the material change request in accordance with the provisions of Section 1130.560.

2) Completion

A project that has received an exemption to add dialysis must be complete in accordance with the applicable provisions of Section 1130.570 no later

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

than 24 months from the date of exemption approval. Failure to complete the project within this time period invalidates the exemption.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.550 Agency Processing of an Application for Exemption

- a) Application for Exemption Form  
Requests for exemptions must be made on an application for exemption form which may be obtained from the Agency.
- b) Completeness  
The Agency shall review an application for exemption to determine whether all required information and the required application processing fee have ~~has~~ been submitted. The Agency shall notify the applicant by certified mail no later than 30 days after receipt of the application whether the application is complete or incomplete. If the Agency deems the application incomplete, it shall notify the applicant of the specific deficiencies. If additional information is required, the applicant shall be allowed 30 days from the date that notification is received to provide the additional information. Additional information The required information or fee must be received by the Agency within 30 days after receipt of the date the notification was received. Failure to submit the requested additional information shall result in the application for exemption being voided with the loss of all fees paid.
- c) Submission to Chairman or State Board  
The Agency shall forward all complete applications for review and action to the Chairman or the State Board, as applicable. AGENCY NOTE: It is the responsibility of the applicant to assure that the Agency is in receipt of the additional information within the prescribed time frame.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.560 State Board Action

- a) Action by Chairman~~The approval of an application for exemption requiring action by the State Board requires eight affirmative votes.~~
- b) Exemption applications for the acquisition of major medical equipment, the acquisition of equipment by or on behalf of a health care facility, the addition of dialysis stations to an existing facility, and the establishment of the Positron Emission Tomography (P.E.T.) service require review and action by the State

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~Board.~~ The Chairman, acting on behalf of the State Board, shall review ~~all other~~ applications for exemption and any proposed change to a project that has received an exemption as provided by the applicable Sections of this Subpart and approve, deny, or refer the applications or material change to the State Board for State Board review and action.

- be) The State Board shall evaluate each application for exemption and any proposed material change to a project that has received an exemption that requires State Board action pursuant to the applicable Sections of this Subpart ~~for acquisition of major medical equipment, for the acquisition of equipment by or on behalf of a health care facility, for the addition of dialysis stations to an existing facility, for the establishment of the Positron Emission Tomography (P.E.T.) service, and any~~ application for exemption and any proposed material change to a project that has received an exemption referred by the Chairman and either issue an exemption or advise the applicant in writing that the application or change is denied and is not in compliance with exemption requirements. The minimum review period for an application that requires action by the State Board is 30 days after being deemed complete by the Agency. The approval of an application for exemption or for a proposed material change requiring action by or referred to the State Board requires eight affirmative votes. The State Board shall approve an application ~~all applications~~ for exemption or a proposed material change that it determines to be in compliance with the requirements if the applicable conditions of this Subpart are met. Exemptions will not be issued for projects that have failed to meet the applicable requirements of this Subpart. ~~An exemption for a change of ownership shall not be granted for a project to establish a health care facility which has received a permit but which has not been completed.~~

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

Section 1130.570 Validity of an Exemption and Reporting Requirements

- a) A project that has received an exemption must be completed within the time frames specified in the applicable sections of this Subpart. An exemption shall be valid through completion provided the requirements of this Section are met. Approval to undertake a transaction that is exempt from review shall be valid for 12 months from the date the exemption application was approved. An exemption transaction for which the exemption approval was issued must be completed or obligated within this 12-month period. The approval for an exempted transaction that is not obligated or completed within this 12-month period will expire on the one year anniversary date after the exemption

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

~~application's approval. The exemption holder must provide documentation to the Executive Secretary of completion or obligation of the transaction no later than 10 business days from the exemption approval expiration date. Documentation of obligation or completion shall consist of the following as applicable:~~

- ~~1) for change of ownership, the effective date that the transaction was completed, by providing evidence of the date of issuance of a new license or certification (if licensing is not applicable), or evidence of the effective date of a stock transfer, or evidence of the effective date of a majority change in voting membership or sponsorship of a not-for-profit corporation, or evidence of the effective date of a transfer of assets, or evidence of the effective date of a merger or consolidation, or evidence of the date of any other means of completion;~~
- ~~2) for major medical equipment, the effective date that the equipment became operational;~~
- ~~3) for combined facility licensing, the date of the issuance of a new license;~~
- ~~4) for demonstration programs, the date of approval to participate in the demonstration program;~~
- ~~5) for acquisition of equipment by or on behalf of a health care facility, the date the project was obligated;~~
- ~~6) for the addition of dialysis stations to existing facilities, the date the project was obligated;~~
- ~~7) for the establishment of the Positron Emission Tomography (P.E.T.) service, the date the project was obligated.~~

~~AGENCY NOTE: Failure to provide the required notification of obligation or completion to the Executive Secretary no later than 10 business days following the exemption expiration date shall subject the exemption holder to the sanctions provided by the Act.~~

b) For purposes of this Section, "completion" means:

- 1) for major medical equipment, the equipment is in operation;
- 2) for change of ownership of a health care facility, a new license has been issued (or, if licensing is not applicable, certification has been obtained), or a stock transfer has been accomplished, or a majority change in voting membership or sponsorship of a not-for-profit corporation has been accomplished, or the transfer of assets has occurred, or the merger or consolidation has been accomplished, whichever is applicable;
- 3) for demonstration programs, the facility has received all required approvals to participate in the demonstration program; or
- 4) for all other projects, the requisite licensure or certification has been obtained.~~An exemption for a change of ownership of a health care facility~~

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- ~~shall be invalid if the health care facility ceases to be an existing health care facility as defined in Section 1130.140.~~
- c) The exemption holder shall provide the following information and documentation, as applicable:
- 1) A prior written notice submitted to the State Board of any proposed alteration that constitutes a material change to a project or transaction in accordance with the provisions of the applicable section of this Subpart; and
  - 2) Where required under other Sections of this Part, a final cost report submitted to the State Board no later than 60 days following the project completion date. Failure to comply with any conditions and/or certifications required for an exemption shall constitute an unauthorized modification to the exemption and shall subject the person to the penalties provided by the Act.
- d) An exemption for a change of ownership of a health care facility shall be invalid if the health care facility ceases to be an existing health care facility as defined in Section 1130.140. Any person failing to obtain an exemption or permit when required shall be subject to the sanctions provided by the Act.
- e) An exemption is not transferable or assignable and cannot be bought or sold on its own or as part of any other transaction. However, an exemption for a project that has been initiated and is in compliance with the provisions of this Section will not be considered transferred in the case of an existing health care facility change of ownership that has met the exemption requirements of this Part.
- f) Failure to comply with the requirements of this Section within the specified timeframes shall subject the exemption holder to the sanctions and penalties provided by the Act and this Part as for permits.
- ~~BOARD AGENCY~~ NOTE: See Section 1130.520 regarding changes of ownership for facilities with outstanding permits.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW  
AND PROCESSING OF APPLICATIONS FOR PERMIT

## Section 1130.620 Consultation, Classification, Completeness Review, and Review Procedures

- a) Consultation  
The application must be completed in accordance with the requirements of this Part which are applicable to the individual project. An applicant may request consultation with IDPH regarding completion of the application and the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

applicability of the requirements of this Part prior to submission of the application.

- b) Classification of an Application
  - 1) An application for permit shall be classified as:
    - A) Substantive; or
    - B) Non-Substantive; or
    - C) Emergency.
  - 2) Definitions of each classification are set forth in 77 Ill. Adm. Code 1100.220.
- c) Completeness Review
  - 1) Upon receipt of an application for permit, IDPH shall determine whether the application is complete or incomplete. An application for any project shall be deemed complete within ten days after receipt if all of the following have been met:
    - A) all review criteria applicable to the individual project (77 Ill. Adm. Code 1110 and 1120) have been addressed;
    - B) the required fee (as outlined in 77 Ill. Adm. Code 1190, Permit Application Fees) has been submitted;
    - C) six copies of the application including one copy of the application containing original signatures have been submitted;
    - D) all annual progress reports on previously approved projects have been submitted;
    - E) all required information concerning completion of previously approved projects has been submitted;
    - F) when the project proposed contains major medical equipment, the cost of the equipment to be acquired has been provided;
    - G) all persons who are applicants have been identified and have submitted a Certificate of Good Standing or evidence that the persons are authorized to conduct business in Illinois from the Illinois Secretary of State; and
    - H) all questionnaires for information or data, such as but not limited to the Annual Hospital or Long-term Care Questionnaire (77 Ill. Adm. Code 1100.60 and 1100.70) or Cancer Registry (77 Ill. Adm. Code 840.110(d) and 840.115(i)), required by IDPH's Office of Epidemiology and Health Systems Development or the State Board, have been submitted in accordance with IDPH's promulgated rules.
  - 2) An application shall be incomplete if any of the elements described in subsection (c)(1) ~~above~~ are not present or if additional information or

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

documentation is required to clarify a response. Failure to address an applicable criterion or to respond that an applicable criterion does not apply to the proposed project shall be a basis for deeming the application incomplete.

- 3) Applications received after 8:30 a.m. shall be deemed as being received the following business day.
- 4) IDPH shall notify the applicant in writing, within ten working days, of its decision and in the case of an incomplete application, the reasons ~~therefor~~.
- 5) If the application is deemed complete, the date of completion shall initiate the review period. If the application is deemed incomplete, the applicant shall be allowed 90 days from the date of receipt of the notification to provide all necessary information to complete the application. Upon receipt of all additional information requested, IDPH shall again review the application for completeness and shall notify the applicant of its decision within ten working days. If IDPH finds that the application remains incomplete at the end of the allotted response period, the application shall be declared null and void, and all fees paid forfeited.  
BOARD-AGENCY NOTE: It is the responsibility of the applicant to assure that IDPH is in receipt of the additional information within the prescribed timeframe.

## d) Review Procedures

- 1) All applications will be reviewed and evaluated for conformance with the applicable review criteria of ~~77 Ill. Adm. Code Parts~~ 1110 and 1120 in effect at the time the application is deemed complete.
- 2) Each application will be reviewed and considered on an individual basis unless the State Board has established review criteria or procedures that pertain or relate to comparative review or "batching" of applications.
- 3) Applications for permit shall be subject to the need figures set forth in the most recent update to the Inventory of Health Care Facilities and Services and Need Determinations (refer to 77 Ill. Adm. Code 1100.70) in effect prior to the date the State Board takes action on the application. State Board action includes the following: the approval, issuance of a notice of intent-to-deny or denial of an application.
- 4) All applications except emergency are subject to the public hearing requirements of the Act. All evidence submitted pursuant to a public hearing shall be taken into account in the determination of compliance or noncompliance of an application with applicable review criteria.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

## Section 1130.630 Agency Actions During the Review Period

During the course of the review period the Agency shall:

- a) Transmit a complete copy of the application (or such part thereof as may be necessary) to offices of the Department of Public Health or to any other State-state agencies that have requested an opportunity to comment on the application;
- b) Notify the applicant of completeness and the start of the review period and forward to the applicant the scheduled date for State Board action.
- c) Offer an opportunity for a public hearing, provide a period for written comments concerning the proposed project, and when requested, conduct a public hearing in accordance with the provisions of 77 Ill. Adm. Code 1400-1200;
- d) Evaluate the application for compliance with the review criteria applicable to the specific project (as set forth in 77 Ill. Adm. Code 1110 or 1120);
- e) Transmit to the State Board and to the applicant the following: the Agency's report and findings, the public hearing report and a summary of all written public comment received 20 days prior to the scheduled State Board meeting. Written comments that are received after the 20 day period shall be submitted to the State Board and to the applicant and made part of the application for permit record only if the State Board does not make a final decision and considers the application at a subsequent meeting.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION

## Section 1130.710 Validity of Permits

A permit is effective on the date of State Board authorization.

- a) A permit shall be valid until such time as the project has been completed, provided that obligation of the project occurs within 12 months following issuance of the permit except for "major construction projects" and Master Construction projects, in which case obligation must occur within 18 months unless the obligation period is extended by the State Board (as defined in Section 1130.730); and the project commences and proceeds to completion with due diligence (as defined in Section 1130.140). The obligation period shall be extended for any project for which issuance of a permit has been contested and is in administrative review. The obligation period will be extended by the length of time equal to the number of days from the date a summons was received until the date of final disposition of the suit. Projects must be completed within the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

timetable for completion specified in the "Application for Permit." All permits for projects ~~that-which~~ are not completed in the timeframes specified shall ~~subject the permit holder to the sanctions and penalties provided in the Act and this Subpart expire for lack of due diligence~~, unless renewed by the State Board pursuant to Section 1130.740.

- b) A permit is valid only for the defined construction or modification, equipment, site, amount and ~~persons person(s)~~-named in the application for ~~the-such~~ permit and shall not be transferable or assignable. A transfer or assignment of a permit includes a change in the person who is the permit holder; a change in the membership or sponsorship of a not-for-profit corporation ~~that-which~~ is the permit holder; or the transfer, assignment, or other disposition of ~~10% ten percent~~ or more of the stock or voting rights ~~thereunder~~ of a for-profit corporation ~~that-which~~ is the permit holder.
- c) A permit shall not be bought, sold, nor transferred either on its own or as part of a transaction for a change of ownership of a health care facility or for the acquisition of major medical equipment. When a facility with a valid permit is purchased or otherwise acquired, ~~the-such~~ permit may not be transferred to allow the acquiring entity to complete the project for which the permit was ~~issued granted~~. For projects not yet complete, an alteration must be obtained by the permit holder in accordance with the provisions of Section 1130.750. If a change of ownership occurs involving a valid permit ~~that-which~~ has not been completed, the permit shall be considered abandoned by the permit holder.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.720 Obligation

- a) Projects for construction, establishment or modification must be obligated (pursuant to Section 1130.140) prior to the expiration date of the permit.
- b) Permits for projects ~~that-which~~ have not been obligated prior to the expiration date of the permit shall be considered expired and the project abandoned.
- c) The permit holder shall submit a notarized certification by two authorized representatives of the permit holder (in the case of a corporation, one must be a member of the permit holder's board of directors) that the project has been initiated on a stated date certain; that the financial resources to fund the project are available or otherwise committed; and that the project's cost, scope, design, square footage, number of beds or stations, etc. (as applicable) are in compliance with that which the State Board has approved. Failure by the permit holder to provide the required certification of obligation to the Executive Secretary no later

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

than 10 business days following the permit expiration date shall subject the permit holder to the sanctions and penalties provided by the Act and this Subpart.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.740 Renewal of a Permit

A project must be completed within the timeframes specified in the Application for Permit unless renewed by the State Board.

- a) Renewal of a permit by the State Board for projects not completed is subject to the following:
  - 1) Projects ~~that-which~~ have not obtained permit renewals and ~~that-which~~ were obligated prior to May 1, 1990; must have obtained permit renewals no later than March 26, 1994.
  - 2) Projects ~~that-which~~ have obtained permit renewals or ~~that-which~~ were obligated after May 1, 1990; must be completed or obtain permit renewals prior to the required project completion date.
- b) Failure to complete a project or to renew a permit within the prescribed timeframes shall subject the permit holder to the sanctions and penalties provided in the Act and this Subpart~~result in the expiration of the permit for lack of due diligence, and the matter shall not be subject to an administrative hearing under 77 Ill. Adm. Code 1180 and the project shall be considered abandoned.~~
- c) A permit renewal shall commence on the expiration date of the original or renewed completion period.
- d) The request for permit renewal shall be in writing and shall be received by IDPH at least 45 days but no more than 90 days prior to the expiration date of the completion period, and shall include the following information:
  - 1) the requested completion date; ~~and~~
  - 2) a status report on the project detailing what percent has been completed and a summary of project components yet to be finished and the amount of funds expended on the project to date; ~~and~~
  - 3) a statement as to the reasons why the project has not been completed; ~~and~~
  - 4) evidence of financial commitment to fund the project; and
  - 5) the anticipated final cost of the project.
- e) The State Board will evaluate the information submitted to determine if the project has proceeded with due diligence (as defined in Section 1130.140). Eight affirmative votes are required to approve a renewal. Denial of a permit renewal request shall constitute the State Board's "Notice of Intent to Revoke" a permit and shall be subject to appeal under the provisions of 77 Ill. Adm. Code 1180

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

(Practice and Procedure in Administrative Hearings).

~~BOARD-AGENCY~~ NOTE: Permit revocation procedures are explained in Section 1130.780.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.750 Alteration of a Project for which a Permit Has Been Issued

A permit is valid only for the defined construction or modification, equipment, site, amount and ~~persons~~ ~~person(s)~~ named in the application. Any change to a project subsequent to the State Board's issuance of a permit constitutes an alteration to the project. All alterations are to be reported to the State Board prior to incurring the alteration. Certain alterations require only notice to the State Board; others require notice and approval from the State Board; and others are not allowable and if incurred, invalidate a permit. A permit holder must also report any alterations that have occurred without prior notice to the State Board. A permit holder that has incurred an alteration without providing prior notice is in violation of permit validity requirements of this Section and is subject to the imposition of sanctions or penalties as provided by the Act.

- a) The permit holder shall notify IDPH in writing of any proposed or incurred alterations to a project for which a permit has been issued. The notice shall include a description of the alteration and related costs (if any). If the alteration requires State Board approval, the notice must also address all applicable review criteria related to the alteration. In addition, a proposed alteration that requires State Board approval must be received by IDPH at least 45 days prior to the next scheduled State Board meeting.
- b) Alterations that necessitate only notice to the State Board are those alterations that do not require State Board approval and that do not invalidate the permit.
- c) Proposed or incurred alterations that require notice and approval from the State Board are:
  - 1) before project obligation:
    - A) a change in the approved number of beds or stations; ~~or~~
    - B) abandonment of an approved category of service; ~~or~~
    - C) any increase in the square footage of the project provided the increase does not exceed the lesser of 5% of the approved gross square footage or 5,000 additional gross square feet (Note: an increase in excess of those allowable by this provision invalidate the permit); ~~or~~
    - D) for projects (other than projects approved pursuant to a master design permit) approved prior to March 1, 1995, an increase in the

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- cost of the project that exceeds 10% of the original approved permit amount; ~~or~~
- E) for projects approved subsequent to March 1, 1995 including projects approved pursuant to a master design permit, any increase in the cost of the project that exceeds the permit amount; ~~or~~
- F) any increase to an altered permit amount; ~~or~~
- G) any increase in the amount of funds to be borrowed; or
- H) any increase in the project costs components (i.e., line item amounts) if ~~the-such~~ increase is not in compliance with the 77 Ill. Adm. Code 1120 review criteria.
- 2) after project obligation:
- A) a change in the approved number of beds or stations; ~~or~~
- B) abandonment of an approved category of service; ~~or~~
- C) any change in the project's design or change in the project's gross square footage unless such change is required or mandated by local, State, or federal building or life safety requirements that were not in effect at the time of project obligation; ~~or~~
- D) any increase in the amount of funds to be borrowed; or
- E) any increase to the permit amount or to an altered permit amount.
- d) Notwithstanding the provisions of subsection (c) of this Section, the~~The~~ following alterations are not allowable and if incurred invalidate the permit:
- 1) an increase in the project costs, ~~subsequent-prior~~ to obligation, that exceeds the lesser of 5% of the permit amount or the capital or major medical equipment minimums; ~~or~~
- 2) an increase in the project's gross square footage, prior to obligation, that exceeds the lesser of 5% of the project's approved gross square footage or 5,000 additional gross square feet; or
- 3) an increase in the project's gross square footage, subsequent to obligation, unless the increase is required or mandated by local, State or federal building or life safety requirements that were not in effect at the time of project obligation.
- e) Alteration Procedures
- 1) IDPH shall review the alteration request for compliance with the review criteria and submit its findings to the State Board. If additional information is needed by IDPH to perform a review of the request, the permit holder shall be notified.
- 2) A request for alteration reviewed by the State Board is subject to the provisions of 77 Ill. Adm. Code 1110 or 1120; ~~that-which~~ are applicable to the individual project. Any proposed increase to a permit amount that

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

- exceeds the State Board's thresholds for capital expenditures can be reviewed as an alteration to the project providing that there are no other components to the proposed alteration that, when taken as a separate component, require a permit under the Act. ~~The Such~~ components and any other proposed alterations to a project ~~that-which~~ would, when taken as a separate component, require a permit under the Act, shall not be subject to review under this Section but shall require a new application.
- f) Upon approval of a request for alteration, IDPH shall revise the permit to reflect the alteration and shall adjust all inventories accordingly. If a permit holder reduces the scope or size of the project, the permit amount shall be reduced accordingly.
- g) Decisions on requests for alteration shall be transmitted, in writing, to the permit holder by the Executive Secretary.
- h) Eight affirmative votes are required for approval of an alteration. The approval or denial of a request for alteration constitutes the State Board's final administrative decision. Approval of an alteration is based on the continued compliance of the project with 77 Ill. Adm. Code 1110 or 1120, as applicable.
- i) Any alteration without State Board approval (when required) shall be considered a violation of the Act and shall be subject to the penalties mandated in the Act and in Section 1130.790.

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)

## Section 1130.APPENDIX A Annual Inflation Adjustments to Review Thresholds

## 1. Capital Expenditures (Other than Major Medical Equipment):

Baseline	Inflation Factor	Revised Review Threshold	Effective Date of Revision
\$2,000,000	1.07891	\$2,157,820	October 1, 1991
\$2,157,820	1.02717	\$2,216,448	October 1, 1992
\$2,216,448	1.06350	\$2,357,193	October 1, 1993
\$2,357,193	1.02000	\$2,404,337	October 1, 1994
\$2,404,337	1.02900	\$2,474,063	October 1, 1995
\$2,474,063	1.03000	\$2,548,285	October 1, 1996
\$2,548,285	1.02400	\$2,609,444	October 1, 1997
\$2,609,444	1.02400	\$2,672,071	October 1, 1998
\$2,672,071	1.01415	\$2,709,883	October 1, 1999
<u>\$2,709,883</u>	<u>n/a</u>	<u>\$6,000,000</u>	<u>June 9, 2000</u>

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

<u>\$6,000,000</u>	<u>1.08100</u>	<u>\$6,108,600</u>	<u>June 9, 2001</u>
<u>\$6,108,600</u>	<u>1.03560</u>	<u>\$6,326,066</u>	<u>June 9, 2002</u>

## 2. Major Medical Equipment:

Baseline	Inflation Factor	Revised Review Threshold	Effective Date of Revision
\$1,000,000	1.11827	\$1,118,272	October 1, 1991
51,118,272	1.03600	\$1,158,530	October 1, 1992
\$1,158,530	1.02300	\$1,185,176	October 1, 1993
\$1,185,176	1.02299	\$1,212,422	October 1, 1994
\$1,212,422	1.02301	\$1,240,318	October 1, 1995
\$1,240,318	1.02400	\$1,270,086	October 1, 1996
\$1,270,086	1.02100	\$1,296,758	October 1, 1997
\$1,296,758	1.02000	\$1,322,693	October 1, 1998
\$1,322,693	1.01400	\$1,341,211	October 1, 1999
<u>\$1,341,211</u>	<u>n/a</u>	<u>\$6,000,000</u>	<u>June 9, 2000</u>
<u>\$6,000,000</u>	<u>1.01000</u>	<u>\$6,060,600</u>	<u>June 9, 2001</u>
<u>\$6,060,600</u>	<u>1.01900</u>	<u>\$6,175,751</u>	<u>June 9, 2002</u>

## HEALTH FACILITIES PLANNING BOARD

## NOTICE OF ADOPTED AMENDMENTS/RULES

3. Health and Fitness Centers:

<u>Baseline</u>	<u>Inflation Factor</u>	<u>Revised Review Threshold</u>	<u>Effective Date of Revision</u>
<u>\$0</u>	<u>n/a</u>	<u>\$2,709,883</u>	<u>June 9, 2000</u>
<u>\$2,709,883</u>	<u>1.08100</u>	<u>\$2,758,932</u>	<u>June 9, 2001</u>
<u>\$2,758,932</u>	<u>1.02910</u>	<u>\$2,839,217</u>	<u>June 9, 2002</u>

## 4. Calculation of Inflation Factors:

Inflation factors, for capital equipment projects represent the percentage increase or decrease in the related health care costs from July 1<sup>st</sup> of the preceding calendar year to July 1<sup>st</sup> of the year for which the adjustment is to be made. The capital threshold is adjusted utilizing the annualized data from the report year as compared to the preceding year. A growth in costs of five percent during this twelve-month period would result in an inflation factor of 1.05.

## 5.4. Source of Data:

The capital expenditure threshold adjustment for all items other than major medical equipment is taken from the ~~57<sup>th</sup> Annual Edition of the~~ Building Construction Cost Data, Hospitals Component of Square Footage, Cubic Feet and Percent of Total Cost from the R.S. Means Company, Inc., 63 Smiths Lane, Kingston MA 02364-0800 (2003, no later editions or amendments included); ~~Hospitals component of Square Footage, Cubic Feet and Percent of Total Costs from "Building Construction Cost Data."~~

(Source: Amended at 27 Ill. Reg. 2976, effective February 21, 2003)



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 14) Are there any other amendments pending on this Part? Yes
- | <u>Sections</u> | <u>Proposed Action</u> | <u>Illinois Register Citation</u> |
|-----------------|------------------------|-----------------------------------|
|-----------------|------------------------|-----------------------------------|

140.3	Amendment	October 18, 2002(26 Ill. Reg. 14948)
140.20	Amendment	December 13, 2002 (26 Ill. Reg. 17646)
140.21	Amendment	October 18, 2002 (26 Ill. Reg. 14948)
140.71	Amendment	August 16, 2002 (26 Ill. Reg. 12545)
140.450	Amendment	June 7, 2002 (26 Ill. Reg. 8243)
140.523	Amendment	July 19, 2002 (26 Ill. Reg. 10243)
140.530	Amendment	August 30, 2002 (26 Ill. Reg. 13026)
140.860	New Section	September 6, 2002 (26 Ill. Reg. 13146)

- 15) Summary and Purpose of Amendments:

These amendments affect two Sections of the Department's administrative rules at 89 Ill. Adm. Code 140. The changes are being made to increase the accountability of vendors in the medical assistance program and thereby enhance the Department's ability to control fraud.

The changes to Section 140.13 expand upon the definition of management responsibility to include, as persons with management responsibility, the dispatcher for a transportation services provider and the person or persons responsible for preparation and submittal of billings to the Department.

