

2003

# ILLINOIS

## REGISTER RULES OF GOVERNMENTAL AGENCIES



Volume 27 Issue 34  
August 22, 2003  
Pages 13919 - 14054

Index Department  
Administrative Code Div.  
111 East Monroe Street  
Springfield, IL 62756  
(217) 782-7017  
<http://www.cyberdriveillinois.com>

Printed on recycled paper

**TABLE OF CONTENTS**

**August 22, 2003 Volume 27, Issue 34**

**PROPOSED RULES**

HUMAN SERVICES, DEPARTMENT OF

Child Care

89 Ill. Adm. Code 50 .....13919

Food Stamps

89 Ill. Adm. Code 121 .....13936

Early Intervention Program

89 Ill. Adm. Code 500 .....13948

NATURAL RESOURCES, DEPARTMENT OF

Urban and Community Forestry Grant Program

17 Ill. Adm. Code 1538 .....13971

PROFESSIONAL REGULATION, DEPARTMENT OF

Pharmacy Practice Act of 1987

68 Ill. Adm. Code 1330 .....13984

**ADOPTED RULES**

ATTORNEY GENERAL, OFFICE OF THE

Motor Vehicle Advertising

14 Ill. Adm. Code 475 .....13992

HUMAN SERVICES, DEPARTMENT OF

Alcoholism and Substance Abuse Treatment and Intervention Licenses

77 Ill. Adm. Code 2060 .....13997

Subacute Alcoholism and Substance Abuse Treatment Services

77 Ill. Adm. Code 2090 .....14022

Related Program Provisions

89 Ill. Adm. Code 117 .....14028

**SECOND NOTICES RECEIVED**

JOINT COMMITTEE ON ADMINISTRATIVE RULES

Food Stamps

89 Ill. Adm. Code 121 .....14033

**OTHER INFORMATION REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER**

CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF

Pay Plan

80 Ill. Adm. Code 310 Withdrawal.....14034

**REGULATORY AGENDA**

PUBLIC AID, ILLINOIS DEPARTMENT OF

Practice in Administrative Hearings

89 Ill. Adm. Code 104 .....14035

Medical Assistance Programs

89 Ill. Adm. Code 120 .....14035

Medical Payment	
89 Ill. Adm. Code 140 .....	14035
Specialized Health Care Delivery Systems	
89 Ill. Adm. Code 146 .....	14035
Hospital Services	
89 Ill. Adm. Code 148 .....	14035
Child Support Enforcement	
89 Ill. Adm. Code 160 .....	14035
<b>NOTICES REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS</b>	
BANKS AND REAL ESTATE, OFFICE OF	
Notice of Suspension Under the Residential Mortgage Act Of 1987	
Merrlin Mortgage Corporation .....	14045
Notice of Suspension Under the Residential Mortgage Act Of 1987	
Keene Financial Network, Inc.....	14049
Notice of Suspension Under the Residential Mortgage Act Of 1987	
HCL Finance, Inc. ....	14047
Notice of Suspension Under the Residential Mortgage Act Of 1987	
First Midwest Mortgage Corporation.....	14048
Notice of Revocation Under The Residential Mortgage License Act Of	
AAA Mortgage, Inc .....	14049
Notice of Revocation Under The Residential Mortgage License Act Of	
Kemper Financial, Inc.....	14050
CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF	
Pay Plan	
80 Ill. Adm. Code 310 .....	14051
LABOR, DEPARTMENT OF	
Contractor Prohibited From An Award of a Contract or Subcontract For	
Public Works Projects .....	14054

**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, Dec) as follows:

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)
Issue 15 - April	00, 2004: Data through	March	31, 2004 (1stQuarter)

**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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Child Care
- 2) Code Citation: 89 Ill. Adm. Code 50
- 3) Section Numbers:      Proposed Action:  
50.210                      Amendment  
50.230                      Amendment  
50.235                      Amendment  
50.240                      Amendment  
50.310                      Amendment  
50.320                      Amendment
- 4) Statutory Authority: Implementing Articles I through IX and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13] and P.A. 93-0316.
- 5) A Complete Description of the Subjects and Issues involved:

Pursuant to provisions of P.A. 93-0361, these proposed amendments update the income eligibility standards to 50% of the 2004 State Median Income (SMI). This rulemaking also eliminates the 10% gross wages and salary disregard which was previously used to determine the family's eligibility for child care services. Annual Income Ceilings are being changed to Gross Monthly Income Ceilings. In addition, these amendments are being proposed to reflect current Department policy on child care payments. Clarifications include the following:

Child care is paid only when employment and education and training activities occur outside the home;

Family must include the child receiving care, the child's siblings, and the child's and sibling's parents living in the home;

A person living in the home who is a parent of the child's sibling or has a child in common with the applicant will not be paid to provide child care. The person is considered available to provide care in the home unless he or she is employed, attending an education or training program, or not qualified to provide care. The person's income is included in the family income;

Relatives (other than parents) who receive a child-only TANF benefit for children needing care due to the relatives' employment may qualify for child care

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

payments without regard to family income, and they are not required to make a co-payment;

The Department may reduce the co-payment for part-time care; and

Obsolete information on the FY 2002 allocation and grandfathered cases is removed.

- 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? No
- 9) Are there any other amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
50.110	Amendment	27 Ill. Reg. 2523; 02-14-03
50.240	Amendment	27 Ill. Reg. 10176; 07-11-03
50.610	New Section	27 Ill. Reg. 2523; 02-14-03
50.620	New Section	27 Ill. Reg. 2523; 02-14-03
50.630	New Section	27 Ill. Reg. 2523; 02-14-03
50.640	New Section	27 Ill. Reg. 2523; 02-14-03
50.650	New Section	27 Ill. Reg. 2523; 02-14-03

- 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:

Tracie Drew, Bureau Chief

Bureau of Administrative Rules and Procedures

Department of Human Services

100 South Grand Avenue East

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Harris Building 3<sup>rd</sup> Floor

Springfield, Illinois 62762

(217) 785-9772

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 13) Regulatory agenda on which this rulemaking was summarized: January 2003.

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

---

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 50

CHILD CARE

SUBPART A: GENERAL PROVISIONS

Section

- 50.101 Incorporation by Reference
- 50.110 Participant Rights and Responsibilities
- 50.120 Notification of Available Services
- 50.130 Child Care Overpayments and Recoveries

SUBPART B: APPLICABILITY

Section

- 50.210 Child Care
- 50.220 Method of Providing Child Care
- 50.230 Child Care Eligibility
- 50.235 Income Eligibility Criteria
- 50.240 Qualified Provider
- 50.250 Additional Service to Secure or Maintain Child Care

SUBPART C: PAYMENT FEES

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

## Section

- 50.310 Fees for Child Care Services
- 50.320 Maximum ~~Monthly Annual~~ Income and Parent Fee by Family Size, Income Level and Number of Children Receiving Full-time Care

## SUBPART D: CHILD CARE ABUSE AND NEGLECT

## Section

- 50.410 Provider Eligibility
- 50.420 Payment for Child Care Services

## SUBPART E: GREAT START PROGRAM

## Section

- 50.510 Great START Program
- 50.520 Method of Providing the Wage Supplement
- 50.530 Eligibility
- 50.540 Employer Responsibility
- 50.550 Notification of Eligibility
- 50.560 Phase-in of Wage Supplement Scale
- 50.570 Wage Supplement Scale
- 50.580 Evaluation

AUTHORITY: Implementing Articles I through IX and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13].

SOURCE: Emergency rules adopted at 21 Ill. Reg. 9502, effective July 1, 1997, for a maximum of 150 days; adopted at 21 Ill. Reg. 14961, effective November 10, 1997; emergency amendment at 22 Ill. Reg. 12816, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 21037, effective November 27, 1998; emergency amendment at 23 Ill. Reg. 10875, effective

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

August 20, 1999, for maximum of 150 days; amended at 24 Ill. Reg 1058, effective January 10, 2000; emergency amendment at 24 Ill. Reg. 6604, effective April 5, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 13987, effective September 1, 2000; amended at 24 Ill. Reg. 15423, effective October 10, 2000; emergency amendment at 25 Ill. Reg. 2735, effective February 5, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 8176, effective June 23, 2001; emergency amendment at 25 Ill. Reg. 8443, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14854, effective October 31, 2001; emergency amendment at 25 Ill. Reg. 16116, effective December 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 7113, effective April 25, 2002; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: APPLICABILITY

## Section 50.210 Child Care

- a) To the extent resources permit, the Department shall provide child care services:
  - 1) to parents or other relatives who are working; outside the home;
  - 2) to parents or other relatives who are participating in employment, training, or education programs outside the home that are approved by the Department; and
  - 3) to teen parents to enable them to obtain a high school degree or its equivalent.
- b) The term "parents" and the phrase "parents or other relatives" refer to applicants for or recipients of child care services. They include a child's custodial biological or adoptive parent, stepparent, legal guardian, or caretaker relative within the fifth degree of kinship.
- c) Family means the applicant, his or her spouse, and the biological or adoptive children or stepchildren of the applicant or his or her spouse under age 21 living in the same household. Family must also include the child for whom care is requested, the child's dependent blood-related and adoptive siblings, and the child's and sibling's parents living in the same household. The applicant may include in his or her family other persons related by blood or law to the applicant or his or her spouse living in the same household if they are dependent upon the family for more than 50 percent of their support. The applicant may include in his or her family a child of the applicant or his or her spouse under age 21 who is dependent upon the family for more than 50 percent of his or her support and who

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

is a full-time student away at school, provided he or she has not established legal residence outside the family household.

- d) Teen parent means parents through age 19.

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

## Section 50.230 Child Care Eligibility

- a) Child care services are restricted to children under age 13 and to children under age 19 who are under court supervision or have physical or mental incapacities as documented by a statement from a local health provider or other health professional.
- b) Parents and other relatives eligible to receive child care services include:
- 1) Recipients of Temporary Assistance for Needy Families (TANF) under Article IV of the Public Aid Code participating in work and training activities as specified in their personal plans for employment and self-sufficiency who have been approved for child care benefits by the Department and who meet the monthly annual income ceilings in subsection (b)(2) of this Section.
  - 2) Working families, including teen parents while they attend school to obtain a high school degree or its equivalent, whose monthly annual incomes do not exceed the following amounts by family size:

Family Size	<u>Gross Monthly Annual</u> Income
2	\$ <u>1,885</u> <del>17,663</del>
3	\$ <u>2,328</u> <del>21,819</del>
4	\$ <u>2,772</u> <del>25,975</del>
5	\$ <u>3,215</u> <del>30,131</del>
6	\$ <u>3,658</u> <del>34,288</del>
7	\$ <u>3,741</u> <del>35,067</del>
8	\$ <u>3,825</u> <del>35,846</del>

The above income guidelines will be indexed annually so that the thresholds are no less than 50% of the most current State Median Income for each family size.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 3) ~~Subject to an annual allocation of \$15 million for FY 2002 and \$7.5 million in subsequent fiscal years, Families~~ families who do not receive TANF and need child care services in order to attend school or training (up to and including the acquisition of the first Associate Degree and/or the first a Bachelor's Degree) ~~and whose~~ monthly annual income does not exceed the monthly annual income ceilings in subsection (b)(2) of this Section. Qualifying families are eligible to receive child care services needed to attend literacy and other adult basic education, English as a Second Language, GED preparation, and vocational training for up to 24 non-consecutive months with no work requirement, after which they must work a monthly average of at least 20 hours per week in paid employment. Child care provided to a teen parent to obtain a high school degree, or its equivalent, does not count against this 24-month limit. Qualifying families are eligible to receive child care services to attend a 2 or 4 year college degree program if they work a monthly average of at least 10 hours per week in paid employment or a monthly average of at least 20 hours per week in a combination of paid employment and unpaid, educationally-required work activities such as student teaching, an internship, a clinical, a practicum or an apprenticeship. Child care services shall be available during time periods that are reasonably related to the following activities performed outside the home: paid work, self-employment and education or training activity, including class hours and research, laboratory, library and transportation time. Families with a work requirement shall receive the same grace periods between jobs as persons who receive services pursuant to subsection (b)(2) of this Section. If a parent is claimed as a dependent by another person for federal income tax purposes, that parent is only eligible if his or her income when added to the income of the other person does not exceed the monthly annual income ceiling in subsection (b)(2) of this Section for that family size. ~~Enrollment for child care under this subsection (b)(3) will be stopped when the projected annual costs for enrolled participants reaches \$15 million in FY 2002 and \$7.5 million in subsequent fiscal years.~~
- 4) Relatives (other than parents) who receive child-only TANF benefits as Representative Payee for children in need of care while they work outside the home.
- c) All families must be residents of Illinois.
- d) Payment for child care services to eligible parents may begin:

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) if care was provided at the time and all eligibility factors are met, on either:
  - A) the date of the parent's signature; or
  - B) one week (seven calendar days) prior to the stamped date of receipt by the Department or its agents, whichever is later; or
- 2) on the date the child care provider actually begins providing child care services, if the application is received in advance of services being provided and all eligibility factors are met.
- e) Eligibility ceases 10 calendar days from the date of the termination notice sent to the parent by the Department or its agents following a determination of ineligibility.

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

## Section 50.235 Income Eligibility Criteria

A family is considered "income eligible" when the combined gross monthly income of all family members is at or below the amounts listed in Section 50.230 for the corresponding family size. In two parent families, both incomes must be combined to determine eligibility. Two-parent families include those with 2 or more adults living in the home, such as the applicant and his or her spouse or parents of a common child in the home. Eligibility is determined on the basis of monthly gross income. To convert weekly income into monthly income, multiply weekly income by 4.333. To convert bi-weekly income into monthly income, multiply bi-weekly income by 2.1666. To convert twice monthly income into monthly income, multiply twice monthly income by 2.

Documentation must be secured for all income and maintained in the family eligibility file prior to approval for child care payments.

- a) Income Included (Non-Exempt)
  - 1) gross wages and salary ~~minus 10%~~;
  - 2) net income from farm self-employment;
  - 3) net income from non-farm self-employment;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 4) dividends, interest, net rental income and royalties;
  - 5) pensions and annuities;
  - 6) alimony;
  - 7) child support received by the family;
  - 8) ongoing monthly adoption assistance payments from DCFS;
  - 9) veteran's pensions;
  - 10) unemployment compensation;
  - 11) worker's compensation;
  - 12) public assistance and welfare payments;
  - 13) social security payments for all family members, including SSI and pensions;
  - 14) survivor's benefits, permanent disability payments, and railroad retirement benefits from the federal government.
- b) Exempt Income
- 1) per capita payments to or funds held in trust for any individual in satisfaction of the Indian Claims Commission or the Court of Claims;
  - 2) payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act (43 USC 1620(a));
  - 3) money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment);
  - 4) money borrowed, including educational loans to a student who is included in the family unit as authorized in Section 50.210(c);
  - 5) withdrawals of bank deposits;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 6) tax refunds, or any Earned Income Tax Credit payments;
- 7) gifts;
- 8) lump sum inheritances or insurance payments;
- 9) capital gains;
- 10) the value of the coupon allotment or food stamp benefits under the Food Stamp Act of 1977, as amended;
- 11) the value of United States Department of Agriculture (USDA) donated foods;
- 12) the value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service for children under the National School Lunch Act, as amended;
- 13) any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- 14) earnings of a child under age 19 (unless that child is the applicant);
- 15) grants such as scholarships, obtained and used by a student who is included in the family unit as authorized in Section 50.210(c) under conditions that preclude their use for current living costs;
- 16) any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commission of Education under the Higher Education Act of 1965;
- 17) home produce utilized for household consumption;
- 18) energy grants or allowances received through the Low-Income Energy Assistance Program authorized by the Home Energy Assistance Act of 1980;
- 19) any DCFS foster care board payments or clothing allowance;
- 20) child support paid out of the family's income.

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

## Section 50.240 Qualified Provider

- a) Payment will be made for child care that otherwise meets the requirements of this Section; meets applicable standards of State and local law and regulation, including but not limited to licensure requirements promulgated by the Department of Children and Family Services (DCFS) at 89 Ill. Adm. Code: Chapter I, Subchapter e: Requirements for Licensure, and Fire Prevention and Safety requirements promulgated by the Office of the State Fire Marshal at 41 Ill. Adm. Code 100; and is provided in any of the following:
- 1) Licensed Day Care Center;
  - 2) Day Care Center Exempt from Licensing;
  - 3) Licensed Day Care Home;
  - 4) Licensed Group Day Care Home;
  - 5) Day Care Home Exempt from Licensing (No more than three children may be cared for, including the provider's own children, unless all children are from the same household);
  - 6) Relative Exempt from Licensing (Care provided in the home of a relative. No more than three children may be cared for, including the provider's own children, unless all children are from the same household);
  - 7) Non-relative Exempt from Licensing (Care provided in the home of the child. No more than three children may be cared for, including the provider's own children, unless all children are from the same household); and
  - 8) Relative Exempt from Licensing (Care provided in the home of the child. No more than three children may be cared for, including the provider's own children, unless all children are from the same household).
- b) Payments will not be made to a provider who is the child's mother or father, or to a stepparent who is currently married to the child's parent and is living in the same household as the child, or to any provider who is included in the same public assistance grant as the child (for those families receiving such assistance), or to a person living in the home who is a parent of the child's sibling or has a child in common with the applicant. If such a provider is available and qualified to care

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

for the child in the home, child care will not be approved.

- c) Payments will not be made to a provider (even if operating within a setting exempt from licensing) who has been convicted of crimes enumerated in 89 Ill. Adm. Code 385, Background Checks, nor will such a person be considered available to provide care.

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

SUBPART C: PAYMENT FEES

Section 50.310 Fees for Child Care Services

All parents must share in the cost of child care as illustrated in Section 50.320, except relatives (other than parents) who receive a child-only TANF benefit for children needing care due to the relatives' employment. If the care is for less than 5 hours per day, the parent share is 50% of the amount shown, rounded up to the nearest cent.

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

Section 50.320 Maximum ~~Monthly Annual~~ Income and Parent Fee by Family Size, Income Level and Number of Children Receiving Full-time Care

The Department may reduce the parent fee when care is provided less than full-time.