The changes to Section 140.24 identify additional entities that can be alternate payees for providers enrolled in the Medical Assistance Program. Currently, this Section restricts alternate payees to hospitals, medical schools, group medical practices and an employee of a sole practitioner. Under these amendments, governmental organizations and Department of Human Services certified community mental health organizations that enroll as Medicaid providers may be alternate payees.

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

Joanne Scattoloni  
Office of the General Counsel, Rules Section  
Illinois Department of Public Aid  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002  
(217) 524-0081

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED RULES

The full text of the adopted amendments begins on the next page:

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER d: MEDICAL PROGRAMSPART 140  
MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

## Section

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

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

## Section

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

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.19 Application to Participate or for Reinstatement Subsequent to Termination,  
Suspension or Barring
- 140.20 Submittal of Claims
- 140.21 Reimbursement for QMB Eligible Medical Assistance Recipients and QMB Eligible  
Only Recipients
- EMERGENCY
- 140.22 Magnetic Tape Billings (Repealed)
- 140.23 Payment of Claims
- 140.24 Payment Procedures
- 140.25 Overpayment or Underpayment of Claims
- 140.26 Payment to Factors Prohibited
- 140.27 Assignment of Vendor Payments
- 140.28 Record Requirements for Medical Providers
- 140.30 Audits
- 140.31 Emergency Services Audits
- 140.32 Prohibition on Participation, and Special Permission for Participation
- 140.33 Publication of List of Terminated, Suspended or Barred Entities
- 140.35 False Reporting and Other Fraudulent Activities
- 140.40 Prior Approval for Medical Services or Items
- 140.41 Prior Approval in Cases of Emergency
- 140.42 Limitation on Prior Approval
- 140.43 Post Approval for items or Services When Prior Approval Cannot Be Obtained
- 140.55 Recipient Eligibility Verification (REV) System
- 140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher  
Advance Payment and Expedited Payments
- 140.72 Drug Manual (Recodified)
- 140.73 Drug Manual Updates (Recodified)

## SUBPART C: PROVIDER ASSESSMENTS

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

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

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

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)  
140.398 Hearings (Recodified)

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

## Section

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

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.447 Reimbursement
- 140.448 Returned Pharmacy Items
- 140.449 Payment of Pharmacy Items
- 140.450 Record Requirements for Pharmacies
- 140.451 Prospective Drug Review and Patient Counseling
- 140.452 Mental Health Clinic Services
- 140.453 Definitions
- 140.454 Types of Mental Health Clinic Services
- 140.455 Payment for Mental Health Clinic Services
- 140.456 Hearings
- 140.457 Therapy Services
- 140.458 Prior Approval for Therapy Services
- 140.459 Payment for Therapy Services
- 140.460 Clinic Services
- 140.461 Clinic Participation, Data and Certification Requirements
- 140.462 Covered Services in Clinics
- 140.463 Clinic Service Payment
- 140.464 Healthy Moms/Healthy Kids Managed Care Clinics (Repealed)
- 140.465 Speech and Hearing Clinics (Repealed)
- 140.466 Rural Health Clinics (Repealed)
- 140.467 Independent Clinics
- 140.469 Hospice
- 140.470 Home Health Services
- 140.471 Home Health Covered Services
- 140.472 Types of Home Health Services
- 140.473 Prior Approval for Home Health Services
- 140.474 Payment for Home Health Services
- 140.475 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.476 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices for Which Payment Will Not Be Made
- 140.477 Limitations on Equipment, Prosthetic Devices and Orthotic Devices
- 140.478 Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.479 Limitations, Medical Supplies
- 140.480 Equipment Rental Limitations
- 140.481 Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
- 140.482 Family Planning Services
- 140.483 Limitations on Family Planning Services
- 140.484 Payment for Family Planning Services

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.485 Healthy Kids Program
- 140.486 Limitations on Medichek Services (Repealed)
- 140.487 Healthy Kids Program Timeliness Standards
- 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures
- 140.490 Medical Transportation
- 140.491 Limitations on Medical Transportation
- 140.492 Payment for Medical Transportation
- 140.493 Payment for Helicopter Transportation
- 140.494 Record Requirements for Medical Transportation Services
- 140.495 Psychological Services
- 140.496 Payment for Psychological Services
- 140.497 Hearing Aids

## SUBPART E: GROUP CARE

## Section

- 140.500 Long Term Care Services
- 140.502 Cessation of Payment at Federal Direction
- 140.503 Cessation of Payment for Improper Level of Care
- 140.504 Cessation of Payment Because of Termination of Facility
- 140.505 Informal Hearing Process for Denial of Payment for New ICF/MR
- 140.506 Provider Voluntary Withdrawal
- 140.507 Continuation of Provider Agreement
- 140.510 Determination of Need for Group Care
- 140.511 Long Term Care Services Covered By Department Payment
- 140.512 Utilization Control
- 140.513 Notification of Change in Resident Status
- 140.514 Certifications and Recertifications of Care
- 140.515 Management of Recipient Funds--Personal Allowance Funds
- 140.516 Recipient Management of Funds
- 140.517 Correspondent Management of Funds
- 140.518 Facility Management of Funds
- 140.519 Use or Accumulation of Funds
- 140.520 Management of Recipient Funds--Local Office Responsibility
- 140.521 Room and Board Accounts
- 140.522 Reconciliation of Recipient Funds
- 140.523 Bed Reserves
- 140.524 Cessation of Payment Due to Loss of License
- 140.525 Quality Incentive Program (QUIP) Payment Levels

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (Repealed)
- 140.527 Quality Incentive Survey (Repealed)
- 140.528 Payment of Quality Incentive (Repealed)
- 140.529 Reviews (Repealed)
- 140.530 Basis of Payment for Long Term Care Services
- 140.531 General Service Costs
- 140.532 Health Care Costs
- 140.533 General Administration Costs
- 140.534 Ownership Costs
- 140.535 Costs for Interest, Taxes and Rent
- 140.536 Organization and Pre-Operating Costs
- 140.537 Payments to Related Organizations
- 140.538 Special Costs
- 140.539 Reimbursement for Basic Nursing Assistant, Developmental Disabilities Aide, Basic Child Care Aide and Habilitation Aide Training and Nursing Assistant Competency Evaluation
- 140.540 Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
- 140.541 Salaries Paid to Owners or Related Parties
- 140.542 Cost Reports-Filing Requirements
- 140.543 Time Standards for Filing Cost Reports
- 140.544 Access to Cost Reports (Repealed)
- 140.545 Penalty for Failure to File Cost Reports
- 140.550 Update of Operating Costs
- 140.551 General Service Costs
- 140.552 Nursing and Program Costs
- 140.553 General Administrative Costs
- 140.554 Component Inflation Index
- 140.555 Minimum Wage
- 140.560 Components of the Base Rate Determination
- 140.561 Support Costs Components
- 140.562 Nursing Costs
- 140.563 Capital Costs
- 140.565 Kosher Kitchen Reimbursement
- 140.566 Out-of-State Placement
- 140.567 Level II Incentive Payments (Repealed)
- 140.568 Duration of Incentive Payments (Repealed)
- 140.569 Clients With Exceptional Care Needs

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.570 Capital Rate Component Determination
- 140.571 Capital Rate Calculation
- 140.572 Total Capital Rate
- 140.573 Other Capital Provisions
- 140.574 Capital Rates for Rented Facilities
- 140.575 Newly Constructed Facilities (Repealed)
- 140.576 Renovations (Repealed)
- 140.577 Capital Costs for Rented Facilities (Renumbered)
- 140.578 Property Taxes
- 140.579 Specialized Living Centers
- 140.580 Mandated Capital Improvements (Repealed)
- 140.581 Qualifying as Mandated Capital Improvement (Repealed)
- 140.582 Cost Adjustments
- 140.583 Campus Facilities
- 140.584 Illinois Municipal Retirement Fund (IMRF)
- 140.590 Audit and Record Requirements
- 140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
- 140.643 In-Home Care Program
- 140.645 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
- 140.646 Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities
- 140.647 Description of Developmental Training (DT) Services
- 140.648 Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
- 140.649 Effective Dates of Reimbursement for Developmental Training (DT) Programs
- 140.650 Certification of Developmental Training (DT) Programs
- 140.651 Decertification of Day Programs
- 140.652 Terms of Assurances and Contracts
- 140.680 Effective Date Of Payment Rate
- 140.700 Discharge of Long Term Care Residents
- 140.830 Appeals of Rate Determinations
- 140.835 Determination of Cap on Payments for Long Term Care (Repealed)

## SUBPART F: FEDERAL CLAIMING FOR STATE AND LOCAL GOVERNMENTAL ENTITIES

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.850 Reimbursement of Administrative Expenditures
- 140.855 Administrative Claim Review and Reconsideration Procedure
- 140.860 Covered Services (Repealed)
- 140.865 Sponsor Qualifications (Repealed)
- 140.870 Sponsor Responsibilities (Repealed)
- 140.875 Department Responsibilities (Repealed)
- 140.880 Provider Qualifications (Repealed)
- 140.885 Provider Responsibilities (Repealed)
- 140.890 Payment Methodology (Repealed)
- 140.895 Contract Monitoring (Repealed)
- 140.896 Reimbursement For Program Costs (Active Treatment) For Clients in Long Term Care Facilities For the Developmentally Disabled (Recodified)
- 140.900 Reimbursement For Nursing Costs For Geriatric Residents in Group Care Facilities (Recodified)
- 140.901 Functional Areas of Needs (Recodified)
- 140.902 Service Needs (Recodified)
- 140.903 Definitions (Recodified)
- 140.904 Times and Staff Levels (Repealed)
- 140.905 Statewide Rates (Repealed)
- 140.906 Reconsiderations (Recodified)
- 140.907 Midnight Census Report (Recodified)
- 140.908 Times and Staff Levels (Recodified)
- 140.909 Statewide Rates (Recodified)
- 140.910 Referrals (Recodified)
- 140.911 Basic Rehabilitation Aide Training Program (Recodified)
- 140.912 Interim Nursing Rates (Recodified)

## SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

## Section

- 140.920 General Description
- 140.922 Covered Services
- 140.924 Maternal and Child Health Provider Participation Requirements
- 140.926 Client Eligibility (Repealed)
- 140.928 Client Enrollment and Program Components (Repealed)
- 140.930 Reimbursement
- 140.932 Payment Authorization for Referrals (Repealed)

## SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

## EQUITY (ICARE) PROGRAM

## Section

- 140.940 Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
- 140.942 Definition of Terms (Recodified)
- 140.944 Notification of Negotiations (Recodified)
- 140.946 Hospital Participation in ICARE Program Negotiations (Recodified)
- 140.948 Negotiation Procedures (Recodified)
- 140.950 Factors Considered in Awarding ICARE Contracts (Recodified)
- 140.952 Closing an ICARE Area (Recodified)
- 140.954 Administrative Review (Recodified)
- 140.956 Payments to Contracting Hospitals (Recodified)
- 140.958 Admitting and Clinical Privileges (Recodified)
- 140.960 Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
- 140.962 Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
- 140.964 Contract Monitoring (Recodified)
- 140.966 Transfer of Recipients (Recodified)
- 140.968 Validity of Contracts (Recodified)
- 140.970 Termination of ICARE Contracts (Recodified)
- 140.972 Hospital Services Procurement Advisory Board (Recodified)
- 140.980 Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
- 140.982 Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)
  
- 140.TABLE A Medicare Recommended Screening Procedures (Repealed)
- 140.TABLE B Geographic Areas
- 140.TABLE C Capital Cost Areas
- 140.TABLE D Schedule of Dental Procedures
- 140.TABLE E Time Limits for Processing of Prior Approval Requests
- 140.TABLE F Podiatry Service Schedule
- 140.TABLE G Travel Distance Standards
- 140.TABLE H Areas of Major Life Activity
- 140.TABLE I Staff Time and Allocation for Training Programs (Recodified)
- 140.TABLE J HSA Grouping (Repealed)
- 140.TABLE K Services Qualifying for 10% Add-On (Repealed)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 140.TABLE L Services Qualifying for 10% Add-On to Surgical Incentive Add-On  
(Repealed)
- 140.TABLE M Enhanced Rates for Maternal and Child Health Provider Services

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

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000,

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Re. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28,

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill.

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 3041, effective February 10, 2003.

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

## Section 140.13      Definitions

"Department Policy". For purposes of [this Part](#), ~~these Rules~~ "Department policy" shall mean the written requirements of the Department set forth in the Medical Assistance Program Handbooks, and the Department's written manuals, bulletins and releases. It shall also include any additional policy statements transmitted in writing to a vendor.

"Entity". For purposes of [this Part](#), ~~these Rules~~ "entity" means any person, firm, corporation, partnership, association, agency, institution, or other legal organization.

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

"Investor". For purposes of [this Part](#), ~~these Rules~~ "investor" shall mean any entity that owns (directly or indirectly) [five percent](#) ~~5%~~ or more of the shares of stock or other evidences of ownership of a vendor, or holds (directly or indirectly) [five percent](#) ~~5%~~ or more of the debt of a vendor or owns and holds (directly or indirectly) [three percent](#) ~~3%~~ or more of the combined debt and equity of a vendor.

"Management Responsibility". For purposes of [this Part](#), ~~these Rules~~ a person with management responsibility includes a person vested with discretion or judgment who either alone or in conjunction with others, conducts, administers or oversees either the general concerns of the vendor; or ~~a that~~ portion of the vendor's concerns ~~that were the subject of the Department's action against the vendor~~. A person with management responsibility shall specifically include the pharmacist in a pharmacy, the medical director of a laboratory, the administrator of a hospital or nursing home, [the dispatcher in a transportation vendor, the person or persons responsible for preparation and submittal of billings for services to the Department](#) and the manager of a group practice, clinic or shared health facility.

"Technical or Other Advisor". For purposes of [this Part](#), ~~these Rules~~ "technical or other advisor" shall mean any entity that provides any form of advice to a vendor regarding the vendor's business or participation in the Medical Assistance Program in return for compensation, directly or indirectly, in any form.

"Vendor". For purposes of [this Part](#), ~~these Rules~~ "vendor" shall mean a person, firm, corporation, association, agency, institution, or other legal entity receiving payment or applying for authorization to receive payment for goods or services to a recipient or recipients.

(Source: Amended at 27 Ill. Reg. [3041](#), effective [February 10, 2003](#))

Section 140.24      Payment Procedures

- a) Payment of valid claims will be made by a State warrant (check) issued through the Office of the State Comptroller.
- b) All providers of medical services must designate a payee when enrolling in the Illinois Medical Assistance Program.
  - 1) Providers enrolled as business entities are limited to one payee. A business entity is defined as any firm, corporation, partnership, agency, institution or other legal organization organized for the purpose of providing medically related professional services. A provider enrolled as

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

a business entity may designate the corporate or partnership name as the payee. The mailing address for the payee must be the provider's service address or the designated address of the corporate or partnership office.

- 2) Providers enrolled as individual practitioners are allowed to have more than one payee. An individual practitioner is defined as an individual person licensed by an authorized state agency to provide medical services. Payment may be mailed to an individual practitioner at one of the following:
  - A) The provider's service address; or
  - B) The provider's residence; or
  - C) The provider's designated address; or
  - D) The address of the provider's designated alternate payee pursuant to subsection (d) of this Section; or
  - E) The address of the entity specified according to an arrangement under Section 140.27(c) or (d).
- c) A long term care facility and its corporate or partnership owner may request the facility's warrant be sent directly to the business office address of the corporate or partnership owner. After approval is given, the warrant will be issued in the name of the facility or corporate name doing business under the facility name, but sent to the business office address of the corporate or partnership owner rather than the facility.
- d) The Department shall permit individual practitioners to designate an alternate payee if one of the following conditions is met:
  - 1) The medical practitioner has a contractual/salary arrangement, as a condition of employment with a hospital or professional school.
  - 2) The medical practitioner is part of a practitioner owned group practice consisting of three or more full-time licensed practitioners or the equivalent thereof.
  - 3) The medical practitioner is employed by a practitioner who requires, as a condition of employment, that the fees be turned over to the employer.
  - 4) [The medical practitioner has a contractual/salary arrangement or is employed by a governmental entity that requires, as a condition of employment that the fees be turned over to the governmental entity.](#)
  - 5) [The medical practitioner has a contractual/salary arrangement or is employed by a community mental health agency that is certified by the Department of Human Services under 59 Ill. Adm. Code 132 and is enrolled as a provider in the Illinois Medical Assistance Program.](#)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED RULES

- 6) [The medical practitioner has a contractual/salary arrangement or is employed by a Federally Qualified Health Center that is enrolled as a provider in the Department's Medical Assistance Program.](#)

(Source: Amended at 27 Ill. Reg. [3041](#), effective [February 10, 2003](#))

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Plumbing Contractor Registration Code
- 2) Code Citation: 77 Ill. Adm. Code 894
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
894.10	New Section
894.20	New Section
894.30	New Section
894.40	New Section
894.50	New Section
894.60	New Section
894.70	New Section
894.80	New Section
- 4) Statutory Authority:  
Implementing and authorized by the Illinois Plumbing License Law [225 ILCS 320]
- 5) Effective Date of Rules:  
February 10, 2003
- 6) Does this Rulemaking Contain an Automatic Repeal Date?  
Yes \_\_\_\_\_ No T
- 7) Does this Rulemaking Contain Incorporations by Reference?  
Yes \_\_\_\_\_ No T
- 8) A statement that a copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection:  
  
A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.
- 9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

April 5, 2002 (26 Ill. Reg. 5070)

- 10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking:

Yes T No

- 11) Difference Between Proposal and Final Version:

In Section 894.20(a)(7), a new subsection (D) is added, stating that plumbing contractor registrations shall expire on April 30 of each year.

In Section 894.40, a new subsection (e) is added to specify that the surety bond and irrevocable letter of credit must be valid and in effect when the Department issues the registration. If this is not the case, the plumbing contractor will be notified of the Department's intent to take action to revoke the registration.

In addition, various typographical, grammatical and technical changes were made in response to comments from the Joint Committee on Administrative Rules.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreements issued by the Joint Committee?

All changes agreed upon by the Department and the Joint Committee been made as indicated in the agreements issued by the Joint Committee.

- 13) Will the Rulemaking Replace an Emergency Rule Currently in Effect?

Yes

- 14) Are there any other Amendments Pending on this Part?

No

- 15) Summary and Purpose of Rules:

This rulemaking will implement a recent change to the Illinois Plumbing License Law. Public Act 92-338 (HB 2148), which was signed into law on August 10, 2001, requires all plumbing contractors to register annually with the Department. Plumbing contractors include all persons who perform plumbing, as defined in the Plumbing License Law, for

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

another person for hire, but does not include licensed plumbers and licensed apprentice plumbers who either are employed by a plumbing contractor or are employed by another entity such as a hospital, university or business maintenance staff, for the performance of plumbing solely for that other entity. Proof of insurance and workers compensation insurance, and a \$20,000 indemnification bond or letter of credit must be submitted to the Department as part of each registration. Additionally, the Department is authorized to take disciplinary action against a registered plumbing contractor for violations of the Law or this Part. Fees of \$300 for contractor registration and \$25 for reinstatement of registration that has been rescinded for cancellation of insurance are included in the rules.

- 16) Information and Questions Regarding these Adopted Rules shall be directed to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217)782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER r: WATER AND SEWAGEPART 894  
PLUMBING CONTRACTOR REGISTRATION CODE

Section	
894.10	Definitions
894.20	Registration Requirements for Plumbing Contractors
894.30	Certificates of Insurance
895.40	Insurance and Surety Bond Coverage
894.50	Hearings
894.60	Registered Plumbing Contractor Violations
894.70	Civil Penalties for Unregistered Plumbing Contractors
894.80	Fees for Plumbing Contractors

AUTHORITY: Authorized by and implementing the Illinois Plumbing License Law [225 ILCS 320].

SOURCE: Emergency rule adopted at 26 Ill. Reg. 5186, effective March 19, 2002, for a maximum of 150 days; adopted at 27 Ill. Reg. 3063, effective February 10, 2003.

## Section 894.10 Definitions

## In this Part:

"Act" means the Illinois Plumbing License Law [225 ILCS 320].

"Business maintenance staff" means one or more licensed plumbers or apprentice plumbers who perform plumbing, as defined in the Act, solely in commercial business facilities owned by the business that employs the plumber or plumbers.

"Department" means the Illinois Department of Public Health.

*"Plumbing contractor" means any person who performs plumbing, as defined in the Act, for another person for hire. "Plumbing contractor" shall not include licensed plumbers and licensed apprentice plumbers who either are employed by persons engaged in the plumbing business or are employed by another person for*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

*the performance of plumbing solely for that other person, including, but not limited to, a hospital, university, or business maintenance staff.* (Section 2 of the Act)

## Section 894.20 Registration Requirements for Plumbing Contractors

- a) Plumbing Contractor Registration. Subject to Section 13.1 of the Act, each plumbing contractor doing business in Illinois shall register annually with the Department. Registration shall be submitted on forms available from the Department and shall include the following information:
- 1) The plumbing contractor's full name, business name, full address of the business, business telephone and fax numbers; Federal Employer Identification Number (FEIN); whether the business is a sole proprietorship, partnership, or corporation; and the name of the registered agent, if the contractor is a corporation.
  - 2) If the plumbing contractor is a corporation, annual certification from the Illinois Secretary of State that the corporation is in good standing in the State of Illinois as either a domestic or foreign corporation and has not been dissolved.
  - 3) The name, address, telephone and plumber's license number of the licensed plumber of record for the plumbing contractor.
  - 4) A copy of the valid plumber's license for the licensed plumber of record.
  - 5) The annual registration fee specified in Section 894.70
  - 6) *An original certificate of insurance documenting that the plumbing contractor carries general liability insurance with a minimum of \$100,000 per occurrence, bodily injury insurance with a minimum of \$300,000 per occurrence, property damage insurance with a minimum of \$50,000, and worker's compensation insurance with a minimum of \$500,000* (Section 13.1 of the Act). Sole proprietorships and partnerships with no employees are exempt from the worker's compensation insurance requirement.
  - 7) *On a form provided by the Department, an indemnification bond in the amount of \$20,000 or an irrevocable letter of credit from a financial institution guaranteeing that funds shall be available only to the Department and shall be released upon written notification by the Department in the same amount for plumbing work performed by the registered plumbing contractor* (Section 13.1 of the Act). The letter of credit shall:
    - A) be printed on the letterhead of the issuing financial institution;
    - B) be signed by an officer of the same financial institution;

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- C) name the Department as the sole beneficiary;
  - D) expire on April 30 of each year.
- b) Registration Expiration and Renewal. All registrations issued under this Section shall expire on April 30 of each year, except initial registrations issued after January 30 shall expire one year after the next April 30. Registration may be renewed for a period of one year from each succeeding May 1 upon submission by the plumbing contractor of a renewal registration form, all documents required in subsections (a)(5) and (6) of this Section, and fee payment prior to that May 1.
- c) Reporting Changes in Registration.
  - 1) Plumbing contractors shall report to the Department 15 days in advance of the change:
    - A) Any changes in the business structure, name, or location;
    - B) Any changes in ownership of the registered plumbing contractor;
    - C) Any changes in the licensed plumber of record listed on the registration application.
  - 2) Operation under new ownership shall not commence until the Department has issued a new registration.

## Section 894.30 Certificates of Insurance

Every plumbing contractor application for original registration or registration renewal shall be accompanied by a certificate of insurance as prescribed under Section 13.1 of the Act and this Part.

- a) The Certificate of Insurance shall consist of one of the following:
  - 1) Certificate of Insurance issued by an insurance company authorized to transact business in the State of Illinois; or
  - 2) Certificate of Insurance issued by a Risk Retention Group registered to transact business in the State of Illinois; or
  - 3) Certificate of Insurance issued by an insurance company that is the insurer of a registered purchasing group.
- b) The Certificate of Insurance shall be completed on a form provided or approved by the Department and shall be issued in the name of the registered plumbing contractor. The certificate shall include the following:
  - 1) Complete name of the insurance company providing coverage to the registered plumbing contractor;
  - 2) Name, address and telephone number of the insurance agency;
  - 3) Name and address of the insured contractor;
  - 4) Type of insurance coverage;
  - 5) Policy number and expiration date;

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- 6) Minimum limits of liability in accordance with Section 13.1 of the Act and Section 894.20 of this Part;
  - 7) The Illinois Department of Public Health listed as a certificate holder;
  - 8) Signature of the insurance representative authorized to write the certificate.
- c) Items not covered by the insurance policy, including withdrawal by an officer of the corporation from worker's compensation coverage, shall be listed and explained on the Certificate of Insurance, or attached to the certificate.
  - d) Each applicant or registered plumbing contractor, or his or her designated insurance representative, shall provide the Department with the required Certificate of Insurance and notify the Department in writing of any cancellations, material alterations or expiration at least 30 days prior to any such cancellation, alteration or expiration, notwithstanding the requirements of subsection (f).
  - e) Within 30 days after the renewal of an insurance policy, the registered contractor shall forward a copy of the renewed Certificate of Insurance to the Department. Although this responsibility may be delegated to the insurance company, it shall be the responsibility of the registered contractor to ensure that this requirement is met.

## Section 894.40 Insurance and Surety Bond Coverage

- a) A registered plumbing contractor may not perform services excluded from the contractor's liability insurance coverage. The insurance policy shall cover all services performed by the registered contractor.
- b) The insurance policy and coverage shall be in effect at all times during the license year. Any interruption in insurance coverage (i.e., any instance when the liability insurance coverage fails to meet the requirements of the Act or this Part) shall result in an immediate termination of plumbing activities. Plumbing activities shall only be reinstated after a certificate of insurance referencing the limits of liability in accordance with Section 13.1 of the Act and Section 894.20 of this Part has been received by the Department.
- c) Upon request by the Department, the applicant or licensee shall provide a duplicate copy of the insurance policy.
- d) The public liability coverages as described on the Certificate of Insurance must be valid and in effect at the time the Department issues registration as a plumbing contractor to the holder of such insurance. Upon receipt of a written notice of intent to cancel insurance, the Department will issue to the contractor a notice of intent to revoke registration. If the Department receives written notice from the insurance company that the policy had been reinstated prior to the expiration date,

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

the notice of intent to revoke the contractor's registration will be rescinded. A \$25 non-refundable processing fee shall be required of the contractor before the Department will rescind the notice of intent to revoke. If the Department does not receive written notice from the insurance company that the policy had been reinstated by the expiration date, the contractor's registration will be revoked. Once a registration is revoked, the contractor must submit a registration application in accordance with Section 894.20.

- e) The surety bond and irrevocable letter of credit must be valid and in effect at the time the Department issues registration as a plumbing contractor. Upon receipt of a written notice of intent to cancel a surety bond and irrevocable letter of credit, the Department will issue to the contractor a notice of intent to revoke registration. If the Department receives written notice from the entity issuing the surety bond and irrevocable letter of credit that these documents were reinstated prior to the expiration date, the notice of intent to revoke the contractor's registration will be rescinded. A \$25 non-refundable processing fee shall be required of the contractor before the Department will rescind the notice of intent to revoke. If the Department does not receive written notice from the company that the surety bond and irrevocable letter of credit have been reinstated by the expiration date, the contractor's registration will be revoked. Once a registration is revoked, the contractor must submit a new registration application in accordance with Section 894.20.

## Section 894.50 Hearings

All hearings held pursuant to this Part shall be in accordance with the Act and the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

## Section 894.60 Registered Plumbing Contractor Violations

- a) The Department may take disciplinary action against a registered plumbing contractor for violations of the Act, this Part or the Illinois Plumbing Code (77 Ill. Adm. Code 890). Pursuant to Section 20 of the Act, such action may include revocation, suspension, or denial of a plumbing contractor's registration issued by the Department; and under Section 5(b.10) of the Act may include an Order of Correction to a telecommunications carrier for improper advertising.
- b) A violation, for the purposes of this Section, shall be considered to mean a finding of violation of a Section of the Act, or this Part, or the Illinois Plumbing Code by the Director in a final order issued pursuant to the Act and shall include the following acts:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- 1) Any registered plumbing contractor who permits his name or plumbing contractor registration to be used to imply that he is a member of sole proprietorship, association, partnership, or corporation, and evidence indicates that he is not actively engaged on a daily basis in the plumbing activities of the sole proprietorship, association, partnership, or corporation. Evidence used by the Department in making such a determination may include payroll records, time sheets, W-2 forms, and documents on file with the Secretary of State;
- 2) Any registered plumbing contractor who refuses to correct Illinois Plumbing Code violations as requested by the Department, continues to install plumbing in violation of Illinois Plumbing Code requirements, or is found guilty of negligence or incompetence in the performance of plumbing;
- 3) Any registered plumbing contractor who employs individuals who are not licensed plumbers or licensed apprentice plumbers to install plumbing;
- 4) Any registered plumbing contractor who advertises his or her services as a certified plumbing inspector without obtaining certification from the Department or who uses or attempts to use the certificate of a certified plumbing inspector;
- 5) a registered plumbing contractor presenting, as his or her own, the registration of another person; submitting false information or misrepresenting facts, including failure to maintain required insurance, to the Department for the purpose of obtaining registration or renewal of registration as a plumbing contractor;
- 6) using or attempting to use a registration that has been suspended or revoked;
- 7) being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction that directly relates to the practice of plumbing;
- 8) violating any provision of the Illinois Plumbing License Law, this Part, the Illinois Plumbing Code, or any county or municipal plumbing laws or ordinances; or
- 9) the owner or officer of a registered plumbing contractor failing to maintain a valid plumbing license.

## Section 894.70 Civil Penalties for Unregistered Plumbing Contractors

- a) A person who practices, offers to practice, or holds himself or herself out to practice as a plumbing contractor without being registered under the provisions of

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

the Act shall be issued a civil penalty under the following criteria:

- 1) First Offense
  - A) Where no violations of the Illinois Plumbing Code (77 Ill. Adm. Code 890) are found, the person:
    - i) Shall pay a civil penalty of \$1000.
    - ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.
  - B) Where violations of the Illinois Plumbing Code are found, the person:
    - i) Shall pay a civil penalty of \$3000. This amount may be reduced to \$1000 upon the condition that the unregistered person pays for a licensed plumber to correct the violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.
    - ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.
- 2) Second Offense
  - A) Where no violations of the Illinois Plumbing Code are found, the person:
    - i) Shall pay a civil penalty of \$3000.
    - ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.
  - B) Where violations of the Illinois Plumbing Code are found, the person:
    - i) Shall pay a civil penalty of \$5000. This amount may be reduced to \$3000 upon the condition that the unregistered person pays for a licensed plumber to correct the violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.
    - ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.
- 3) Third and Subsequent Offenses. The person:
  - A) Shall pay a civil penalty of \$5000.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- B) Shall be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.
- b) A registered plumbing contractor, firm, corporation, partnership, or association, who directs, authorizes or allows a person to practice, offer to practice, attempt to practice, or hold himself or herself out to practice as a plumbing employee without being licensed under the provisions of the Act, shall be issued a civil penalty under the following criteria:
  - 1) First Offense. The person:
    - A) Shall pay a civil penalty of \$5000.
    - B) Shall be required to pay for a licensed plumber to correct any violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.
    - C) Shall have his or her plumbing license suspended.
    - D) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.
  - 2) Second Offense. The person:
    - A) Shall pay a civil penalty of \$5000.
    - B) Shall be required to pay for a licensed plumber to correct any violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.
    - C) Shall have his or her plumbing license revoked.
    - D) Shall be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

## Section 894.80 Fees for Plumbing Contractors

- a) A non-refundable annual registration fee of \$100 shall be submitted to the Department by each registered plumbing contractor.
- b) A non-refundable registration reinstatement fee of \$25 shall be paid to reinstate a plumbing contractor's registration.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Private Sewage Disposal Code
- 2) Code Citation: 77 Ill. Adm. Code 905
- 3) Section Numbers:

905.15	Amendment
905.20	Amendment
905.30	Amendment
905.40	Amendment
905.60	Amendment
905.95	New Section
905.96	New Section
905.100	Amendment
905.170	Amendment
905.205	New Section
Appendix A, Illustration I, Exhibit D	Amendment
Appendix A, Illustration I, Exhibit E	New Section
Appendix A, Illustration J, Exhibit C	Amendment
Appendix A, Illustration J, Exhibit D	Amendment
Appendix A, Illustration X, Exhibit A	New Section
Appendix A, Illustration X, Exhibit B	New Section
Appendix A, Illustration X, Exhibit C	New Section
Appendix A, Illustration X, Exhibit D	New Section
Appendix A, Illustration X, Exhibit E	New Section
- 4) Statutory Authority:

Implementing and authorized by the Private Disposal Licensing Act (225 ILCS 225).
- 5) Effective Date of Rules:

February 10, 2003
- 6) Does this Rulemaking Contain an Automatic Repeal Date?

Yes \_\_\_\_\_ No T
- 7) Does this Rulemaking Contain Incorporations by Reference?

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Yes \_\_\_ No T

- 8) A statement that a copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection:

A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.

- 9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

April 12, 2002 (26 Ill. Reg. 5306)

- 10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking:

Yes \_\_\_ No T

- 11) Difference Between Proposal and Final Version:

In Section 905.20(a), proposed language was deleted, that required a soils investigation or percolation test prior to the installation of a subsurface seepage system to determine the suitability of the planned system.

Section 905.Appendix A, Illustration X, Exhibit E was added at second notice. This appendix provides sizing requirements for Illinois Raised Filter Beds using soils investigation information.

Various typographical, grammatical and technical changes were made in response to comments from the Joint Committee on Administrative Rules.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreements issued by the Joint Committee?

All changes agreed upon by the Department and the Joint Committee have been made as indicated in the agreements issued by the Joint Committee.

- 13) Will the Rulemaking Replace an Emergency Rule Currently in Effect?

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- No  
14) Are there any other Amendments Pending on this Part?

No

- 15) Summary and Purpose of Rules:

Section 905.15. Adopts the most current National Sanitation Foundation (NSF) standard for the testing and evaluation of aerobic treatment systems.

Section 905.20. Clarifies the manner in which wastes must be handled when floor drains collect wastes in areas where vehicles are stored or maintained.

Section 905.30. Approves various chamber systems and the raised filter bed for installation as acceptable private sewage disposal systems.

Section 905.40. Allows additional design flexibility in providing access openings to two compartment septic tanks.

Section 905.60. Establishes design requirements for the installation of chamber systems.

Section 905.95. Adds a new section which establishes design and installation requirements for the Illinois Raised Filter Bed.

Section 905.96. Adds a new section which establishes design and installation requirements for Peat Filter Systems.

Section 905.100. Adopts the current NSF standard for the testing and evaluation of aerobic treatment systems.

Section 905.170. Clarifies the requirements for the land application of septage and revises language to be consistent with USEPA land application requirements.

Section 905.205. Allows criteria for the issuance of administrative fines, to implement Public Act 92-353, effective August 15, 2001 (House Bill 1695) allows the Department to impose an administrative fine against any person who violates the Act or Code.

Section 905.Appendix A, Illustration I, Exhibit D. Specifies spacing of the distribution lines for chamber systems.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.Appendix A, Illustration I, Exhibit E. Establishes sizing requirements for the design of chamber systems.

Section 905.Appendix A, Illustration J, Exhibit C. Provides a plan view for the typical installation of chamber systems.

Section 905. Appendix A, Illustration J, Exhibit D. Provides a section view for the typical installation of chamber systems.

Section 905.Appendix A, Illustration X, Exhibit A. Establishes a table with sizing requirements for the installation and design of the Illinois Raised Filter Bed.

Section 905.Appendix A, Illustration X, Exhibit B. Provides a section view of a typical Illinois Raised Filter Bed Aeration Tank.

Section 905.Appendix A, Illustration X, Exhibit C. Provides a cross section side view of the Illinois Raised Filter Bed Installation.

Section 905.Appendix A, Illustration X, Exhibit D. Provides a cross section end view of the Illinois Raised Filter Bed Installation.

Section 905.Appendix A, Illustration X, Exhibit E. Provides sizing requirements for Illinois Raised Filter Beds using soils investigation information.

Information and Questions Regarding these Adopted Rules shall be directed to:

Peggy Snyder  
Division of Legal Services  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217) 782-2043  
(rules@idph.state.il.us).

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER r: WATER AND SEWAGEPART 905  
PRIVATE SEWAGE DISPOSAL CODE

Section	
905.10	Definitions
905.15	Incorporated and Referenced Materials
905.20	General Requirements
905.30	Approved Private Sewage Disposal Systems
905.40	Septic Tanks
905.50	Distribution Boxes
905.55	Subsurface Seepage System Design Requirements
905.60	Subsurface Seepage System Construction Requirements
905.70	Buried Sand Filters
905.80	Recirculating Sand Filter
905.90	Waste Stabilization Ponds
<a href="#">905.95</a>	<a href="#">Illinois Raised Filter Bed</a>
<a href="#">905.96</a>	<a href="#">Peat Filter Systems</a>
905.100	Aerobic Treatment Plants
905.110	Effluent Discharges
905.120	Disinfection
905.125	Pumps, Pumping/Dosing Chambers and Ancillary Equipment
905.130	Human Waste Disposal
905.140	Holding Tanks
905.150	Sanitary Dump Stations
905.160	Swimming Pool Wastewater
905.170	Servicing, Cleaning, Transporting and Disposing of Wastes from Private Sewage Disposal Systems
905.180	Examinations for Licensure
905.190	Installation Approval
905.200	Licenses and Fees
<a href="#">905.205</a>	<a href="#">Civil Penalties and Time Allowances for Corrective Action</a>
905.210	Notification of Disposal Site (Repealed)
APPENDIX A	Illustrations and Exhibits
ILLUSTRATION A	Quantity of Sewage Flows
ILLUSTRATION B	Approved Plastic Pipe Materials (Repealed)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

ILLUSTRATION C	List of Approved Plastic Pipe for Private Sewage Disposal System
ILLUSTRATION D	Location of Components of Private Sewage Disposal Systems
ILLUSTRATION E	Septic Tanks
EXHIBIT A	Septic Tank with Slip-In Baffles
EXHIBIT B	Septic Tank with T-Baffles
EXHIBIT C	Typical Gas Deflection Devices
ILLUSTRATION F	Minimum Volumes for Septic Tanks Serving Residential Units
ILLUSTRATION G	Instructions for Conducting Percolation Tests
ILLUSTRATION H	Subsurface Seepage System Size Determination
EXHIBIT A	Gravel System
EXHIBIT B	Gravelless System
ILLUSTRATION I	Seepage Field Construction
EXHIBIT A	Gravel System
EXHIBIT B	Size and Spacing – Gravel System
EXHIBIT C	Gravelless <u>and Chamber</u> System
EXHIBIT D	<del>Size and</del> Spacing – Gravelless <u>and Chamber Systems</u> <u>System</u>
EXHIBIT E	<u>Chamber Sizing Requirements</u>
ILLUSTRATION J	Septic Tank Subsurface Seepage Field
EXHIBIT A	Plan View – Gravel System
EXHIBIT B	Section View – Gravel System
EXHIBIT C	Plan View – Gravelless <u>and Chamber</u> System
EXHIBIT D	Section View – Gravelless <u>and Chamber</u> System
ILLUSTRATION K	Serial Distribution
EXHIBIT A	Plan View #1 – Gravel System
EXHIBIT B	Section View #1 – Gravel System
EXHIBIT C	Plan View #2 – Gravel System
EXHIBIT D	Section View #2 – Gravel System
EXHIBIT E	Plan View #1 – Gravelless System
EXHIBIT F	Section View #1 – Gravelless System
EXHIBIT G	Plan View #2 – Gravelless System
EXHIBIT H	Section View #2 – Gravelless System
ILLUSTRATION L	Seepage Bed
EXHIBIT A	Plan View
EXHIBIT B	Side View
EXHIBIT C	End View

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

ILLUSTRATION M	Soil Suitability for On-Site Sewage Design
EXHIBIT A	Loading Rates in Square Feet Per Bedroom and Gallons/Square Feet/Day
EXHIBIT B	Key for Determining Sewage Loading Rates (Gallons/Square Feet/Day)
ILLUSTRATION N	Buried Sand Filter
EXHIBIT A	Plan View
EXHIBIT B	Section View
EXHIBIT C	End View
ILLUSTRATION O	Recirculating Sand Filter System
EXHIBIT A	System Diagram
EXHIBIT B	Flow Splitter Detail
ILLUSTRATION P	Recirculating Sand Filter Sizing Chart
ILLUSTRATION Q	Recirculating Tank Pump Control
ILLUSTRATION R	Waste Stabilization Pond
EXHIBIT A	Plan View
EXHIBIT B	Section View
EXHIBIT C	Waste Stabilization Pond Surface Area in Square Feet
ILLUSTRATION S	Chlorine Contact Tank
EXHIBIT A	Minimum Required Chlorine Contact Tank Volume
EXHIBIT B	Chlorine Feeder, Contact Tank, and Sampling Port
ILLUSTRATION T	Sanitary and Concrete Vault Privy
ILLUSTRATION U	Septic Privy Distribution System
EXHIBIT A	Plan View
EXHIBIT B	Section View
ILLUSTRATION V	Sanitary Dump Station
EXHIBIT A	Section View #1
EXHIBIT B	Plan View
EXHIBIT C	Section View #2
ILLUSTRATION W	Swimming Pool Backwash Water Holding Tank
ILLUSTRATION X	<del>Illinois Raised Filter Bed Local Authorities (Repealed)</del>
EXHIBIT A	<del>Sizing Requirements</del>
EXHIBIT B	<del>Batch Treatment Aeration Tank Design Requirements</del>
EXHIBIT C	<del>Filter Bed Cross Section (Side View)</del>
EXHIBIT D	<del>Filter Bed Cross Section (End View)</del>
EXHIBIT E	<del>Sizing Requirements Using Soils Investigation Information</del>
APPENDIX B	Telephone or Address Inquiries to the Regional Office

AUTHORITY: Implementing and authorized by the Private Sewage Disposal Licensing Act

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

[225 ILCS 225].

SOURCE: Filed October 19, 1974, effective October 25, 1974; rules repealed, new rules adopted at 6 Ill. Reg. 3095, effective March 9, 1982; amended at 8 Ill. Reg. 8552, effective June 4, 1984; codified at 8 Ill. Reg. 19821; amended at 9 Ill. Reg. 20738, effective January 3, 1986; amended at 10 Ill. Reg. 11054, effective July 1, 1986; amended at 20 Ill. Reg. 2431, effective March 15, 1996; amended at 23 Ill. Reg. 5080, effective April 10, 1999; amended at 27 Ill. Reg. 3074, effective February 10, 2003.

## Section 905.15 Incorporated and Referenced Materials

The following standards of nationally recognized organizations and federal and State regulations are incorporated or referenced in this Part:

a) The following materials are incorporated by reference:

- 1) ANSI/NSF Standard 46, Evaluation of Components and Devices Used in Wastewater Treatment Systems (May 2, 2002~~(1997)~~) published by:

NSF International  
789 Dixboro Road~~3475 Plymouth Road, P.O. Box 1468~~  
Ann Arbor, Michigan 4810548106

Referenced in Section 905.30

- 2) ANSI/NSF, Standard 40, Residential Wastewater Treatment Systems (July 12, 2000~~May 28, 1996~~) published by:

NSF International  
789 Dixboro Road~~3475 Plymouth Road, P.O. Box 1468~~  
Ann Arbor, Michigan 4810548106

Referenced in Section 905.100

- 3) ANSI/NSF, Standard 41, Non-Liquid Saturated Treatment Systems (1998) published by:

NSF International  
789 Dixboro Road~~3475 Plymouth Road, P.O. Box 1468~~  
Ann Arbor, Michigan 4810548106

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Referenced in Section 905.130

- 4) American Society for Testing and Materials (ASTM) required standards are listed under Section 905. Appendix A of this Part. List of approved plastic pipe for private sewage disposal system uses and standards may be obtained from:

American Society for Testing and Materials  
~~100 Barr Harbor Drive 1916 Race Street~~  
~~West Conshohocken Philadelphia~~, Pennsylvania ~~19428-2959 49103~~

Referenced in Sections 905.40, 905.60, 905.70

- 5) Standard Methods for Examination of Water and Wastewater published by:

American Public Health Association  
1015 8th Street  
Washington, D.C. 20036

Referenced in Section 905.110

- 6) Glossary of Soil Science Terms (July 1987) published by:

The Soil Science Society of America  
677 South Segoe Road  
Madison, Wisconsin 53711

- 7) Title 40 of the Code of Federal Regulations, Standards for the Use or Disposal of Sewage Sludge (40 CFR 503)

Referenced in Section 905.170

- 8) National Electrical Code, 1993 Edition, published by:

National Fire Protection Association  
Batterymarch Park  
Quincy, Massachusetts 02269

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Referenced in Section 905.20

- b) The following materials are referenced in this Part:
- 1) Department of Public Health regulations
    - A) Private Sewage Mound Code (77 Ill. Adm. Code 906)  
Referenced in Section 905.30
    - B) Illinois Plumbing Code (77 Ill. Adm. Code 890)  
Referenced in Sections [905.20](#), 905.140, 905.150 and Appendix A: Illustration C ~~of this Part~~
    - C) Recreational Area Code (77 Ill. Adm. Code 800)  
Referenced in Section 905.150
    - D) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
  - 2) Pollution Control Board regulations
    - A) Introduction (35 Ill. Adm. Code 301)  
Referenced in Section 905.110
    - B) Permits (35 Ill. Adm. Code 309)  
Referenced in Sections 905.110 and 905.170
    - C) Waste Disposal (35 Ill. Adm. Code Subtitle G)  
Referenced in Sections 905.20 and 905.140
  - 3) [Illinois Department of Transportation Specifications for Road and Bridge Construction \(January 1, 2002\) published by:](#)  
  
[Illinois Department of Transportation](#)  
[Manuals Office, Room 012](#)  
[2300 S. Dirksen Parkway](#)  
[Springfield, Illinois 62764](#)  
  
[Referenced in Section 905.95](#)
- 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 additions or deletions subsequent to the date specified.
- d) All citations to federal regulations in this Part concern the specified regulation in the 1994 Code of Federal Regulations, unless another date is specified.
- e) All materials incorporated by reference are available for inspection and copying at the Department's Central Office, Division of Environmental Health, 525 West Jefferson, Springfield, Illinois 62761.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

## Section 905.20 General Requirements

- a) Rate of Flow for Domestic Sewage. Each unit of the private sewage disposal system shall be designed to treat the volume of domestic sewage discharged to it. The volume of sewage flow shall be determined from Appendix A, ~~Illustration A~~ of this Part. For non-residential establishments, the Department will consider the use of actual flow volumes obtained from similar installations in lieu of the quantities contained in Appendix A, ~~Illustration A~~ of this Part, when the flow data is documented. Examples of the documentation that could be accepted would be actual measurements of the quantity of wastewater, or water use receipts. In the design of a private sewage disposal system, peak flows shall be designed for, and/or attenuated. When the sewage flow exceeds 1500 gallons per day, and there is a surface discharge, then approval shall be obtained from the Illinois Environmental Protection Agency.
- b) Type of Waste. A private sewage disposal system shall be designed to receive all waste from the buildings served. No cooling water, groundwater, discharge from roof drains, discharge from footing tile drains, swimming pool wastewater, or other clear water discharges shall be directed to the private sewage disposal system. ~~Waste products such as automotive grease, oils, solvents, and chemicals shall not be discharged to a private sewage disposal system. These waste products shall be handled according to rules for the disposal of oil, gas and grease promulgated under the Environmental Protection Act, or according to 35 Ill. Adm. Code Subtitle G, or shall be taken to an oil and gas reclamation center.~~ Drains or fixtures receiving any product other than domestic sewage shall be discharged to a holding tank and not to a private sewage disposal system.
  - 1) Backwash water from a water softener shall discharge to one of the following:
    - A) A septic tank followed by a seepage field, sand filter or waste stabilization pond.
    - B) A separate subsurface seepage system, provided the seepage field is designed to accommodate the flow from this device on a daily basis. A septic tank is not required in front of a seepage field receiving flow from this device.
  - 2) Hot ~~Tub Wastewater~~ ~~tub wastewater~~. Wastewater generated by a hot tub or other similar device shall be discharged to one of the following:
    - A) A separate subsurface seepage system, provided the seepage field is designed to accommodate the liquid capacity of the hot tub on a daily basis. A septic tank is not required in front of a seepage field

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

receiving flow from this device.

- B) The seepage field serving the domestic wastewater flow, provided the seepage field is increased in size to accommodate the additional flow from the hot tub on a daily basis. This drainage shall be piped around the septic tank and directly into the seepage field.

3) Motorized Equipment. Waste products such as automotive grease, oils, solvents, and chemicals shall not discharge to a private sewage disposal system. These waste products shall be handled according to rules for disposal of oil, gas and grease promulgated under the Environmental Protection Act, or according to 35 Ill. Adm. Code, Subtitle G, or shall be taken to an oil and gas reclamation center. The floor drain of any non-residential property that meets the requirements of subsection (b)(3)(A) or (B) of this Section, and is connected to a public sewer shall be connected to an approved gas and oil interceptor meeting the requirements of Section 890.520 of the Illinois Plumbing Code. Wastes from floor drains in areas where vehicles or motorized equipment are serviced and parked shall be treated in accordance with the following:

A) For any non-residential property in which a floor drain may receive fluids from vehicle or motorized equipment repair or maintenance activities, floor drains shall be connected to a public sewer or holding tank and not to a private sewage disposal system. Repair and maintenance facilities shall include, but shall not be limited to, service stations and auto body, muffler, transmission, small engine, and brake repair shops. Floor drains in any facility that performs vehicle or motorized equipment repair work shall be connected to a public sewer or holding tank. If the floor drain is connected to a public sewer, then the floor drain shall be connected to an approved gas and oil interceptor meeting the requirements of Section 890.520 of the Illinois Plumbing Code. If the floor drain is connected to a holding tank, a gas and oil interceptor is not required.

B) For any non-residential property in which vehicles or motorized equipment are parked or stored and repair or maintenance are not performed, floor drains may discharge to a public sewer or a private sewage disposal system, provided floor drains are only used to receive water from motorized equipment or vehicle washing or to drain melted snow. When floor drains in such properties are connected to a private sewage disposal system, the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

system must be increased in size based upon the anticipated daily flow. When a maintenance area is adjacent to a parking area, physical barriers, such as a raised curb or recessed floor in the maintenance area, must be provided to assure oil and gas are not discharged to floor drains.

C) For any residential property with a garage of any size, floor drains may discharge directly to a private sewage disposal system. No increase in size of the residential private sewage disposal system is required to handle this liquid waste.

- c) Individual Service. The use of a private sewage system to serve more than one property is prohibited except where a common property is provided, under joint ownership of the users, or where the system is under public jurisdiction or managed by a district established for the maintenance of such systems.
- d) Water and Sewer Line Separation. The following criteria shall govern the separation of water supply lines and sewer lines:
  - 1) Horizontal Separation. Sewers shall be installed at least 10 feet horizontally from any existing or proposed water line. When local conditions prevent a lateral separation of 10 feet, a sewer may be laid closer than 10 feet to a water line provided that the elevation of the crown of the sewer is at least 18 inches below the invert of the water line.
  - 2) Crossings. Where sewer lines must cross water lines, the sewer line shall be laid at such an elevation that the crown of the sewer line is at least 18 inches below the invert of the water line. This vertical separation shall be maintained for that portion of the sewer line located within 10 feet horizontally of any water line it crosses. When sewer lines must cross above water lines, the sewer lines shall be Schedule 40 or equivalent material with watertight joints.
- e) Sanitary Sewer. New or renovated private sewage disposal systems shall not be approved where a sanitary sewer operated and maintained under permit of the Illinois Environmental Protection Agency is available for connection. A sanitary sewer is available for connection when it is within 200 feet of a residential property or a non-residential property with a sewage flow less than 1500 gallons per day, or within 1000 feet of a non-residential property with a sewage flow greater than or equal to 1500 gallons per day unless a physical barrier or local ordinance exists which prevents connection to the sewer. If connection from the property to the sanitary sewer cannot be made with an individual line (i.e., 4" line), then a private sewage disposal system may be installed.
- f) Acceptable Pipe Materials.
  - 1) All piping located more than 5 feet from the building foundation, used to

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

convey wastewater to a private sewage disposal system, shall be considered a part of the private sewage disposal system and shall be watertight. This piping shall be ductile iron, vitrified clay, or plastic pipe. Only vitrified clay or plastic pipe shall be used from the septic tank and after the distribution box (where used). Perforated pipe or open-jointed tile shall be used only as provided in this Code.