MONTHLY FEE FOR NUMBER OF CHILDREN IN CARE FOR FAMILY SIZE OF 2

<u>Gross Monthly Annual</u> <u>Income</u>	1
\$ 0 – <del>327 3,533</del>	\$ 4.33
<del>328 3,534</del> – <del>491 5,299</del>	13.00
<del>492 5,300</del> – <del>654 7,065</del>	21.67
<del>655 7,066</del> – <del>818 8,832</del>	34.66
<del>819 8,833</del> – <del>981 10,598</del>	47.66
<del>982 10,599</del> – <del>1,145 12,364</del>	65.00
<del>1,146 12,365</del> – <del>1,308</del> <del>14,131</del>	86.66
<del>1,309 14,132</del> – <del>1,472</del> <del>15,897</del>	108.33
<del>1,473 15,898</del> – <del>1,636</del> <del>17,663</del>	134.32

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

<u>1,637 – 1,799</u>	<u>160.32</u>
<u>1,800 – 1,885</u>	<u>186.32</u>

~~Grandfathered Cases (see Section 50.230(b)(3)) 10/01/97 – 6/30/98~~

<del>\$17,664 – 19,430</del>	<del>\$160.32</del>
<del>–19,431 – 21,234</del>	<del>–190.65</del>

MONTHLY FEE FOR NUMBER OF CHILDREN IN CARE FOR FAMILY SIZE OF 3

Gross <u>Monthly Annual</u> Income	1	2
\$ 0 – <u>423 4,564</u>	\$ 4.33	\$ 8.67
<u>424 4,565 – 606 6,546</u>	13.00	17.33
<u>607 6,547 – 808 8,728</u>	21.67	<del>30.33</del> 30.00
<u>809 8,729 – 1010 10,910</u>	34.66	52.00
<u>1,011 10,911 – 1,212</u> <del>13,092</del>	47.66	69.33
<u>1,213 13,093 – 1,414</u> <del>15,274</del>	65.00	95.33
<u>1,415 15,275 – 1,616</u> <del>17,456</del>	86.66	147.32
<u>1,617 17,457 – 1,818</u> <del>19,638</del>	108.33	190.65
<u>1,819 19,639 – 2,020</u> <del>21,819</del>	134.32	233.98
<u>2,021 – 2,222</u>	<u>160.32</u>	<u>277.31</u>
<u>2,223 – 2,328</u>	<u>186.32</u>	<u>320.64</u>

~~Grandfathered Cases 10/01/97 – 6/30/98~~

<del>\$21,820 – 24,001</del>	<del>\$160.32</del>	<del>\$281.65</del>
<del>24,002 – 26,230</del>	<del>190.65</del>	<del>337.97</del>

MONTHLY FEE FOR NUMBER OF CHILDREN IN CARE FOR FAMILY SIZE OF 4

Gross <u>Monthly Annual</u> Income	1	2	3
\$ 0 – <u>481 5,195</u>	\$ 4.33	\$ 8.67	\$ 8.67

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

<del>482</del> <u>5,196</u> – <u>722</u>	13.00	17.33	17.33
<del>7,793</del>			
<del>723</del> <u>7,794</u> – <u>962</u>	21.67	30.33	34.66
<del>10,390</del>			
<del>963</del> <u>10,391</u> – <u>1,203</u>	34.66	52.00	52.00
<del>12,988</del>			
<del>1,204</del> <u>12,989</u> –	47.66	69.33	73.66
<del>1,443</del> <u>15,585</u>			
<del>1,444</del> <u>15,586</u> –	65.00	95.33	99.66
<del>1,684</del> <u>18,183</u>			
<del>1,685</del> <u>18,184</u> –	86.66	147.32	151.66
<del>1,924</del> <u>20,780</u>			
<del>1,925</del> <u>20,781</u> –	108.33	190.65	194.99
<del>2,165</del> <u>23,378</u>			
<del>2,166</del> <u>23,379</u> –	134.32	233.98	<u>238.32</u>
<del>2,405</del> <u>25,975</u>			<del>238.92</del>
<del>2,406</del> – <u>2,646</u>	<u>160.32</u>	<u>277.31</u>	<u>281.65</u>
<del>2,647</del> – <u>2,772</u>	<u>186.32</u>	<u>320.64</u>	<u>324.98</u>

~~Grandfathered Cases 10/01/97 – 6/30/98~~

<del>\$25,976</del> – <del>28,573</del>	<del>\$160.32</del>	<del>\$281.65</del>	<del>\$285.98</del>
<del>28,574</del> – <del>31,266</del>	<del>190.65</del>	<del>337.97</del>	<del>342.31</del>

MONTHLY FEE FOR NUMBER OF CHILDREN IN CARE FOR FAMILY SIZE OF 5

<u>Gross Monthly Annual Income</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
\$ 0 – <del>558</del> <u>6,026</u>	\$ 4.33	\$ 8.67	\$ 8.67	\$ 8.67
<del>559</del> <u>6,027</u> – <u>837</u>	13.00	17.33	17.33	21.67
<del>9,039</del>				
<del>838</del> <u>9,040</u> – <u>1,116</u>	21.67	30.33	34.66	34.66
<del>12,053</del>				
<del>1,117</del> <u>12,054</u> –	34.66	52.00	52.00	56.33
<del>1,395</del> <u>15,066</u>				
<del>1,396</del> <u>15,067</u> –	47.66	69.33	73.66	77.99
<del>1,674</del> <u>18,079</u>				
<del>1,675</del> <u>18,080</u> –	65.00	95.33	99.66	103.99

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

<u>1,953 21,092</u>					
<u>1,954 21,093</u> –	86.66	147.32	151.66	155.99	
<del>2,232 24,105</del>					
<u>2,233 24,106</u> –	108.33	190.65	194.99	199.32	
<u>2,511 27,118</u>					
<u>2,512 27,119</u> –	134.32	233.98	<del>238.92</del>	242.65	
<del>2,790 30,131</del>			238.32		
<u>2,791 – 3,069</u>	<u>160.32</u>	<u>277.31</u>	<u>281.65</u>	<u>285.98</u>	
<u>3,070 – 3,215</u>	<u>186.32</u>	<u>320.64</u>	<u>324.98</u>	<u>329.31</u>	

## Grandfathered Cases 10/01/97 – 6/30/98

<del>\$30,132 – 33,145</del>	<del>\$160.32</del>	<del>\$281.65</del>	<del>\$285.98</del>	<del>\$290.31</del>
<del>33,146 – 36,223</del>	<del>190.65</del>	<del>337.97</del>	<del>342.31</del>	<del>346.64</del>

## MONTHLY FEE FOR NUMBER OF CHILDREN IN CARE FOR FAMILY SIZE OF 6

<u>Gross Monthly Annual Income</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
\$ 0 – <u>635 6,858</u>	\$ 4.33	\$ 8.67	\$ 8.67	\$ 8.67	\$ 8.67
<u>636 6,859</u> – <u>952</u>	13.00	17.33	17.33	21.67	21.67
<del>10,286</del>					
<u>953 10,287</u> – <u>1,270</u>	21.67	30.33	34.66	34.66	39.00
<del>13,715</del>					
<u>1,271 13,716</u> –	34.66	52.00	52.00	56.33	60.66
<u>1,587 17,144</u>					
<u>1,588 17,145</u> –	47.66	69.33	73.66	77.99	82.33
<u>1,905 20,573</u>					
<u>1,906 20,574</u> –	65.00	95.33	99.66	103.99	108.33
<del>2,222 24,001</del>					
<u>2,223 24,002</u> –	86.66	147.32	151.66	155.99	160.32
<u>2,540 27,430</u>					
<u>2,541 27,431</u> –	108.33	190.65	194.99	199.32	203.65
<del>2,857 30,859</del>					
<u>2,858 30,860</u> –	134.32	233.98	<del>238.92</del>	242.65	246.98
<del>3,175 34,288</del>			<del>238.32</del>		
<u>3,176 – 3,492</u>	<u>160.32</u>	<u>277.31</u>	<u>281.65</u>	<u>285.98</u>	<u>290.31</u>
<u>3,493 – 3,658</u>	<u>186.32</u>	<u>320.64</u>	<u>324.98</u>	<u>329.31</u>	<u>333.64</u>



## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

\$ <u>0 -</u> <u>664</u>	\$ <u>4.33</u>	\$ <u>8.67</u>					
<u>665 -</u> <u>996</u>	<u>13.00</u>	<u>17.33</u>	<u>17.33</u>	<u>21.67</u>	<u>21.67</u>	<u>21.67</u>	<u>26.00</u>
<u>997 -</u> <u>1,328</u>	<u>21.67</u>	<u>30.33</u>	<u>34.66</u>	<u>34.66</u>	<u>39.00</u>	<u>39.00</u>	<u>43.33</u>
<u>1,329 -</u> <u>1,660</u>	<u>34.66</u>	<u>52.00</u>	<u>52.00</u>	<u>56.33</u>	<u>60.66</u>	<u>65.00</u>	<u>65.00</u>
<u>1,661 -</u> <u>1,992</u>	<u>47.66</u>	<u>69.33</u>	<u>73.66</u>	<u>77.99</u>	<u>82.33</u>	<u>86.66</u>	<u>90.99</u>
<u>1,993 -</u> <u>2,323</u>	<u>65.00</u>	<u>95.33</u>	<u>99.66</u>	<u>103.99</u>	<u>108.33</u>	<u>112.66</u>	<u>116.99</u>
<u>2,324 -</u> <u>2,655</u>	<u>86.66</u>	<u>147.32</u>	<u>151.66</u>	<u>155.99</u>	<u>160.32</u>	<u>164.65</u>	<u>168.99</u>
<u>2,656 -</u> <u>2,987</u>	<u>108.33</u>	<u>190.65</u>	<u>194.99</u>	<u>199.32</u>	<u>203.65</u>	<u>207.98</u>	<u>212.32</u>
<u>2,988 -</u> <u>3,319</u>	<u>134.32</u>	<u>233.98</u>	<u>238.32</u>	<u>242.65</u>	<u>246.98</u>	<u>251.31</u>	<u>255.65</u>
<u>3,320 -</u> <u>3,651</u>	<u>160.32</u>	<u>277.31</u>	<u>281.65</u>	<u>285.98</u>	<u>290.31</u>	<u>294.64</u>	<u>298.98</u>
<u>3,652 -</u> <u>3,825</u>	<u>186.32</u>	<u>320.64</u>	<u>324.98</u>	<u>329.31</u>	<u>333.64</u>	<u>337.97</u>	<u>342.31</u>

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Food Stamps
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3) Section Numbers:      Proposed Action:  
121.20                      Amendment
- 4) Statutory Authority: Implementing Section 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13] and Title IV of the 2002 Farm Bill (HR 2646 – the Food Stamp Reauthorization Act of 2002).
- 5) A Complete Description of the Subjects and Issues involved:  
  
This rulemaking allows non-citizen children under the age of 18, who are legally residing in the U.S., to qualify for Food Stamps. These changes are required by enactment of the Farm Bill (HR 2646 – the Food Stamp Reauthorization Act of 2002) and are effective October 2003.
- 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? No
- 9) Are there any other amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
121.10	Amendment	27 Ill. Reg. 11367; 07/25/03
121.41	Amendment	27 Ill. Reg. 11367; 07/25/03
121.20	Amendment	27 Ill. Reg. 2533; 02/14/03
121.31	Amendment	27 Ill. Reg. 9389; 06/20/03
121.32	Amendment	27 Ill. Reg. 9389; 06/20/03
121.34	Amendment	27 Ill. Reg. 9389; 06/20/03

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

121.59	Expedited Correction	27 Ill. Reg. 5065; 03/21/03
121.63	Amendment	27 Ill. Reg. 6479; 04/18/03
121.63	Amendment	27 Ill. Reg. 10181; 07/11/03
121.120	Amendment	27 Ill. Reg. 11367; 07/25/03
121.125	New Section	27 Ill. Reg. 11367; 07/25/03
121.145	Repealer	27 Ill. Reg. 11367; 07/25/03

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:

Tracie Drew, Bureau 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

12) Initial Regulatory Flexibility Analysis:

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

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

C) Types of professional skills necessary for compliance: None

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

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

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 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
- 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

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)
- 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 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
- 121.163 Vocational Training
- 121.164 Orientation (Repealed)
- 121.165 Community Work
- 121.166 Assessment and Employability Plan (Repealed)
- 121.167 Counseling/Prevention Services

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 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 (Repealed)
- 121.178 Job Training Component (Repealed)
- 121.179 JTPA Employability Services Component (Repealed)
- 121.180 Grant Diversion Component (Repealed)
- 121.182 Earnfare Activity
- 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)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

121.208 Suspension and Termination of Claims (Recodified)

## SUBPART I: WORK REQUIREMENT FOR FOOD STAMPS

## Section

121.220 Work Requirement Components (Repealed)

121.221 Meeting the Work Requirement with the Earnfare Component (Repealed)

121.222 Volunteer Community Work Component (Repealed)

121.223 Work Experience Component (Repealed)

121.224 Supportive Service Payments to Meet the Work Requirement (Repealed)

121.225 Meeting the Work Requirement with the Illinois Works Component (Repealed)

121.226 Meeting the Work Requirement with the JTPA Employability Services Component (Repealed)

**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] and HR 2646.

**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; peremptory amendment at 4 Ill. Reg. 3, p. 49, effective January 9, 1980; peremptory 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 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; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; peremptory 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

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. 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,

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; peremptory 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

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; 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; preemptory 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; amended at 27 Ill. Reg. 4583, effective February 28, 2003; amended at 27 Ill. Reg. 7273, effective April 7, 2003; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

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.
- 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) (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 244(a)(3) (8 USCA 1641(c)) of the INA. This status does not apply if the non-citizen lives with the abuser.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 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~~ Elderly non-citizens who were lawfully residing in the U.S. on 8/22/96, and children lawfully residing in the U.S., 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 at a child if the person is under age 18. 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));
  - CF) parolee status for at least a year under Section 212(d)(5) of the INA (8 USCA 1182(d)(5)); or

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENT

~~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~~

DH) 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 240(a) 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. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Early Intervention Program
- 2) Code Citation: 89 Ill. Adm. Code 500
- 3) Section Numbers:      Proposed Action:  
500.80                      Amend  
500.Appendix F          New
- 4) Statutory Authority: Implementing and authorized by the Early Intervention Services System Act [325 ILCS 20] and Part C of the Individuals with Disabilities Education Act (IDEA) (20 USC 1400 et seq., as amended in 1997).
- 5) A Complete Description of the Subjects and Issues involved: Service Guidelines to the Early Intervention Program are being incorporated into this Rule to comply with a JCAR agreement.
- 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? No
- 9) Are there any other amendments pending on this Part? Yes  

<u>Section Numbers:</u>	<u>Illinois Register Citation:</u>
500.20	27 Ill. Reg. 6494-4/18/03
500.45	27 Ill. Reg. 6494-4/18/03
500.65	27 Ill. Reg. 6494-4/18/03
500.70	27 Ill. Reg. 6494-4/18/03
500.150	27 Ill. Reg. 6494-4/18/03
- 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

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:

Tracie Drew, Bureau 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

- 12) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not-for-profit corporations affected:
  - B) Reporting, bookkeeping or other procedures required for compliance:
  - C) Types of professional skills necessary for compliance:
- 13) Regulatory agenda on which this rulemaking was summarized: The proposed amendments were on the July 2003 Regulatory Agenda.

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

SUBCHAPTER e: EARLY CHILDHOOD SERVICES

PART 500

EARLY INTERVENTION PROGRAM

SUBPART A: GENERAL PROVISIONS

Section

500.10 Purpose

500.15 Incorporation by Reference

500.20 Definitions

SUBPART B: COMPONENTS OF THE STATEWIDE SYSTEM

Section

500.25 Public Awareness and Child Find

500.30 Central Directory

500.35 Local Interagency Councils

500.40 Illinois Interagency Council on Early Intervention

500.45 Regional Intake Entities

500.50 Eligibility

500.55 Early Intervention Services/Devices

500.60 Provider Qualifications/Credentialing and Enrollment

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

500.65 Monitoring

## SUBPART C: SERVICE DELIVERY REQUIREMENTS

## Section

500.70 Intake

500.75 Eligibility Determination

500.80 Individualized Family Service Plan Development

500.85 Individualized Family Service Plan Implementation

500.90 Individualized Family Service Plan Updating

500.95 Case Transfer

500.100 Transition to Part B or Other Appropriate Services at Age Three

500.105 Case Closure

500.110 Recordkeeping

500.115 Service Provider Requirements

## SUBPART D: FINANCIAL MATTERS

## Section

500.120 Billing Procedures

500.125 Payor of Last Resort

500.130 Family Fee/Insurance

## SUBPART E: PROCEDURAL SAFEGUARDS/CLIENT RIGHTS

## Section

500.135 Minimum Procedural Safeguards

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 500.140 Administrative Resolution of Complaints By Parents
- 500.145 Mediation
- 500.150 Confidentiality/Privacy
- 500.155 Right to Consent
- 500.160 Surrogate Parents
- 500.165 Written Prior Notice
- 500.170 State Complaint Procedure
- 500.APPENDIX A Sliding Fee Schedule
- 500.APPENDIX B Assessment Instruments
- 500.APPENDIX C Requirements for Professional and Associate Level Early Intervention (EI) Credentialing and Enrollment to Bill
- 500.APPENDIX D Use of Associate Level Providers
- 500.APPENDIX E Medical Conditions Resulting in High Probability of Developmental Delay (not an exclusive list)
- 500.APPENDIX F Therapy Guidelines

AUTHORITY: Implementing and authorized by the Early Intervention Services System Act [325 ILCS 20] and Part C of the Individuals with Disabilities Education Act (IDEA) (20 USC 1400 et seq., as amended in 1997).

SOURCE: Adopted at 25 Ill. Reg. 8190, effective July 1, 2001; amended at 27 Ill. Reg. 2611, effective February 07, 2003; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 500.80 Individualized Family Service Plan Development

- a) The service coordinator shall:
  - 1) Review existing records to identify whether additional information is needed to determine the child's current health status and medical history and, if so, shall request the information upon receipt of informed parental

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

consent.

- 2) Review existing records and evaluation reports to identify whether additional information is needed to determine the child's functioning levels, unique strengths and needs and the services appropriate to meet those needs in the five developmental domains (cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive self-help skills) and, if not, shall arrange for additional evaluation/assessment activities using methods described in Section 500.75.
- 3) Assist the family in determining its resources, priorities and needs related to being able to enhance its child's development and the supports and services appropriate to meet those needs.
- 4) Assist the family initially, and annually thereafter or more often as required by change of circumstances, in determining its ability to participate in the cost of services that are subject to family fees. The inability of a family to participate in the cost of services shall not result in the denial of services to the child or the child's family.
- 5) At the point of early intervention intake, and again at any periodic review of eligibility thereafter or upon a change in family circumstances, collect information regarding any and all public and private insurance under which the child's services may be covered.
- 6) Explain to each family, orally and in writing, all of the following:
  - A) That the early intervention program will pay for all early intervention services set forth in the individualized family service plan that are not covered or paid under the family's public or private insurance plan or policy and not eligible for payment through any other third party payor.
  - B) That services will not be delayed due to any rules or restrictions under the family's insurance plan or policy.
  - C) That the family may request, with appropriate documentation supporting the request, a determination of an exemption from private insurance use under Section 13.25 of the Act.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- D) That responsibility for co-payments or co-insurance under a family's private insurance plan or policy, but only to the extent that those payments plus the balance to be claimed do not exceed the current State rate for early intervention services, will be transferred to the lead agency's central billing office.
  - E) That families will be responsible for payments of family fees, which will be based on a sliding scale according to income, and that these fees are payable to the central billing office, and that if the family encounters a catastrophic circumstance, as defined under Section 500.130(g)(1), making it unable to pay the fees, the lead agency may, upon proof of inability to pay, waive the fees.
- b) The Department shall not pay for services listed on the IFSP that the Department is not required to fund. Early intervention funding is the payor of last resort for IFSP services that the Department is required to fund. When an application or a review of eligibility for EI services is made, and at any eligibility redetermination, or upon a change in family circumstances, the family shall be asked if it is currently enrolled in Medicaid, KidCare, or the Title V program administered by the University of Illinois Division of Specialized Care for Children (DSCC).
- 1) If the family is enrolled in any of these programs, that information shall be put on the IFSP and entered into the computerized case management system, and shall require that the IFSP of a child who has been found eligible for services through DSCC state that the child is enrolled in that program.
  - 2) For those programs in which the family is not enrolled, a preliminary eligibility screen shall be conducted simultaneously for medical assistance (Medicaid) under Article V of the Illinois Public Aid Code; children's health insurance program (KidCare) benefits under the Children's Health Insurance Program Act; and Title V maternal and child health services provided through DSCC.
  - 3) When a child is determined eligible for and enrolled in the EI program and has been found to at least meet the threshold income eligibility requirements for Medicaid or KidCare, complete a KidCare/Medicaid application with the family and forward it to the Illinois Department of Public Aid's KidCare Unit for a determination of eligibility.
- c) Prior to development of the initial or annual Individualized Family Service Plan,

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

the service coordinator shall:

- 1) Arrange for a meeting to be held, at a time and place convenient for the family, between the child's parent and other family members by parental request, the service coordinator, a person or persons directly involved in conducting the evaluations/assessments, potential service providers within the EI Service System as appropriate, and others, such as an advocate or person outside the family by parental request, to develop the Individualized Family Service Plan; and
  - 2) Provide reasonable prior written notice to the family and other participants of this meeting.
- d) At the meeting to develop the Individualized Family Service Plan, the service coordinator shall:
- 1) Coordinate and participate in the meeting.
  - 2) Ensure that the meeting is conducted in the parent's native language or mode of communication, unless it is clearly not feasible to do so, or that an interpreter is present to translate what is discussed.
  - 3) Seek a consensus by the multidisciplinary team regarding functional goals and objectives and an integrated plan to meet the goals and objectives as set forth in subsection (e).
  - 4) If no consensus is reached, the service coordinator shall establish a Department approved service plan consistent with Department guidelines and reviewed by Department designated experts as set forth in subsection (f).
  - 5) Provide the parents with prior written notice, pursuant to Section 500.165, of the Department's proposed service plan. The parents may seek mediation or an impartial administrative resolution regarding other requested services.
- e) The Individualized Family Service Plan must:
- 1) Be developed by a multidisciplinary team, including the service coordinator and the parent as set forth in subsection (g).