- 2) Use of plastic pipe and fittings shall conform to the uses designated in Appendix A, Illustration C of this Part.
  - 3) Piping used to carry domestic sewage under areas such as driveways, roads, or parking areas shall be Schedule 40 equivalent or greater.
- g) Pipe Size and Slope. All solid pipes carrying domestic sewage by gravity flow shall have a nominal diameter of at least 4 inches and a minimum slope of 12 inches per 100 feet. Solid header lines used for equal distribution shall be level.
- h) Prohibited Discharges. There shall be no discharge of raw or improperly treated domestic sewage to the surface of the ground or to farm tiles, streams, rivers, ponds, lakes, or other collectors of water. Improperly treated domestic sewage is sewage that does not meet the effluent requirements of Section 905.110(b) or sewage which comes directly from a septic tank or building sewer. Domestic sewage or effluent from any private sewage disposal system or component shall not be discharged into any well, cistern, basement or into any underground mine, cave, sinkhole or tunnel.
- i) Pipe Length. Building sewers in excess of 50 feet in length which carry wastewater from the buildings served to the septic tank, distribution box or aeration treatment plant shall be provided with at least one clean-out every 50 feet that terminates at grade.
- j) Private Sewage Disposal System Development. The following factors shall govern the development of a private sewage disposal system:
- 1) Drainage. A private sewage disposal system shall not be located in areas where surface water will accumulate. Provisions shall be made to minimize flow of surface water over the private sewage system. Examples of such provisions would be the use of dikes, embankments, ditches or flow diverters.
  - 2) Distances. The location of the various components of a private sewage disposal system shall comply with Appendix A, Illustration D of this Part.
  - 3) Area Reserved for Sewage Disposal. The area to be used for a private sewage disposal system shall be selected and maintained so that it is free from encroachment by driveways, accessory buildings, swimming pools, parking areas, buried lawn sprinkling systems and underground utility

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- services, patios, slabs, additions to the original structure or any other structure which limits free access to the system for maintenance, servicing or proper operation.
- 4) Creviced Limestone Formations. A subsurface seepage system shall not be constructed in an area where there is less than 4 feet of soil between the lowest point in a subsurface seepage system and the top of a creviced limestone formation. In areas where creviced limestone is known to occur, a soil boring to a depth of at least 4 feet below the bottom of the subsurface seepage system shall be made to verify that creviced limestone is not present.
- k) Electrical Devices. Any component of a private sewage disposal system which is electrically activated shall be provided with a visible and audible warning device placed within the building served. All electrical devices shall be wired in accordance with the National Electrical Code or a municipal, county, or local electrical code, whichever is more stringent.
- l) Variances. If conditions exist at a proposed installation which make impractical or impossible compliance with the requirements of this Part, a variance may be requested by submitting to the Illinois Department of Public Health, Division of Environmental Health, or appropriate local authority a written proposal **that which** is to be used in lieu of compliance with this Part. Such written request shall include pertinent data such as soil conditions, water table elevations, drainage patterns and distances to water supplies in order to support the request. The capability of the system to comply with the intent of this Part will be the basis for approval or denial of the variances. The Department or local authority will notify the applicant in writing of its decision to either grant or deny the variance. A variance shall be requested and approved before construction begins.
- m) Experimental Use Permits. If a private sewage disposal system or component is of a new and/or innovative type and does not comply with the requirements of this Code, the homeowner or private sewage contractor or manufacturer may request an experimental use permit. Such a request shall be submitted in writing to the Illinois Department of Public Health, Division of Environmental Health, prior to construction or installation, and shall meet the following requirements:
- 1) The request shall specify the type of proposed system or component to be used and be accompanied by plans, specifications, and engineering data to support the system's compliance with the general requirements under Section 905.20 and with the effluent criteria under Section 905.110 for surface discharges, if applicable.
  - 2) Information (such as topographical or plat maps) regarding the location of each installation shall be provided to the Department.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- 3) The homeowner, private sewage disposal system installation contractor, and/or manufacturer shall provide the Department with proof that area is available for installation of an approved system should the experimental system fail.
  - 4) The homeowner, private sewage disposal system installation contractor, and/or manufacturer shall guarantee in writing the replacement of the experimental system with an approved system if the experimental system fails to perform in accordance with any of the Sections of this Part, or with criteria established as a condition to approval of the system.
  - 5) The private sewage disposal system installation contractor and/or the manufacturer shall notify the homeowner, or the person obtaining the experimental use permit, of the aforementioned guarantee, and of the minimum standards of the Illinois Private Sewage Disposal Code which must be met, as determined through the process described in subsections (n)(3) and (4) of this Section for developing criteria to be used in the evaluation of the experimental system.
  - 6) Upon receipt of the information required by this subsection (m), the Department will review the experimental system to determine the system's capability of being considered equal to or more stringent than applicable Sections in this Code, and will notify the applicant, in writing, of its decision to grant or deny the request for an experimental use permit. If approved, the Department will issue an "Experimental Use Permit" for each installation, up to 30 installations in the State.
- n) Experimental Use Evaluation.
- 1) A minimum of 10 experimental installations shall be evaluated before an unconditional approval may be granted.
  - 2) The experimental permit shall be valid for a period of up to 2 years, during which time the Department will evaluate the performance of the experimental system. At the end of the 2 year evaluation period, the Department will make a determination as to whether the system will be approved.
  - 3) The Department, in consultation with the experimental use permit applicant, shall develop a test method for the experimental system that will include the following information:
    - A) purpose of the test;
    - B) length of the test;
    - C) analytical methods to be used;
    - D) wastewater characteristics;
    - E) loading requirements; and

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- F) test criteria, including installation procedures, operating procedures, site evaluation criteria, control system criteria, start-up procedures, sampling procedures, and observation procedures.
- 4) The Department, in consultation with the permit applicant, shall develop performance requirements that will detail the criteria to be used to evaluate the product to determine its ability to become an approved private sewage disposal system. Such performance requirements shall include, but are not limited to, ponding in subsurface systems indicating that failure of the system is imminent.
- 5) The experimental system will be deemed unacceptable:
  - A) when sewage erupts from the ground;
  - B) when effluent from the system does not meet the criteria of Section 905.110(d); or
  - C) when the experimental system does not comply with the requirements of subsections ~~(n)~~(3) and (4) of this Section.
- 6) If acceptable, the experimental system shall become an approved private sewage system. If found to be unacceptable, the experimental system shall not be approved for use as a private sewage disposal system and shall be replaced with an approved private sewage disposal system. The Department shall notify the applicant, in writing, of its determination.
- 7) A homeowner, private sewage contractor or manufacturer whose experimental system has been denied approval for use as a private sewage disposal system may request a hearing to appeal the Department's determination. The request shall be submitted in writing within 10 days after receipt of the Department's determination. The Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) shall apply to all proceedings conducted under this Section.
- 8) When an experimental system has been designated by the Department as an approved private sewage disposal system, the Department will amend this Part to include design, construction, operation and maintenance criteria for the newly approved system and will add the system to a list of approved systems maintained by the Department.
- o) Garbage Grinders. When garbage grinders are used in residential property, solids shall be retained by one of the following methods:
  - 1) A solids retention tank constructed in accordance with Section 905.40 shall be placed between the wastewater source and the septic tank to intercept solids from the garbage grinder. This tank shall receive waste from the garbage ~~grinders grinder(s)~~ or the kitchen wastes only. No other fixtures shall discharge into this tank. The solids retention tank shall be at

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

least 50% in liquid volume of the septic tank sized for the waste from the rest of the property; however, the minimum size tank to be used shall be 500 gallons.

- 2) A septic tank receiving all flows from the property sized in accordance with Appendix A, Illustration F of this Part.
- p) Whenever an existing private sewage disposal system is repaired or replaced, that portion of the system being repaired or replaced shall comply with all the requirements of this Part.

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

## Section 905.30 Approved Private Sewage Disposal Systems

- a) The following systems are approved for private sewage disposal when designed, constructed, operated, and maintained in accordance with this Code:
  - 1) Septic tank, ~~or~~ Imhoff tank or aerobic treatment plants followed by:
    - A) Subsurface seepage field;
    - B) Seepage bed;
    - C) Sand filter (buried or recirculating);
    - D) Waste stabilization pond; ~~or~~
    - E) 8 inch or 10 inch gravelless seepage system;
    - F) Chamber system; or
    - G) Peat filter system.
  - 2) Aerobic treatment plant discharging to supplementary treatment or to the surface, as provided in Section 905.100 and 905.110.
  - 3) Privies, chemical toilets, recirculating toilets, incinerator toilets, compost toilets.
  - 4) Mounds designed in accordance with the requirements of the Private Sewage Mound Code (77 Ill. Adm. Code 906).
  - 5) Holding tanks installed in accordance with Section 905.140.
  - 6) Any other system for which a variance in accordance with Section 905.20(l) has been issued or for which an experimental permit in accordance with Section 905.20(m) has been issued.
  - 7) Illinois raised filter bed preceded by a batch treatment aeration system.
- b) All other systems or components are not approved.

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

## Section 905.40 Septic Tanks

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- a) Septic Tank Approval. Manufacturers of prefabricated septic tanks shall submit 3 sets of plans for each size and configuration of septic tank to the Department for approval. Such plans shall be drawn to scale and show all dimensions, baffles, tees, cleanouts, and material specifications. A written approval for each size tank shall be provided by the Department when the plans are found to conform to the requirements of this Code.
- 1) The Department shall issue an approval number to each manufacturer for each series of approved septic tanks, and shall maintain a listing of the approved manufacturers and approved septic tank series.
  - 2) No prefabricated septic tank shall be sold, offered for sale, or installed other than those which have been approved by the Department. The tank shall bear the manufacturer's approval number and the liquid capacity of the tank, in gallons prominently displayed on the outside end wall of the tank above, or next to, the outlet pipe so that this information is readily visible after installation and prior to covering. The Illinois Department of Public Health approval number shall not be used on any tank other than the septic tank for which it is has been issued.
  - 3) All persons who manufacture, sell, offer for sale or deliver septic tanks or aerobic treatment plants in or into the State of Illinois shall record the following information about each septic tank or aerobic treatment plant sold or delivered. This information shall be available for inspection by the Department or local authority upon request.
    - A) Name of purchaser and/or property owner (if different);
    - B) Location of delivery (county and address, legal description or driving directions);
    - C) Date of sale and delivery; and
    - D) Size of septic tank or model of aerobic unit.
- b) Septic Tank Construction. Septic tanks shall be designed and constructed in accordance with the following: (Appendix A, Illustration E of this Part is an illustration of these requirements.)
- 1) A septic tank shall be watertight and constructed of sound and durable materials not subject to excessive corrosion, decay, frost damage, or cracking due to settling or backfilling.
  - 2) Engineering Specifications.
    - A) The tank shall support a top-dead load of not less than 500 pounds per square foot, and concrete tanks shall have a minimum 28-day compressive strength of 3000 pounds per square inch (psi).
    - B) Tanks must be designed and constructed so that they will not collapse or rupture when subjected to anticipated earth and

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

hydrostatic pressures when the tanks are either full or empty. The manufacturer, design engineer, and/or structural engineer shall certify in writing to the Department that the tank is designed and constructed to meet the load requirements of this Part. If additional loading is anticipated, the tank shall be strengthened to accommodate the additional loading.

- 3) Materials. Septic tanks shall be constructed of the following approved materials:
  - A) Poured-in-place reinforced concrete.
  - B) Precast reinforced concrete.
  - C) Concrete block, provided that the core is filled with concrete and reinforcing rods are inserted in the core prior to pouring.
  - D) Reinforced plastic.
  - E) Reinforced fiberglass.
  - F) Thermoplastic.
- 4) Depth. The minimum liquid depth of the tank shall be 42 inches, and the maximum liquid depth shall be 72 inches.
- 5) Inlet and Outlet Connections.
  - A) The invert elevation of the inlet shall be at least 2 inches above the liquid level in the tank.
  - B) The inlet and outlet openings of the septic tank shall be provided with cast-in watertight openings.
- 6) Baffles. Septic tank baffles shall meet the following requirements:
  - A) Inlet baffles shall be provided and shall extend at least 6 inches below the surface of the liquid.
  - B) Inlet baffles shall be located no farther than 12 inches from the inlet orifice.
  - C) Inlet and outlet baffles shall have a clearance of at least one inch but not greater than 3 inches of free space between the underside of the tank lid and the baffles.
  - D) Outlet baffles shall be provided and shall extend to a depth of 40% of the liquid depth.
  - E) Outlet baffles shall be located no farther than 6 inches from the outlet end wall.
  - F) Slip-in baffles shall extend the full width of the tank.
  - G) The sides of "V" or semi-circular type baffles shall fit tightly against the end wall of the tank.
  - H) Venting shall be provided through all baffles and a free vent area equal to the cross-sectional area of the house sewer shall be

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- provided.
- I) Submerged pipe T-branches or sanitary tees may be used at the inlets and outlets in lieu of baffles, provided all of the above stated distances and depths are maintained.
  - J) Submerged pipe T-branches or sanitary tees used as inlet baffles shall be 6 inches in diameter or larger. Outlet baffles shall be 4 inches in diameter.
  - K) Submerged pipe T-branches or sanitary tees shall meet the requirements of ASTM 2661, ASTM 2665 or ASTM 3034, ASTM 3033, or ASTM 2751 provided the pipe does not have an SDR (Standard Dimension Ratio) number greater than 35.
  - L) When submerged pipe T-branches or sanitary tees are used as baffles, it shall be the responsibility of the septic tank manufacturer to assure proper location of components during initial installation.
  - M) When a single compartment septic tank is manufactured or used, a gas deflection baffle shall be provided below the outlet baffle of the tank configured to deflect rising gas bubbles away from the outlet structure and toward the interior of the tank. This baffle shall be constructed of a durable material not subject to corrosion or decay. (Appendix A<sub>3</sub>: Illustration E, Exhibit C of this Part is an illustration.)
- 7) Access. Access shall be provided over the inlet and outlet of the tank to facilitate inspection and cleaning. The manhole or access opening shall have a fitted lid with a minimum dimension of 12 inches (width or diameter). Risers shall be watertight and constructed of a durable material. If the top of the tank is greater than 12 inches below the ground surface, a riser with a minimum dimension of 12 inches (width or diameter) shall be provided to bring access over the inlet and outlet to within 12 inches of the ground surface. The joint between the septic tank and the ~~risers riser(s)~~ shall be watertight. If a 2 compartment tank is used, and the tank has an opening over the wall between the compartments, the center opening shall have access provided within 12 inches of the ground surface.
- c) Capacity.
- 1) Septic tanks for individual residences shall be sized in accordance with Appendix A<sub>3</sub>: Illustration F of this Part. Septic tanks for any establishment other than residential property shall be sized in accordance with the estimated flow provided in Appendix A<sub>3</sub>: Illustration A of this Part and as follows:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- 2) The volume below the liquid level for flows up to 500 gallons per day shall be at least 750 gallons. For flows greater than 500 gallons per day, the volume shall be equal to at least one and one-half times the estimated daily sewage flow. When the total flow exceeds 1,350 gallons per day, 2 or more tanks in series, or a multi-compartment tank, shall be installed.
- d) Multiple Tanks or Compartments. When multiple compartment septic tanks or multiple septic tanks in series are used, the capacity of the first compartment or tank shall be one-half to two-thirds of the total required capacity. Two compartment tanks shall also comply with the following:
- 1) The wall separating the first and second compartments shall be tight-fitting and designed to handle the differential in pressure if one side is pumped.
  - 2) The wall separating the compartments shall extend to within 3 inches of the tank lid and shall have a free vent area equal to the cross-sectional area of the house sewer.
  - 3) The center of the opening between compartments shall be in line with the center of the inlet and outlet openings.
  - 4) The depth to the invert of the opening between compartments shall be 40% of the liquid depth.
  - 5) A gas deflection baffle shall be provided below the outlet baffle of the tank configured to deflect rising gas bubbles away from the outlet structure and toward the interior of the tank. This baffle shall be constructed of a durable material not subject to corrosion or decay.
  - 6) For a 2 compartment tank, openings with a minimum dimension of 18 inches shall be located over the inlet and outlet of the tank or 12 inch openings as follows:~~An access opening at least 18 inches in minimum dimension shall be provided over the wall separating the 2 compartments.~~
    - A) one located over the inlet,
    - B) one over the outlet, and
    - C) one centered over the compartment wall.
- e) Septic Tank Installation.
- 1) The septic tank shall be set level and backfilled to prevent floatation or drifting of the tank. Level shall mean plus or minus one-half inch in any direction (length or width or diameter of the tank).
  - 2) If the inlet, outlet or access openings are to be set at or below the seasonal high water table, all openings in the tank shall be made watertight using mastic, tar, silicone caulk, etc.
  - 3) There shall be no connections such as joints, splices, or fittings within the area of overdig around the septic tank.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- f) Abandoned Treatment Units. Septic tanks, cesspools, pit privies, aerobic treatment plants and seepage pits ~~that which~~ are no longer in use shall be completely pumped. The floor and walls shall be cracked or crumbled so the tank will not hold water and the tank shall be filled with sand or soil. If the tank is removed from the ground the excavation shall be filled with soil.

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

## Section 905.60 Subsurface Seepage System Construction Requirements

- a) Seepage Field Requirements – Gravel, ~~Gravelless and Chamber Systems and Gravelless~~. Subsurface seepage fields shall be designed and constructed in accordance with Appendix A<sub>3</sub>; Illustrations H, I, and J of this Part and the following:
- 1) All subsurface seepage systems using soils information for sizing shall use the soil suitability table in Appendix A<sub>3</sub>; Illustration M of this Part to determine the size requirements of the subsurface seepage system. The least permeable soil profile between the top of the gravel or gravelless pipe ~~or chamber system~~ and the limiting layer shall be used to determine the size of the subsurface seepage system.
  - 2) The bottom of the subsurface seepage field, each trench and its distribution line shall be level. Level for this Part shall mean plus or minus ½ inch in any direction over the entire area of the subsurface seepage system.
  - 3) There shall be a minimum of 6 inches and a maximum of 24 inches of earth backfill over the bedding materials, ~~or gravelless pipe~~ ~~or chamber system~~.
  - 4) There shall be a minimum of 5 feet of undisturbed earth between the septic tank and the nearest trench.
  - 5) If precipitation falls onto the excavation and evidence of soil washing into the excavation of the subsurface seepage system exists, that portion of the seepage system damaged shall be reconstructed to conform with this Section.
  - 6) The top of the gravel, ~~or gravelless pipe~~, ~~or chamber system~~ in the subsurface seepage field shall be at least one inch below the invert of the outlet pipe from the septic tank or distribution box in a gravity flow system.
  - 7) Site ~~evaluation Evaluation~~ for ~~subsurface seepage systems~~ ~~Subsurface Seepage Systems~~. Subsurface seepage systems receiving septic tank

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

effluent should have at least 2 feet of vertical separation distance between the bottom of the subsurface seepage system and the top of the limiting layer. For soils in Design Group I-VI or with a loading rate of greater than .62 gallons per day per square foot, there should be a vertical separation of 3 feet between the bottom of the subsurface seepage system and the top of the limiting layer.

- 8) Sizing of a seepage system in fill soil.
  - A) The least permeable soil profile between the top of the gravel, ~~or~~ gravelless pipe, or chamber system and the limiting layer shall be used to determine the size of the subsurface seepage system.
  - B) The use of fill for installing subsurface seepage systems shall not be approved for lots platted after March 15, 1996.
  - C) Fill soils may be used to cover a private sewage disposal system provided no part of the system is located in the fill and the fill material is at least equal to or better than the original soil or meets the requirements in subsection (a)(9) of this Section.
- 9) Soil criteria for use of fill for subsurface seepage systems.
  - A) Soils to be utilized for fill shall be identified by a soil classifier or licensed professional engineer and a report submitted to the Department or local authority. The report shall contain specific information on the fill soil, including location, depth, permeability, and texture. Soils that can be used as fill are those identified in Appendix A, ~~Illustration~~ Illustration M of this Part as 2A, 2K, 3A, 3B, 3C, 3K, 3L, 4B and 4K (Design Group II, III and IV).
  - B) In addition to the above requirements, fill soil shall not contain extraneous material such as tires, concrete, brick, reinforcing bar, demolition material, etc.
  - C) All of the following conditions shall be met for a subsurface seepage system to be installed in fill.
    - i) Satisfactory original soil shall be at least 3 feet above bedrock.
    - ii) A maximum of 2 feet of fill soil shall be used.
    - iii) Fill shall not be placed on original soil with a slope greater than 10%.
    - iv) The fill shall be placed at the site so that a minimum of compaction occurs and the fill shall be allowed to settle undisturbed for a period of at least 12 months. Soils in Design Group II, when used for fill, shall not be required to settle for a period of at least 12 months.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- v) After the fill has been settled, a percolation test shall be conducted in accordance with the procedure outlined in Appendix A, ~~Illustration G~~ of this Part and a percolation rate of not greater than 270 minutes/6 inch fall or less than 60 minutes/6 inch fall shall be achieved.
- 10) Site Preparation for use of fill soil.
- A) Excess vegetation shall be cut and removed. The site shall be plowed with a mold board plow 7 to 8 inches deep with the plowing done perpendicular to the slope. It shall not be done with the furrow running up and down the slope. Chisel plowing may be used in place of mold board. Roto-tilling is prohibited.
  - B) Once the site is plowed, all traffic must be kept off the site. The fill material can be deposited on the top with a backhoe or pushed on from the side, preferably the upslope side, using a track type tractor, keeping 6 inches of fill beneath the tracks. At no time shall ruts be made in the plowed area. The fill shall be placed immediately after site preparation to avoid the possibility of precipitation falling on the plowed area.
  - C) Traffic on the downslope side of the fill area shall be minimal to reduce compaction. All work shall be performed from the ends and upslope side. Compaction of the natural soil downslope will reduce the lateral movement of the effluent.
  - D) The fill shall not be placed on frozen ground or when the soil is wet. Moisture content of the soil is very important when filling. Site preparation shall not take place when the soil is too wet. To check moisture content, take a soil sample from the plow layer (7 to 8 inches) and roll it between the palms of the hands. If the soil ~~it~~-rolls into a ribbon, it is too wet to prepare. If the soil ~~it~~-crumbles, site preparation can then proceed.
- b) Gravel Seepage Field Requirements.
- 1) Bedding Material. The bedding material shall be clean gravel or clean stone ~~that which~~ is free of mud, silt, or clay, with particle size ranging from  $\frac{3}{4}$  inch minimum to 4 inches maximum. The bedding material shall extend the full width of the trench and to a depth of at least 6 inches below the bottom of the distribution line. The bedding material shall extend at least 2 inches above the top of the distribution line.
  - 2) Distribution Lines. Distribution lines shall be constructed of materials as approved in Section 905.20(f). The lines shall be perforated or open-joint tile. Where open joint tile is used, the tile sections shall be spaced not less

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

than ¼ inch or more than ½ inch apart. Perforated piping with the exception of 8 inch or 10 inch gravelless seepage beds shall have ½ to ¾ inch diameter openings on 3 to 5 inch centers with a minimum of 2 rows. The openings in the pipe shall be placed downward.

- 3) Separation Material. Bedding materials shall be covered by straw, newspaper, untreated building paper, geotextile fabric or other permeable or biodegradable material to support the backfill as the laying of the distribution line proceeds. Tar paper, plastic, or other impervious material shall not be used between the bedding material and the earth backfill.
- 4) The ends of a gravel seepage field shall be looped except in serial distribution systems.
- c) Gravelless Seepage Field Requirements. In addition to Section 905.20(f), 8 or 10 inch gravelless seepage systems shall comply with the following specifications:
  - 1) 8 and 10 inch **inside diameter (I.D.)** corrugated polyethylene tubing shall meet the requirements of ASTM F667-84, Standard Specification for Large Diameter Corrugated Polyethylene Tubing with the following exceptions:
    - A) Perforations shall be uniformly spaced along the length of the tubing as follows: 2 rows of holes ⅜ inch in diameter for 8 inch tubing and ½ inch in diameter for 10 inch tubing, located 120° to 140° apart along the bottom half of the tubing, each row 60° to 70° up from the bottom center line. The perforations shall be staggered so that there is at least one hole in each corrugation.
    - B) The pipe shall be marked to indicate the top of the pipe.
  - 2) All gravelless drainfield pipe shall be encased at the point of manufacture with a filter wrap having the following characteristics:

Physical Properties	Minimum Value
Grab Strength, lbs. (ASTM D1682-64 – Reapproved 1975 or ASTM D4632)	
Machine Direction	19
Traverse Direction	11
Burst strength, psi. (ASTM D3786-80a)	26
Air Permeability, cfm per sq. ft. (ASTM D737-75, Reapproved 1980)	500
Particle Size Distribution (ASTM F662-80)	
Polyethylene particles in water and alcohol	

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

solution, coulter counter analysis, single pass:

Particle Size (Microns)	% Retained
70	80
60	68
50	56
40	40
30	22
20	5

- 3) 8 or 10 inch gravelless seepage trenches shall comply with all requirements ~~that which~~ apply to standard gravel trench systems as stated in Appendix A unless otherwise stated in this Part.
  - 4) Bedding Material. 8 and 10 inch gravelless seepage systems or chamber systems may be bedded with material excavated to construct the system. The backfill material shall not contain large clods of earth, demolition material or other extraneous material.
  - 5) Separation Material. No straw, newspaper or untreated building paper shall be placed between the gravelless seepage system or chamber system and the earth backfill.
  - 6) Bending. 8 inch and 10 inch gravelless pipe shall not be bent around corners on a radius of less than 5 feet. If a sharper radius is required, a tee shall be used.
  - 7) Gravelless seepage systems or chamber systems are not required to be looped. Gravelless seepage systems or chamber systems that which are not looped shall be capped on the end.
- d) Serial Distribution. Serial distribution shall be used in areas where the slope of the terrain prohibits the installation of conventional subsurface seepage systems. The following criteria shall be used in the design and construction of a serial distribution system: (Appendix A, Illustration K of this Part)
- 1) The bottom of each trench and its distribution line shall be level.
  - 2) There shall be a minimum of 6 inches of earth backfill over the bedding material or chamber system or the gravelless pipe in the trenches.
  - 3) The trench shall follow the ground surface contours so that variation in trench depth will be minimized.
  - 4) There shall be a minimum of 5 feet of undisturbed earth between the septic tank and the nearest trench.
  - 5) Adjacent trenches shall be connected with a relief line or a drop box

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- arranged so that each trench is completely filled to the full depth of the gravel or gravelless pipe or chamber system before effluent flows to the succeeding trench.
- 6) The relief lines connecting the trenches shall have watertight joints and direct connections to the distribution lines in adjacent trenches. Tight joint "T's" and 45° ells, or a drop box arrangement shall be used to connect adjacent trenches.
  - 7) Where the relief pipe trench connects with the higher trench, it shall not be deeper than the top of the gravel or gravelless pipe or chamber system in the higher trench. Relief lines shall rest on undisturbed earth and the backfill shall be carefully tamped.
  - 8) The invert of the first relief line shall be at least one inch lower than the invert of the septic tank or aerobic treatment plant outlet. (See Appendix A<sub>3</sub>; Illustration K of this Part.)
  - 9) All other construction features of the serial distribution field shall comply with subsections (a) through (d) of this Section.
- e) **Seepage Beds.** The total bottom area of the seepage bed shall be 1½ one and one-half times the area specified in Appendix A<sub>3</sub>; Illustration H of this Part. Construction features shall conform to subsections (a) and (b) of this Section. Distribution lines shall be spaced no further than 6 feet center to center and shall be equally spaced. Lines adjacent to the bed sidewalls shall be 18 inches from the bed sidewall. (See Appendix A<sub>3</sub>; Illustration L of this Part.) Seepage beds shall be constructed so that construction equipment does not drive over the bottom of the bed.
- f) Chamber Systems. Chamber systems shall be sized and installed in accordance with the following:
- 1) The minimum center to center spacing of chambers shall be 7 feet.
  - 2) Chamber systems shall be sized in accordance with Appendix A, Illustration I, Exhibit E.
  - 3) Chamber systems shall be designed to support all weight of earth backfill without collapsing.
  - 4) Chamber systems shall be designed to prevent earth backfill from restricting flow within the chamber.

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

Section 905.95 Illinois Raised Filter Beds

- a) Illinois raised filter bed disposal systems shall have a filter loading rate of 4

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

gallons per square foot per day for residential systems of up to 1,500 GPD flows. Non-residential systems of any size or residential systems in excess of 1,500 GPD shall use a filter loading rate of 2.5 gallons per square foot per day. The system shall be designed in accordance with Appendix A, Illustration X, Exhibits A through E.

- b) An aeration batch treatment system that has been approved by NSF in accordance with NSF Standard 40 shall be used. The aeration tank volume shall hold at least 2 times the average daily wastewater flow for residential use (including the use of a garbage disposal). Non-residential systems shall have a tank volume size of 3 times the daily wastewater flow. Multiple tanks shall be used to achieve the volume required. Multiple tanks require connection at the bottom of each tank for flow equalization.
- c) Filter beds shall not exceed 600 square feet. If a larger area is needed, multiple beds must be used, separated by a minimum distance of 15 feet, using a common mantle. The filter beds can be placed at any point on the mantle in order to accommodate existing ground contours.
- d) The filter length shall not exceed 3 times the width.
- e) The sand filter media shall have an effective size of 0.5 to 2.0 millimeters, a uniformity coefficient of less than 3.5, and a 30 inch depth.
- f) The mantle shall be sized in accordance with the formula  $A = QT/25$ , where  $A$  = Mantle Area,  $Q$  = Quantity of wastewater per day, and  $T$  = Percolation time of the original soil in minutes per inch. (See Section 905. Appendix A, Illustration X, Exhibit E to convert soil investigation information to  $T$  (percolation time).)
- g) The mantle shall be at least equal to the area of the filter bed. The mantle shall not be designed for percolation rates that exceed 120 minutes per inch.
- h) The mantle area is to be cut into original soil to a depth of 6 inches and back-filled with 12 inches of torpedo sand that is graded as FA1-FA8 in accordance with Standard Specifications for Road and Bridge Construction, adopted January 1, 2002 by the Illinois Department of Transportation.
- i) The slope of the bottom of the mantle shall be level, plus or minus 1 inch. The slope of the earth sidewalls of the filter shall be a maximum of 3 feet horizontal to 1 foot vertical.
- j) The mantle area must be at least 12 inches deep. If the maximum high groundwater table is less than 6 inches from the bottom of the filter bed, additional torpedo sand must be used to increase the isolation distance between the bottom of the filter bed and the high groundwater table to at least 6 inches. Other separation distances (e.g., well, property line, etc.) shall be measured from the toe of the filter bed.
- k) The distribution piping (4 inch perforated pipe) shall be placed level to 15 inch

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- centers in 12 inches of  $\frac{3}{4}$  inch stone.  
l) Sod shall be placed over the filter beds and mantle.

(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)

Section 905.96 Peat Filter Systems

- a) General. Peat filter systems shall be preceded by a septic tank, Imhoff tank, or aeration system meeting the requirements of Section 905.30, 905.40 or 905.100 and the effluent from the system shall be discharged into a subsurface system approved in Section 905.60. The size of the subsurface system may be reduced by one-third provided the effluent quality meets the requirements of Section 905.110(d)(1)(A) and (B).
- b) Design. The system shall be sized in accordance with the manufacturer's requirements as approved by the Department.
- c) Approval of Systems. Manufacturers of peat systems shall present information to the Department documenting that effluent from their system meets the requirements of subsection (a). Such information shall be in the form of independent test data or reports. The Department shall grant approval and maintain a list of those systems meeting the requirements of this subsection and only approved systems may be installed.

(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)

## Section 905.100 Aerobic Treatment Plants

- a) General. Aerobic treatment plants shall be tested and listed by NSF International or a laboratory approved by ANSI to determine compliance with the requirements of ANSI/NSF Standard 40, Residential Wastewater Treatment Systems, July 12, 2000~~May 28, 1996~~. Standard 40 is a standard ~~that which~~ covers an organized and coordinated system of components that functions to treat wastewater generated by individual residences. This Part shall allow approved aerobic treatment plants to serve residential property that is occupied on a year-round or full-time basis. Aerobic treatment plants shall not be used to serve residential property ~~that which~~ is used as a seasonal, weekend or part-time residence.
- b) Class II Effluent. Aerobic treatment plants listed by NSF or a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 for Class II effluent shall discharge to one of the following:
- 1) A subsurface seepage system designed and constructed in accordance with

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- the requirements of Section 905.60.
- 2) A sand filter designed and constructed in accordance with the requirements of ~~Section Sections~~ 905.70 or 905.80.
  - 3) A waste stabilization pond designed and constructed in accordance with the requirements of Section 905.90.
- c) Class I Effluent. Aerobic treatment plants listed by NSF or a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 for Class I effluent shall discharge to one of the following:
- 1) A subsurface seepage field designed and constructed to be at least  $\frac{2}{3}$  the size determined necessary by Section 905.60.
  - 2) To a surface discharge in accordance with Section 905.110.
- d) Sizing. Aerobic treatment plants ~~that which~~ are listed by NSF or a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 as Class I and rated at 500 gallons per day will be allowed for the treatment of sewage from residential property having up to and including 4 bedrooms. Other aerobic treatment plants that are listed by NSF or a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 as Class I shall be sized as follows:

<u>Bedrooms</u>	Minimum Rated Treatment <u>Capacity-Gallons</u>
1	400
2	400
3	500
4	500
5	750
6	900
7	1000
8	1200
9	1350
10	1500

- e) Installation. All components of aerobic treatment plants shall be installed at the time of the original installation. If this is not possible, a solid end cap shall be securely placed over the end of the discharge line until the system can be completed. This will prevent the discharge of raw sewage to the ground surface.
- f) Accessibility for inspection and maintenance. The plant shall be equipped with one or more grade-level access manholes having a minimum dimension of 18

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

inches. These manholes shall be located to permit periodic physical inspection and maintenance of all compartments and component parts. Component parts include submerged bearings, moving parts, tubes, intakes, slots, filters, and other devices. Grade level access manholes shall be installed in a manner to prohibit the entry of soil, water and dirt into the unit.

- g) Service. Devices falling within the scope of Standard 40 require periodic maintenance to achieve performance consistent with demonstrated capabilities. Implicit in Standard 40 is the recognition that assured professional service is imperative. Standard 40 and this Part require a 2-year service policy to be provided as part of the initial service agreement. (Note: The following initial service policy includes items not included in the NSF Standard 40 service policy.)
- 1) Initial service policy: A 2-year policy shall be furnished to the purchaser by the private sewage disposal installation contractor through the manufacturer or the distributor of the aerobic treatment unit. This policy shall provide:
    - A) Four inspection/service calls, at least one every 6 months, which includes inspection, adjustment, and servicing of the mechanical and the applicable component parts to ensure proper function;
    - B) For an effluent quality inspection consisting of a visual check for color, turbidity, scum overflow, and an examination for odors;
    - C) For improper operation which cannot be corrected at that time, to be reported to the owner immediately. This shall be followed with a written report ~~that which~~ includes the date for the condition to be corrected.
  - 2) Continuing service policy: Each manufacturer shall make available for purchase by the owner a continuing service policy with terms equal to the initial service policy.
  - 3) Standby parts: Standby mechanical and electrical component parts shall be stocked by the local distributor for use when the plant's mechanical or electrical components must be removed from the site for repairs.
  - 4) Component parts: The mechanical and electrical component parts shall be guaranteed against any defects in materials and workmanship as warranted.
  - 5) Service: Service shall be available within 2 working days following a request.
  - 6) Owner's manual: An owner's manual shall be provided by the manufacturer with each unit. The manual shall include the following information:
    - A) Model numbers.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- B) Functional description of unit, including a statement of minimum performance requirements as established by test.
  - C) Design and flow diagrams.
  - D) Warranty.
  - E) Replacement policy and service policy.
  - F) Installation instructions.
  - G) Detailed operation and maintenance requirements (including user responsibility, parts and service).
  - H) Rated service flow in GPM gpm (gallons per minute) or GPD gpd (gallons per day).
  - I) Energy source and energy required for proper operation of the plant.
  - J) Specification of models tested under ANSI/NSF Standard 40.
- 7) Service label: A clearly visible, permanently attached label or plate giving instructions for obtaining service shall be placed at the audible and visual alarm.
- 8) Responsibility of property owner: The property owner shall be responsible for maintaining and operating the plant in accordance with this Part and the manufacturer's specifications.
- h) Operation. Aerobic treatment plants shall produce an effluent meeting the physical, chemical and biological requirements of Section 905.110. Under normal operation and in the event of an electrical or mechanical failure or other performance failure or malfunction, the design and construction of the aerobic treatment plant shall prevent the discharge of wastewater from any opening that which is not part of the designed flow path of the entire treatment process and shall prevent the discharge of wastewater that which is not in compliance with Section 905.110.
- i) Maintenance. In the event that a routine service call indicates an electrical, mechanical or performance failure or malfunction or if routine laboratory test results indicate improper treatment, the property owner shall immediately take action to bring the aerobic treatment plant into compliance with this Part.
- j) Non-residential use. Aerobic treatment plants that which are listed by NSF or a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 as Class I will be considered for use to serve a non-residential property provided all of the following are met:
- 1) Total daily flows from the wastewater source into the plant are at least 75% of the rated hydraulic capacity and do not exceed the rated hydraulic capacity of the plant.
  - 2) Wastewater influent shall not exceed the manufacturer's design

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- specifications for BOD5 loading as established by NSF or a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 during testing of the plant.
- 3) Hourly flows from the wastewater source into the plant are less than or equal to the treatment capacity of the plant divided by 24. This may require the installation of a flow equalization device.
  - 4) A buried sand filter sized with a surface area equal to 2 gallons per square foot per day and dosed at least once but not more than 4 times per day shall immediately follow the aerobic treatment plant.
- k) Any wastewater source shall be served by a single individual aerobic treatment plant. Splitting of flows from a wastewater source or the use of multiple aerobic treatment plants shall be prohibited unless subsurface disposal of the effluent is used. Where allowed, splitting of flows shall be done by pumps.
  - l) Private sewage disposal installation contractors or homeowners who maintain or service aerobic treatment plants shall be required to maintain the integrity of the NSF seal or the seal of a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40. Only component parts approved for use in an individual plant may be used. No design changes or component part changes may be made ~~that which~~ will void the NSF seal or the seal of a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40. Any person who voids the NSF seal or the seal of a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 shall be responsible for repairing the plant so it can bear the NSF seal or the seal of a laboratory approved by ANSI to determine compliance with ANSI/NSF Standard 40 or shall replace the plant with an approved private sewage disposal system.

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

Section 905.170 Servicing, Cleaning, Transporting and Disposing of Wastes from Private Sewage Disposal Systems

- a) General. The collection, storage, transportation, and disposal of all septage shall be handled in accordance with this Section and in accordance with 40 CFR 503 – Standards for the Use or Disposal of Sewage Sludge.
- b) Truck Identification. The name under which the business is conducted and the town of company origin and telephone number of the business shall be painted on each side of every pumper truck. The company name shall be easily legible and the letters shall be at least 8 inches high in contrasting colors.
- c) Equipment Inspection. Equipment shall be subject to inspection and approval by

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- a representative of the Department or local authority at any reasonable time and, upon request, shall be available for inspection at a designated location.
- d) Vehicle Construction and Equipment. Each vehicle used for collection and transportation of waste shall be equipped with a leakproof and tightly sealed tank for septage hauling. The interior and exterior sections of all portable containers, pumps, hoses, tools, or other implements ~~that which~~ have been contaminated shall be rinsed clean after each use and the rinsings shall be disposed of such that no health hazard or nuisance results. Trucks and tanks shall comply with the following:
- 1) The vehicle shall be equipped with either a vacuum pump or other type of pump ~~that which~~ is self-priming and will not allow any seepage from the diaphragm or other packing glands.
  - 2) The discharge nozzle shall be located so that there is no flow or drip onto any portion of the truck.
  - 3) The discharge nozzle shall be capped when not in use.
- e) Notification of Disposal Site. Annually, the private sewage disposal system pumping contractor shall:
- 1) Notify the Department and local authority of the sites utilized for disposal. Information to be reported shall be: county, township, range, and section, with a description to the nearest ¼ section; name and address of the owner of the property; and purpose for which the disposal site is otherwise used, such as pasture, grain crops, mowing crops, or timber.
  - 2) Provide an annual estimate of the total gallons of septage disposed of at each site.
  - 3) Describe the methods of disposal at each site.
- f) Disposal Methods. Methods of septage disposal approved by the Department are as follows:
- 1) Discharge to a Municipal Sanitary Sewer System. Discharge to a municipal sanitary sewer system is approved when the municipality has approval from the Illinois Environmental Protection Agency to receive septage from private sewage disposal systems; and the contractor has written approval from the municipality to discharge septage into the system.
  - 2) Application to Agricultural Land. Septage may be applied to agricultural land provided the following criteria are met:
    - A) The depth to the groundwater table or to fractured limestone formations is at least 4 feet below the ground surface.
    - B) The septage is disposed of in the following manner:
      - i) It originates from private sewage disposal systems ~~that~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- ~~which~~ treat only domestic sewage as that term is defined in Section 3 of the Private Sewage Disposal Licensing Act [225 ILCS 225/3];
- ii) It is not applied to land ~~that which~~ has been saturated by rainfall during the 24-hour period preceding the intended application time;
  - iii) It is not applied to land with water ponded upon it;
  - iv) It is not applied to land within 200 feet of wells, homes, the rim of a sink hole, underground mine, cave, tunnel, other water supplies, ponds or streams;
  - v) It is not applied to land having greater than 5% slope;
  - vi) It is not applied to land that is intended to grow root vegetables, or other low growing fruits or vegetables ~~that which~~ may be eaten raw;
  - vii) It is applied at a rate ~~that which~~ does not exceed the agronomic rate required by USEPA regulations (40 CFR 503); 5,000 gallons of septage per acre per month;
  - viii) It is applied from a vehicle moving at least one mile per hour (88 feet per minute);
  - ix) Where it is determined by the Department or local authority that a nuisance condition (see Section 905.160(b)(1)) exists, then the septage shall be incorporated into the soil.
- 3) Discharge to Sludge Lagoons or Sludge Drying Beds. Discharge to a sludge lagoon or drying bed must be approved by the Illinois Environmental Protection Agency (IEPA) (35 Ill. Adm. Code 309) or the owner/operator of the lagoon or drying bed must have a permit from the IEPA to receive septage from the contractor. If the contractor is going to construct a sludge lagoon or drying bed, a permit will be necessary from the IEPA to construct and operate the proposed facility.
  - 4) Discharge to an Incinerator Device. Discharge of septage to an incinerator must be approved by the IEPA or the owner/operator of the incinerator must have a permit from the IEPA to receive septage from the contractor.
  - 5) Discharge to a Sanitary Landfill. Discharge of septage to a sanitary landfill must be approved by the IEPA or the owner/operator of the landfill must have a permit from the IEPA to receive the septage from the contractor.
- g) Methods for the disposal of waste from portable toilets shall be as follows:
- 1) Discharge to a Municipal Sanitary Sewer System. Discharge to a municipal sanitary sewer system is approved from private sewage disposal

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- systems when the contractor has written approval from the municipality to discharge septage into the system.
- 2) Discharge to Sludge Lagoons or Sludge Drying Beds. Discharge to a sludge lagoon or drying bed must be approved by the Illinois Environmental Protection Agency (IEPA) (35 Ill. Adm. Code 309) or the owner/operator of the lagoon or drying bed must have a permit from the IEPA to receive septage from the contractor. If the contractor is going to construct a sludge lagoon or drying bed, a permit will be necessary from the IEPA to construct and operate the proposed facility.
  - 3) Discharge to an Incinerator Device. Discharge of septage to an incinerator must be approved by the IEPA or the owner/operator of the incinerator must have a permit from the IEPA to receive septage from the contractor.
  - 4) Discharge to a Sanitary Landfill. Discharge of septage to a sanitary landfill must be approved by the IEPA or the owner/operator of the landfill must have a permit from the IEPA to receive the septage from the contractor.
- h) Other Wastes. The following shall not be disposed of by application to agricultural land:
- 1) Waste from a portable toilet; and
  - 2) Holding tank waste as provided in Section 905.140(a)(4).

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

Section 905.205 Civil Penalties and Time Allowances for Corrective Action

- a) Amount of Penalty
- 1) The Department may assess civil fines against any person who constructs, installs, repairs, modifies or maintains a private sewage disposal system, or any person who pumps, hauls and/or disposes of wastes from a private sewage disposal system in violation of any Section of the Private Sewage Disposal Licensing Act or this Part.
  - 2) The Department shall determine the amount of the fine based upon the seriousness of the violation. The seriousness of the violation will be determined as follows:
    - A) Type A – violations considered the most grievous, which shall be grounds to assess a larger fine, shall be activities that create a health hazard, unlicensed activities and repeat violations. Examples of these activities include violations of vertical or horizontal separation distances, falsifying information on permits

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

- or reports, addition of prohibited materials to a private sewage disposal system, use of improper septage disposal methods and prohibited discharges. The amount of the fine shall not exceed \$1,000 for each violation in addition to \$100 per day for each day the violation continues.
- B) Type B – violations relating to improper construction practices, the use of improper materials, failure to install a system according to the approved plan and pumper equipment violations shall be considered more serious. The maximum fine shall not exceed \$750 for each violation in addition to \$100 per day for each day the violation continues.
- C) Type C – administrative violations involving paperwork, such as failure to obtain a permit or improper pumping truck lettering, shall be considered the least serious. The maximum fine shall not exceed \$500 for each violation, in addition to \$100 per day for each day the violation continues.
- D) For the purposes of determining a repeat violation, an initial violation means the first violation of a particular Section of the Act or this Part within the previous 3 years. If the same or a similar violation (example: a violation of vertical or horizontal separation distance or septage disposal) occurs within a 3 year period, it will be considered a repeat violation.
- b) Correction of Violation. Correction of violations that are considered serious health hazards as determined by the Department or local health department shall begin immediately and be completed within 7 days. Other violations shall be corrected within 30 days after notification by the Department or the local health department. An exception to this requirement may be authorized by the Department or local health department when extenuating circumstances prevent correction in a timely manner. Examples of such circumstances include weather, physical conditions that prevent construction or repair, lack of adequate materials, etc. The Department or local health department may also grant an extension of time for correction based on the type and seriousness of the violation, and demonstrated effort on the part of the violator to make progress in correcting the violation.
- c) Any violation may be referred to the State's Attorney of the county in which it occurs or to the Attorney General for prosecution.

(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION I Seepage Field Construction

Section 905.EXHIBIT D ~~Size and~~ Spacing – Gravelless and Chamber Systems System

~~SIZE AND~~ SPACING FOR SEEPAGE FIELD CONSTRUCTION (GRAVELLESS AND  
CHAMBER SYSTEMS)

<u>Gravelless and Chamber Dimensions Inside Diameter of Gravelless Drainfield</u>	Minimum Center to Center Spacing of Distribution Lines	<u>Effective Absorption Area Per Lineal Foot or Trench</u>
<u>8 Inch Inside Diameter of Gravelless Pipe System inches I.D.</u>	<u>7.0 feet</u>	<u>2.0</u>
<u>10 Inch Inside Diameter of Gravelless Pipe System inches I.D.</u>	<u>7.0 feet</u>	<u>3.0</u>
<u>12 Inch Wide Chamber System</u>	<u>7.0 feet</u>	
<u>18 Inch Wide Chamber System</u>	<u>9.0 feet</u>	

(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION I Seepage Field Construction

Section 905.EXHIBIT E Chamber Sizing Requirements

Example: Chamber systems shall be size on the absorption area of the chamber that is equivalent to the bottom area of a gravel system. The equivalent chamber absorption area per lineal foot is equal to the average inside width of the chamber times an equivalency factor of 2.5. For example, a chamber that has an average inside width of 1.25 feet provides an equivalent absorption area of 3.125 square feet per lineal foot. (1.25 feet times the 2.5 equivalency factor equals 3.125 square feet per lineal foot.

To determine the length of chambers required, first calculate the absorption area required for a gravel system based on Appendix A, Illustration H, Exhibit A or Appendix A, Illustration M, Exhibit A. Then divide this area by the equivalent chamber absorption area per lineal foot. For example, if a 3 bedroom house requires 870 square feet of absorption field and chambers 1.25 feet wide are being used, then the length of chambers needed is 278 feet. (870 square feet divided by 3.125 square feet per lineal foot equals 278 feet).

(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)

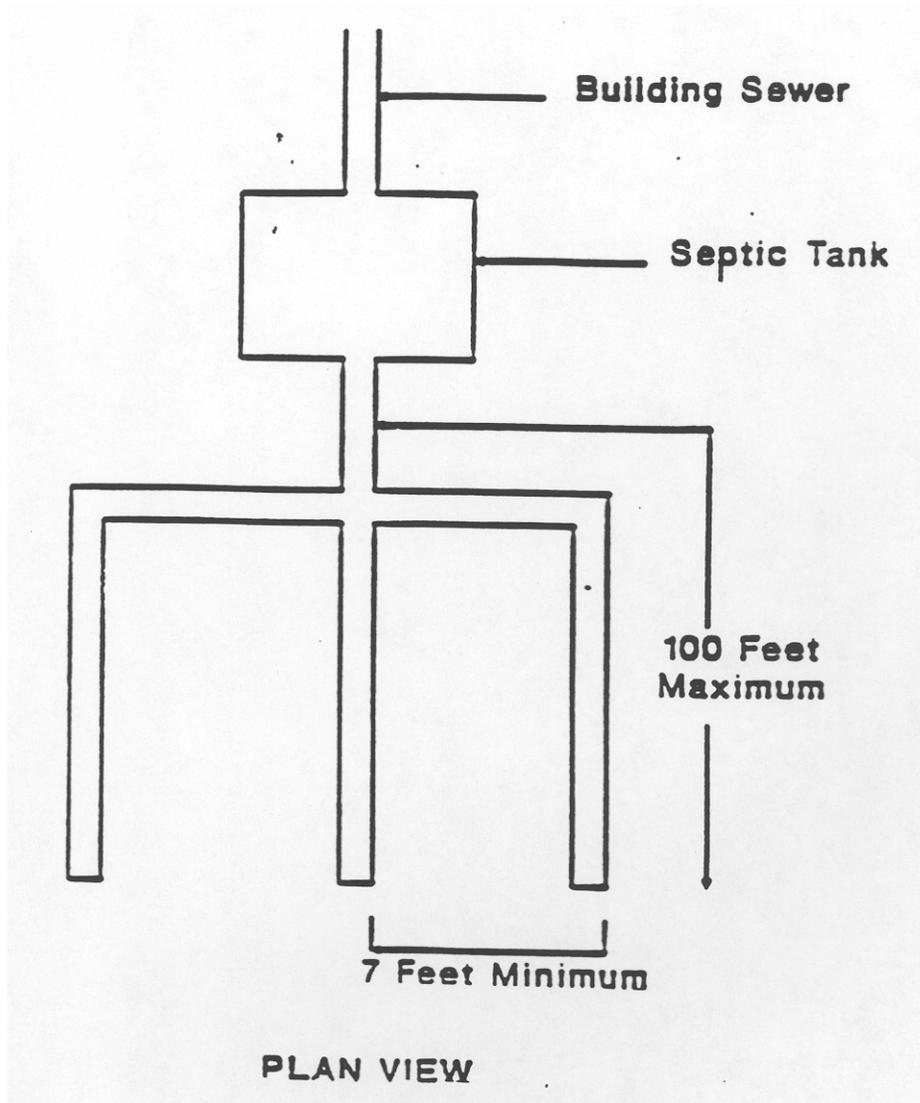
## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION J Septic Tank Subsurface Seepage Field