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 2) Be based on a multidisciplinary assessment of the unique strengths and needs of the child and a family-directed assessment of resources, priorities and concerns of the family.
- 3) Include services necessary to provide appropriate developmental benefits for the identified needs.
- 4) Include supports and services necessary to enhance the family's capacity to meet the identified developmental needs.
- 5) State the natural environments in which services shall be appropriately provided and justification of why early intervention cannot be achieved satisfactorily in a natural environment if any services are to be provided elsewhere.
- 6) Include all components as required by the Department.
- 7) Provide a statement of the child's present developmental levels in the following areas, based on professionally acceptable objective criteria:
  - A) physical development, including vision and hearing;
  - B) cognitive development;
  - C) language, speech and communication development;
  - D) social or emotional development; and
  - E) adaptive self-help skills development.
- 8) Provide a statement of the family's resources, priorities and concerns related to enhancing the development of the child.
- 9) Provide a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures and timelines used to determine:
  - A) The degree to which progress toward achieving the outcomes is being made; and
  - B) Whether modifications or revisions of the outcomes or services are necessary.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 10) A statement of the specific EI services to be provided, including:
  - A) The frequency and intensity for each service, meaning the number of times a service will be provided within a given period and the length of time the service will be provided during each session;
  - B) The method of delivering the services, meaning whether the service will be provided on a group or individual basis;
  - C) The location in which early intervention services will be provided, including whether the location would be considered a natural environment for the child and family, as described in subsection (e)(5); and
  - D) The projected beginning dates as soon as possible after development of the IFSP and the duration or ending dates of the services.
- 11) A statement of any other services, such as medical services, that the child needs but that are not required early intervention services. The statement should include the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. Routine medical services such as immunization or well childcare do not need to be listed unless the child is not receiving those services and needs them.
- 12) The name of the service coordinator qualified to carry out all applicable responsibilities that will be responsible for implementation of the IFSP and coordination with other agencies and persons.
- 13) The steps to be taken to support the transition of the child to preschool services under Part B of IDEA to the extent that those services are considered appropriate or to other services that may be available, if appropriate. The steps include:
  - A) Discussions with and training of parents regarding future placements and other matters related to the child's transition at age three years;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- B) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting; and
  - C) With informed parental consent, the transmission of information about the child to the local educational agency to ensure continuity of services, including evaluation information and copies of the IFSP.
- 14) State whether the family has private insurance coverage and, if the family has such coverage, attach a copy of the family's insurance identification card or otherwise include all of the following information:
- A) The name, address, and telephone number of the insurance carrier.
  - B) The contract number and policy number of the insurance plan.
  - C) The name, address, and social security number of the primary insured.
  - D) The beginning date of the insurance benefit year.
- f) During and as part of the IFSP development, and any changes thereto, the multidisciplinary team shall consult Department developed therapy guidelines (as set forth in Appendix F) and Department designated experts, if any, to help determine appropriate services, and frequency and intensity of those services. Services must be justified by the multidisciplinary team in order to be included on the IFSP. If the multidisciplinary team recommends services different in nature or in frequency and duration than those recommended by the guidelines and experts, it must provide adequate written justification for the services consistent with the philosophy therein. The guidelines are not intended to be caps on frequency and intensity but to express early intervention service philosophy and best practice parameters.
- g) The contents of the IFSP shall be fully explained to the parents and informed written consent obtained prior to the provision of services. If the parents do not provide consent for a particular service, the EI services to which consent is obtained shall be provided.
- h) The service coordinator shall determine if an Interim Individualized Family Service Plan, as set forth in sections 303.322(e)(2) and 303.345 of Part C of

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

IDEA, is needed to initiate partial services for an eligible child while intake is being completed. An Interim IFSP may be needed if some early intervention services have been determined to be needed immediately for the child or family.

- i) If an Interim IFSP is needed, the service coordinator shall:
  - 1) Document the reasons an Interim IFSP is needed;
  - 2) Assist the family in determining its ability to participate in the cost of services that are subject to family fees;
  - 3) Complete the Department required IFSP form with the child's parent and with input from the multidisciplinary team members who recommended immediate services for the child and family;
  - 4) Arrange for the Interim IFSP to be implemented;
  - 5) Request service reports at the end of the Interim IFSP period and monitor provision of services; and
  - 6) Maintain the child's permanent and electronic record with the regional intake entity during the Interim IFSP period.
- j) The implementation of an Interim IFSP shall not be used to extend the 45-day intake period. A fee may be assessed for services subject to family fee if the family is assessed as having the ability to participate in the costs of its child's services.

(Source: Amended at 27 Ill. Reg. 2611, effective February 07, 2003; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

Section 500.APPENDIX F Therapy Guidelines

Illinois Department of Human Services Early Intervention Service System (EISS)

Guidelines for Occupational Therapy, Physical Therapy, Speech Therapy, and  
Developmental Therapy

A Special Advisory Panel assisted the Illinois Department of Human Services in developing this standard of practice for Illinois' children, which reflects accepted knowledge of child development and current best intervention practice, based on the central, fundamental role of the

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

family. Decisions regarding services for each individual child are made by consensus of the professional providers and the family. Intervention must be based upon the child's needs and professional judgment. These guidelines are not entirely inclusive or exclusive of all methods of reasonable intervention which can obtain the same results, or which consider the particular needs of the child and available resources. Although an extensive array of professional services is available through EI, it is the parents who provide the real early intervention by creatively adapting their child care methods to facilitate the development of their child.

The focus of these guidelines is to help EI team members (evaluators, educators, therapists, service coordinators, parents) decide the most appropriate constellation of therapeutic intervention services for a child who is eligible for EI services. Specifically, these guidelines will provide a clinical reasoning process to determine when OT, PT, ST, and DT are appropriate and frequencies for each therapy. This clinical reasoning process is based on clinical research (when available) and on expert clinical opinion from representatives of the different disciplines who work with child development where research is not available.

Children are considered eligible for EI when they are diagnosed with an eligible medical condition or when their development is substantially delayed. Children with developmental delays will usually follow one of three patterns:

- 1) typical, with global delay (typical/global);
- 2) typical, with uneven severity of the delay (typical/variable); or
- 3) atypical.

For children with typical delays, their development would be considered "age appropriate" for a younger child. A child with global delay has delays that are equal in all domains, in contrast to the child with a delay in one or more area that is more severe than the others. An example of the typical/global would be an 18-month-old child whose motor, cognitive, language, adaptive, and social skills are all at the 9 month level. An example of the typical/variable would be an 18-month-old child whose motor, cognitive, social, and adaptive skills are at 12 months, while language skills are at 6 months. These two scenarios are considerably different from the child whose developmental is not only delayed, but "atypical" or different in quality at any age. Example of atypical development would include toe walking, scissoring of the legs during ambulation, a persistent clenched fist, echolalia (obsessive repetition of sounds, words, or phrases), or avoidance of eye contact. The constellation of therapeutic services will be different for each of these children.

Evaluation/Assessment

The primary goal of the evaluation/assessment is to address parents' questions and concerns about their child's development and to identify ways families can participate in the child's

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

intervention program.

Evaluation/assessment of each developmental domain including a multi-disciplinary team discussion is imperative to understand the child's strengths and needs. EI services should be based on a collaborative relationship between families and providers that emphasizes the family's role as central in EI activities. The evaluation/assessment process should begin with an exploration of the family's specific developmental concerns. The family's concerns coupled with the findings on a global assessment will determine the specific developmental areas that are in question and the need for additional evaluations/assessments in those areas. These evaluations/assessments can then be used to develop family-centered functional goals and specific intervention strategies.

Evaluation/assessment includes professional observation and interpretation of the quality of a child's performance of developmental tasks and how these are integrated into the daily routines of the family. This requires full family participation throughout the assessment process to ensure that the therapists' observations are a meaningful reflection of the family's perspective. A list of recommended assessment tools is found in Appendix B. This list does not preclude the use of other research-based, valid tools for assessment of infants and toddlers.

Following the evaluation/assessment, an IFSP is optimally developed with all of the team members present to provide input. The IFSP must be reviewed every six months to evaluate the child's progress in meeting the established goals. During this process, it is determined which services and interventions are warranted, and the expected outcomes as well as the frequency of those interventions, based upon the Illinois Early Intervention Guideline Summary for PT, OT, ST, and DT chart provided below.

Considerations for Therapies in Meeting the Child and Family's

Developmental Needs

EI attempts to achieve goals and outcomes that are important to the family's routines and priorities for the development of their child. The family is the primary foundation of their child's optimal development in all areas. In order for therapy to be successful, it is essential for families to be involved in facilitating carryover to daily living activities. This means that an important goal of therapist-family collaboration is to support the child's participation in the family and his/her functional environment. It is advisable to provide families with written instructions for home activity to amplify and support therapeutic goals. Frequency of therapy should depend on the amount of time necessary for the family to incorporate new techniques into family routines and reevaluation/assessment of the child's response to therapy. If the only time the child is performing functionally relevant therapeutic activities is during the session with the therapist, therapy is not likely to be beneficial and therefore not supported by Part C. To extend

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

that premise, if the child is making progress at a rate that requires the therapist to vary the treatment and the home program monthly, multiple weekly visits are not appropriate.

Intervention services should be considered as a means of achieving the functional goals that have been determined by the IFSP development team. Specific strategies should be collaborative and interdisciplinary, avoiding unnecessary duplication of similar activities by multiple therapists. For example, an occupational therapist can provide specific recommendations for upper extremity activities to the physical therapist that can be incorporated into a single, comprehensive motor plan. In some circumstances, both therapies are needed to address specific goals. Motor intervention with young children, however, often involves non-specific motor strategies that are used by both disciplines.

The inclusion of specific therapies in the intervention plan should never be based solely on the presence of a medical diagnosis or delay. For example, all children with cerebral palsy do not need PT just because they have cerebral palsy, and all children with language delays do not need ST just because they have a language delay. Therapy should be linked to specific goals and outcomes, regardless of the underlying cause.

Deciding whether a child will benefit from therapy depends on many factors including his overall developmental status and specific functional deficits. Many children eligible for EI are typically delayed, do not have an identifiable reason for their impairments, and will not usually require direct OT, PT, or ST. Choosing an intervention strategy for a child and family requires as complete an understanding as possible of the reasons for delay or impairment, its likely natural history, the child's personality and health, and the family's point of view. It is also important to remember that therapy can be provided in several different service delivery models, not just once or twice a week. There are many children who require therapeutic contact, but only at periodic intervals. The various service delivery models are described below. Finally, the importance of involving families in the therapeutic process by integrating therapeutic activities into daily routines needs to be considered. In general, a need for therapy depends on the answers to several questions.

Is a particular skill, e.g., walking, delayed more than the child's general overall development (typical/variable)? If no, therapy is probably not indicated. If yes, can we discern why (vision, hearing, poor endurance due to health problems, lack of movement, lack of strength, sensory problems, lack of opportunity to practice)? The answer to that "why" will tell us whether direct therapy may be helpful (e.g. to strengthen, to adapt the task) or not. Is the answer to that question logical in terms of the medical diagnosis? If so, is direct therapy usually helpful? If a medical diagnosis has not been determined, does the child need a medical diagnostic evaluation?

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Are the prerequisites for that skill emerging or present? If so, are they typical? For example, a child is not walking but can assume sitting and coming to stand; a child is not chewing but is munching and lateralizing the tongue. Direct therapy is likely not needed. If the prerequisite skills are not emerging, do we know why (vision, hearing, endurance, sensory problems, weakness, lack of opportunity to practice)? Can these areas be improved medically, by family education, or environmental change? Direct therapy may be helpful here. Is the major limitation lack of practice or lack of endurance? If so, therapeutic consultation and development of a program to be carried out by educators and parents may be more appropriate.

Is the reason for the lack of emergence of a skill potentially remediable? If it is, then the focus should be on that remediation (strengthening, medical management of seizures, provision of eye glasses). Much of specific remediation is medical and outside the realm of EI services. If, however, the reason for lack of development of a functionally important skill is remediable, e.g.: lack of strength of an innervated muscle, then direct therapy is likely to be helpful. If not, therapy should be focused on a different means of establishing the function. For example, the focus of PT in a child with spina bifida is not to make the legs strong but to promote the trunk, upper extremity, balance and motor-planning skills necessary for adapted ambulation and wheelchair use. The focus of OT in a child with pervasive developmental disorder is to help the child tolerate and learn from sensory stimuli and therefore to be able to tolerate sensorimotor and social exploration, not to “normalize behavior.” If a child is not talking because he is profoundly hearing impaired, the focus of therapy will be on multi-modal communication. If the reason for lack of development of a functionally important skill is remediable, e.g. lack of strength of an innervated muscle, then therapy is likely to be helpful.

In general, for a child to benefit from direct therapy (OT, PT, and ST), in addition to developmental intervention, the following should be considered:

A child whose development is typical and globally delayed (typical/global) will probably not need extensive PT, OT, and ST services. The functional goals for a child with global developmental delays can usually be met with a home activity program and periodic monitoring and/or consultation.

A child whose development is delayed with specific areas out of proportion from overall development (an uneven severity of the delay – typical/variable – will likely benefit from direct therapy in the domains of greater delay.

A child with atypical development will generally benefit from direct therapy in the atypical domain.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

A child with a specific medical diagnosis will probably benefit from direct therapy, although the provision of services should be based on functional deficits and functional goals, and not only on the presence of a diagnosis.

A child who has delays based solely on a lack of experience or “immaturity” will probably benefit more from DT than from other direct therapy services.

A child for whom any adaptation to a task or for whom adaptive equipment is being considered will probably benefit from direct or consultative OT, PT, or ST.

Direct therapy should be based on family-centered function goals. OT, PT, or ST is probably not indicated when the only goal is nonspecific developmental progress or “age-appropriate” development.

Improved endurance or improved speed in completing a task is an appropriate goal for direct OT, PT, or ST only if the lack of speed or endurance results in a functional delay.

Models of Therapy Services

In direct service the therapist provides one-on-one interaction with the child and family or with a small group of children. Direct service is appropriate when specialized approaches and techniques are needed that are individualized to the child and require the skills of a trained therapist to administer. In virtually all areas of therapy, direct service consists of various components, including 1) educational (teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently); 2) remediation or work on improving the child’s capacity to do a component of the skill through use of therapeutic techniques (e.g., stretching to improve range of motion, massage to free up joints, changing the environment, providing a sensory stimulus); 3) expert alteration of the task (provision of adaptive equipment for mobility or self feeding), and 4) co-treatment. All of the treatment modalities depend on the therapists’ expert understanding of the foundations of the task, of ongoing observation of the response to the treatment, and to varying the treatment depending on the response of the child.

Monitoring of the intervention services involves evaluating/assessing the child, development of a program and teaching family members and other team members to implement the program. Monitoring occurs when the frequency of therapy is determined to be monthly or less. The therapist remains responsible for the outcome of the plan and oversees the program to ensure that the procedures are implemented on a consistent basis. Monitoring also involves a focused reevaluation of a child to see if the child is meeting goals as written on the service plan, given his overall health, sensorimotor and developmental status and requires provision by an EI professional. Implicit in the idea of monitoring is that if expected progress is not occurring, or

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

regression is occurring, the process will change in some way. This may include reevaluation/assessment, revision of the service plan or referral for medical diagnostic evaluation.

Consultation involves the request of one professional to another regarding a specific area of concern. The consultation may require several contacts, but ends with a response and recommendations. Consultation consists of an evaluation by a therapist with subsequent direction to the child's parents, educators or other professionals, regarding activities or program modifications which can be incorporated into play, self care, and/or educational routines. Consultative services are designed to enable others to meet their expressed goals and may or may not involve hands-on work by the therapist with the child. In consultation the therapist uses their knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may include directions for positioning, suggesting activities that promote the acquisition of certain functional skills, modifications to an existing program to improve endurance and speed, recommendations for orthotics, and making suggestions for environmental changes.

Often monitoring or consultative services could be done in a co-treatment model.

Service Guideline Parameters

Children and their families enter the EISS because of concerns about one or more aspects of the child's development, or because they are known to have conditions likely to result in impairment of the quality and rate of development. Children and families receive services intended to improve function, promote social competence and integration, enable families to understand their children's needs and address them, and prevent secondary disabilities. The areas targeted for intervention and the methods of intervention are reflected in an IFSP.

It is understood within the context of these guidelines for provision of therapy that:

EI services are based on measurable goals that are reviewed with the family every six months through the IFSP process. The age and/or developmental level may impact the frequency of service. The eligibility will be reviewed annually.

All intervention strategies should include a developmental focus that facilitates social interaction, curiosity, exploration, and learning.

The guidelines which follow are an attempt to provide guidance for professionals working with children who have an identified medical diagnoses and/or developmental delays. The specific diagnoses are not all inclusive but they are high-severity diagnoses and relatively common within the EI population. The lack of a specific diagnosis or the presence of less prevalent

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

diagnoses does not deny access to developmentally indicated therapy.

It is explicitly understood that medically prescribed therapy may need to be more intense than what is provided within the EISS. Individual children, families, therapists, and physicians may also request and provide services of different types and different intensity outside the EI system.

Some children have sustained acute injuries that have resulted in developmental delays. Acute rehabilitative therapy is not an educationally or developmentally based process, and should remain a medically based service outside the EI arena. Once the condition has become subacute or chronic, as determined by the child's physician, the therapy treating the developmental delay can and should be provided by the EISS.

Some children may have multiple delays, and will therefore require a higher frequency of services. It is anticipated that such services may be supported by other programs that provide medical therapies. All intervention services including assessments within the EI system must be provided according to Illinois law. Some services require a prescription. The prescription must include a diagnosis (if there is one), and any precautions, and should include at least three short-term goals to be addressed over the succeeding six months. An evaluation/assessment of the child's status must be obtained prior to the initiation of therapy, and objective change must be documented at least once every six months to determine the child's progress. Examples of objective testing include the Peabody, GMFM, manual muscle testing, range of motion, SICD, etc. A list of acceptable assessment tools is included in Appendix B. Goals can include maintenance of current function or prevention of loss of function, if appropriate. The initial status and the rate of progress must be included in the IFSP.

These guidelines only apply to DT, ST, OT, and PT. There are no clear, universally accepted guidelines that identify a specific frequency of any therapy that is most appropriate for all children with developmental delays and specific disabling conditions. The EISS offers 12 additional services that address a child's developmental delay; these services as well as other programs/supports should be considered and offered to the family. All conditions, including developmental delay, may affect the way the child is integrated into the family. The following guidelines provide a range and total cumulative hours that would apply for most children in need of EI services. With appropriate clinical justification, exceptions to these guidelines may be appropriate. Justification needs to answer the following questions:

- 1) What specific results are expected that warrant an increased amount of service?
- 2) What are the specific factors about this child that lead the team to determine more/less services is needed?

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 3) Is the child eligible to receive these therapy services from other programs (e.g., DSCC, Prevention Initiative programs, Early Head Start); why aren't these resources responsible for providing these services?

In cases where specific areas are impaired, the minimum frequency is usually one time per month in that area. Some children will be present with multiple impairments. In this case, the number of therapy sessions is not additive, but is driven by the developmental needs of the child. Total cumulative therapy sessions are not a sum of hours of service, but rather represent optimal interventions when provided in an integrated, multidisciplinary developmental model. No service should be considered "mandatory," but DT should be considered for most children.

1. Cerebral Palsy. Cerebral Palsy is a condition that affects motor function; children may have other impairments as well. Therefore, OT and PT should be part of the IFSP; generally a frequency of OT and PT less than monthly or more than once weekly should be reviewed. The usual frequency of ST is once to twice weekly. The usual frequency for DT is once monthly to twice weekly. Most children with Cerebral Palsy will require 12 or less combined total therapy sessions monthly. A total of more than 12 combined total therapy sessions monthly will require further justification.
2. Spina Bifida. Spina Bifida is a condition that affects motor function; children often have other impairments. Therefore, OT and PT should be part of the IFSP. Generally, quantities of PT are monthly to twice weekly. The usual frequency of OT may range from once monthly to once weekly. The usual frequency for DT is once monthly to once weekly. Precautions of insensate skin and osteoporosis are presumed with this diagnosis. Most children with Spina Bifida will require 8 or less combined total therapy sessions monthly. A total of more than 8 combined total therapy sessions monthly will require further justification.
3. Down Syndrome. Down Syndrome is a condition that usually affects cognition. Not all children with Down Syndrome require specific OT and PT. All children with Down Syndrome will benefit from a PT evaluation to develop a home program for positioning and handling because of the underlying hypotonia. Acceptable frequency of PT is from an evaluation once every three months to once weekly therapy. Activities involving cervical flexion/extension are contraindicated. OT to foster self-care skills and exploratory play is often helpful. The usual range is from evaluation every three months to once weekly therapy. Feeding evaluation and

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

ongoing feeding therapy weekly is appropriate for children who have oral motor/feeding dysfunction. Communication/Speech-Language evaluation for children with Down Syndrome may be appropriate; the usual frequency is from evaluation once every three months to once weekly. The usual frequency for DT is once monthly to once weekly. Most children with Down Syndrome will require 6 or less combined total therapy sessions monthly. A total of more than 6 combined total therapy sessions monthly will require further justification.

4. Pervasive Developmental Disorder (PDD). PDD is predominantly a condition of impaired communication and social development. Communication therapy is always indicated for children with this problem, with a usual range of weekly to twice weekly. OT is usually indicated to facilitate self-regulatory skills necessary for participation in all the child's environments and to promote self-care and play skills with a usual frequency of monthly to twice weekly. PT is rarely indicated. DT is always indicated with the usual frequency of 2-4 times weekly. This is an area where expert opinion is rapidly evolving. Most children with PDD will require 16 or less combined total therapy sessions monthly. More than 16 combined total therapy sessions monthly will require further justification.

- 5-8. Children With a Developmental Delay and/or Other Medical Diagnosis. Therapy services when authorized for specific goals may have an appropriate frequency ranging from evaluation/assessment only to direct services no more than four times monthly, including ST, OT, and PT. Consultative services by therapists to parents and educators may have an appropriate frequency ranging from evaluation/assessment only to consultative services once monthly each for ST, OT, and PT.

As discussed extensively above, therapy must be goal directed, must include family education, must be associated with progress toward goals when reviewed at mandated times, and must be used for goals which are appropriate for the child's overall functional status.

Severity of disability does not, by itself, justify increased amounts of therapy. Prevention of secondary disability, e.g. contractures and tolerance of movement, sensory stimulation, and social stimulation are appropriate goals for young and/or severely affected infants but can usually be accomplished with consultative or intermittent direct therapy.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Most children who are delayed and/or have another medical diagnosis but who are typically developing will require 5 or less combined therapy sessions monthly. A total of more than 5 combined total therapy sessions monthly will require further justification for those children who are delayed but typically developing. A total of more than 8 combined total therapy sessions monthly will require further justification for those children who are delayed and/or have another medical diagnosis and demonstrate atypical development.

9. Typical/Variable: Speech-language Delay. Children whose presenting concern is delayed receptive language, expressive language and/or articulation. These children need evaluation/assessment of hearing and other areas of their development. ST is indicated with a usual frequency of monthly to twice weekly. The usual frequency for DT is once to twice weekly. Most children with speech language delay will require 8 or less combined total therapy sessions monthly. A total of more than 8 combined total therapy sessions monthly will require further justification.
10. Typical/Variable: Hearing Impairment. Speech-language aural rehabilitation therapy is always indicated. Family education regarding treatment and education options should always be a part of the IFSP. The usual frequency of ST would be once to twice weekly. The usual frequency for DT is once monthly to once weekly. Most children with hearing impairment will require 12 or less combined total therapy sessions monthly. More than 12 combined total therapy sessions will require further justification.
11. Typical/Variable: Vision Impairment. Children with visual impairment who are not profoundly developmentally impaired require OT for self-care skills, environmental exploration and to learn adaptive mobility techniques. The usual frequency is monthly to twice weekly. PT is often indicated for mobility impairments. The usual frequency is monthly to weekly. Communication impairments are common; severely visually impaired children should undergo a speech-language evaluation by one year of age. The usual frequency for DT is once monthly to twice weekly. Most children with vision impairment will require 12 or less combined total therapy sessions monthly. More than 12 total combined therapy sessions monthly will require further justification.
12. Typical/Variable: Unspecified. These children will require services to

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

address the area of variable developmental delay. This may include OT, PT, ST, and/or DT. The usual frequency will depend upon the level of delay. Most children will require 5 or less combined total therapy sessions monthly. A total of more than 5 combined total therapy sessions will require further justification.

Illinois Early Intervention Guideline Summary for PT, OT, ST, and DT

These guidelines are not fixed, but indicate typical courses of intervention. Intervention is based upon a child's specific developmental needs and professional judgment.

- I. Every IFSP must have a documented assessment of each of the five domains:  
 Cognitive  Social-Emotional  Communication  Physical (including vision and hearing)  Adaptive
- II. Every service plan must be developed by the multidisciplinary team, including the family
- III. Developmental evaluation must be indicated as: TYPICAL / GLOBAL  TYPICAL / VARIABLE  DELAYED / ATYPICAL
- IV. For each recommended therapy, there must be three short-term functional goals.

<u>DIAGNOSIS</u>	<u>(a) PT</u>	<u>OT</u>	<u>ST</u>	<u>DT</u>	<u>Combined Total Section 1.02 (Trigger for Justification)**</u>
<u>Specific Conditions:</u>					
<u>1. Cerebral Palsy</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>1-8 x/mo.</u>	<u>1-8 x /mo.</u>	<u>Up to 12 /mo.</u>
<u>2. Spina Bifida</u>	<u>1-8 x /mo.</u>	<u>1-4 x /mo.</u>	<u>0</u>	<u>1-4 x /mo.</u>	<u>Up to 8 /mo.</u>
<u>3. Down Syndrome</u>	<u>0-4 x /mo.</u>	<u>0-4 x /mo.</u>	<u>0-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>Up to 6 /mo.</u>
<u>4. PDD</u>	<u>Rarely Indicated</u>	<u>1-8 x /mo.</u>	<u>4-8 x /mo.</u>	<u>8-16 x /mo.</u>	<u>Up to 16 /mo.</u>
<u>Typical Global:</u>					
<u>5. Typical/Global Medical DX/Dev. Delay</u>	<u>0-1x /mo.</u>	<u>0-1x /mo.</u>	<u>0-1x /mo.</u>	<u>1-4x /mo.</u>	<u>Up to 5 /mo.</u>
<u>6. Typical/Global – No DX/Dev. Delay</u>	<u>0-1x /mo.</u>	<u>0-1x /mo.</u>	<u>0-1x /mo.</u>	<u>1-4 x /mo.</u>	<u>Up to 5 /mo.</u>

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED AMENDMENTS

<u>Atypical:</u>					
<u>7. Atypical: Medical DX/Dev. Delay</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>Up to 8 /mo.</u>
<u>8. Atypical: No DX/Dev. Delay</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>1-4 x /mo.</u>	<u>Up to 8 /mo.</u>
<u>Typical Variable:</u>					
<u>9. Typical/Variable: Speech/Language Delay</u>	<u>N/A</u>	<u>N/A</u>	<u>1-8 x /mo.</u>	<u>1-8 x /mo.</u>	<u>Up to 8 /mo.</u>
<u>10. Typical/Variable: Hearing Impairment</u>	<u>N/A</u>	<u>N/A</u>	<u>4-8 x /mo.</u>	<u>1-4 x /mo.</u>	<u>Up to 12 /mo.</u>
<u>11. Typical/Variable: Vision Impairment</u>	<u>1-4 x /mo.</u>	<u>1-8 x /mo.</u>	<u>Eval. by 1 yr. of age</u>	<u>1-8 x /mo.</u>	<u>Up to 12 /mo.</u>
<u>12. Typical/Variable: Unspecified</u>	<u>These children will require service to address the area of variable delay</u>				<u>Up to 5 /mo.</u>

\*\* Justification: Most children will require less combined therapy sessions monthly. Therapy may be necessary above the amount indicated in the "Combined Total Therapy Sessions" column. Justification for that must be presented by answering the following questions: What specific results are expected that warrant an increased amount of service? What are the specific factors about this child that lead the team to determine more/less service is needed? Is the child eligible to receive these therapy services from other programs (e.g., DSCC, Prevention Initiative, Early Head Start); why aren't these resources responsible for these services?

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Urban and Community Forestry Grant Program
- 2) Code Citation: 17 Ill. Adm. Code 1538
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1538.10	Amendment
1538.20	Amendment
1538.30	Amendment
1538.40	Amendment
1538.50	Amendment
1538.60	Amendment
1538.70	Amendment
1538.80	Amendment
- 4) Statutory Authority: Implementing and authorized by the Urban and Community Forestry Assistance Act [30 ILCS 735].
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to add Inner City Projects to the Grant Program, add language to clarify requirements, add new eligible projects, add additional evaluation priorities and update the Department's address.
- 6) Will this rulemaking contain an automatic repeal date? 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 is a grant program administered by the Department. Participation is voluntary for applicants. Proposed changes to this Part will help the Department better promote the establishment, management and conservation of local urban/community forests and local programs to manage these resources.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 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:

Jonathan Furr, General Counsel

Department of Natural Resources

One Natural Resources Way

Springfield IL 62702-1271

217/782-1809

- 12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: All small municipalities are afforded the opportunity to participate in this grant program. Small businesses focused on selling trees, maintaining trees and providing urban forestry consultation may benefit from being subcontractors. An Illinois chartered not-for profit corporation as defined in the General Not-for-Profit Corporation Act of 1986 can be co-applicant with a unit of local government. Typical not-for-profits include: tree-related groups, open space organizations, and urban forestry or horticulture organizations.
- B) Reporting, bookkeeping or other procedures required for compliance: No new reporting procedures are being enacted with this proposed amendment. Standard accounting and accountability procedures showing proof of expenditures are required. Pursuant to 30 ILCS 735, all records, receipts, expenditures and program activities of an applicant are subject to audit by the Department. Additionally, in-kind contributions shall be detailed in the applications concerning how the contribution will be made.
- C) Types of professional skills necessary for compliance: No reimbursement can be made to a unit of local government until such unit has a tree care ordinance in place. For inner city initiative proposals the community must be a Tree City USA designated community to help ensure long term care and maintenance of the project.

- 13) Regulatory Agenda on which this rulemaking was summarized: July 2003

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

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 d: FORESTRY

## PART 1538

## URBAN AND COMMUNITY FORESTRY GRANT PROGRAM

## Section

1538.5	Purpose
1538.10	Definitions
1538.20	Eligibility
1538.30	General Information
1538.40	General Procedures
1538.50	Urban and Community Forestry Project Approval
1538.60	Eligible Urban and Community Forestry Projects
1538.70	Evaluation Priorities
1538.80	Program Information

AUTHORITY: Implementing and authorized by the Urban and Community Forestry Assistance Act [30 ILCS 735].

SOURCE: Adopted at 16 Ill. Reg. 11108, effective June 30, 1992; amended at 20 Ill. Reg. 5788, effective April 4, 1996; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 1538.10 Definitions

“Act” means the Urban and Community Forestry Assistance Act [30 ILCS 735].

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

"Applicant" means a unit of local government. An Illinois chartered not-for-profit corporation as defined in the General Not-For-Profit Corporation Act of 1986 can be a co-applicant with a unit of local government.

"Budgeted" means the unit of local government has, through legal means, authorized the expenditure of dollars within the appropriate department for forestry activities described in the Urban and Community Forestry Management Plan and the Urban and Community Forestry Project Proposal.

"Comprehensive Urban and Community Forestry Management Plan" means a written comprehensive document used as a guide for urban and community forestry management decisions. It contains information on history, policy, budget, inventory analysis of the forest ecosystem resources and management prescriptions, and describes how a unit of local government will protect, enhance, conserve, maintain and expand the urban and community forestry resource. This plan links together all aspects of a local government's Urban Forestry Projects into a comprehensive document.

"Department" means the Illinois Department of Natural Resources.

"Equipment" means tangible items of a non-consumable nature exceeding \$100.

"Inner City Projects" refers to projects located in older and more densely populated residential sections of a city in which low income and/or minority groups predominate. Projects include: tree planting, tree removal for public safety, vacant land enhancement, green way and river way enhancement, and forest health monitoring and control.

"Urban and Community Forestry Project Proposal" means a written document proposing action to be implemented to complete a specific project approved by the Department pursuant to this Act.

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

## Section 1538.20 Eligibility

- a) Participation in the Urban and Community Forestry Grant Program is available to local units of government. An Illinois chartered not-for-profit corporation as defined in the General Not-For-Profit Corporation Act of 1986 can be a co-applicant of local government.
- b) An Urban and Community Forestry Project Proposal must be reviewed, selected under a competitive review process and approved by the Department before a

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

grant will be awarded.

- c) Units of local government must have, or during the course of this grant, shall develop and put into effect, an urban and community forestry ordinance or resolution addressing their commitment. The purpose of the ordinance is to define the unit of local government's responsibility regarding public trees and other vegetation, identify tree care standards and to provide a legal basis for appropriating funds for urban and community forestry programs.
- d) The local unit of government must have the ability to expend in cash 100% of the grant amount and either expend or document in-kind contribution of the local match.

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

## Section 1538.30 General Information

- a) Grants are awarded for implementing Department approved Urban and Community Forestry Project Proposals. The application for a grant is evaluated based on the priorities defined in Section 1538.70.
- b) Units of local government may apply jointly (or as a co-applicant with a chartered not-for-profit corporation as defined in the General Not-For-Profit Corporation Act of 1986) for approval of Urban and Community Forestry Project Proposals through the Urban and Community Forestry Grant Program. Contracts will be awarded to the unit of local government.
- c) The total number of grants awarded each calendar year is dependent on the size of the grants and the total amount of funds available for the program in the given fiscal year (July 1 - June 30).
- d) A single grant to a unit of local government shall not exceed 5% of the amount allocated for the grant program by the Department in the current fiscal year. However, a cap at no more than 20% of the amount allocated for the grant program by the Department can be used for multi-community projects. Regardless of project size, one individual community can receive no more than 5% of the amount allocated for the grant program.
- e) Grants will not be awarded for the purchasing of equipment.
- f) Grant money is limited to Urban and Community Forestry Project Proposals for

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

which the applicant will provide at least 50% of the cost. The unit of local government's share of the cost may be made by contribution of in-kind service. The unit of local government should set forth, in the application, in detail how such contribution will be made and document in-kind contribution. No federal funds may be used as the match for the project.

- g) The Urban and Community Forestry Grant Program operates on a reimbursement basis only. Reimbursement is provided upon completion of the project approved in the Urban and Community Forestry Grant Contract and filing proper expenditure documents on forms provided by the Department within six months of the contract expiration date.
- h) All project costs incurred before the unit of local government receives notice that they will receive a grant are not eligible for reimbursement.
- i) Only one application for an Urban and Community Forestry Grant can be submitted from any one unit of local government per annual grant period.
- j) Grants should not be used to substitute for existing urban forestry budgets, but used for new projects, new programs, state recognized forest health concerns and epidemics and major citizen safety concerns ~~or programs~~.
- k) All records, receipts, expenditures, and program activities of a grant recipient are subject to audit by the Department.

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

## Section 1538.40 General Procedures

- a) Necessary application forms are available from the Department of Natural Resources, Division of Resource Protection and Stewardship, One Natural Resources Way, Springfield IL 62702-1271 ~~Forest Resources, 600 North Grand Avenue West, Post Office Box 19225, Springfield, IL 62794-9225~~. Urban and Community Forestry grant applications shall consist of the following basic requirements:
  - 1) A completed application form with a complete narration of the proposed project.
  - 2) A copy of the unit of local government's urban and community forestry ordinance, or equivalent.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 3) A map of the municipality showing the location of the proposed project, if applicable.
  - 4) A copy of the unit of local government's Department or Tree Board approved Urban and Community Forestry Management Plan.
  - 5) A document showing how the unit of local government has budgeted for the Urban and Community Forestry Project Proposal.
  - 6) Other supportive documentation.
- b) Applications for grant assistance must be received on or before the date posted by the Department. Applicants will be notified as to the qualification or non-qualification of their application. Units of local government whose applications meet the qualifications specified in the Urban and Community Forestry Assistance Act and this Part will be ranked according to the priorities in Section 1538.70. When grant funds are available, funds will be obligated to qualified units of local governments based on their geographic location and ranking.
  - c) Approved projects as specified in the Urban and Community Forestry Project Proposals must be implemented and completed by a date mutually agreed upon by the Department and the municipality.
  - d) During the implementation of an Urban and Community Forestry Project Proposal, if it is necessary to make changes in scope, plans and/or specifications, the unit of local government shall obtain the Department's approval prior to any change. Changes shall be made a part of the project file and kept available for audit.
  - e) After a completed Urban and Community Forestry Project has been accepted by the Department and all subcontractors and bills have been paid, the unit of local government will prepare and submit a billing request to the Department for reimbursement of up to 50% of the actual approved project costs. Approved project costs are based on those that were budgeted for in the grant recipient's budget and included in the Department-approved Urban and Community Forestry Project Proposal. Only actual expenditures will be considered for reimbursement.
  - f) The Department may make on-site inspections, as deemed necessary in relation to the scope of the Urban and Community Forestry Grant Project, to check progress and compliance.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- g) When applicable, the Department will contact the grant recipient to arrange the final on-site inspection prior to distribution of grant funds. This contact will be made after the grant recipient submits the required forms for reimbursement.
- h) Grant recipients that do not meet the objectives or provide adequate documentation will not receive reimbursement.

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

## Section 1538.50 Urban and Community Forestry Project Approval

- a) A unit of local government or its representative may develop an Urban and Community Forestry Project Proposal and submit it to the Department of Natural Resources, Division of Resource Protection and Stewardship ~~Forest Resources~~ along with the application for approval. The Urban and Community Forestry Project Proposal shall include:
  - 1) Information about previous urban and community forestry programs and the importance of urban forestry to the community to be served by the unit of local government.
  - 2) A narrative relating the importance of the urban and community forest to the community to be served by the unit of local government and to the objectives of the Urban Forestry Project Proposal.
  - 3) A list of tangible objectives, such as species and location of trees to be planted, number of people to be trained and type of training, documents to be developed, etc.
  - 4) A narrative describing the proposed projects and actions.
  - 5) A narrative explaining how the proposed projects and actions will meet the objectives of the community served by the unit of local government.
  - 6) A statement describing how the project will develop or promote a local urban and community forestry program on a long-term basis.
  - 7) An itemized budget for the proposed project.
- b) Any unit of local government whose project is not approved may appeal to the Office Director ~~Regional Review Committee~~ pursuant to 17 Illinois

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

~~Administrative Code 2530. The Regional Review Committee is composed of the Regional Administrator, a District Forester from another district in the Region and the Urban Conservation Program Manager.~~ The appeal must be made within 30 days from the date that the plan or practice was not approved.

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

## Section 1538.60 Eligible Urban and Community Forestry Projects

Grant assistance may be obtained for, but not limited to the following, which are not necessarily items listed in priority order:

- a) The hiring of urban forestry personnel, consultants, interns or tree care companies to complete a Department-approved Urban and Community Forestry Project Proposal
- b) The development of a comprehensive Urban and Community Forestry Management Plan.
- c) The establishment of a tree board.
- d) The collection and organization of data, such as site, location and condition of trees along city streets or in parks. (Street Tree Inventory)
- e) The training of unit of local government employees in tree care practices such as pruning, fertilizing, cabling and bracing.
- f) Urban and community forestry educational and appreciation programs for the general public.
- g) The removal of hazardous, nuisance and dead trees from public property.
- h) Tree planting demonstration on public owned or controlled property.
- i) The development of a plan for control of tree insects and disease agents.
- j) The establishment or development of a tree ordinance.
  - 1) The ordinance must indicate the need for the urban and community forestry program. For instance, the health, safety and welfare of the community's residents and the economic development of the community are two examples indicating need.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 2) The ordinance must establish the division, department, board or other authority that will have the legal responsibility for the local Urban and Community Forestry Program including the implementation of the Urban and Community Forestry Project Proposal. The ordinance must specify the duties and responsibilities of the authority. If the authority is a board or commission, the ordinance must specify the number and qualifications of the members and their term of office.
- 3) The ordinance must state that one of the responsibilities of the authority is to develop written standards for tree planting and maintenance pursuant to the National Arborist Association's ANSI A300 Standard for Tree Maintenance, available from the Tree Care Industry Association, 3 Perimeter Road, Unit One, Manchester NH 03103, telephone 603-314-5380 ~~National Arborist Association, Post Office Box 1094, Amherst NH 03031-1094, telephone 1-800-733-2622.~~
- 4) The ordinance must define who has the authority to plant and maintain trees on public property.
- 5) The ordinance should contain a provision for the removal of hazardous or diseased trees from private property.

k) Tree preservation and tree protection demonstration sites.

l) Inner-city tree improvement projects.

m) Tree and utility conflict resolution partnerships.

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

## Section 1538.70 Evaluation Priorities

- a) Awarding of urban and community forestry grants will be determined by a competitive application process. The following criteria will be used to evaluate and select projects from qualified Urban and Community Forestry Project Proposals for grant funding. No special priority is given to any of the following items.
  - 1) The need for the development of a Comprehensive Urban and Community Forestry Management Plan as indicated by documented public support.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 2) The need for the project outlined in the proposed Urban and Community Forestry Project Proposal as documented by a Comprehensive Urban and Community Forestry Management Plan or other long-range planning document.
- 3) The need for the Urban and Community Forestry Project Proposal as indicated by public support. Public support must be documented by evidence of citizen participation in urban and community forestry programs, especially participation in the Urban and Community Forestry Project Proposal or copies of residents' requests for urban forestry assistance.
- 4) The commitment of individuals, businesses and other local organizations to the Urban and Community Forestry Project Proposal, as demonstrated by attendance at local participation meetings, volunteer service, funds raised or other in-kind contributions (based on population).
- 5) The need for assistance based upon the receipt of grant funds from the Department for implementing Urban and Community Forestry Projects within the past five fiscal years.
- 6) The facilitation of improvements to the quality of the environment in forests and green space areas within the applicant's jurisdiction through the improved management and preservation of the urban/community forest resources for the common good, health, welfare and safety of the citizens of this State.
- 7) Increase public awareness.
- 8) Increase participation of local citizenry and volunteers.
- 9) Establishment and commitment to the management and improvement of the forest resources of the community.
- 10) Past grant performance, if the applicant has previously received funding under this program.
- 11) Applications from local units of government previously not benefiting from the Urban and Community Forestry Grant Program, unless the previous funding provided evidence of high risk trees.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 12) Inner city projects that provide a highly visible change in the urban environment.
- b) Special consideration will be given to those Urban and Community Forestry Project Proposals that address:
- 1) Joint efforts between two or more local governments that may have regional implications.
  - 2) Reduction in energy consumption.
  - 3) Utilization of waste wood materials, i.e., logs, brush, wood chips, etc.
  - 4) Full or part time employment opportunities in urban and community forestry and related activities.
  - 5) The development of a new urban and community forestry program as defined by not being an active part of the municipality's programs within the past five years.
  - 6) The community's development, appreciation, and continued awareness of the importance of the urban and community natural resource.
  - 7) The establishment of tree boards for facilitating and improving management of urban and community forest resources.
  - 8) Control, mitigation and eradication of insect and disease epidemics in urban/community public forest lands.
  - 9) Reduction of scientifically documented cases of extreme tree risk conditions that could be detrimental to citizens.
  - 10) Development of tree preservation demonstration sites showing accepted tree protection measures.
  - 11) Development of tree/utility conflict resolution partnerships.
  - 12) Improvements to inner city reforest and tree resources.