Section 905.EXHIBIT C Plan View – Gravelless and Chamber System



(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

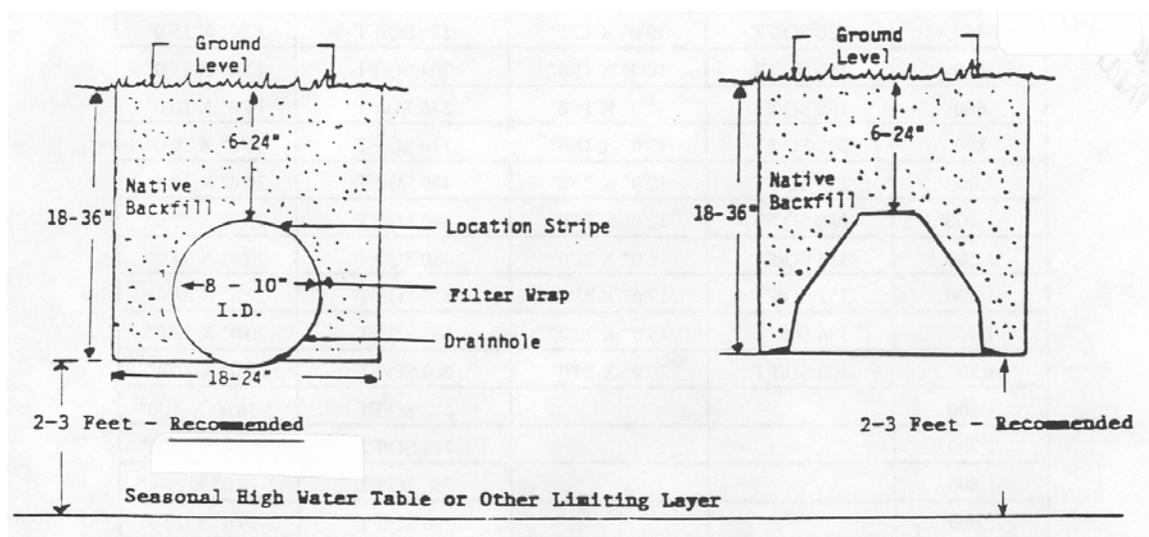
## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION J Septic Tank Subsurface Seepage Field

Section 905.EXHIBIT D Section View – Gravelless and Chamber System



(Source: Amended at 27 Ill. Reg. 3074, effective February 10, 2003)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION X ~~Illinois Raised Filter Bed Local Authorities (Repealed)~~Section 905.EXHIBIT A Sizing Requirements

<u>U.S./GALS</u>	<u>RESIDENTIAL</u>		<u>NON-RESIDENTIAL</u>	
	<u>BEDS</u> <u>4 GAL/SQ FT</u> <u>Minimum SQ FT</u>	<u>SUGGESTED</u> <u>BED SIZE</u> <u>Minimum</u>	<u>BEDS</u> <u>2.5 GALS/SQ FT</u> <u>Minimum SQ FT</u>	<u>SUGGESTED</u> <u>BED SIZE</u> <u>Minimum</u>
<u>300</u>	<u>75 SQ/FT</u>	<u>7'6" X 10'0"</u>	<u>120 SQ/FT</u>	<u>10'0" X 12'0"</u>
<u>450</u>	<u>112.5 SQ/FT</u>	<u>10'0" X 11'3"</u>	<u>180 SQ/FT</u>	<u>12'0" X 15'0"</u>
<u>500</u>	<u>125 SQ/FT</u>	<u>10'0" X 12'6"</u>	<u>200 SQ/FT</u>	<u>12'0" X 17'0"</u>
<u>600</u>	<u>150 SQ/FT</u>	<u>12'0" X 12'6"</u>	<u>240 SQ/FT</u>	<u>15'0" X 16'0"</u>
<u>800</u>	<u>200 SQ/FT</u>	<u>12'0" X 16'8"</u>	<u>320 SQ/FT</u>	<u>16'0" X 20'0"</u>
<u>1,000</u>	<u>250 SQ/FT</u>	<u>12'0" X 21'0"</u>	<u>400 SQ/FT</u>	<u>20'0" X 20'0"</u>
<u>1,100</u>	<u>275 SQ/FT</u>	<u>12'6" X 22'0"</u>	<u>440 SQ/FT</u>	<u>20'0" X 22'0"</u>
<u>1,200</u>	<u>300 SQ/FT</u>	<u>15'0" X 20'0"</u>	<u>480 SQ/FT</u>	<u>20'0" X 24'0"</u>
<u>1,300</u>	<u>325 SQ/FT</u>	<u>15'0" X 22'0"</u>	<u>520 SQ/FT</u>	<u>20'0" X 26'0"</u>
<u>1,400</u>	<u>350 SQ/FT</u>	<u>18'0" X 20'0"</u>	<u>560 SQ/FT</u>	<u>20'0" X 28'0"</u>
<u>1,500</u>	<u>375 SQ/FT</u>	<u>18'0" X 21'0"</u>	<u>600 SQ/FT</u>	<u>20'0" X 30'0"</u>
<u>1,600</u>			<u>640 SQ/FT</u>	<u>2 @ 16'0" X 20'0"</u>
<u>1,700</u>			<u>680 SQ/FT</u>	<u>2 @ 17'0" X 20'0"</u>
<u>1,800</u>			<u>720 SQ/FT</u>	<u>2 @ 18'0" X 20'0"</u>
<u>2,000</u>			<u>800 SQ/FT</u>	<u>2 @ 20'0" X 20'0"</u>
<u>2,100</u>			<u>840 SQ/FT</u>	<u>2 @ 20'0" X 21'0"</u>
<u>2,200</u>			<u>880 SQ/FT</u>	<u>2 @ 20'0" X 22'0"</u>
<u>2,400</u>			<u>960 SQ/FT</u>	<u>2 @ 20'0" X 24'0"</u>
<u>2,500</u>			<u>1,000 SQ/FT</u>	<u>2 @ 20'0" X 25'0"</u>
<u>3,000</u>			<u>1,200 SQ/FT</u>	<u>2 @ 24'0" X 25'0"</u>
<u>12,000</u>			<u>4,800 SQ/FT</u>	<u>8 @ 24'0" X 25'0"</u>

(Source: Old Illustration X repealed at 9 Ill. Reg. 20738, effective January 3, 1986; new Illustration X added at 27 Ill. Reg. 3074, effective February 10, 2003)

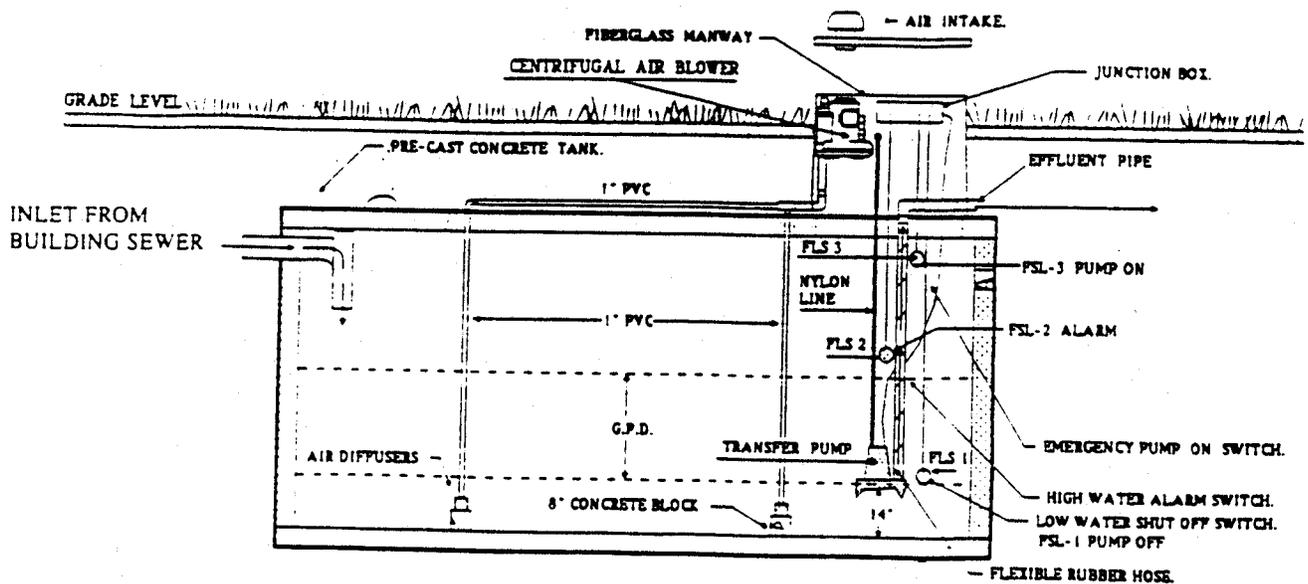
## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

[Section 905.APPENDIX A Illustrations and Exhibits](#)

[Section 905.ILLUSTRATION X Illinois Raised Filter Bed](#)

[Section 905.EXHIBIT B Batch Treatment Aeration Tank Design Requirements](#)

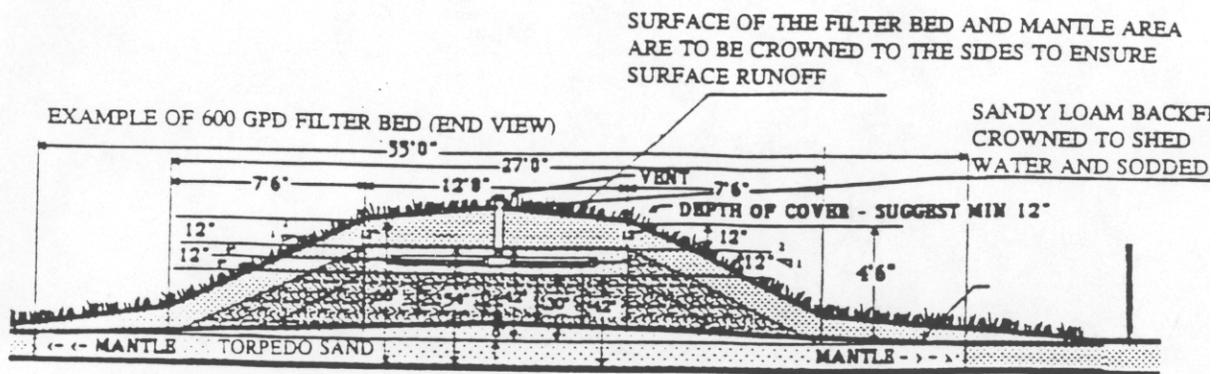


(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and ExhibitsSection 905.ILLUSTRATION X Illinois Raised Filter BedSection 905.EXHIBIT D Filter Bed Cross Section (End View)

NOTE: CROWNING SHOWN FOR TORPEDO SAND APPLIES TO MANTLE AREA ONLY

(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED RULES

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION X Illinois Raised Filter Bed

Section 905.EXHIBIT E Sizing Requirements Using Soils Investigation Information

<u>Design Group</u>	<u>Percolation Rate Equivalent</u>
<u>I</u>	<u>Unsuitable</u>
<u>II</u>	<u>10 minutes/inch</u>
<u>III</u>	<u>15 minutes/inch</u>
<u>IV</u>	<u>20 minutes/inch</u>
<u>V</u>	<u>23 minutes/inch</u>
<u>VI</u>	<u>25 minutes/inch</u>
<u>VII</u>	<u>30 minutes/inch</u>
<u>VIII</u>	<u>35 minutes/inch</u>
<u>IX</u>	<u>40 minutes/inch</u>
<u>X</u>	<u>50 minutes/inch</u>
<u>XI</u>	<u>70 minutes/inch</u>
<u>XII</u>	<u>90 minutes/inch</u>

(Source: Added at 27 Ill. Reg. 3074, effective February 10, 2003)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Dietetic and Nutrition Services Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1245
- 3) 

<u>Section Numbers:</u>	<u>Emergency Action:</u>
1245.10	Amendment
1245.110	Amendment
1245.130	Amendment
1245.150	Amendment
1245.210	Amendment
1245.220	Amendment
1245.230	Amendment
1245.250	Amendment
1245.260	Amendment
1245.300	Amendment
1245.320	Amendment
- 4) Statutory Authority: Dietetic and Nutrition Services Practice Act [225 ILCS 30]
- 5) Effective Date of Amendments: February 19, 2003
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they will expire: These emergency rules are to expire when the proposed rules are adopted.
- 7) Date Filed in Index Department: February 7, 2003
- 8) A copy of the emergency amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: This emergency rulemaking implements P.A. 92-0642, effective July 11, 2002, creating a new licensure category, licensed dietitian nutritionist, and eliminating the separate dietitian and nutrition counselor licenses. These changes will especially affect nutrition counselors; this emergency rulemaking outlines the steps they must take to upgrade to the new license by the October 31, 2003 expiration of their current license.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 10) A Complete Description of the Subjects and Issues Involved: P.A. 92-0642, effective July 11, 2002, is the sunset reauthorization of the Dietetic and Nutrition Services Practice Act; this proposed rulemaking implements its provisions. Among its changes are elimination of the two separate license categories, dietitian and nutrition counselor, after October 31, 2003 and the creation of a new licensure category, licensed dietitian nutritionist. When renewing, all licensed dietitians will be issued the new license. Nutrition counselors may obtain the new license at renewal if they submit proof of completion of 30 hours of continuing education, at least 24 of which must be in medical nutrition therapy. Makes numerous technical changes in various sections to facilitate this transition.
- 11) Are there any proposed Amendments to this Part pending: No
- 12) Statement of Statewide Policy Objectives: This rulemaking has no impact on local government.
- 13) Information and questions regarding these Rules shall be directed to:

Department of Professional Regulation  
Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786  
217/785-0813 Fax #: 217/782-7645

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

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONSPART 1245  
DIETETIC AND NUTRITION SERVICES PRACTICE ACT

## SUBPART A: DEFINITIONS

Section  
1245.10 Definitions  
EMERGENCY

## SUBPART B: DIETITIAN

Section  
1245.100 Application for Licensure as a Dietitian Under Section 60(a) of the Act  
(Grandfather) (Repealed)  
1245.110 Application for Examination/Licensure  
EMERGENCY  
1245.120 Examination  
1245.130 Approved Programs in Dietetics  
EMERGENCY  
1245.140 Experience  
1245.150 Endorsement  
EMERGENCY  
1245.160 Restoration

## SUBPART C: NUTRITION COUNSELOR

Section  
1245.200 Application for Licensure as a Nutrition Counselor Under Section 60(b) of the Act  
(Grandfather) (Repealed)  
1245.210 Application for Examination/Licensure  
EMERGENCY  
1245.220 Examination  
EMERGENCY  
1245.230 Approved Programs of Nutrition Counselors

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

EMERGENCY

1245.240 Experience

1245.250 Endorsement

EMERGENCY

1245.260 Restoration

EMERGENCY

## SUBPART D: GENERAL

## Section

1245.300 Renewal

EMERGENCY

1245.305 Fees

1245.310 Continuing Education

1245.320 Inactive Status

EMERGENCY

1245.330 Unprofessional Conduct

1245.340 Granting Variances

AUTHORITY: Implementing the Dietetic and Nutrition Services Practice Act [225 ILCS 30] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Adopted at 19 Ill. Reg. 7598, effective May 26, 1995; expedited correction at 19 Ill. Reg. 11678, effective May 26, 1995; amended at 22 Ill. Reg. 8445, effective May 4, 1998; amended at 22 Ill. Reg. 19856, effective October 30, 1998; amended at 24 Ill. Reg. 518, effective December 31, 1999; emergency amendment at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days.

## SUBPART A: DEFINITIONS

## Section 1245.10 Definitions

EMERGENCY

"Act" means the Dietetic and Nutrition Services Practice Act [225 ILCS 30].

"Board" means the Dietetic and Nutrition Services Practice Board.

"Department" means the Department of Professional Regulation.

"Director" means the Director of the Department of Professional Regulation.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

"Direct Supervision" means supervision by a licensed dietitian, licensed nutrition counselor or other appropriate supervisor as defined in Sections 1245.140 and 1245.240 of this Part. The supervisor shall:

Meet at regularly scheduled sessions with the supervisee a minimum of one hour each week;

Be responsible for the standard of work performed by the individual under supervision; and

Have knowledge of patients/clients and the case information.

~~"Licensed dietitian nutritionist" means a person who, beginning November 1, 2003 pursuant to P.A. 92-0642, is licensed under the Act to practice dietetics and nutrition services, including medical nutrition therapy. Activities of a licensed dietitian nutritionist do not include the medical differential diagnosis of the health status of an individual.~~

~~"Licensed dietitian" means a person licensed by the Department until October 31, 2003, to practice dietetics as defined in Section 10 of the Act. Dietetics includes all aspects of nutrition care for individuals and groups, including, but not limited to, nutrition assessment, nutrition counseling, nutrition education, nutrition services and medical nutrition care. Activities of a licensed dietitian do not include the medical differential diagnoses of the health status of an individual.~~

~~"Licensed nutrition counselor" means a person licensed by the Department until October 31, 2003, to provide nutrition services as defined in Section 10 of the Act. Nutrition services to individuals and groups include, but are not limited to, nutrition assessments, nutrition education and nutrition counseling and nutrition care. Activities of a licensed nutrition counselor do not include medical nutrition care and do not include the medical differential diagnoses of the health status of an individual.~~

"Medical nutrition therapy care" means the component of nutrition care that deals with interpreting and recommending nutrient needs relative to medically prescribed diets, including, but not limited to, tube feedings, specialized intravenous solutions and specialized oral feedings; food and prescription drug interactions; and developing and managing food service operations whose chief function is nutrition care and providing medically prescribed diets.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

"Nutrition assessment" means the evaluation of the nutrition needs of individuals or groups using appropriate data to determine nutrient needs or status and make appropriate nutrition recommendations. The mere collection of nutrition and health data is not nutrition assessment and does not require licensure under the Act, unless activities include an evaluation of nutrition needs and nutrition recommendations.

"Nutrition care" means a dietary intervention whose primary function is to improve an individual's nutrition status and involves modification to meet individual needs. Provision of food for general sustenance of being is not construed as nutrition care and not subject to regulation under the Act and this Part.

"Nutrition counseling" means advising and assisting individuals or groups on appropriate nutrition information by integrating information from the nutrition assessment. The distribution by an individual of written nutrition educational material prepared by or approved in writing by a licensee is not nutrition counseling or nutrition education and any person distributing such written material need not be licensed under this Act.

"Nutrition education" means a planned nutrition program based on learning objectives with expected outcomes.

"Nutrition information" is oral or written factual data that includes:

Food sources of vitamins, minerals and nutrients;

Nutrient analysis of food, food items, recipes and menus;

Reporting the results of published scientific studies as long as the source is cited and recommendations are general in nature and are limited to those included in the published study;

Instruction and uses of food, dietary supplements and food material consistent with State and federal laws (i.e., Federal Food and Drug Administration, Department of Public Health); and

The display or distribution of printed, audio or video nutrition education information developed by a licensee, an entity of any federal, state or local government, or any nonprofit organization as outlined in Section 20(g) of the Act.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

All health claims shall be consistent with the Federal Food and Drug Administration regulations.

Individuals are not required to be licensed to provide nutrition information; however, the evaluation of an individual's or group's dietary intake and/or recommendation for dietary changes is considered nutrition services and a license would be required to perform these activities.

"Registered dietitian" means a person registered with the Commission on Dietetic Registration.

"Restorative care to attainment of optimal health" relates to the use of foods, nutrients and/or dietary supplements for individuals or groups who may or may not have a diagnosed disease or medical condition, as long as it is not medical nutrition therapy. If a person has a diagnosed disease or medical condition and is on a medically prescribed diet, a licensed nutrition counselor shall be limited to use of foods, nutrients and/or dietary supplements so as to not directly impact or contraindicate the diagnosed disease or medical condition of the individual or group.

"Supervision" means supervision by a licensed dietitian, licensed nutrition counselor or other appropriate supervisor as defined in Sections 1245.140 and 1245.240. The supervisor shall:

Meet at regularly scheduled sessions with the supervisee a minimum of one hour per month;

Be responsible for the standard of work performed by the individual under supervision; and

Have knowledge of patients/clients and the case information.

"Treatment Program" is any nutrition intervention designed for an individual or group with a specific medical diagnosis, using foods, nutrients and/or dietary supplements so as to directly and specifically impact the medical condition and health status of the individual or group.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

## SUBPART B: DIETITIAN

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

Section 1245.110 Application for Examination/Licensure  
EMERGENCY

- a) An applicant for examination to obtain licensure as a dietitian shall file an application, on forms provided by the Department, at least 90 days prior to the examination date. The application shall include:
  - 1) Certification of education and an official transcript indicating the applicant holds one of the following:
    - A) A baccalaureate degree or post baccalaureate degree in human nutrition, foods and nutrition, dietetics, food systems management or nutrition education from a school or program accredited by a regional ~~an~~ accrediting agency recognized by the Council on Higher Education Accreditation (CHEA) Commission on Recognition of Post-Secondary Accreditation and the United States Department of Education; or
    - B) A baccalaureate degree or post baccalaureate degree in an equivalent major course of study recommended by the Board and approved by the Department in accordance with Section 1245.130 of this Part;
  - 2) Verification of 900 hours of experience, on forms provided by the Department:
    - A) Prior to July 1, 1995, an applicant shall document 900 hours of employment as a dietitian;
    - B) Experience earned after July 1, 1995, shall be supervised experience as defined in Section 1245.140 of this Part;
  - 3) A complete work history;
  - 4) The required fee set forth in Section 1245.305; and
  - 5) Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

and the state in which the applicant is currently licensed, if applicable, stating:

- A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
  - B) A description of the examination in that jurisdiction; and
  - C) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- b) In lieu of the documents in subsections (a) (1) and (2) above an applicant for licensure as a dietitian who at the time of application has maintained a "registered dietitian" designation from the Commission on Dietetic Registration shall submit a copy of his/her current registration from the Commission. The applicant will not be required to take the examination set forth in Section 1245.120.
- c) If an applicant for licensure is not a registered dietitian but has taken and passed the dietetic examination given through the Commission on Dietetic Registration within 12 months before applying for licensure, the applicant shall not be required to retake the exam. The examination scores shall be submitted to the Department directly from the testing entity.
- d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:
- 1) Provide such information as may be necessary; and/or
  - 2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.
- e) An applicant who has filed a completed application with the Department may work under direct supervision as defined in Section 1245.10 of this Part.
- f) [Pursuant to P.A. 92-0642, the Department will no longer issue a separate license](#)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

as a dietitian after October 31, 2003. All individuals will be issued a dietitian nutritionist license.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

Section 1245.130 Approved Programs in Dietetics  
EMERGENCY

- a) The Department of Professional Regulation shall approve a program if it meets the following minimum criteria:
  - 1) Is accredited by a regional ~~an~~ accrediting agency recognized by the Council on Higher Education Accreditation (CHEA) ~~Commission on Recognition of Post-Secondary Accreditation and the United States Department of Education~~, or is a foreign program that has been validated by an accrediting agency approved by the U.S. Department of Education as offering a degree equivalent to the baccalaureate or post baccalaureate degree conferred by a regionally accredited college or university in the United States;
  - 2) Has a sufficient number of full-time instructors to assure that educational obligations to the student are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their area(s) of teaching from professional colleges or institutions;
  - 3) Has a designated program director;
  - 4) Maintains permanent student records which summarize the credentials for admission, attendance, grades and other records of performance;
  - 5) Grants a baccalaureate or post baccalaureate degree in human nutrition, foods and nutrition, dietetics, food systems management or nutrition education; or
  - 6) Offers a baccalaureate or post baccalaureate degree with a major course of study that includes all of the following course work:

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- A) Biological Sciences - 9 semester hours (must include human anatomy and physiology or the equivalent, and microbiology or the equivalent);
  - B) Chemistry - 6 semester hours (must include biochemistry or the equivalent);
  - C) Behavioral Sciences - 6 semester hours (such as psychology, sociology, counseling or educational psychology);
  - D) Management - 6 semester hours (must include food service management, institutional management or the equivalent); and
  - E) Foods and Nutrition - 25 semester hours (must include):
    - i) Diet therapy, medical dietetics, clinical nutrition or the equivalent;
    - ii) Nutrition through the life cycle, applied human nutrition, advanced human nutrition or the equivalent; and
    - iii) Food science or the equivalent.
- b) The Department, upon recommendation of the Board, has determined that dietetic programs approved by the Commission on Dietetic Registration are approved.
- c) Individuals who are deficient in any of the courses set forth in subsection (a)(6) above may complete those courses in an approved program.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

Section 1245.150 Endorsement  
EMERGENCY

- a) An applicant who is licensed/registered under the laws of another state or territory of the United States or of a foreign country and who wishes to be licensed in Illinois as a dietitian shall file an application with the Department, on forms provided by the Department, which includes:

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 1) Certification of education and an official transcript from a baccalaureate or post baccalaureate degree program in human nutrition, foods and nutrition, dietetics, food systems management or nutrition education from a school or program accredited by ~~an~~ [a regional](#) accrediting agency recognized by the [Council on Higher Education Accreditation \(CHEA\)](#) ~~Commission on Recognition of Post-Secondary Accreditation and the United States Department of Education; Commission on Recognition of Post-Secondary Accreditation~~, or in an equivalent major course of study recommended by the Board and approved by the Department in accordance with Section 1245.130(a) of this Part;
  - 2) Certification of at least 900 hours of supervised or internship experience as set forth in Section 1245.140 of this Part;
  - 3) Certification from the state or territory of the United States or the foreign country in which the applicant was originally licensed/registered and any location in which the applicant predominantly practices and is currently licensed/registered, stating:
    - A) The time during which the applicant was originally licensed/registered;
    - B) Whether the file of the applicant contains any record of disciplinary actions taken or pending; and
    - C) Examination(s) taken and examination score(s) received;
  - 4) A complete work history since graduation from a baccalaureate or post baccalaureate program; and
  - 5) The required fee as set forth in Section 1245.305.
- b) In lieu of the documents in subsections (a)(1) and (2) above, the applicant may submit a current registration as a "registered dietitian" from the Commission on Dietetic Registration.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- c) An applicant for licensure as a dietitian who is registered/licensed under the laws of another state or territory of the United States or of a foreign country or is a registered dietitian may practice dietetics in this State until:
- 1) The expiration of 6 months after the filing of the written application;
  - 2) The withdrawal of the application; or
  - 3) The denial of the application by the Department.
- d) The applicant shall have the license issued or be notified in writing of the reason for denying the application.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

## SUBPART C: NUTRITION COUNSELOR

Section 1245.210 Application for Examination/Licensure  
EMERGENCY

- a) Pursuant to P.A. 92-0642, the Department will no longer issue a separate license as a nutrition counselor after October 31, 2003.
- 1) No new applications as a nutrition counselor will be accepted by the Department 120 days prior to November 1, 2003.
  - 2) An applicant for a nutrition counselor license prior to that date will be allowed to sit for the October 2003 administration of the nutrition counselor examination; however, a license will not be issued as a nutrition counselor. All applicants no matter where they are in the process will be required to complete 24 hours of continuing education in medical nutrition therapy as set forth in Section 1245.300 prior to the issuance of a dietitian nutritionist license. The 24 hours of continuing education may be waived for an applicant whose education already fulfills the requirements set for in Section 1245.130 as an approved program in dietetics.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

3) [Any person who has not taken and passed the nutrition counselor examination by October 31, 2003, will be required to sit for the CDR examination set forth in Section 1245.120.](#)

b)a) An applicant for examination to obtain licensure as a nutrition counselor shall file an application, on forms provided by the Department, at least 90 days prior to the examination date. The application shall include:

- 1) Certification of education, on forms provided by the Department, and an official transcript indicating the applicant holds one of the following:
  - A) A baccalaureate degree or post baccalaureate degree in human nutrition, food sciences, home economics, biochemistry, physiology or public health granted from a school or program accredited by a [regional](#) ~~an~~ accrediting agency recognized by the [Council on Higher Education Accreditation \(CHEA\) Commission on Recognition of Post-Secondary Accreditation and the United States Department of Education](#); or
  - B) A baccalaureate degree or post baccalaureate degree in an equivalent major course of study recommended by the Board and approved by the Department in accordance with Section 1245.230 of this Part;
- 2) Verification of 900 hours of experience, on forms provided by the Department:
  - A) Prior to July 1, 1995, an applicant shall document 900 hours of employment as a nutrition counselor;
  - B) Experience earned after July 1, 1995, shall be supervised experience as defined in Section 1245.240 of this Part;
- 3) A complete work history since graduation from a baccalaureate program;
- 4) The required fee set forth in Section 1245.305; and
- 5) Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

and the state in which the applicant is currently licensed, if applicable, stating:

- A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
- B) A description of the examination in that jurisdiction; and
- C) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

~~e)b) — An applicant who has filed a completed application with the Department may work under direct supervision as defined in Section 1245.10 of this Part.~~

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

Section 1245.220 Examination  
EMERGENCY

- a) The examination for licensed nutrition counselors shall be the examination authorized by the Department.
- b) The passing score on the examination shall be the passing score of the testing entity.
- c) Applicants who fail the examination 3 times in Illinois or any other jurisdiction shall be required to submit proof to the Department of the completion of 6 semester hours of nutrition course work as set forth in Section 1245.230(a)(6) prior to sitting for the examination a fourth time. An individual who has failed the examination 3 times shall be allowed to work under the direct supervision of an appropriate supervisor as defined in Section 1245.240(a).
- d) The last administration of this examination will be October 2003.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

Section 1245.230 Approved Programs of Nutrition Counselors  
EMERGENCY

~~The Department of Professional Regulation shall approve a program if it meets the following minimum criteria:~~

- a) Is accredited by ~~an~~ a regional accrediting agency recognized by the [Council on Higher Education Accreditation \(CHEA\)](#) ~~Commission on Recognition of Post-Secondary Accreditation and the United States Department of Education~~, or is a foreign program that has been validated by an accrediting agency approved by the U.S. Department of Education as offering a degree equivalent to the baccalaureate or post baccalaureate degree conferred by a regionally accredited college or university in the United States;
- b) Has a sufficient number of full-time instructors to assure that educational obligations to the student are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their area(s) of teaching from professional colleges or institutions;
- c) Has a designated program director;
- d) Maintains permanent student records which summarize the credentials for admission, attendance, grades and other records of performance; and
- e) Either:
  - 1) Grants a baccalaureate or post baccalaureate degree in human nutrition, food sciences, home economics, biochemistry, physiology or public health; or
  - 2) Offers a baccalaureate or post baccalaureate degree with a major course of study that includes all of the following course work:
    - A) Foods and Nutrition - 12 semester hours must include:
      - i) Principles of human nutrition or the equivalent;
      - ii) Principles of food preparation or the equivalent; and

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- iii) Nutrition through the life cycle, applied human nutrition, advanced human nutrition or the equivalent;
  - B) Management - 3 semester hours (such as food service or health systems) or the equivalent;
  - C) Education - 3 semester hours (methods of education, student teaching or the equivalent course work);
  - D) Behavioral Science - 3 semester hours (such as psychology, sociology, counseling or educational psychology) or the equivalent;
  - E) Organic Chemistry or Biochemistry - 3 semester hours or the equivalent; and
  - F) Human Anatomy and Physiology - 3 semester hours or the equivalent.
- f) Individuals who are deficient in any of the courses set forth in subsection (e)(2) above may complete those courses in an approved program.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

Section 1245.250 Endorsement  
EMERGENCY

- a) An applicant who is registered/licensed under the laws of another state or territory of the United States or of a foreign country and who wishes to be licensed in Illinois as a nutrition counselor shall file an application with the Department, on forms provided by the Department, which includes:
  - 1) Certification of a baccalaureate degree or post baccalaureate degree in human nutrition, food sciences, home economics, biochemistry, physiology or public health from a school or program accredited by a regionally accredited ~~an accrediting~~ agency recognized by the Council on Higher Education Accreditation (CHEA) Commission on Recognition of Post-Secondary Accreditation and the United States Department of Education; or in an equivalent major course of study recommended by the

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

Board and approved by the Department in accordance with Section 1245.230 of this Part;

- 2) Certification of at least 900 hours of experience in accordance with Section 1245.240 of this Part;
  - 3) Certification from the state or territory of the United States or the foreign country in which the applicant was originally licensed/registered and any location in which the applicant is currently licensed/registered, stating:
    - A) The time during which the applicant was originally licensed/registered;
    - B) Whether the file of the applicant contains any record of disciplinary actions taken or pending; and
    - C) Examination(s) taken and examination score(s) received;
  - 4) A complete work history; and
  - 5) The required fee as set forth in Section 1245.305.
- b) An applicant for licensure as a nutrition counselor who is registered/licensed under the laws of another state or territory of the United States or of a foreign country may practice in this State until:
- 1) The expiration of 6 months after the filing of the written application;
  - 2) The withdrawal of the application; or
  - 3) The denial of the application by the Department.

~~e) The applicant shall have the license issued or be notified in writing of the reason for denying the application.~~

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

Section 1245.260 Restoration

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

## EMERGENCY

~~a) Any nutrition counselor whose license has expired or has been placed on inactive status for 5 years or less may have the license restored by paying the fees required by Section 1245.305 and providing proof of meeting continuing education requirements of Section 1245.290 of this Part during the 2 years prior to restoration.~~

- b) Any person seeking restoration of a license that has been expired or placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, for review by the Board, together with the fee required by Section 1245.305 and proof of meeting continuing education requirements of Section 1245.290 of this Part during the 2 years prior to restoration. The applicant shall also submit:
- 1) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice;
  - 2) An affidavit attesting to military service as provided in Section 65 of the Act; or
  - 3) Proof of passage of the Department authorized examination for nutrition counselor during the period the license was lapsed or on inactive status.
- c) Any person seeking restoration of a license within 2 years after discharge from military service pursuant to Section 65 of the Act will be required to pay only the current renewal fee and will not be required to submit proof of meeting the continuing education requirements.
- d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee seeking restoration shall be requested to:
- 1) Provide such information as may be necessary; and/or

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- e) Upon the recommendation of the Board and approval of the Director, an applicant shall have the license restored or be notified in writing of the reason for denying the application.
- f) Individuals holding a license as a nutrition counselor applying for restoration of that license 90 days prior to November 1, 2003 or any time thereafter, will be required, in addition to any other requirements for restoration, to complete 24 hours of continuing education which shall be in medical nutrition therapy as set forth in Section 1245.300.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

## SUBPART D: GENERAL

Section 1245.300 Renewal  
EMERGENCY

- a) ~~The first renewal period for licenses issued under the Act shall be October 31, 1997. Thereafter, every license issued under the Act shall expire October 31 of odd-numbered years. For the October 31, 1999 renewal, a licensee will be required to complete 15 hours of continuing education.~~ In order to renew a license, a licensee shall be required to complete 30 hours of continuing education in accordance to Section 1245.310 of this Part. The holder of a license may renew such license during the month preceding the expiration date by paying the required fee.
- b) In order for a licensed nutrition counselor to renew their license for the October 31, 2003 renewal, the licensee will be required to complete and submit proof to the Department of 30 hours of continuing education of which 24 hours shall be in medical nutrition therapy, that includes diet therapy, medical dietetics, clinical nutrition or the equivalent.
  - 1) "Medical nutrition therapy" means the component of nutrition care that deals with interpreting and recommending nutrient needs relative to medically prescribed diets, including, but not limited to, tube feedings,

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

specialized intravenous solutions and specialized oral feedings; food and prescription drug interactions; and developing and managing food service operations whose chief function is nutrition care and providing medically prescribed diets.

- 2) Courses or programs in medical nutrition therapy shall be provided by a continuing education sponsor approved pursuant to Section 1245.310(c) and may only be earned in the following manner:
    - A) Verified attendance at or participation in a medical nutrition therapy program or course that is offered or sponsored by the sponsor; or
    - B) Verified completion of a postgraduate training program (e.g., extern, residency or fellowship programs) or completion of a medical nutrition therapy course that is a part of the curriculum of a regionally accredited college or university.
    - C) No self study courses will be accepted.
  - 3) Proof of continuing education shall be in the form of a certificate of attendance or certificate of completion from an approved sponsor or a transcript from a college or university.
- c) All individuals will be issued a dietitian nutritionist license at the time of renewal.
- d)b) It is the responsibility of each licensee to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee or to renew one's license.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

Section 1245.320 Inactive Status  
EMERGENCY

- a) A licensed dietitian or nutrition counselor who notifies the Department, on forms provided by the Department, may place the license on inactive status and shall be

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

excused from paying renewal fees until he/she notifies the Department in writing of the intention to resume active practice.

- b) Any dietitian or nutrition counselor whose license is on inactive status shall not practice dietetics and shall not use the title "licensed dietitian" or "licensed nutrition counselor" in the State of Illinois. Any person violating this subsection shall be considered to be practicing without a license and shall be subject to the disciplinary provisions of the Act.
- c) Any dietitian or nutrition counselor whose license was on inactive status as of November 1, 2003, will be restored as a dietitian nutritionist. A nutrition counselor will be required to restore in accordance with Section 1245.260.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Environmental Health Practitioner Licensing Act
- 2) Code Citation: 68 Ill. Adm. Code 1247
- 3) Section Numbers:                      Emergency Action:

1247.20	Amendment
1247.25	New Section
1247.55	Amendment
1247.75	Amendment
1247.100	Amendment
- 4) Statutory Authority: Environmental Health Practitioner Licensing Act [225 ILCS 37]
- 5) Effective Date of Amendments: February 19, 2003
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they will expire: These emergency rules are to expire when the proposed rules are adopted.
- 7) Date Filed in Index Department: February 10, 2003
- 8) A copy of the emergency amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: This emergency rulemaking implements P.A. 92-837, creating a new licensure category, an environmental health practitioner in training. Anyone seeking licensure as an EHP in training under the grandfather provisions must make application to the Department by July 1, 2003.
- 10) A Complete Description of the Subjects and Issues Involved: Public Act 92-837, effective August 22, 2002, is the sunset reauthorization of the Environmental Health Practitioner Licensing Act. Among its changes was the creation of a new licensure category, an environmental health practitioner in training; this rulemaking implements this provision. Section 1247.25 sets forth the process for application for licensure as an EHP in training, while Section 1247.55 includes the requirements for supervision of licensed environmental health practitioners in training and environmental health inspectors. Section 1247.75 adds the \$50 application fee for an EHP in training and also decreases the renewal fee for an environmental health practitioner from \$110 per year to \$75 per year. Various other technical changes are also included.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 11) Are there any proposed Amendments to this Part pending: No
- 12) Statement of Statewide Policy Objectives (if applicable): This rulemaking has no impact on local government.
- 13) Information and questions regarding this Amendment shall be directed to:

Department of Professional Regulation  
Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786  
217/785-0813; Fax #: 217/782-7645

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

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

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION  
SUBCHAPTER B: PROFESSIONS AND OCCUPATIONSPART 1247  
ENVIRONMENTAL HEALTH PRACTITIONER LICENSING ACT

## Section

- 1247.10 Application for Licensure as an Environmental Health Practitioner Under Section 21(a) or (b) of the Act (Grandfather) (Repealed)
- 1247.20 Application for Examination/Licensure [as an Environmental Health Practitioner EMERGENCY](#)
- [1247.25 Application for Licensure as an Environmental Health Practitioner in Training EMERGENCY](#)
- 1247.30 Examination
- 1247.40 Approved Programs of Environmental Health Practitioners
- 1247.50 Experience
- 1247.55 ~~Definition of Direct~~ Supervision  
[EMERGENCY](#)
- 1247.60 Endorsement
- 1247.70 Renewal
- 1247.75 Fees  
[EMERGENCY](#)
- 1247.80 Inactive Status
- 1247.90 Restoration
- 1247.100 Continuing Education  
[EMERGENCY](#)
- 1247.110 Granting Variances

AUTHORITY: Implementing the Environmental Health Practitioner Licensing Act [225 ILCS 37] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Adopted at 20 Ill. Reg. 2400, effective January 29, 1996; amended at 21 Ill. Reg. 16038, effective November 24, 1997; amended at 22 Ill. Reg. 15612, effective August 12, 1998; amended at 24 Ill. Reg. 537, effective December 31, 1999; 25 Ill. Reg. 2082, effective January 22, 2001; emergency amendment at 27 Ill. Reg. [3143](#), effective [February 19, 2003](#), for a maximum of 150 days.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

Section 1247.20 Application for Examination/Licensure [as an Environmental Health Practitioner](#)

## EMERGENCY

An applicant for examination to obtain licensure as an environmental health practitioner shall file an application, on forms provided by the Department, at least 90 days prior to the examination date. The application shall include:

- a) Verification, on forms provided by the Department, that the applicant meets one of the following qualifications:
  - 1) Holds a bachelor's degree from an accredited college or university approved by the National Environmental Health Science and Protection Accreditation Council for environmental health curricula or its equivalent as approved by the Department in accordance with Section 1247.40 of this Part;
  - 2) Holds a bachelor's degree from an accredited college or university which included a minimum of 30 semester hours, or the equivalent, of basic sciences approved by the Department in accordance with Section 1247.40 and 12 months of full-time experience as set forth in Section 1247.50; or
  - 3) Holds a master's degree in public health or environmental health science from an accredited college or university if the applicant has completed a minimum of 30 semester or equivalent hours of basic science as approved by the Department in accordance with Section 1247.40;
- b) A complete work history since receipt of a bachelor's degree;
- c) The required fee set forth in Section 1247.75; and
- d) Certification, on forms provided by the Department, from the jurisdiction in which the applicant was originally licensed and the jurisdiction in which the applicant predominantly practices and is currently registered/licensed, if applicable, stating:
  - 1) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
  - 2) A description of the examination in that jurisdiction; and

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 3) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3143, effective February 19, 2003, for a maximum of 150 days)

Section 1247.25 Application for Licensure as an Environmental Health Practitioner in Training  
EMERGENCY

An applicant for licensure as an environmental health practitioner in training shall file an application, on forms provided by the Department.

- a) Pursuant to Section 21 of the Act a person who, on August 22, 2002, was certified by his or her employer as serving as a sanitarian or environmental health practitioner in environmental health practice in this State may be issued a license as an environmental health practitioner in training upon filing an application by July 1, 2003. The application shall be filed with the Department on forms supplied by the Department and shall include:
  - 1) A work history for the last 10 years;
  - 2) Verification of employment signed by the supervisor; and
  - 3) The required fee set forth in Section 1247.75.
- b) Individuals applying for a environmental health practitioner in training license, except for those qualified pursuant to subsection (a), shall file an application with the Department, on forms provided by the Department, that the applicant meets one of the following qualifications:
  - 1) Verification
    - A) Holds a bachelor's degree from an accredited college or university approved by the National Environmental Health Science and Protection Accreditation Council for environmental health curricula or its equivalent as approved by the Department in accordance with Section 1247.40 of this Part;
    - B) Holds a bachelor's degree from an accredited college or university which included a minimum of 30 semester hours, or the equivalent,

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

of basic sciences approved by the Department in accordance with Section 1247.40; or

- C)  Holds a master's degree in public health or environmental health science from an accredited college or university if the applicant has completed a minimum of 30 semester or equivalent hours of basic science as approved by the Department in accordance with Section 1247.40;
- 2)  A complete work history since receipt of a bachelor's degree;
- 3)  The required fee set forth in Section 1247.75; and
- 4)  Certification, on forms provided by the Department, from the jurisdiction in which the applicant was originally licensed and the jurisdiction in which the applicant predominantly practices and is currently registered/licensed, if applicable, stating:
- A)  The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
- B)  A description of the examination in that jurisdiction; and
- C)  Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- c)  An environmental health practitioner in training license will be issued for 3 years. If a person has not passed an examination within the 3 years, an applicant may request an extension.
- 1)  The applicant shall request an extension in writing stating the reasons for the extension and shall pay the required fee.
- 2)  Upon the recommendation of the Board and approval by the Department, environmental health practitioner in training license shall be extended, not to exceed 3 years, for the following reasons:
- A)  Service in the military;

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- B) Incapacitating illness and/or hospitalization verified by a physician; or
  - C) Other extenuating circumstances.
- 3) In no instance can an environmental health practitioner in training license be extended that would allow an environmental health practitioner in training to practice more than 6 years.

(Source: Added by emergency rulemaking at 27 Ill. Reg. 3143, effective February 19, 2003, for a maximum of 150 days)

Section 1247.55 ~~Definition of Direct~~ Supervision  
EMERGENCY

- a) A licensed environmental health practitioner in training or an environmental health inspector may perform the duties and functions of environmental health practice under the supervision of a licensed environmental health practitioner or licensed professional engineer.
- b) A licensed environmental health practitioner or a licensed professional engineer may serve as a supervisor to any licensed environmental health practitioner in training or environmental health inspector. The supervisor shall fulfill the minimum supervisor requirements, including but not limited to:
  - 1) being available for consultation on a daily basis;
  - 2) reviewing and advising on law enforcement proceedings; and
  - 3) evaluating the practice of environmental health performed by the licensed environmental health practitioner in training or the environmental health inspector.
- c) A licensed environmental health practitioner or licensed professional engineer is responsible for assuring that a licensed environmental health practitioner in training or environmental health inspector that he or she is supervising properly engages in the practice of environmental health. (Section 23 of the Act)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

~~A person can perform the functions and duties of an environmental health practitioner under the direct supervision of a licensed environmental health practitioner or licensed professional engineer if that person is not responsible for the administration or supervision of one or more employees engaged in an environmental health program. (Section 16(1) of the Act)~~

- a) ~~Pursuant to Section 16(1) of the Act, the term “direct supervision” means that a licensed environmental health practitioner or licensed professional engineer shall be responsible for all actions of the unlicensed exempt individual in the performance of his/her duties.~~
- b) ~~The supervisor shall be responsible for, but not be limited to, the following:~~
  - 1) ~~Conducting performance evaluations on the technical application of environmental health practices;~~
  - 2) ~~Documenting that the work performed by the exempt individual has been reviewed on a routine basis;~~
  - 3) ~~Documenting that routine communication regarding environmental health practices has taken place between the supervisor and the exempt individual.~~

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3143, effective February 19, 2003, for a maximum of 150 days)

Section 1247.75 Fees  
EMERGENCY

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

- a) Application Fees
  - 1) The fee for application for a license as an environmental health practitioner is \$100. In addition, applicants for an examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant’s eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant’s application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 2) The fee for application as a continuing education sponsor is \$500. State colleges, universities, and State agencies are exempt from payment of this fee.
  - 3) [The fee for an application for an environmental health practitioner in training shall be \\$50.](#)
- b) Renewal Fees
- 1) The fee for the renewal of a license shall be calculated at the rate of ~~\$110~~ [\\$75](#) per year.
  - 2) The fee for renewal of continuing education sponsor approval is \$250 for the renewal period (see Section 1247.100(c)(7)).
  - 3) [The fee for an extension of an environmental health practitioner in training shall be \\$35.](#)
- c) General Fees
- 1) The fee for the restoration of a license other than from inactive status is \$20 plus payment of all lapsed renewal fees, not to exceed \$600.
  - 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license which has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is \$20. No fee is required for name and address changes on Department records when no duplicate license is issued.
  - 3) The fee for a certification of a licensee's record for any purpose is \$20.
  - 4) The fee to have the scoring of an examination administered by the Department reviewed and verified is \$20, plus any fee charged by the testing service.
  - 5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.
  - 6) The fee for a roster of persons licensed as environmental health practitioners in this State shall be the actual cost of producing the roster.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3143, effective February 19, 2003, for a maximum of 150 days)

Section 1247.100 Continuing Education  
EMERGENCY

- a) Continuing Education Hours Requirements
  - 1) ~~In Beginning with the April 30, 2000 renewal and every renewal thereafter~~ ~~in~~ order to renew a license as an environmental health practitioner, a licensee shall be required to complete 20 hours of continuing education (CE) relevant to the practice of environmental health.
  - 2) A prerenewal period is the 24 months preceding April 30 of each even-numbered year.
  - 3) One CE hour shall equal 60 minutes of attendance. After completion of the initial CE hour, credit may be given in one-half hour increments.
  - 4) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.
  - 5) Environmental health practitioners licensed in Illinois but residing and practicing in other states shall comply with the CE requirements set forth in this Section.
  - 6) Continuing education credit hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois.
- b) Approved Continuing Education (CE)
  - 1) CE hours shall be earned by verified attendance (e.g., certificate of attendance or certificate of completion) at or participation in a program or course (program) that is offered or sponsored by an approved continuing education sponsor meeting the requirements set forth in subsection (c) below, except for those activities provided in subsections (b)(2), (3), (4) and (5) below.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 2) A maximum of 10 CE credits per prerenewal period may be earned for completion of a correspondence course that is offered by an approved sponsor who meets the requirements set forth in subsection (c) below. Each correspondence course shall include an examination.
  - 3) CE credit may be earned through postgraduate training programs (e.g., extern, residency or fellowship programs) or completion of environmental health related courses that are a part of the curriculum of a college, university or graduate school. Courses that are part of the curriculum of a university, college or other educational institution shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 CE hours for each quarter hour of school credit awarded.
  - 4) CE credit may be earned for verified teaching in the field of environmental health in an accredited college, university or graduate school and/or as an instructor of continuing education programs given by approved sponsors. Credit will be applied at the rate of 2 hours for every hour taught and only for the first presentation of the program (i.e., credit shall not be allowed for repetitious presentations of the same program). A maximum of 10 hours of CE credit may be obtained in this category per prerenewal period.
  - 5) CE credit may be earned for authoring papers, publications, dissertations or books and for preparing presentations and exhibits in the field of environmental health. The preparation of each published paper, book chapter or professional presentation dealing with environmental health may be claimed as 5 hours of credit. A presentation must be before an audience of professionals. Five credit hours may be claimed for only the first time the information is published or presented.
- c) Approved CE Sponsors and Programs
- 1) Sponsor, as used in this Section, shall mean:
    - A) American Association of Safety Engineers
    - B) American Public Health Association
    - C) American Society of Safety Engineers
    - D) Associated Illinois Milk, Food and Environmental Sanitarians
    - E) Association of Food and Drug Officials
    - F) Conference for Food Protection
    - G) Illinois Association of Local Environmental Health Administrators

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- H) Illinois Association of Ground Water Professionals
  - I) Illinois Association of Public Health Administrators
  - J) Illinois Environmental Health Association and Affiliates
  - K) Illinois Public Health Association
  - L) International Association of Milk, Food, and Environmental Sanitarians
  - M) Interstate Shellfish Shippers Conference
  - N) National Conference of Interstate Milk Shippers
  - ~~O) Illinois Association of Environmental Health Administrators~~
  - ~~O)P) National Environmental Health Association and Affiliates~~
  - ~~P)Q) National Restaurant Association and Educational Foundation~~
  - ~~Q)R) National Sanitation Foundation International~~
  - ~~R)S) North Central Association of Food and Drug Officials~~
  - ~~S)T) Underwriters Laboratory~~
  - ~~T)U) State and federal agencies~~
  - ~~U)V) Any other accredited school, college or university, or any other person, firm, or association, who applies pursuant to subsection (2) below and has been approved and authorized by the Department to coordinate and present continuing education courses and programs in conjunction with this Section.~~
- 2) An entity seeking approval as a CE sponsor shall submit an application, on forms supplied by the Department, along with the application fee specified in Section 1247.75. The application shall include:
- A) Certification:
    - i) That all programs offered by the sponsor for CE credit shall comply with the criteria in subsection (c)(3) below and all other criteria in this Section;
    - ii) That the sponsor shall be responsible for verifying full-time continuous attendance at each program and provide a certificate of attendance as set forth in subsection (c)(9) below;
    - iii) That, upon request by the Department, the sponsor shall submit evidence (e.g., certificate of attendance or course material) as is necessary to

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

establish compliance with this Section. Evidence shall be required when the Department has reason to believe that there is not full compliance with the statute and this Part and that this information is necessary to ensure compliance;

- B) A copy of a sample program, including course materials, syllabi and a list of facility.
- 3) All programs shall:
- A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in practice of environmental health;
  - B) Foster the enhancement of general or specialized practice and values of environmental health;
  - C) Be developed and presented by persons with education and/or experience in the subject matter of the program;
  - D) Specify the course objectives, course content and teaching methods to be used; and
  - E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
- 4) Each CE program shall provide a mechanism for evaluation of the program and instructor to be completed by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor shall review together the evaluation outcome and revise subsequent programs accordingly.
- 5) An approved sponsor may subcontract with individuals and organizations to provide approved programs. All advertising, promotional materials, and certificates of attendance must identify the licensed sponsor and the sponsor's license number. The presenter of the program may also be identified, but should be

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

identified as a presenter. When a licensed sponsor subcontracts with a presenter, the licensed sponsor retains all responsibility for monitoring attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.

- 6) All programs given by approved sponsors shall be open to all licensed environmental health practitioners and not be limited to members of a single organization or group.
- 7) To maintain approval as a sponsor, each sponsor shall submit to the Department by April 30 of each even numbered year a renewal application, the fee specified in Section 1247.75 and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.
- 8) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:
  - A) The name, address and license number of the sponsor;
  - B) The name and address of the participant;
  - C) A brief statement of the subject matter;
  - D) The number of hours attended in each program;
  - E) The date and place of the program; and
  - F) The signature of the sponsor.
- 9) The sponsor shall maintain attendance records for not less than 5 years.
- 10) The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- 11) Upon the failure of a sponsor to comply with any of the requirements of this Section, the Department, after notice to the sponsor and hearing before the Board and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE credit attendance at or participation in any of that sponsor's CE programs until such time as the Department receives assurances of compliance with this Section.
  - 12) Notwithstanding any other provision of this Section, the Department or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with requirements of this Section.
- d) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b) above.
  - 2) The Department may require additional evidence demonstrating compliance with the CE requirements (e.g., certificate of attendance). This additional evidence shall be required in the context of the Department's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.
  - 3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].
- e) Continuing Education Earned in Other Jurisdictions
- 1) If a licensee has earned CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a \$25 processing fee, prior to participation in the program or

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

within 90 days of expiration of the license. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3) of this Section.

- 2) If a licensee fails to submit an out of state CE approval form within the required time frame, late approval may be obtained by submitting the approval request form with the \$25 processing fee plus a \$10 per hour late fee not to exceed \$150. The Board shall review and recommend approval and disapproval of the program using the criteria set forth in subsection (c)(3) of this Section.
- f) Restoration of Nonrenewed License. Upon satisfactory evidence of compliance with CE requirements, the Department shall restore the license upon payment of the required fee as provided in Section 1247.75.
- g) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Department a renewal application along with the required fee set forth in Section 1247.75, a statement setting forth the facts concerning non-compliance and request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Department, upon the written recommendation of the Board, finds from such affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Department shall waive enforcement of CE requirements for the renewal period for which the applicant has applied.
  - 2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
    - A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;
    - B) An incapacitating illness documented by a statement from a currently licensed physician;

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF EMERGENCY AMENDMENTS

- C) A physical inability to travel to the sites of approved programs documented by a currently licensed physician; or
  - D) Any other similar extenuating circumstances.
- 3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Department.

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 3143, effective February 19, 2003, for a maximum of 150 days)

## DEPARTMENT OF PUBLIC HEALTH

## AGENCY RESPONSE TO JCAR OBJECTION TO PROPOSED RULES

Date: January 27, 2003

Agency: Department of Public Health

Heading of the Part: Plumbing Contractor Registration Code

Code Citation: 77 Ill. Adm. Code 894

Register Citation: 26 Ill. Reg. 5070; April 5, 2002

If rulemaking will be initiated, date notice of rulemaking was, or is expected to be, published in the Illinois Register: Rulemaking will not be initiated in response to this objection.

Agency Response to Specific Joint Committee Objections:

The Department accepts the Joint Committee's objection to the Department's rules entitled "Plumbing Contractor Registration Code" (77 Ill Adm. Code 894). The objection states that the Department allowed a gap to occur between the August 17, 2002 expiration of emergency rules requiring plumbing contractors to register with the Department and the adoption of permanent rules. The Department will adopt the rules immediately.

John R. Lumpkin, M.D.  
Director of Public Health

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF CORRECTIONS TO NOTICE ONLY

- 1) Heading of the Part: Brownfields Redevelopment Grant Program
- 2) Code Citation: 35 Ill. Adm. Code 885
- 3) The Notice of Proposed Amendments being corrected appeared at 27 Ill. Reg. 37, dated January 3, 2003.
- 4) The information being corrected is as follows:

In number 11 on the Notice of Proposed Amendments, the date by which comments on this proposed rulemaking must be submitted should be February 18, 2003.

Also in number 11, the telephone number for the contact person should be included. That phone number is: 217-782-5544. The rest of the information for the contact person is correct.

Number 12A should include the following statement: "No small businesses or not-for-profit corporations are affected by these proposed amendments."

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

NOTICE OF RECOMMENDATION TO EMERGENCY RULEMAKING

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Heading of the Part: The Travel Regulation Council

Code Citation: 80 Ill. Adm. Code 3000

Section Numbers: 3000.300

Date Originally Published in the Illinois Register: 1/10/03  
27 Ill. Reg. 557

At its meeting on February 4, 2003, the Joint Committee on Administrative Rules considered the above cited emergency rulemaking and recommends that CMS seek legislation to amend Section 12-2(b) of the State Finance Act and any collateral statutes to specify the allowable effective date of reductions in travel reimbursement rates.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

NOTICE OF OBJECTION TO EMERGENCY RULEMAKING

DEPARTMENT OF PROFESSIONAL REGULATION

Heading of the Part: Perfusionist Practice Act

Code Citation: 68 Ill. Adm. Code 1335

Section Numbers: 1335.30

Date Originally Published in the Illinois Register: 1/10/03  
27 Ill. Reg. 576

At its meeting on February 4, 2003, the Joint Committee on Administrative Rules objected to the emergency rulemaking titled Perfusionist Practice Act (68 Ill. Adm. Code 1335; 27 Ill. Reg. 576) because the rule violates Section 60 of the Perfusionist Practice Act by extending the statutory threshold during which perfusionists can be grandfathered for licensure.

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.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of February 4, 2003 through February 10, 2003 and have been scheduled for review by the Committee at its March 11, 2003 meeting in Springfield. 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
3/20/03	<u>Department of Professional Regulation,</u> Professional Boxing and Wrestling Act (68 Ill. Adm. Code 1370)	12/13/02 26 Ill. Reg. 17639	3/11/03
3/21/03	<u>Department of Nuclear Safety,</u> Standards for Protection Against Radiation (32 Ill. Adm. Code 340)	12/2/02 26 Ill. Reg. 17032	3/11/03
3/21/03	<u>Department of Central Management Services,</u> Pay Plan (80 Ill. Adm. Code 310)	11/8/02 26 Ill. Reg. 16351	3/11/03

## OFFICE OF THE ATTORNEY GENERAL

## JANUARY 2003 REGULATORY AGENDA

- a) Parts (heading and code citation): 14 Ill. Adm. Code 400 and 480
- 1) Rulemaking:
- A) Description: The proposed rules will address the procedures and methods by which persons and entities required to make filings under the Charitable Trust Act and the Solicitation For Charity Act can make such filings in whole or in part by electronic methods, including but not limited to Internet transmissions and/or e-mail submissions. Among the matters to be addressed will be methods of verification and signature, methods of electronic payment, and/or the use of separate transmissions and mailings that adopt electronic filings by reference. The rules may concern all types of filings under these Acts.
- B) Statutory Authority: Charitable Trust Act (760 ILCS 55/7)  
Solicitation For Charity Act (225 ILCS 460/4)
- C) Scheduled meeting/hearing date: None
- D) Date agency anticipates First Notice: June, 2003
- E) Effect on small businesses, small municipalities or not for profit corporation: The rules place no burdens, but instead will allow an easier method of making filings currently required.
- F) Agency contact person for information:
- Name: Floyd Perkins, Chief  
Address: Charitable Trust Bureau  
Office of the Attorney General  
100 West Randolph Street, 11<sup>th</sup> floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2533
- G) Related rulemaking and other pertinent information: None
- b) Part (Heading and Code Citation): Motor Vehicle Advertising, 14 Ill. Admin. Code Section 475
- 1) Rulemaking: Proposed Amendment

## OFFICE OF THE ATTORNEY GENERAL

## JANUARY 2003 REGULATORY AGENDA

- A) Description: These amendments are being developed in response to certain concerns regarding motor vehicle advertising practices, which concerns arose subsequent to the first notice of proposed amendments published on November 22, 2002. Section 475.530 provides, among other things, that it is an unfair or deceptive act to advertise cash rebates on the condition of the purchase or lease of a vehicle unless the rebate is offered through a manufacturer's rebate program. Some have attempted to circumvent the rule by the use of manufacturer's rebate programs that require financial participation by the dealer. The contemplated change to the rule would make clear that advertisements can only refer to rebate programs that are funded solely by the manufacturer. Section 475.530 also provides that it is an unfair or deceptive act for any dealer to advertise a price wherein rebates have been deducted unless every consumer seeking to purchase the advertised vehicle may purchase the vehicle at the advertised price. The proposed amendment would make it clear that it is always an unfair or deceptive act to advertise a price wherein limited rebates have been deducted, regardless of the entity responsible for the advertisement.
- B) Statutory Authority: Implementing Sections 2 and 3 and authorized by Section 4 of the Consumer Fraud and Deceptive Business Practices Act (815 ILCS 505/2, 3 and 4).
- C) Scheduled meeting/hearing date: None.
- D) Date agency anticipates First Notice: February, 2003.
- E) Effect on small businesses, small municipalities or not for profit corporation: Small businesses such as automobile dealerships, advertising agencies and others responsible for automobile advertisements will need to familiarize themselves with the changes, but there are no new forms, record keeping or other administrative requirements. The rules should not affect municipalities or not for profit corporations.
- F) Agency contact person for information:
- Name: Patricia Kelly, Chief  
Consumer Protection Division
- Address: Office of the Attorney General

## OFFICE OF THE ATTORNEY GENERAL

## JANUARY 2003 REGULATORY AGENDA

100 W. Randolph St., Room 12-157

Chicago, Illinois 60601

Telephone: (312) 814-3749

- G) Related rulemakings and other pertinent information: First Notice of Proposed Amendments published on November 22, 2002 at 26 Ill. Reg. 16880.
- c) Part (Heading and Code Citation): Statewide Automated Victim Notification System, 20 Ill. Adm. Code 2000
- 1) Rulemaking: Proposed rules
- A) Description: The proposed rules will address the implementation of and participation in a statewide automated victim notification system to assist public officials in carrying out their duties to notify and inform crime victims and witnesses. The rules will set out the scope and design of the system and the procedures, requirements, and standards for participation.
- B) Statutory Authority: Rights of Crime Victims and Witness Act (725 ILCS 120/8.5).
- C) Scheduled meeting/hearing date: None
- D) Date agency anticipates First Notice: April, 2003
- E) Effect on small businesses, small municipalities or not for profit corporation: The rules should not affect small businesses, small municipalities or not for profit corporations.
- F) Agency contact person for information:
- Name: Kimberly Pate Godden, Chief  
Crime Victim Services Division
- Address: Office of the Attorney General  
100 West Randolph Street, 11<sup>th</sup> floor  
Chicago, Illinois 60601
- Telephone: (312) 814-1427
- G) Related rulemakings and other pertinent information: None

## OFFICE OF THE ATTORNEY GENERAL

## JANUARY 2003 REGULATORY AGENDA

- d) Part (Heading and Code Citation): This will be a new part to be headed "Crime Victims Compensation" and assigned to 74 Ill. Adm. Code 500.
- 1) Rulemaking: Proposed Rules
    - A) Description: The Attorney General intends to propose rules to implement the Crime Victims Compensation Act (740 ILCS 45). The rules will cover such matters as outreach, applications, extensions, claim investigation and approval, appeals, representation, subrogation, and enforcement.
    - B) Statutory Authority: Section 4.1 of the Crime Victims Compensation Act (740 ILCS 45/4.1).
    - C) Scheduled meeting/hearing date: None
    - D) Date agency anticipates First Notice: April, 2003
    - E) Effect on small businesses, small municipalities or not for profit corporation: Allows not for profit legal agencies to fully understand the OAG's investigative process when such agencies represent claimants under the Act.
    - F) Agency contact person for information:

Name: Kimberly Pate Godden, Chief  
Crime Victim Services Division

Address: Office of the Attorney General  
100 West Randolph Street, 11<sup>th</sup> floor  
Chicago, Illinois 60601

Telephone: (312) 814-1427
    - G) Related rulemakings and other pertinent information: None
- e) Part (Heading and Code Citation): Illinois Estate and Generation-Skipping Transfer Tax Act, 86 Ill. Admin. Code 2000
- 1) Rulemaking: Proposed amendment.

## OFFICE OF THE ATTORNEY GENERAL

## JANUARY 2003 REGULATORY AGENDA

- A. Description: The Attorney General has prescribed a form for the filing of tax returns by publishing a copy of the form in the Appendix to Part 2000. The form needs to be updated, and the Attorney General proposes to delete the actual form and replace it with a listing of the required elements of the form that may be met by using a form provided by the Attorney General or another form that contains the same information.
- B. Statutory Authority: Implementing Section 6(f) and authorized by Section 16 of the Illinois Estate and Generation-Skipping Transfer Tax Act (35 ILCS 405/6(f) and 16).
- C. Scheduled meeting/hearing date: None.
- D. Date agency anticipates First Notice: February, 2003
- E. Effect on small businesses, small municipalities or not for profit corporation: None.
- F. Agency contact person for information:
- Name: John R. Simpson  
Address: Revenue Litigation Bureau  
Office of the Attorney General  
500 S. Second Street  
Springfield, Illinois 62706  
Telephone: (217) 782-3939
- G. Related rulemakings and other pertinent information: None.

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ILLINOIS STATE FIRE MARSHAL  
DECEMBER 2002 REGULATORY AGENDA

- a) Part(s): 41 Ill. Adm. Code (New Part)
- 1) Rulemaking: Licensing of Petroleum Equipment Contractors
    - A) Description: Rules to implement new statute
    - B) Statutory Authority: P.A. 92-618
    - C) Schedule meeting/hearing date: None scheduled
    - D) Date agency anticipates First Notice: February 15, 2003
    - E) Affect on small businesses, small municipalities or not for profit corporations: The rules will require petroleum equipment contractors to have licenses issued by the Office of the State Fire marshal for person who perform work on Underground Storage Tanks systems.
    - F) Agency contact person for information:  
John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031
    - G) Related rulemakings and other pertinent information: None
- b) Part(s): 41 Ill. Adm. Code (New Part)
- 1) Rulemaking: Licensing of Fire Sprinkler Contractors
    - A) Description: Rules to implement new statute
    - B) Statutory Authority: P.A. 92-0871
    - C) Schedule meeting/hearing date: P.A. 92-871
    - D) Date agency anticipates First Notice: March 15, 2003
    - E) Affect on small businesses, small municipalities or not for profit corporations: Sprinkler contractors will be required to have a license and certain

## ILLINOIS STATE FIRE MARSHAL

## DECEMBER 2002 REGULATORY AGENDA

qualifications as set out in the statute. Owners and lessees of buildings with sprinklers will have to utilize only licensed contractors.

F) Agency contact person for information:

John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031

G) Related rulemakings and other pertinent information: Nonec) Part(s):41Ill. Adm. Code (New Part)1) Rulemaking: Licensing of Elevator Contractors Inspectors and Mechanics.A) Description:Procedural rules for licensing and discipline.B) Statutory Authority: P.A. 92-873C) Schedule meeting/hearing date: NoneD) Date agency anticipates First Notice: April 1, 2003E) Affect on small businesses, small municipalities or not for profit corporations:

Elevator contractors and certain employees will have to meet certain standards and have appropriate licenses to engage in work on elevators and other machinery as specified in the Act. Building owners and lessees will have to have the work performed by licensed parties.

F) Agency contact person for information:

John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031

G) Related rulemakings and other pertinent information: Noned) Part(s):41Ill. Adm. Code\_120

## ILLINOIS STATE FIRE MARSHAL

## DECEMBER 2002 REGULATORY AGENDA

- 1) Rulemaking: Boiler and Pressure Vessel Safety
  - A) Description: Update standards.
  - B) Statutory Authority: Sections 2 and 2.1 of the Boiler and Pressure Vessel Safety Act [430 ILCS 75/2 and 2.1].
  - C) Schedule meeting/hearing date: The Board of Boiler and Pressure Vessel Safety generally discusses updating of their rules at the March meeting which will take place on March 5, 2003.
  - D) Date agency anticipates First Notice: April 15, 2003
  - E) Affect on small businesses, small municipalities or not for profit corporations: There should be little impact on small businesses as the adoption of these national standards apply to new boilers and pressure vessels and allow the users to obtain new objects that are already made to the newer codes.
  - F) Agency contact person for information:  
David Douin, Superintendent of Boiler Safety  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1008
  - G) Related rulemakings and other pertinent information: None
- e) Part(s): 41 Ill. Adm. Code 140
  - 1) Rulemaking: Policy and Procedures Manual for Fire Protection Personnel.
    - A) Description: Updating of standards, new certification levels, and reimbursement hours.
    - B) Statutory Authority: 50 ILCS 740
    - C) Schedule meeting/hearing date: None
    - D) Date agency anticipates First Notice: March 15, 2003

## ILLINOIS STATE FIRE MARSHAL

## DECEMBER 2002 REGULATORY AGENDA

- E) Affect on small businesses, small municipalities or not for profit corporations:  
None. These programs are voluntary for local governments.
- F) Agency contact person for information:  
John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031
- G) Related rulemakings and other pertinent information: None.
- f) Part(s):41Ill. Adm. Code 171
- 1) Rulemaking: Compliance Certification for Underground Storage Tanks
- A) Description: Updating and some amendments.
- B) Statutory Authority: 430 ILCS 15/3.5
- C) Schedule meeting/hearing date: None
- D) Date agency anticipates First Notice: March 1, 2003
- E) Affect on small businesses, small municipalities or not for profit corporations:  
Th Office does not believe that there will be an impact on small businesses, municipalities or not-for-profit corporations.
- F) Agency contact person for information:  
  
John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031
- G) Related rulemakings and other pertinent information: None
- g) Part(s):41Ill. Adm. Code 170
- 1) Rulemaking: STORAGE, TRANSPORTATION, SALE AND USE OF

## ILLINOIS STATE FIRE MARSHAL

## DECEMBER 2002 REGULATORY AGENDA

## PETROLEUM AND OTHER REGULATED SUBSTANCES

- A) Description: Recodification. Following adoption of amendments proposed on November 1, 2002, Part 170 will be recodified into several parts. Eligability and Deducatability for access to the Underground Storage Tank Fund will also be introduced.
- B) Statutory Authority: 50 ILCS 15/2
- C) Schedule meeting/hearing date: None
- D) Date agency anticipates First Notice: March 15, 2003
- E) Affect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:  
John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031
- G) Related rulemakings and other pertinent information: None.
- h) Part(s): 41Ill. Adm. Code 171

Rulemaking: COMPLIANCE CERTIFICATION FOR UNDERGROUND STORAGE TANKS

- A) Description: Amendments to part dealing with inspections and issuance of certificates
- B) Statutory Authority: 50 ILCS 15/2
- C) Schedule meeting/hearing date: None
- D) Date agency anticipates First Notice: March 15, 2003

ILLINOIS STATE FIRE MARSHAL

DECEMBER 2002 REGULATORY AGENDA

E) Affect on small businesses, small municipalities or not for profit corporations:  
None.

F) Agency contact person for information:  
John J. Pavlou, Chief Counsel  
1035 Stevenson Dr.  
Springfield, IL 62703  
217/785-1031

G) Related rulemakings and other pertinent information: None.

STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

## JANUARY 2003 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citation): Rules of Practice – Nature and Requirements of Formal Hearings (80 Ill. Adm. Code 1600.80)

1) Rulemaking: No docket number presently assigned.

A) Description: Revisions to SURS' administrative hearing rule, including representation, discovery, evidentiary issues, and other procedural issues.

B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.

D) Date agency anticipates First Notice: May 2003

E) Effect on small businesses, small municipalities or not for profit corporations: None.

F) Agency contact person for information:

Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877

G) Related rulemakings and other pertinent information:

- b) Part(s) (Heading and Code Citation): Concurrent Service Adjustments (Ill. Adm. Code 1600.123)

1) Rulemaking: No docket number presently assigned.

A) Description: Implementing a rule that would allow the adjustment of the average percent time worked calculations done with respect to concurrent service under Section 15-134.1.

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STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

JANUARY 2003 REGULATORY AGENDA

- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: May 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:
- Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877
- G) Related rulemakings and other pertinent information:
- c) Part(s) (Heading and Code Citation): Dependency of Beneficiaries (80 Ill. Adm. Code 1600.20)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: Modification of current dependency rule to clarify elements of dependency and the burden of proof.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.

STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

JANUARY 2003 REGULATORY AGENDA

D) Date agency anticipates First Notice: May 2003

E) Effect on small businesses, small municipalities or not for profit corporations: None.

F) Agency contact person for information:

Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877

G) Related rulemakings and other pertinent information:

d) Part(s) (Heading and Code Citation): Definitions. (Ill. Adm. Code 1600.10)

1) Rulemaking: No docket number presently assigned.

A) Description: Prepare a definition of “unmarried” under Section 15-145(c) that includes never married, as well as divorced persons, and update the statutory citation.

B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15.

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.

D) Date agency anticipates First Notice: May 2003

E) Effect on small businesses, small municipalities or not for profit corporations: None.

F) Agency contact person for information:

Name: Dan M. Slack, General Counsel

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STATE UNIVERSITIES RETIREMENT SYSTEM  
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JANUARY 2003 REGULATORY AGENDA

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- G) Related rulemakings and other pertinent information: 80 Ill. Adm. Code 1600.10 Definitions states: Unless the context requires a different meaning, terms used in these rules shall be defined and interpreted in accordance with the Illinois Pension Code, Ill. Rev. Stat. 1985, ch. 108 ½, par. 15-101 et seq.
- e) Part(s) (Heading and Code Citation): Debt collection. (80 Ill. Adm. Code 1600.135)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: SURS has been exempted from the Debt Collection Board. SURS will promulgate rules as to its debt collection practices.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: May 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:
- Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
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STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

JANUARY 2003 REGULATORY AGENDA

G) Related rulemakings and other pertinent information:

f) Part(s) (Heading and Code Citation): Overpayment Recovery. (Ill. Adm. Code 1600.137)

1) Rulemaking: No docket number presently assigned.

A) Description: SURS will establish rules to clarify under Section 15-185 the ability of the System to deduct from benefits, refunds, and credits payable, to recover amounts owed to the System.

B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.

D) Date agency anticipates First Notice: May 2003

E) Effect on small businesses, small municipalities or not for profit corporations: None.

F) Agency contact person for information:

Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877

G) Related rulemakings and other pertinent information:

g) Part(s) (Heading and Code Citation): Beneficiary Designations; Powers of Attorney. (Ill. Adm. Code 1600.25)

1) Rulemaking: No docket number presently assigned.

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STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

JANUARY 2003 REGULATORY AGENDA

- A) Description: SURS will promulgate a rule that clarifies the effectiveness of a beneficiary designation on file with the System. This rule will also describe when agents under a Power of Attorney are authorized to sign beneficiary designation forms and transact other business with the System.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: May 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:
- Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877
- G) Related rulemakings and other pertinent information:
- h) Part(s) (Heading and Code Citation): QILDRO (Ill. Adm. Code 1600.151)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: Revision to the current QILDRO rule in order to explain the effect of an incomplete QILDRO or errors in the QILDRO received by the System. This revision will also include creating a QILDRO form to work with the defined contribution Self-Managed Plan.

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STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

JANUARY 2003 REGULATORY AGENDA

- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: May 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:
- Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877
- G) Related rulemakings and other pertinent information:
- i) Part(s) (Heading and Code Citation): Election to Make Contributions Covering Leave of Absence at Less Than 50% Pay (80 Ill. Adm. Code 1600.40)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: Revision to the current rule to refer to the “effective rate” of interest instead of the “prescribed rate” under paragraph c. Also change the heading to read: Election to Make Contributions Covering Eligible Leave of Absence.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.

STATE UNIVERSITIES RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS

JANUARY 2003 REGULATORY AGENDA

- D) Date agency anticipates First Notice: May 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:
- Name: Dan M. Slack, General Counsel  
Address: State Universities Retirement System  
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Telephone: (217) 378-8877

G) Related rulemakings and other pertinent information:

j. Part(s) (Heading and Code Citation): Sick Leave Accrual Schedule (Ill. Adm. Code 1600.60)

- 1) Rulemaking: No docket number presently assigned.
- A) Description: A rule will be put into place implementing Section 15-113.4 to set forth the sick leave accrual schedule.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: May 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:
- Name: Dan M. Slack, General Counsel

STATE UNIVERSITIES RETIREMENT SYSTEM  
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Address: State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
Telephone: (217) 378-8877

G) Related rulemakings and other pertinent information:

## OFFICE OF BANKS AND REAL ESTATE

## NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Real Estate License Act of 2000
- 2) Code Citation: 68 Ill. Adm. Code 1450
- 3) 

<u>Section Numbers</u>	<u>Proposed Action:</u>
1450.10	Amendment
1450.95	Amendment
1450.105	Amendment
1450.110	Amendment
1450.115	Amendment
1450.140	Amendment
1450.160	Amendment
1450.165	Amendment
1450.175	Amendment
1450.200	Amendment
1450.205	Amendment
1450.220	Amendment
1450.225	Amendment
1450.246	New
1450.266	New
1450.270	Repeal
1450.275	Amendment
1450.276	New
1450.277	New
1450.278	New
1450.280	Amendment
1450.285	Amendment
1450.286	New
1450.287	New
1450.288	New
1450.290	Amendment
1450.295	Amendment
1450.300	Repeal
1450.305	Amendment
1450.310	Repeal
1450.315	Amendment
- 4) Date Notice of Proposed Amendments Published in the Illinois Register:

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

27 Ill. Reg. 937 January 13, 2003

- 5) Reason for the Withdrawal: Technical problems required modification.

# ILLINOIS ADMINISTRATIVE CODE

## Issue Index

Rules acted upon in Volume 27, Issue 8 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquires about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

### PROPOSED RULES

89 - 377	2755
89 - 407	2765
77 - 2090	2829
17 - 2030	2835
68 - 1245	2844
68 - 1247	2846
77 - 250	2848

### ADOPTED RULES

89 - 121	2889
77 - 1100	2904
77 - 1110	2916
77 - 1120	2960
77 - 1130	2976
89 - 140	3041
77 - 894	3063
77 - 905	3074

### EMERGENCY RULES

68 - 1245	3121
68 - 1247	3143

### AGENCY MODIFICATION IN RESPONSE TO A STATEMENT OF OBJECTION

77 - 894	3160
----------	------

### NOTICE OF CORRECTIONS

35 - 885	3161
----------	------

### JOINT COMMITTEE ON ADMINISTRATIVE RULES STATEMENTS OF RECOMMENDATION

80 - 3000 - 300	3162
-----------------	------

### JOINT COMMITTEE ON ADMINISTRATIVE RULES STATEMENTS OF OBJECTION

68 - 1335 - 30	3163
----------------	------

### SECOND NOTICES RECEIVED

68 - 1370	3164
32 - 340	3164
80 - 310	3164

### REGULATORY AGENDA

14 - 400	3165
86 - 2000	3165
74 - 500	3165
20 - 2000	3165
14 - 475	3165
14 - 480	3165
41	3170
41 - 170	3170
41 - 171	3170
41 - 140	3170
41 - 120	3170
41	3170
41	3170
41 - 171	3170
80 - 1600 - 40	3176
80 - 1600 - 80	3176
80 - 1600 - 123	3176
80 - 1600 - 20	3176
80 - 1600 - 10	3176
80 - 1600 - 135	3176
80 - 1600 - 137	3176
80 - 1600 - 151	3176
80 - 1600 - 60	3176
80 - 1600 - 25	3176

### NOTICES REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER

68 - 1450	3185
-----------	------

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