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

Information regarding the Urban and Community Forestry Grant Program may be obtained by writing to:

Illinois Department of Natural Resources

Division of Resource Protection and Stewardship ~~Forest Resources~~

Urban and Community Forestry Program

One Natural Resources Way ~~600 North Grand Avenue West, P. O. Box 19225~~

Springfield IL 62702-1271, ~~Illinois 62794-9225~~

PHONE: 217/785-8771 ~~782-2361~~

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

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Pharmacy Practice Act of 1987
- 2) Code Citation: 68 Ill. Adm. Code 1330
- 3) Section Numbers:      Proposed Action:  
1330.05                      Amendment  
1330.76                      New Section
- 4) Statutory Authority: Pharmacy Practice Act of 1987 [225 ILCS 85]
- 5) A Complete Description of the Subjects and Issues Involved:  
  
This proposed rulemaking adds Section 1330.76 in response to new requirements by the Drug Enforcement Agency. In addition, the definition of “unique identifier” added to the Act by PA 92-0880 is included in Section 1330.05.
- 6) Will these proposed amendments replace an emergency rule 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 Objectives (if applicable):  
  
This rulemaking has no effect 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

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

217/785-0813

All written comments received within 45 days after the publication 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: Pharmacies
  - B) Reporting, bookkeeping or other procedures required for compliance:  
None
  - C) Types of professional skills necessary for compliance:  
Pharmacy skills are necessary for licensure.
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2003

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

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 68: PROFESSIONS AND OCCUPATIONS

## CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION

## SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1330

## PHARMACY PRACTICE ACT OF 1987

## Section

- 1330.~~50~~5 Definitions
- 1330.10 Application for Certificate of Registration as a Pharmacy Technician
- 1330.20 Approval of Pharmacy Programs
- 1330.30 Graduates of Programs Not Approved Pursuant to the Provisions of  
Section1330.20
- 1330.40 Application for Examination
- 1330.50 Examination for Licensure
- 1330.55 Application for Licensure on the Basis of Examination
- 1330.60 Endorsement
- 1330.65 Patient Counseling
- 1330.70 Definitions (Renumbered)
- 1330.75 Security Requirements
- [1330.76 Reporting Theft or Loss of Controlled Substances](#)
- 1330.80 Violations
- 1330.90 Divisions of Pharmacy Licenses

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1330.91 Division I Pharmacies
- 1330.92 Division II Pharmacies
- 1330.93 Division III Pharmacies
- 1330.94 Division IV Pharmacies
- 1330.95 Division V Pharmacies
- 1330.96 Nonresident Pharmacies
- 1330.98 Automated Dispensing and Storage Systems
- 1330.99 Parenteral Product Standards
- 1330.100 Application for a Pharmacy License
- 1330.110 Granting Variances
- 1330.120 Renewals
- 1330.130 Restoration
- 1330.140 Continuing Education

**AUTHORITY:** Implementing the Pharmacy Practice Act of 1987 (225 ILCS 85) and authorized by Section 2105-15 of The Civil Administrative Code of Illinois (20 ILCS 2105/2105-15)).

**SOURCE:** Rules and Regulations promulgated for the Administration of the Illinois Pharmacy Practice Act, effective August 20, 1975; amended March 8, 1977; amended at 4 Ill. Reg. 1234, effective July 11, 1980; amended at 5 Ill. Reg. 2997, effective March 1981; codified at 5 Ill. Reg. 11049, emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 7 Ill. Reg. 6496, effective June 30, 1983; amended at 9 Ill. Reg. 16918, effective October 23, 1985; amended at 10 Ill. Reg. 21913, effective December 17, 1986; transferred from Chapter I, 68 Ill. Adm. Code 330 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1330 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2957; amended at 12 Ill. Reg. 17394, effective October 14, 1988; amended at 16 Ill. Reg. 19811, effective December 7, 1992; amended at 21 Ill. Reg. 12600, effective August 29, 1997; amended at 22 Ill. Reg. 21959, effective December 1, 1998; amended at 23 Ill. Reg.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

14138, effective November 18, 1999; amended at 24 Ill. Reg. 8548, effective June 9, 2000; amended at 26 Ill. Reg. 18338, effective December 13, 2002; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 1330.5-05 Definitions

"Act" ~~of 1987~~ means the Pharmacy Practice Act of 1987 [225 ILCS 85].

"Authentication of Product History" means, but is not limited to, identifying the purchasing source, the ultimate disposition and any intermediate handling of any component of a radiopharmaceutical, diagnostic agent or device.

"Deliver" means the actual, constructive or attempted transfer of possession of a prescription medication.

"Dispense" means to interpret, verify computer entry of, select the prescribed product for, prepare and/or deliver a prescription medication to an ultimate consumer or to a person authorized to receive the prescription medication by or pursuant to the lawful order of a practitioner, including the compounding, packaging, and/or labeling necessary for delivery and any recommending, advising and counseling concerning the contents, therapeutic values, uses and any precautions, warnings and/or advice concerning consumption. Dispense does not mean the physical delivery to a patient or a patient's representative in a home or institution by a designee of a pharmacist or by common carrier or the physical delivery of a drug or medical device to a patient or patient's representative by a pharmacist's designee within a pharmacy or drugstore while the pharmacist is on duty and the pharmacy is open.

"Distribute" means to deliver, other than by dispensing, a prescription medication.

"Division I pharmacy" is any pharmacy that engages in general community pharmacy practice and that is open to, or offers pharmacy service to, the general public.

"Division II pharmacy" is any pharmacy whose primary pharmacy service is provided to patients or residents of facilities licensed under the Nursing Home Care Act [210 ILCS 45] or the Hospital Licensing Act [210 ILCS 85], or the University of Illinois Hospital Act [110 ILCS 330] and that is not located in the facility it serves.

"Division III pharmacy" is any pharmacy that is located in a facility licensed under the Nursing Home Care Act or the Hospital Licensing Act, or the University of Illinois Hospital Act or a facility that is operated by the Department of Human Services or the Department of Corrections, and that provides pharmacy services to residents or patients

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

of the facility, as well as employees, prescribers and students of the facility.

"Division IV pharmacy" is any pharmacy that provides and/or offers for sale radiopharmaceuticals.

"Division V pharmacy" is any pharmacy that holds a license in Division II or Division III that also provides pharmacy services to the general public, or is any pharmacy that is located in or whose primary pharmacy service is to ambulatory care facilities or schools of veterinary medicine or other such institution or facility (e.g., a university infirmary).

"Medication Order" means an order that is issued by a physician for a resident or patient of a facility licensed under the Nursing Home Care Act or the Hospital Licensing Act.

"Nonresident Pharmacy" means a pharmacy that is located outside this State that ships, delivers, dispenses or distributes into Illinois by any means any drugs, medicines, pharmaceutical services or devices requiring a prescription.

"Nuclear Pharmacist" means a pharmacist who provides radiopharmaceutical services and has satisfied the requirements of Section 1330.94(i).

"On File" as used in Section 19 of the Act and this Part means the maintenance at the transferor pharmacy of the transferred prescription, whether previously filled or unfilled. For previously filled prescriptions at a transferor pharmacy located in Illinois, the prescriptions shall be maintained pursuant to the recordkeeping requirements of Section 18 of the Act. For previously unfilled prescriptions at a transferor pharmacy located in Illinois, the prescriptions shall be maintained in a readily retrievable format in a suitable book, file or recordkeeping system for a period of not less than 5 years. For previously filled and unfilled prescriptions at a transferor pharmacy located in a state other than Illinois, the prescriptions shall be maintained pursuant to the recordkeeping requirements of that State.

"Patient counseling" means the communication between a ~~pharmacist~~ pharmacists or a student pharmacist under the direct supervision of a pharmacist and a patient or the patient's representative about the patient's medication or device for the purpose of optimizing proper use of prescription medications or devices. The offer to counsel shall be made by the pharmacist or the pharmacist's designee, and subsequent patient counseling by the pharmacist or the student pharmacist, shall be made in a face-to-face communication with the patient or the patient's representative, unless, in the professional judgment of the pharmacist, a face-to-face communication is deemed inappropriate or unnecessary. In that instance, the offer to counsel or patient counseling may be made in a

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

written communication, by telephone or in a manner determined by the pharmacist to be appropriate.

"Patient profiles" or "patient drug therapy record" means the obtaining, recording and maintenance of patient prescription and personal information.

"Pharmacist" means ~~a an individual who is~~ currently licensed pharmacist ~~as a registered~~ or registered assistant pharmacist.

"Prospective drug review" or "drug utilization evaluation" means the screening for potential drug therapy problems due to therapeutic duplication, drug-disease contraindications, drug-drug interactions (including serious interactions with nonprescription or over-the-counter drugs), drug-food interactions, incorrect drug dosage or duration of drug treatment, drug-allergy interactions and clinical abuse or misuse.

"Radiopharmaceutical" means any substance defined as a drug in Section 3 (b) of the Pharmacy Practice Act that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or nuclide generator that is intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds of potassium-containing salts which contain trace quantities of naturally occurring radionuclides. ~~Radiopharmaceuticals~~ ~~Radio-pharmaceutical~~ include radioactive biological products as defined in the Federal Food, Drug and Cosmetic Act (21 USC ~~U.S.C.~~ 301 et seq. (1988)) and regulations promulgated thereunder.

"Radiopharmaceutical Quality Assurance" means, but is not limited to, the performance of appropriate chemical, biological and physical tests on potential radiopharmaceuticals, and the interpretation of the resulting data to determine their suitability for use in humans and animals, including internal test assessment, authentication of product history and the keeping of proper records in these regards.

"Radiopharmaceutical Service" means the compounding, dispensing, labeling and delivery of radiopharmaceuticals; the participation in radiopharmaceutical selection and radiopharmaceutical utilization reviews; the proper and safe storage and distribution of radiopharmaceuticals as determined by the Illinois Department of Nuclear Safety; the maintenance of radiopharmaceutical quality assurance; the responsibility for advising, where necessary or required, of diagnostic and therapeutic values, hazards and use of radioactive pharmaceuticals; and the offering or performance of those acts, services, operations or transactions necessary in the conduct, operation, management and control of a Division IV Pharmacy.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

"Registrant" means a licensed ~~registered~~ pharmacist, registered assistant pharmacist or a registered pharmacy technician.

"Student Pharmacist" is a person registered as a pharmacy technician who is enrolled in a pharmacy program and is designated as a "student pharmacist" pursuant to Section 9 of the Act.

"Ultimate consumer" means the person for whom a drug is intended.

"Unique identifier" means an electronic signature, handwritten signature or initials, thumb print, or other acceptable individual biometric or electronic identification process as approved by the Department.

"Unprofessional conduct" under Section 30 of the Act shall include, but not be limited to, any act or practice related to the practice of pharmacy that is wilful, wanton, repeated or flagrant and likely to result in harm to an individual. In determining what constitutes unprofessional conduct, the Board shall consider, but shall not be limited to, the following standards as they relate to the person who is the subject of the proposed disciplinary action:

Violations set forth in Section 30(a) of the Act;

Repeated commission of an act or acts that are of a flagrant and obvious nature so as to constitute conduct of such a distasteful nature that accepted codes of behavior or codes of ethics are breached;

Repeated commission of an act or acts in a relationship with a patient so as to violate common standards of decency or propriety;

Wilful violation or knowing assistance in the violation of any law relating to the use of habit-forming drugs;

Wilful preparation or signing false statements in order to induce payment for pharmacy services by the Department of Public Aid, or any other local, state or federal department, agency or governmental body, or any private insurance program; and

Violating practice Standards of the American Pharmaceutical Association/American Association of Colleges of Pharmacy Standards of Practice for the Profession of Pharmacy, published March 1979, and the "Principle of Practice for Pharmaceutical Care", 1996, which include no later editions or amendments, and which are herein incorporated by reference, in determining what is unprofessional conduct; however,

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

non-compliance with these professional standards shall not alone be considered an act of unprofessional conduct unless these acts are of a flagrant, glaringly obvious nature constituting a substantial departure from these professional standards.

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

Section 1330.76 Reporting Theft or Loss of Controlled Substances

In every instance that a pharmacist-in-charge is required by federal law (21 CFR 1301.150) to file with the U.S. Drug Enforcement Agency a "Report of Theft or Loss of Controlled Substances", Form 106, a copy shall be sent to the Department. Failure to do so may result in discipline of the pharmacist.

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

## ATTORNEY GENERAL

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Motor Vehicle Advertising
- 2) Code Citation: 14 Ill. Adm. Code 475
- 3) Section Numbers:      Adopted Action:  
475.530                      Amend
- 4) Statutory Authority: 815 ILCS 505/2 and 4
- 5) Effective Date of Rules: August 11, 2003
- 6) Does this rulemaking contain an automatic repeal date?  
\_\_ Yes X No    If so, please specify date:
- 7) Does this amendment contain incorporations by reference? No
- 8) A copy of the adopted amendment is on file and is available for public inspection in the Attorney General=s principal office in Chicago (12th Floor, James R. Thompson Center).
- 9) Notice of Proposal Published in Illinois Register:  
February 28, 2003 27 Ill. Reg. 3187  
(issue date)
- 10) Has JCAR issued a Statement of Objections to this amendment? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were agreed.
- 13) Will this amendment replace an emergency amendment currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rule: These amendments were developed in response to certain concerns regarding motor vehicle advertising practices, which arose subsequent to the first notice of proposed amendments published on November 22, 2002. Section 475.530 is amended to ensure that advertisements only refer to rebate programs that are funded

## ATTORNEY GENERAL

## NOTICE OF ADOPTED AMENDMENT

solely by the manufacturer. Section 475.530 is also amended to 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.

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

Name: Patricia D. Kelly

Address: Office of the Attorney General  
100 West Randolph Street - 12th Floor  
Chicago, Illinois 60601

Telephone: (312) 814-3749

The full text of the Adopted Rules begins on the next page.

ATTORNEY GENERAL

NOTICE OF ADOPTED AMENDMENT

TITLE 14: COMMERCE

SUBTITLE B: CONSUMER PROTECTION

CHAPTER II: ATTORNEY GENERAL

PART 475

MOTOR VEHICLE ADVERTISING

SUBPART A: GENERAL PROVISIONS

Section  
475.110 Definitions

SUBPART B: GENERAL ADVERTISING PRACTICES

Section  
475.210 Clear and Conspicuous – Disclosure of Material Terms  
475.220 Footnotes and Asterisks  
475.230 Print Size  
475.240 Photographs and Illustrations  
475.250 Abbreviations

SUBPART C: PRICE ADVERTISING

Section  
475.310 Advertised Price  
475.320 Advertising Limitations  
475.330 Low Prices (Repealed)  
475.340 Lowest Prices – Guaranteed Lowest Prices  
475.350 Price Matching

## ATTORNEY GENERAL

## NOTICE OF ADOPTED AMENDMENT

- 475.360 Disclosure of Basis for Price Comparison
- 475.370 Sales
- 475.380 Liquidation Sale
- 475.390 Range of Savings or Price Comparison Claims
- 475.410 Dealer Cost/Invoice Pricing
- 475.420 Buy-Down Rate

## SUBPART D: OTHER ADVERTISING PRACTICES

## Section

- 475.510 Demonstrator, Executive, Official, or Promotional Vehicles
- 475.520 Rental Vehicles
- 475.530 Rebates
- 475.540 Trade-Ins
- 475.550 No Money Down
- 475.560 Shopped Price
- 475.570 Factory Outlet
- 475.580 Contract Add-Ons
- 475.590 Gifts and Free Offers

## SUBPART E: CREDIT SALES ADVERTISING

## Section

- 475.610 Credit Sales Advertising Disclosures
- 475.620 Advertised Terms Unavailable
- 475.630 Advertised Finance Rate

## ATTORNEY GENERAL

## NOTICE OF ADOPTED AMENDMENT

475.640 Advertisement of Credit Terms

## SUBPART F: LEASE ADVERTISING

## Section

475.710 Lease Advertising Disclosures

475.720 Other Limitations, Restrictions or Conditions (Repealed)

## SUBPART G: EXEMPTION PROVISIONS

## Section

475.810 Exemption

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].

SOURCE: Adopted at 15 Ill. Reg. 17949, effective December 3, 1991; amended at 25 Ill. Reg. 4819, effective March 20, 2001; amended at 27 Ill. Reg. 7960, effective April 16, 2003; amended at 27 Ill. Reg. 13992, effective August 11, 2003.

## SUBPART D: OTHER ADVERTISING PRACTICES

## Section 475.530 Rebates

- a) It is an unfair or deceptive act to advertise any cash rebates, including, without limitation, a payment or an offset to a consumer or payment to a dealer or third party on behalf of the consumer on the condition that the consumer purchase or lease a motor vehicle, unless the rebate is funded solely by a manufacturer pursuant to ~~is offered through~~ a manufacturer's rebate program.
- b) It is an unfair or deceptive act ~~for any dealer~~ to advertise a price or amount of an installment payment, wherein rebates have been deducted, unless every consumer seeking to purchase or lease the advertised vehicle is eligible for the rebate.
- c) ~~The Dealers may advertise the~~ availability of a limited rebate may be advertised if the terms of the limitation are clearly and conspicuously disclosed. It is an unfair or deceptive act ~~for any dealer~~ to advertise a price or amount of an installment payment in which limited rebates have been deducted, or to advertise a total amount of rebate if a portion of the total consists of a limited rebate.

ATTORNEY GENERAL

NOTICE OF ADOPTED AMENDMENT

(Source: Amended at 27 Ill. Reg. 13992, effective August 11, 2003)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Alcoholism and Substance Abuse Treatment and Intervention Licenses
- 2) Code Citation: 77 Ill. Adm. Code 2060
- 3) Section Numbers:     Adopted Action:

2060.103	Amended
2060.307	Amended
2060.319	Amended
2060.323	Amended
2060.325	Amended
2060.509	Amended
- 4) Statutory Authority: Implementing and authorized by the Illinois Vehicle Code [625 ILCS 5] and the Alcoholism and Other Drug Dependency Act [20 ILCS 301].
- 5) Effective Date of Amendments: August 8, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment 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: 27 Ill. Reg. 3197-02/28/03
- 10) Has JCAR Issued a Statement of Objection to this rulemaking? No
- 11) Difference(s) between proposal and final version:

Several grammatical changes were made throughout the rule.

  - A) Section 2060.103 - In the "HIPAA" definition "transactions" was deleted. In the "Investigational New Drugs" definition 2000 was changed to 2002. In the "Protected Health Information" definition "as" was deleted. In the "Risk" definition "use" was changed to "abuse".

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- B) Section 2060.307 b) “alternate” was changed to “alternative”. Section 2060.307 f) changed “and required documentation of” to “ if the organization is required to document” after “service”, “such documentation shall be maintained” before “six years”,” added “from the date of its creation or the date when it last was in effect, whichever is later,” after “six years”.
- C) Section 2060.319 a) The last sentence “The organization shall comply with said regulations and statutes” was changed to “However, nothing in this Part shall be construed as having the effect of imposing HIPAA requirements on a provider to whom HIPAA does not apply.” 2060.319 b)6) “2.61” was changed to “2.62” to reflect text currently on file.
- D) Section 2060.323 e) “If the organization is required to comply with HIPPA,” was added at the beginning of the sentence.
- E) 2060.325 16) “HIPAA” was deleted, “the extent required by HIPAA” was added, “any individual or entity other than the subject of the information for purposes other than treatment, payment or routine health care operations” was deleted. In u) added “who are covered by HIPAA” after “Licensees”. Section 2060.325 u) “at least” was deleted. 2060.325 u)4) “as” was deleted.
- F) Added Section 2060.509 as the result of public comment.
- 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 amendment replace an emergency amendment currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Amendment: The proposed amendment relates to patient and client records and confidentiality of those records. Amendments have been proposed to this part to ensure compliance with the privacy and security provisions of the federal Health Insurance Portability and Accountability Act.
- 16) Information and questions regarding this adopted rule shall be delivered to:  
Ms. Tracie Drew, Chief  
Bureau of Administrative Rules and Procedures

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

Department of Human Services

100 South Grand Avenue, East, Third Floor

Springfield, Illinois 62762

Telephone: (217) 785-9772

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

---

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH

CHAPTER X: DEPARTMENT OF HUMAN SERVICES

SUBCHAPTER d: LICENSURE

PART 2060

ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT

AND INTERVENTION LICENSES

SUBPART A: GENERAL REQUIREMENTS

Section

- 2060.101     Applicability
- 2060.103     Incorporation by Reference and Definitions

SUBPART B: LICENSURE REQUIREMENTS

Section

- 2060.201     Types of Licenses
- 2060.203     Off-Site Delivery of Services
- 2060.205     Unlicensed Practice
- 2060.207     Organization Representative
- 2060.209     Ownership Disclosure
- 2060.211     License Application Forms
- 2060.213     License Application Fees

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 2060.215 Period of Licensure
- 2060.217 License Processing/Review Requirements
- 2060.219 Renewal of Licensure
- 2060.221 Change of Ownership/Management
- 2060.223 Dissolution of the Corporation
- 2060.225 Relocation of Facility
- 2060.227 License Certificate Requirements
- 2060.229 Deemed Status (Repealed)

## SUBPART C: REQUIREMENTS – ALL LICENSES

## Section

- 2060.301 Federal, State and Local Regulations and Court Rules
- 2060.303 Rule Exception Request Process
- 2060.305 Facility Requirements
- 2060.307 Service Termination/Record Retention
- 2060.309 Professional Staff Qualifications
- 2060.311 Staff Training Requirements
- 2060.313 Personnel Requirements and Procedures
- 2060.315 Quality Improvement
- 2060.317 Service Fees
- 2060.319 Confidentiality – Patient Information
- 2060.321 Confidentiality – HIV Antibody/AIDS Status

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

2060.323	Patient Rights
2060.325	Patient/Client Records
2060.327	Emergency Patient Care
2060.329	Referral Procedure
2060.331	Incident and Significant Incident Reporting
2060.333	Complaints
2060.335	Inspections
2060.337	Investigations
2060.339	License Sanctions
2060.341	License Hearings

## SUBPART D: REQUIREMENTS – TREATMENT LICENSES

## Section

2060.401	Levels of Care
2060.403	Court Mandated Treatment
2060.405	Detoxification
2060.407	Group Treatment
2060.409	Patient Education
2060.411	Recreational Activities
2060.413	Medical Services
2060.415	Infectious Disease Control
2060.417	Assessment for Patient Placement

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 2060.419 Assessment for Treatment Planning
- 2060.421 Treatment Plans
- 2060.423 Continued Stay Review
- 2060.425 Progress Notes and Documentation of Service Delivery
- 2060.427 Continuing Recovery Planning and Discharge

## SUBPART E: REQUIREMENTS – INTERVENTION LICENSES

## Section

- 2060.501 General Requirements
- 2060.503 DUI Evaluation
- 2060.505 DUI Risk Education
- 2060.507 Designated Program
- 2060.509 Recovery Homes

AUTHORITY: Implementing and authorized by the Illinois Vehicle Code [625 ILCS 5] and the Alcoholism and Other Drug Dependency Act [20 ILCS 301].

SOURCE: Adopted at 20 Ill. Reg. 13519, effective October 3, 1996; recodified from Department of Alcoholism and Substance Abuse to Department of Human Services at 21 Ill. Reg. 9319; emergency amendment at 23 Ill. Reg. 4488, effective April 2, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10803, effective August 23, 1999; amended at 25 Ill. Reg. 11063, effective August 14, 2001; amended at 26 Ill. Reg. 16913, effective November 8, 2002; amended at 27 Ill. Reg. 13997, effective August 8, 2003.

## SUBPART A: GENERAL REQUIREMENTS

## Section 2060.103 Incorporation by Reference and Definitions

"Act" means the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301].

"Admission" means what occurs after a patient has completed an assessment, received placement into a level of care, and been accepted for and begins such treatment.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

"Adolescent" means a person who is at least 12 years of age and under 18 years of age.

"Adult" means a person who is 18 years of age or older.

"Alcohol and Drug Evaluation Report Summary" means the form, developed by the Office of the Secretary of State and required for use by the Illinois courts when granting judicial driving privileges, as defined in Section 6-201 of the Illinois Driver Licensing Law [625 ILCS 5/6-201].

"Alcohol and Drug Evaluation Uniform Report" means the form, mandated by the Department and produced from the DUI ~~Services~~ Service Reporting System (DSRS), that is required to report a summary of the DUI evaluation to the circuit court or the Office of the Secretary of State.

"Americans with Disabilities Act of 1990 (ADA)", 42 USC 12101, is the federal law requiring that public accommodations offer their services equally to persons without discrimination based on disabilities. An organization may not deny its services, offer unequal services or separate services, or have policies and procedures that have a discriminatory effect based on a disability, and shall remove barriers where possible and provide alternatives where not possible.

"ASAM Patient Placement Criteria" means the American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-Related Disorders, Fourth Edition (ASAMPPC-2R), 4601 North Park Avenue, Upper Arcade Suite 101, Chevy Chase MD 20815 (2001, no later amendments or editions included).

"Assessment" means the process of collecting and professionally interpreting data and information from an individual and/or collateral sources, with the individual's permission, about alcohol and other drug use and its consequences as a basis for establishing a diagnosis of a substance use disorder, determining the severity of the disorder and comorbid conditions and identifying the appropriate level and intensity of substance abuse treatment, as well as needs for other services.

"Associate Director" means the Associate Director of the Department of Human Services Office of Alcoholism and Substance Abuse (OASA).

"Authorized Prescriber" means a physician licensed to practice medicine in all its branches pursuant to the Medical Practice Act of 1987 [225 ILCS 60] or a physician under federal authority who issues prescriptions pursuant to 21 CFR 1301.25 (2000).

"Authorized Organization Representative" means the individual in whom authority is

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

vested for the management, control and operation of all services at a facility and for communication with the Department regarding the status of the organization's licenses at that facility.

"CDC Tuberculosis Guidelines" means "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities", MMWR 1994 (no. RR13).

"Case Management" means the provision, coordination, or arrangement of ancillary services designed to support a specific patient's substance abuse treatment with the goal of improving clinical outcomes.

"Chemical Test" means, in the context of intervention services, a breath, blood or urine test that measures the blood alcohol concentration (BAC) and/or drug concentration.

"Client" means a person who receives intervention services as defined in this Part.

"Clinical Services" means substance abuse assessment, individual or group counseling, and discharge planning. The organization may also determine that other specified activities require the services of a professional staff member.

"Continuing Recovery Plan" means a plan developed with the patient prior to discharge that identifies recommended activities, support groups, referrals and any other necessary follow-up activities that will support and enhance patient progress, to date.

"Continuum of Care" means a structure of interlinked treatment services (either offered by one organization or through linkage agreements with other organizations) that is designed so a patient's changing needs will be met as that individual moves through the treatment and recovery process.

"Controlled Substance" means a drug or substance, or immediate precursor, that is enumerated in the Schedules of Article II of the Illinois Controlled Substances Act [720 ILCS 570] and in the Cannabis Control Act [720 ILCS 550]

"Department" means the Department of Human Services.

"Detoxification" means the process of withdrawing a person from a specific psychoactive substance in a safe and effective manner.

"Discharge" means the point at which the patient's treatment is terminated either by successful completion or by some other action initiated by the patient and/or the organization.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

"Drunk and Drugged Driving Prevention Fund" means a special fund in the State Treasury created by Section 50-20 of the Alcoholism and Other Drug Abuse and Dependency Act out of which the Department may provide reimbursement for DUI evaluation and risk education services to indigent DUI offenders pursuant to this Part, and that it may also use to enhance and support its regulatory inspections and investigations.

"DUI" means driving while under the influence of alcohol, other drugs or combination thereof as defined in the Illinois Vehicle Title and Registration Law [625 ILCS 5/Ch. 2-5] or a similar provision of a local ordinance.

"DUI Evaluation" means the services ~~service~~ provided to a person relative to a DUI offense in order to determine the nature and extent of the use of alcohol or other drugs as required by the Unified Code of Corrections [730 ILCS 5] and Section 6-206.1 of the Illinois Driver Licensing Law [625 ILCS 5/6-206.1].

"DUI Service Reporting System (DSRS)" means the computer software that shall be utilized to summarize all evaluation and risk education services ~~service~~ statistics semi-annually and to produce the "Alcohol and Drug Evaluation Uniform Report" and other associated forms.

"Early Intervention" means services that are sub-clinical or pre-treatment and are designed to explore and address problems or risk factors that appear to be related to substance use and/or to assist individuals in recognizing the harmful consequences of inappropriate substance abuse.

"Facility" means the building or premises that are used for treatment and intervention services as specified in this Part.

"Good Cause" means conditions that would prevent a reasonable licensee from meeting one or more of the requirements of this Part.

"HIPAA" means the Health Insurance Portability and Accountability Act, 42 USC 1320(d) et seq. and the regulations promulgated thereunder at 45 CFR 160, 162 and 164 (Privacy and Security).

"Incident" means any action by staff or patients that led, or is likely to lead, to adverse effects on patient services.

"Indigent DUI Offender" means anyone who has proven inability to pay the full cost of the DUI evaluation or risk education service as determined through criteria established by

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

the U.S. Department of Health and Human Services and published in the Federal Register and whose costs for such DUI services may be reimbursed from the Drunk and Drugged Driving Prevention Fund, subject to availability of such funds.

"Individual Counseling" means a therapeutic interaction between a patient and professional staff that includes but is not limited to the following: assessment of the patient's needs; development of a treatment plan to meet those identified needs; continual assessment of patient progress toward identified treatment plan goals and objectives; referral, if necessary; and discharge planning.

"Informed Consent" means a legally valid written consent by an individual or legal guardian that authorizes treatment, intervention or other services or the release of information about the individual, and that gives appropriate information to the individual so that he or she can authorize the service or disclosure with understanding of the consequences.

"Intervention" means activities or services that assist persons and their significant others in coping with the immediate problems of substance abuse or dependence and in reducing their substance use. Such services facilitate emotional and social stability and involve referring persons for treatment, as needed.

"Investigational New Drugs" means those substances that require approval by the U.S. Food and Drug Administration for trials with human subjects pursuant to 21 CFR 312 (2002 ~~2000~~).

"LAAM" means levo-alpha-acetyl-methadol that is a synthetic opioid agonist whose opioid effect is slower in onset and longer in duration (72 hours) than methadone and that is used in opioid maintenance therapy.

"Life Safety Code of 2000" means the National Fire Protection Association's Life Safety Code of 2000, National Fire Protection Association, 1 N. Batterymarch Park, Quincy MA 02269 (2000, no later amendments or editions included).

"Linkage Agreement" means a written agreement with an external organization to supplement existing levels of care and to arrange for other specialty services not directly provided by the organization.

"Methadone" means a synthetic narcotic analgesic drug (4,4-diphenyl-6-dimethylamino-heptanone-3-hydrochloride) that is used in opioid maintenance therapy.

"Mission Statement" means the reason for existence for the organization and/or specific

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

setting or service.

"Opioid Maintenance Therapy (OMT)" means the medical prescription, medical monitoring and dispensing of opioid compounds (such as Methadone and LAAM) as a medical adjunct to substance abuse treatment.

"Off-Site Delivery of Services" means licensable services that are delivered at a location separate from the licensed facility.

"Organization" means any public or private agency, corporation, unit of State or local government or other legal entity acting individually or as a group that seeks licensure or is licensed to operate one or more substance abuse treatment or intervention services.

"Patient" means a person who receives substance abuse treatment services as defined in this Part from an organization licensed under this Part.

"Person" means any individual, firm, group, association, partnership, corporation, trust, government or governmental subdivision or agency.

"Physician" means a person who is licensed to practice medicine in all its branches pursuant to the Medical Practice Act of 1987 [225 ILCS 60].

"Practitioner" means a physician, dentist, podiatrist, veterinarian, scientific investigator, pharmacist, licensed practical nurse, registered nurse, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise permitted by the United States pursuant to 21 CFR 1301.21 and this State to distribute or dispense in accordance with Section 312 of the Illinois Controlled Substances Act [720 ILCS 510], conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

"Professional Staff" means any person who provides clinical services or who delivers intervention services as defined in this Part.

"Protected Health Information" means the health information governed by HIPAA privacy and security requirements set forth in 45 CFR 164.501.

"Psychiatrist" means a physician licensed to practice medicine in all its branches pursuant to the Medical Practice Act of 1987 [225 ILCS 60] and who meets the requirements of the Mental Health and Developmental Disabilities Code [405 ILCS 5].

"Recovery Home" means alcohol and drug free housing authorized by an intervention

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

license issued by the Department, whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety for persons in early recovery from substance abuse or who recently have completed substance abuse treatment services or who may still be receiving such treatment services at another licensed facility.

"Relapse" means a process manifested by a progressive pattern of behavior that reactivates the symptoms of a disease or creates debilitating conditions in an individual who has experienced remission from addiction.

"Residential Extended Care" (formerly halfway house) means residential clinical services for adults (17 year olds may be admitted provided that their assessment includes justification based on their behavior and life experience) or adolescents provided by professional staff in a 24 hour structured and supervised treatment environment. This type of service is primarily designed to provide residents with a safe and stable living environment in order to develop sufficient recovery skills.

"Revocation" means the termination of a treatment or intervention license, or any portion thereof, by the Department.

"Risk" means, in the context of intervention services, the designation (minimal, moderate, significant, or high) assigned to a person who has completed a substance abuse evaluation as a result of a charge for DUI that describes the person's probability of continuing to operate a motor vehicle in an unsafe manner. This assignment is based upon the following factors: the nature and extent of the person's substance use; chemical testing results; prior dispositions for DUI, statutory summary suspensions or reckless driving convictions reduced from a DUI; and any other significant dysfunction resulting from substance ~~use~~ abuse or dependence.

"Secretary" means the Secretary of the Department of Human Services or his or her designee.

"Significant Incident" means any occurrence at a licensed facility that requires the services of the coroner and/or that renders the facility inoperable.

"Significant Other" means the spouse, immediate family member, other relative or individual who interacts most frequently with the patient in a variety of settings and who may also receive substance abuse services.

"Substance Abuse or Dependence" means maladaptive patterns of substance use leading to a clinically significant impairment or distress as defined in the American Psychiatric

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Association: Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), 1400 K Street NW, Washington, DC 20005 (1994, no later amendments or editions included).

"Support Staff" means any staff who do not deliver clinical or intervention services.

"Transfer" means the process that occurs when a patient can no longer receive services at an organization because the appropriate level of care is not available, or the movement of the patient from one level of care to another within an organization's continuum of care.

"Treatment" means a continuum of care provided to persons addicted to or abusing alcohol or other drugs that is designed to identify and change patterns of behavior that are maladaptive, destructive and/or injurious to health; or to restore appropriate levels of physical, psychological, and/or social functioning.

"Treatment Plan" means an individually written plan for a patient that identifies the treatment goals and objectives based upon a clinical assessment of the patient's individual problems, needs, strengths and weaknesses.

"Tuberculosis Services" means counseling the person regarding tuberculosis; testing to determine whether the person has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment; and providing for or referring the infected person for appropriate medical evaluation and treatment.

"U.S. Drug Enforcement Administration rules and regulations pertaining to medical dispensary services" means 21 CFR 1301.71-1301.76, 1304, and 1307.2 (2000).

"Universal Precautions" means the following guidelines published by the U.S. Centers for Disease Control and Prevention:

"Recommendations for Prevention of HIV Transmission in Health Care Settings", MMWR 1987; 36 (2s); and

"Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings, MMWR 1988; 37 (no. 24).

"Utilization Review" means a quality protective function that attempts to ensure that the patient is receiving an appropriate level of services, in accordance with assessed clinical

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

conditions. Utilization review activities focus primarily in four major areas:

the appropriateness and clinical necessity of admitting a patient to a level of care;

the appropriateness and clinical necessity of continuation of the initiated level of care;

the initiation and completion of timely discharge planning; and

the appropriateness and clinical necessity and timelines of support services.

(Source: Amended at 27 Ill. Reg. 13997, effective August 8, 2003)

## SUBPART C: REQUIREMENTS – ALL LICENSES

## Section 2060.307 Service Termination/Record Retention

- a) The Department shall be notified at least 30 calendar days prior to the date on which cessation of any service is scheduled to occur. If involuntary termination occurs due to inability to operate (from damage to the facility, loss of staff, change in management, corporate dissolution or any other cause) the licensee shall notify the Department upon termination even though the 30 day notice has not occurred.
- b) All patients receiving such services shall be apprised of the pending cessation and the needs of such patients shall be met by alternative ~~alternate~~ means. The Department shall be notified within ten calendar days prior to closure of any case in which it is anticipated that a patient's needs cannot be met by existing systems of treatment.
- c) When notified by an organization of its intention to cease operations at a location, the Department, if necessary, will schedule an inspection to ensure that the controlled substances inventory is transferred or destroyed in accordance with the Drug Enforcement Administration (DEA) requirements set forth at 21 CFR 1307.14 and 1301.21 (1987), respectively.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- d) When an organization ceases operation of any service, all records (patient, personnel, financial) relative to that service shall be maintained as follows:
- 1) If the organization has a current license issued by the Department for any other treatment or intervention service, the organization may maintain the records from the service that has ceased operation.
  - 2) If the organization has no other current license issued by the Department for any other treatment or intervention service, all records shall be transferred for maintenance and storage to a treatment or intervention service currently licensed by the Department or to a person specifically exempted from such licensure in Section 15-5 of the Act.
- e) The Department shall be notified regarding the location where records will be maintained and stored within ten calendar days after cessation of service.
- f) Such records shall be stored and maintained for a period of five years from the date of cessation of service, if the organization is required to document disclosures of the record pursuant to the provisions of 45 CFR 164.528, for such documentation shall be maintained six years from the date of its creation or the date when it last was in effect, whichever is later.
- g) Upon cessation of operations, the license shall automatically become null and void, and all documentation of licensure shall be immediately surrendered to the Department.

(Source: Amended at 27 Ill. Reg. 13997, effective August 8, 2003)

## Section 2060.319 Confidentiality – Patient Information

- a) The organization shall have written policies and procedures controlling access to and use of records and information that are ~~which is~~ governed by the Confidentiality of Alcohol and Drug Abuse Patient Records regulations (42 CFR 2 (1987)) of the Alcohol, Drug Abuse, and Mental Health Administration of the Public Health Service of the United States Department of Health and Human Services effective August 10, 1987, ~~which is incorporated herein by reference,~~ and Article 30 of the Act [20 ILCS 301/Art. 30], and access to and use of protected health information governed by the Health Insurance Portability and Accountability Act (HIPAA), 42 USC 1320 et seq., and the regulations promulgated thereunder at 45 CFR 160, 162 and 164. The policies and procedures shall be consistent with said regulations and statutes. The

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

organization shall comply with said regulations and statutes. However, nothing in this Part shall be construed as having the effect of imposing HIPAA requirements on a provider to whom HIPAA does not apply.

- b) This Section shall not prohibit:
- 1) disclosure of information about a crime committed by a patient at the organization, or a threat to commit such crime;
  - 2) disclosure of information about suspected child abuse or neglect, as allowed by, required by and consistent with State law;
  - 3) disclosure of a patient's own records to the patient, or as consented to in writing by the patient;
  - 4) communications of information between or among personnel having a need for the information in connection with their duties either within the organization or with an entity having direct administrative control over the services;
  - 5) disclosure of information to medical personnel if necessary in a medical emergency;
  - 6) disclosure of information as authorized by an appropriate court order upon showing of good cause, after appropriate procedure and notice, and with appropriate safeguards against unauthorized disclosure contained in the order as set forth in 42 CFR 2.61-2.67 (1987);
  - 7) disclosure of information to qualified personnel for the purpose of conducting scientific research as set forth in 42 CFR 2.52 (1987) (if such disclosure is in compliance with HIPAA regulations, 45 CFR 160, 162 and 164);
  - 8) disclosure of information to qualified personnel who are authorized by law or who provide financial assistance for the purpose of conducting audit or evaluation activity (services review or evaluation, quality review, financial or management audits, etc., as set forth in 42 CFR 2.53 (1987)).

This Section shall also not prohibit any other disclosure not precluded by the regulations and statute cited in subsection (a) ~~above~~, nor by any other applicable law, provided that any and all of the above disclosure is done consistent with the

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

regulations and laws in subsection (a) ~~above~~, is made only to the extent allowed, for the purposes allowed and that appropriate safeguards as required therein are provided.

- c) Patient records and any other information which is subject to any laws and rules cited in this Section shall be maintained in a secure room, locked file cabinet, safe or other similar container when not in use. If patient information is stored in electronic or other types of automated information systems, security measures shall be in place to prevent inadvertent or unauthorized access to such information.
- d) Except as authorized by an appropriate court order granted pursuant to the regulations and statutes cited in this Section, no record referred to by said laws may be used to initiate or substantiate any charges against a patient or to conduct any investigation of a patient.
- e) The prohibitions cited in this Section apply to records concerning any individual who has been a patient, regardless of whether or when he or she ceases to be a patient.
- f) When the Department requests a record or information which is subject to the regulations and statutes cited in this Section for audit, evaluation, research or other authorized purposes, it shall, in writing:
  - 1) indicate the purpose for obtaining the information;
  - 2) agree to maintain the information in accordance with security requirements of said laws;
  - 3) agree to comply with limitations on disclosures in said laws;
  - 4) agree to destroy all the information upon completion of its use; and
  - 5) indicate the authorized personnel to whom such information is to be submitted.
- g) Organizations providing a DUI evaluation or risk education intervention service shall disclose offender information as allowed by law. The informed consent form and procedures as referenced in Section 2060.503(d) and (e) of this Part shall be utilized to allow for the disclosure of evaluation and risk education information to Illinois court officials, the Illinois Office of the Secretary of State and the

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Department for the purpose of adjudicating and court monitoring of DUI cases, drivers license issues and for monitoring licensed services.

- h) Organizations shall have policies and procedures to comply with HIPAA and its regulations as set forth more specifically in Sections 2060.323(e) and 2060.325(u) of this Part, if the organization is required to comply with HIPAA.

(Source: Amended at 27 Ill. Reg. 13997, effective August 8, 2003)

## Section 2060.323 Patient Rights

- a) A written statement shall be provided to any patient at the time of acceptance for an intervention service or admission to a treatment service which describes the rights of all patients as specified in Article 30 of the Act as follows:
- 1) access to services will not be denied on the basis of race, religion, ethnicity, disability, sexual orientation or HIV status;
  - 2) services will be provided in the least restrictive environment available;
  - 3) confidentiality of HIV/AIDS status and testing and anonymous testing as specified in Section 2060.321 of this Part;
  - 4) the right to nondiscriminatory access to services as specified in the American's With Disabilities Act of 1990 (42 USC 12101);
  - 5) the right to give or withhold informed consent regarding treatment and regarding confidential information about the patient;
  - 6) a description of the route of appeal available when a person disagrees with an organization's decision or policies;
  - 7) confidentiality of patient records as specified in Section 2060.319 of this Part;
  - 8) the right to refuse treatment or any specific treatment procedure and a right to be informed of the consequences resulting from such refusal.
- b) The patient will attest by signature that he or she has received a copy of the written statement of patient rights and this signatory document shall be maintained in the patient record.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- c) The statement of patient rights shall be posted in an area accessible to patients at all times.
- d) Each patient shall be given the statement of patient rights. If a patient is unable to read such written statement, it shall be read to the patient in a language the patient understands.
- e) If the organization is required to comply with HIPAA, the patient shall also be given written notice of the uses and disclosures of protected health information that will be collected and maintained, and the rights provided by HIPAA with respect to such information as set forth in 45 CFR 164.520 and referenced in part in Sections 2060.319 and 2060.325(u) of this Part.

(Source: Amended at 27 Ill. Reg. 13997, effective August 8, 2003)

## Section 2060.325 Patient/Client Records

- a) Licensees shall maintain a written record for each patient or client. Such record may also be maintained electronically on a computer but shall be made available in hard copy upon request for review by the Department.
- b) Any written entry on the record shall be in ink and shall be dated and shall meet all other signatory requirements for professional staff as specified in Sections 2060.421 and 2060.423 of this Part.
- c) Written signatures or initials and electronic signature or computer-generated signature codes and corresponding dates are acceptable as authentication to identify the author of the record entry by that author and to confirm that the contents are what the author intended. Signature or initial stamps shall not be utilized.
- d) All signatures or initials, whether written, electronic, or computer-generated, shall include the initials of the signer's credentials.
- e) In order to utilize electronic signature or computer-generated signature codes and dates, the organization shall adopt a policy that permits use and authentication by electronic or computer-generated signature and dates and shall, at a minimum:
  - 1) identify which staff are authorized to authenticate records using electronic or computer-generated signatures and dates;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 2) ensure that each user is assigned a unique identifier that is generated through a confidential access code;
  - 3) certify in writing that each identifier is kept confidential; and
  - 4) have each user certify in writing that he or she is the only person with user access to the identifier and the only person authorized to use the signature code.
- f) Records maintained on computer shall have a back-up system to safeguard the records in the event of operator or equipment failure.
  - g) Any document or entry made on a document in the record that is in any other language than English shall have an accompanying English language translation.
  - h) All records shall be protected in a locked room, locked file, safe or similar container or in computer records with secure, limited access.
  - i) The record shall document any service provided by the organization at any facility. Additionally, if the organization provides multiple services that are licensed by the Department at any facility, one record can document all of such services.
  - j) The record shall contain the signatory document that indicates the patient/client has been informed of his or her rights.
  - k) The record shall contain documentation indicating the consent of the patient, and any other family members or guardians, for any service.
  - l) The record shall contain, on a standardized format, the following information:
    - 1) name;
    - 2) home address;
    - 3) home and work telephone number;
    - 4) date of birth;
    - 5) sex;

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 6) race or ethnic origin and/or language preference;
  - 7) emergency contact;
  - 8) education;
  - 9) religion;
  - 10) marital status;
  - 11) type and place of employment;
  - 12) physical or mental disability, if any;
  - 13) social security number, if requested;
  - 14) drivers license number, county of residence and county of arrest (required only for DUI evaluation or risk education services); ~~and~~
  - 15) annual household income, if applicable to any subsidized or reduced fee for service, unless this information is kept in a separate financial record; and-
  - 16) documentation of any disclosures of protected health information to the extent required by HIPAA (see Section 2060.325(u)(3) of this Part).
- m) The record shall contain dates of any admission, change in level of care or discharge.
- n) The record shall contain a dated service fee statement and proof, if applicable, of any qualifying documents relative to fee subsidization, including the "Qualification for DUI Services as an Indigent" form, unless this information is kept in a separate financial record.
- o) The record shall be kept for a period of five years from the date of discharge, except that required accounting of disclosures of HIPAA protected health information must be kept for six years. While organizations may elect to keep records past this five year period, if the option to delete records is exercised, it shall be done by one of the following methods:
- 1) burning or shredding; or

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 2) erasure from all computer files.
- p) The record shall contain the following information or documents for any treatment service:
- 1) documentation of the treatment assessment and patient placement process;
  - 2) documentation of the diagnostic impression and physician confirmed diagnosis;
  - 3) documentation of laboratory and/or other diagnostic procedures/results and reports that the organization directly provided (except for HIV testing unless the patient has given written informed consent) and documentation of the tuberculin skin test results, the date given and date read, if applicable;
  - 4) the treatment plan and documentation of all required signatures and dates;
  - 5) progress notes that document all treatment services, any subsequent treatment plan reviews and on-going assessment and documentation of all required signatures and dates;
  - 6) documentation of completion of patient education specified in Section 2060.409 of this Part;
  - 7) documentation of any correspondence or telephone calls received or made relevant to treatment services; and
  - 8) a copy of the discharge summary unless the patient left prior to receiving any of these services.
- q) The record shall contain copies of all referenced forms in Subpart E for any offender receiving a DUI evaluation or risk education service.
- r) A staff member shall be designated who will have responsibility to ensure that all records are in compliance with this Part. This staff member shall review, at least annually, the record system to ensure that the system meets all requirements specified in this Part.
- s) Records shall be kept in the facility where the patient/client is receiving services ~~service~~ (or in accordance with Section 2060.203(b) of this Part, in specific

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

relation to off-site services) and shall be directly accessible to the professional staff providing those services.

- t) Information in the record may be used for training, research and quality improvement provided that the information is collected in accordance with any relevant confidentiality requirements.
- u) Licensee s who are covered by HIPAA shall have procedures to comply with HIPAA Privacy and Security provisions (45 CFR 160 and 164), including the following:
  - 1) procedure to access the patient's record as set forth in 45 CFR 164.524;
  - 2) procedure to request amendment to his or her record as set forth in 45 CFR 164.526;
  - 3) procedure to request an accounting of disclosures of his or her medical records or portions thereof for the previous six years as set forth in 45 CFR 164.528; and
  - 4) procedure to file a complaint with the licensee and with the U.S. Department of Health and Human Services, Office of Civil Rights in connection with an alleged violation of the HIPAA Privacy provisions set forth in 45 CFR 160.306.

(Source: Amended at 27 Ill. Reg. 13997, effective August 8, 2003)

## SUBPART E: REQUIREMENTS – INTERVENTION LICENSES

## Section 2060.509 Recovery Homes

Recovery Homes are alcohol and drug free housing components whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility. In order to be called a Recovery Home, the home shall:

- a) provide a structured alcohol and drug free environment for congregate living that shall offer regularly scheduled peer-led or community gatherings (self-help groups, etc.) that are held a minimum of five days per week and provide recovery

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

education groups weekly;

- b) have written linkage agreements with substance abuse providers in accordance with the provisions specified in Section 2060.329 of this Part;
- c) establish a referral network to be utilized by residents for any necessary medical, mental health, substance abuse, vocational or employment resources, and maintain the confidentiality of client identifying information in accordance with 42 CFR 2 (Confidentiality of alcohol and drug abuse patient records);
- d) establish a budget that specifies monthly operating expenses and demonstrates sufficient income to meet these expenses plus emergency reserve by providing documentation of access to a minimum sum equivalent to the total of two months of operating expenses;
- e) comply with all applicable zoning and local building ordinances and the provisions specified in Chapter 26 (Lodging or Rooming Houses) of the National Fire Protection Association's (NFPA) Life Safety Code of 2000 (no later amendments or editions included) for any building housing 16 or fewer residents and with the provisions specified in Chapter 29 (Existing Hotels and Dormitories) of the NFPA Life Safety Code of 2000 (no later amendments or editions included) for any building housing 17 or more residents;
- f) maintain fire, hazard, liability and other insurance coverages appropriate to the administration of a recovery home;
- g) employ at least one full-time Recovery Home Operator who is responsible for the daily operations at the Recovery Home (i.e., fiscal, personnel, rule compliance, etc.) who shall:
  - 1) either:
    - A) hold clinical certification from IAODAPCA or receive that certification within two years after the date of employment; or
    - B) hold certification as a National Certified Recovery Specialist (NCRS) as specified by the Association of Halfway House Alcohol Programs (AHHAP), RR 2 Box 415, Kerhonkson, NY 12446
    - C) have a minimum of 2000 hours of work experience or 4000 hours of volunteer experience in the field of substance abuse of which

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

1500 hours shall have been in direct Recovery Support Systems Services (i.e., Residential Extended Care Facility or Recovery Home); and

- 2) provide three letters of recommendation from substance abuse professional staff as defined in Section 2060.309 of this Part; and
  - 3) provide a signed and dated acceptance of the Code of Ethics as established by the Illinois Association of Residential Extended Care Programs, Box 269180, Chicago, Illinois 60626, website: AHHAP.org; and
- h) have on-site at least one Recovery Home Manager who oversees all Recovery Home activities under the direction of the Recovery Home Operator. Recovery Home Managers shall:
- 1) hold certification as a National Certified Recovery Specialist (NCRS) as specified by the Association of Halfway House Alcoholism Programs of North America, Inc. (AHHAP), RR2 Box 415 Kerhonkson, NY 12446, or receive such certification within two years after the date of employment; or
  - 2) hold certification from IAODAPCA or receive the certification within two years after the date of employment; or
  - 3) have a minimum of 1000 hours of work experience or 2000 hours of volunteer experience in the field of substance abuse of which 750 hours shall have been in direct Recovery Support Systems Services (i.e., Residential Extended Care Facility or Recovery Home) and provide a signed and dated acceptance of the Code of Ethics as established by the Illinois Association of Residential Extended Care, Box 269180, Chicago, Illinois, 60626, website: AHHAP.org.

The Recovery Home Operator may also function as the Recovery Home Manager as long as the requirements for both positions are met.

(Source: Amended at 27 Ill. Reg. 13997, effective August 8, 2003)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Subacute Alcoholism and Substance Abuse Treatment Services
- 2) Code Citation: 77 Ill. Adm. Code 2090
- 3) Section Numbers:     Adopted Action:  
2090.35                   Amend
- 4) Statutory Authority: Implementing and authorized by the Section 5-10 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/5-10].
- 5) Effective Date of Amendments: August 8, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment 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: 27 Ill. Reg. 2829-02/21/03
- 10) Has JCAR Issued a Statement of Objection to this rulemaking? No
- 11) Difference(s) between proposal and final version:  
  
In Section 2090.35 c)3) "such information is covered thereunder" was changed to "those regulations apply to the provider and the information that is contained within DARTS".
- 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 amendment replace an emergency amendment currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Amendment: 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.
- 16) Information and questions regarding this adopted rule shall be delivered to:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

Ms. Tracie Drew, Chief

Bureau of Administrative Rules and Procedures

Department of Human Services

100 South Grand Avenue, East, Third Floor

Springfield, Illinois 62762

Telephone: (217) 785-9772

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

## TITLE 77: PUBLIC HEALTH

## CHAPTER X: DEPARTMENT OF HUMAN SERVICES

## SUBCHAPTER g: MEDICAID PROGRAM STANDARDS

## PART 2090

## SUBACUTE ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT SERVICES

## Section

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].

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

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 amendment 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 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. 14022, effective August 8, 2003.

## 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

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.
  - 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 160 and 164, to the extent those regulations apply to the provider and the information that is contained within DARTS.
- 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" (ESPSDT) 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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

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.
- 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. 14022, effective August 8, 2003)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Related Program Provisions
- 2) Code Citation: 89 Ill. Adm. Code 117
- 3) Section Number: Adopted Action:  
117.50 Amendment
- 4) Statutory Authority: Implementing Articles III, IV and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV and VI, and 12-13].
- 5) Effective Date of Amendment(s): August 7, 2003
- 6) Does this rulemaking contain an automatic repeal date? \_\_\_ Yes \_\_\_  No
- 7) Does this amendment contain incorporations by reference? No
- 8) A statement that a copy of the adopted amendment including any material incorporated is on file in the agency's principal office and is available for public inspection.
- 9) Notice(s) of Proposed Published in the Illinois Register:  
February 7, 2003, 27 Ill. Reg. 1862
- 10) Has JCAR issued a Statement of Objections to this amendment? No
- 11) Differences between proposal and final version:  
The following changes were made in the text of the proposed amendments:  
"07/01/00" was changed to "7/1/00"  
"07/01/01" was changed to "7/1/01".  
"01/01/03" was changed to "1/1/02"  
  
No other substantive changes were made in the text of the proposed amendment.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this amendment replace an emergency rule currently in effect? No

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

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

15) Summary and Purpose of Amendment:

Prior to January 1 2002, the maximum allowable amount which the Department would pay for the funeral expenses of an eligible decedent was based on the decedent's age. These amendments raise the maximum allowable amount which the Department will pay for the funeral of a child under age 5 to \$1,000, making it the same as the maximum allowable amount paid for the funeral of a person age 5 or older. This change conforms to State Law at 305 ILCS 5 Section 12-4.11 which requires a minimum allowable amount of not less than \$1,000 for Department payment of funeral expenses.

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

Tracie Drew, Bureau Chief

Bureau of Administrative Rules and Procedures

Department of Human Services

100 South Grand Avenue East

Harris Building, 3<sup>rd</sup> Floor

Springfield, Illinois 62762

(217) 785-9772

17) Does this amendment require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code? [30 ILCS 50/5-25] No

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

## TITLE 89: SOCIAL SERVICES

## CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

## SUBCHAPTER b: ASSISTANCE PROGRAMS

## PART 117

## RELATED PROGRAM PROVISIONS

## Section

- 117.1 Incorporation By Reference
- 117.10 Payee for Financial Assistance
- 117.11 Issuance of Cash Assistance Benefits
- 117.12 Client Training for the Electronic Benefits Transfer (EBT) System
- 117.13 Replacement of the EBT Card
- 117.15 Reinstatement Upon Cooperation
- 117.20 Replacement of Missing Warrants
- 117.30 Withholding of Rent (Repealed)
- 117.40 Recovery of Interim Assistance – Aid to the Aged, Blind or Disabled and General Assistance
- 117.50 Funerals and Burials
- 117.51 Funeral Home Services
- 117.52 Burial Expenses
- 117.53 Payment to Vendor(s)
- 117.54 Claims for Reimbursement

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

- 117.55 Submittal of Claims
- 117.60 Substitute Parental Care/Supplemental Child Care – TANF, AABD and GA Family Cases
- 117.70 Charge for Replacement of Photo ID Cards (Repealed)
- 117.80 Direct Deposit of Recipients' Warrants
- 117.90 State Income Tax Match
- 117.91 New Hire Match
- 117.92 Electronic Finger Imaging

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

SOURCE: Filed and effective December 30, 1977; amended at 2 Ill. Reg. 31, p. 68, effective August 3, 1978; amended at 3 Ill. Reg. 38, p. 258, effective September 20, 1979; amended at 3 Ill. Reg. 41, p. 167, effective October 1, 1979; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 16111, effective November 22, 1983; amended at 9 Ill. Reg. 3726, effective March 13, 1985; amended at 9 Ill. Reg. 4526, effective March 20, 1985; amended at 9 Ill. Reg. 8733, effective May 29, 1985; amended at 9 Ill. Reg. 10779, effective July 5, 1985; amended at 9 Ill. Reg. 16914, effective October 16, 1985; amended at 11 Ill. Reg. 4759, effective March 13, 1987; amended at 12 Ill. Reg. 2985, effective January 13, 1988; amended at 12 Ill. Reg. 13608, effective August 15, 1988; amended at 12 Ill. Reg. 14296, effective August 30, 1988; amended at 13 Ill. Reg. 3936, effective March 10, 1989; amended at 14 Ill. Reg. 780, effective January 1, 1990; amended at 14 Ill. Reg. 9488, effective June 1, 1990; amended at 15 Ill. Reg. 13533, effective August 1, 1991; amended at 16 Ill. Reg. 16644, effective October 23, 1992; emergency amendment at 17 Ill. Reg. 2368, effective February 8, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 8191, effective May 24, 1993; amended at 18 Ill. Reg. 3746, effective February 28, 1994; amended at 18 Ill. Reg. 7403, effective April 29, 1994; amended at 19 Ill. Reg. 1103, effective January 26, 1995; amended at 19 Ill. Reg. 10702, effective July 7, 1995; emergency amendment at 19 Ill. Reg. 15267, effective November 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 877, effective January 1, 1996; amended at 20 Ill. Reg. 5706, effective March 30, 1996; emergency amendment at 20 Ill. Reg. 10381, effective July 23, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 395, effective December 20, 1996; amended at 21 Ill. Reg. 7759, effective June 4, 1997; emergency amendment at 21 Ill. Reg. 8677, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15591, effective

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

November 26, 1997; amended at 22 Ill. Reg. 16251, effective September 1, 1998; amended at 22 Ill. Reg. 18951, effective October 1, 1998; amended at 23 Ill. Reg. 5263, effective April 19, 1999; amended at 23 Ill. Reg. 11174, effective August 27, 1999; amended at 23 Ill. Reg. 12638, effective October 15, 1999; emergency amendment at 24 Ill. Reg. 6723, effective April 14, 2000, for maximum of 150 days; amended at 24 Ill. Reg. 13422, effective August 18, 2000; amended at 24 Ill. Reg. 16305, effective October 17, 2000; amended at 27 Ill. Reg. 14028, effective August 7, 2003.

## Section 117.50 Funerals and Burials

- a) Funeral and burial services shall be provided to eligible deceased individuals in accordance with Department standards.
- b) The maximum allowable amount which the Department may pay for funeral expenses of an eligible decedent, ~~based on the decedent's age~~, is:
  - 1) \$700 effective 11/17/99, \$850 effective ~~7/1/00~~~~07/01/00~~, and \$1000 effective ~~7/1/01~~ ~~07/01/01~~ for an adult or child 5 years of age or older;
  - 2) \$436 effective 11/17/99, \$529 effective ~~7/1/00~~~~07/01/00~~, ~~and~~ \$622 effective ~~7/1/01~~~~07/01/01~~, and \$1000 effective 1/1/02 for a child between the ages of 3 months and 5 years; and
  - 3) \$350 effective 11/17/99, \$425 effective ~~7/1/00~~~~07/01/00~~, ~~and~~ \$500 effective ~~7/1/01~~~~07/01/01~~, and \$1000 effective 01/1/02 for a child under 3 months of age or stillborn.

Prior to 1/1/02, the maximum allowable amount the Department would pay for funeral expenses of an eligible decedent was based on the decedent's age.
- c) The maximum allowable amount which the Department will pay for burial (including cremation) expenses of an eligible decedent is \$350 effective 11/17/99, \$425 effective ~~7/1/00~~~~07/01/00~~, and \$500 effective ~~7/1/01~~~~07/01/01~~.
- d) When there is no hospital facility for disposal of amputated limbs by cremation or if burial is desired by the recipient, an allowance of \$15 for burial of amputated limbs may be paid to a funeral director.
- e) No additional payment shall be made for burial of amputated limbs with the remainder of the body.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

- f) The maximum allowable amount which the Department will pay for an Anatomical Gift case is \$100 effective 11/17/99, \$121 effective ~~7/1/00~~<sup>7/01/00</sup>, and \$142 effective ~~7/1/01~~<sup>07/01/01</sup> for the funeral home services and \$50 for a memorial service held in the funeral home. In a Anatomical Gift case, the body has been donated for scientific study.

(Source: Amended at 27 Ill. Reg. 14028, effective August 7, 2003)

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## SECOND NOTICES RECEIVED

The following second notice was received by the Joint Committee on Administrative Rules during the period of August 5, 2003 through August 11, 2003 and have been scheduled for review by the Committee at its September 9, 2003 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
9/21/03	<u>Department of Human Services, Food Stamps</u> (89 Ill. Adm. Code 121)	4/18/03 27 Ill. Reg. 6479	9/9/03

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENT

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Number: 310.280      Proposed Action: Amendment
- 4) Date Notice of Proposed Rules(s) Published in the Illinois Register:  
June 20,2003                      27 Ill. Reg. 9277
- 5) Reason for the withdrawal: The designated rate for a vacant Senior Public Service Administrator in the Department of Central Management Services, position number 40070-37-00-000-14-01, is no longer required.

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

- a) Part: Practice in Administrative Hearings (89 Ill. Adm. Code 104)
- 1) Rulemaking:
- A) Description: An amendment will be proposed that authorizes the Department to terminate non-emergency transportation providers prior to a hearing but after a reasonable notice period.
- B) Statutory Authority: Sections 12-4.25(G-5)(3) and 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.25(G-5)(3) and 12-13]
- C) Schedule of meeting or hearing dates: The Department has not established a schedule of dates for hearings, meetings or other opportunities for public participation in this rulemaking.
- D) Date agency anticipates First Notice: The Department has not determined when Notices of Proposed Rulemaking will be submitted for publication in the Illinois Register.
- E) Effect on small businesses, small municipalities, and not-for-profit corporations: The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to this regulatory agenda.
- F) Agency contact person for information:
- Joanne Scattoloni  
Office of the General Counsel  
Illinois Department of Public Aid  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002  
(217) 524-0081
- b) Part: Medical Assistance Programs (89 Ill. Adm. Code 120)
- 1) Rulemaking:
- A) Description: Public Act 93-0163 created a Medicaid Buy-In Revolving Fund into which premium payments collected through

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

the Buy-In would be kept. The Department will propose amendments as required by the Act to provide specific purposes for which the moneys in the Fund may be spent.

The Department plans to propose changes concerning persons with breast or cervical cancer to extend coverage under the Medical Assistance Program to include certain precancerous conditions. Other changes will exempt this coverage group from estate claims.

Further amendments will pertain to asset transfers for persons residing in Medicaid funded long term care facilities.

- B) Statutory Authority: Sections 12-10.5 and 13 of the Illinois Public Aid Code [305 ILCS 5/12-10.5 and 13]
- C) Schedule of meeting or hearing dates: The Department has not established a schedule of dates for hearings, meetings or other opportunities for public participation in this rulemaking.
- D) Date agency anticipates First Notice: The Department has not determined when Notices of Proposed Rulemaking will be submitted for publication in the Illinois Register.
- E) Effect on small businesses, small municipalities, and not-for-profit corporations: The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to this regulatory agenda.
- F) Agency contact person for information:

Joanne Scattoloni  
Office of the General Counsel  
Illinois Department of Public Aid  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002  
(217) 524-0081

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

- c) Part: Medical Payment (89 Ill. Adm. Code 140)
- 1) Rulemaking:
- A) Description: A new rule is planned that authorizes the Department to require vendors of non-emergency transportation services to post a surety bond. The new provisions will establish the criteria and requirements on when a bond must be posted, as well as the value of the bond. New provisions will also be added concerning non-emergency transportation services which state the Department may, in its discretion, utilize available and recognized computer software programs when verifying the billed mileage for reimbursement to such transportation providers.

Another new rulemaking is planned which clarifies that in all cases where a vendor has previously been terminated from the Medical Assistance Program, the vendor has the burden of proof at any hearing regarding his or her reapplication for entry into the Program.

The Department plans to propose amendments regarding record requirements for pharmacies. The rule would eliminate the requirement for pharmacies to maintain the name of the person to whom a prescription is prescribed on the signature log (HIPAA issue); make one signature sufficient when picking up multiple prescriptions for a single individual; permit pharmacies to utilize optical scanner bar technology as an alternative to maintaining a signature log; and permit those pharmacies which provide drugs via mail order to use a shipping log as an alternative to the signature log.

Changes will be proposed regarding criminal background checks on non-emergency transportation providers. The rule will require the submission or updating of criminal background checks from non-emergency transportation providers only if requested by the Department. In addition, the changes will exempt transportation providers enrolled as privately owned autos and government agencies.

An amendment will be proposed to expand the length of termination of Medicaid vendors for health care fraud convictions

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

to five years or the length of the vendor's sentence, whichever is longer, for the first offense and lifetime for the second offense.

An amendment will be proposed to establish 180-day probationary enrollment of non-emergency transportation vendors during which time the Department may terminate the provider's eligibility to participate in the Medical Assistance Program without cause. Another amendment would require vendors whose investor ownership has changed by more than 50 percent from the date the vendor was initially approved for enrollment in the Medical Assistance Program to submit a new application for enrollment in the Program. The amendment will further be amended to permit the Department to periodically require classes of providers to re-enroll in the Medical Assistance Program and to dis-enroll those providers that fail to submit requested updated enrollment information. Also, the Department will propose definitions for the terms "non-emergency transportation vendor" and "management responsibility".

Several amendments will be proposed to permit the department, in certain situations, to refuse to accept prior approval and post approval requests and cancel existing prior approvals for specific transportation vendors. Another amendment will decrease the time frame in which a non-emergency transportation vendor may request post approval for a service which requires a prior approval. This change will also permit vendors' post approval requests to be made to agents of the Department.

Proposed amendments are planned regarding the In-Home Care Program to reflect a more complete list of programs, including the University of Illinois Chicago Division of Specialized Services for Children (medically fragile, technology dependent children), and to provide updates on current agency names.

The Department intends to amend the rules concerning Home and Community Based Services (HCBS) Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21. The amendments, to be proposed under a home and community based waiver, will specify functions pursuant to an interagency agreement, make changes in eligibility criteria and the

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

requirements for a plan of care, and add provisions requiring family participation and reevaluation of the level of care.

The Department plans to propose rulemaking to amend the current provisions on audits to allow vendors 45 days to respond to audit findings, to allow additional documentation for reaudit and to provide that only one reaudit will be conducted. If a response is not received, the matter will be referred for administrative hearing to recover the amounts sought.

Amendments will be proposed clarifying Medicaid coverage requirements for home health services.

- B) Statutory Authority: Section 1915(c) of the Social Security Act (42 USC 1396n(c)) (Federal Waiver Authority) and Sections 12-4.25(G-5)(3) and 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.25(G-5)(3) and 12-13]
- C) Schedule of meeting or hearing dates: The Department has not established a schedule of dates for hearings, meetings or other opportunities for public participation in this rulemaking.
- D) Date agency anticipates First Notice: The Department has not determined when Notices of Proposed Rulemaking will be submitted for publication in the Illinois Register.
- E) Effect on small businesses, small municipalities, and not-for-profit corporations: The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to this regulatory agenda.
- F) Agency contact person for information:

Joanne Scattoloni

Office of the General Counsel

Illinois Department of Public Aid

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

201 South Grand Avenue East, Third Floor

Springfield, Illinois 62763-0002

(217) 524-0081

- 2) Related rulemakings and other pertinent information: None
- d) Part: Specialized Health Care Delivery systems (89 Ill. Adm. Code 146)
  - 1) Rulemaking:
    - A) Description: The Department intends to propose changes regarding dental services performed in Ambulatory Surgical Treatment Centers (ASTCs) or outpatient hospital settings.
    - B) The Department plans to propose amendments relating to Supportive Living Facilities (SLFs). Because of program growth, additional requirements and clarifying provisions will be added to the rules.
    - C) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
    - D) Schedule of meeting or hearing dates: The Department has not established a schedule of dates for hearings, meetings, or other opportunities for public participation in this rulemaking.
    - E) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.
    - F) Effect on small businesses, small municipalities, and not-for-profit corporations: The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to this regulatory agenda.
    - G) Agency contact person for information:

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

Joanne Scattoloni

Office of the General Counsel

Illinois Department of Public Aid

201 South Grand Avenue East, Third Floor

Springfield, Illinois 62763

(217) 524-0081

- 2) Related rulemakings and other pertinent information: None
- e) Part: Hospital Services (89 Ill. Adm. Code 148)
- 1) Rulemaking:
    - A) Description: The Department intends to propose changes regarding dental services performed in outpatient hospital settings or Ambulatory Surgical Treatment Centers (ASTCs).
- Proposed amendments are planned for the transfer of the Hemophilia Program from Department of Human Services to the Department. The Illinois Hemophilia Program pays only for Illinois residents that have financially qualified for the Program. The Program is a payer of last resort: after Medicare and/or private insurance, after other government agencies, and after a patient's determined participation fee, if applicable, and if the patient is not eligible for public assistance at the time of the service being billed. The Department has operated this program since July 1998.
- The Department will propose changes relating to hospital inpatient copayments. The changes will update the patient populations exempt from copayments, changing the age for children from under the age of 18 years to under age 19 and begin assessing inpatient copayments for adults on State Family and Children Assistance cases.
- The hospital rules will be amended to redefine certain programs and shift spending in order to maximize federal matching funds for

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

Illinois.

- B) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
  - C) Schedule of meeting or hearing dates: The Department has not established a schedule of dates for hearings, meetings or other opportunities for public participation in this rulemaking.
  - D) Date agency anticipates First Notice: The Department has not determined when Notices of Proposed Rulemaking will be submitted for publication in the Illinois Register.
  - E) Effect on small businesses, small municipalities, and not-for-profit corporations: The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to this regulatory agenda.
  - F) Agency contact person for information:  
  
Joanne Scattoloni  
  
Office of the General Counsel  
  
Illinois Department of Public Aid  
  
201 South Grand Avenue East, Third Floor  
  
Springfield, Illinois 62763  
  
(217) 524-0081
- 2) Related rulemakings and other pertinent information: None
- f) Part: Child Support Enforcement (89 Ill. Adm. Code 160)
    - 1) Rulemaking:
      - A) Description: A new Section is planned to establish that an order of support shall include a date on which the support obligation will

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

terminate. The termination date shall be no earlier than the date on which the child covered by the order will reach 18 years of age. However, if the child will not graduate from high school until after reaching age 18, the termination date shall be no sooner than the date of child's graduation or the date when the child attains the age of 19 years, whichever is earlier. The support order shall state that the termination date does not apply to any arrearage that may remain unpaid on that date. This does not preclude the Department from modifying or terminating the order in the event the child is otherwise emancipated.

Another new Section is planned to establish that each year, a State's Attorney, in cooperation with the appropriate county officials, may submit to the Department a Plan for a Unified Child Support Services Program that includes all of the components set forth in Section 15 of Public Act 92-876 and that includes a projected budget of the necessary and reasonable direct and indirect costs for operation of the Program. The Plan may provide for phasing in the Program with different implementation dates.

The Department intends to propose new provisions to set a Department default child support standard when the income and expenses of a child's parent is unknown. This will give the Department a formula for calculating a default monthly support standard. The default standard for one child is the total average expenditures divided by the number of people in the household, divided by the number of years from birth until the age of 18 years, divided by 12 (months in a year), divided by two (obligation for one parent).

- B) Statutory Authority: Implementing and authorized by Sections 4-1.7 and 5/10-3, Art. X, 12-4.3, and 12-13 of the Illinois Public Aid Code [305 ILCS 5/4-1.7, 5/10-3, Art. X, 12-4.3 and 12-13], Illinois Marriage and Dissolution of Marriage Act [750 ILCS 5/505], Unified Child Support Services Act [750 ILCS 24/1]
- C) Schedule of meeting or hearing dates: The Department has not established a schedule of dates for hearings, meetings or other opportunities for public participation in this rulemaking.

## DEPARTMENT OF PUBLIC AID

## JANUARY 2004 REGULATORY AGENDA

- D) Date agency anticipates First Notice: The Department has not determined when Notices of Proposed Rulemaking will be submitted for publication in the Illinois Register.
- E) Effect on small businesses, small municipalities, and not-for-profit corporations: The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to this regulatory agenda.

- F) Agency contact person for information:

Joanne Scattoloni

Office of the General Counsel

Illinois Department of Public Aid

201 South Grand Avenue East, Third Floor

Springfield, Illinois 62763

(217) 524-0081

- 2) Related rulemakings and other pertinent information: None

---

**OFFICE OF BANKS AND REAL ESTATE****NOTICE OF PUBLIC INFORMATION****NOTICE OF SUSPENSION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF  
1987**

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (“the Act”), 205 ILCS 635/4-5 (h), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has suspended the license of Merrill Mortgage Corporation, License No. #6689, of Overland Park, KS, a Licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2003.

---

**OFFICE OF BANKS AND REAL ESTATE****NOTICE OF PUBLIC INFORMATION****NOTICE OF SUSPENSION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF  
1987**

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (“the Act”), 205 ILCS 635/4-5 (h), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has suspended the license of Keene Financial Network, Inc., License No. #5116, of Chicago, IL, a Licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2003.

---

**OFFICE OF BANKS AND REAL ESTATE****NOTICE OF PUBLIC INFORMATION****NOTICE OF SUSPENSION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF  
1987**

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (“the Act”), 205 ILCS 635/4-5 (h), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has suspended the license of HCL Finance, Inc., License No. #6500, of San Jose, CA, a Licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2003.

---

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF SUSPENSION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF  
1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (“the Act”), 205 ILCS 635/4-5 (h), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has suspended the license of First Midwest Mortgage Corporation, License No. #4837, of Caseyville, IL, a Licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2003.

---

**OFFICE OF BANKS AND REAL ESTATE****NOTICE OF PUBLIC INFORMATION****NOTICE OF REVOCATION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF  
1987**

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act"), 205 ILCS 635/4-5 (h), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has revoked the license of Kemper Financial, Inc., License No. #5770, of Oak Brook Terrace, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2003.

---

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF REVOCATION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF  
1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act"), 205 ILCS 635/4-5 (h), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has revoked the license of AAA Mortgage, Inc., License No. #6295, of Bridgeview, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2003.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PUBLICATION ERROR

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Register citation of proposed or adopted rulemaking and other pertinent action: 27 Ill. Reg 10465 July 11, 2003
- 4) Explanation: During conversion from different word processors an additional paragraph appeared and was not caught prior to publication. The file copy was filed correctly.

Published as:

Section 310.450 Procedures for Determining Annual Merit Increases

EMERGENCY

- a) An annual merit increase is an in-range salary adjustment for demonstrated performance.
- b) Eligibility for an annual merit increase shall be determined by the following conditions:
  - 1) Each employee will be eligible for a merit review after attaining 12 months creditable service. The employee's immediate supervisor shall prepare an Individual Development and Performance Evaluation form prior to the Performance Review Date, and discuss the results with the employee.
  - 2) Should the Individual Development and Performance review result in the employee not being eligible for an annual merit increase due to provisions of Section 310.450(d), or should the employee's base rate be at the maximum rate of pay of the salary range assigned to the employee's position, the employee will not be eligible for an annual merit increase until 12 months of additional creditable service has been accrued.
- c) Based upon the results of the Individual Development and Performance Evaluation, the employees' immediate supervisor shall determine whether the employee's performance warrants or does not warrant an annual merit increase.
- d) The amount of an annual merit increase recommendation shall be determined by use of the Merit Increase Guidechart of Section 310.540 if the employee's Individual Development and Performance Evaluation has on the Performance

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PUBLICATION ERROR

Review Date been evaluated at a Category 3 or higher level. An employee whose Individual Development and Performance Evaluation has on the Performance Review Date been evaluated at Category 4 shall not receive an increase in the present base salary. However, in no event is the resulting salary to be lower than the minimum or higher than the maximum rate of pay of the respective salary range assigned to the employee's position. Effective July 1, 2003 merit increases are suspended.

- e) The employee's immediate supervisor shall prepare a performance Certification and Salary Increase Recommendation form indicating whether or not the employee is eligible for an annual merit increase and the amount thereof. (Effective July 1, 2003, merit increases are suspended.)
- f) The employee's immediate supervisor shall forward the Individual Development and Performance Evaluation records and Performance Certification and Salary Increase Recommendation records to the agency head or a designated authority for review and approval.
- g) Annual merit increase in pay shall become effective the first day of the month in which the employee's Performance Review Date occurs.

(Source: Emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days)

Should have been:

Section 310.450 Procedures for Determining Annual Merit Increases

EMERGENCY

- a) An annual merit increase is an in-range salary adjustment for demonstrated performance.
- b) Eligibility for an annual merit increase shall be determined by the following conditions:
  - 1) Each employee will be eligible for a merit review after attaining 12 months creditable service. The employee's immediate supervisor shall prepare an Individual Development and Performance Evaluation form prior to the Performance Review Date, and discuss the results with the employee.
  - 2) Should the Individual Development and Performance review result in the

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PUBLICATION ERROR

employee not being eligible for an annual merit increase due to provisions of Section 310.450(d), or should the employee's base rate be at the maximum rate of pay of the salary range assigned to the employee's position, the employee will not be eligible for an annual merit increase until 12 months of additional creditable service has been accrued.

- c) Based upon the results of the Individual Development and Performance Evaluation, the employees' immediate supervisor shall determine whether the employee's performance warrants or does not warrant an annual merit increase.
- d) The employee's immediate supervisor shall prepare a performance Certification and Salary Increase Recommendation form indicating whether or not the employee is eligible for an annual merit increase and the amount thereof. (Effective July 1, 2003, merit increases are suspended.)
- e) The employee's immediate supervisor shall forward the Individual Development and Performance Evaluation records and Performance Certification and Salary Increase Recommendation records to the agency head or a designated authority for review and approval.
- f) Annual merit increase in pay shall become effective the first day of the month in which the employee's Performance Review Date occurs.

(Source: Emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days)

## DEPARTMENT OF LABOR

## NOTICE OF PUBLIC INFORMATION

CONTRACTOR PROHIBITED FROM AN AWARD OF A CONTRACT OR  
SUBCONTRACT FOR PUBLIC WORKS PROJECTS

Pursuant to the findings in In re: Tarara AA Concrete Work, Inc., D/B/A AA Construction Company, IDOL File No. 03-PW-EH09-0405, the Director of the Department of Labor gives notice that [Tarara AA Concrete Work, Inc., D/B/A AA Construction Company], its member(s), officer(s), manager(s), agent(s), and all persons acting in Tarara AA Concrete Work, Inc., D/B/A AA Construction Company interest and/or on Tarara AA Concrete Work, Inc., D/B/A AA Construction Company behalf, and any business entity, including, but not limited to, any firm, corporation, partnership or association in which Tarara AA Concrete Work, Inc., D/B/A AA Construction Company, its member(s), officer(s), manager(s), agent(s), and all other persons acting in Tarara AA Concrete Work, Inc., D/B/A AA Construction Company interest and/or on Tarara AA Concrete Work, Inc., D/B/A AA Construction Company behalf have an interest, pecuniary or otherwise, is(are) prohibited from bidding, accepting or working on any contract or subcontract for a public works project covered by the Prevailing Wage Act, 820 ILCS 130/0.01-12 (2001), commencing June 24, 2003 and continuing through March 24, 2004.

Copies of the Prevailing Wage Act are available on the internet at <http://www.legis.state.il.us/ilcs/ch820/ch820act130.htm>, and at the:  
Illinois Department of Labor

Conciliation and Mediation Division

One West Old State Capital Plaza, Room 300

Springfield, Illinois 62701-1217

# ILLINOIS ADMINISTRATIVE CODE

## Issue Index

Rules acted upon in Volume 27, Issue 34 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 - 50 .....	13919
89 - 121 .....	13936
89 - 500 .....	13948
17 - 1538 .....	13971
68 - 1330 .....	13984

### ADOPTED RULES

14 - 475 .....	13992
77 - 2060 .....	13997
77 - 2090 .....	14022
89 - 117 .....	14028

### SECOND NOTICES RECEIVED

89 - 121 .....	14033
----------------	-------

### OTHER INFORMATION REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER

80 - 310 Withdrawal.....	14034
--------------------------	-------

### REGULATORY AGENDA

89 - 140 .....	14035
89 - 120 .....	14035
89 - 146 .....	14035
89 - 148 .....	14035
89 - 160 .....	14035
89 - 104 .....	14035

### NOTICES REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER

80 - 310 .....	14051
----------------	-------

## ORDER FORM

<input type="checkbox"/> Subscription to the Illinois Register (52 Issues) <input type="checkbox"/> New <input type="checkbox"/> Renewal	\$290.00 (annually)
<input type="checkbox"/> Subscription to the Administrative Code on CD-ROM <input type="checkbox"/> New <input type="checkbox"/> Renewal	\$290.00 (annually)
<input type="checkbox"/> Electronic Version of the Illinois Register (E-mail Address Required) <input type="checkbox"/> New <input type="checkbox"/> Renewal	\$290.00 (annually)
<input type="checkbox"/> Back Issues of the Illinois Register (Current Year Only) Volume # _____ Issue# _____ Date _____	\$ 10.00 (each)
<input type="checkbox"/> Microfiche sets of the Illinois Register 1977 – 2001 Specify Year(s) _____	\$ 200.00 (per set)
<input type="checkbox"/> Cumulative/Sections Affected Indices 1990 - 2002 Specify Year(s) _____	\$ 5.00 (per set)
<div style="text-align: right;">           (Processing fee for credit cards purchases, if applicable.)    \$ 1.50  <b>TOTAL AMOUNT OF ORDER</b>    \$ _____         </div>	

Check    Make Checks Payable To: **Secretary of State**

<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover    (There is a \$1.50 processing fee for credit card purchases.)
Card # : _____ Expiration Date: _____
Signature: _____

**Send Payment To:** Secretary of State  
 Department of Index  
 Administrative Code Division  
 111 E. Monroe  
 Springfield, IL 62756

**Fax Order To:** (217) 524-0308

Name:	Attention:	ID #:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail: