

# 2005

# ILLINOIS

# REGISTER

RULES  
OF GOVERNMENTAL  
AGENCIES



Volume 29 Issue 33  
August 12, 2005  
Pages 12290-12682

Index Department  
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<http://www.cyberdriveillinois.com>

Printed on recycled paper

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## DEPARTMENT ON AGING

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Elder Rights
- 2) Code Citation: 89 Ill. Adm. Code 270
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
270.210	Amendment
270.215	Amendment
270.255	Amendment
- 4) Statutory Authority: 320 ILCS 20/2, 3.5, and 7 (as amended by Public Act 93-300, effective January 1, 2004, and Public Act 93-301, effective January 1, 2004)
- 5) A Complete Description of the Subjects and Issues Involved: Amendments are being proposed so the rules for the Elder Rights Programs will (1) reflect the name change for the Department of Public Aid and (2) conform with statutory changes resulting from the recent enactment of Public Act 93-300 and Public Act 93-301.
- 6) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge any State mandate.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments on this proposed rulemaking within 45 days after the date of publication of this Notice to:

Karen Alice Kloppe  
Assistant General Counsel  
Illinois Department on Aging  
421 E. Capitol Avenue, #100  
Springfield, IL

(217) 785-3346

## DEPARTMENT ON AGING

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- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Provider agencies for the Elder Rights Programs
  - B) Reporting, bookkeeping or other procedures required for compliance: Reporting, bookkeeping, and other procedures commensurate with any such requirements established under the Elder Rights Programs
  - C) Types of Professional skills necessary for compliance: Professional skills commensurate with any such requirements established under the Elder Rights Programs
- 13) Regulatory Agenda on which this rulemaking was summarized: January 2005

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

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TITLE 89: SOCIAL SERVICES  
CHAPTER II: DEPARTMENT ON AGINGPART 270  
ELDER RIGHTS

## SUBPART A: INTRODUCTION

Section  
270.10 Summary and Purpose

## SUBPART B: LONG TERM CARE OMBUDSMAN PROGRAM

Section  
270.100 Long Term Care Ombudsman Program  
270.105 Definitions  
270.110 Responsibilities of the Department and the Office of the State Long Term Care Ombudsman  
270.115 Display of Ombudsman Poster  
270.120 Access to Resident Records  
270.130 Conflict of Interest

## SUBPART C: ELDER ABUSE AND NEGLECT PROGRAM

Section  
270.200 Purpose  
270.205 Elder Abuse and Neglect Program  
270.210 Definitions  
270.215 Organizational Standards and Responsibilities: Department on Aging  
270.220 Organizational Standards and Responsibilities: Regional Administrative Agencies  
270.225 Organizational Standards and Responsibilities: Elder Abuse Provider Agencies  
270.230 Elder Abuse Reporting  
270.235 Immunity  
270.240 Intake of ANE Reports  
270.245 Access to Eligible Adults  
270.250 Minimum Assessment and Classification Standards  
270.255 ANE Case Work, Follow-Up, Referral to Law Enforcement and Case Closure  
270.260 Authority to Consent to Services and Court Petitions  
270.265 Emergency Intervention Services

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270.270 Multi-disciplinary Teams  
270.275 Confidentiality and Disclosure

AUTHORITY: Implementing Section 4.04(c) and authorized by Section 4.01(11) of the Illinois Act on the Aging [20 ILCS 105/4.04(c) and 4.01(11)] and Section 10 of the Elder Abuse and Neglect Act [320 ILCS 20/10].

SOURCE: Adopted at 21 Ill. Reg. 8887, effective July 1, 1997; amended at 25 Ill. Reg. 5259, effective April 1, 2001; amended at 26 Ill. Reg. 3964, effective March 15, 2002; expedited correction at 26 Ill. Reg. 8482, effective March 15, 2002; amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART C: ELDER ABUSE AND NEGLECT PROGRAM

**Section 270.210 Definitions**

*"Abuse" means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources. [320 ILCS 20/2(a)]*

*"Abuser" means a person who abuses, neglects, or financially exploits an eligible adult. [320 ILCS 20/2(a-5)]*

"Act" means the Elder Abuse and Neglect Act. [320 ILCS 20]

"After Hours Line" means the toll-free statewide number that can be called to report suspected cases of elder abuse, neglect and exploitation on holidays, weekends and weekdays before 8:30 a.m. and after 5:00 p.m.

"Allegation" means a charge or a claim of abuse, neglect, or financial exploitation.

"Alleged abuser" means a person who is reported as abusing, neglecting, or financially exploiting an older person.

"Alleged victim" means the older person who is reported as being abused, neglected, or financially exploited.

"ANE" means abuse, neglect, and financial exploitation.

"Assessment" means the process of obtaining and documenting information

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about the case to determine if there is reason to believe abuse, neglect or exploitation is occurring (or has occurred), and to ascertain the level of risk to the eligible adult of future abuse or harm.

*"Caregiver" means a person who either as a result of a family relationship, voluntarily, or in exchange for compensation, has assumed responsibility for all or a portion of the care of an eligible adult who needs assistance with activities of daily living. [320 ILCS 20/2(a-7)]*

"Casework" is the development and implementation of a service plan for the client, which minimally includes: the identification of the needs, problems, limitations and capacities of the client; interventions to protect the health, welfare and safety of the client; assisting the client in obtaining needed services; and respecting the self-determination and independence of the client.

"Clear and convincing" is the standard of proof that must be met to reach a "verified" substantiation decision in the ANE Program. This standard of proof is met when the credible evidence, weighed in its entirety, creates a substantial certainty that the abuse, neglect or financial exploitation is occurring or has occurred.

"Client" is an eligible adult who is receiving services from the elder abuse provider agency.

"Confinement" means restraining or isolating an older person for other than bona fide medical reasons.

*"Department" means the Department on Aging of the State of Illinois. [320 ILCS 20/2(b)]*

*"Director" means the Director of the Department. [320 ILCS 20/2(c)]*

*"Domestic living situation" means a residence where the eligible adult lives alone or with his or her family or a caregiver, or others, or a board and care home or other community-based unlicensed facility, but is not:*

*A licensed facility as defined in Section 1-113 of the Nursing Home Care Act [210 ILCS 45/1-113];*

*A "life care facility" as defined in the Life Care Facilities Act [210 ILCS*

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40];

*A home, institution, or other place operated by the federal government or agency thereof or by the State of Illinois;*

*A hospital, sanitarium, or other institution, the principal activity or business of which is the diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];*

*A "community living facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];*

*A "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140]; and*

*A "community-integrated living arrangement" as defined in the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135].*

"Elder abuse provider agency" means any public or nonprofit agency, appointed by the regional administrative agency with prior approval by the Department, to receive and assess reports of alleged or suspected abuse, neglect and financial exploitation.

*"Eligible adult" means a person 60 years of age or older who resides in a domestic living situation and is, or is alleged to be, abused, neglected, or financially exploited by another individual. [320 ILCS 20/2(e)]*

"Emergency Intervention Services" are the services purchased by elder abuse provider agencies to provide temporary short term or emergency services necessary to secure the health, welfare and/or safety of a client when other existing resources are unavailable.

"Emotional abuse" means verbal assaults, threats of maltreatment, harassment, or intimidation.

"Financial exploitation" means the use of an older person's resources by another to the disadvantage of the older person and/or the profit or advantage of a person

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other than the older person.

"Follow-up" means the monitoring of substantiated cases of ANE for clients of the program.

"Guardian" means a person appointed by a court of competent jurisdiction, who is legally responsible for the care of a person who has been adjudicated by the court to be incompetent to manage his or her own affairs and/or property.

"Intake" means the point at which an elder abuse provider agency receives a report of alleged or suspected abuse, neglect, or financial exploitation; screens the case to make an initial determination that the alleged victim is an eligible adult; and, if so, opens a case file to keep a record of the case.

"Intervention" means an action initiated by the elder abuse caseworker or the elder abuse provider agency to provide medical, social, economic, legal, housing, law enforcement, or other protective, emergency, or supportive services to, or on behalf of, the elder abuse victim or alleged victim.

"Mandated reporter" means any of the following persons while engaged in carrying out their professional duties:

a professional or professional's delegate while engaged in:

social services,

law enforcement,

education,

the care of an eligible adult or eligible adults, or

*any of the occupations required to be licensed under the Clinical Psychologist Licensing Act [225 ILCS 15], the Clinical Social Work and Social Work Practice Act [225 ILCS 20], the Illinois Dental Practice Act [225 ILCS 25], the Dietetic and Nutrition Services Practice Act [225 ILCS 30], the Marriage and Family Therapy Licensing Act [225 ILCS 55], the Medical Practice Act of 1987 [225 ILCS 60], the Respiratory Care Practice Act [225 ILCS 106], the Naprapathic Practice Act [225 ILCS 63], the Illinois*

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*Nursing ~~and Advanced Practice Nursing~~ Act ~~of 1987~~ [225 ILCS 65], the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70], the Illinois Occupational Therapy Practice Act [225 ILCS 75], the Illinois Optometric Practice Act of 1987 [225 ILCS 80], the Pharmacy Practice Act of 1987 [225 ILCS 85], the Illinois Physical Therapy Act [225 ILCS 90], the Physician Assistant Practice Act of 1987 [225 ILCS 95], the Podiatric Medical Practice Act of 1987 [225 ILCS 100], the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107], the Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110], the Veterinary Medicine and Surgery Practice Act of 1994 [225 ILCS 115], and the Illinois Public Accounting Act [225 ILCS 450];*

*an employee of a vocational rehabilitation facility prescribed or supervised by the Department of Human Services;*

*an administrator, employee, or person providing services in or through an unlicensed community-based facility;*

*a Christian Science Practitioner;*

*field personnel of the Department of ~~Healthcare and Family Services~~~~Public Aid~~, Department of Public Health, and Department of Human Services, and any county or municipal health department;*

*personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the Department on Aging and its subsidiary Area Agencies on Aging and provider agencies, and the Office of State Long Term Care Ombudsman; provided that attorneys contracted or employed by the Area Agencies and their senior legal services providers and licensed to practice in Illinois are not mandated to report elder abuse, although they may voluntarily do so;*

*any employee of the State of Illinois not otherwise specified in this definition who is involved in providing services to eligible adults, including professionals providing medical or rehabilitation services and all other persons having direct contact with eligible adults; ~~or~~*

*a person who performs the duties of a coroner or medical examiner; ~~or~~*

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*a person who performs the duties of a paramedic or an emergency medical technician.* [320 ILCS 20/2(f-5)]

*"Neglect" means another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or medical care. This definition does not create any new affirmative duty to provide support to eligible adults. Nothing in the Act shall be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.* [320 ILCS 20/2(g)]

"Passive neglect" means the failure by a caregiver to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the eligible adult's needs, lack of awareness of services to help meet needs, or a lack of capacity to care for the eligible adult.

"Physical abuse" means the causing of physical pain or injury to an eligible adult.

"Preponderance of the evidence" is the standard of proof that must be met to reach a "some indication" substantiation decision in the ANE Program. This standard of proof is met when the credible evidence, weighed in its entirety, creates a reasonable certainty that more likely than not the abuse, neglect or financial exploitation is occurring or has occurred.

*"Provider agency" means any public or nonprofit agency in a planning and service area appointed by the regional administrative agency with prior approval by the Department on Aging to receive and assess reports of alleged or suspected abuse, neglect, or financial exploitation.* [320 ILCS 20/2(h)]

*"Regional administrative agency" means any public or nonprofit agency in a planning and service area so designated by the Department, provided that the designated Area Agency on Aging shall be designated the regional administrative agency if it so requests. The Department shall assume the functions of the regional administrative agency for any planning and service area where another agency is not so designated.* [320 ILCS 20/2(i)]

"Reporter" means the person who calls, visits or otherwise communicates to an authorized intake agency allegations or suspicions that an eligible adult has been

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or is being abused, neglected, or financially exploited.

"Senior HelpLine" means the Department's toll-free statewide number that can be called to report suspected cases of elder abuse, neglect and financial exploitation, or to obtain additional information about services available to eligible adults.

"Sexual abuse" means any sexual activity with an eligible adult who is unable to understand, unwilling to consent, threatened, or physically forced to engage in such sexual activity.

"Source of information" means the point of origin of information about the client.

"Substantiation" is the process by which an elder abuse provider agency determines, after a review of all available information, that abuse, neglect or financial exploitation of an eligible adult has occurred.

*"Substantiated case" means a reported case of alleged or suspected abuse, neglect or financial exploitation in which a provider agency, after assessment, determines that there is reason to believe abuse, neglect, or financial exploitation has occurred. [320 ILCS 20/2(j)]*

"Victim" means an eligible adult who is the subject of a substantiated report of abuse, neglect, or financial exploitation.

"Willful deprivation" is the deliberate denial to an eligible adult of required medication, medical care, shelter, food, therapeutic devices, or other physical assistance, thereby exposing that person to the risk of physical, mental, or emotional harm. Willful deprivation shall not include the discontinuation of medical care or treatment when the eligible adult has expressed a desire to forego such medical care or treatment.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 270.215 Organizational Standards and Responsibilities: Department on Aging**

- a) *The Department shall establish, design and manage a program of response and services for persons 60 years of age and older who have been, or are alleged to be, victims of abuse, neglect, or financial exploitation. The Department shall contract with or fund, or contract with and fund, regional administrative agencies, provider agencies, or both, for the provision of those functions, and,*

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*contingent on adequate funding, with attorneys or legal services provider agencies for the provision of legal assistance pursuant to the Act. [320 ILCS 20/3(a)]*

- b) The Department shall have the overall responsibility for designing, managing and monitoring the Elder Abuse and Neglect Program.
- c) The Department shall designate regional administrative agencies and approve the designation and termination of elder abuse provider agencies. Designated elder abuse provider agencies are agents of the Illinois Department on Aging.
- d) The Department shall design and manage the programmatic and financial reporting system for the program. The Department shall develop and manage a monitoring/quality assurance system for the program.
- e) The Department shall develop and implement public awareness efforts designed to publicize the purposes and mode of operation of the program through public service announcements, posters, and brochures.
- f) The Department shall provide technical assistance, policy clarifications and/or interpretations to regional administrative agencies on adherence to the rules, standards, and procedures established for the program. The Department may provide technical assistance in case handling directly to the elder abuse provider agencies. The technical assistance provided by the Department may include legal advice and consultation. The Department's interpretation of policy and procedure shall prevail.
- g) The Department shall provide training to elder abuse provider agency staff who will assess reports of ANE or who will supervise staff performing the assessment function. Regional administrative agency staff working in the program shall also be trained by the Department.
- h) The Department shall maintain a registry of all elder abuse provider agency and regional administrative agency staff who have successfully completed Department sponsored certification training and are employed in the program.
- i) The Department's "Senior HelpLine" and the "After Hours Line" shall receive reports of ANE and relay such reports to the appropriate elder abuse provider agency within the required timelines.

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- j) *The Department shall also be responsible for, contingent upon adequate funding, coordination of efforts with other agencies, councils, and like entities, which may impact awareness of, and response to, elder abuse, neglect, and financial exploitation, and promotion of prevention activities. [320 ILCS 20/3.5]*
- k) *The Department shall file with the Governor and the General Assembly, within 270 days after the end of each fiscal year, a report concerning its implementation of the Act during such fiscal year, together with any recommendations for future implementation. [320 ILCS 20/11]*
- l) The Department shall reimburse elder abuse provider agencies under contract at a uniform rate established by the Department. A separate rate shall be established for each of the following case activities completed by the elder abuse provider agency: assessment, case work, and follow-up.
- m) If a designated elder abuse provider agency terminates its contract to provide services, the Department, in coordination with the regional administrative agency, shall ensure that elder abuse services are available without interruption to eligible adults within the terminated elder abuse provider agency's service area.
- n) The Department shall establish and coordinate a training program on the unique nature of elder abuse cases with other agencies and councils, including the Office of the Attorney General, the State Police, the State Triad, and other similar agencies.
- o) The Department shall solicit financial institutions for the purpose of making information available to the general public warning of financial exploitation of the elderly and related financial fraud or abuse, including such information and warning available through signage or other written materials provided by the Department on the premises of such financial institutions, provided that the manner of displaying or distributing such information is subject to the sole discretion of each financial institution. [320 ILCS 20/3.5]
- p) The Department shall coordinate efforts with utility and electric companies to send notices in utility bills to explain to persons 60 years of age or older their rights regarding telemarketing and home repair fraud. [320 ILCS 20/3.5]

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 270.255 ANE Case Work, Follow-Up, Referral to Law Enforcement and Case**

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**Closure**

- a) Case Work  
*Provider agencies shall assist, to the extent possible, eligible adults who need agency services to allow them to continue to function independently. [320 ILCS 20/3(c)] If, after the assessment, the provider agency determines that the case is substantiated, it shall develop a service care plan for the eligible adult, where the adult consents to services.*
- b) Follow-up  
*All services provided to an eligible adult shall be reviewed by the provider agency on at least a quarterly basis for up to one year to determine whether the service care plan should be continued or modified except that, upon review, the Department may grant a waiver to extend the service care plan for up to one additional year. [320 ILCS 20/7]*
- c) Referral  
*A provider agency shall refer evidence of crimes against an eligible adult to the appropriate law enforcement agency according to Department policies. A referral to law enforcement may be made at intake or any time during the case. Where a provider agency has reason to believe the death of an eligible adult may be the result of abuse or neglect, the agency shall immediately report the matter to the coroner or medical examiner and shall cooperate fully with any subsequent investigation. [320 ILCS 20/5(b)]*
- d) The "evidence of crimes" referred to in subsection (c) includes:
- 1) death that may have been the result of abuse or neglect;
  - 2) brain damage;
  - 3) loss or substantial impairment of a bodily function or organ;
  - 4) bone fracture;
  - 5) extensive burns;
  - 6) substantial disfigurement;
  - 7) sexual assault or aggravated sexual assault;

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- 8) serious bodily injury as the result of a pattern of repetitive actions;
  - 9) extensive swelling or bruising, depending on such factors as the eligible adult's physical condition, circumstances under which the injury occurred, and the number and location of bruises;
  - 10) serious symptoms resulting from the use of medications or chemical restraints, or the withholding of life sustaining medications (e.g., insulin);
  - 11) evidence of severe neglect, such as unreasonable decubiti;
  - 12) other activity that would place the eligible adult in imminent danger of death or serious bodily injury; or
  - 13) any felonious criminal activity directed at the eligible adult that the caseworker directly observes.
- e) Case Closure  
An elder abuse provider agency shall close a case when:
- 1) the victim refuses services;
  - 2) the victim is deceased, unless the death was the apparent result of the ANE;
  - 3) the victim has entered a long term care facility and resided there for 60 days; provided the Department may waive the 60 day limitation in cases where the provider agency submits evidence that such a waiver is necessary to protect the safety and well being of the client;
  - 4) the victim has moved out of the area; provided, if the victim remains at risk and the elder abuse provider agency is aware of the new location, the provider agency shall refer the case to the elder abuse provider agency in the location of the new residence for case work and follow-up services;
  - 5) the victim is no longer at risk of ANE;
  - 6) the victim has received "uninterrupted" follow-up services for 12 months, which shall be considered an "administrative closure"; or

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7) the report is not substantiated.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Insect Pest and Plant Disease Act
- 2) Code Citation: 8 Ill. Adm. Code 240
- 3) Section Number: 240.140                      Proposed Action: Amend
- 4) Statutory Authority: Insect Pest and Plant Disease Act [505 ILCS 90/30]
- 5) A Complete Description of the Subjects and Issues Involved: The Department is proposing to increase the Nursery Dealer Certificate fee and Original Certificate fee associated with the nursery industry.
- 6) Will this rulemaking replace any emergency rulemaking in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not directly affect units of local governments.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: A 45-day written comment period will begin on the day the Notice of rulemaking appears in the Illinois Register. Please mail written comments on the proposed rulemaking to the attention of:  
  
Linda Rhodes  
Illinois Department of Agriculture  
State Fairgrounds, P. O. Box 19281  
Springfield IL 62794-9281  
  
217/785-5713  
217/785-4505 (fax)
- 12) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not-for-profit corporations

DEPARTMENT OF AGRICULTURE

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affected: Nurseries and nursery dealers

B) Reporting, bookkeeping or other procedures required for compliance: No additional requirements beyond those currently existing.

C) Types of professional skills necessary for compliance: No additional requirements beyond those currently existing.

13) Regulatory agenda on which this rulemaking was summarized: July 2005

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

## DEPARTMENT OF AGRICULTURE

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TITLE 8: AGRICULTURE AND ANIMALS  
CHAPTER I: DEPARTMENT OF AGRICULTURE  
SUBCHAPTER h: PESTS AND PLANT DISEASESPART 240  
INSECT PEST AND PLANT DISEASE ACTSUBPART A: NURSERY AND NURSERY STOCK;  
INSPECTION; CERTIFICATES

Section	
240.10	Storage and Display of Nursery Stock
240.20	Inspection of Shipments of Nursery Stock in Transit
240.30	Infested or Infected Shipments of Nursery Stock; Disposal or Treatment
240.40	Listing of Other States' Certified Nurseries
240.50	Revocation of Certificates
240.60	Special Certification: Sales, Trades, and Auctions by Garden Clubs and Social Organizations
240.70	Special Certification: Plants and Nursery Stock Shipped by Individual Residents
240.80	Inspection of Private Premises, Public Grounds and Forest Preserves
240.90	Inspection of Native Trees for Resale
240.100	Refusal to Inspect Nursery
240.110	Sale of Nursery Stock Which is Infected Prohibited
240.120	Nursery Certificates Withheld or Qualified Certificates Issued
240.130	Inspection of Shipments for Foreign Countries
240.140	Fee Schedule
240.150	Use of the Department of Agriculture for Advertising (Repealed)
240.160	Administrative Rules (Formal Administrative Hearings; Contested Cases; Petitions; Administrative Procedures)

## SUBPART B: QUARANTINE

Section	
240.250	Scope
240.260	Definitions
240.270	Restrictions and Regulated Articles
240.280	Movement of Regulated Articles
240.290	Issuance and Cancellation of Permits, Certificates of Inspection or Compliance Agreements
240.300	Attachment of Certificates, Permits or Agreements

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240.310 Inspection and Disposal of Regulated Articles  
 240.320 Duration of Quarantine

AUTHORITY: Implementing and authorized by the Insect Pest and Plant Disease Act [505 ILCS 90].

SOURCE: Rules and Regulations Relating to the Insect Pest and Plant Disease Act, filed October 25, 1974, effective November 2, 1974; codified at 5 Ill. Reg. 10523; amended at 6 Ill. Reg. 3041, effective March 5, 1982; amended at 7 Ill. Reg. 1764, effective January 28, 1983; amended at 12 Ill. Reg. 8299, effective May 2, 1988; amended at 26 Ill. Reg. 14661, effective September 23, 2002; amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: NURSERY AND NURSERY STOCK;  
 INSPECTION; CERTIFICATES

**Section 240.140 Fee Schedule**

The Department shall charge and collect fees for inspection and issuance of certificates according to the following schedule:

a)	Nursery Inspection		
	1	Acre	\$15.00
	1.0-5.0	Acres	20.00
	5.1-10	Acres	25.00
	11-50	Acres	35.00
	51-100	Acres	50.00
	101-250	Acres	100.00
	251-500	Acres	125.00
	Over 501	Acres	0.35 per acre

Effective January 1, 2003, the nursery inspection fees shall be as follows:

1 acre or less	\$25.00
over 1 acre but less than or equal to 5 acres	\$30.00
over 5 acres but less than or equal to 10 acres	\$40.00
over 10 acres but less than or equal to 50 acres	\$50.00
over 50 acres but less than or equal to 100 acres	\$75.00
over 100 acres but less than or equal to 250 acres	\$150.00
over 250 acres but less than or equal to 500 acres	\$180.00

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over 500 acres (per acre) \$0.50

## b) Greenhouses

Greenhouses that request inspection shall be charged the special inspection and certificate fees in Section 240.140(d).

## c) Nursery Dealer Certificates

1) Nursery dealer certificates shall be provided at the rate of \$15.~~00~~.

2) Effective January 1, 2003 through December 31, 2005, the rate for a nursery dealer certificate shall be \$25.~~00~~.

3) Effective January 1, 2006, the rate for a nursery dealer certificate shall be \$50.

## d) Special (Requested) Inspections

1) Special inspections shall be charged at the rate of \$15.~~00~~ per hour or any fraction thereof of inspector's time (the time that it takes for the inspector to travel from the nearest field office to the inspection site, one-way only, shall be included in computing the inspector's time). Individual certificates for special inspections shall be charged at the rate of \$10.~~00~~ per certificate.

2) Effective January 1, 2003, the inspection rate charged for special inspections shall be \$25.~~00~~ per hour and the rate charged for individual certificates for special inspections shall be \$25.~~00~~ per certificate.

## e) Original Certificates

1) An original certificate, which is required to accompany nursery stock and/or plants and plant products for shipment or sale verifying same free of insect pests and plant diseases, shall be issued at the rate of \$10.~~00~~ each when no inspection is required.

2) Effective January 1, 2003 through December 31, 2005, the rate for original certificates shall be \$25.~~00~~ each.

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- 3) Effective January 1, 2006, the rate for original certificates shall be \$50 each.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- 1) Heading of Part: Americans With Disabilities Act Grievance Procedure
- 2) Code Citation: 4 Ill. Adm. Code 250
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
250.10	New Section
250.20	New Section
250.30	New Section
250.40	New Section
250.50	New Section
250.60	New Section
250.70	New Section
250.EXHIBIT A	New Section
- 4) Statutory Authority: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II regulations (28 CFR 35.107), and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401].
- 5) A Complete Description of the Subjects and Issues Involved: 28 CFR 35.107 requires all agencies of State government employing at least 50 persons to publish rules governing the grievance procedure under the Americans With Disabilities Act (ADA). JCAR noted that the Department of Financial and Professional Regulation-Division of Insurance does not have such a rule in place. It is anticipated that DFPR will eventually promulgate an ADA rule that will be applicable to all of the agency's Divisions and replace their existing rules, but the Department, on behalf of its Division of Insurance, is adopting Part 250 to allow the Division to be in compliance with the ADA requirements in the interim.
- 6) Will this proposed rule replace any emergency rule currently in effect? No
- 7) Does this proposed rule contain an automatic repeal date? No
- 8) Does this proposed rule contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

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## NOTICE OF PROPOSED RULES

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Glen Gasiorrek, Staff Attorney (or)  
Department of Financial and  
Professional Regulation  
Division of Insurance  
100 W. Randolph, Suite 9-301  
Chicago IL 60601-3251

Barb Smith  
Rules Coordinator  
Department of Financial and  
Professional Regulation  
320 West Washington  
Springfield IL 62767-0001

(312) 814-2435

(217) 785-0813

- 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 proposed rule was summarized: July 2004

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

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## NOTICE OF PROPOSED RULES

## TITLE 4: DISCRIMINATION PROCEDURES

## CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## PART 250

## AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE

Section	
250.10	Purpose
250.20	Definitions
250.30	Procedure
250.40	Designated Coordinator Level
250.50	Final Level
250.60	Accessibility
250.70	Case-by-Case Resolution
250.EXHIBIT A	Grievance Form

AUTHORITY: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II regulations (28 CFR 35.107), and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401].

SOURCE: Adopted at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 250.10 Purpose**

- a) This Americans With Disabilities Act Grievance Procedure is established pursuant to the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.) and specifically Section 35.107 of the Title II regulations (28 CFR 35) requiring that a grievance procedure be established to resolve grievances asserted by qualified individuals with disabilities. Should any individual desire to review the Act or its regulations to understand the rights, privileges and remedies afforded by it, they should contact the Designated Coordinator of the Department of Financial and Professional Regulation-Division of Insurance.
- b) In general, the Act requires that each program, service and activity offered by the Division, when viewed in its entirety, be readily accessible to and usable by qualified individuals with disabilities.
- c) It is the Division's intention to foster open communication with all individuals requesting readily accessible programs, services and activities. The Division

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encourages supervisors of programs, services and activities to respond to requests for modifications before they become grievances.

**Section 250.20 Definitions**

Act means the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.)

Complainant means an individual with a disability who files a grievance with the Division pursuant to the provisions of this Part.

Designated Coordinator means the persons appointed by the Director who are responsible for the coordination of efforts of the Division to comply with and carry out its responsibilities under Title II of the Act, including investigation of grievances filed by complainants.

Department means the Department of Financial and Professional Regulation.

Director means the Director of the Department of Financial and Professional Regulation-Division of Insurance of the State of Illinois or anyone to whom the Director's responsibilities and authority are lawfully delegated.

Division means the Department of Financial and Professional Regulation-Division of Insurance.

Grievance means any complaint under the Act by an individual with a disability who meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity or service offered by the Division, and believes he or she has been excluded from participation in or denied the benefits of any program, service or activity of the Division, or has been subject to discrimination by the Division.

Grievance Form means a Division created form (attached as Exhibit A) that, when completed by a complainant, includes, but is not limited to, the name, address and telephone number of the complainant; date of incidence; a short factual statement of the grievance; and the relief requested, if applicable.

Procedure means the Americans With Disabilities Act Grievance Procedure set forth in this Part.

**Section 250.30 Procedure**

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- a) Grievances must be submitted in accordance with and follow the procedures set forth in Section 250.40 and Section 250.50 of this Part. It is mutually desirable and beneficial that grievances be satisfactorily resolved in a prompt manner. Time limits established in this procedure are in calendar days, unless otherwise stated, and may be extended by mutual agreement in writing by the complainant and the reviewer at the Designated Coordinator and Final Levels.
- b) A complainant's failure to submit a grievance, or to submit or appeal it to the next level of procedure within the specified time limits, shall mean that the complainant has withdrawn the grievance or has accepted the last response given in the grievance procedure as the Division's last response.
- c) The Division shall, upon being informed of that individual's desire to file a formal grievance, instruct the individual how to receive a copy of this procedure and provide a Grievance Form.

**Section 250.40 Designated Coordinator Level**

- a) If an individual desires to file a formal written grievance, the individual shall promptly, but no later than 180 days after the alleged discrimination, submit the grievance to the Designated Coordinator in writing on the Grievance Form prescribed for that purpose. The Grievance Form must be completed in full in order to receive proper consideration by the Designated Coordinator.
- b) Upon request, assistance shall be provided by the Division to complete the Grievance Form.
- c) The Designated Coordinator, or his or her representative, shall investigate the grievance and shall make reasonable efforts to resolve it. The Designated Coordinator shall provide a written response to the complainant and the Director within 10 business days after receipt of the Grievance Form.

**Section 250.50 Final Level**

- a) If the grievance has not been resolved at the Designated Coordinator Level to the satisfaction of the complainant, the complainant may submit a copy of the Grievance Form and Designated Coordinator's response to the Director for final review. The complainant shall submit these documents to the Director, together with a short written statement explaining the reason for dissatisfaction with the

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Designated Coordinator's written response, within 5 business days after receipt by the complainant of the Designated Coordinator's response.

- b) The Director shall appoint a 3-member panel to review the grievance at the Final Level. One member so appointed shall be designated chairman.
- c) The complainant shall be afforded an opportunity to appear before the panel. The complainant shall have a right to appoint a representative to appear on his or her behalf. The panel shall review the Designated Coordinator's written response and may conduct interviews and seek advice as it deems appropriate.
- d) Upon reaching a concurrence, the panel shall make recommendations in writing to the Director as to the proper resolution of the grievance. All recommendations shall include reasons for the recommendations and shall bear the signatures of the concurring panel members. A dissenting member of the panel may make a recommendation to the Director in writing and shall also sign the recommendation.
- e) Upon receipt of recommendations from the panel, the Director shall approve, disapprove or modify the panel recommendations, shall render a decision in writing, shall state the basis for the decision, and shall cause a copy of the decision to be served on the parties. The Director's decision shall be final. If the Director disapproves or modifies the panel's recommendations, the Director shall include written reasons for disapproval or modification.
- f) The Grievance Form, the Designated Coordinator's response, the statement of reasons for dissatisfaction, the recommendations of the panel and the decision of the Director shall be maintained in accordance with the State Records Act [5 ILCS 160] or as otherwise required by law.

**Section 250.60 Accessibility**

The Division shall ensure that all stages of the procedure are readily accessible to and usable by individuals with disabilities.

**Section 250.70 Case-by-Case Resolution**

Each grievance involves a unique set of factors that includes but is not limited to: the specific nature of the disability; the essential eligibility requirements, the benefits to be derived, and the nature of the service, program or activity at issue; the health and safety of others; and whether an

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accommodation would constitute a fundamental alteration to the program, service or activity or undue hardship on the Division. Accordingly, termination of a grievance at any level, whether through the granting of relief or otherwise, shall not constitute a precedent on which any other complainants should rely.

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**Section 250.EXHIBIT A Grievance Form**

**Grievance  
Discrimination Based on Disability**

It is the policy of the Illinois Department of Financial and Professional Regulation-Division of Insurance to provide assistance in filling out this form. If assistance is needed, please ask:

ADA Coordinator – IDFPR-Division of Insurance  
320 West Washington Street  
Springfield IL 62767-0001  
( 217 ) 782-4515 (Voice) – (217) 524-4872 (TDD)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

The Best Means and Time for Contacting: \_\_\_\_\_

Program, Service, or Activity to which Access was Denied or in which Alleged Discrimination Occurred: \_\_\_\_\_

Date of Alleged Discrimination: \_\_\_\_\_

(Attach additional sheets, if necessary. If the grievance is based on a denial of requested reasonable modification, please fill out the back of this form.)

I certify that I am qualified or otherwise eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please give to the ADA Coordinator at the address listed above.

For Office Use Only

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Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
(BACK OF FORM)

Please fill out this part of the form if this grievance is based upon the denial of a requested reasonable modification. A reasonable modification will be made to make programs, services and activities accessible. Reasonable modifications could include such things as providing auxiliary aides and devices and changing some policies and requirements to allow an individual with a disability to participate. This portion of the form should be filled in to the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested:

The date the reasonable modification was requested:

The person to whom the request was made:

The reason for denial:

Estimated cost of modification (if an assistive device, such as a TDD or optical reader, or commodity or service to which a cost is readily known):

Why is the requested modification necessary to use or participate in the program, service or activity?

Alternative modifications that may provide accessibility:

Any other information you believe will aid in a fair resolution of this grievance:

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- 1) Heading of the Part: Illinois Landscape Architecture Act of 1989
- 2) Code Citation: 68 Ill. Adm. Code 1275
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
1275.20	Amendment
1275.30	Amendment
1275.40	Amendment
1275.55	New Section
1275.60	Amendment
1275.70	Amendment
1275.75	Amendment
1275.80	Amendment
1275.90	Amendment
- 4) Statutory Authority: Illinois Landscape Architecture Act of 1989 [225 ILCS 315]
- 5) A Complete Description of the Subjects and Issues Involved: This proposed rulemaking adds Section 1275.55 to allow for acceptance of examination for individuals who hold a certificate of qualification issued by the National Council of Landscape Architecture Registration Boards. Section 1275.30 provides further clarification on the professional work experience requirement. References have been changed from “Department” to “Division” to reflect the consolidation of agencies into the Department of Financial and Professional Regulation and the creation of the Division of Professional Regulation.
- 6) Will this rulemaking replace any emergency amendments currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objective (if applicable): This rulemaking has no impact on local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments to:

Department of Financial and Professional Regulation

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Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786

217/785-0813 Fax #: 217/557-4451

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

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing the services of landscape architects.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: Landscape architecture skills are necessary for licensure.
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2005

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

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## TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1275

## THE ILLINOIS LANDSCAPE ARCHITECTURE ACT OF 1989

## Section

1275.10	Application for Registration Under Section 11(e) of the Act (Grandfather) (Repealed)
1275.20	Approved Programs
1275.30	Experience
1275.40	Application for Examination
1275.50	Examination
<u>1275.55</u>	<u>Acceptance of Examination</u>
1275.60	Endorsement
1275.70	Renewal
1275.75	Fees
1275.80	Restoration
1275.90	Granting Variances

AUTHORITY: Implementing the Illinois Landscape Architecture Act of 1989 [225 ILCS 315] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Emergency rules adopted at 15 Ill. Reg. 3324, effective February 11, 1991, for a maximum of 150 days; adopted at 15 Ill. Reg. 10091, effective June 24, 1991; amended at 16 Ill. Reg. 10458, effective June 22, 1992; amended at 22 Ill. Reg. 10597, effective June 1, 1998; amended at 24 Ill. Reg. 619, effective December 31, 1999; amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 1275.20 Approved Programs**

- a) The Department of Financial and Professional Regulation-Division of Professional Regulation (Division)-~~(the Department)~~ shall approve a landscape architecture program if it meets the following minimum criteria:
  - 1) The institution is legally recognized and authorized by the jurisdiction in which it is located to confer the landscape architecture degree.

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- 2) Has a faculty which comprises a sufficient number of full-time instructors to make certain that the educational obligations to the student are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their areasarea(s) of teaching from professional colleges or institutions.
- 3) Has a designated program director.
- 4) Has an undergraduate first-professional baccalaureate degree which is at least 4 academic years in duration and/or has a graduate first-professional master's degree which is at least 3 academic years in duration.
- 5) Has a designated title and degree description incorporating the term "Landscape Architecture."
- 6) Has a curriculum which shall include, but not be limited to, the following:
  - A) Landscape Architecture History
  - B) Professional Practice
  - C) Landscape Design, Planning and Management
  - D) Design Implementation
- 7) The DivisionDepartment or Landscape Architect Registration Board (Board) may require additional information in order to evaluate the program.
  - b) In determining whether a program shall be approved, the DivisionDepartment shall take into consideration, but not be bound by, accreditation or approval by the Landscape Architecture Accreditation Board.
  - c) The DivisionDepartment has determined that all landscape architecture programs accredited or approved by the Landscape Architecture Accreditation Board as of January 1, 1998 meet the minimum criteria set forth in this Section and are, therefore, approved.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 1275.30 Experience**

- a) Verification, on forms provided by the ~~Division~~Department, of 2 years of professional experience in landscape architecture practice as defined in Section 3(f) of the Act.
- b) Satisfactory experience in the practice of landscape architecture shall include, but not be limited to:
  - 1) Work in a landscape architect's office or work in the office or government agency where an architect or engineer is legally authorized to practice in the jurisdiction in which he or she is located;
  - 2) Teaching landscape architecture in an approved program;
  - 3) Conducting or participating in research in landscape architecture in an approved program as described in Section 1275.20.;
  - 4) ~~Work in the office of an architect who is authorized to practice in the jurisdiction in which he is located; work in the office of an engineer who is authorized to practice in the jurisdiction in which he is located; work in a government agency.~~
- c) All experience shall be under the direct supervision of a landscape architect, architect or engineer.
- d) One year of experience credit is defined as full-time employment for 52 weeks with a minimum of 30 hours per week. An applicant shall not receive experience credit for overtime.
- e) Part-time employment shall be counted as one half week for each 15 hours of employment per week.
- f) Employment with one employer of less than 2 months shall not be counted toward fulfillment of the experience requirement.
- g) ~~Experience credit shall be acquired only after completion of the third year of a landscape architecture program/curriculum provided however, that no experience credit can be acquired if the individual is receiving educational credit for such experience.~~

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~~h) At least one year of full-time experience shall be obtained after graduation from an approved program.~~

~~g)~~i) A master's degree in landscape architecture from an approved program shall be accepted in lieu of one year of practical experience.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.40 Application for Examination**

a) An applicant for examination shall file an application, on forms supplied by the ~~Division~~Department, at least 120 days prior to an examination date. The application shall include:

1) Certification of graduation from an approved landscape architecture program as set forth in Section 1275.20 of this Part;

~~2) Two years of experience as defined in Section 1275.30 of this Part completed prior to application with the Department;~~

~~2)~~3) A complete work history since graduation; and

~~3)~~4) The fees required by Section 1275.75 of this Part.

~~b) The Department shall accept CLARB certification verifying passage of the Landscape Architect Registration Examination (L.A.R.E.).~~

~~b)~~e) Any person who is currently registered in good standing in Illinois shall not be admitted to an examination in Illinois. However, in no way shall this limit the ~~Division's~~Department's ability to require reexamination for restoration or enforcement purposes.

~~c) If an applicant has been licensed in another state, certification, on forms provided by the Division, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant predominantly practices and is currently licensed, stating:~~

~~1) The time during which the applicant was licensed;~~

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- 2) Whether the file of the applicant contains any record of any disciplinary actions taken or pending; and
- 3) Examinations taken and examination scores received.
- d) In lieu of the certification required in subsection (a)(1), the Division shall accept certification from the Council of Landscape Architectural Registration Boards.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.55 Acceptance of Examination**

- a) An applicant for licensure on the basis of examination shall submit to the Division a properly completed application on forms provided by the Division along with the following:
  - 1) Certification of graduation from an approved landscape architecture program as set forth in Section 1275.20;
  - 2) Proof of successful completion of the examination approved by the Division as specified in Section 1275.50;
  - 3) Verification, on forms provided by the Division, of 2 years experience as defined in Section 1275.30; and
  - 4) The fee required by Section 1275.75.
- b) Upon receipt of the items required in subsection (a) of this Section, and upon verification by the Division that the candidate meets all of the requirements for licensure as a landscape architect, the Division shall issue a license to practice as a landscape architect or notify the applicant of the reasons for denial.

(Source: Added at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.60 Endorsement**

- a) An applicant for registration as a landscape architect who is registered under the laws of another state or territory of the United States shall file an application with the Division~~Department~~, on forms provided by the Division~~Department~~, that~~which~~ includes:

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- 1) Certification, on forms provided by the ~~Division~~Department, of a landscape architecture degree from a program approved by the ~~Division~~Department in accordance with Section 1275.20 of this Part;
  - 2) Certification, on forms provided by the ~~Division~~Department, of professional experience as set forth in Section 1275.30 of this Part;
  - 3) In lieu of the certifications required in subsections (a)(1) and (a)(2), the ~~Division~~Department shall accept certification from the Council of Landscape Architectural Registration Boards;
  - 4) Certification, on forms provided by the ~~Division~~Department, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant predominantly practices and is currently licensed, stating:
    - A) The time during which the applicant was licensed;
    - B) Whether the file of the applicant contains any record of any disciplinary actions taken or pending; and
    - C) ~~Examinations~~Examination(s) taken and examination ~~score~~score(s) received;
  - 5) A complete work history; and
  - 6) The required fee as set forth in Section 1275.75.
- b) The ~~Division~~Department may require additional information to determine if the requirements in the state or territory were substantially equivalent to the requirements then in effect in Illinois at the time of application to determine whether the requirements of another state or territory, together with education and professional experience qualifications of the applicant, are substantially equivalent to the requirements in Illinois at the time of application. The ~~Division~~Department, upon recommendation of the Board, shall determine substantial equivalency based on, but not limited to, certification from the CLARB; education, training, and experience, including, but not limited to, whether the applicant has achieved special honors or awards, has had articles published in professional journals, or has written textbooks relating to landscape

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architecture; and any other attribute the Director of the Department of Financial and Professional Regulation-Division of Professional Regulation (Director) accepts as evidence that ~~the~~ applicant has outstanding and proven ability in landscape architecture. The ~~Division~~Department shall either issue a registration by endorsement to the applicant or notify the applicant in writing of the reasons for the denial of the application.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.70 Renewal**

- a) Every license issued under the Act shall expire on August 31 of odd numbered years. The holder of a registration may renew such registration during the month preceding the expiration date thereof by paying the required fee.
- b) It is the responsibility of each registrant to notify the ~~Division~~Department of any change of address. Failure to receive a renewal form from the ~~Division~~Department shall not constitute an excuse for failure to pay the renewal fee or to renew one's registration.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.75 Fees**

The following fees shall be paid to the ~~Division~~Department and are not refundable:

- a) **Application Fees.** The fee for application for a certificate of registration as a landscape architect is \$100. In addition, applicants for an examination shall be required to pay, either to the ~~Division~~Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the ~~Division~~Department or the designated testing service, shall result in the forfeiture of the examination fee.
- b) **Renewal Fees.** The fee for the renewal of a certificate shall be calculated at the rate of \$30 per year.
- c) **General Fees.**

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- 1) The fee for the restoration of a certificate other than from inactive status is \$20 plus payment of all lapsed renewal fees, not to exceed \$200.
- 2) The fee for the issuance of a duplicate certificate, for the issuance of a replacement certificate for a certificate that has been lost or destroyed or for the issuance of a certificate with a change of name or address, other than during the renewal period, is \$20. No fee is required for name and address changes on ~~Division~~~~Department~~ records when no duplicate certificate is issued.
- 3) The fee for a certification of a registrant's record for any purpose is \$20.
- 4) The fee to have the scoring of an examination authorized by the ~~Division~~~~Department~~ reviewed and verified is \$20 plus any fees charged by the applicable testing service.
- 5) The fee for a wall certificate showing registration shall be the actual cost of producing the certificate.
- 6) The fee for a roster of persons registered as landscape architects in this State shall be the actual cost of producing the roster.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.80 Restoration**

- a) A person seeking restoration of a license which has expired for less than five years shall have the license restored upon payment of \$20 plus all lapsed renewal fees, as set forth in Section 1275.75.
- b) A person seeking restoration of a license which has been placed on inactive status for less than five years shall have the license restored upon payment of the renewal fee as set forth in Section 1275.75.
- c) A person seeking restoration of a license after it has expired or been placed on inactive status for more than five years shall file an application, on forms supplied by the ~~Division~~~~Department~~, together with the fee required by Section 1275.75 and may be scheduled for an interview before the Board. The person shall also submit either:

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Certification of active practice in another jurisdiction. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or
  - 2) An affidavit attesting to military service as provided in Section 12 of the Act; or
  - 3) Proof of passage of the L.A.R.E. examination during the period the license was lapsed or on inactive status.
- d) Any person seeking restoration of a license within 2 years after discharge from military service pursuant to Section 12 of the Act will be required to pay only the current renewal.
- e) When the accuracy of any submitted documentation or the relevance or sufficiency of the coursework or experience is questioned by the ~~Division~~~~Department~~ or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the person seeking restoration of a license shall be requested to:
- 1) Provide such information as may be necessary; and/or
  - 2) ~~Appear~~~~Appeal~~ for an interview before the Board to explain such relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information. Upon the recommendation of the Board and approval by the ~~Division~~~~Department~~, an applicant shall have the license restored.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1275.90 Granting Variances**

- a) The Director of the ~~Division~~~~Department~~ shall grant variances from ~~this Part~~~~these rules~~ in individual cases ~~when~~~~where~~ he finds that:
- 1) The provision from which the variance is granted is not statutorily mandated;
  - 2) No party will be injured by the granting of the variance; and

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Director shall notify the Illinois Landscape Architect Board in writing of the granting of ~~asuch~~ variance, and the reasons ~~for the variancetherefor~~, at the next meeting of the Board.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

217/785-0813

Fax #: 217/557-4451

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Licensed pharmacists and pharmacies may be affected.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: Licensure pursuant to the Pharmacy Practice Act.
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2005

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

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

## TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1330

## PHARMACY PRACTICE ACT OF 1987

## Section

1330.5	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 Section 1330.20
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
<u>1330.67</u>	<u>Pharmacist Administration of Immunizations and Vaccinations</u>
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
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].

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

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 11, 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. 14131, 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. 19389, effective December 11, 2003; emergency amendment at 29 Ill. Reg. 5586, effective April 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 1330.67 Pharmacist Administration of Immunizations and Vaccinations**

- a) A pharmacist must have completed a training course in the administration of immunizations and vaccinations approved by the Board prior to administering immunizations and vaccinations.
- b) A pharmacist shall administer immunizations and vaccinations only upon the patient specific prescription order of a prescribing practitioner; a general protocol issued by the Illinois Department of Public Health; any local department of public health; a physician licensed to practice medicine in all of its branches; or the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention.
- c) Pharmacist training requirements for administration of immunizations and vaccinations
  - 1) The following is a list of approved pharmacist training programs for administration of immunizations and vaccinations:
    - A) Immunization and vaccination programs approved by the American Council on Pharmaceutical Education (ACPE).

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- B) Immunization and vaccination programs offered by the American Pharmaceutical Association (APhA).
  - C) Immunization and vaccination programs offered by the National Community Pharmacy Association (NCPA).
  - D) Immunization and vaccination programs offered by the American Society of Health System Pharmacists (ASHP).
  - E) Any other program that the Board has determined is qualified.
  - F) Where immunization and vaccination administration training is part of a student's pharmacy education program.
- d) Records
- 1) Separate records of immunizations and vaccinations will be kept on file by the pharmacy. The files will include, but not be limited to, the following:
    - A) Patient name (parent name, if patient is a minor)
    - B) Address of patient
    - C) Prescribing practitioner
    - D) Immunization order
    - E) Name, manufacturer, not no., expiration date
    - F) Date for continued dose regimen if required
    - G) Patient screening information appropriate to the immunization or vaccination being administered.
  - 2) Such records must be readily available for inspection in the pharmacy.
  - 3) Records or reports shall be sent to the Department of Public Health, if required under any federal or State law.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 4) Report of immunization or vaccination shall be provided to the prescribing physician, if requested.
- 5) Records shall be maintained by the pharmacy on the premises for 5 years. Such records may be stored in an electronic format so long as the record cannot be altered and a hard copy print-out can be provided to a pharmacy investigator upon request.
- e) A pharmacist administering immunizations and vaccinations and the pharmacy where immunizations and vaccinations are being administered are jointly responsible for maintaining and successfully implementing an emergency care plan for patients who experience an adverse reaction.
- f) A pharmacist shall not administer any drugs other than immunizations and vaccinations.

(Source: Added at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.80                      Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13 , Public Act 94-0242 and Public Act 94-0048
- 5) Complete Description of the Subjects and Issues Involved: These proposed amendments pertain to the Department's hospital provider assessment provisions at Section 140.80. Changes are being made concerning the Hospital Provider Fund pursuant to Public Act 94-0242 to establish a new annual assessment on hospital providers for State fiscal years 2006, 2007 and 2008, in an amount equal to 2.5835 percent of the hospitals adjusted gross hospital revenue for inpatient services and 2.5835 percent of the hospital's adjusted gross hospital revenue for outpatient services. These changes are expected to increase the Hospital Provider Fund by \$733.8 million during fiscal years 2006, 2007 and 2008. The Fund will allow for certain new hospital access improvement payments to ensure the availability of essential medical care.
- 6) Will this rulemaking replace any emergency amendments currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.3	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.455	Amendment	June 17, 2005 (29 Ill. Reg. 8500)
140.470	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.471	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.472	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.473	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.474	Amendment	April 1, 2005 (29 Ill. Reg. 4679)

- 10) Statement of Statewide Policy Objective: This rulemaking do not affect units of local government.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Scattoloni  
Office of the General Counsel, Rules Section  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002

(217)524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded hospitals will be affected.
  - 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: This rulemaking was not included on either of the two most recent regulatory agendas because: This rulemaking was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments that appears in this issue of the *Illinois Register* on page 12534:

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Cancellation, Revocation or Suspension of Licenses or Permits
- 2) Code Citation: 92 Ill. Adm. Code 1040
- 3) Section Number: 1040.33                      Proposed Action: Amendment
- 4) Statutory Authority: Section 2-104(b) of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].
- 5) A Complete Description of the Subjects and Issues Involved: Amending rule to include definitions for suspension and revocation. Also, amending sanctions to be consistent for fraudulent activities.
- 6) Will this rulemaking replace an emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
1040.32	Amendment	29 Ill. Reg. 5933; April 29, 2005
1040.109	New Section	29 Ill. Reg. 5933; April 29, 2005
1040.35	Amendment	29 Ill. Reg. 6884, May 13, 2005
1040.111	New Section	29 Ill. Reg. 7194; May 20, 2005

- 10) Statement of Statewide Policy Objective: This rulemaking will not create or enlarge a State mandate.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Texts of the prepared amendments are posted on Secretary of State's website, [www.sos.il.us/departments/index/home](http://www.sos.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Office of the Secretary of State  
 Driver Services Department  
 JoAnn Wilson, Legislative Liaison  
 c/o Director's Office  
 2701 South Dirksen Parkway

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

Springfield, IL 62723

(217) 785-1441

- 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: This rulemaking was not included on either of the two most recent regulatory agendas because: The need for this rulemaking was not anticipated at the time the agendas were prepared.

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

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

TITLE 92: TRANSPORTATION  
CHAPTER II: SECRETARY OF STATE

## PART 1040

## CANCELLATION, REVOCATION OR SUSPENSION OF LICENSES OR PERMITS

## Section

1040.10	Court to Forward Licenses and Reports of Convictions
1040.20	Illinois Offense Table
1040.25	Suspension or Revocation for Driving Without a Valid Driver's License
1040.29	2 or More Traffic Offenses Committed within 24 Months by a Person Under the Age of 21 Years
1040.30	3 or More Traffic Offenses Committed Within 12 Months
1040.31	Operating a Motor Vehicle During a Period of Suspension or Revocation
1040.32	Suspension or Revocation of Driver's Licenses, Permits or Identification Cards Used Fraudulently
1040.33	Suspension or Revocation of Driver's Licenses/Permits for Fictitious or Unlawfully Altered Person-with-Disabilities License Plate or Parking Decal or Device or Fraudulent Person-with-Disabilities License Plate or Parking Decal or Device
1040.35	Commission of an Offense Requiring Mandatory Revocation or Discretionary Suspension or Revocation Upon Conviction
1040.36	Suspension for Violation of Restrictions on Driver's License
1040.37	Suspension for Violation of Restrictions on Instruction Permit
1040.38	Commission of a Traffic Offense in Another State
1040.40	Repeated Convictions or Collisions
1040.41	Suspension of Licenses for Curfew Violations
1040.42	Fleeing and Eluding
1040.43	Illegal Transportation
1040.46	Fatal Accident and Personal Injury Suspensions or Revocations
1040.48	Vehicle Emission Suspensions
1040.50	Suspension of License of Commercial Vehicle Driver
1040.52	Driver Remedial Education Course
1040.55	Suspension for Driver's License Classification Violations
1040.60	Release of Information Regarding a Disposition of Court Supervision
1040.65	Offenses Occurring on Military Bases
1040.66	Invalidation of a Restricted Driving Permit
1040.70	Problem Driver Pointer System
1040.80	Cancellation of Driver's License Upon Issuance of a Handicapped Identification Card

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1040.100	Rescissions
1040.101	Reinstatement Fees
1040.102	Bankruptcy for Suspensions, Cancellations, Failure to Pay and Returned Checks Actions
1040.105	Suspension for 5 or More Tollway Violations and/or Evasions
1040.107	Suspension for Violation of 625 ILCS 5/11-907, Approaching a Stationary Emergency Vehicle
1040.108	Suspension for Failure to Make Report of Vehicle Accident Violations
1040.110	Bribery

AUTHORITY: Implementing Articles II and VII of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Arts. II and VII] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

SOURCE: Filed September 22, 1972; amended at 3 Ill. Reg. 26, p. 282, effective June 30, 1979; amended at 5 Ill. Reg. 3533, effective April 1, 1981; amended at 6 Ill. Reg. 4239, effective April 2, 1982; codified at 6 Ill. Reg. 12674; amended at 8 Ill. Reg. 2200, effective February 1, 1984; amended at 8 Ill. Reg. 3783, effective March 13, 1984; amended at 8 Ill. Reg. 18925, effective September 25, 1984; amended at 8 Ill. Reg. 23385, effective November 21, 1984; amended at 10 Ill. Reg. 15265, effective September 4, 1986; amended at 11 Ill. Reg. 16977, effective October 1, 1987; amended at 11 Ill. Reg. 20659, effective December 8, 1987; amended at 12 Ill. Reg. 2148, effective January 11, 1988; amended at 12 Ill. Reg. 14351, effective September 1, 1988; amended at 12 Ill. Reg. 15625, effective September 15, 1988; amended at 12 Ill. Reg. 16153, effective September 15, 1988; amended at 12 Ill. Reg. 16906, effective October 1, 1988; amended at 12 Ill. Reg. 17120, effective October 1, 1988; amended at 13 Ill. Reg. 1593, effective January 23, 1989; amended at 13 Ill. Reg. 5162, effective April 1, 1989; amended at 13 Ill. Reg. 7802, effective May 15, 1989; amended at 13 Ill. Reg. 8659, effective June 2, 1989; amended at 13 Ill. Reg. 17087, effective October 16, 1989; amended at 13 Ill. Reg. 20127, effective December 8, 1989; amended at 14 Ill. Reg. 2944, effective February 7, 1990; amended at 14 Ill. Reg. 3664, effective February 7, 1990; amended at 14 Ill. Reg. 5178, effective April 1, 1990; amended at 14 Ill. Reg. 5560, effective March 22, 1990; amended at 14 Ill. Reg. 14177, effective August 21, 1990; amended at 14 Ill. Reg. 18088, effective October 22, 1990; amended at 15 Ill. Reg. 14258, effective September 24, 1991; amended at 17 Ill. Reg. 8512, effective May 27, 1993; amended at 17 Ill. Reg. 9028, effective June 2, 1993; amended at 17 Ill. Reg. 12782, effective July 21, 1993; amended at 18 Ill. Reg. 7447, effective May 3, 1994; amended at 18 Ill. Reg. 10853, effective June 27, 1994; amended at 18 Ill. Reg. 11644, effective July 7, 1994; amended at 18 Ill. Reg. 16443, effective October 24, 1994; amended at 20 Ill. Reg. 2558, effective January 26, 1996; amended at 21 Ill. Reg. 8398, effective June 30, 1997; amended at 21 Ill. Reg. 10985, effective July 29, 1997; amended at 21 Ill. Reg. 12249, effective August 26,

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1997; amended at 21 Ill. Reg. 12609, effective August 29, 1997; amended at 22 Ill. Reg. 1438, effective January 1, 1998; amended at 22 Ill. Reg. 5083, effective February 26, 1998; amended at 22 Ill. Reg. 13834, effective July 10, 1998; amended at 24 Ill. Reg. 1655, effective January 11, 2000; emergency amendment at 24 Ill. Reg. 8398, effective June 2, 2000, for a maximum of 150 days; emergency expired October 29, 2000; emergency amendment at 24 Ill. Reg. 16096, effective October 12, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 16689, effective October 30, 2000; amended at 25 Ill. Reg. 2723, effective January 31, 2001; amended at 25 Ill. Reg. 6402, effective April 26, 2001; emergency amendment at 26 Ill. Reg. 2044, effective February 1, 2002, for a maximum of 150 days; emergency expired June 30, 2002; emergency amendment at 26 Ill. Reg. 3753, effective February 21, 2002, for a maximum of 150 days; emergency expired July 20, 2002; amended at 26 Ill. Reg. 12373, effective July 25, 2002; amended at 26 Ill. Reg. 13684, effective September 3, 2002; amended at 29 Ill. Reg. 2441, effective January 25, 2005; amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 1040.33 Suspension or Revocation of Driver's Licenses/Permits for Fictitious or Unlawfully Altered Person-with-Disabilities License Plate or Parking Decal or Device or Fraudulent Person-with-Disabilities License Plate or Parking Decal or Device**

a) For purposes of this Section, the following definitions shall apply:

- 1) "Authorized holder" – ~~Anan~~ individual issued a person-with-disabilities license plate under Section 3-616 of the Illinois Vehicle Code or an individual issued a person-with-disabilities parking decal or device under Section 11-1301.1 of the Illinois Vehicle Code [625 ILCS 5/3-616 and 11-1301.1]
- 2) "Department" – Driver Services Department within the Office of the Secretary of State
- 3) "False information" – ~~Anyany~~ incorrect or inaccurate information concerning the name, date of birth, social security number, driver's license number, physician certification or any other information required on the application for a person-with-disabilities license plate or parking permit or device that falsifies the content of the application
- 4) "Fictitious person-with-disabilities license plate or parking decal or device" – ~~Anyany~~ person-with-disabilities license plate or parking decal or device that has been issued by the Secretary of State or an authorized unit of local government that was issued based upon false information contained on the required application

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- 5) "Fraudulent person-with-disabilities license plate or parking decal or device" – ~~Anyany~~ person-with-disabilities license plate or parking decal or device that purports to be an authorized person-with-disabilities license plate or parking decal or device and that has not been issued by the Secretary of State or an authorized unit of local government
  - 6) "Person-with-disabilities license plate or parking decal or device-making implement" – ~~Anyany~~ implement specially designed or primarily used in the manufacture, assembly or authentication of a person-with-disabilities license plate or parking decal or device issued by the Secretary of State or a unit of local government
  - 7) "Revocation" – The termination by formal action of the Secretary of a person's driver's license or privilege to operate a motor vehicle on the public highways. The termination shall not be subject to renewal or restoration except that an application for a new driver's license may be presented and acted upon by the Secretary after the expiration of at least one year after the date of revocation as defined in Section 1-176 of the Illinois Vehicle Code [625 ILCS 5/1-176].
  - 8) "Suspension" – The temporary withdrawal by a formal action of the Secretary of a person's driver's license or privilege to operate a motor vehicle on the public highways for a period specifically designated by the Secretary pursuant to Section 1-204 of the Illinois Vehicle Code [625 ILCS 5/1-204].
  - 9) "Unlawfully altered person-with-disabilities license plate or parking permit or device" – ~~Anyany~~ person-with-disabilities license plate or parking permit or device issued by the Secretary of State or an authorized unit of local government that has been physically altered or changed in such manner that false information appears on the license plate or parking decal or device
- b) The Secretary of State has discretionary authority to suspend or revoke the driving privileges of any person upon receipt of evidence that such person has committed one or more of the following offenses listed in Section 6-206 of the Illinois Vehicle Code [625 ILCS 5/6-206]:

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- 1) If such person has knowingly possessed any fictitious or unlawfully altered person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.5(b)(1) of the Illinois Vehicle Code [625 ILCS 5/11-1301.5(b)(1)], the Department shall take the following action pursuant to Section 6-206(a)(34) (prior to 7/30/98 authority was Section 6-206(a)(35)) of the Illinois Vehicle Code [625 ILCS 5/6-206(a)(34)]:

ACTION TABLE

1 <sup>st</sup> Offense	<del>12</del> <u>months</u> <del>month</del> Suspension
<del>1<sup>st</sup> Offense (with pending or effective Revocation)</del> <u>2<sup>nd</sup> Offense</u>	<del>Revocation</del> <u>6 months</u> <del>Suspension</del>
<del>2<sup>nd</sup> or Subsequent Offense</del>	Revocation; or

- 2) If such person has knowingly issued or assisted in the issuance of, by the Secretary of State or unit of local government, any fictitious person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.5(b)(2) of the Illinois Vehicle Code [625 ILCS 5/11-1301.5(b)(2)], the Department shall take the following action pursuant to Section 6-206(a)(34) (prior to 7/30/98 the authority was Section 6-206(a)(35)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	<del>12</del> <u>months</u> <del>month</del> Suspension
<del>1<sup>st</sup> Offense (with pending or effective Revocation)</del> <u>2<sup>nd</sup> Offense</u>	<del>Revocation</del> <u>6 months</u> <del>Suspension</del>
<del>2<sup>nd</sup> or Subsequent Offense</del>	Revocation; or

- 3) If such person has knowingly altered any person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.5(b)(3) of the Illinois Vehicle Code [625 ILCS 5/11-1301.5(b)(3)], the Department shall take the following action pursuant to Section 6-206(a)(34) (prior to 7/30/98 the authority was Section 6-206(a)(35)) of the Illinois Vehicle Code:

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ACTION TABLE

1 <sup>st</sup> Offense	<del>12+ months</del> month Suspension
<del>1<sup>st</sup> Offense (with pending or effective Revocation)</del> <sup>2<sup>nd</sup></sup> <del>Offense</del>	<del>Revocation</del> 6 months <del>Suspension</del>
<del>2<sup>nd</sup></del> <sup>3<sup>rd</sup></sup> or Subsequent Offense	Revocation; or

- 4) If such person manufactures, possesses, transfers, or provides any documentation used in the application process whether real or fictitious, for the purpose of obtaining a fictitious person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.5(b)(4) of the Illinois Vehicle Code [625 ILCS 5/11-1301.5(b)(4)], the Department shall take the following action pursuant to Section 6-206(a)(34) (prior to 7/30/98 the authority was Section 6-206(a)(35)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	<del>12+ months</del> month Suspension
<del>1<sup>st</sup> Offense (with pending or effective Revocation)</del> <sup>2<sup>nd</sup></sup> <del>Offense</del>	<del>Revocation</del> 6 months <del>Suspension</del>
<del>2<sup>nd</sup></del> <sup>3<sup>rd</sup></sup> or Subsequent Offense	Revocation; or

- 5) If such person knowingly provides any false information to the Secretary of State or a unit of local government in order to obtain a person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.5(b)(5) of the Illinois Vehicle Code [625 ILCS 5/11-1301.5(b)(5)], the Department shall take the following action pursuant to Section 6-206(a)(34) (prior to 7/30/98 the authority was Section 6-206(a)(35)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	<del>12+ months</del> month Suspension
<del>1<sup>st</sup> Offense (with pending or</del>	<del>Revocation</del> 6 months

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<del>effective Revocation)</del> <sup>2<sup>nd</sup></sup>	<del>Suspension</del>
<del>Offense</del>	
<del>2<sup>nd</sup></del> <sup>3<sup>rd</sup></sup> or Subsequent Offense	Revocation; or

- 6) If such person knowingly transfers a person-with-disabilities license plate or parking decal or device for the purpose of exercising the privileges granted to an authorized holder of a person-with-disabilities license plate or parking decal or device under the Illinois Vehicle Code in the absence of the authorized holder in violation of Section 11-1301.5(b)(6) of the Illinois Vehicle Code [625 ILCS 5/11-1301.5(b)(6)], the Department shall take the following action pursuant to Section 6-206(a)(34) (prior to 7/30/98 the authority was Section 6-206(a)(35)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	<del>12+ months</del> <sup>month</sup>
	Suspension
<del>1<sup>st</sup> Offense (with pending or effective Revocation)</del> <sup>2<sup>nd</sup></sup>	<del>Revocation</del> <sup>6 months</sup>
<del>Offense</del>	<del>Suspension</del>
<del>2<sup>nd</sup></del> <sup>3<sup>rd</sup></sup> or Subsequent Offense	Revocation; or

- 7) If such person has knowingly possessed any fraudulent person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.6(b)(1) of the Illinois Vehicle Code [625 ILCS 5/11-1301.6(b)(1)], the Department shall take the following action pursuant to Section 6-206(a)(35) (prior to 7/30/98 the authority was Section 6-206(a)(36)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	<del>12+ months</del> <sup>month</sup>
	Suspension
<del>1<sup>st</sup> Offense (with pending or effective Revocation)</del> <sup>2<sup>nd</sup></sup>	<del>Revocation</del> <sup>6 months</sup>
<del>Offense</del>	<del>Suspension</del>
<del>2<sup>nd</sup></del> <sup>3<sup>rd</sup></sup> or Subsequent Offense	Revocation; or

- 8) If such person has knowingly possessed without authority any person-

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with-disabilities license plate or parking decal or device-making implement in violation of Section ~~11-1301.6(b)(2)~~~~11-1306.6(b)(2)~~ of the Illinois Vehicle Code [625 ILCS 5/11-1301.6(b)(2)], the Department shall take the following action pursuant to Section 6-206(a)(35) (prior to 7/30/98 the authority was Section 6-206(a)(36)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	12 months Suspension
<u>1<sup>st</sup> Offense (with pending or effective Revocation)</u>	<u>Revocation</u>
2 <sup>nd</sup> or Subsequent Offense	Revocation; or

- 9) If such person knowingly duplicates, manufactures, sells or transfers any fraudulent or stolen person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.6(b)(3) of the Illinois Vehicle Code [625 ILCS 5/11-1301.6(b)(3)], the Department shall take the following action pursuant to Section 6-206(a)(35) (prior to 7/30/98 the authority was Section 6-206(a)(36)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	12 months Suspension
<u>1<sup>st</sup> Offense (with pending or effective Revocation)</u>	<u>Revocation</u>
2 <sup>nd</sup> or Subsequent Offense	Revocation; or

- 10) If such person has knowingly assisted in the duplication, manufacture, sales or transfer of any fraudulent or stolen person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.6(b)(4) of Illinois Vehicle Code [625 ILCS 5/11-1301(b)(4)], the Department shall take the following action pursuant to Section 6-206(a)(35) (prior to 7/30/98 the authority was Section 6-206(a)(36)) of the Illinois Vehicle Code:

ACTION TABLE

1 <sup>st</sup> Offense	12 months Suspension
<u>1<sup>st</sup> Offense (with pending or</u>	

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effective Revocation)

2<sup>nd</sup> or Subsequent Offense

Revocation

Revocation; or

- 11) If such person has advertised or distributes a fraudulent person-with-disabilities license plate or parking decal or device in violation of Section 11-1301.6(b)(5) of the Illinois Vehicle Code [625 ILCS 5/11-1301.6(b)(5)], the Department shall take the following action pursuant to Section 6-206(a)(35) (prior to 7/30/98 the authority was Section 6-206(a)(36)) of the Illinois Vehicle Code:

ACTION TABLE

1<sup>st</sup> Offense

12 months Suspension

1<sup>st</sup> Offense (with pending or effective Revocation)

2<sup>nd</sup> or Subsequent Offense

Revocation

Revocation

- c) The sources of acceptable proof of the offenses described in subsection (b) above are court documents, Department of Vehicle Services applications, Driver Services facility applications, government entity documents and law enforcement correspondence/reports.

(Source: Amended at 29 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Public Schools Evaluation, Recognition and Supervision
- 2) Code Citation: 23 Ill. Adm. Code 1
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
1.510	Amendment
1.515	New Section
1.630	Amendment
1.720	Amendment
1.737	Amendment
1.745	Amendment
1.755	Amendment
- 4) Statutory Authority: 105 ILCS 5/2-3.6, 21-0.01. 27-26, and Art. 29; 625 ILCS 5/12-807.2
- 5) Effective Date of Rulemaking: July 28, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? This rulemaking does not contain an incorporation by reference pursuant to Section 5-75 of the Illinois Administrative Procedure Act.
- 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: April 8, 2005; 29 Ill. Reg. 4790
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version:

The title of Section 1.515 was changed to "Training of School Bus Driver Instructors".

Section 1.515 was changed to refer correctly to the relevant rules of the Secretary of State.

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Section 1.720(a)(5) was revised by deleting the word "reading" to reflect the intention that the stated deadline applies both to reading endorsements and to endorsements for library information specialist.

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

<u>Section</u>	<u>Action</u>	<u>Ill. Register Citation</u>
1.100	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.210	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.220	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.230	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.240	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.245	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.250	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.260	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.270	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.290	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.310	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.320	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.330	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.420	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.440	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.520	Repeal	29 Ill. Reg. 7891; June 3, 2005
1.530	Amendment	29 Ill. Reg. 7891; June 3, 2005
1.10	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.20	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.30	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.40	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.50	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.60	New Section	29 Ill. Reg. 9574; July 8, 2005
1.70	New Section	29 Ill. Reg. 9574; July 8, 2005
1.75	New Section	29 Ill. Reg. 9574; July 8, 2005
1.80	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.85	Amendment	29 Ill. Reg. 9574; July 8, 2005
1.90	Amendment	29 Ill. Reg. 9574; July 8, 2005

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1.95                      New Section                      29 Ill. Reg. 9574; July 8, 2005

15) Summary and Purpose of Rulemaking:

Two separate aspects of Part 1 are involved in the present set of amendments.

Pupil Transportation

Existing Section 1.510 is being expanded to encompass nearly all the material in Part 275 of the rules (Pupil Transportation) that is still current. A new Section 1.515 is also being added to set forth the training requirements for individuals who train school bus drivers. Insertion of this material will allow ISBE to repeal Part 275 in its entirety and include all district transportation-related requirements in one location.

Qualifications of Personnel

All the revisions in Section 1.630 are being made for technical reasons only. Since this Section was amended last year, it has been clarified that individuals who only conduct parental involvement activities and do not perform any other paraprofessional duties are not required to be qualified as paraprofessionals, so that illustration is being struck from subsection (b)(1). At the same time, we think it advisable to insert into subsection (b)(3) some additional language that conveys specific federal requirements for the work of individuals who provide instructional support (paraprofessionals). Finally, there will be new material in Part 25 (Certification) setting forth requirements for educational interpreters, so subsection (e) will be incomplete without a reference to those provisions.

Most of the changes in Sections 1.720, 1.745, and 1.755 eliminate a discrepancy in requirements that resulted from the comprehensive changes that took effect June 1, 2004. At the time of that rulemaking, it was our intention not to change the requirements for teachers in the departmentalized middle grades because other work on middle-grades credentials was in progress. Therefore, the existing requirements in Section 1.720 were stated to remain in places as exceptions to the new provisions for endorsements that are found in Section 25.100 of the rules for certification. The subject-area requirement for a middle-grades endorsement involves 18 semester hours of college credit, and the requirement for reading at all grade levels was also 18 semester hours until the June 2004 change. As a result, 24 semester hours are now required for reading at the elementary and high school levels, but only 18 hours would be required in the middle grades. The same situation exists with respect to library information specialists, and we know that the 24-18-24 "hourglass" has led to confusion in the field. It seems far preferable to make the increased requirements for these fields uniform across all grade levels.

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By extending the time period during which applications for endorsements based on the 18 semester hours can be accepted, we will give adequate notice of the change. The same extension will be afforded to those at other grade levels as well. The rule is also being changed so that, like deficiency statements for endorsements in other fields, these will be honored for one year after their date of issue.

The amendment to Section 1.737 makes clear that, for teachers of safety and driver education, the "minimum requirements" are the same as the long-standing requirements for the endorsement. There is no content-area test in this field, so there is no feasible way to set minimum requirements different from the full requirements for the endorsement.

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

Dennis Williams  
Certification and Professional Development  
Illinois State Board of Education\  
100 North First Street  
Springfield, Illinois 62777-0001

(217) 782-7702

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

## STATE BOARD OF EDUCATION

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## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER a: PUBLIC SCHOOL RECOGNITION

## PART 1

## PUBLIC SCHOOLS EVALUATION, RECOGNITION AND SUPERVISION

## SUBPART A: SCHOOL RECOGNITION REQUIREMENTS

## Section

- 1.10 Public School Accountability Framework
- 1.20 Operational Requirements
- 1.30 Quality Assurance Reviews
- 1.40 Student Performance and School Improvement Requirements (Repealed)
- 1.50 State Assessment
- 1.60 Operational Compliance (Repealed)
- 1.70 Effective Dates of Accreditation (Repealed)
- 1.80 Academic Early Warning and Watch Lists
- 1.85 Revisions to School Improvement Plans
- 1.90 System of Rewards and Recognition
- 1.100 Waiver and Modification of State Board Rules and School Code Mandates

## SUBPART B: SCHOOL GOVERNANCE

## Section

- 1.210 Powers and Duties
- 1.220 Duties of Superintendent
- 1.230 Board of Education and the School Code
- 1.240 Equal Opportunities for all Students
- 1.245 Waiver of School Fees
- 1.250 District to Comply with 23 Ill. Adm. Code 180
- 1.260 Commemorative Holidays to be Observed by Public Schools
- 1.270 Book and Material Selection
- 1.280 Discipline
- 1.285 Requirements for the Use of Isolated Time Out and Physical Restraint
- 1.290 Absenteeism and Truancy Policies

## SUBPART C: SCHOOL DISTRICT ADMINISTRATION

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Section

- 1.310 Administrative Responsibilities
- 1.320 Duties
- 1.330 Hazardous Materials Training

SUBPART D: THE INSTRUCTIONAL PROGRAM

Section

- 1.410 Determination of the Instructional Program
- 1.420 Basic Standards
- 1.430 Additional Criteria for Elementary Schools
- 1.440 Additional Criteria for High Schools
- 1.445 Required Course Substitute
- 1.450 Special Programs
- 1.460 Credit Earned Through Proficiency Examinations
- 1.462 Uniform Annual Consumer Education Proficiency Test
- 1.465 Ethnic School Foreign Language Credit and Program Approval
- 1.470 Adult and Continuing Education
- 1.480 Correctional Institution Educational Programs

SUBPART E: SUPPORT SERVICES

Section

- 1.510 Transportation
- 1.515 Training of School Bus Driver Instructors
- 1.520 School Food Services
- 1.530 Health Services
- 1.540 Pupil Personnel Services (Repealed)

SUBPART F: STAFF CERTIFICATION REQUIREMENTS

Section

- 1.610 Personnel Required to be Qualified
- 1.620 Accreditation of Staff (Repealed)
- 1.630 Noncertificated Personnel
- 1.640 Requirements for Different Certificates (Repealed)
- 1.650 Transcripts of Credits
- 1.660 Records of Professional Personnel

SUBPART G: STAFF QUALIFICATIONS

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## Section

- 1.705 Minimum Requirements for Teachers (Repealed)  
1.710 Requirements for Elementary Teachers  
1.720 Requirements for Teachers of Middle Grades  
1.730 Minimum Requirements for Secondary Teachers and Specified Subject Area Teachers in Grades Six (6) and Above through June 30, 2004  
1.735 Requirements to Take Effect from July 1, 1991, through June 30, 2004  
1.736 Requirements to Take Effect from July 1, 1994, through June 30, 2004  
1.737 Minimum Requirements for the Assignment of Teachers in Grades 9 through 12 Beginning July 1, 2004  
1.740 Standards for Reading through June 30, 2004  
1.745 Requirements for Reading Teachers and Reading Specialists at all Levels as of July 1, 2004  
1.750 Standards for Media Services through June 30, 2004  
1.755 Requirements for Library Information Specialists Beginning July 1, 2004  
1.760 Standards for Pupil Personnel Services  
1.762 Supervision of Speech-Language Pathology Assistants  
1.770 Standards for Special Education Personnel  
1.780 Standards for Teachers in Bilingual Education Programs  
1.781 Requirements for Bilingual Education Teachers in Grades K-12  
1.782 Requirements for Teachers of English as a Second Language in Grades K-12  
1.790 Substitute Teacher
- 1.APPENDIX A Professional Staff Certification  
1.APPENDIX B Certification Quick Reference Chart  
1.APPENDIX C Glossary of Terms (Repealed)  
1.APPENDIX D State Goals for Learning  
1.APPENDIX E Evaluation Criteria – Student Performance and School Improvement Determination (Repealed)  
1.APPENDIX F Criteria for Determination – Student Performance and School Improvement (Repealed)  
1.APPENDIX G Criteria for Determination – State Assessment (Repealed)

AUTHORITY: Implementing Sections 2-3.25, 2-3.25g, 2-3.43, 2-3.44, 2-3.96, 10-17a, 10-20.14, 10-22.43a, 14C-8, 21-0.01, 26-13, 27-12.1, 27-13.1, 27-20.3, 27-20.4, 27-20.5, 27-22, and 27-23.3 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/2-3.25, 2-3.25g, 2-3.43, 2-3.44, 2-3.96, 10-17a, 10-20.14, 10-22.43a, 14C-8, 21-0.01, 26-13, 27-12.1, 27-13.1, 27-20.3, 27-20.4, 27-20.5, 27-22, 27-23.3, and 2-3.6].

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SOURCE: Adopted September 21, 1977; codified at 7 Ill. Reg. 16022; amended at 9 Ill. Reg. 8608, effective May 28, 1985; amended at 9 Ill. Reg. 17766, effective November 5, 1985; emergency amendment at 10 Ill. Reg. 14314, effective August 18, 1986, for a maximum of 150 days; amended at 11 Ill. Reg. 3073, effective February 2, 1987; amended at 12 Ill. Reg. 4800, effective February 26, 1988; amended at 14 Ill. Reg. 12457, effective July 24, 1990; amended at 15 Ill. Reg. 2692, effective February 1, 1991; amended at 16 Ill. Reg. 18010, effective November 17, 1992; expedited correction at 17 Ill. Reg. 3553, effective November 17, 1992; amended at 18 Ill. Reg. 1171, effective January 10, 1994; emergency amendment at 19 Ill. Reg. 5137, effective March 17, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 6530, effective May 1, 1995; amended at 19 Ill. Reg. 11813, effective August 4, 1995; amended at 20 Ill. Reg. 6255, effective April 17, 1996; amended at 20 Ill. Reg. 15290, effective November 18, 1996; amended at 22 Ill. Reg. 22233, effective December 8, 1998; emergency amendment at 24 Ill. Reg. 6111, effective March 21, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 12985, effective August 14, 2000; amended at 25 Ill. Reg. 8159, effective June 21, 2001; amended at 25 Ill. Reg. 16073, effective November 28, 2001; amended at 26 Ill. Reg. 1157, effective January 16, 2002; amended at 26 Ill. Reg. 16160, effective October 21, 2002; amended at 28 Ill. Reg. 8486, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 13637, effective September 27, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 1891, effective January 24, 2005; amended at 29 Ill. Reg. 11811, effective July 13, 2005; amended at 29 Ill. Reg. 12351, effective July 28, 2005.

## SUBPART E: SUPPORT SERVICES

**Section 1.510 Transportation**

- a) Section 29-3 of the School Code [105 ILCS 5/29-3] requires the school boards of certain school districts to provide free transportation to pupils as delineated in that Section. These school districts may provide free transportation to other students in accordance with the remaining applicable provisions of Article 29 of the School Code [105 ILCS 5/Art. 29]. Districts that are not required to provide free transportation may do so at their option. School boards of community consolidated districts, community unit districts, consolidated districts, and consolidated high school districts shall provide free transportation for pupils residing at a distance of one and one-half miles or more from any school to which they are assigned for attendance, maintained within the district except for those pupils for whom the school board shall certify to the Superintendent of Education that adequate transportation for the public is available. Free service may be provided for other students pursuant to Article 29 of The School Code.
- b) Each district seeking State reimbursement for pupil transportation Districts shall

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comply with the provisions of Article 29 of theThe School Code, ~~Section 29-4, to qualify for reimbursement.~~

- c) EachThe district that is required to provide free transportation has the responsibility of providing sufficient buses for transporting all eligible pupils ~~and making certain such equipment is properly maintained in an effective and safe condition.~~
- d) EachThe school district is required to conform to the equipment standards and regulations established by the Department of Transportation. ~~Standards for school bus drivers are established by the State Board of Education in "Information for School Bus Drivers." The local school district shall give special attention to instructing students in safety measures and proper conduct.~~
- e) Each local school board that provides transportation shall designate a person under its direct supervision to ensure adherence to all laws and regulations affecting safe pupil transportation.
- f) School bus routing is the responsibility of the local school board. School districts shall arrange school bus stops to maximize safety, so that buses will not have to back up, and so that crossing arms will not infringe upon pedestrian crosswalks or cross streets. School buses are not required to enter private property.
- g) Local school boards shall institute policies and practices that promote the safety and well-being of school bus passengers, including provisions that support Section 10-22.6(b) of the School Code [105 ILCS 5/10-22.6(b)]. Local school boards shall require that all school bus drivers who transport pupils have been trained as discussed in Section 1.515 of this Part. The requirements set forth in subsections (h) through (n) of this Section shall serve as minimum statewide requirements for operating a school bus. Transportation for students who receive special education and related services shall be as set forth in the State Board's rules for Special Education (23 Ill. Adm. Code 226). Local school boards may adopt more stringent requirements, at their discretion.
- h) Operation of the Bus by the Driver
- 1) The service door shall be closed at all times when the bus is in motion.
  - 2) Windows shall not be lowered below the stop line painted on the body pillar.

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- 3) The emergency door shall be unlocked but securely latched when operating the school bus.
  - 4) The driver shall not leave the bus while the motor is running.
  - 5) The gasoline tank shall not be filled while there are any persons on the bus or while the motor is running.
  - 6) The school bus signs shall be displayed only when the bus is being used for official school transportation.
  - 7) The required alternately flashing warning lights and stop arm shall be used only when stopping to receive or discharge students.
  - 8) The driver shall not back a bus at the school while students are in the vicinity unless a responsible person is present to guide the bus driver.
  - 9) The driver shall not permit a weapon or explosive of any kind on the bus.
  - 10) The driver shall not smoke when operating a school bus.
- i) Passenger Treatment and Supervision
- 1) All passengers shall be seated when the bus is in motion.
  - 2) Students shall not be asked to leave the bus along the route for breach of discipline, nor shall they be asked to sit anywhere other than on a seat for breach of discipline.
- j) Loading and Unloading
- 1) When children are picked up and must cross a roadway, the driver shall beckon them to cross the road when it is safe to do so.
  - 2) The driver on a regular route shall not be expected to wait for a tardy student and may proceed on a timely route if the student is not in sight.
  - 3) At school, the bus shall be driven onto the school grounds to discharge pupils or they shall be otherwise discharged so they will not have to cross

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a street if at all possible. At all discharge points where it is necessary for pupils to cross a roadway, the driver shall direct students to a point at least ten feet in front of the bus on the shoulder of the roadway and shall direct them to remain there until a signal is given by the bus driver for the students to cross.

- 4) A driver shall not allow a student to get off the bus at any place other than the student's designated discharge point unless permission is granted by the proper school official.
- 5) If a loading zone is not visible to traffic approaching from either direction, the district shall notify the Illinois Department of Transportation and request a determination as to the need to erect appropriate signs.

k) Permitted Occupants

- 1) The manufacturer's capacity for a bus shall not be exceeded.
- 2) Only persons authorized by the school district shall be allowed to ride school buses. Except with the permission of school authorities, the driver shall transport no school children with animals. Any animal transported shall be properly confined at all times when it is on a school bus.

l) Accidents

- 1) In case of an accident or breakdown while the bus is transporting students, the first consideration shall be whether it is safer to evacuate the students or to have them remain on the bus.
- 2) All accidents shall be reported immediately to the appropriate school officials.
- 3) A completed copy of the Illinois Department of Transportation's "Motorist Report of Motor Vehicle Accident Form" (SR-1) shall be forwarded to the regional superintendent immediately after any accident.
- 4) In case of a death that occurs as a result of a school bus accident, the responsible district official shall immediately notify the regional superintendent by telephone.

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m) Railroad Crossings

Each driver of a school bus shall stop at all railroad crossings except where protected by a human flagman or law enforcement officer or marked as having been exempted by the Illinois Commerce Commission pursuant to Section 11-1202 of the Illinois Vehicle Code [625 ILCS 5/11-1202].

- 1) The driver shall stop between 15 and 50 feet in front of the first rail. While stopped, the driver shall open the service door, listen and look in both directions for any approaching train. When the driver determines that no train is approaching, he or she shall close the door, then proceed completely across the grade crossing without changing gears.
- 2) A driver who has stopped at a railroad crossing that is protected only by flashing lights and who determines that no train is, in fact, approaching (i.e., a malfunction is apparent) may proceed despite the warning lights, provided that he or she has complied with the requirements of subsection (m)(1) of this Section.
- 3) The driver shall not use the alternately flashing warning signals or stop arm at railroad grade crossings.

n) School Bus Crossing Arm

- 1) A school bus driver shall use the school bus crossing arm whenever the bus stops to allow students to enter or leave the bus. The driver shall allow sufficient space for the full extension of the crossing arm without infringing on other vehicles, other obstacles, the pedestrian crosswalk, or a cross street. However, a driver may omit using the crossing arm at school loading areas where school buses are parked bumper to bumper or when extending the crossing arm would impede pedestrians' crossing, extend into the adjacent cross street, or collide with another object or vehicle.
- 2) A school bus driver shall report to the affected school district any instance when the crossing arm cannot be used as required. School districts shall use this information in evaluating school bus routes and pickup and dropoff points. Districts shall retain these records in a manner consistent with their retention policies applicable to other records.

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- 3) A school bus shall not be used if its crossing arm is found to be inoperable during the pre-trip inspection, or if the crossing arm has malfunctioned and has not yet been repaired.
- 4) If a crossing arm malfunctions while the school bus is carrying students, the driver shall note the stop where the malfunction first occurs and may complete the route if permitted to do so by local board policy.

(Source: Amended at 29 Ill. Reg. 12351, effective July 28, 2005)

**Section 1.515 Training of School Bus Driver Instructors**

Initial and refresher training is required of all school bus drivers by Section 6-106.1 of the Illinois Vehicle Code [625 ILCS 5/6-106.1]. Pursuant to Section 3-14.23 of the School Code [105 ILCS 5/3-14.23], regional superintendents of schools are responsible for conducting training programs for school bus drivers. These programs shall be established by the State Board of Education and approved by the Secretary of State pursuant to the Secretary's rules titled School Bus Driver Permit (92 Ill. Adm. Code 1035).

- a) 92 Ill. Adm. Code 1035.30 of the Secretary's rules requires the certification of bus driver instructors by the State Board of Education. The following standards shall apply to this certification.
  - 1) The person must be at least 21 years of age.
  - 2) The person must hold or have held an Illinois School Bus Driver's Permit, hold a current teaching certificate endorsed for driver education, or have the approval of the regional superintendent as having had other direct involvement in school bus transportation.
  - 3) The person must provide evidence of having completed a course in first aid from the American Red Cross, the American Heart Association, or another national organization that is recognized by the Illinois Department of Public Health.
  - 4) The person must have assisted a certified instructor in conducting an initial school bus driver training course and a refresher course; the person must also have taught each of these types of courses under the observation of a certified instructor and have received a satisfactory evaluation of overall teaching performance.

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- 5) Certification of bus driver instructors shall be renewed annually. Renewal shall be sought by the regional superintendent of the region where services will be provided, with the permission of the individuals in question and using a form supplied by the State Superintendent of Education. Renewal of certification shall be based on the criteria set forth in subsections (a)(1) through (a)(4) of this Section.
- b) The State Superintendent shall notify each regional superintendent of the certification status of all affected instructors in his or her region and of any deficiencies preventing the certification of any individual. The regional superintendent shall be responsible for notifying instructors of their status.
- c) The regional superintendent shall be responsible for notifying the employers of all bus drivers who complete initial or refresher training courses.

(Source: Added at 29 Ill. Reg. 12351, effective July 28, 2005)

## SUBPART F: STAFF CERTIFICATION REQUIREMENTS

**Section 1.630 Noncertificated Personnel**

- a) Pursuant to Sections 10-22.34 and 34-18 of the School Code [105 ILCS 5/10-22.34 and 34-18], school boards may employ nonteaching personnel or use volunteer personnel for nonteaching duties not requiring instructional judgment or evaluation of pupils.
- b) Paraprofessionals; Teacher Aides
- 1) School boards may further utilize volunteer noncertificated personnel or employ noncertificated personnel as paraprofessionals (or "teacher aides") to assist in the instruction of pupils, so long as each noncertificated individual is under the immediate supervision of a teacher who holds a valid certificate and is directly engaged in teaching subject matter or conducting activities (see Sections 10-22.34 and 34-18 of the School Code). To "assist in the instruction of pupils", i.e., to serve as a paraprofessional, means to support teachers through interactions with students that will help them master curricular content, such as by tutoring; or to assist with classroom management, such as by organizing instructional materials; ~~or to assist with parental involvement activities.~~

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- 2) Employment as a paraprofessional requires a statement of approval issued by the State Board of Education, in consultation with the State Teacher Certification Board, except that a paraprofessional first employed on or before June 30, 2005, in a program ~~that servesserving~~ students with disabilities shall be subject to this requirement as of July 1, 2007.
- 3) Each paraprofessional shall be under the direct supervision and control of a fully certificated teacher when assisting with instruction, whether this occurs in classrooms, laboratories, shops, playgrounds, libraries, or other educational settings where instructional judgment requires the supervision of a fully certificated teacher. The certificated teacher shall be responsible for planning the activities to be conducted by the paraprofessional and for evaluating the pupils with whom the paraprofessional works. The certificated teacher shall be continuously aware of the paraprofessional's activities, i.e., the teacher shall be responsible for controlling the paraprofessional's activities and shall be able to modify them at any time.
- 4) Paraprofessionals shall not be utilized as substitutes for or replacement of certificated teachers, and they shall not have equivalent responsibilities. Certificated teachers shall exercise professional judgment when assigning duties to paraprofessionals and shall retain the responsibility for determining students' scholastic activities.
- 5) Each school district shall:
  - A) submit a list of all paraprofessionals it employs to the State Superintendent of Education with its annual application for recognition;
  - B) maintain a file for each paraprofessional that describes his or her functions and includes his or her statement of approval and evidence that he or she has met the relevant requirements of 23 Ill. Adm. Code 25.510; and
  - C) be responsible for ensuring that no individual is employed as a paraprofessional without a statement of approval, except as permitted under subsection (b)(2) of this Section, and that paraprofessionals are assigned only to tasks for which their approval is valid.

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- c) School boards may designate noncertificated persons of good character to serve as supervisors, chaperones or sponsors, either on a voluntary or on a compensated basis, for school activities not connected with the academic program of the schools (see Section 10-22.34a of the School Code [105 ILCS 5/10-22.34a]).
- d) School boards may utilize noncertificated persons, under the direction of a certified teacher, for providing specialized instruction related to a course assigned to the certified teacher on a regular basis, not otherwise readily available in the immediate school environment, in the fields for which they are particularly qualified or skilled (see Section 10-22.34b of the School Code [105 ILCS 5/10-22.34b]).
- e) ~~Noncertificated~~~~Needed and necessary noncertificated~~ personnel in special education programs under contract to the local board of education, other than paraprofessionals, shall be governed by 23 Ill. Adm. Code 226 (Special Education). Also, beginning July 1, 2006, educational interpreters for persons who are deaf or hard of hearing shall be approved pursuant to 23 Ill. Adm. 25.550 (Approval of Educational Interpreters).

(Source: Amended at 29 Ill. Reg. 12351, effective July 28, 2005)

## SUBPART G: STAFF QUALIFICATIONS

**Section 1.720 Requirements for Teachers of Middle Grades**

- a) The requirements of this Section apply to teachers first employed after September 1, 1973, in departmentalized grades 5 through 8 ("middle-grade teachers"). Teachers first employed in grades 5 through 8 prior to September 1, 1973, or employed in non-departmentalized grades 5 through 8, are subject to the requirements of Section 1.710 of this Part. To qualify as a middle-grade teacher, the teacher must have either completed the coursework identified in subsection (a)(1) of this Section prior to July 1, 1997, or completed the coursework identified in subsection (a)(2) of this Section. In mathematics and reading, and for library information specialists, there is specific coursework that must be included among the 18 semester hours to be earned; see subsections (a)(3), (4), and (5) of this Section. Further, new requirements for reading and library information specialists will apply to persons who apply for these endorsements on or after July 1, 2006, as well as to other persons who have not completed the 18-hour requirements prior to that date. See subsections (a)(4) and (5) of this Section.

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- 1) 18 semester hours in the subject matter area of major teaching assignment (e.g., language arts, mathematics, general science, social science, music), unless the subject taught is a foreign language and Section 25.86 of the State Board's rules for Certification (23 Ill. Adm. Code 25) applies. Where a teacher is assigned to deliver instruction in two areas (e.g., English and social science or mathematics and science), the teacher shall meet the requirements of this subsection for one area and have no fewer than 5 semester hours in the other instructional area.
- 2) 18 semester hours in the subject matter area of major teaching assignment (e.g., language arts, mathematics, general science, social science, music), unless the subject taught is a foreign language and Section 25.86 of the State Board's rules for Certification applies. Where a middle-grade teacher is assigned to deliver instruction in two areas (e.g., English and social science or mathematics and science), the teacher shall meet the requirements of this subsection for one area and have no fewer than 9 semester hours in the other instructional area. In addition:
  - A) 3 semester hours of coursework, approved by the college of education or other institutional unit governing teacher education, that includes middle-grade philosophy, middle-grade curriculum and instruction, and instructional methods for designing and teaching developmentally appropriate programs (i.e., addressing the cognitive, emotional and physical development of each child) in the middle grades, including content area (e.g., science, social sciences) reading instruction.
  - B) 3 semester hours of coursework, approved by the college of education or other institutional unit governing teacher education, that includes educational psychology focusing on the developmental characteristics of early adolescents, the nature and needs of early adolescents, and the role of the middle-grade teacher in assessment, coordination and referral of students to health and social services.
- 3) For teachers of mathematics in grades 6 through 8 first employed on or after September 1, 1985, the required 18 semester hours in the field shall include three semester hours in the methods of teaching mathematics in

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those grades and 15 semester hours to be selected from four of the following areas:

- A) Math content courses for elementary teachers;
  - B) Calculus;
  - C) Modern algebra or number theory;
  - D) Geometry;
  - E) Computer science;
  - F) Probability and statistics;
  - G) History of mathematics.
- 4) For major assignments in reading in any of departmentalized grades 5 through 8:
- A) persons first employed on or after September 1, 1978, but before July 1, 2004, are required to have completed the 18 semester hours described in Section 1.740 of this Part; ~~and~~
  - B) persons first employed on or after July 1, 2004, shall be required to have completed either the 18 semester hours described in Section 1.740 of this Part or 18 semester hours in the field that include a practicum and address at least five of the six topics listed at 23 Ill. Adm. Code 25.100(i), provided that:-
    - i) the individual completes all the required coursework on or before June 30, 2006; or
    - ii) the individual applies for the reading endorsement on or before June 30, 2006, and completes any coursework identified on a related deficiency statement no later than one year after the date of that statement; and
  - C) new requirements for an endorsement in this field apply to persons who have not met the requirements of either subsection (a)(4)(A)

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or (B) of this Section; see also 23 Ill. Adm. Code 25.100(i) and Section 1.745 of this Part.

- 5) Persons first employed on or after September 1, 1978, as media professionals or library information specialists serving any of grades 5 through 8 are required to have completed 18 semester hours in the field that address administration, organization (cataloging and classification), reference, and selection of materials, provided that the individual completes all the required coursework on or before June 30, 2006, or has applied for the endorsement on or before June 30, 2006, and completes any coursework identified on a related deficiency statement no later than one year after the date of that statement. New requirements for an endorsement in this field apply to persons who have not qualified on the basis of 18 semester hours; see also 23 Ill. Adm. Code 25.100 and Section 1.755 of this Part. The provisions of subsection (a)(2) of this Section notwithstanding, no individual who has completed only nine semester hours in the field may serve in this capacity unless assigned pursuant to 23 Ill. Adm. Code 25.464.
- b) Beginning July 1, 2004, no individual may be assigned to teach in departmentalized grades 5 through 8 unless he or she holds a certificate that is valid for the grade level or levels to be taught and:
  - 1) holds a middle-grades endorsement applicable to the subject area; or
  - 2) meets the relevant requirements of this Section; or
  - 3) met the requirements of this Section or their predecessor requirements at a time when they were applicable, as confirmed by the employing district's verification of the individual's qualifications; or
  - 4) is assigned pursuant to Section 1.745(b)(3) or 1.755(c) of this Part; or
  - 5) is assigned pursuant to authorization received under 23 Ill. Adm. Code 25.464 (Short-Term Authorization for Positions Otherwise Unfilled).

(Source: Amended at 29 Ill. Reg. 12351, effective July 28, 2005)

**Section 1.737 Minimum Requirements for the Assignment of Teachers in Grades 9 through 12 Beginning July 1, 2004**

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- a) Beginning July 1, 2004, no teacher may be assigned to teach a particular subject in any of grades 9 through 12 unless he or she holds a certificate that is valid for the grade level or levels to be taught and:
- 1) holds the applicable endorsement for the subject area (and, in the case of the provisional vocational certificate, has also completed the work experience required pursuant to subsection (c) of this Section); or
  - 2) met the requirements of Section 1.730, 1.735, or 1.736 of this Part, or their predecessor requirements, at a time when they were applicable to that assignment, as confirmed by the employing district's verification of the individual's qualifications; or
  - 3) meets the minimum requirements for that assignment identified in subsection (b) of this Section and has not exhausted the three-year period of eligibility available pursuant to 23 Ill. Adm. Code 25.100(l); or
  - 4) meets the requirements of Section 1.745 of this Part, if applicable; or
  - 5) is assigned pursuant to authorization received under 23 Ill. Adm. Code 25.464 (Short-Term Authorization for Positions Otherwise Unfilled).
- b) Beginning July 1, 2004, the provisions of this Section shall replace those of Sections 1.730, 1.735, and 1.736 of this Part as one basis upon which school districts and other entities subject to this Part may assign individuals to teach specific subjects. The qualifications identified in this subsection (b) are not the same as those for the respective endorsements, nor are they intended to match the requirements for identification as a "highly qualified" teacher in any particular subject area. Each individual who is first assigned to a subject area based upon the qualifications delineated in this subsection (b) shall be subject to the requirement for acquiring an endorsement in the respective field within three years after the date of assignment, in accordance with 23 Ill. Adm. Code 25.100(l). For purposes of the applicability of this requirement, an individual shall be considered "first assigned" to any field in which he or she has not taught in Illinois prior to July 1, 2004.
- 1) For agricultural education; visual or drama/theatre arts; business, marketing, and computer education; dance; English language arts; health education; health careers; family and consumer sciences; technology

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education; mathematics; music; physical education; biology; chemistry; earth and space science; environmental science; physics; economics; geography; history; political science; psychology; sociology and anthropology: 24 semester hours in the field.

- 2) For foreign language: 20 semester hours in the language (unless 23 Ill. Adm. Code 25.85 or 25.86 applies).
- 3) For safety and driver education: The 16 semester hours in the field that are specified in Section 1.730(q) of this Part shall continue to apply.
- 4) For assignments in reading, the requirements of Section 1.745 of this Part shall apply.

## c) Additional Requirements for Career and Technical Education

- 1) Assignments at the "skill-level" (grades 11 and 12) in reimbursable career and technical education generally require 2,000 hours of work experience in the area to be taught or, for more than one area, a total of 2,000 hours with no fewer than 250 hours in each area taught. A district may, however, employ an individual who holds a secondary certificate with the appropriate career and technical education endorsement but who has not completed 2,000 hours of work experience in the occupational area to be taught, provided that the individual acquires this experience in paid employment outside the teaching profession within four years after the date of first assignment. The employing entity shall maintain records to substantiate this experience, which may include written statements from former supervisors who can be reached for verification or, in cases where supervisors are no longer available to verify the individual's employment, affidavits by the applicant's instructors describing the work experience.
- 2) A teacher who is eligible under this Section to provide skill-level instruction in a particular area shall also be eligible to serve as a coordinator of either a specific cooperative education program or interrelated cooperative education, provided that he or she has also completed six semester hours of coursework in the organization and administration of cooperative education.
- 3) A teacher serving as a coordinator of cooperative education for special education students shall be required to meet the requirements for

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assignment as a special education teacher rather than those for assignment as a teacher of career and technical education, except that an individual serving in this capacity shall be required to have completed 2,000 hours of work experience as provided in subsection (c)(1) of this Section and six semester hours of coursework in the organization and administration of cooperative education.

(Source: Amended at 29 Ill. Reg. 12351, effective July 28, 2005)

**Section 1.745 Requirements for Reading Teachers and Reading Specialists at all Levels as of July 1, 2004**

- a) The "reading teacher" endorsement is valid only for teaching reading to students, while the "reading specialist" endorsement is valid not only for teaching reading to students but also for providing technical assistance and/or professional development to other teachers. Separate sets of standards and requirements govern the issuance of these two endorsements (see 23 Ill. Adm. Code 27.110 and 27.120, as well as 23 Ill. Adm. Code 25.100(i)).
- b) Beginning July 1, 2004, no individual may be assigned to teach reading, other than reading as part of general classroom instruction provided by that individual ~~or reading instruction provided in departmentalized grades 5 through 8~~, or to serve as a reading specialist unless he or she holds a certificate valid for the grade level or levels of the assignment and:
  - 1) holds the endorsement appropriate to the assignment; or
  - 2) met the requirements of [Section 1.720](#) or Section 1.740 of this Part, as applicable to the grade level served, or their predecessor requirements at a time when they were applicable, as confirmed by the employing district's verification of the individual's qualifications; or
  - 3) presents evidence of having completed 24 semester hours of college coursework in reading on or after July 1, ~~2006~~2005, and has not exhausted the three-year period of eligibility available pursuant to 23 Ill. Adm. Code 25.100(l); or
  - 4) is assigned pursuant to authorization received under 23 Ill. Adm. Code 25.464 (Short-Term Authorization for Positions Otherwise Unfilled).

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(Source: Amended at 29 Ill. Reg. 12351, effective July 28, 2005)

**Section 1.755 Requirements for Library Information Specialists Beginning July 1, 2004**

Beginning July 1, 2004, no individual shall be assigned to provide library and audio-visual services to students, teachers and other school personnel unless he or she holds a certificate that is valid for the grade level or levels of the students to be served and:

- a) holds an endorsement for Library Information Specialist or a comparable, previously issued endorsement such as Media or Library Science; or
- b) met the requirements of [Section 1.720](#) or Section 1.750 of this Part, [as applicable to the grade level served](#), or ~~their~~ predecessor requirements at a time when they were applicable, as confirmed by the employing district's verification of the individual's qualifications; or
- c) presents evidence of having completed ~~2418~~ semester hours of college coursework in the field [on or after July 1, 2006](#), and has not exhausted the three-year period of eligibility available pursuant to 23 Ill. Adm. Code 25.100(l); or
- d) is assigned pursuant to authorization received under 23 Ill. Adm. Code 25.464 (Short-Term Authorization for Positions Otherwise Unfilled).

(Source: Amended at 29 Ill. Reg. 12351, effective July 28, 2005)

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- 1) Heading of the Part: Certification
- 2) Code Citation: 23 Ill. Adm. Code 25
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
25.37	Amendment
25.100	Amendment
25.215	Amendment
25.225	Amendment
25.245	Amendment
25.425	Amendment
25.464	Amendment
25.497	Amendment
25.510	Amendment
25.550	New Section
25.855	Amendment
- 4) Statutory Authority: 105 ILCS 5/2-3.6, 14C-8, and Art. 21
- 5) Effective Date of Rulemaking: July 28, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? This rulemaking does not contain an incorporation by reference pursuant to Section 5-75 of the Illinois Administrative Procedure Act.
- 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: April 8, 2005; 29 Ill. Reg. 4812
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version:

Section 25.100(k) was edited to make its relationship to 23 Ill. Adm. Code 1.720 clearer.

The introductory paragraph to Section 25.425 was amplified with a definition of "comparable program".

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The introductory paragraph to Section 25.550 was amplified by indicating that the interpreters in question are those who serve students with hearing impairments. The deadline for approval set forth in that paragraph was also extended for individuals employed on or before June 30, 2006.

In Section 25.550(e), a mechanism was added by which individuals whose initial approval has expired may qualify for initial approval again.

A new subsection (f)(3) was added to Section 25.550, permitting certain educational interpreters to receive continuing education credit by examination.

Numerous uses of "(s)" to indicate that either the singular or the plural might be the case were replaced with the simple plural.

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

<u>Section:</u>	<u>Action:</u>	<u>Illinois Register Citation:</u>
25.10	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.11	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.15	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.20	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.22	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.25	New Section	29 Ill. Reg. 7932; June 3, 2005
25.30	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.32	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.35	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.40	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.42	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.80	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.82	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.85	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.99	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.140	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.210	Repeal	29 Ill. Reg. 7932; June 3, 2005

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25.220	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.230	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.240	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.252	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.255	New Section	29 Ill. Reg. 7932; June 3, 2005
25.322	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.333	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.344	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.355	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.420	Repeal	29 Ill. Reg. 7932; June 3, 2005
25.705	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.710	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.728	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.730	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.760	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.765	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.775	Amendment	29 Ill. Reg. 7932; June 3, 2005
25.905	Amendment	29 Ill. Reg. 7932; June 3, 2005

15) Summary and Purpose of Amendments:

This set of amendments addresses a number of disparate issues that have been identified within the rules and serves to make several technical corrections as well.

Accessibility of Special K-12 Certificates and Supervisory Endorsements

Section 25.37, covering the method by which subsequent certificates may be issued, is being amended to address a shortage of teachers who are able to supervise other staff, by making the special K-12 certificate available to certain teachers as a subsequent certificate via a streamlined procedure. Section 21-4 of the School Code authorizes special certificates to be endorsed for supervision, but that same authorization is not provided for early childhood, elementary, or secondary certificates. However, there are few preparation programs leading to issuance of a special certificate in various subject areas. Consequently many high school teachers hold secondary certificates, and some high schools lack sufficient personnel authorized to perform certain supervisory functions.

An individual who holds a secondary certificate has completed a great deal of the requirements for the special certificate in the same subject area. The "gap" between the secondary certificate and the special certificate can be filled adequately by requiring

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passage of the assessment of professional teaching that is relevant to the special certificate, since that is the test that encompasses the Illinois Professional Teaching Standards, technology standards, and English language arts standards that apply to all teachers across the full range of grades.

ISBE will therefore facilitate secondary teachers' access to supervisory endorsements by enabling them to attain K-12 certification via this means. If they meet the additional requirements for supervision that are imposed by Section 21-4 of the School Code, they would then be able to receive a supervisory endorsement.

Section 25.497, which currently discusses only supervisory endorsement of the school service personnel certificate, is being revised to acknowledge the availability of these endorsements on teaching certificates as well. The relevant sections of the School Code establish the same requirement for graduate-level coursework in each case, and that requirement does not need to be restated in the rule. The rule needs only to establish the content that the coursework is required to address.

Requirements for Teachers in the Middle Grades

The revision to Section 25.100(k) will eliminate a discrepancy in requirements that resulted from the comprehensive changes that took effect June 1, 2004.

At the time of that rulemaking, it was our intention not to change the requirements for teachers in the departmentalized middle grades because other work on middle-grades credentials was in progress. Therefore Section 25.100(k) stated that the existing requirements in Section 1.720 would remain in place as exceptions to the new provisions for endorsements. The subject-area requirement for a middle-grades endorsement involves 18 semester hours of college credit, and the requirement for reading at all grade levels was also 18 semester hours until the rules changed in June of 2004. As a result, 24 semester hours are now required for reading at the elementary and high school levels, but only 18 hours would be required in the middle grades. The same situation exists with respect to library information specialists, and we know that the 24-18-24 "hourglass" has led to confusion in the field. Because the generally applicable requirements for these two fields have been increased, it seems far preferable to make the requirements for these fields uniform across all grade levels.

Requirements for School Social Workers and School Counselors

The changes in these two Sections represent a technical correction only. Section 25.720 has recently been revised to reflect the legislative changes that affected testing for out-of-

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state candidates, and the internal cross-references need to be updated. This correction is also being made at this time in Section 25.245, whose substantive aspects are discussed below.

Requirements for School Nurses

The current rule for school nurses requires an evaluation of the preparation of out-of-state applicants with respect to the relevant content-area standards. Rather than requiring these applicants to seek certification through Illinois approved programs, ISBE will employ a simpler method relying upon the existing degree and licensure requirements, the completion of an out-of-state program or certificate, and the Illinois or out-of-state content-area examination. This change requires a corresponding change in Section 25.425 (Individuals Prepared in Out-of-State Institutions) to make school nurses subject to that Section's general provisions rather than providing for an exception.

Short-Term Authorization

It has come to our attention that the list of entities given in the introduction to this rule omits regional offices of education. The point of the rule is to permit short-term authorization to be issued to any entity that is required to employ certified staff, and we have determined that the list should be replaced with a statement to that effect so that no entity will be unintentionally left out.

Paraprofessionals

The change to Section 25.510 is a technical one, reflecting the repeal of Part 480 and the inclusion of its remaining distinctive provisions within Part 475.

Educational Interpreters

Public Act 90-200, enacted in 1997, established requirements for individuals who wish to represent themselves as interpreters for the deaf but exempted educational interpreters, among others, from those requirements. Instead, the Illinois Deaf and Hard of Hearing Commission was established and required to work with ISBE to develop recommended requirements for interpreters who serve in schools.

The content of new Section 25.550 conveys the requirements that have been developed under P.A. 90-200. There are two types of interpreters, sign language interpreters and cued speech interpreters, and approval for each type will be available at the initial, standard, and master levels. Emergency approval will also be available. Although the

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levels are modeled on the teacher certification structure, there is no requirement that an individual progress through lower levels to reach higher ones. Each applicant can be approved to reflect the level of educational attainment and interpreting skill that he or she has demonstrated. Standard and master approval will be renewable based upon evidence of having completed specified continuing education.

Providers of Continuing Professional Development Activities

Section 25.855(c)(1) has required that approved providers notify the State Board of Education in advance of the first offering of any new activity. This requirement has proven cumbersome in that it results in a large volume of paperwork without any substantive value in terms of quality. Consequently agency staff have recommended its deletion.

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

Dennis Williams  
Certification and Professional Development  
Illinois State Board of Education  
100 North First Street  
Springfield, Illinois 62777-0001

(217) 782-7702

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

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## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER b: PERSONNEL

## PART 25

## CERTIFICATION

## SUBPART A: DEFINITIONS

## Section

25.10 Definition of Terms Used in This Part

## SUBPART B: CERTIFICATES

## Section

25.11 New Certificates (February 15, 2000)  
25.15 Standards for Certain Certificates  
25.20 Requirements for the Elementary Certificate  
25.22 Requirements for the Elementary Certificate (2004)  
25.30 Requirements for the Secondary Certificate  
25.32 Requirements for the Secondary Certificate (2004)  
25.35 Acquisition of Subsequent Certificates; Removal of Deficiencies  
25.37 Acquisition of Subsequent Teaching Certificates (2004)  
25.40 Requirements for the Special Certificate  
25.42 Requirements for the Special Certificate (2004)  
25.43 Standards for Certification of Special Education Teachers  
25.45 Standards for the Standard Special Certificate – Speech and Language Impaired  
25.50 General Certificate (Repealed)  
25.60 State Special Certificate, Grades 11-12, For Teaching Elective Subjects (Repealed)  
25.65 Alternative Certification  
25.67 Alternative Route to Teacher Certification  
25.70 State Provisional Vocational Certificate  
25.75 Part-time Provisional Certificates  
25.80 Requirements for the Early Childhood Certificate  
25.82 Requirements for the Early Childhood Certificate (2004)  
25.85 Special Provisions for Endorsement in Foreign Language for Individuals Currently Certified  
25.86 Special Provisions for Endorsement in Foreign Language for Individuals Prepared

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AUTHORITY: Implementing Article 21 and Section 14C-8 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/Art. 21, 14C-8, and 2-3.6].

SOURCE: Rules and Regulations to Govern the Certification of Teachers adopted September 15, 1977; amended at 4 Ill. Reg. 28, p. 336, effective July 16, 1982; amended at 7 Ill. Reg. 5429, effective April 11, 1983; codified at 8 Ill. Reg. 1441; amended at 9 Ill. Reg. 1046, effective January 16, 1985; amended at 10 Ill. Reg. 12578, effective July 8, 1986; amended at 10 Ill. Reg. 15044, effective August 28, 1986; amended at 11 Ill. Reg. 12670, effective July 15, 1987;

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amended at 12 Ill. Reg. 3709, effective February 1, 1988; amended at 12 Ill. Reg. 16022, effective September 23, 1988; amended at 14 Ill. Reg. 1243, effective January 8, 1990; amended at 14 Ill. Reg. 17936, effective October 18, 1990; amended at 15 Ill. Reg. 17048, effective November 13, 1991; amended at 16 Ill. Reg. 18789, effective November 23, 1992; amended at 19 Ill. Reg. 16826, effective December 11, 1995; amended at 21 Ill. Reg. 11536, effective August 1, 1997; emergency amendment at 22 Ill. Reg. 5097, effective February 27, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 11767, effective June 25, 1998; amended at 22 Ill. Reg. 19745, effective October 30, 1998; amended at 23 Ill. Reg. 2843, effective February 26, 1999; amended at 23 Ill. Reg. 7231, effective June 14, 1999; amended at 24 Ill. Reg. 7206, effective May 1, 2000; emergency amendments at 24 Ill. Reg. 9915, effective June 21, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 12930, effective August 14, 2000; preemptory amendment at 24 Ill. Reg. 16109, effective October 12, 2000; preemptory amendment suspended at 25 Ill. Reg. 3718, effective February 21, 2001; preemptory amendment repealed by joint resolution of the General Assembly, effective May 31, 2001; emergency amendments at 25 Ill. Reg. 9360, effective July 1, 2001, for a maximum of 150 days; emergency expired November 27, 2001; emergency amendments at 25 Ill. Reg. 11935, effective August 31, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16031, effective November 28, 2001; amended at 26 Ill. Reg. 348, effective January 1, 2002; amended at 26 Ill. Reg. 11867, effective July 19, 2002; amended at 26 Ill. Reg. 16167, effective October 21, 2002; amended at 27 Ill. Reg. 5744, effective March 21, 2003; amended at 27 Ill. Reg. 8071, effective April 28, 2003; emergency amendments at 27 Ill. Reg. 10482, effective June 26, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 12523, effective July 21, 2003; amended at 27 Ill. Reg. 16412, effective October 20, 2003; emergency amendment at 28 Ill. Reg. 2451, effective January 23, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 8556, effective June 1, 2004; emergency amendments at 28 Ill. Reg. 12438, effective August 20, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 1212, effective January 4, 2005; amended at 29 Ill. Reg. 10068, effective June 30, 2005; amended at 29 Ill. Reg. 12374, effective July 28, 2005.

## SUBPART B: CERTIFICATES

**Section 25.37 Acquisition of Subsequent Teaching Certificates (2004)**

The provisions of this Section shall apply when an individual who already holds one or more Illinois early childhood, elementary, secondary, or special teaching certificates wishes to receive an additional teaching certificate of one of those types pursuant to Section 21-11.2 of the School Code.

- a) The candidate shall submit his or her official transcripts and evidence of teaching experience to an Illinois institution of higher education operating a program

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approved pursuant to Subpart C of this Part that prepares candidates for the certificate sought.

- b) The institution may, at its discretion, compare the coursework and clinical experiences already completed by the applicant to the standards for the certificate sought and, based on this comparison, may identify for the candidate a "focused program" consisting of coursework and experiences that he or she must complete in order to meet those standards.
- 1) In formulating such a program, the institution shall ensure that the candidate has broad and deep knowledge of the subject matter, develops the knowledge and skills that are needed to work with students in the age and grade ranges encompassed by the certificate sought, and is knowledgeable about pedagogical approaches that are suitable for that age group.
  - 2) The institution may revise an individual's focused program to include additional or fewer components as it may deem appropriate based upon the results of internal performance assessments that form part of the unit assessment system (see Section 25.140 of this Part) or other assessments that are directly related to the standards for the certificate sought.
  - 3) Each institution shall make available a description of the method to be used by the educational unit in assessing the degree to which the work previously completed by candidates for focused programs has addressed relevant standards and in identifying the coursework and experiences these candidates will be required to complete in order to qualify for subsequent certificates. An institution that uniformly requires all candidates seeking subsequent teaching certificates or subsequent teaching certificates of a particular type under this Section to complete certain coursework or field experiences, or to complete a full program without acknowledgment of prior courses or experiences, shall publish and make available a written statement to this effect, describing those requirements.
- c) A candidate who completes a focused program shall be considered as having completed the institution's approved program for the certificate sought and shall be eligible to be recommended for certification by entitlement, signifying that the candidate has met all applicable standards.

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- d) The provisions of subsections (a) through (c) of this Section notwithstanding, an individual who holds a valid secondary certificate may receive a special K-12 certificate by submitting an application, along with the required fee and evidence of having passed the test of basic skills and the applicable content-area test and the assessment of professional teaching relevant to the special certificate (see Section 25.720 of this Part). An endorsement valid for Grades K-12 shall be affixed to the certificate, reflecting the area in which the individual has completed a major area of specialization as provided in Section 25.42(d) of this Part. Additional endorsements may be affixed pursuant to Sections 25.100 and 25.497 of this Part.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

**Section 25.100 Endorsing Teaching Certificates (2004)**

Beginning July 1, 2004, the structure of endorsements available on Illinois certificates will be changed. Appendix E to this Part provides a list of the endorsements that will become available at that time, other than the endorsements in special education that are the subject of federal court orders of February 27 and August 15, 2001, in the matter of Corey H., et al., v. Board of Education of the City of Chicago, et al. Appendix E shows for each new endorsement the related endorsements that were previously issued and will be discontinued or replaced. Any semester hours of credit presented toward fulfillment of the requirements of this Section may be earned in on-line or electronically-mediated courses, provided that college credit is awarded for the coursework by a regionally accredited institution of higher education.

- a) Subject-area "designations" shall be required in conjunction with some endorsements, as shown in Appendix E to this Part. Except in the case of foreign language, a certificate-holder shall be authorized to teach all the subjects encompassed by a particular endorsement, regardless of the designation or designations received in conjunction with that endorsement. However, a certificate-holder may not teach honors courses, as these are defined by the employing district, or Advanced Placement courses in a subject for which he or she does not hold the specific designation, unless he or she holds an applicable master certificate. For example, a secondary science teacher with a biology designation may not teach honors physics or chemistry unless he or she holds a master certificate endorsed for sciences.
- b) Endorsements~~Endorsement(s)~~ at Time of Issuance  
Pursuant to Section 21-1b of the School Code [105 ILCS 5/21-1b], *all certificates initially issued under this Article...shall be specifically endorsed by the State*

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*Board of Education for each subject the holder of the certificate is legally qualified to teach.*

- 1) For each application for certification received on or before September 30, 2004, the certificate issued shall be endorsed in keeping with the program completed and the related test passed by the candidate, as well as for any additional subject in which the candidate completed the required coursework.
- 2) For each application received on or after October 1, 2004, the certificate issued shall be endorsed in keeping with the program completed and the related content-area test or test of subject matter knowledge passed by the candidate and, except as provided in subsections (g), (h), (i), (j), (k), and (m) of this Section:
  - A) any additional area in which the individual has completed a major area of concentration, totaling 32 semester hours or as otherwise identified by a regionally accredited institution on the individual's official transcript; and
  - B) any additional area in which the individual presents evidence of having accumulated 24 semester hours of college credit demonstrably related to the subject area, either as a subset of an approved program at an Illinois institution or from one or more regionally accredited institutions of higher education, and has passed the applicable content-area test (or test of subject matter knowledge); and
  - C) any additional area for which the individual has met the applicable requirements of subsection (e) of this Section.
- 3) An individual who passes a test of subject matter knowledge prior to July 1, 2004, and applies for the related certificate no later than five years after the date on which the test was taken shall receive an endorsement valid only for the specific subjects covered under the prior system, unless the institution that offered the program completed by the candidate certifies to the State Board of Education that the candidate completed a program that met the applicable standards set forth at 23 Ill. Adm. Code 27 (Standards for Certification in Specific Teaching Fields). An endorsement under the new structure will be issued to an individual who either passes the

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applicable new content-area test or completes a program based upon the applicable standards for the content area.

- 4) To account for the differing stages of preparation attained by candidates who were already enrolled in approved programs as of July 1, 2004, each institution may, through June 30, 2006, recommend to the State Board of Education the issuance of one or more endorsements under the structure in effect prior to July 1, 2004, to a candidate who has completed the coursework required for those endorsements and, in the judgment of the institution's certification officer, did not have a sufficient opportunity to complete the requirements for the comparable new endorsements instead.
- c) Pursuant to Section 21-4 of the School Code [105 ILCS 5/21-4], an individual who is eligible to receive a special certificate may elect to receive both an elementary and a secondary certificate, each endorsed as the special or special preschool-age 21 certificate would have been endorsed. An individual who elects to hold a special certificate may add endorsements to it by submitting an application pursuant to Section 21-12 of the School Code and demonstrating that he or she has met the applicable requirements of subsection (f)(3) of this Section.
- d) Endorsements issued under the system used prior to July 1, 2004, shall continue to be valid only for the specific subjects covered. An individual who wishes to teach other subjects in the same field shall be required to apply for the relevant new endorsement in keeping with Section 21-12 of the School Code and meet the applicable requirements of this Section.
- e) Each endorsement or designation indicated by an asterisk in Appendix E to this Part has no corresponding content-area test. The provisions of this subsection (e) shall apply to the issuance of these endorsements and designations.
  - 1) For an applicant who is receiving an Illinois teaching certificate, the institution that offered the approved program completed by the applicant shall indicate that the applicant has met the standards applicable to the endorsement or the particular designation.
  - 2) An applicant prepared out of state, or an applicant who is already certified in Illinois and is seeking to add a new endorsement or designation in one of these subjects, other than an endorsement in safety and driver education, shall:

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- A) present verification from an institution with an approved teacher preparation program that he or she is prepared in the area covered by the endorsement or designation sought; or
  - B) present evidence of completion of nine semester hours of coursework in the area covered by the endorsement or designation sought; or
  - C) present evidence of at least one year's teaching experience on a valid certificate in the area covered by the endorsement or designation sought.
- 3) An applicant prepared out of state or an applicant who is already certified in Illinois and is seeking to add a new endorsement in safety and driver education shall be subject to the requirements set forth at 23 Ill. Adm. Code 1.730(q).
- f) Addition of Endorsements to Previously Issued Certificates  
Individuals seeking to endorse previously issued certificates shall apply for such endorsements, using a format specified by the State Board of Education, in accordance with the provisions of Section 21-12 of the School Code [105 ILCS 5/21-12].
- 1) An applicant who qualifies for an endorsement shall receive a new copy of the original certificate with the endorsement and date of the endorsement affixed.
  - 2) Applications received through June 30, 2005, shall, at the request of the applicant, be reviewed against the requirements in place immediately prior to July 1, 2004, except that applications received through June 30, 2006, for endorsements in reading and library information shall be reviewed on this basis. Deficiency and deficiency statements shall be issued when an applicant does not qualify for the requested endorsements. Each deficiency statement shall be honored by the State Board of Education for a period of one year from the date of issue, ~~except in the case of reading as provided in subsection (i)(1)(C) of this Section~~. Applicants will receive the endorsements only if they remove the identified deficiencies within one year after the date of the deficiency statement. Subsequent applications for the same endorsements shall be accompanied by another fee and shall be subject to any new requirements.

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- 3) Except as provided in subsections (g), (h), (i), (j), (k), and (m) of this Section, for applications received on or after July 1, 2005, an endorsement will be issued to each applicant who:
- A) has completed a major area of concentration, totaling 32 semester hours or as otherwise identified by a regionally accredited institution on the individual's official transcript; or
  - B) presents evidence of having accumulated 24 semester hours of college credit demonstrably related to the subject area, either as a subset of an approved program at an Illinois institution or from one or more regionally accredited institutions of higher education, and has passed the applicable content-area test (or test of subject matter knowledge); or
  - C) has met the applicable requirements of subsection (e) of this Section.
- g) Special provisions shall apply to the addition of endorsements in self-contained general education. An individual who holds a secondary, special K-12, or special preschool-age 21 certificate, or an individual who holds an elementary certificate endorsed in some other field by virtue of having "split" a special or special preschool-age 21 certificate, may qualify for the endorsement in self-contained general education on that certificate only by completing an approved program for the elementary certificate in accordance with Section 25.37 of this Part and passing the elementary/middle grades test. Fulfillment of these requirements qualifies the individual for an elementary certificate with this endorsement. However, an individual with an early childhood or a secondary certificate may choose whether to receive the elementary certificate or to add the endorsement to his or her existing certificate, thereby restricting his or her capacity for assignment to the grade levels encompassed by that certificate. An individual who elects to receive a separate certificate pursuant to this subsection (g) shall be required to pass the test of basic skills and/or the applicable assessment of professional teaching if passage of one or both of these tests would be required for receipt of a subsequent certificate as explained in Section 25.720 of this Part.
- h) Special provisions shall apply to the issuance of endorsements in the sciences and social sciences.

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- 1) An individual seeking to add an endorsement and a designation in either of these fields who does not already hold that endorsement with one of its other available designations shall be required to pass the content-area test for the designation sought and either:
  - A) be recommended for the endorsement and the designation by an institution with an approved program in the subject area based on having completed coursework sufficient to address the applicable content-area standards; or
  - B) present evidence of having accumulated 32 semester hours of college coursework in the field, from one or more regionally accredited institutions, that meets the following requirements:
    - i) at least 12 semester hours of credit must have been earned in the subject area of the designation sought; and
    - ii) some portion of the coursework completed must have addressed at least two additional designations within the field.
- 2) The requirement stated in subsection (h)(1) of this Section shall apply whenever an individual seeks to add his or her first endorsement in one of these fields.
- 3) An individual may receive a subsequent designation in the same field if he or she has:
  - A) passed the applicable content-area test; or
  - B) completed a major in the content area of the designation.
- 4) An individual who holds an endorsement in the sciences or social sciences under the structure that was in effect prior to July 1, 2004, may receive an endorsement and a designation in that field under the new structure by passing the content-area test for the designation sought. He or she may then qualify for additional designations in the field pursuant to subsection (h)(3) of this Section.

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- i) Special provisions shall apply to the issuance of endorsements for reading teachers and reading specialists. A reading teacher is one whose assignment involves teaching reading to students, while a reading specialist is one whose assignment involves the provision of technical assistance and/or professional development to other teachers and may also include teaching reading to students.
  - 1) Reading Teacher

This endorsement shall not be issued as an individual's first teaching credential. An individual who holds or receives an Illinois early childhood, elementary, secondary, or special certificate shall be eligible to receive this additional endorsement on that certificate (and on any other certificate held or subsequently earned) when he or she presents evidence of:

    - A) having passed the applicable content-area test (or test of subject matter knowledge) and having been recommended for the endorsement by virtue of completing an approved reading teacher's preparation program based on the standards set forth at 23 Ill. Adm. Code 27.110 that requires at least 24 semester hours of graduate or undergraduate coursework in reading, including a practicum, at an institution that is recognized to offer teacher preparation programs in Illinois; or
    - B) having passed the applicable content-area test (or test of subject matter knowledge) and having completed 24 semester hours of graduate or undergraduate coursework in reading, including a practicum, at one or more regionally accredited institutions of higher education, provided that all the following areas were addressed:
      - i) foundations of reading,
      - ii) content-area reading,
      - iii) assessment and diagnosis of reading problems,
      - iv) developmental and remedial reading instruction and support,
      - v) developmental and remedial materials and resources, and

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- vi) literature appropriate to students across all grade ranges; or
  - C) having completed, on or before June 30, ~~2006~~2005, the 18 semester hours of college coursework in reading described at 23 Ill. Adm. Code 1.740(a), in which case passage of the content-area test or test of subject matter knowledge shall not be required ~~and no deficiency statement shall extend the timeline for completion of the coursework beyond June 30, 2005.~~
- 2) Reading Specialist
- The reading specialist's endorsement shall require two years of teaching experience. An individual who holds an Illinois early childhood, elementary, secondary, or special certificate shall be eligible to receive this endorsement on that certificate or on a separate special K-12 certificate when he or she presents evidence of having completed the required teaching experience and:
- A) having completed a K-12 reading specialist's program approved pursuant to Subpart C of this Part that includes a practicum and leads to the issuance of a master's or higher degree; and
  - B) having been recommended for the endorsement by the institution offering the program; and
  - C) having passed the content-area test for reading specialist.
- 3) An individual who elects to receive a separate special K-12 certificate pursuant to subsection (i)(2) of this Section shall be required to pass the test of basic skills and/or the applicable assessment of professional teaching if passage of one or both of these tests would be required for receipt of a subsequent certificate as explained in Section 25.720 of this Part.
- j) Special provisions shall apply to the addition of endorsements and designations in foreign languages.
- 1) An endorsement and a designation for a foreign language may be added to an existing certificate when an individual has completed a major area of concentration in the language, totaling 32 semester hours or as otherwise

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identified by a regionally accredited institution on the individual's official transcript.

- 2) An endorsement and a designation for a foreign language may be added to an existing certificate when an individual presents evidence of having accumulated 20 semester hours of college credit in the language, either as a subset of an approved program at an Illinois institution or from one or more regionally accredited institutions of higher education, and has passed the applicable content-area test (or test of subject matter knowledge). The 20 semester hours may be calculated by including semester hours of study that were waived by the institution offering the coursework based on the individual's prior learning, provided that the individual presents verification issued by the institution to this effect (i.e., a statement on the official transcript or a letter signed by the certification officer identifying the number of hours involved).
  - 3) Each additional designation for a foreign language shall be subject to the requirements of this subsection (j).
  - 4) Sections 25.85 and 25.86 of this Part set forth additional provisions for certification in foreign languages under specified circumstances.
- k) The requirements of 23 Ill. Adm. Code 1.720 (Requirements for Teachers of Middle Grades), rather than the requirements of this Section, shall apply to credentials and assignments in the middle grades, except that Section 1.720 shall be read in conjunction with this Section with respect to including reading and library information specialist assignments in the middle grades. The requirements of 23 Ill. Adm. Code 1.780, 1.781, and 1.782, rather than the requirements of this Section, shall apply to credentials and assignments in the areas of bilingual education and English as a Second (New) Language.
- l) Each individual who is first assigned to teach a particular subject on or after July 1, 2004, based on completion of the minimum requirements for college coursework in that subject that are set forth at 23 Ill. Adm. Code 1.737(b), 1.745(b)(3), or 1.755(c), as applicable, but who has not met the requirements of this Section for an endorsement in that subject area shall have three years after the date of first assignment to meet those requirements and receive the relevant endorsement. An individual who does not do so shall become ineligible to teach the subject in question in any subsequent semester, unless he or she later receives the endorsement.

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- m) An additional endorsement for "technology specialist" shall be issued only upon presentation of evidence that the applicant has completed at least 24 semester hours of college coursework demonstrably related to the subject area at one or more regionally accredited institutions of higher education and has passed the relevant content-area test.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

## SUBPART D: SCHOOL SERVICE PERSONNEL

**Section 25.215 Certification of School Social Workers (2004)**

- a) Each candidate for the school service personnel certificate endorsed for school social work shall hold a master's degree in social work with a specialization in school social work awarded by a graduate school of social work accredited by the Council on Social Work Education.
- b) Each candidate shall have completed an Illinois program approved for the preparation of school social workers pursuant to Subpart C of this Part or a comparable approved program in another state or country or hold a comparable certificate issued by another state or country (see Section 25.425 of this Part).
- c) Each candidate shall have completed both a supervised field experience of at least 400 contact hours, supervised by a field instructor holding a master's or higher degree in social work, and a school social work internship of at least 600 contact hours in a school setting.
- d) Each candidate shall be required to pass the applicable content-area test (see Section 25.710 of this Part), as well as the test of basic skills, [subject to the provisions of Section 25.720 if its passage would be required for receipt of a standard certificate pursuant to Section 25.720\(a\)](#) of this Part. (See also 23 Ill. Adm. Code 23.140.)
- e) Nothing in this Section is intended to preclude the issuance of a provisional certificate under Section 21-10 of the School Code.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

**Section 25.225 Certification of School Counselors (2004)**

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- a) Each applicant for the school service personnel certificate endorsed for school counseling shall hold a master's degree awarded by a regionally accredited institution of higher education in school counseling, another counseling or related field (e.g., social work or psychology), or an educational field. (See subsection (h) of this Section.)
- b) Each applicant shall have completed an Illinois program approved for the preparation of school counselors pursuant to Subpart C of this Part or a comparable approved program in another state or country or hold a comparable certificate issued by another state or country (see Section 25.425 of this Part).
- c) Each candidate shall have completed a supervised counseling practicum of at least 100 clock hours that provided interaction with individuals and groups of school age and included at least 40 hours of direct service work. Except as provided in subsection (e) of this Section, each applicant shall have completed a structured and supervised internship that is part of an approved program.
  - 1) The internship shall be of a length that is determined by the approved program to be adequate to enable candidates to meet the standards set forth at 23 Ill. Adm. Code 23.110 but shall entail at least 600 hours and last no less than one semester, during which the candidate shall engage in the performance of various aspects of the counseling role and shall be gradually introduced to the full range of responsibilities associated with that role. However, the internship for an individual with at least two years of teaching experience may, at the discretion of the institution offering the approved program, consist of no fewer than 400 hours. In each case at least 240 hours of the internship shall involve direct service work with individuals and groups of school age.
  - 2) The internship shall occur in a school setting except that, at the discretion of the institution, a maximum of one-third of the hours required may be credited for experiences in other related settings such as hospitals or day care settings that, in the judgment of the institution, expose the candidate to the needs of school-aged children and prepare the candidate to function as a school counselor.
  - 3) An institution may recommend certification of a candidate who was enrolled in an approved program prior to July 1, 2004, and has completed

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an internship meeting the requirements applicable at the time of his or her enrollment.

- d) Except as provided in subsections (e) and (f) of this Section, each applicant shall either:
- 1) hold or be qualified to hold a teaching certificate; or
  - 2) have completed, as part of an approved program, coursework addressing:
    - A) the structure, organization and operation of the educational system, with emphasis on P-12 schools;
    - B) the growth and development of children and youth, and their implications for counseling in schools;
    - C) the diversity of Illinois students and the laws and programs that have been designed to meet their unique needs; and
    - D) effective management of the classroom and the learning process.
- e) An applicant who holds another state's certification in school counseling shall not be subject to the requirements of subsection (c) or subsection (d) of this Section if he or she presents evidence of at least two years' full-time experience as a school counselor.
- f) An applicant who has completed an approved school counseling program in another state that includes an internship meeting the requirements of subsection (c) of this Section shall not be subject to the requirements of subsection (d) of this Section.
- g) Each candidate shall be required to pass the applicable content-area test (see Section 25.710 of this Part), as well as the test of basic skills, [subject to the provisions of Section 25.720 if its passage would be required for receipt of a standard certificate pursuant to Section 25.720\(a\)](#) of this Part. (See also 23 Ill. Adm. Code 23.110.)
- h) An applicant who holds a master's degree in any field other than school counseling, or who holds a bachelor's degree only, shall be required to complete the equivalent of all requirements of an approved school counseling preparation

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program. The Illinois institution offering the program shall review the individual's educational and experiential background and identify any of the standards set forth at 23 Ill. Adm. Code 23.110 or other applicable requirements of this Section that the individual's preparation has not addressed. Upon successful completion of the coursework and experiences offered by the institution that address the identified standards, the applicant shall be eligible to be recommended for certification by entitlement.

- i) Nothing in this Section is intended to preclude the issuance of a provisional certificate under Section 21-10 of the School Code.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

**Section 25.245 Certification of School Nurses (2004)**

- a) Each candidate for the school service personnel certificate endorsed for school nursing shall hold a bachelor's degree.
- b) Each candidate shall be licensed as a registered professional nurse in Illinois pursuant to the Nursing and Advanced Practice Nursing Act [225 ILCS 65].
- c) Each candidate shall have completed an Illinois program approved for the preparation of school nurses pursuant to Subpart C of this Part or a comparable approved program in another state or country or hold a comparable certificate issued by another state or country~~or shall have been recommended for certification by such a program.~~
  - 1) ~~Each out-of-state candidate shall submit his or her official transcripts to an Illinois institution of higher education operating an approved program. The institution may, at its discretion, compare the coursework and clinical experiences already completed by the applicant to the standards for the school nurse certificate (see 23 Ill. Adm. Code 23.120) and, based on this comparison, may identify for the candidate a "focused program" consisting of coursework and experiences that he or she must complete in order to meet those standards. If the institution determines that the individual's preparation is sufficient to meet the applicable standards, the institution may recommend the individual for certification without requiring additional preparation.~~

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- ~~2) In formulating a focused program, the institution shall ensure that the candidate has broad and deep knowledge of the subject matter and develops the necessary knowledge and skills. The institution may revise an individual's focused program to include additional or fewer components as it may deem appropriate based upon the results of internal performance assessments that form part of the unit assessment system (see Section 25.140 of this Part) or other assessments that are directly related to the standards for the school nurse certificate.~~
  - ~~3) An institution that uniformly requires all out-of-state candidates seeking certification in school nursing to complete certain coursework or field experiences, or to complete a full program without acknowledgment of prior courses or experiences, shall publish and make available a written statement to this effect, describing those requirements.~~
  - ~~4) An out-of-state candidate who completes a focused program shall be considered as having completed the institution's approved program in school nursing and shall be eligible to be recommended for certification by entitlement, signifying that the candidate has met all applicable standards.~~
- d) Each candidate shall have met the requirements of either subsection (d)(1) or subsection (d)(2) of this Section.
- 1) Completion of an internship that:
    - A) was determined by the approved program to be sufficient in length for the candidate to meet the standards set forth at 23 Ill. Adm. Code 23.120, but in no case consisted of fewer than 300 hours of experiences; and
    - B) was supervised by a certified school nurse with at least two full school years of full-time experience as a school nurse and at least one full school year of full-time experience with the current employer.
  - 2) Completion of two years of experience as a school nurse prior to July 1, 1972.

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- e) Each candidate shall be required to pass the applicable content-area test (see Section 25.710 of this Part), as well as the test of basic skills, subject to the provisions of Section 25.720 if its passage would be required for receipt of a standard certificate pursuant to Section 25.720(a) of this Part. (See also 23 Ill. Adm. Code 23.120.)
- f) Nothing in this Section is intended to preclude the issuance of a provisional certificate under Section 21-10 of the School Code.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

## SUBPART F: GENERAL PROVISIONS

**Section 25.425 Individuals Prepared in Out-of-State Institutions**

An applicant who holds or is eligible to hold another state's or another country's teacher, school service personnel, or administrative certificate may be granted a corresponding Illinois certificate if he or she meets all the generally applicable requirements of Article 21 of the School Code (e.g., age; good character; or citizenship or legal presence) and the requirements for the certificate sought, as specified in the applicable Sections of this Part. As used in each of those Sections, a "comparable program" is one that leads to eligibility for service in the same capacity in the public schools of the state where the program was completed.

- a) The certificate sought must be comparable to the out-of-state certificate for which the applicant is eligible. A comparable Illinois certificate is that which is most nearly like that of the other state (e.g., a K-6 certificate from another state most nearly approximates the Illinois elementary (K-9) certificate). ~~See Section 25.245 of this Part for requirements applicable to out-of-state applicants for certification in school nursing.~~
- b) Each out-of-state applicant for an Illinois teaching certificate must have met certification requirements that are similar to Illinois requirements.
  - 1) For those who have completed traditional preparation programs, these requirements include college coursework in professional education, including pre-student teaching clinical experiences or equivalent experience, student teaching or equivalent experience, and a major in a subject area that is relevant to the area of certification.
  - 2) For those who have completed alternative certification programs, these

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requirements include graduation from a regionally accredited institution with a bachelor's degree, an intensive course of study approved by that state for this purpose, and student teaching or another structured teaching experience that forms part of the approved alternative program.

- 3) An applicant who holds a certificate from another state, territory, or possession of the U.S. but has not completed a preparation program approved by that state shall be required to present a written statement, signed by a representative of the agency issuing the certificate indicating that, at the time when the applicant was certified, the state of certification had certification requirements related to general education, professional education, and an area of specialization for the certificate issued and the applicant met the requirements in all three areas.
- c) An individual may receive additional endorsements by meeting the applicable requirements of Section 25.100 of this Part.
  - d) Special provisions apply to applicants from states that do not require certification of school psychologists or school social workers or for administrative positions for which certification is required in Illinois. When an applicant presents evidence of having served in such a position in a state where certification for the position is not required, eligibility for the Illinois certificate sought shall be contingent upon evidence that the applicant:
    - 1) has met all applicable requirements of Illinois law relative to the certificate and endorsement sought;
    - 2) has passed the Illinois test of basic skills and the relevant Illinois content-area test; and
    - 3) has met any three of the conditions described in subsections (d)(3)(A) through (E) of this Section.
      - A) The individual has completed a degree program that prepares candidates for service in the endorsement area sought in the public schools of the state where the program was completed or the state where the service was provided.
      - B) The individual has completed a program that was accredited by NCATE at the time of completion.

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- C) The individual has completed a program that formerly served as a basis for certification in the state where the program was completed.
  - D) The titles or content descriptions of courses listed on the individual's official transcript indicate that the courses were designed to address standards substantially comparable to those that apply to the Illinois certificate or endorsement sought.
  - E) The individual presents evidence of work experience in the public schools in the position for which Illinois certification is sought.
- e) A candidate whose credentials were earned at an institution outside the United States shall submit the documents prepared by the foreign institution to a service whose evaluations are accepted by the State Board pursuant to subsection (f) of this Section.
- 1) After reviewing the documents submitted, the service shall provide to the State Superintendent of Education a statement identifying the degree held by the individual and indicating whether or not the individual has been prepared as an educator. The service shall also provide a list of the courses completed, with the credits earned equated to semester hours.
  - 2) The transcript provided by the service pursuant to subsection (e)(1) of this Section shall be reviewed to determine whether the individual qualifies for a certificate; if so, he or she shall receive such a certificate with all endorsements indicated by the coursework completed.
  - 3) If the review of the individual's transcript indicates that he or she does not qualify for a certificate, he or she shall receive a notification of the deficiencies for the certificate.
- f) Evaluation services shall be approved to review foreign credentials for purposes of Illinois certification if they demonstrate experience working on behalf of either the National Association of Foreign Student Affairs or the American Association of Collegiate Registrars and Admissions Officers. However, the State Board of Education may discontinue acceptance of evaluations from any service based on evidence of material inconsistencies in reviews. The State Board shall maintain an up-to-date list of all organizations whose reviews are being accepted and shall

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make this list readily available.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

**Section 25.464 Short-Term Authorization for Positions Otherwise Unfilled**

Subject to the provisions of this Section, [an entity that is required to employ certified teachers](#) ~~school district, cooperative, or joint agreement~~ may receive short-term approval to employ an individual who does not hold the qualifications required for a vacant teaching position, other than a special education teaching position, when the employing entity has been unable to recruit a fully qualified candidate for that position. Short-term authorization as described in this Section shall be available not only with respect to individuals who lack full qualifications in a subject area, but also with respect to individuals who have not completed the six semester hours of coursework specified at 23 Ill. Adm. Code 1.720 for teachers of middle grades (see Section 1.720(a)(2)(A) and (B)).

- a) The employing entity shall file with the regional superintendent:
  - 1) a description of the vacant position, including the subject area and the grade level;
  - 2) evidence of inability to fill the position with a fully qualified individual, including a list of the candidates who applied, a list of those who were interviewed, and the reason each was not interviewed or was not selected, as applicable;
  - 3) a statement that the employing entity has not honorably discharged anyone in the past year who was fully qualified for the position;
  - 4) the name and Social Security number of the individual the entity wishes to employ for the position, as well as a list of the certificate ~~numbers~~[number\(s\)](#) and ~~type~~[type\(s\)](#) held by that individual;
  - 5) a written assurance that the district will provide the teacher to be employed with mentoring and high-quality professional development each year in the subject area to be taught;
  - 6) one of the following:

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- A) a written assurance from an institution of higher education that operates a program approved pursuant to Subpart C of this Part that leads to certification in the subject area to be taught that the individual who will be employed is enrolled in coursework that is designed to meet the standards applicable to that subject area, or
  - B) a written assurance from the certification officer of another institution of higher education that offers one or more approved educator preparation programs that the individual is enrolled in courses that will enable him or her to qualify for the endorsement, or
  - C) other evidence of enrollment in relevant coursework supplied by the individual who will be employed; or
  - D) a written assurance signed by the individual who will be employed, indicating his or her intention to enroll in one or more identified courses at a specified institution of higher education in the next semester; and
- 7) a statement of intent, signed and dated by the individual who will be employed, stipulating that he or she will complete all requirements for an endorsement in the subject to be taught (see Section 25.100 of this Part or 23 Ill. Adm. Code 1.720, as applicable) within three school years after the issuance of authorization under this Section.
- b) Short-term authorization pursuant to this Section shall be issued only when the individual identified by the employing entity:
    - 1) holds an initial, standard, or master certificate that is valid for the grade level of the proposed assignment;
    - 2) has successfully completed at least nine semester hours of college coursework in the subject area to be taught; and
    - 3) has filed the statement of intent called for in subsection (a)(7) of this Section.
  - c) When the requirements of this Section have been met, the State Superintendent of Education shall issue to the employing entity a letter granting short-term

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authorization for the named individual to teach in the specific position for which the application was made.

- 1) Such a letter shall constitute an authorization to the employing entity and not a credential issued to the individual. As such it shall not be transferable to any other individual, employing entity, or teaching assignment.
- 2) Each employing entity that receives an authorization pursuant to this Section shall maintain the State Superintendent's letter on file and make it available for inspection by representatives of the State Board of Education upon request.
- d) Short-term teaching authorization issued pursuant to this Section shall be issued with respect to a specific school year and shall expire on June 30 of the third school year following the date of issuance.
- e) After the end of the validity of authorization received under this Section, the individual shall not be eligible to teach in the subject area for which approval was granted unless he or she has received an endorsement for that subject.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

**Section 25.497 Supervisory Endorsements**

A special K-12 or special preschool-age 21 teaching certificate or a school service personnel certificate~~The School Service Personnel Certificate~~ may be endorsed for supervision in accordance with the provisions of Section 21-4 or 21-25 of the School Code, as applicable, provided that the eight semester hours of graduate professional education required by the relevant Section shall include at least one course that relates primarily and explicitly to the supervision of personnel and one course that relates primarily and explicitly to the administration and organization of schools. A supervisory endorsement affixed to a special certificate shall be identified by subject area, to reflect the individual's major area of specialization.~~upon:~~

- a) ~~Presentation of evidence of possessing a master's degree or higher from a recognized institution of higher learning; and~~
- b) ~~Presentation of evidence of possessing eight semester hours of graduate professional education which shall include at least one course that relates~~

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~~primarily and explicitly to the supervision of personnel, and one course that relates primarily and explicitly to the administration and organization of schools; and~~

- e) ~~Presentation of evidence of at least two years of appropriate teaching or school service personnel experience.~~

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

SUBPART G: THE UTILIZATION OF PARAPROFESSIONALS AND  
OTHER NONCERTIFIED PERSONNEL

**Section 25.510 Paraprofessionals; Teacher Aides**

- a) The terms "paraprofessionals" and "teacher aides" shall be used to refer to the noncertificated personnel authorized by Section 10-22.34 of the School Code [105 ILCS 5/10-22.34] to be employed to assist in instruction. The terms "paraprofessional" and "teacher aide" shall be considered synonymous.
- b) Approval of Paraprofessionals
- 1) Service as a paraprofessional requires a statement of approval issued by the State Board of Education, in consultation with the State Teacher Certification Board. Paraprofessionals first employed in programs for students with disabilities on or before June 30, 2005, shall be subject to this requirement as of July 1, 2007.
  - 2) Each individual who is required to hold a statement of approval shall submit an application to the State Superintendent of Education, accompanied by evidence that he or she meets the requirements of subsection (c) of this Section. Each individual who wishes to serve as a paraprofessional in a targeted assistance program and is paid with federal funds provided under Title I, Part A, or in a school-wide program that is supported with such funds shall submit an application for approval accompanied by evidence that he or she meets the requirements of subsection (d) of this Section. Each applicant who qualifies shall be issued a statement of approval, which shall indicate whether it applies to programs supported with federal Title I, Part A, funds.
- c) Each paraprofessional shall be of good character and shall be a citizen of the

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United States or legally present and authorized for employment. Each paraprofessional shall be subject to that portion of Section 24-5 of the School Code [105 ILCS 5/24-5] that requires physical fitness and freedom from communicable disease, including evidence of freedom from tuberculosis. Each paraprofessional shall hold a high school diploma or its recognized equivalent. To receive approval to serve as a teacher aide, an individual shall:

- 1) present evidence of having completed 30 semester hours of college credit at a regionally accredited institution of higher education; or
  - 2) complete a training program for paraprofessionals that has been approved either by the Illinois Community College Board or by the State Board of Education in consultation with the State Teacher Certification Board; or
  - 3) pass the ParaPro test offered by the Educational Testing Service (ETS) with at least the score identified by the State Board of Education in consultation with the State Teacher Certification Board; or
  - 4) pass the Work Keys test offered by ACT with at least the score identified by the State Board of Education in consultation with the State Teacher Certification Board and present verification by the employing district or other entity that:
    - A) the individual's classroom performance was observed as part of a formal evaluation that yielded a satisfactory rating; or
    - B) the individual's classroom performance was observed prior to employment and the district's representative has concluded that the individual was effective in performing the assigned duties.
- d) In addition to meeting the requirements of subsection (c) of this Section, each paraprofessional employed to assist with instruction in a targeted assistance program and paid with federal funds provided under Title I, Part A, or employed in a school-wide program that is supported with such funds is subject to the additional requirements of Section 1119 of the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001 (P.L. 107-110; see also 34 CFR 200.58 (2003), no later editions of or revisions to these regulations are included). No paraprofessional may be assigned to serve in such a capacity after the deadline established in federal law for the group of which he or she is a member unless he or she holds a statement of approval that is

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specific for this purpose. To qualify for this purpose, an individual shall either have completed two years of study at an institution of higher education, hold an associate's or higher degree, or successfully complete a formal State or local assessment.

- 1) Completion of "two years of study at an institution of higher education" means completion of at least 60 semester hours of college coursework at an accredited institution of higher education.
- 2) "Formal State assessment" means:
  - A) either of the tests discussed in subsections (c)(3) and (c)(4) of this Section; or
  - B) possession of a statement of approval issued under subsection (c)(1) or (c)(2) of this Section and presentation to the State Superintendent of Education of evidence that the individual has accumulated 300 Professional Training Points (PTPs).
    - i) Work experience as a paraprofessional in a public or nonpublic school shall be credited at the rate of 30 PTPs per year, up to a maximum of 150 PTPs. The required evidence of completion for this experience shall be a letter signed by the chief administrator or other designated official of the employing district, other public entity, or nonpublic school documenting the nature and duration of the individual's employment.
    - ii) College coursework shall be credited at the rate of 15 PTPs per semester hour. The required evidence of completion for college coursework shall be official transcripts issued by the ~~institutions~~institution(s) at which it was completed.
    - iii) Completion of the Paraprofessional Test Preparation Curriculum developed by the Illinois Community College Board in partnership with the Illinois State Board of Education shall be credited as 15 PTPs. The required evidence for completion of this curriculum shall be a certificate of completion issued to the individual.

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- iv) Additional training activities shall be credited at the rate of one PTP per hour of the individual's direct participation, provided that training activities shall be creditable only if they address or enhance the paraprofessional's ability to assist in the academic content areas of reading/language arts, writing, or mathematics or in reading readiness, writing readiness, or mathematics readiness. The required evidence of completion for each training activity that occurred prior to July 1, 2004, shall include a description of the event, including its subject, date, location, and provider if known; and, if available, a program, outline, or completion form supplied by the provider to indicate the individual's attendance at the event. The required evidence of completion for each training activity that occurred on or after July 1, 2004, shall include a description of the event, including its subject, date, location, and provider; a program or outline if available; and a completion form supplied by the provider to indicate the individual's attendance at the event. In all cases the required evidence shall include a signed statement by the individual indicating the length of his or her participation and verifying that the activity addressed one of the areas required by this subsection (d)(2)(B)(iv).
- 3) "Formal local assessment" means a local assessment that conforms to the guidelines established in section C-5 of the Draft Non-Regulatory Guidance of November 15, 2002, published on the subject of Title I Paraprofessionals by the United States Department of Education, Office of Elementary and Secondary Education, 400 Maryland Avenue, SW, Washington, D.C. 20202.
- e) Revocation of Approval
    - 1) When the State Superintendent of Education receives information indicating that an individual who holds approval as a teacher aide or paraprofessional has been designated as a "sex offender" as defined in Section 2 of the Sex Offender Registration Act [730 ILCS 150/2] or as a "child sex offender" as defined in Section 11-9.3 of the Criminal Code of 1961 [720 ILCS 5/11-9.3], or has been named as a perpetrator in an indicated report filed pursuant to the Abused and Neglected Child

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Reporting Act [325 ILCS 5/Art.1], the State Superintendent may revoke an individual's approval after the individual has had an opportunity for a hearing before the State Teacher Certification Board pursuant to 23 Ill. Adm. Code [475 \(Contested Cases and Other Formal Hearings\)](#)~~480 (Hearings Before the State Teacher Certification Board)~~. The State Superintendent's decision shall be considered an "administrative decision" for purposes of the Administrative Review Law [735 ILCS 5/Art. III].

- 2) When the State Superintendent of Education receives information indicating that an individual who holds approval as a teacher aide or paraprofessional has been convicted of any sex offense or narcotics offense as defined in Section 21-23a of the School Code [105 ILCS 5/21-23a] or has been convicted of first degree murder, attempted first degree murder, or a Class X felony, the State Superintendent shall forthwith revoke the individual's approval. The State Superintendent's decision shall be considered an "administrative decision" for purposes of the Administrative Review Law.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

**Section 25.550 Approval of Educational Interpreters**

Each educational interpreter who serves students with hearing impairments in the public schools shall be of good character and shall be a citizen of the United States or legally present and authorized for employment. Each educational interpreter shall be subject to that portion of Section 24-5 of the School Code that requires physical fitness and freedom from tuberculosis. Each educational interpreter shall hold a high school diploma or its recognized equivalent. Beginning July 1, 2006, each individual newly assigned as an educational interpreter in the public schools shall require a statement of approval from the State Superintendent of Education, which shall be identified as valid either for sign language interpreting or for cued speech interpreting. Interpreters first employed on or before June 30, 2006, shall be subject to this requirement as of July 1, 2007. Each individual who is required to hold a statement of approval shall submit an application to the State Superintendent, accompanied by the fee required under Section 21-12 of the School Code and evidence that he or she meets the requirements applicable to the type and level of approval sought.

a) Initial Approval

- 1) Each applicant shall have:

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- A) completed 30 semester hours of college credit from one or more regionally accredited institutions of higher education; or
  - B) passed the Educational Interpreter Knowledge Assessment (EIKA); or
  - C) passed the written examination administered by the Registry of Interpreters for the Deaf (RID); or
  - D) achieved the score identified as passing by the Illinois State Board of Education on either of the examinations for paraprofessionals discussed in Section 25.510(c)(3) and (4) of this Part.
- 2) Each applicant for initial approval as a sign language interpreter shall have:
- A) attained a rating of Level 3.0 or above on the Educational Interpreter Performance Assessment (EIPA); or
  - B) received a certificate issued by the RID; or
  - C) scored at the "passing" level or above on the examination of the American Consortium of Certified Interpreters (ACCI).
- 3) Each applicant for initial approval as a cued speech interpreter shall have:
- A) attained a rating of Category 4 or above on the Basic Cued Speech Proficiency Rating administered by Testing, Evaluation and Certification Unit, Inc. (TEC Unit); or
  - B) attained Transliteration Skills Certification from TEC Unit at level 3 or above.
- b) Standard Approval
- 1) Each applicant shall:
- A) have completed 60 semester hours of college credit from one or more regionally accredited institutions of higher education; or

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- B) hold an associate's degree issued by a regionally accredited institution of higher education; or
  - C) have passed one of the examinations required for initial approval under subsection (a) of this Section.
- 2) Each applicant for standard approval as a sign language interpreter shall:
- A) have attained a rating of Level 3.5 or above on the EIPA; or
  - B) provide evidence that he or she was employed as a sign language interpreter in the Illinois public schools during the 2005-06 school year and holds certification from the RID.
- 3) Each applicant for standard approval as a cued speech interpreter shall have attained Transliteration Skills Certification at Level 3 or above.
- c) Master Approval
- 1) Each applicant shall have met the requirements of subsection (b)(1) of this Section.
  - 2) Each applicant for master approval as a sign language interpreter shall have attained a rating of Level 4.5 or above on the EIPA.
  - 3) Each applicant for master approval as a cued speech interpreter shall have attained Transliteration Skills Certification at Level 4 or above.
- d) Emergency Approval
- 1) Each applicant shall have completed 10 semester hours of college credit from one or more regionally accredited institutions of higher education.
  - 2) Each applicant for approval as a sign language interpreter shall have:
    - A) attained a rating of Level 3.0 or above on the EIPA; or
    - B) received a certificate issued by the RID; or

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- C) scored at the "passing" level or above on the examination of the ACCI.
- 3) Each applicant for approval as a cued speech interpreter shall have:
  - A) attained a rating of Category 4 or above on the Basic Cued Speech Proficiency Rating; or
  - B) attained Transliteration Skills Certification at level 3 or above.
- e) Validity; Renewal
  - 1) Initial approval shall be valid for four years of interpreting within the eight-year period following its issuance, provided that the approval of an individual who completes four years of interpreting shall continue to be valid through the immediately following June 30. Initial approval shall not be renewable. However, an individual whose initial approval has expired may receive another initial approval by meeting the requirements of this Section as applicable at the time. An individual need not have held initial approval to qualify for standard or master approval.
  - 2) Standard approval shall be valid for five years, subject to the provisions of Section 21-22 of the School Code, and shall be renewable upon presentation of evidence that, during the five-year period of the approval's validity, the individual has:
    - A) completed 40 hours of continuing education; or
    - B) completed 25 hours of continuing education and received certification from RID or from ACCI.
  - 3) Master approval shall be valid for ten years, subject to the provisions of Section 21-22 of the School Code, and shall be renewable upon presentation of evidence that, during the ten-year period of the approval's validity, the individual has:
    - A) completed 80 hours of continuing education; or
    - B) completed 65 hours of continuing education and received certification from RID or from ACCI.

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- 4) Emergency approval shall be valid for two years, subject to the provisions of Section 21-22 of the School Code, and shall not be renewable.

f) Continuing Education

- 1) An individual may accrue hours of continuing education by participating in conferences, workshops, institutes, seminars, symposia, or other, similar training events that:

A) are designed to improve the skills and knowledge of interpreters for the deaf; or

B) are organized by an entity that is approved pursuant to Section 25.855 or 25.860 of this Part and address educational concerns.

- 2) An individual may accrue the required credit for continuing education by completing college coursework that is part of an interpreter training program offered by a regionally accredited institution of higher education or an Illinois community college. One course of at least three semester hours may be used to fulfill 100 percent of the requirement for renewal of standard approval or 50 percent of the requirement for renewal of master approval. Two courses totaling at least six semester hours may be used to fulfill 100 percent of the requirement for renewal of master approval.

- 3)  Holders of approval at the standard level only may accrue 100 percent of the required credit for continuing education for a given approval period by having taken the EIPA examination during that period and having earned a score of at least 4.0.

- 4)  Holders of approval at the master level only may accrue up to 20 hours of continuing education for mentoring provided to holders of initial or standard approval.

- 5)  Except as provided in subsection (f)(3) of this Section, each individual shall be required to accrue at least 60 percent of the required hours of continuing education in activities under subsection (f)(1)(A), (f)(2), or, if applicable, (f)(4) of this Section, in any combination.

- 6) Evidence of Completion

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- A) Along with his or her statement of approval, each individual who will be required to complete continuing education as a condition of renewal shall be furnished with a log format enabling him or her to record the activities completed. For any activity completed under subsection (f)(1) of this Section, the individual shall present the attendance form provided by the entity organizing the event, except that the organizer's signature on the log form shall suffice in cases where participants receive no other written verification of their attendance.
- B) As evidence of completion for college coursework, the individual shall present a grade report or official transcript issued by the institution indicating that he or she has passed the course or courses.
- C) As evidence of completion for mentoring, the individual shall present the signature of an authorized representative of the employing entity on the log format provided, documenting the formal mentoring arrangement and the time spent.
- g) Revocation  
The provisions of Section 25.510(e) of this Part shall apply to the revocation of approval for educational interpreters.

(Source: Added at 29 Ill. Reg. 12374, effective July 28, 2005)

## SUBPART J: RENEWAL OF STANDARD AND MASTER CERTIFICATES

**Section 25.855 Approval of Illinois Providers**

Illinois-based entities that offer professional development activities, such as training organizations, institutions, school districts, regional offices of education, firms, teacher unions and professional associations, and universities and colleges, may apply to the State Board of Education and the State Teacher Certification Board for approval to issue CEUs or CPDUs for conferences, workshops, institutes, seminars, symposia, or other similar training events whose goal is the improvement of teaching skills and knowledge. A certificate-holder may not receive credit for CEUs or CPDUs with respect to activities offered by Illinois-based entities that are not so approved, unless Section 25.872 of this Part applies.

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- a) Except as provided in subsection (b) of this Section, each provider wishing to receive such approval shall submit an application on a form supplied by the State Board of Education. For each area of professional knowledge or skill in which the provider wishes to secure approval, the application shall include:
- 1) a description of the intended offerings in terms of relevant standards to be addressed;
  - 2) the qualifications and experience the provider will require of presenters to be assigned in each area;
  - 3) an indication as to whether the application is for approval to issue CEUs or CPDUs and, if approval is sought for both, identification of the activities that will generate each form of credit; and
  - 4) assurances that the requirements of subsection (c) of this Section and the requirements of Section 25.870 of this Part will be met.
- b) An organization that has affiliates based in Illinois may apply for approval on their behalf.
- 1) The applicant organization shall provide a list of its affiliates for which approval is sought and supply the information required pursuant to subsection (a) of this Section with respect to each one.
  - 2) The applicant organization's provision of the assurances required pursuant to subsection (a)(4) of this Section shall be understood to apply to each affiliate for which approval is sought.
  - 3) The applicant organization shall notify the State Board of Education any time it determines that one or more affiliates should be added to or removed from the list of approved providers or that the areas of training should be changed for one or more of the affiliates. For affiliates to be added, the applicant organization shall supply the information required pursuant to subsection (a) of this Section.
  - 4) The approval status of the applicant organization shall be contingent upon its affiliates' compliance with the applicable requirements of this Subpart J.

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- c) Each provider approved to issue CEUs or CPDUs shall:
- 1) ~~submit written notice to the State Board of Education no later than 30 days prior to the initial date of each of its training activities, including the title, description, target audience, instructional method, and intended learning outcomes of the activity, along with a sample of the syllabus, program, or outline for it;~~ 2) verify attendance at its training activities, provide to participants the standard forms referred to in Section 25.865 of this Part, and require completion of the evaluation portion of these forms;
  - 2)3) maintain participants' evaluation forms for a period of not less than three years and make them available for review upon request by staff of the State Board of Education;
  - 3)4) maintain attendance records for each event or activity it conducts or sponsors for a period of not less than five years; and
  - 4)5) include in each announcement regarding an event or activity whether CEUs or CPDUs will be available.
- d) Applicants may be asked to clarify particular aspects of their materials.
- e) The State Superintendent of Education, on behalf of the State Board of Education and the State Teacher Certification Board, shall respond to each application for approval no later than 30 days after receiving it.
- f) A provider shall be approved to issue CEUs for a given type of activity only if the provider's application provides evidence that:
- 1) the activities will be developed and presented by persons with education and experience in the applicable subject matter ~~areas~~area(s);
  - 2) the activities will include an activity such as discussion, critique, or application of what has been presented, observed, learned, or demonstrated; and
  - 3) there is an apparent correlation between the proposed content of the training activities, the relevant standards set forth in Subpart B of this Part, and one or more of the purposes the recipients are required to address in their continuing professional development pursuant to Section 21-14(e)(2)

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of the School Code.

- g) A provider shall be approved to issue CPDUs for a given type of activity only if the provider's application provides evidence that:
- 1) the activities and events it sponsors or conducts will be developed and presented by persons with education and experience in the applicable subject matter areas(s); and
  - 2) there is an apparent correlation between the proposed content of the training activities, the relevant standards set forth in Subpart B of this Part, and one or more of the purposes the recipients are required to address in their continuing professional development plans pursuant to Section 21-14(e)(2) of the School Code.
- h) The State Board of Education shall maintain and publicize the list of all approved providers. The list shall indicate any limitations on the type(s) of activities for which an entity has received approval.
- i) Approval of a provider shall be valid for three years. To request renewal of such approval, a provider shall, no later than March 1 of the year of expiration, submit an application on a form supplied by the State Board of Education and containing:
- 1) a description of any significant changes in the material submitted as part of its approved application; or
  - 2) a certification that no such changes have occurred.
- j) A provider's approval shall be renewed if the application conforms to the requirements of subsection (i) of this Section, provided that the Boards have received no evidence of noncompliance with the requirements of this Subpart J.
- k) The State Board of Education may evaluate any approved provider at any time to ensure compliance with the requirements of this Section. Upon request by the State Board, a provider shall supply information regarding its schedule of training events, which the State Board may, at its discretion, monitor at any time.
- 1) In the event an evaluation indicates that applicable standards have not been met, the State Board of Education and the State Teacher Certification Board may jointly withdraw approval for one or more types of activities or

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of the provider.

- 2) Staff of the State Board of Education shall periodically report to the State Teacher Certification Board on the providers reviewed and any changes in their approval status.
- 3) Pursuant to Section 21-14(e)(3)(H) of the School Code [105 ILCS 5/21-14(e)(3)(H)], *a teacher may not receive credit for any activity that is designed for entertainment, promotional, or commercial purposes or that is solely inspirational or motivational, and the State Board and the State Teacher Certification Board may jointly disapprove any activity found to be of this nature.*
  - A) When an activity is disapproved under this subsection (k)(3), the provider may continue to offer the activity but shall immediately revise all relevant notices and advertisements to indicate the nature of the activity. The provider shall be required to state in each such notice or advertisement that the activity generates no credit applicable to certificate renewal. Individuals who complete the activity once it is accurately described shall not claim credit for it.
  - B) Individuals who have completed an activity that is later disapproved under this subsection (k)(3) shall not be penalized with respect to continuing professional development credit accrued for that activity.

(Source: Amended at 29 Ill. Reg. 12374, effective July 28, 2005)

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- 1) Heading of the Part: Pupil Transportation Reimbursement
- 2) Code Citation: 23 Ill. Adm. Code 120
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
120.20	Amendment
120.30	Amendment
120.50	Amendment
120.110	Amendment
120.115	Amendment
120.200	Amendment
120.210	Amendment
120.220	Amendment
120.230	Amendment
120.235	Repeal
120.240	Amendment
120.245	Amendment
120.250	Amendment
- 4) Statutory Authority: 105 ILCS 5/Art. 29
- 5) Effective Date of Rulemaking: July 28, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? This rulemaking does not contain an incorporation by reference pursuant to Section 5-75 of the Illinois Administrative Procedure Act.
- 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: April 8, 2005; 29 Ill. Reg. 4859
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version: The threshold for depreciation stated in 120.115(d)(1)(A) was changed from \$1,000 to \$2,500 to be consistent with Section 120.60 of this same Part.

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The use of the statutory language for the definitions in Section 120.200 was restored.

Numerous uses of "(s)" to indicate that either the singular or the plural might be the case were replaced with the simple plural.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency amendments currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: These amendments result from the comprehensive review of the agency's rules. In addition to streamlining and general technical updating, these changes include elimination of the requirement for the "Resident Pupils Transported Work Sheet" from Section 120.110.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Tim Imler  
Funding and Disbursements  
Illinois State Board of Education  
100 North First Street  
Springfield, Illinois 62777-0001

(217) 782-5256

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

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## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER c: FINANCE

## PART 120

## PUPIL TRANSPORTATION REIMBURSEMENT

## SUBPART A: SCHOOL REIMBURSEMENT

## Section

120.10	Definitions
120.20	Transportation and Student Discipline
120.30	Pupil Transportation Services Eligible for Reimbursement
120.40	Pupil Transportation Services and Costs Not Eligible for Reimbursement
120.50	Reimbursable Direct Operating Costs
120.60	Reimbursable Annual Depreciation Allowances
120.70	Deductions from Direct Operating Costs
120.80	Reimbursable Indirect Cost for Pupil Transportation Services
120.90	Cost Proration Related to Pupil Transportation
120.100	Reimbursement Formulas
120.110	Reporting Requirements
120.115	Fully Allocated Costs of Transportation
120.120	Bus Scheduling Services and Software
120.130	Seat Back Reimbursement (Repealed)

## SUBPART B: CUSTODIAN REIMBURSEMENT FOR PUPIL TRANSPORTATION

## Section

120.200	Definitions
120.210	Custodians Eligible for Reimbursement
120.220	Custodians Not Eligible for Reimbursement
120.230	Responsibilities of Schools
120.235	Responsibilities of Public and Nonpublic Chief Administrative Officers <u>(Repealed)</u>
120.240	Reimbursement
120.245	Responsibilities of the Regional Superintendents of Schools
120.250	Dispute Resolution
120.260	Audit and Enforcement

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AUTHORITY: Implementing and authorized by Article 29 of the School Code [105 ILCS 5/Art. 29].

SOURCE: Adopted at 10 Ill. Reg. 19438, effective October 31, 1986; amended at 10 Ill. Reg. 21675, effective December 11, 1986; amended at 12 Ill. Reg. 4147, effective February 5, 1988; amended at 13 Ill. Reg. 7731, effective May 8, 1989; amended at 16 Ill. Reg. 10213, effective June 10, 1992; emergency amendment at 18 Ill. Reg. 12853, effective August 9, 1994, for a maximum of 150 days; emergency expired January 6, 1995; amended at 21 Ill. Reg. 2165, effective February 1, 1997; amended at 26 Ill. Reg. 1169, effective January 16, 2002; amended at 28 Ill. Reg. 4575, effective February 24, 2004; amended at 29 Ill. Reg. 12422, effective July 28, 2005.

## SUBPART A: SCHOOL REIMBURSEMENT

**Section 120.20 Transportation and Student Discipline**

- a) Whenever a school district which provides transportation to a pupil requires that the pupil for disciplinary reasons serve a detention period either before or after the regular school day, the district shall provide transportation to the pupil unless the pupil's parent or guardian has agreed to provide the transportation necessary for the pupil to serve the detention period. The district may claim reimbursement for such transportation which it provides, as allowed in Section 120.30 of this Part.
- b) When detention periods are scheduled for Saturdays or other days when students are not in attendance, the district is not obligated to provide transportation services and no reimbursement shall be available for any transportation provided.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.30 Pupil Transportation Services Eligible for Reimbursement**

Each school district that files a claim for State reimbursement for pupil transportation shall be subject to the requirements of this Subpart A in order to be eligible for such reimbursement.

Pupil transportation services eligible for reimbursement are listed below:

- a) Regular Pupil Transportation Services for Pupils in Kindergarten or Any of Grades 1 through 12
  - 1) Transportation services provided for pupils residing at a distance of one and one-half miles or more from the attendance center to which they are

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assigned.

- A) *The distance shall be measured from the exit of the property where the pupil resides to the point where pupils are normally unloaded at the attendance center to which they are assigned (Section 29-3 of the School Code [105 ILCS 5/29-3]).*
  - B) *If a pupil is at a location within the school district other than his/her residence for child care purposes at the time for transportation to and/or from school, that location may be considered for purposes of determining the 1½ miles from the school attended (Section 29-5 of the School Code).*
  - C) *Such school board may comply with the provisions of this Section by providing free transportation for pupils to and from an assigned school and a pick-up point located not more than one and one-half miles from the home of each pupil assigned to such point (Section 29-3 of the School Code).*
- 2) Transportation services provided for pupils residing within a distance of one and one-half miles from the attendance center to which they are assigned from pickup points at the beginning of the school day and back again at the close of the school day, effective on the date that the Illinois Department of Transportation grants written approval pursuant to 92 Ill. Adm. Code 556 (Rules on Transporting Pupils Where Walking Constitutes a Serious Safety Hazard) that a serious safety hazard exists due to vehicular traffic, for specific areas and specific ages.
  - 3) Transportation services provided for nonpublic school pupils when pupil transportation services for the nonpublic school pupils are provided on the same basis as the transportation services for public school pupils as provided in Section 29-4 of the School Code.
  - 4) Transportation services provided to a pupil who is required to be transported but is also required for disciplinary reasons to serve a detention period either before or after the regular school day.
  - 5) Transportation which is provided prior to or following voluntary, extracurricular and/or cocurricular activities, including sport practices, club meetings, drama rehearsals, or choral and band practices where such

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activities are scheduled before or after the school day, qualifies as transportation provided at the beginning or end of the school day and is therefore subject to reimbursement with respect to students who are required to be transported.

- 6) Transportation services provided for pupils between attendance centers during the school day. This includes transportation of vocational pupils between attendance centers or a building or other trades skill development site of less than one and one-half miles.
- b) Vocational pupil transportation services provided during the school day for vocational pupils transported one and one-half miles or more one way from their assigned attendance center to a vocational program located at:
    - 1) An area vocational center;
    - 2) Another school district; or
    - 3) A building or other trades skill development site.
  - c) Special education pupil transportation services, including field trips, provided for special education pupils in accordance with Sections 14-7.02 and 14-13.01(b) of the School Code [105 ILCS 5/14-7.02 and 14-13.01(b)] and with 23 Ill. Adm. Code 226 (Special Education). This includes field trips (community based instruction) when approved by the district's state approved director of special education as defined in 23 Ill. Adm. Code 226.
  - d) Transportation provided to any student in connection with a field trip:
    - 1) that occurs during a day of student attendance included on the official school calendar of the school district;
    - 2) whose hours are part of the claimable clock hours on the General State Aid Claim (i.e., the destination of the trip is considered to be the assigned attendance center for all students enrolled in the class);
    - 3) that is provided free of charge to the pupil;
    - 4) that is part of the school's curriculum for which pupils earn credit for graduation; and

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- 5) that is not listed in Section 120.40(a)(1) or (2) of this Part.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.50 Reimbursable Direct Operating Costs**

All reimbursable direct operating costs must be paid from the Transportation Fund of a school district, except for those items required by Section 17-7 of the School Code to be paid from the Operation and Maintenance Fund and IMRF payments made for transportation supervisory salaries. All reimbursable direct operating costs of a cooperative for special education or vocational education must be paid from function 2550 (Pupil Transportation Services; see 23 Ill. Adm. Code 110.Table D). Reimbursable direct operating costs are listed below:

- a) District owned and operated pupil transportation services, including districts which make payments to other LEAs.
- 1) *The cost of physical examinations for school bus drivers required for their employment* (Section 29-5 of the School Code) pursuant to 23 Ill. Adm. Code 275 (Pupil Transportation).
  - 2) Salaries and/or wages for the following employees:
    - A) School bus ~~drivers~~driver(s);
    - B) School bus maintenance personnel;
    - C) Chief mechanic;
    - D) Special education attendants or aides for that portion of time they assist special education pupils, i.e., for transit time only;
    - E) Transportation supervisory salary costs as defined in Section 120.10 of this Part when paid from the Transportation Fund as set forth in Section 120.90(b) and (c) of this Part; and
    - F) Dispatchers and clerical workers who support the transportation functions, when their positions are documented and records support the percentage of time claimed for each position.

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- 3) The cost of the following benefits for the employees enumerated in subsection (a)(2) of this Section (if proration is necessary for salaries and/or wages, benefits shall be prorated in the same manner):
  - A) Health insurance;
  - B) Life insurance;
  - C) Dental insurance;
  - D) Vision insurance;
  - E) Annuities in lieu of health, life, dental, or vision insurance;
  - F) Municipal retirement contribution, if paid by the employer as part of the transportation supervisory salary costs; and
  - G) Teacher retirement contributions, if paid by the employer from the Transportation Fund as part of the transportation supervisory salary costs.
- 4) Payments made to other school districts for providing pupil transportation services and expenditures consistent with this Part.
- 5) Payments made to other agencies for computerized bus scheduling; to companies for the purchase of computer software used to establish school bus routes; and to companies for maps that identify vehicular traffic hazards.
- 6) Payments made for fuel, oil, tires, and other supplies that are necessary for the operation of pupil transportation vehicles.
- 7) The total cost of converting school bus gasoline engines to more fuel efficient engines or to engines which use alternate energy sources.
- 8) Expenditures (according to a school district's written travel reimbursement policies) for travel to workshops or meetings conducted by the regional superintendent or the State Superintendent of Education designed to improve the driving skills of school bus drivers or travel to other training programs that are for the enhancement of skills necessary to operate

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vehicles safely, manage student behavior, or address specific student needs (excluding competitions).

- 9) Expenditures for contractual maintenance services including materials, parts, supplies and labor necessary for the operation of pupil transportation vehicles or equipment used in the transportation program not exceeding \$2,500 per service.
- 10) Expenditures for lease agreements for pupil transportation vehicles, for lease/rental of less than 30 days.
- 11) Expenditures for insurance, license plates, and inspection fees pertaining to pupil transportation vehicles.
- 12) Expenditures for the rental of pupil transportation equipment for fewer than 30 days.
- 13) Transportation related building, land and building maintenance costs. The prorated costs of operation and maintenance of buildings, as set forth in Section 120.90(g) of this Part, when directly related to pupil transportation services including:
  - A) Utility costs;
  - B) Custodial supplies and services;
  - C) Insurance for ~~buildings~~ building(s) and/or for site ~~improvements~~ improvement(s);
  - D) Security services;
  - E) Telephone charges incurred for the transportation program; and
  - F) Lease or rental of land or buildings for storing or maintaining transportation vehicles when leased for less than 30 days.
- 14) Expenditures for items that enhance transportation safety, costing less than \$2,500 and not funded by any other federal or State source of funding, including but not limited to:

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- A) federally approved child safety restraint systems;
  - B) reflective tape;
  - C) alarm/warning systems for child safety;
  - D) cameras used on school buses specifically for security purposes.
- b) Contractual pupil transportation services
- 1) The cost of contractual pupil transportation services, which shall be limited to the following types:
    - A) Payments to independent carriers whose drivers and vehicles comply with the Illinois Vehicle Code (e.g., to bus companies, taxi companies, limousine services, and medical transportation carriers qualifying as independent carriers); and
    - B) Payments to parents or guardians for transporting their own children when the district has an obligation to provide free pupil transportation services.
  - 2) Payments made for fuel, oil, tires, and other supplies that are necessary for the operation of pupil transportation vehicles.
  - 3) Transportation supervisory salary costs as allowed in subsections (a)(2)(E) and (a)(3)(E) and (F) of this Section.
  - 4) Transportation related building, land and building maintenance costs as allowed in Sections 120.50(a)(13) and 120.60(d) and (e) of this Part.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.110 Reporting Requirements**

According to the date set forth in Section 29-5 of the School Code, districts shall annually ~~transmit report, on the State Board of Education form entitled "Annual Claim for Pupil Transportation Reimbursement,"~~ the information described in subsections (a) through (e) of this Section to the State Superintendent of Education via electronic means.

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- a) For regular pupil transportation services, the school districts shall annually, pursuant to Section 29-5 of the School Code, report the following items:
- 1) Total number of enrolled pupil days in the regular pupil transportation service, ~~to be compiled on the State Board of Education form, "Resident Pupils Transported Work Sheet"~~ for each of the following:
    - A) Pupils residing one and one-half miles or more from their assigned attendance center;
    - B) Pupils residing less than one and one-half miles from their assigned attendance center; and
    - C) Pupils residing less than one and one-half miles from their assigned attendance center with vehicular hazard approval.
  - 2) Total number of student attendance days on the official school calendar.
  - 3) Total number of pupils, ~~to be compiled on the "Resident Pupils Transported Work Sheet"~~ in the following categories:
    - A) Public school pupils transported during the regular school term;
    - B) Nonpublic school pupils transported during the regular school term;
    - C) Pre-kindergarten pupils transported during the regular school term on regular routes for grades kindergarten-12; and
    - D) Pupils transported on reimbursable field trips who are not enrolled to be transported on a reimbursable regular route.
  - 4) Total number of vehicle miles traveled to and from school during the regular school term, including the total mileage traveled during the regular school term for reimbursable regular field trips.
  - 5) Expenditures and deductions as set forth in Sections 120.50 through 120.80 of this Part.
- b) For vocational pupil transportation services, the school districts shall annually

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report the following items:

- 1) Total number of pupils transported during the regular school term;
  - 2) Total number of vehicular miles traveled during the regular school term, including the total mileage traveled during the regular school term for reimbursable vocational field trips; and
  - 3) Expenditures and deductions as set forth in Sections 120.50 through 120.80 of this Part.
- c) For special education pupil transportation services, the school districts shall annually report the following information:
- 1) Total number of special education pupils transported during the regular and summer school terms;
  - 2) Total number of vehicular miles traveled during the regular and summer school terms, including the total mileage traveled for reimbursable special education field trips; and
  - 3) Expenditures and deductions as set forth in Sections 120.50 through 120.80 of this Part.
- d) For nonreimbursable pupil transportation services, the school districts shall annually report the:
- 1) Total number of vehicle miles traveled during the regular and summer school terms; and
  - 2) Expenditures as set forth in Sections 120.50 through 120.80 of this Part.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.115 Fully Allocated Costs of Transportation**

This Section sets forth the requirements for calculating a district's fully allocated costs for the provision of transportation when such a calculation is called for under Section ~~29-6.429-6.3~~ of the School Code [105 ILCS ~~5/29-6.45/29-6.3~~].

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## a) Definitions

- 1) "Avoidable costs" means costs incurred by a district that would be eliminated or transferred to a contractor if the district contracted for transportation services.
- 2) "Unavoidable costs" means costs incurred by a district that would still exist for the district if the district contracted for transportation services.
- 3) "Residual value" means the value of an asset at the time of its disposal.

## b) Allocation of Costs

The allocation of costs directly attributable to the provision of transportation services by the district shall be accomplished as outlined in this subsection (b).

- 1) Costs in the categories enumerated in subsection (c) of this Section which are attributable to the provision of transportation shall be separated from costs in those categories not attributable to the provision of transportation by determining what percentage or portion of each item of expense is used for transportation.
- 2) Each item of cost shall be expressed in terms of the appropriate cost unit, such as an hourly wage, a monthly salary, a monthly lease payment, or a per-mile expense.
- 3) The costs attributable to transportation shall be separated into avoidable and unavoidable costs so that bid amounts can be accurately compared with the district's cost for the same ~~sets~~(s) of services and activities.

## c) Fully Allocated Costs

The items enumerated in this subsection (c) and in subsection (d) of this Section are eligible for inclusion by the district in its calculation of the fully allocated cost for the provision of transportation.

- 1) Labor/Personnel Costs
  - A) Managers (direct administration)

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- B) Supervisors
  - C) Dispatchers
  - D) Drivers
  - E) Aides/Monitors
  - F) Security Personnel
  - G) Clerical Personnel
  - H) Training Personnel
  - I) Custodians, Groundskeepers, and Maintenance Personnel
  - J) Accountants
  - K) Personnel Administrative Staff
  - L) Legal Staff
  - M) Mechanics/Helpers
  - N) Inventory/Parts Clerks
  - O) Fuel Attendants
  - P) Vehicle Cleaners
  - Q) Planners/Schedulers
- 2) Employee Benefits (associated with personnel included pursuant to subsection (c)(1) of this Section)
- A) FICA and Medicare
  - B) Unemployment insurance
  - C) Worker's Compensation

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- D) Insurance
  - i) health/hospital
  - ii) dental
  - iii) life
  - iv) disability
- E) Pension and retirement plans
- F) Paid absences
- 3) Maintenance and Supplies
  - A) Office supplies
  - B) Postage and shipping
  - C) Custodial supplies
  - D) Training materials
  - E) Uniforms
  - F) Fuel (for vehicles only)
  - G) Oil and grease
  - H) Tires and tubes
  - I) Parts and supplies
  - J) Tools
- 4) Utilities
  - A) Water and sewage

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- B) Electricity
  - C) Telephone
  - D) Gas/Oil/Coal (for facilities only)
  - E) Trash collection
  - F) Collection of used oil
- 5) Insurance
- A) Liability insurance
  - B) Vehicle insurance
  - C) Property, plant, and equipment insurance
  - D) Umbrella insurance
- 6) Capital Assets (eligible for depreciation and/or opportunity costs; see subsection (d) of this Section)
- A) Office space
  - B) Office equipment, including computers
  - C) Parking lots
  - D) Furniture
  - E) Land
  - F) Vehicle storage
  - G) Passenger shelters
  - H) Buses

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- I) Support vehicles
- J) Radio/communications equipment and other necessary equipment permanently attached to a vehicle
- K) Maintenance facilities
- L) Fuel storage and pumps
- M) Tools
- N) Shop equipment
- 7) Taxes, Fees, and Permits
  - A) Property tax
  - B) Sales and excise tax
  - C) Operating permits
  - D) Registration fees
  - E) Licensing fees
  - F) Vehicle inspections
- 8) Miscellaneous
  - A) Travel and per diem
  - B) Subscriptions and dues
  - C) Physical examinations
  - D) Professional meetings
  - E) Drug and alcohol testing
  - F) Criminal background checks

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- G) Routing software
  - H) Consultants' fees
  - 9) Any other costs that the district can document in writing are attributable to its provision of transportation under the terms set forth in this Section.
- d) Depreciation and Opportunity Costs
- 1) Only capital assets owned by the district are eligible for depreciation; leased assets are treated as annual expenditure items based upon the cost of the lease for the fiscal year being examined. Land has an unlimited useful life and is therefore not depreciated.
    - A) Only those assets with depreciable value in excess of ~~\$2,500,000~~ shall be eligible for depreciation.
    - B) The amount of depreciation attributable to the fiscal year in question shall be calculated by dividing the cost of acquiring the asset minus its residual value by its useful life.
  - 2) The opportunity cost of an asset shall be calculated by assessing its current market value, subtracting the cost of disposing of the asset, and multiplying the resulting amount by the interest rate available to the district for the purchase of assets over time.
- e) Projecting Future Costs
- Using costs for the most recent fiscal year as a base-year point of departure, districts shall project future costs for continuing to provide transportation services, as a basis for comparison with bid amounts. Factors which will influence the district's future costs must be identified and included in the calculation as set forth in this subsection (e).
- 1) The district shall identify known or anticipated changes in service which would result in significant increases or decreases in cost, such as:
    - A) an increased or reduced number of routes;

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- B) an increased or reduced number of students;
  - C) changes in riders' eligibility;
  - D) changes in safety hazard identification practices; and
  - E) any other expected change in amount or level of service.
- 2) The district shall compute the magnitude of the anticipated change by:
- A) determining the number of routes that would be added or subtracted;
  - B) determining the number of students that would be added or subtracted from ridership;
  - C) determining the amount of change in fixed costs affected by contractual obligations such as insurance; and
  - D) determining the amount or degree of any other changes affecting routes, students, and cost factors related to transportation.
- 3) The district shall identify those elements of cost delineated in subsection (c) of this Section that will be affected by the anticipated changes and shall project the changes in such costs.
- 4) The district shall estimate the costs associated with replacement of existing capital assets and purchase of new capital assets to accommodate projected changes in the level of services needed.
- 5) The district shall accumulate the cost increases or decreases and the amortized capital cost increases or decreases over a period equal to the bid timeframe, adding the increase to or subtracting the decrease from the cost for the base year and displaying this addition or subtraction by item of cost.
- 6) The district shall apply a cumulative inflation factor to each year beyond the base year.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

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## SUBPART B: CUSTODIAN REIMBURSEMENT FOR PUPIL TRANSPORTATION

**Section 120.200 Definitions**

"Affidavit" means a written ~~and notarized~~ statement signed by the custodian in which it is stated that to the best knowledge and belief of the custodian the pupil transportation expenses claimed for the school year indicated are accurate.

"Contemporaneous ~~records~~Records" means documentary evidence of expenditures or mileage accumulated for pupil transportation such as cancelled checks, receipts from public or private carriers or calculations based on odometer readings.

"Custodian" means ~~, with respect to a qualifying pupil,~~ an Illinois resident who is the parent, or parents, or legal guardian of ~~a~~such qualifying pupil.

"Full-time pupil enrolled in kindergarten" means a pupil enrolled in either a full-day or a half-day kindergarten program.

"One and one-half miles distance" or "1½ miles distance" means the distance from the exit of the property where the pupil resides to the point where pupils are normally unloaded at the school attended; ~~that such~~ distance shall be measured by determining the shortest distance on normally traveled roads or streets. (See Section 29-3 of the School Code.)~~(Section 29-3 of the School Code; Ill. Rev. Stat. 1987, ch. 122, par. 29-3).~~

"Qualifying pupil" means an individual who:

~~is~~ is a resident of the State of Illinois; and

~~is~~ is under the age of 21 at the close of the school year for which reimbursement is sought; and

~~during~~ During the school year for which reimbursement is sought, was a full-time pupil enrolled in a kindergarten through 12<sup>th</sup> grade educational program; and

either:

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~~did~~*Did* not live within 1½ miles from the school in which the pupil was enrolled or have access to transportation provided entirely at public expense to and from that school and a point within 1½ miles of the pupil's residence, measured in a manner consistent with Section 29-3 of ~~the~~*The* School Code; or

~~lived~~*Did live* within 1½ miles from the school in which the pupil was enrolled as measured in a manner consistent with Section 29-3 of the School Code ~~and~~; did not have access to transportation provided entirely at public expense to and from that school, and conditions were such that walking would have constituted a serious hazard to the safety of the pupil due to vehicular traffic ~~or~~ railroad crossings.

"Qualified transportation expenses" means costs reasonably incurred by the custodian to transport, for the purposes of attending regularly scheduled day-time classes, a qualifying pupil between ~~the~~*such* qualifying pupil's residence and the school at which ~~the~~*such* qualifying pupil is enrolled and shall include automobile expenses at the standard mileage rate allowed by the United States Internal Revenue Service as reimbursement for business transportation expense, as well as payments to mass transit carriers ~~or~~; private carriers; and contractual fees for transportation.

"Regularly scheduled daytime classes" means classes that are scheduled during the normal school day as defined by the district, are taken for academic credit, or count towards graduation. Elective or extracurricular classes that are held outside the normal school day are not "regularly scheduled daytime classes".

"School" means a public or nonpublic elementary or secondary school in Illinois, attendance at which satisfies the requirements of Section 26-1 of ~~the~~*The* School Code [105 ILCS 5/26-1](Ill. Rev. Stat. 1987, ch. 122, par. 26-1).

"Serious ~~safety hazard~~*Safety Hazard*" – ~~means conditions in which walking would have constituted a serious hazard to the safety of the pupil due to vehicular traffic or railroad crossings, as determined by the Illinois Department of Transportation pursuant to~~The determination of what constitutes a serious safety hazard shall in each case be made by the Illinois Department of Transportation in accordance with guidelines which that Department shall promulgate in 92 Ill. Adm. Code 557 (Custodial Transportation of Pupils Where Walking Constitutes a Serious Safety Hazard~~Transportation~~).

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(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.210 Custodians Eligible for Reimbursement**

- a) This Subpart establishes the procedures for reimbursing custodians for qualified transportation expenses as provided in Section 29-5.2 of the School Code [105 ILCS 5/29-5.2].
- b) The custodian must complete a claim form, provided by the State Board of Education, no later than June 30 of each year. The claim form will be available at each school attendance center for which the State Board of Education has a mailing address on file.
  - 1) In cases where a qualifying pupil resides within 1½ miles of the pupil's school but for whom walking constitutes a serious hazard to the safety of the pupil due to vehicular traffic, the custodian must first request a determination of a serious safety hazard from the Illinois Department of Transportation, except that any custodian who previously received a determination that a serious safety hazard exists need not resubmit such a request for four years.
  - 2) The custodian's request for a determination of a serious safety hazard must be completed on a form provided by the regional superintendent of schools for the county in which the custodian resides and must be returned to that regional superintendent by February 1 of the school year for which reimbursement will be sought, except that custodians resident of the City of Chicago shall contact the State Board of Education to obtain the form and shall return it to the State Board's Springfield office by February 1 of the school year for which reimbursement will be sought.
- c) The custodian shall certify on the claim form provided by the State Board of Education that:
  - 1) the custodian is the parent or legal guardian of the ~~pupils~~pupil(s) for whom expenses are being claimed;
  - 2) during the school year for which reimbursement is being claimed, the ~~pupils~~pupil(s) attended regularly scheduled day-time classes as full-time ~~students~~student(s) in a kindergarten through grade 12 program at the

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public or nonpublic school;

- 3) the ~~pupils~~pupil(s) resided 1½ miles or more from the school attended and did not have access to transportation to and from school provided entirely at public expense; or these pupils lived within 1½ miles from the school attended, the Illinois Department of Transportation has determined, within the last four years, that walking would constitute a serious hazard to the safety of the pupils due to vehicular traffic, the hazardous conditions remain unchanged, and the pupils did not have access to transportation to and from school provided entirely at public expense; and
- 4) the custodian paid the amount claimed to transport the ~~pupils~~pupil(s) to and from school during the school year for which the claim is being submitted; ~~and~~
- 5) ~~that if requested within three years after the close of the school year for which reimbursement is claimed, the custodian will provide the State Superintendent of Education with either contemporaneous records verifying the amount claimed or an affidavit verifying the amount claimed and notification of a serious safety hazard issued by the Illinois Department of Transportation when the pupil(s) claimed lived within 1½ miles of the school attended.~~

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.220 Custodians Not Eligible for Reimbursement**

Custodians who receive full pupil transportation reimbursement from other appropriations (including reimbursement for special education transportation under 23 Ill. Adm. Code ~~226.750226: Subpart M~~) or state agencies are not eligible to receive reimbursement under this Part.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.230 Responsibilities of Schools**

- a) Schools shall notify custodians of the eligibility criteria set forth in Section 29-5.2 of the School Code and Section 120.210 of this Part by November 1 of each year. This notification shall include the fact that claim forms will be available, as well as informing, and of the availability of claim forms for transportation

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~~reimbursement by April 15 of each year. Such notification shall also inform~~  
custodians of the existence of the dispute resolution procedures contained in  
Section 120.250 of this Part.

- b) Schools ~~shall~~will make the claim forms available by ~~March~~May 1 of each year at each of their attendance centers for custodians to come in and complete.
- c) Each attendance center shall designate a representative to assist custodians in completing claims, to explain eligibility requirements, and to forward completed claims to the State Board of Education by the date specified in subsection (e) of this Section.
- d) The school's representative will sign each claim form certifying that:
- 1) he or she is the authorized representative at that specific school;
  - 2) attendance at that school satisfies the Illinois compulsory attendance requirements as specified in Section 26-1 of the School Code [105 ILCS 5/26-1];
  - 3) the ~~pupils~~pupil(s) claimed attended regularly scheduled day-time classes as full-time ~~pupils~~pupil(s) at the school during the year claimed; ~~and~~
  - 4) the ~~pupils~~pupil(s) claimed did not have access to transportation to and from school provided entirely at public expense; ~~and~~;
  - 5) the individual making each claim is the custodian of the pupils claimed.
- e) Schools ~~shall transmit~~will submit one copy of the completed ~~forms~~form(s) to the State ~~Superintendent~~Board of Education on or before July 31. Claims received by the State ~~Superintendent~~Board after July 31 will be reimbursed only if funds remain available for this purpose.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.235 Responsibilities of Public and Nonpublic Chief Administrative Officers**  
**(Repealed)**

*The chief administrative officer of each school shall notify custodians of qualifying students that reimbursement is available. Notification shall occur by the first Monday in November of the*

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~~school year for which reimbursement is available (Section 29-5.2(h) of the School Code, Ill. Rev. Stat. 1987, ch. 122, par. 29-5.2 (h)).~~

(Source: Repealed at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.240 Reimbursement**

- a) Claim forms will be reviewed by State Board of Education staff to determine compliance with the requirements of this Part.
- b) Claims ~~that~~**which** are incomplete because of missing information (e.g., custodian or school official signature), illegible information, or inaccurate information (e.g., a mismatch between the number of students and the amounts claimed, or an inaccurate calculation of claims) will be investigated by contacting the respective schools. Failure to resolve claim problems shall result in denial of reimbursement of the custodians included on the deficient claims.
- c) The State Superintendent of Education shall prepare a report of all claims approved in accordance with this Part, shall prepare vouchers showing the amounts due to custodians, and shall transmit these documents to the Comptroller of the State of Illinois by December 1.
- d) Reimbursement to custodians for qualified transportation expenses incurred shall be limited to the amount specified in Section ~~29-5.2(e)~~**29-5.2(d)** of the School Code [105 ILCS ~~5/29-5.2(e)~~**5/29-5.2(d)**].
- e) Reimbursement to regional superintendents of schools shall be \$5.00 for each request for determination of a serious safety hazard which was sent to the Illinois Department of Transportation and for which notification of the determination was forwarded to the requesting parent/guardian.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.245 Responsibilities of the Regional Superintendents of Schools**

- a) Regional superintendents of schools shall maintain copies of forms and instructions for completing such forms for parents/guardians to request a determination of a serious safety hazard from the Illinois Department of Transportation.

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- b) Regional superintendents shall accept completed forms from parents/guardians requesting a determination of a serious safety hazard from the Illinois Department of Transportation up to and including February 1 of the school year. Each regional superintendent shall forward the completed forms to the Illinois Department of Transportation within 15 calendar days after receipt.
- c) Regional superintendents shall receive notifications of the determination of whether a serious safety hazard exists from the Illinois Department of Transportation. The regional superintendent shall make a copy of each notification and shall immediately forward such notification to the parents/guardians who requested the determinations. Immediately is defined as within one day after receipt where a day constitutes a day when the regional superintendent's office is open for business. Each regional superintendent shall retain a copy of each notification received for four years after the date of the Illinois Department of Transportation's determination.
- d) Regional superintendents shall maintain a log of these functions that includes at least the following:
- 1) the name and address of the parent/guardian making a request for determination of a serious safety hazard;
  - 2) the name and address of the school the ~~pupils~~pupil(s) attend;
  - 3) the date the completed request for determination of a serious safety hazard is received from the parent/guardian at the regional superintendent's office;
  - 4) the date the request is forwarded to the Illinois Department of Transportation;
  - 5) the date notification of determination of a serious safety hazard is received from the Illinois Department of Transportation; and
  - 6) the date the notification of determination of a serious safety hazard is forwarded to the parent/guardian.
- e) On or before ~~June~~April 30 of each year, each regional superintendent shall file a copy of his or her log and a bill for processing requests for serious safety hazard determinations. The bill for processing will be computed by multiplying the

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number of requests for serious safety hazard determinations sent to the Illinois Department of Transportation for which notification of determination was received and forwarded to the requesting parent/guardian for the current school year times \$5.00.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

**Section 120.250 Dispute Resolution**

- a) When a custodian and school official disagree as to the validity of a claim for reimbursement, each party shall submit to the State Superintendent of Education a written statement including the reasons for the dispute and any documentary evidence supporting their respective positions. This shall be done by October 1 ~~after~~ of the close of the school year ~~to~~ which the dispute ~~applies~~ occurs.
  - 1) Failure of the school official to comply with this requirement will automatically validate the position of the custodian, provided that the custodian's claim is otherwise in conformance with this Part.
  - 2) Failure of the custodian to comply with this requirement will automatically validate the position of the school official, provided that it is otherwise based on the provisions of Section 29-5.2 of the School Code and this Part.
- b) A custodian who believes that the State's reimbursement is inaccurate may file a request for correction of said reimbursement, provided that:
  - 1) the request is submitted in writing to the State Superintendent of Education within ten calendar days after receipt of the check for reimbursement; and
  - 2) the request includes:
    - A) a statement of the custodian's reasons for disputing the amount of reimbursement received and any documentary evidence pertaining ~~to this statement~~ hereto,
    - B) a statement of the amount of money the custodian believes is properly due from the State, and

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- C) the custodian's name, address, and telephone number.
- c) The State Superintendent of Education shall review the evidence submitted pursuant to subsection (a) or (b) of this Section and, based on the applicable provisions of Section 29-5.2 of the School Code and this Part, shall issue a written decision to the ~~person~~person(s) submitting the evidence within 30 calendar days after receipt of the evidence. The decision of the State Superintendent shall be final.

(Source: Amended at 29 Ill. Reg. 12422, effective July 28, 2005)

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## NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Pupil Transportation
- 2) Code Citation: 23 Ill. Adm. Code 275
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
275.10	Repeal
275.20	Repeal
275.30	Repeal
275.40	Repeal
275.50	Repeal
275.60	Repeal
275.70	Repeal
275.80	Repeal
275.90	Repeal
275.100	Repeal
275.110	Repeal
275.115	Repeal
275.120	Repeal
- 4) Statutory Authority: 105 ILCS 5/2-3.6, 27-26, and Art. 29; 625 ILCS 5/12-807.2 and 12-812(b)
- 5) Effective Date of Repealer: July 28, 2005
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? This rulemaking does not contain an incorporation by reference pursuant to Section 5-75 of the Illinois Administrative Procedure Act.
- 8) A copy of the adopted repealer, 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: April 8, 2005; 29 Ill. Reg. 4887
- 10) Has JCAR issued a Statement of Objection to this repealer? No
- 11) Differences between proposal and final version: None

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- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested by JCAR, and no agreement letter was issued.
- 13) Will this repealer replace an emergency repealer currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Repealer: Existing Section 1.510 within the rules for Public Schools Evaluation, Recognition and Supervision is being expanded to encompass nearly all the material in Part 275 that is still current. A new Section 1.515 is also being added to set forth the training requirements for individuals who train school bus drivers. All district transportation-related requirements will be set out in one location, permitting the repeal of Part 275.
- 16) Information and questions regarding this adopted repealer shall be directed to:

Tim Imler  
Funding and Disbursements  
Illinois State Board of Education  
100 North First Street  
Springfield, Illinois 62777-0001

(217) 782-5256

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Long Term Care Reimbursement Changes
- 2) Code Citation: 89 Ill. Adm. Code 153
- 3) Section Numbers: 153.125      Adopted Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 93-1087
- 5) Effective Date of Amendment: August 1, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any materials 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: April 1, 2005; 29 Ill. Reg. 4715
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences Between Proposal and Final Version: Previous proposed amendments to Section 153.125, which were adopted on May 1, 2005 at 29 Ill. Reg. 6979, are included in this adoption at subsection (p). The current amendments, which had been proposed at subsection (p), are now being adopted at subsection (q).
- 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 rulemaking replace any emergency rulemaking currently in effect? Yes
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Amendment: This amendment is being filed pursuant to Public Act 93-1087 regarding a rate increase for Medicaid funded nursing facilities (SNF/ICF). Effective January 1, 2005, nursing facility rates increased by the difference between a facility's per diem property, liability and malpractice insurance costs as reported in the cost report that was filed with the Department and used to establish rates effective July 1,

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2001, and those same costs as reported in the facility's 2002 cost report. These costs are passed through to the facility without caps or limitations. These changes are expected to increase annual expenditures by approximately \$17 million.

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

Joanne Scattoloni  
Office of the General Counsel, Rules Section  
Illinois Department of Healthcare And Family Services  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002

(217) 524-0081

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENT

## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

## PART 153

## LONG TERM CARE REIMBURSEMENT CHANGES

## Section

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

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

**SOURCE:** Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12794, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13638, effective November 1, 1999; emergency amendment at 24 Ill. Reg. 10421, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15071, effective October 1, 2000; emergency amendment at 25 Ill. Reg. 8867, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14952, effective November 1, 2001; emergency amendment at 26 Ill. Reg. 6003, effective April 11, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 12791, effective August 9, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11087, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17817, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 11088, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18880, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 10218, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 15584, effective November 24, 2004; emergency amendment at 29 Ill. Reg. 1026, effective January 1, 2005, for a

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maximum of 150 days; emergency amendment at 29 Ill. Reg. 4740, effective March 18, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 6979, effective May 1, 2005; amended at 29 Ill. Reg. 12452, effective August 1, 2005.

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

- a) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates established on July 1, 1996, shall be increased by 6.8 percent for services provided on or after January 1, 1997.
- b) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and developmental training rates established on July 1, 1998, for services provided on or after that date, shall be increased by three percent. For nursing facilities (SNF/ICF) only, \$1.10 shall also be added to the nursing component of the rate.
- c) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and developmental training rates established on July 1, 1999, for services provided on or after that date, shall include:
  - 1) an increase of 1.6 percent for SNF/ICF, ICF/MR and developmental training rates;
  - 2) an additional increase of \$3.00 per resident day for ICF/MR rates; and
  - 3) an increase of \$10.02 per person, per month for developmental training rates.
- d) Notwithstanding the provisions set forth in Section 153.100, SNF/ICF rates shall be increased by \$4.00 per resident day for services provided on or after October 1, 1999.
- e) Notwithstanding the provisions set forth in Section 153.100, SNF/ICF, ICF/MR and developmental training rates shall be increased 2.5 percent per resident day for services provided on or after July 1, 2000.
- f) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on July 1, 2001, shall be computed using the most recent cost reports on file with the Department no later than April 1, 2000, updated for inflation to January 1, 2001.

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- 1) The Uniform Building Value shall be as defined in 89 Ill. Adm. Code 140.570(b)(10), except that, as of July 1, 2001, the definition of current year is the year 2000.
  - 2) The real estate tax bill that was due to be paid in 1999 by the nursing facility shall be used in determination of the capital component of the rate. The real estate tax component shall be removed from the capital rate if the facility's status changes so as to be exempt from assessment to pay real estate taxes.
  - 3) For rates effective July 1, 2001, only, rates shall be the greater of the rate computed for July 1, 2001, or the rate effective on June 30, 2001.
  - 4) All accounting records and other documentation necessary to support the costs and other information reported on the cost report to be used in accordance with rate setting under Section 153.125(f) shall be kept for a minimum of two years after the Department's final payment using rates that were based in part on that cost report.
- g) Notwithstanding the provisions set forth in Section 153.100, intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled nursing facilities for persons under 22 years of age (SNF/Ped), shall receive an increase in rates for residential services equal to a statewide average of 7.85 percent. Residential rates taking effect March 1, 2001, for services provided on or after that date, shall include an increase of 11.01 percent to the residential program rate component and an increase of 3.33 percent to the residential support rate component, each of which shall be adjusted by the geographical area adjuster, as defined by the Department of Human Services (DHS).
- h) For developmental training services provided on or after March 1, 2001, for residents of long term care facilities, rates shall include an increase of 9.05 percent and rates shall be adjusted by the geographical area adjuster, as defined by DHS.
- i) Notwithstanding the provisions set forth in Section 153.100, daily rates for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by 2.247 percent for services provided during the period beginning on April 11, 2002, and ending on June 30, 2002.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- j) Notwithstanding the provisions set forth in Section 153.100, daily rates effective on July 1, 2002, for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be reduced to the level of the rates in effect on April 10, 2002.
- k) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on July 1, 2002 will be 5.9 percent less than the rates in effect on June 30, 2002.
- l) Notwithstanding the provisions set forth in Section 153.100, daily rates effective on July 1, 2003, for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by 3.59 percent.
- m) Notwithstanding the provisions set forth in Section 153.100, developmental training rates effective on July 1, 2003, shall be increased by 4 percent.
- n) Notwithstanding the provisions set forth in Section 153.100, pending the approvals described in this subsection (n), nursing facility (SNF/ICF) rates effective July 1, 2004, shall be 3.0 percent greater than the rates in effect on June 30, 2004. The increase is contingent on approval of both the payment methodologies required under Article 5A-12 of the Public Aid Code [305 ILCS 5/5A-12] and the waiver granted under 42 CFR 433.68.
- o) Notwithstanding the provisions set forth in Section 153.100, the "Original Building Base Cost" for nursing facilities (SNF/ICF) which have been rented continuously from an unrelated party since prior to January 1, 1978, effective on July 1, 2004, shall be added to the capital rate calculation using the most recent cost reports on file with the Department no later than June 30, 2004. The "Original Building Base Cost" as defined in 89 Ill. Adm. Code 140.570 shall be calculated from the original lease information that is presently on file with the Department. This original lease information will be used to capitalize the oldest available lease payment from the unrelated party lease that has been in effect since prior to January 1, 1978, and continued to be in effect on December 31, 1999. Before the lease payment is capitalized, a 15 percent portion will be removed from the oldest available lease payment for movable equipment costs. After the lease payment is capitalized, a portion of the capitalized amount will be removed for land cost. The land cost portion is 4.88 percent. The remaining

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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amount will be the facility's building cost. The construction/acquisition year for the building will be the date the pre-1978 lease began. The allowable cost of subsequent improvements to the building will be included in the original building base cost. The original building base cost will not change due to sales or leases of the facility after January 1, 1978.

- p) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on January 1, 2005 will be 3.0 percent more than the rates in effect on December 31, 2004.
- q) Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates shall be increased by the difference between a facility's per diem property, liability and malpractice insurance costs as reported in the cost report that was filed with the Department and used to establish rates effective July 1, 2001, and those same costs as reported in the facility's 2002 cost report. These costs shall be passed through to the facility without caps or limitations.

(Source: Amended at 29 Ill. Reg. 12452, effective August 1, 2005)

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Notice Procedures under the Federally Assisted Housing Preservation Act.
- 2) Code Citation: 47 Ill. Adm. Code 375
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
375.101	New
375.102	New
375.103	New
375.104	New
375.105	New
375.106	New
375.201	New
375.202	New
375.APPENDIX A	New
375.EXHIBIT A	New
- 4) Statutory Authority: Implemented and authorized by the Illinois Housing Development Act [20 ILCS 3805/7.19] and the Federally Assisted Housing Preservation Act [310 ILCS 60].
- 5) Effective Date of Rules: August 1, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file at the Illinois Housing Development Authority, located at 401 N. Michigan Ave., Ste. 900, Chicago, IL 60611, and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: March 4, 2005; 29 Ill. Reg. 3191
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: Section 375.102: Definition of "Affected Public Entities" was revised to add the local director of the federal agency that has insured, provided financing for or provided subsidies for the Assisted Housing Development.

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

Section 375.107 was deleted.

Section 375.201 was revised to allow the notice to tenants to include the address of each building in the property and the number of occupied units in the property on the date of the notice.

Section 375.202 was revised to allow for the name of the property, the address of each building in the property, the number of occupied units in the property, and that the notice is not an eviction notice to be included in the format of the notice to tenants. The format of notice in this section was also revised to include language that notifies tenants that they have certain rights under the Federally Assisted Housing Preservation Act in the event that the owner of the building is terminating a federal subsidy. The language explains, in brief, what those rights are.

Section 375.203 was revised by adding the federal agency providing mortgage loan insurance, subsidies or financing for the property to be included in the list of public persons or entities to receive the notice that the owner of the property is terminating a federal subsidy. This section was also revised to require owners to publish the notice in the newspaper for the locality in which the property is located. Lastly, an Exhibit A was added that explains in more detail the provisions of the Federally Assisted Housing Preservation Act.

The remaining changes to this rulemaking were nonmaterial/nonsubstantive changes.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rules: The rules are established to implement the notice requirements under the Federally Assisted Housing Preservation Act. The purpose of these rules is to create a uniform procedure for producing and delivering notices under the Federally Assisted Housing Preservation Act.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Richard B. Muller  
Illinois Housing Development Authority

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ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF ADOPTED RULES

401 N. Michigan Ave., Ste. 900  
Chicago IL 60611

312-836-5327

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

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF ADOPTED RULES

TITLE 47: HOUSING AND COMMUNITY DEVELOPMENT  
CHAPTER II: ILLINOIS HOUSING DEVELOPMENT AUTHORITY

PART 375  
NOTICE PROCEDURES UNDER THE FEDERALLY  
ASSISTED HOUSING PRESERVATION ACT

SUBPART A: GENERAL RULES

- Section
- 375.101 Authority
- 375.102 Purposes and Objectives
- 375.103 Definitions
- 375.104 Amendment
- 375.105 Severability
- 375.106 Gender and Number

SUBPART B: NOTICE PROCEDURES

- Section
- 375.201 Content of Notice of Intent to Terminate Subsidy
- 375.202 Form of Notice

- 375.APPENDIX A Notice of Intent to Terminate Subsidy
  - 375.EXHIBIT A Delivery of Notice to Tenants and Affected Public Entities

AUTHORITY: Authorized by Section 7.19 of the Illinois Housing Development Act [20 ILCS 3805/7.19] and the Federally Assisted Housing Preservation Act [310 ILCS 60].

SOURCE: Adopted at 29 Ill. Reg. 12459, effective August 1, 2005.

SUBPART A: GENERAL RULES

**Section 375.101 Authority**

This Part is authorized by and adopted pursuant to Section 7.19 of the Illinois Housing Development Act [20 ILCS 3805/7.19] and the Federally Assisted Housing Preservation Act [310 ILCS 60] and shall govern the provision of notices required by the Federally Assisted Housing Preservation Act.

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

**Section 375.102 Purposes and Objectives**

This Part is established to implement the notice requirements under the Federally Assisted Housing Preservation Act. The purpose of this Part is to create a uniform procedure for producing and delivering notices under the Federally Assisted Housing Preservation Act.

**Section 375.103 Definitions**

As used in this Part, the following words or terms mean:

"Act": The Illinois Housing Development Act [20 ILCS 3805].

"Affected Public Entities": The mayor of the city or village in which the Assisted Housing Development is located or, if the Assisted Housing Development is located in an unincorporated area, the chairperson of the county board; the public housing authority in whose jurisdiction the Assisted Housing Development is located, if any; the local director of the federal housing agency that has insured, provided financing for or provided subsidies for the Assisted Housing Development; and IHDA.

"Affordability Restrictions": The limits on rents that owners may charge for occupancy of a rental unit in Assisted Housing and the limits on tenant income for persons or families seeking to qualify as tenants in Assisted Housing.

"Assisted Housing" or "Assisted Housing Development": A rental housing development, or mixed use development that includes rental housing, that receives government assistance under any of the following programs:

New construction, substantial rehabilitation, moderate rehabilitation, property disposition and loan management set-aside programs, or any other program providing project-based rental assistance under Section 8 of the United States Housing Act of 1937, as amended (42 USC 1437).

The Below-Market-Interest-Rate Program under Section 221(d)(3) of the National Housing Act (12 USC 1701).

Section 236 of the National Housing Act (12 USC 1715z-1).

Section 202 of the National Housing Act (12 USC 1701q).

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

Programs for rent supplement assistance under Section 101 of the Housing and Urban Development Act of 1965, as amended (12 USC 1701s).

Programs under Section 514 or 515 of the Housing Act of 1949 (12 USC 1441 and 14 USC 1485).

Section 42 of the Internal Revenue Code (26 USC 42).

"IHDA": The Illinois Housing Development Authority.

"Members": The members of IHDA.

"Notice": The notice that an owner of an Assisted Housing Development must provide if that owner intends to sell or otherwise dispose of the Assisted Housing Development, complete a prepayment, or complete a termination of affordability restrictions.

"Owner": The person, partnership or corporation that holds title to an Assisted Housing Development.

"Prepayment": The payment in full or refinancing of the federally insured or federally held mortgage indebtedness prior to its original maturity date, or the voluntary cancellation of mortgage insurance, on an Assisted Housing Development under Section 221(d)(3), 236 or 202 of the National Housing Act that would have the effect of removing affordability restrictions applicable to the Assisted Housing Development under the programs described in those Sections.

"Preservation Act": Federally Assisted Housing Preservation Act [310 ILCS 60].

"Property": A property or development that contains Assisted Housing.

"Tenant": The tenant, subtenant, lessee, sublessee or other person entitled to possession, occupancy or benefits of a rental unit within an Assisted Housing Development.

"Termination": The:

expiration or early termination of an Assisted Housing Development's participation in a federal subsidy program for Assisted Housing under Section 8 of the United States Housing Act of 1937.

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

expiration or early termination of an Assisted Housing Development's affordability restrictions described in Section 42(g) of the Internal Revenue Code, when that event results in an increase in tenant rents, a change in the form of subsidy from project-based to tenant-based, or a change in use of the Assisted Housing Development to a use other than rental housing.

**Section 375.104 Amendment**

This Part may be amended or repealed by the members from time to time in accordance with the Illinois Administrative Procedure Act and in such manner as the members may determine consistent with the Act, the purposes of the Preservation Act, and other applicable provisions of law. This Part shall not constitute or create any contractual rights.

**Section 375.105 Severability**

If any clause, sentence, subsection, Section or Subpart of this Part shall be adjudged by any court of competent jurisdiction to be invalid, that judgment shall not affect, impair or invalidate the remainder of this Part, but shall be confined in its operation to the clause, sentence, subsection, Section and Subpart to which the judgment is rendered.

**Section 375.106 Gender and Number**

All terms used in any one gender or number shall be construed to include any other gender or number as the context may require.

## SUBPART B: NOTICE PROCEDURES

**Section 375.201 Content of Notice of Intent to Terminate Subsidy**

For owners required to provide notice to tenants of an Assisted Housing Development and to affected public entities under the Preservation Act, the notice shall include the following information:

- a) the address of each building included in the property;
- b) the number of occupied units in the property on the date of the notice;

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

- c) a description of the property, including the number of units, commercial space, garage, etc.;
- d) the date on which the owner intends to sell or otherwise dispose of the property, complete prepayment or complete a termination of affordability restrictions at the property;
- e) a detailed description of the affordability restrictions presently in place at the property;
- f) the name, address and contact information for the owner of the property; and
- g) a statement notifying the tenant that he/she has certain rights under the Preservation Act.

**Section 375.202 Form of Notice**

Where a provision of the Preservation Act requires that notice be given to the tenants of an Assisted Housing Development and to affected public entities, the format of the notice shall be as specified in Appendix A.

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

**Section 375.APPENDIX A Notice of Intent to Terminate Subsidy**

Where a provision of the Preservation Act requires that notice be given to the tenants of an assisted housing development and to affected public entities, the format of the notice shall be as follows:

NOTICE OF INTENT TO TERMINATE SUBSIDY

Name of Property:

Address of Each Building Included in Property:

Owner:

Property Description:

Number of Occupied Units:

Anticipated Date of Sale or Other Action:

Affordability Restrictions:

Owner/Contact Information:

**THIS IS NOT AN EVICTION NOTICE.** It is a notice to advise all tenants in the property identified above that one of the following actions with respect to the above property will take place on the date referenced above:

- (i) the sale or other disposition of the property;
- (ii) the prepayment or refinancing of a federally insured or federally held mortgage secured by the property;
- (iii) the termination of the property's participation in a federal subsidy program for assisted housing.

**One or all of these actions may have the effect of terminating the affordability restrictions noted above.**

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF ADOPTED RULES

This notice is to advise you that the Federally Assisted Housing Preservation Act [310 ILCS 60] gives you certain rights. Tenants living on the property may form a tenants association and negotiate with the owner to purchase the property, subject to certain restrictions. Tenants may also enter into an agreement with a not-for-profit corporation or other entity to represent them in negotiations with the owner. If the negotiations are successful, the tenants association can buy the property. A more detailed discussion of the provisions of the law is attached to this notice as Exhibit A.

If you have any questions with regard to this notice, please contact the following individual at the number listed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

**Section 375.EXHIBIT A Delivery of Notice to Tenants and Affected Public Entities**

- a) Where a provision of the Preservation Act requires that notice be given to tenants of the Assisted Housing Development and affected public entities, the requirements may be met by transmitting the notice described in subsection (b) by one of the following methods:
- 1) delivering the notice, by certified mail or registered mail, return receipt requested, postmarked at least 12 months prior to the anticipated date of the action covered by the notice, to the following public persons or entities:
    - A) the mayor of the city or village in which the Assisted Housing Development is located or, if in an unincorporated area, the chairperson of the county board;
    - B) the public housing agency in whose jurisdiction the Assisted Housing Development is located, if any;
    - C) the Executive Director of IHDA; and
    - D) the federal agency providing mortgage loan insurance, subsidies or financing for the property, if any;
  - 2) delivering the notice to all affected tenants by certified or registered mail, return receipt requested, postmarked at least 12 months prior to the anticipated date of the covered action;
  - 3) posting, at least 12 months prior to the anticipated date of the covered action, a copy of the notice in a readily accessible location within each affected building; and
  - 4) publication of the notice in a newspaper for the locality in which the property is located.
- b) The text of the notice shall read as follows:

## NOTICE TO TENANTS AND AFFECTED PUBLIC ENTITIES

## ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## NOTICE OF ADOPTED RULES

The federally Assisted Housing Preservation Act (the Act) affects rental housing developments that have received subsidies from the federal government under various federal housing programs. Generally, these programs limit the amount of rent that owners can charge tenants. The Act refers to these limits as "affordability restrictions."

The Act requires owners of these developments to give tenants notice at least 12 months in advance of any of the following events:

- The sale or other disposition of the development, which has the effect of removing the affordability restrictions on the development;
- The prepayment of the existing mortgage, on the development, or the termination of the mortgage insurance on the mortgage, if either of those actions would result in removing the affordability restrictions on the development; or
- The termination of the development's participation in the federal program. One example is the termination of rental subsidies under the so-called Section 8 program.

You have received this notice because the owner of your development may take one of these actions. The Act gives tenants in your development certain rights:

- You and the other tenants have the right to form a tenants association for the purpose of buying the development.
- Within 60 days from the date of the owner's notice, you must notify the owner that you have formed an association and the names of the individuals who represent the association.
- The owner will then have 60 days to present the association or its representative with a bona fide offer to sell the development. The association then has 90 days to notify the owner whether it intends to buy the development.
- If the association is interested in buying the development, it has 90 additional days to present the owner with a purchase contract and negotiate the final sales price. Once the sales price is agreed to, the sale must close within 90 days.

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting
- 2) Code Citation: 17 Ill. Adm. Code 550
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
550.20	Amendment
550.30	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29].
- 5) Effective Date of Amendments: July 28, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including all material incorporated by reference, is on file in the Department of Natural Resource's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 22, 2005; 29 Ill. Reg. 5611
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version:  
  
Section 550.20(c)(2) – changed "one-half" to "1/2"  
  
Section 550.30(g) – added "State" following "Meeker"
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency amendments currently in effect? No
- 14) Are there any amendments pending on this Part? No

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and Purpose of Rulemaking: This Part was amended to change the hunting hours for coyote and striped skunk, update the list of sites open to hunting and to update site-specific regulations.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER b: FISH AND WILDLIFEPART 550  
RACCOON, OPOSSUM, STRIPED SKUNK, RED FOX, GRAY FOX, COYOTE  
AND WOODCHUCK (GROUNDHOG) HUNTING

## Section

550.10	General Regulations
550.20	Statewide Regulations
550.30	Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting on Department-Owned, -Leased or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29].

SOURCE: 5 Ill. Reg. 8833, effective August 25, 1981; codified at 5 Ill. Reg. 10636; emergency amendment at 5 Ill. Reg. 11593, effective October 20, 1981, for a maximum of 150 days; emergency expired March 17, 1982; amended at 6 Ill. Reg. 10714, effective August 20, 1982; amended at 7 Ill. Reg. 10782, effective August 24, 1983; amended at 7 Ill. Reg. 16098, effective November 22, 1983; amended at 8 Ill. Reg. 21593, effective October 23, 1984; amended at 9 Ill. Reg. 16204, effective October 9, 1985; emergency amendment at 9 Ill. Reg. 18151, effective November 12, 1985, for a maximum of 150 days; emergency expired April 11, 1986; amended at 10 Ill. Reg. 16649, effective September 22, 1986; amended at 11 Ill. Reg. 9540, effective May 5, 1987; amended at 12 Ill. Reg. 11730, effective June 30, 1988; amended at 13 Ill. Reg. 10598, effective June 19, 1989; amended at 14 Ill. Reg. 10798, effective June 20, 1990; amended at 15 Ill. Reg. 11598, effective August 2, 1991; amended at 16 Ill. Reg. 11078, effective June 30, 1992; amended at 17 Ill. Reg. 10795, effective July 1, 1993; amended at 18 Ill. Reg. 10090, effective June 21, 1994; amended at 19 Ill. Reg. 11787, effective August 3, 1995; amended at 20 Ill. Reg. 10874, effective August 5, 1996; amended at 21 Ill. Reg. 9077, effective June 26, 1997; amended at 22 Ill. Reg. 14836, effective August 3, 1998; amended at 23 Ill. Reg. 9066, effective July 28, 1999; amended at 24 Ill. Reg. 8938, effective June 19, 2000; amended at 25 Ill. Reg. 9895, effective July 17, 2001; amended at 26 Ill. Reg. 14680, effective September 20, 2002; amended at 28 Ill. Reg. 11873, effective July 27, 2004; amended at 29 Ill. Reg. 12471, effective July 28, 2005.

**Section 550.20 Statewide Regulations**

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

- a) Raccoon, Opossum
- 1) Zones: The State of Illinois is divided by U.S. Rt. 36 (New Rt. 36) into a Northern Zone and Southern Zone.
  - 2) Northern Zone hunting dates: November 5 through the next following February 10, except as noted in Section 550.10(a) of this Section. Hunting outside the set season dates is a Class B misdemeanor (see 520 ILCS 5/2.30).
  - 3) Southern Zone hunting dates: November 10 through the next following February 15, except as noted in Section 550.10(a). Hunting outside the set season dates is a Class B misdemeanor (see 520 ILCS 5/2.30).
  - 4) Hunting hours: November 5 in the Northern Zone and November 10 in the Southern Zone open for hunting at sunrise; during archery deer season, raccoon and opossum bow hunting hours shall coincide with the statewide archery deer hunting hours as specified in Section 2.26 of the Wildlife Code [520 ILCS 5/2.26]; otherwise, hours are unrestricted. Hunting prior to sunrise on opening day is a Class B misdemeanor (see 520 ILCS 5/2.30). Hunting prior to ½ hour before sunrise on opening day or during the archery deer season, or hunting after ½ hour after sunset during the archery deer season, is a Class A misdemeanor with a minimum \$500 fine, and a maximum \$5,000 fine, in addition to other statutory penalties (see 520 ILCS 5/2.33(y)).
  - 5) Daily limit and possession limit: None.
- b) Red fox and gray fox
- 1) Hunting dates: November 10 through the next following January 31, except as noted in Section 550.10(a). Hunting outside the season dates is a Class B misdemeanor (see 520 ILCS 5/2.30).
  - 2) Hunting hours: Opens November 10 for hunting at sunrise; during archery deer season, red fox and gray fox bow hunting hours shall coincide with the statewide archery deer hunting hours; otherwise, hours are unrestricted. Hunting prior to sunrise on opening day is a Class B misdemeanor (see 520 ILCS 5/2.30). Hunting prior to ½ hour before sunrise on opening day or during the archery deer season, or hunting after

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

½ hour after sunset during the archery deer season, is a Class A misdemeanor with a minimum \$500 fine and a maximum \$5,000 fine, in addition to other statutory penalties (see 520 ILCS 5/2.33(y)).

- 3) Daily limit and possession limit: None.
- c) Coyote and Striped Skunk
- 1) Hunting dates: Year around except as noted in Section 550.10(a).
  - 2) Hunting hours: One-half hour before sunrise to ~~½ one-half~~ hour after sunset, except [from the opening date of](#)~~during~~ the red fox and gray fox hunting season [through February 15](#), when statewide hunting hours are unrestricted, and except during archery deer season when coyote and striped skunk bow hunting hours shall coincide with the statewide archery deer hunting hours. Hunting before ½ hour prior to sunrise or after ½ hour after sunset is a Class A misdemeanor with a minimum \$500 fine and a maximum \$5,000 fine, in addition to other statutory penalties, except ~~during fox hunting season when~~ hours are unrestricted (see 520 ILCS 5/2.33(y)).
  - 3) Daily limit and possession limit: None.
- d) Woodchuck (groundhog)
- 1) Hunting dates: June 1 through the next following March 31, except as noted in Section 550.10(a). Hunting outside the season dates is a Class B misdemeanor (see 520 ILCS 5/2.30).
  - 2) Hunting hours: Sunrise to sunset. Hunting from ½ hour before sunrise to sunrise or from sunset to ½ hour after sunset is a Class B misdemeanor (see 520 ILCS 5/2.30). Hunting prior to ½ hour before sunrise or after ½ hour after sunset is a Class A misdemeanor with a minimum \$500 fine and a maximum \$5,000 fine, in addition to other statutory penalties (see 520 ILCS 5/2.33(y)).
  - 3) Daily limit and possession limit: None.

(Source: Amended at 29 Ill. Reg. 12471, effective July 28, 2005)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

**Section 550.30 Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting on Department-Owned, -Leased or -Managed Sites**

- a) All the regulations in 17 Ill. Adm. Code 510 – General Hunting and Trapping apply in this Section, unless this Section is more restrictive.
- b) For sites where hunter quotas exist and permits are required a drawing shall be held prior to the opening of the season. The date of the drawing shall be announced by the Department by public announcement and the drawing shall be held at the site. The number of permits per site shall be determined pursuant to 17 Ill. Adm. Code 510.20.
- c) .22 caliber or smaller rimfire firearms permitted from sunset to sunrise unless otherwise specified.
- d) Coyote and striped skunk season shall coincide with the statewide fox season unless otherwise specified.
- e) No woodchuck (groundhog) hunting allowed unless otherwise specified.
- f) Statewide regulations as provided for in this rule apply at the following sites (exceptions are in parentheses):

Anderson Lake Conservation Area (all hunting to begin after the close of duck season)

Apple River Canyon State Park

Argyle Lake State Park

Big Bend State Fish and Wildlife Area

Big River State Forest

Cache River State Natural Area

Campbell Pond Wildlife Management Area

Carlyle Lake Lands and Waters – Corps of Engineers Management Lands

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

Carlyle Lake Wildlife Management Area (subimpoundment area closed 7 days prior to and during the southern zone waterfowl season)

Cypress Pond State Natural Area

Devil's Island State Fish and Wildlife Area

Dog Island Wildlife Management Area

Falling Down Prairie

Eldon Hazlet State Park (north of Allen Branch and west of Peppenhorst Branch)

Ferne Clyffe State Park – Cedar Draper Bluffs Hunting Area

Fort de Chartres Historic Site (muzzleloading firearms or bow and arrow only)

Hanover Bluff [State Natural Area](#) ~~Kopper Tract~~

Horseshoe Lake Conservation Area – Alexander County (Public Hunting Area except Controlled Hunting Area)

~~I-24 Wildlife Management Area~~

Johnson Sauk Trail State Recreation Area (archery only; coyote and fox only; site coyote season runs concurrently with the site archery deer season; site fox season begins when the statewide fox season opens, runs concurrently with the site archery deer season, and closes the earlier of either the statewide fox season closing or the site archery deer season closing)

Kaskaskia River State Fish and Wildlife Area (Doza Creek Waterfowl Management Area closed 7 days prior to and during duck season)

Kinkaid Lake Fish and Wildlife Area

Marseilles State Fish and Wildlife Area (coyote and fox only; fox ~~season or~~ **statewide** closes first Thursday after January 10, ~~whichever comes first~~; coyote open to hunting from August 1 until the first Thursday after January 10 and when other hunting seasons are open on the site; not open during spring turkey season; hunting hours are 30 minutes before sunrise until sunset)

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Marshall County Fish and Wildlife Area (raccoon, opossum only; season opens day after duck season)

Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26)

Mississippi River Pools 16, 17, 18, 21, 22 and 24 (groundhog hunting allowed) (c)

Oakford Conservation Area

Peabody River King State Fish and Wildlife Area (West subunit only)

Randolph County Conservation Area

Ray Norbut State Fish and Wildlife Area (~~all hunting closes December 15 in Eagle Roost Area~~)

Rend Lake Project Lands and Waters

Sangamon County Conservation Area

Shawnee National Forest, Oakwood Bottoms and LaRue Scatters (season closes 7 days before opening of duck season and remains closed through the duck season; at Oakwood Bottoms non-toxic shot only)

Sielbeck Forest Natural Area

Siloam Springs State Park

[Skinner Farm State Habitat Area](#)

~~[Snakeden Hollow State Fish and Wildlife Area—Ives Unit](#)~~

[Spoon River State Forest \(all hunters must sign-in/sign-out\)](#)

Tapley Woods State Natural Area (shotguns or muzzleloading rifles only may be used from sunset-sunrise)

Trail of Tears State Forest

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

Turkey Bluffs State Fish and Wildlife Area

[Walnut Point State Park \(sign-in/sign-out required; raccoon hunting only\)](#)

Washington County Conservation Area

[WeinbergWeinburg](#)-King State Park (c) (d)

[WeinbergWeinburg](#)-King State Park – ~~ScrippsSeipps~~ Unit (use of dogs for hunting coyote is not allowed)

[Weinberg-King State Park – Spunky Bottoms Unit](#)

Wildcat Hollow State Forest

Witkowsky State Wildlife Area (coyote only; season shall coincide with archery and firearm deer season at this site; archery only during the archery season at this site)

Woodford County Fish and Wildlife Area (raccoon, opossum only; season opens after duck season)

- g) Violation of a site-specific regulation is a Class B misdemeanor. Statewide regulations apply except that hunters must obtain a permit from the Department; where hunter quotas exist, permits are allocated as described in subsection (b); permits must be in possession while hunting; the permit must be returned by February 15 or hunter will forfeit hunting privileges at that site the following year (exceptions are in parentheses):

[Beaver Dam State Park](#)

Chauncey Marsh (obtain permit at Red Hills State Park Headquarters)

Clinton Lake State Recreation Area

Coffeen Lake State Fish and Wildlife Area (coyote only, shotgun or bow and arrow)

Crawford County Conservation Area

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## NOTICE OF ADOPTED AMENDMENTS

Eagle Creek State Park (season opens day after second firearm deer season; closes December 20; hunting sunset to sunrise only; raccoon only)

Fox Ridge State Park

Green River State Wildlife Area (skunk and coyote close the last day of February; .22 rimfire firearms permitted from 30 minutes after sunset until 30 minutes before sunrise)

Hamilton County Conservation Area

Harry "Babe" Woodyard State Natural Area

Hidden Springs State Forest

[Horseshoe Lake State Park \(Madison County\) \(coyote only, bow and arrow only\)](#)

Horseshoe Lake State Park (Madison County) – Gabaret, Mosenthein, Chouteau Island Unit (shotgun [and bow and arrow](#) only)

Iroquois County Wildlife Management Area (season opens the day after Permit Pheasant Season)

Jim Edgar Panther Creek State Fish and Wildlife Area (statewide seasons for coyote and striped skunk)

Kankakee River State Park (no rifle or handgun hunting allowed; the furbearer hunting season opens the day after the last day of the site's upland hunting seasons through statewide close of respective seasons for furbearers except striped skunk and coyote close with fox season)

Kickapoo State Park

Lake Shelbyville – Kaskaskia and West Okaw Wildlife Management Areas

Lincoln Trail State Park (season opens day after second firearm deer season; closes December 20; hunting hours sunset to sunrise only; raccoon only)

Matthiessen State Park (season closed during the site firearm or muzzleloader deer seasons; site permit may be obtained at the Starved Rock State Park office;

## DEPARTMENT OF NATURAL RESOURCES

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hunting hours are from 30 minutes after sunset until 30 minutes before sunrise; raccoon or opossum only; hunting south of the Vermilion River Area only; no dogs allowed)

[Meeker State Habitat Area \(obtain permit at Sam Parr State Park headquarters\)](#)

Middle Fork Fish and Wildlife Management Area

Moraine View State Park (season opens [the second Monday in December after site's controlled pheasant season](#); night hunting only)

Pyramid State Park – Captain Unit (no hunting on waterfowl refuge)

Pyramid State Park – Denmark Unit (no hunting on waterfowl refuge )

Pyramid State Park – East Conant Unit

Pyramid State Park – Galum Unit

Ramsey Lake State Park

Sahara Woods State Fish and Wildlife Area

Saline County Fish and Wildlife Area

Sam Parr State Park

Sand Ridge State Forest (coyote and striped skunk seasons – opening of the statewide raccoon season until the day before opening of the statewide spring turkey season)

Sanganois State Fish and Wildlife Area (statewide seasons for coyote and striped skunk)

Sangchris Lake State Park (fox, coyote and striped skunk hunting only; statewide seasons for fox, coyote and striped skunk except, during central zone duck and Canada goose season, hunters pursuing waterfowl or upland game may take fox, coyote and striped skunk with shotgun only in accordance with site-specific regulations set forth in 17 Ill. Adm. Code 530 and 590)

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Stephen A. Forbes State Park

Ten Mile Creek State Fish and Wildlife Area (statewide coyote, striped skunk, and groundhog hunting allowed; .22 caliber or smaller rimfire firearms permitted 24 hours a day)

~~Walnut Point Fish and Wildlife Management Area (season opens day after second firearm deer season; closes December 20; hunting sunset to sunrise only; raccoon only)~~

Wolf Creek State Park (season opens day after second firearm deer season; closes December 20; hunting sunset to sunrise only; raccoon only)

h) Violation of a site regulation is a Class B misdemeanor (see 520 ILCS 5/2.30).

(Source: Amended at 29 Ill. Reg. 12471, effective July 28, 2005)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Outfitter Regulations
- 2) Code Citation: 17 Ill. Adm. Code 640
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
640.20	Amendment
640.40	Amendment
640.50	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 2.9, 2.10, 2.11, 2.24, 2.25, 2.26 and 3.1-3 of the Wildlife Code [520 ILCS 5/2.9, 2.10, 2.11, 2.24, 2.25, 2.26 and 3.1-3].
- 5) Effective Date of Amendments: July 28, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including all material incorporated by reference, is on file in the Department of Natural Resource's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 1, 2005; 29 Ill. Reg. 4645
- 10) Has JCAR issued a Statement of Objection to these amendments? 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? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part was amended to update requirements for log maintenance of clients, change the permit fee for Illinois resident outfitters from \$250 to \$500 per year and to revise information required for the annual renewal of licenses.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

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

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

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

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER b: FISH AND WILDLIFEPART 640  
OUTFITTER REGULATIONS

Section	
640.10	Definitions
640.20	Minimum Standards
640.30	Application Requirements
640.40	Permit Fees
640.50	Acceptance or Rejection of Applications
640.60	Term of Permit and Fees
640.70	Violations
640.80	Penalty

AUTHORITY: Implementing and authorized by Sections 2.9, 2.10, 2.11, 2.24, 2.25, 2.26 and 3.1-3 of the Wildlife Code [520 ILCS 5/2.9, 2.10, 2.11, 2.24, 2.25, 2.26 and 3.1-3].

SOURCE: Adopted at 26 Ill. Reg. 18019, effective February 1, 2003; amended at 29 Ill. Reg. 12483, effective July 28, 2005.

**Section 640.20 Minimum Standards**

- a) An outfitter shall:
  - 1) have a current valid Illinois outfitter permit;
  - 2) be at least 21 years of age (If the outfitter permit is held by a business entity, then a responsible individual who is an officer in the business entity must be designated on the application as the contact person.);
  - 3) not had his or her hunting privileges under the Wildlife Code suspended or hunting licenses revoked within the last 5 years. If the outfitter is a business entity, no officer or employee or contact person may have been suspended or revoked within the past 5 years;
  - 4) provide to each client, prior to commencement of outfitting services, in writing, the type of service provided, dates of service, cost of services, and

## DEPARTMENT OF NATURAL RESOURCES

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a copy of the outfitter's refund policy;

- 5) be responsible for ensuring each client has the necessary permits, stamps and licenses prior to any hunting;
  - 6) indicate clearly to clients the boundaries of the property on which the client is hunting and instruct the client as to how to conduct the hunt (i.e., special rules, restricted areas, etc.);
  - 7) make no guarantees, either oral or written, as to the success of the hunt;
  - 8) not misrepresent his or her facilities, prices, equipment, services or hunting opportunities;
  - 9) not take or attempt to take any wildlife on behalf of the client;
  - 10) maintain a current log of all individuals who hunt on the property controlled under the outfitter permit, including clients, the dates they hunted, their hunting license and permit numbers, and harvest information (numbers, sex, approximate age, whether the hunter was a paying client or a free hunter). This log must be maintained by the outfitter for 5 years; and
  - 11) if he or she performs guide services, meet the requirements of subsection (b).
- b) A guide shall:
- 1) be at least 18 years of age;
  - 2) not have had his or her hunting license revoked or hunting privileges suspended under the Wildlife Code within the past 5 years;
  - 3) have a current Illinois hunting license and habitat stamp;
  - 4) have proof of successful completion of a State-approved hunter-safety course;
  - 5) obey all State and federal wildlife and weapons laws and regulations; and

## DEPARTMENT OF NATURAL RESOURCES

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- 6) not take or attempt to take any wildlife on behalf of the client.

(Source: Amended at 29 Ill. Reg. 12483, effective July 28, 2005)

**Section 640.40 Permit Fees**

The permit fees for an outfitter shall be:

- a) ~~\$500~~~~\$250~~ for a resident.
- b) \$2,500 for a non-resident.

(Source: Amended at 29 Ill. Reg. 12483, effective July 28, 2005)

**Section 640.50 Acceptance or Rejection of Applications**

- a) Incomplete or inadequate applications shall be returned to the applicant with a summary of deficiencies.
- b) Incomplete or inadequate applications may be completed and re-submitted within 15 days or until the end of the application period, whichever is longer.
- c) Applications will be accepted from January 15 through July 15, inclusive. Addendums adding acreage may be filed through September 30.
- d) Outfitters that allow deer/turkey populations to increase to the point that they have an abnormal detrimental impact on crops, public safety or environmental conditions in the immediate area shall be notified of the impact or effect. If, after one year, no reasonable effort has been made to resolve the impact or effect, the outfitter shall be warned that remedial action must be taken or his outfitter permit will not be renewed. If, after the warning, the outfitter does not institute a reasonable remedial action, his application for renewal shall be rejected and he shall be ineligible for an outfitter permit for a year. Eligibility for a new permit shall be dependent upon submission of a complete new application along with a management plan detailing actions or modifications to be employed to remedy the problem and responsibly manage the wildlife.
- e) Full applications shall be required every 5 years. The annual renewal shall consist of tender of the appropriate fee and proof of insurance and notice of any changes from the current application or certification that there are no changes from the

## DEPARTMENT OF NATURAL RESOURCES

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previous year, as well as a report of harvest, listing number of hunter days, and total number of male and number of female deer and/or turkey taken, regardless of whether the hunter was a paying client or a free hunter.

(Source: Amended at 29 Ill. Reg. 12483, effective July 28, 2005)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Adopted Action:</u>
250.240	Amendments
250.265	Amendments
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) Effective Date of Rulemaking: July 27, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: August 20, 2004; 28 Ill. Reg. 11964
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period: None.  
  
The following changes were made in response to comments and suggestions of JCAR:  
Section 250.1830 was removed from the rulemaking.  
  
In addition, various non-substantive typographical, grammatical and form changes were made in response to the comments from JCAR.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No

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- 15) Summary and Purpose of Rulemaking: Part 250 establishes requirements for hospital licensure under the Hospital Licensing Act [210 ILCS 85]. Section 250.240 (Admission and Discharge) is being amended to add requirements for patient discharge planning. Section 250.265 (Language Assistance Services) is being amended in response to Public Act 93-0564 (effective January 1, 2004), which amended the Language Assistance Services Act [210 ILCS 87] to make compliance mandatory, rather than optional, for hospitals and long-term care facilities. The Department published new rules implementing P.A. 93-0564, which apply to both hospitals and long-term care facilities. The amendments to Section 250.265 repeal existing text and require compliance with the Language Assistance Services Act and the Language Assistance Services Code (77 Ill. Adm. Code 940, adopted at 29 Ill. Reg. 1371).
- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section

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

SUBPART B: ADMINISTRATION AND PLANNING

Section

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

SUBPART C: THE MEDICAL STAFF

Section

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

SUBPART D: PERSONNEL SERVICE

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

## SUBPART E: LABORATORY

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

## SUBPART F: RADIOLOGICAL SERVICES

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

## SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

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

## SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

Section

## DEPARTMENT OF PUBLIC HEALTH

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

## SUBPART I: NURSING SERVICE AND ADMINISTRATION

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

## SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section	
250.1210	Surgery
250.1220	Surgery Staff

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

## SUBPART K: ANESTHESIA SERVICES

Section	
250.1410	Anesthesia Service

## SUBPART L: RECORDS AND REPORTS

Section	
250.1510	Medical Records
250.1520	Reports

## SUBPART M: FOOD SERVICE

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

## SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section	
250.1710	Housekeeping
250.1720	Garbage, Refuse and Solid Waste Handling and Disposal

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250.1730	Insect and Rodent Control
250.1740	Laundry Service
250.1750	Soiled Linen
250.1760	Clean Linen

## SUBPART O: MATERNITY AND NEONATAL SERVICE

## Section

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

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

## Section

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

## SUBPART Q: CHRONIC DISEASE HOSPITALS

## Section

250.2010	Definition
250.2020	Requirements

## SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

## Section

250.2110	Service Requirements
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## DEPARTMENT OF PUBLIC HEALTH

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

## SUBPART S: PSYCHIATRIC SERVICES

## Section

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

## SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

## Section

- 250.2410 Applicability of these Standards
- 250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility
- 250.2430 Preparation of Drawings and Specifications – Submission Requirements
- 250.2440 General Hospital Standards
- 250.2442 Fees
- 250.2443 Advisory Committee
- 250.2450 Details
- 250.2460 Finishes
- 250.2470 Structural
- 250.2480 Mechanical
- 250.2490 Plumbing and Other Piping Systems
- 250.2500 Electrical Requirements

## SUBPART U: CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

## Section

- 250.2610 Applicability of these Standards

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

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

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

## Section

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

## SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

## Section

250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records
250.2870	Referral
250.2880	Client Legal and Human Rights
250.APPENDIX A	Codes and Standards (Repealed)
250.EXHIBIT A	Codes (Repealed)
250.EXHIBIT B	Standards (Repealed)
250.EXHIBIT C	Addresses of Sources (Repealed)
250.ILLUSTRATION A	Seismic Zone Map
250.TABLE A	Measurements Essential for Level I, II, III Hospitals
250.TABLE B	Sound Transmission Limitations in General Hospitals
250.TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

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

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005.

## SUBPART B: ADMINISTRATION AND PLANNING

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**Section 250.240 Admission and Discharge**

- a) Principle-  
The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources, such as preadmission testing, ambulatory care programs, and short-term procedure units.
- b) Access-
- 1) All persons shall be admitted to the hospital, whether as inpatients or outpatients, by a member of the medical staff with admitting privileges, and shall be under the professional care of a member of the medical staff.
  - 2) Insofar as possible, the hospital shall assign patients to ~~such accommodations as will provide for adequate segregation~~ with regard to ~~gendersex~~, age, and medical requirement.
  - 3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied such care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no such person shall be denied such care on account of race, creed, color, religion, ~~gendersex~~, or sexual preference.
  - 4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.
- c) Required Testing for All Admissions
- 1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (c) of this Section.
  - 2) Uterine Cytologic Examination for Cancer

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- A) *Every hospital shall offer a uterine cytologic examination for cancer to every female ~~inpatient~~<sup>inpatient</sup> 20 years of age or ~~over~~<sup>older</sup>, unless one of the following conditions exists:*
- i) *The attending physician considers the test to be ~~contraindicated~~<sup>contra-indicated</sup>.*
  - ii) *The patient has had a uterine cytologic examination for cancer performed within the previous year prior to the admission to the hospital.*
- B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*
- C) *Patient records for all female ~~inpatients~~<sup>inpatients</sup> 20 years of age or older shall indicate one of the following:*
- i) *The results of the test;*
  - ii) *The reasons that the test offer requirement was *not applicable* as provided under subsection (c)(2)(A) of this Section; or;*
  - iii) *A statement that *the patient refused the test*. (Section ~~2310-540~~<sup>2310-540</sup> of the Civil Administrative Code [20 ILCS ~~2310/2310-540~~], Ill. Rev. Stat. 1989, ch. 127, par. 55-31).*
- 3) **Testing for Infection with Human Immunodeficiency Virus (HIV)**
- A) *Upon the request of any patient, the hospital shall offer testing for infection with human immunodeficiency virus (HIV) to that patient.*
- B) *The hospital shall ~~ensure~~<sup>ensure</sup> that *pre-test and post-test counseling* is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act [210 ILCS 115/20](Ill. Rev. Stat. 1989, ch. 111½, par. 730 et seq.) and the Department's rules ~~titled~~<sup>entitled</sup> "AIDS Confidentiality and Testing Code" (77 Ill. Adm. Code 697).*

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- C) Testing ~~that~~which is performed under this requirement *shall be subject to the provisions of the AIDS Confidentiality Act (Ill. Rev. Stat. 1989, ch. 111½, par. 730 et seq.) and the Department's rules entitled "AIDS Confidentiality and Testing Code" (77 Ill. Adm. Code 697). (Section 6.10 of the Act)*
- d) Discharge Notification
- 1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.
  - 2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.
  - 3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.
  - 4) *At least 24 hours prior to discharge from the hospital, each patient who qualifies for the federal Medicare program shall be notified of the discharge. The notification shall be provided by, or at the direction of, a member of the hospital's medical staff. The notification shall include:*
    - A) The anticipated date and time of discharge.
    - B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge. This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)*
  - 5) *The hospital shall develop and implement policies and procedures to provide the notification required in subsection (d)(4) of this Section. The policies and procedures may provide for waiver of the notification requirement in either or both of the following cases:*
    - A) *When a discharge notice is not feasible due to a short length of stay in the hospital by the patient. The hospital policy shall*

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specify the length of stay when discharge notification will not be considered feasible.

- B) *When the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period. (Section 6.09~~a~~ of the Act)*

(Source: Amended at 29 Ill. Reg. 12489, effective July 27, 2005)

**Section 250.265 Language Assistance Services**

The hospital shall comply with the Language Assistance Services Act [210 ILCS 87] and the Language Assistance Services Code (77 Ill. Adm. Code 940).

- a) ~~For the purpose of this Section:~~
- 1) ~~Interpreter means a person fluent in English and in the necessary language of the patient who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe completely symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff.~~
  - 2) ~~Language or communication barriers means either of the following:~~
    - A) ~~With respect to spoken language, barriers that are experienced by limited English speaking or non-English speaking individuals who speak the same primary language, if those individuals constitute at least 5% of the patients served by the hospital annually.~~
    - B) ~~With respect to sign language, barriers that are experienced by individuals who are deaf and whose primary language is sign language. (Section 10 of the Language Assistance Services Act) [210 ILCS 87/10]~~
- b) ~~To insure access to health care information and services for limited English speaking or non-English speaking patients and deaf patients, a hospital may do one or more of the following:~~
- 1) ~~Review existing policies regarding interpreters for patients with limited~~

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~~English proficiency and for patients who are deaf, including the availability of staff to act as interpreters.~~

- 2) ~~Adopt and review annually a policy for providing language assistance services to patients with language or communication barriers. The policy shall include procedures for providing, to the extent possible as determined by the facility, the use of an interpreter whenever a language or communication barrier exists, except where the patient, after being informed of the availability of the interpreter service, chooses to use a family member or friend who volunteers to interpret. The procedures shall be designed to maximize efficient use of interpreters and minimize delays in providing interpreters to patients. The procedures shall insure, to the extent possible as determined by the facility, that interpreters are available, either on the premises or accessible by telephone, 24 hours a day. The facility shall annually transmit to the Department of Public Health a copy of the updated policy and shall include a description of the facility's efforts to insure adequate and speedy communication between patients with language or communication barriers and staff.~~
- 3) ~~Develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter, and the telephone numbers to call for filing complaints concerning the interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the Emergency Room, the admitting area, the facility entrance, and the outpatient area. Notices shall inform patients that interpreter services are available on request, shall list the languages for which interpreter services are available, and shall instruct patients to direct complaints regarding interpreter services to the Department of Public Health, including the telephone numbers to call for that purpose.~~
- 4) ~~Identify and record a patient's primary language and dialect on one or more of the following: a patient medical chart, hospital bracelet, bedside notice, or nursing card.~~
- 5) ~~Prepare and maintain, as needed, a list of interpreters who have been identified as proficient in sign language and in the languages of the population of the geographical area served by the facility who have the ability to translate the names of body parts, injuries, and symptoms.~~

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- 6) ~~Notify the facility's employees of the facility's commitment to provide interpreters to all patients who request them.~~
- 7) ~~Review all standardized written forms, waivers, documents, and informational materials available to patients on admission to determine which to translate into languages other than English.~~
- 8) ~~Consider providing its nonbilingual staff with standardized picture and phrase sheets for use in routine communications with patients who have language or communication barriers.~~
- 9) ~~Develop community liaison groups to enable the facility and the limited-English-speaking, non-English-speaking, and deaf communities to ensure the adequacy of the interpreter services. (Section 15 of the Language Assistance Services Act)~~

(Source: Amended at 29 Ill. Reg. 12489, effective July 27, 2005)

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- 1) Heading of the Part: Debt Collection Bureau
- 2) Code Citation: 74 Ill. Adm. Code 1200
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1200.10	New Section
1200.20	New Section
1200.30	New Section
1200.40	New Section
1200.50	New Section
1200.60	New Section
1200.70	New Section
1200.80	New Section
1200.90	New Section
1200.100	New Section
1200.110	New Section
1200.120	New Section
1200.130	New Section
1200.140	New Section
1200.150	New Section
- 4) Statutory Authority: 30 ILCS 210, P.A. 93-0570
- 5) Effective Date of Rules: July 27, 2005
- 6) Do these rules contain an automatic repeal date? No
- 7) Do these rules contain incorporations by reference? No
- 8) A copy of the adopted rules, 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: April 22, 2005; 29 Ill. Reg. 5623
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between proposal and final version:

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Section 1200.80(f) has been revised to read: "debt owed to any federal account, including, but not limited to, federally regulated pension trust funds, unless otherwise provided under this Part;".

Section 1200.110(a) has been revised to read: "The Bureau shall deem delinquent debt, which it has accepted for collection, uncollectible when it has exhausted all reasonable collection efforts."

- 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 these rules replace any emergency rules currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rules: The Department of Revenue is to serve as primary debt collecting entity for the State.
- 16) Information and questions regarding these adopted rules shall be directed to:

George Logan, Associate Counsel  
Legal Services Office  
Illinois Department of Revenue  
101 West Jefferson  
Springfield, Illinois 62794

(217) 782-2844

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

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TITLE 74: PUBLIC FINANCE  
CHAPTER XI: DEPARTMENT OF REVENUEPART 1200  
DEBT COLLECTION BUREAU

Section	Title
1200.10	Title
1200.20	Policy
1200.30	Purpose and Implementation
1200.40	Application
1200.50	Definitions
1200.60	Referral of Delinquent Debt
1200.70	Debt Accepted for Collection
1200.80	Debt Not Accepted for Collection
1200.90	Certification of Debt
1200.100	Collection of Certified Debt
1200.110	Uncollectible Debt
1200.120	Deposit of Amounts Collected
1200.130	Appropriations from Debt Collection Fund
1200.140	Obligations Subject to Appropriation
1200.150	Recordkeeping and Reporting

AUTHORITY: Implementing the Illinois State Collection Act of 1986 [30 ILCS 210] and authorized by Section 10(k) of the Illinois State Collection Act of 1986 [30 ILCS 210/10(k)].

SOURCE: Adopted at 29 Ill. Reg. 12505, effective July 27, 2005.

**Section 1200.10 Title**

This Part may be cited as the Debt Collection Bureau Rules.

**Section 1200.20 Policy**

*It is the public policy of this State to aggressively pursue the collection of accounts or claims due and payable to the State of Illinois through all reasonable means. [30 ILCS 210/3]*

**Section 1200.30 Purpose and Implementation**

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- a) Pursuant to Public Act 93-0570, the *Department of Revenue's Debt Collection Bureau shall serve as the primary debt collecting entity for the State and in that role shall collect debts on behalf of agencies of the State. All debts owed the State of Illinois shall be referred to the Bureau, subject to such limitations established in this Part or otherwise imposed by law.* [30 ILCS 210/2]
- b) This Part establishes rules necessary and appropriate to implement Public Act 93-0570 and sets forth when and how the Bureau assumes responsibility under the Illinois State Collection Act of 1986 [30 ILCS 210] for the collection of the delinquent debt of State agencies.

**Section 1200.40 Application**

- a) This Part applies to all debt collection by the Bureau pursuant to the authority granted it under the Act.
- b) *To the extent that some other statute prescribes procedures for collection of particular types of accounts or claims owed to State agencies in conflict with the provisions of the Act, such other statute shall continue in full force and effect, and the debt collection provisions of the Act and this Part shall not apply.* [30 ILCS 210/2]
- c) This Part does not apply to the *Illinois Student Assistance Commission in the administration of its student loan programs.* [30 ILCS 210/2]
- d) This Part does not apply to the *Department of Public Aid with regard to child support debts, the collection of which is governed by the requirements of Title IV, Part D of the federal Social Security Act, except as provided in Section 1200.60(c).* [30 ILCS 210/5(h)]
- e) This Part does not apply to the *Department of Employment Security with regard to debts to any federal account, including but not limited to the Unemployment Trust Fund, and penalties and interest assessed under the Unemployment Insurance Act, except as provided in Section 1200.60(d).* [30 ILCS 210/5(h-1)]

**Section 1200.50 Definitions**

As used throughout this Part, each term defined in this Section shall have the meaning set forth in this Section, unless its use clearly requires a different meaning.

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"Accounts receivable", "receivables", or "State agency accounts receivable" shall mean amounts due a State agency that are legally enforceable, that have not been lawfully certified as uncollectible, and for which there is no legal barrier to referral to the Bureau.

"Act" shall mean the Illinois State Collection Act of 1986 [30 ILCS 210].

"Bureau" shall mean the Debt Collection Bureau of the Illinois Department of Revenue.

"Certified collection specialist" or "collection specialist" shall mean an individual who has provided to the Bureau adequate documentation of training, experience, and expertise in the field of collection of public debt and has been certified by the Bureau as a collection specialist. A certified collection specialist may be an individual employed directly by the Bureau or one employed by a private collection firm.

"Certified debt" shall mean delinquent debt that has been certified by the referring agency and accepted for collection by the Bureau, as provided in this Part.

"Delinquent debt" shall mean a debt to the State or any of its agencies that is owed by any person or entity, that is \$10 or more, and that is more than 90 days past due. The following debts shall not be considered delinquent for purposes of this definition:

debts that are the subject of pending administrative or judicial review;

debts that are covered by an informal or formal payment agreement, so long as the debtor is current in payments under the terms of the payment agreement.

"Referring agency" shall mean the State agency that refers delinquent debt to the Bureau for collection.

"State agency" shall have the meaning found in the Illinois State Auditing Act [30 ILCS 5/1-7].

**Section 1200.60 Referral of Delinquent Debt**

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- a) *Beginning July 1, 2004 for the Departments of Public Aid and Employment Security and July 1, 2005 for universities and other State agencies, State agencies shall refer to the Bureau all debt owed to the State, provided that the debt satisfies the requirements for referral of delinquent debt as established in this Part. [30 ILCS 210/3] This Part shall apply to all such debt referrals.*
- b) *The debt collection provisions of the Act and this Part may be utilized by the General Assembly, the Supreme Court and the several courts of this State, and the constitutionally elected State Officers, at their discretion, provided that the debt satisfies the requirements for referral of delinquent debt as established in this Part. [30 ILCS 210/2]*
- c) *While this Part does not apply to the Department of Public Aid with regard to child support debts, the collection of which is governed by the requirements of Title IV, Part D of the federal Social Security Act, the Department of Public Aid may refer child support debts to the Bureau, provided that the debt satisfies the requirements for referral of delinquent debt as provided in this Section. All such referred debt shall remain an obligation under the Department of Public Aid's Child Support Enforcement Program subject to the requirements of Title IV, Part D of the federal Social Security Act, including the continued use of federally mandated enforcement remedies and techniques by the Department of Public Aid. [30 ILCS 210/5(h), 10(g)]*
- d) *While this Part does not apply to the Department of Employment Security with regard to debts to any federal account, including but not limited to the Unemployment Trust Fund, and penalties and interest assessed under the Unemployment Insurance Act, the Department of Employment Security may refer those debts to the Bureau, provided that the debt satisfies the requirements for referral of delinquent debt as provided in this Part. [30 ILCS 210/5(h-1), 10(g-1)]*
- e) *Prior to referring delinquent debt to the Bureau, and anytime thereafter upon the request of the Bureau, the referring agency shall collect and provide to the Bureau the following information:*
  - 1) *about the debt:*
    - A) *the amount of the delinquent debt (including fees, penalties, and interest);*
    - B) *the date the debt was incurred;*

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- C) a brief description of the type of the debt;
  - D) a summary of all action taken to collect the debt to date; and
  - E) any other information concerning the debt within its possession needed by the Bureau to perform its responsibilities under the Act and this Part, as requested by the Bureau.
- 2) about the debtor:
- A) for individuals, the identity of the debtor, including name, address, and social security number;
  - B) for business debtors, the name and type of business organization, the business address, the federal employers identification number, and the names, addresses, and social security numbers of the owners and officers of the business; and
  - C) any other information concerning the debtor within its possession needed by the Bureau to perform its responsibilities under the Act and this Part, as requested by the Bureau.
- f) Upon the request of the Bureau, the referring agency shall promptly deliver to the Bureau a copy of all records relating to the debt, with a status report describing all collection action taken by the referring agency.
- g) *Upon acceptance by the Bureau of delinquent debt from a referring agency, the provisions of Section 7 of the Illinois State Collection Act shall be rendered null and void as to that debt, and the Debt Collection Board (Board) shall promptly deliver to the Bureau a copy of all records in its possession relating to that debt, with a status report describing all collection action taken by the Board and an accounting of all payments received. [30 ILCS 210/8]*
- h) *For each debt referred to the Bureau, the referring agency shall retain all documents and records relating to or supporting the existence of the debt. The debtor shall have no right to a hearing before the Bureau to contest the validity of the debt. In the event a debtor would raise a reasonable doubt as to the validity of the debt, the Bureau may in its discretion refer the debt back to the referring agency for further review and recommendation. [30 ILCS 210/10(f)]*

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- i) *All debt referred to the Bureau for collection shall remain the property of the referring agency and an obligation to the account owed.* [30 ILCS 210/5(i)]

**Section 1200.70 Debt Accepted for Collection**

The Bureau will accept for collection delinquent debt that meets the following criteria, unless the debt is otherwise excluded from collection by the Bureau under the Act or this Part:

- a) The debt has been certified to the Bureau by the referring agency as provided in Section 1200.90;
- b) The referring agency has notified the debtor of the amount and basis for the debt, the potential for referral of the debt to the Bureau, and the procedure and time limitations for contesting to the referring agency the validity of the debt;
- c) The debtor did not contest the debt in writing within 90 days from the date the referring agency provided notice of the debt to the debtor;
- d) The debt has been transmitted to the Bureau in a format approved by it; and
- e) The debt is not of the type listed in Section 1200.80.

**Section 1200.80 Debt Not Accepted for Collection**

The Bureau will not accept for collection the following types of debt:

- a) *debt secured by an interest in real property* [30 ILCS 210/5(j)];
- b) receivables currently the subject of an ongoing wage levy, whether that levy is the result of a judgment entered in circuit court or an administrative levy issued without judgment;
- c) receivables currently the subject of litigation being pursued in the State of Illinois through the Office of the Attorney General, State's Attorneys' Offices or, where authorized by the Attorney General, by private counsel retained on behalf of the agency;
- d) debt that has been discharged in bankruptcy or that is currently in bankruptcy proceedings;

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- e) receivables not reported on the Illinois Office of the Comptroller Receivables Report;
- f) debt owed to any federal account, including, but not limited to, federally regulated pension trust funds, unless otherwise provided under this Part;
- g) deferred receivables, as defined in the Comptroller's Receivables Report;
- h) loans, contracts, and agreements of any kind with other governmental entities;
- i) debt that was referred to a private collection firm by the referring agency prior to July 1, 2005, and that has been with that firm for 90 days or less;
- j) *debt that has been deemed uncollectible, absent factual assertions by the referring agency that, due to circumstances not known at the time the delinquent debt was deemed uncollectible*, additional collection efforts are warranted [30 ILCS 210/10(e)];
- k) debt for which it would not be in the State's best economic interest for the Bureau to assume collection responsibility, as determined by the Bureau.

**Section 1200.90 Certification of Debt**

- a) The Bureau shall not accept debt for collection unless that debt has been certified by the referring agency as provided in this Section.
- b) The referring agency shall provide to the Bureau for each delinquent debt that it refers for collection a certification that contains the following:
  - 1) a statement that the debt qualifies for referral to, and collection by, the Bureau, as provided by the Act and this Part;
  - 2) a statement that there are no legal restrictions relating to collection of the debt by the Bureau;
  - 3) a statement that the referring agency has notified the debtor of the amount and basis for the debt, the procedure and time limitations for contesting the validity of the debt to the referring agency, and the potential for referral of the debt to the Bureau; and

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- 4) a statement that the debtor did not dispute the debt in writing to the referring agency within 90 days after the date of notice of the debt by the referring agency.
- c) The certification shall be executed by a person who is authorized to issue, certify, and approve vouchers for the agency under Sections 10 and 11 of the State Finance Act [30 ILCS 105/10 and 11]. Such person may delegate to a responsible person or persons the authority to execute the certification required by this Section.

**Section 1200.100 Collection of Certified Debt**

- a) Once the certified debt is accepted for collection, *the Bureau shall make every reasonable effort to collect the debt using all collection tools available, including, but not limited to, the Comptroller's Offset System and the employment of private collection agencies, as well as its own collections personnel.* [30 ILCS 210/10(a)] As part of its collection efforts, the Bureau may direct the referring agency to place the certified debt with the Comptroller's Offset System or to enter into a repayment plan with the debtor.
- b) *The Bureau shall have the sole authority to let contracts with private collection agencies for the collection of debt referred to and accepted by the Bureau under this Part.* [30 ILCS 210/10(b)]
  - 1) Any contract with a private collection firm for the collection of debt referred to and accepted by the Bureau under this Part shall be let pursuant to the provisions of the Illinois Procurement Code [30 ILCS 500] and the Standard Procurement Rules (44 Ill. Adm. Code 1). Selection of private collection firms by the Bureau shall be made through the Procurement Code's request for proposal process.
  - 2) *Any such contract shall specify that the private collection agency's fee shall be on a contingency basis and that the private collection agency shall not be entitled to collect a contingency fee for any debt collected through the efforts of any State or federal offset system.* [30 ILCS 210/10(b)]

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- 3) Any such contract let after the effective date of this rulemaking should provide that debt referred to the firm for which there have been no payments or other activity must be returned to the agency after 180 days.
  - 4) The referring agency shall be responsible for working directly with the private collection firm in the placement of its certified debt and for providing to the private collection firm information in its possession concerning the certified debt and the debtor, as provided in Section 1200.60(e) of this Part, or as directed by the Bureau.
  - 5) The Bureau shall be responsible for managing and monitoring the collection performance of the private collection firms in regard to debt collected on its behalf.
- c) The Bureau may employ individuals who are certified as collection specialists to perform the requirements of this Part, subject to funding by the General Assembly.
  - d) Private collection firms and individuals employed by the Bureau must demonstrate that they are qualified by training and experience to undertake these collection efforts. In the case of an employment agency, the individuals who would perform the collection services must be so qualified. Upon determination by the Bureau that the individuals are so qualified, the Bureau shall certify the individuals as collection specialists.
  - e) *Upon agreement of the Attorney General, the Bureau may contract for legal assistance in collecting past due accounts. Any contract entered into under this Section before August 20, 2003, shall remain valid but may not be renewed. [30 ILCS 210/7]*
  - f) *The Attorney General and the State Comptroller may assist in the debt collection efforts of the Bureau, as requested by the Department of Revenue. [30 ILCS 210/10(i)]*
  - g) Collection methods employed by the Bureau may vary with the size and nature of the debt.
  - h) If reasonable collection efforts prove unavailing, the Bureau may declare the delinquent debt uncollectible and return it to the referring agency as provided in Section 1200.110.

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**Section 1200.110 Uncollectible Debt**

- a) The Bureau shall deem delinquent debt, which it has accepted for collection, uncollectible when it has exhausted all reasonable collection efforts.
- b) Prior to deeming any delinquent debt uncollectible, the Bureau shall document efforts to accomplish the following collection objectives:
  - 1) confirm the current location of the debtor;
  - 2) locate evidence of the debtor's assets; and
  - 3) use all reasonable and available collections tools to collect the delinquent debt.
- c) *Once a debt is deemed by the Bureau to be uncollectible, the Bureau shall return the debt to the referring agency, which shall then write the debt off as uncollectible or return the debt to the Bureau for additional collection efforts. [30 ILCS 210/10(e)]*
- d) *The Bureau shall refuse to accept debt that has been deemed uncollectible by the Debt Collection Board, the Office of the Comptroller, or the Bureau, absent factual assertions from the referring agency that, due to circumstances not known at the time the debt was deemed uncollectible, the debt is worthy of additional collection efforts. [30 ILCS 210/10(d)]*

**Section 1200.120 Deposit of Amounts Collected**

- a) Any amounts collected under this Part, including amounts collected by outside collection firms under contract with the Bureau, and including any amount that results in overpayment of the delinquent debt, shall be deposited in, or transferred to the appropriate funds, as specified by statute.
  - 1) Allocation of the amounts collected and deposited in the appropriate funds shall be the responsibility of the referring agency.
  - 2) The referring agency shall bear the responsibility for adjusting overpayments.

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- b) *After payment of fees pursuant to the Bureau's contracts with private collection agencies, 20% of all amounts collected by the Bureau, excluding amounts collected on behalf of the Departments of Public Aid and Revenue, shall be deposited into the Debt Collection Fund. All remaining amounts collected shall be deposited into the General Revenue Fund unless the amounts are owed to any State fund or funds other than the General Revenue Fund. [30 ILCS 210/10(h)]*
- c) *Collections arising from referrals from the Department of Public Aid under Section 1200.60(c) shall be deposited into such fund or funds as the Department of Public Aid shall direct, in accordance with the requirements of Title IV, Part D of the federal Social Security Act, applicable provisions of State law, and the rules of the Department of Public Aid. [30 ILCS 210/10(h)]*
- d) *Collections arising from referrals from the Department of Employment Security under Section 1200.60(d) shall be deposited into the fund or funds that the Department of Employment Security shall direct, in accordance with the requirements of Section 3304(a)(3) of the federal Unemployment Tax Act, Section 303(a)(4) of the federal Social Security Act, and the Unemployment Insurance Act. [30 ILCS 210/10(h)]*

**Section 1200.130 Appropriations from Debt Collection Fund**

*Moneys in the Debt Collection Fund shall be appropriated only for the administrative costs of the Bureau. On the last day of each fiscal year, unappropriated moneys and moneys otherwise deemed unneeded for the next fiscal year remaining in the Debt Collection Fund may be transferred into the General Revenue Fund at the Governor's reasonable discretion. [30 ILCS 210/10(h)]*

**Section 1200.140 Obligations Subject to Appropriation**

*The Bureau's obligations under this Part shall be subject to appropriation by the General Assembly. [30 ILCS 210/10(l)]*

**Section 1200.150 Recordkeeping and Reporting**

- a) The Bureau shall notify the referring agency within 60 days after the collection of a delinquent debt, or any portion thereof, collected by the Bureau's own collection specialists.

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- b) The Bureau shall maintain documentation of the efforts undertaken to collect certified debt and the results of those efforts for a period of three years after its collection efforts on that debt ceased.
- c) *The Director of the Department of Revenue shall report annually to the General Assembly and State Comptroller upon the debt collection efforts of the Bureau. Each report shall include an analysis of the overdue debts owed to the State. [30 ILCS 210/10(j)]*
- d) The reporting requirements of this Part are in addition to any reporting required by the Comptroller, and *the debt reporting requirements established by the Comptroller shall be followed by all State agencies. [30 ILCS 210/2]*

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## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Issuance of Licenses
- 2) Code Citation: 92 Ill. Adm. Code 1030
- 3) Section Number: 1030.83                      Adopted Action: New
- 4) Statutory Authority: 625 ILCS 5/2-104(b) and 5/6-521(a)
- 5) Effective Date of Amendment: July 28, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Published in the Illinois Register: 29 Ill. Reg. 4912; April 8, 2005
- 10) Has JCAR issued a Statement of Objection to this amendment? No
- 11) Difference between proposal and final version: Grammatical, punctuation, and non-substantive technical changes were made as agreed upon with JCAR.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No. A companion emergency rulemaking expired on June 29, 2005.
- 14) Are there any amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
1030.140	New Section	29 Ill. Reg. 3865
1030.81	Amendment	29 Ill. Reg. 6226
1030.91	Amendment	29 Ill. Reg. 6877
1030.11	Amendment	29 Ill. Reg. 8094
1030 Appendix B	Amendment	29 Ill. Reg. 8094

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- 15) Summary and Purpose of Amendment: This new section gives the Secretary of State the authority to issue a Hazardous Material Endorsement to Commercial Driver License (CDL) holders after a Security Threat Assessment has been successfully completed by the Transportation Security Administration (TSA) in compliance with the Department of Homeland Security to administer provisions of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA Patriot Act), Public Law 107-56, October 25, 2001, 115 Stat 272.
- 16) Information and questions regarding this adopted amendment shall be directed to:
- Office of the Secretary of State  
Driver Services Department  
Jo Ann Wilson, Legislative Liaison  
c/o Director's Office  
2701 S. Dirksen Parkway  
Springfield, IL 62723
- 217) 785-1441
- 17) Does this rulemaking 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:

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## NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION  
CHAPTER II: SECRETARY OF STATEPART 1030  
ISSUANCE OF LICENSES

Section	
1030.10	What Persons Shall Not be Licensed or Granted Permits
1030.11	Procedure for Obtaining a Driver's License/Temporary Visitor's Driver's License
1030.12	Driver's License Medical Advisory Board
1030.13	Denial of License or Permit
1030.15	Cite for Re-examination
1030.16	Physical and Mental Evaluation
1030.17	Errors in Issuance of Driver's License/Cancellation
1030.18	Medical Criteria Affecting Driver Performance
1030.20	Classification of Drivers – References
1030.30	Classification Standards
1030.40	Fifth Wheel Equipped Trucks
1030.50	Bus Driver's Authority, Religious Organization and Senior Citizen Transportation
1030.55	Commuter Van Driver Operating a For-Profit Ridesharing Arrangement
1030.60	Third-Party Certification Program
1030.63	Religious Exemption for Social Security Numbers
1030.65	Instruction Permits
1030.70	Driver's License Testing/Vision Screening
1030.75	Driver's License Testing/Vision Screening With Vision Aid Arrangements Other Than Standard Eye Glasses or Contact Lens(es)
1030.80	Driver's License Testing/Written Test
1030.81	Endorsements
1030.82	Charter Bus Driver Endorsement Requirements
<u>1030.83</u>	<u>Hazardous Material Endorsement</u>
1030.84	Vehicle Inspection
1030.85	Driver's License Testing/Road Test
1030.86	Multiple Attempts – Written and/or Road Tests
1030.88	Exemption of Facility Administered Road Test
1030.89	Temporary Licenses
1030.90	Requirement for Photograph and Signature of Licensee on Driver's License
1030.91	Disabled Person/Handicapped Identification Card
1030.92	Restrictions
1030.93	Restricted Local Licenses
1030.94	Duplicate or Corrected Driver's License or Instruction Permit

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- 1030.95 Consular Licenses (Repealed)
- 1030.96 Restricted Commercial Driver's License
- 1030.97 Invalidation of a Driver's License, Permit and/or Driving Privilege
- 1030.98 School Bus Commercial Driver's License
- 1030.100 Anatomical Gift Donor
- 1030.110 Emergency Medical Information Card
- 1030.115 Change-of-Address
- 1030.120 Issuance of a Probationary License
- 1030.130 Grounds for Cancellation of a Probationary License
- 1030.APPENDIX A Questions Asked of a Driver's License Applicant
- 1030.APPENDIX B Acceptable Identification Documents

**AUTHORITY:** Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Art. I] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

**SOURCE:** Filed March 30, 1971; amended at 3 Ill. Reg. 7, p. 13, effective April 2, 1979; amended at 4 Ill. Reg. 27, p. 422, effective June 23, 1980; amended at 6 Ill. Reg. 2400, effective February 10, 1982; codified at 6 Ill. Reg. 12674; amended at 9 Ill. Reg. 2716, effective February 20, 1985; amended at 10 Ill. Reg. 303, effective December 24, 1985; amended at 10 Ill. Reg. 18182, effective October 14, 1986; amended at 11 Ill. Reg. 9331, effective April 28, 1987; amended at 11 Ill. Reg. 18292, effective October 23, 1987; amended at 12 Ill. Reg. 3027, effective January 14, 1988; amended at 12 Ill. Reg. 13221, effective August 1, 1988; amended at 12 Ill. Reg. 16915, effective October 1, 1988; amended at 12 Ill. Reg. 19777, effective November 15, 1988; amended at 13 Ill. Reg. 5192, effective April 1, 1989; amended at 13 Ill. Reg. 7808, effective June 1, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 13898, effective August 22, 1989; amended at 13 Ill. Reg. 15112, effective September 8, 1989; amended at 13 Ill. Reg. 17095, effective October 18, 1989; amended at 14 Ill. Reg. 4570, effective March 8, 1990; amended at 14 Ill. Reg. 4908, effective March 9, 1990; amended at 14 Ill. Reg. 5183, effective March 21, 1990; amended at 14 Ill. Reg. 8707, effective May 16, 1990; amended at 14 Ill. Reg. 9246, effective May 16, 1990; amended at 14 Ill. Reg. 9498, effective May 17, 1990; amended at 14 Ill. Reg. 10111, effective June 11, 1990; amended at 14 Ill. Reg. 10510, effective June 18, 1990; amended at 14 Ill. Reg. 12077, effective July 5, 1990; amended at 14 Ill. Reg. 15487, effective September 10, 1990; amended at 15 Ill. Reg. 15783, effective October 18, 1991; amended at 16 Ill. Reg. 2182, effective January 24, 1992; emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; emergency expired on December 13, 1992; amended at 16 Ill. Reg. 18087, effective November 17, 1992; emergency amendment at 17 Ill. Reg. 1219, effective January 13, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2025, effective February 1, 1993; amended at 17 Ill. Reg. 7065, effective May 3, 1993;

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amended at 17 Ill. Reg. 8275, effective May 24, 1993; amended at 17 Ill. Reg. 8522, effective May 27, 1993; amended at 17 Ill. Reg. 19315, effective October 22, 1993; amended at 18 Ill. Reg. 1591, effective January 14, 1994; amended at 18 Ill. Reg. 7478, effective May 2, 1994; amended at 18 Ill. Reg. 16457, effective October 24, 1994; amended at 19 Ill. Reg. 10159, effective June 29, 1995; amended at 20 Ill. Reg. 3891, effective February 14, 1996; emergency amendment at 20 Ill. Reg. 8358, effective June 4, 1996, for a maximum of 150 days; emergency amendment repealed in response to an objection of the Joint Committee on Administrative Rules at 20 Ill. Reg. 14279; amended at 21 Ill. Reg. 6588, effective May 19, 1997; amended at 21 Ill. Reg. 10992, effective July 29, 1997; amended at 22 Ill. Reg. 1466, effective January 1, 1998; emergency amendment at 23 Ill. Reg. 9552, effective August 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13947, effective November 8, 1999; amended at 24 Ill. Reg. 1259, effective January 7, 2000; emergency amendment at 24 Ill. Reg. 1686, effective January 13, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 6955, effective April 24, 2000; emergency amendment at 24 Ill. Reg. 13044, effective August 10, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18400, effective December 4, 2000; amended at 25 Ill. Reg. 959, effective January 5, 2001; amended at 25 Ill. Reg. 7742, effective June 5, 2001; amended at 25 Ill. Reg. 12646, effective September 24, 2001; emergency amendment at 25 Ill. Reg. 12658, effective September 24, 2001, for a maximum of 150 days; emergency expired February 20, 2002; amended at 26 Ill. Reg. 9961, effective June 24, 2002; amended at 27 Ill. Reg. 855, effective January 3, 2003; emergency amendment at 27 Ill. Reg. 7340, effective April 14, 2003, for a maximum of 150 days; emergency expired September 10, 2003; emergency amendment at 27 Ill. Reg. 16968, effective October 17, 2003, for a maximum of 150 days; emergency expired March 14, 2004; emergency amendment at 28 Ill. Reg. 384, effective January 1, 2004, for a maximum of 150 days; emergency expired May 29, 2004; amended at 28 Ill. Reg. 8895, effective June 14, 2004; amended at 28 Ill. Reg. 10776, effective July 13, 2004; amended at 29 Ill. Reg. 920, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2469, effective January 31, 2005, for a maximum of 150 days; emergency expired June 29, 2005; amended at 29 Ill. Reg. 12519, effective July 28, 2005.

**Section 1030.83 Hazardous Material Endorsement****a) Section 1030.83 Definitions**

"Authorized Secretary of State Employee" – a Secretary of State Driver Services Facility employee.

"Cancellation" – cancellation of a CDL with a HME – the annulment or termination by formal action of the Secretary of State of an individual's commercial motor vehicle license with a HME who is no longer entitled to such license in accordance with a notification from the Transportation Security

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## NOTICE OF ADOPTED AMENDMENT

Administration (TSA) that the endorsement holder poses a security threat warranting denial of a hazardous material endorsement.

"Commercial Driver's License" or "CDL" – a driver's license issued by a state to a person that authorizes the person to drive a certain class of commercial motor vehicle or vehicles (see 625 ILCS 5/6-500).

"Commercial Motor Vehicle" – a motor vehicle having a Gross Vehicle Weight Rating (GVWR) of 26,001 pounds or more, or such lesser GVWR as subsequently determined by Federal regulations or the Secretary of State; or any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 pounds or more, provided the GVWR of any vehicles being towed is 10,001 pounds or more; or a vehicle designed to transport 16 or more persons; or a vehicle transporting hazardous materials that is required to be placarded. The definition does not include recreational vehicles when operated primarily for personal use, military vehicles being operated by non-civilian personnel or firefighting equipment owned or operated by or for a governmental entity.

"Commercial Instruction Permit" or "CIP" – a permit issued pursuant to 625 ILCS 5/6-508.

"Driver" – any person who drives, operates, or is in physical control of a commercial motor vehicle, or who is required to hold a CDL.

"Driver License Facility" – facility operated by the Secretary of State where driving examinations are administered and driver's licenses are issued.

"Final Notification of Threat Assessment" – a final administrative determination by the TSA that an individual poses a security threat warranting denial of the authorization for which the individual is applying.

"Hazardous Material" – upon a finding by the United States Secretary of Transportation, in his or her discretion, under 49 USC 5103a, that the transportation of a particular quantity and form of material in commerce may pose an unreasonable risk to health and safety or property, he or she shall designate the quantity and form of material or group or class of materials as a hazardous material. The materials so designated may include but are not limited to explosives, radioactive materials, etiologic agents, flammable liquids or solids, combustible materials, and compressed gases.

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"Hazardous Material Endorsement" or "HME" – an indicator on the driver's license that the driver is qualified to transport hazardous materials that require placarding.

"Initial Notification of Threat Assessment" – an initial administrative determination by TSA that an individual poses a security threat warranting denial of the authorization for which the individual is applying.

"Secretary of State" – Illinois Secretary of State.

"Notification of No Security Threat" – an administrative determination by TSA that an individual does not pose a security threat warranting denial of the authorization for which the individual has successfully passed the Security Threat Assessment performed by TSA and is eligible to apply for a Hazardous Material Endorsement.

"Rescind Order" – a removal by formal action to annul or void a cancellation or denial of a Commercial Driver's License.

"Threat Assessment Fee" – the fee required to pay for the cost of TSA adjudicating security threat assessments, appeals, and waivers under 49 CFR 1572.

"Transportation Security Administration" or "TSA" – a division of the Department of Homeland Security to administer provisions of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA Patriot Act); Public Law 107-56, October 25, 2001, 115 Stat. 272.

"Vendor" – an authorized fingerprint company approved by the Illinois State Police (ISP) who will transmit fingerprint data to ISP to be forwarded to the Federal Bureau of Investigation (FBI) for a security threat assessment.

- b) In order for the Secretary of State to issue a HME, all applicants must successfully comply with the following:
- 1) possess a valid and properly classified driver's license with a CIP or a CDL issued by the Secretary of State;

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- 2) submit the TSA application and a \$34 threat assessment fee to the authorized Secretary of State employee indicating he/she intends to apply for the TSA fingerprint-based criminal history record check;
  - 3) pass a written test administered by the Secretary of State on the transporting of hazardous materials;
  - 4) submit his/her fingerprints and pay all fees for taking and processing of the fingerprints to an authorized vendor who will transmit fingerprint data to ISP to be forwarded to the FBI for a fingerprint-based criminal history background record check for a threat assessment;
  - 5) pay all related application and fingerprinting fees as established by 49 CFR 1572, including, but not limited to, the amounts established by the FBI and the TSA;
  - 6) affirm under penalty of perjury that he/she has not made a false statement or knowingly concealed a material fact in any application for the HME.
- c) Upon receipt of Notification of No Security Threat from TSA on a driver that does not currently hold a HME on his CDL, the Secretary of State shall notify the applicant in writing of the Notification of No Security Threat from TSA and direct the applicant to return to a driver license facility to complete the requirements for the issuance of a HME.
  - d) Upon receipt of an Initial or Final Notification of Threat Assessment from TSA on a driver that does not currently hold a HME on his CDL, the Secretary of State shall place a tag on the driving record of the applicant indicating he is not eligible for a HME. Correspondence notifying the applicant of the failed threat assessment shall be sent by TSA directly to the applicant, along with information regarding the applicant's right to due process.
  - e) Upon receipt of Notification of No Security Threat from TSA on a driver that currently holds a CDL with a HME, the Secretary of State shall notify the applicant in writing of the Notification of No Security Threat from TSA and direct the applicant to return to a driver license facility to complete the requirements to renew or transfer from another state his/her CDL with a HME.
  - f) Upon receipt of an Initial or Final Notification of Threat Assessment from TSA on a driver that currently holds a CDL with a HME, the Secretary of State shall

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send written notice to the driver explaining that he/she has failed the Threat Assessment and, therefore, must appear at a driver license facility to have the HME removed from his/her CDL. The holder will be given at least 5 days, but no more than 30 days, from the date of the notice, to appear at a driver license facility and have the HME removed from his/her CDL. A corrected CDL will then be issued without the HME at no charge to the driver.

- g) Refusal or neglect of a driver to have the HME removed and obtain a corrected CDL shall result in the cancellation of the driver's CDL pursuant to 625 ILCS 5/6-201(a)(6) and 6-207. A driver whose CDL was cancelled may request an administrative hearing to contest the cancellation. The scope of the hearing shall be limited to the reason for the cancellation and shall not address the Threat Assessment conducted by TSA.
- h) If, after a driver's CDL has been cancelled pursuant to subsection (g), the Secretary receives a Notification of No Security Threat from TSA on the driver, an order rescinding the cancellation shall be entered and the driver's CDL and the HME will be valid.
- i) A driver who obtains a corrected CDL shall be deemed to be in compliance with the Secretary of State's request and shall be allowed to retain his/her CDL driving privileges.
- j) If the Secretary of State receives a Notification of No Security Threat after a driver has previously been deemed a Security Threat by TSA and has had the HME removed from his/her CDL in compliance with subsection (f), the Secretary of State shall send written notice to the driver that he/she is now eligible to have the HME added back to his/her CDL. The written notice shall advise the driver that he/she may visit a driver license facility to have a corrected CDL issued reflecting the HME at no cost to the driver.
- k) Effective January 31, 2005, the SOS shall not issue a new HME in compliance with subsection (c) until the Secretary of State has received a Notification of No Security Threat from TSA.
- l) Effective March 31, 2005, a driver who possesses a CDL with a HME and who will be applying to renew his/her CDL-HME after May 31, 2005 may complete the TSA application, pay all associated fees and submit his/her fingerprints to an authorized vendor. Effective May 31, 2005, the Secretary of State shall not renew

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or transfer from another state a HME in compliance with subsection (e) until the Secretary of State has received a Notification of No Security Threat from TSA.

(Source: Added at 29 Ill. Reg. 12519, effective July 28, 2005)

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Airport Hazard Zoning
- 2) Code Citation: 92 Ill. Adm. Code 16
- 3) Section Number: 16.APPENDIX A                      Adopted Action: Amend
- 4) Statutory Authority: Implementing and authorized by the Airport Zoning Act [620 ILCS 25].
- 5) Effective Date of Amendment: July 27, 2005
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's Division of Aeronautics and Office of Chief Counsel and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 15, 2005; 29 Ill. Reg. 5295
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: Minor nonsubstantive technical changes were made throughout the Part at JCAR's request.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendment: By this Notice, the Department has amended Section 16.Appendix A to add several publicly-owned airports to the Part. These airports requested inclusion under the administration and enforcement of this Part that restricts the height of structures, equipment, and vegetation, and that regulates the use of property on or in the vicinity of publicly-owned airports. The following airports made the requests: Quad-City International Airport (MLI), Whiteside County Airport (SQI), and Salem-

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Leckrone Airport (SLO). Additionally, at Section 16.Appendix A, the Department has added a new column to the table in the Appendix to identify the respective date the Part becomes effective for each of the airports covered under the Part.

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

Mr. Robert Hahn, Airspace Specialist  
Illinois Department of Transportation  
Division of Aeronautics  
#1 Langhorne Bond Drive  
Abraham Lincoln Capital Airport  
Springfield, Illinois 62707-8415

(217)524-1580

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

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER b: AERONAUTICSPART 16  
AIRPORT HAZARD ZONING

## Section

16.10	Purpose and Scope
16.20	Applicability
16.30	Definitions
16.35	Public Hearings
16.40	Surfaces and Height Limitations
16.50	Horizontal Surface
16.60	Conical Surface
16.70	Primary Surface
16.80	Approach Surface
16.90	Transitional Surfaces
16.100	Circling Approach Surface
16.110	Instrument Approach Obstruction Clearance Surface
16.120	Heliport/Vertiport Surfaces
16.130	Use Restrictions
16.140	Pre-Existing, Non-Conforming Uses (Grandfather Clause)
16.150	Pre-Existing, Non-Conforming Structures, Uses, or Vegetation Abandoned or Destroyed
16.160	Notice of Construction or Alteration of Any Structure
16.170	Permits
16.180	Variances
16.190	Administrative and Judicial Review
16.200	Penalties
16.210	Conflicting Regulations
16.220	Severability
16.APPENDIX A	Applicable Airports
16.ILLUSTRATION A	Airports Imaginary Surfaces
16.ILLUSTRATION B	Airports (Public- or Private-Use) Minimum Dimensional Standards
16.ILLUSTRATION C	Obstruction Standards ( $\leq$ 6 Nautical Miles)
16.ILLUSTRATION D	Obstruction Standards ( $>$ 6 Nautical Miles)
16.ILLUSTRATION E	Public- or Private-Use Heliport/Vertiport Minimum Dimensional Standards

AUTHORITY: Implementing and authorized by the Airport Zoning Act [620 ILCS 25].

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SOURCE: Adopted at 28 Ill. Reg. 2421, effective January 26, 2004; amended at 29 Ill. Reg. 12529, effective July 27, 2005.

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**Section 16.APPENDIX A Applicable Airports**

<u>Airport</u>	<u>City</u>	<u>County</u>	<u>ARP Latitude</u>	<u>ARP Longitude</u>	<u>Fed Std.</u>	<u>State Std.</u>	<u>Applicable Date</u>
<u>SPI</u>	<u>Springfield</u>	<u>Sangamon</u>	<u>39-50.64</u>	<u>89-40.66</u>	<u>X</u>		<u>Jan. 26, 2004</u>
<u>MLI</u>	<u>Moline</u>	<u>Rock Island</u>	<u>41-26.91</u>	<u>90-30.45</u>	<u>X</u>		<u>July 29, 2005</u>
<u>SQI</u>	<u>Sterling-Rock Falls</u>	<u>Whiteside</u>	<u>41-44.57</u>	<u>89-40.58</u>	<u>X</u>		<u>July 29, 2005</u>
<u>SLO</u>	<u>Salem</u>	<u>Marion</u>	<u>38-38.57</u>	<u>88-57.85</u>	<u>X</u>		<u>July 29, 2005</u>

(Source: Amended at 29 Ill. Reg. 12529, effective July 27, 2005)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.80      Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 94-0242 and Public Act 94-0048
- 5) Effective Date: August 1, 2005
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable
- 7) Date Filed with the Index Department: August 1, 2005
- 8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: These emergency amendments are being filed pursuant to the State's budget plan for fiscal year 2006 and Public Act 94-0242 which establishes changes concerning hospital provider assessments. The amendments are expected to increase the Hospital Provider Fund by \$733.8 million during fiscal years 2006, 2007 and 2008, and will support necessary hospital access improvement payments. Immediate implementation of these changes is necessary to ensure the availability of essential medical care. Section 5-45 of Public Act 94-0048 specifically authorizes emergency rulemaking for the implementation of these changes for fiscal year 2006.
- 10) Complete Description of the Subjects and Issues Involved: These emergency amendments pertain to the Department's hospital provider assessment provisions at Section 140.80. Changes are being made concerning the Hospital Provider Fund pursuant to Public Act 94-0242 to establish a new annual assessment on hospital providers for State fiscal years 2006, 2007 and 2008, in an amount equal to 2.5835 percent of the hospitals adjusted gross hospital revenue for inpatient services and 2.5835 percent of the hospital's adjusted gross hospital revenue for outpatient services. These changes are expected to increase the Hospital Provider Fund by \$733.8 million during fiscal years 2006, 2007 and 2008. The Fund will allow for certain new hospital access improvement payments to ensure the availability of essential medical care.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENT

- 11) Are there any other amendments pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.3	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.455	Amendment	June 17, 2005 (29 Ill. Reg. 8500)
140.470	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.471	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.472	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.473	Amendment	April 1, 2005 (29 Ill. Reg. 4679)
140.474	Amendment	April 1, 2005 (29 Ill. Reg. 4679)

- 12) Statement of Statewide Policy Objective: These emergency amendments neither create nor expand any State mandate affecting units of local government.

- 13) Information and questions regarding this amendment shall be directed to:

Joanne Scattoloni  
Office of the General Counsel, Rules Section  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002

(217) 524-0081

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENT

## TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF ~~HEALTHCARE AND FAMILY SERVICES~~~~PUBLIC AID~~  
SUBCHAPTER d: MEDICAL PROGRAMS

## PART 140

## MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

## Section

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

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

## Section

- 140.11 Enrollment Conditions for Medical Providers
- 140.12 Participation Requirements for Medical Providers
- 140.13 Definitions
- 140.14 Denial of Application to Participate in the Medical Assistance Program
- 140.15 Recovery of Money
- 140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.18 Effect of Termination on Individuals Associated with Vendor
- 140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring

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140.20	Submittal of Claims
140.21	Reimbursement for QMB Eligible Medical Assistance Recipients and QMB Eligible Only Recipients and Individuals Who Are Entitled to Medicare Part A or Part B and Are Eligible for Some Form of Medicaid Benefits
140.22	Magnetic Tape Billings (Repealed)
140.23	Payment of Claims
140.24	Payment Procedures
140.25	Overpayment or Underpayment of Claims
140.26	Payment to Factors Prohibited
140.27	Assignment of Vendor Payments
140.28	Record Requirements for Medical Providers
140.30	Audits
140.31	Emergency Services Audits
140.32	Prohibition on Participation, and Special Permission for Participation
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140.35	False Reporting and Other Fraudulent Activities
140.40	Prior Approval for Medical Services or Items
140.41	Prior Approval in Cases of Emergency
140.42	Limitation on Prior Approval
140.43	Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.55	Recipient Eligibility Verification (REV) System
140.71	Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72	Drug Manual (Recodified)
140.73	Drug Manual Updates (Recodified)

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140.80	Hospital Provider Fund
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140.82	Developmentally Disabled Care Provider Fund
140.84	Long Term Care Provider Fund
140.94	Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
140.95	Hospital Services Trust Fund
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)
140.98	Covered Hospital Services (Recodified)
140.99	Hospital Services Not Covered (Recodified)

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- 140.100 Limitation On Hospital Services (Recodified)
- 140.101 Transplants (Recodified)
- 140.102 Heart Transplants (Recodified)
- 140.103 Liver Transplants (Recodified)
- 140.104 Bone Marrow Transplants (Recodified)
- 140.110 Disproportionate Share Hospital Adjustments (Recodified)
- 140.116 Payment for Inpatient Services for GA (Recodified)
- 140.117 Hospital Outpatient and Clinic Services (Recodified)
- 140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
- 140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
- 140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
- 140.203 Limits on Length of Stay by Diagnosis (Recodified)
- 140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
- 140.350 Copayments (Recodified)
- 140.360 Payment Methodology (Recodified)
- 140.361 Non-Participating Hospitals (Recodified)
- 140.362 Pre July 1, 1989 Services (Recodified)
- 140.363 Post June 30, 1989 Services (Recodified)
- 140.364 Prepayment Review (Recodified)
- 140.365 Base Year Costs (Recodified)
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- 140.367 Inflation Adjustment (Recodified)
- 140.368 Volume Adjustment (Repealed)
- 140.369 Groupings (Recodified)
- 140.370 Rate Calculation (Recodified)
- 140.371 Payment (Recodified)
- 140.372 Review Procedure (Recodified)
- 140.373 Utilization (Repealed)
- 140.374 Alternatives (Recodified)
- 140.375 Exemptions (Recodified)
- 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
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- 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
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- 140.481 Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
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AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the

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Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a

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maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill.

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Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919,

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effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1,

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1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1,

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2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days.

## SUBPART C: PROVIDER ASSESSMENTS

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**Section 140.80 Hospital Provider Fund****EMERGENCY**

- a) Purpose and Contents
  - 1) The Hospital Provider Fund ("Fund") was created in the State Treasury on February 3, 2004 (see 305 ILCS 5/5A-8). Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
  - 2) The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and 305 ILCS 5/5A-4 and 12.
  - 3) The Fund shall consist of:
    - A) All monies collected or received by the Department under subsection (b) of this Section;
    - B) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund;
    - C) Any interest or penalty levied in conjunction with the administration of the Fund;
    - D) Monies transferred from another fund in the State treasury;
    - E) All other monies received for the Fund from any other source, including interest earned on those monies.
- b) Provider Assessments
  - 1) An annual assessment on hospital inpatient services is imposed on each hospital provider in an amount equal to the hospital's occupied bed days multiplied by \$84.19 for State fiscal years 2004 and 2005, if the payment methodologies required under 305 ILCS 5/5A-12 and the waiver created under 42 CFR 433.68 are approved with an effective date prior to July 1, 2004; or the assessment will be imposed for fiscal year 2005 only, if the payment methodologies required under 305 ILCS 5/5A-12 and the waiver created under 42 CFR 433.68 are approved with an effective date on or

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after July 1, 2004. The Department shall use the number of occupied bed days as reported, by February 3, 2004 (the date of enactment of Public Act 93-0659), by each hospital on the Annual Survey of Hospitals conducted by the Department of Public Health to calculate the hospital's annual assessment. If the sum of a hospital's occupied bed days is not reported on the Annual Survey of Hospitals or if there are data errors in the reported sum of a hospital's occupied bed days as determined by the Department, then the Department may obtain the sum of occupied bed days from any source available, including, but not limited to, records maintained by the hospital provider, which may be inspected at all times during business hours of the day by the Department or its duly authorized agents and employees.

2) Subject to the provisions of 305 ILCS 5/5A-3 and 5A-10, for the privilege of engaging in the occupation of hospital provider, beginning August 1, 2005, an annual assessment is imposed on each hospital provider for State fiscal years 2006, 2007 and 2008, in an amount equal to 2.5835 percent of the hospital provider's adjusted gross hospital revenue for inpatient services and 2.5835 percent of the hospital provider's adjusted gross hospital revenue for outpatient services. If the hospital provider's adjusted gross hospital revenue is not available, then the Department may obtain the hospital provider's adjusted gross hospital revenue from any source available, including, but not limited to, records maintained by the hospital provider, which may be inspected at all times during business hours of the day by the Department or its duly authorized agents and employees.

## c) Payment of Assessment Due

1) ~~The annual assessment imposed for State fiscal year 2004 shall be due and payable on June 18, 2004. The assessment imposed for State fiscal year 2005 shall be due and payable in quarterly installments, each equaling one-fourth of the assessment for the year on the 14<sup>th</sup> business day of September, December, March and May, on July 19, October 19, January 18, and April 19 of the year.~~ No installment payments of an assessment shall be due and payable, however, until after:

A) ~~The~~ the hospital provider receives written notice from the Department that the payment methodologies to hospitals required under 305 ILCS 5/5A-12 or 5A-12.1, whichever is applicable for that fiscal year, have been approved by CMSthe Centers for

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~~Medicare and Medicaid Services of the federal Department of Health and Human Services and any~~ waiver necessary under 42 CFR 433.68 ~~for the assessment~~ has been granted by CMS~~the Centers for Medicare and Medicaid Services~~; and

B) ~~The~~ hospital has received payments required under 305 ILCS 5/5A-12 or 5A-12.1, whichever is applicable for that fiscal year~~Public Act 93-0659~~.

2) Assessment payments postmarked on the due date will be considered as paid on time. Upon notification to the Department of approval of the payment methodologies to hospitals required under 305 ILCS 5/5A-12 or 5A-12.1~~by the Centers for Medicare and Medicaid Services (CMS) of the federal Department of Health and Human Services~~, and ~~any~~ waiver necessary under 42 CFR 433.68 ~~for the assessment~~ has been granted by the CMS, all quarterly installments otherwise due ~~under 305 ILCS 5/5A-12~~ prior to the date of notification shall be due and payable to the Department upon written direction from the Department and the receipt of the payments required under Section 5A-12 or Section 5A-12.1 within 30 days after the date of notification.

3)2) All payments received by the Department shall be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments.

d) Notice Requirements, Penalty, and Maintenance of Records

1) The Department shall send a notice of assessment to every hospital provider subject to an assessment under subsection (b) of this Section, except that ~~the notice for the State fiscal year commencing July 1, 2003, shall be sent on or before June 1, 2004, and~~ no notice shall be sent until the Department receives written notice that the payment methodologies to hospitals required under 305 ILCS 5/5A-12 or 5A-12.1 have been approved ~~by the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services~~ and the waiver under 42 CFR 433.68 ~~for the assessment~~ has been granted by CMS~~the Centers for Medicare and Medicaid Services~~.

2) If a hospital provider conducts, operates, or maintains more than one hospital licensed by the Illinois Department of Public Health, a separate

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notice shall be sent for each hospital.

- e) Procedure for Partial Year Reporting/Operating Adjustments
- 1) Cessation of business during the fiscal year in which the assessment is being paid. If a hospital provider ceases to conduct, operate, or maintain a hospital for which the person is subject to assessment under subsection (b) of this Section, the assessment for the State fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under subsection (d) of this Section by a fraction, the numerator of which is the number of days in the year during which the provider conducts, operates, or maintains the hospital and the denominator of which is 365. Immediately upon ceasing to conduct, operate or maintain a hospital, the person shall pay the assessment for the year as adjusted (to the extent not previously paid).
  - 2) Commencing of business during the fiscal year in which the assessment is being paid. A hospital provider who commences conducting, operating, or maintaining a hospital for which the person is subject to assessment under subsection (b) of this Section, upon notice by the Department, shall pay the assessment under subsection (d) of this Section as computed by the Department in installments on the due dates stated on the notices and on the regular installment due dates for the State fiscal year occurring after the due date of the initial assessment notice. In determining the annual assessment amount for the provider, the Department shall develop hypothetical adjusted gross hospital revenue for the hospital's first full fiscal year, which may be based on the annualization of the provider's actual revenues for a portion of the year, or revenues of a comparable hospital for the year, including revenues realized by a prior hospital provider of the same hospital during the year~~annualized occupied bed projections based upon geographic location, facility size and patient case mix or, if there is not enough information to develop a methodology, may base the projection on the average occupied bed percentage of all hospitals in the State.~~ The assessment determination made by the Department is final.
  - 3) Partial Calendar Year Operation Adjustment. For a hospital provider that did not conduct, operate, or maintain a hospital throughout the entire calendar year reporting period, the assessment for the State fiscal year shall be annualized based on the provider's actual adjusted gross hospital

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~~revenue~~~~occupied bed~~ information for the portion of the reporting period the hospital was operational (dividing adjusted gross hospital revenue~~occupied beds~~ by the number of days the hospital was in operation and then multiplying the amount by 365). Adjusted gross hospital revenue~~occupied bed~~ information reported by a prior provider from the same hospital during the calendar year shall be used in the annualization equation, if available.

- 4) Change in Ownership and/or Operators. The full quarterly installment assessment must be paid on the designated due dates regardless of changes in ownership or operators. Liability for the payment of the assessment amount (including past due assessments and any interest or penalties that may have accrued against the amount) rests on the hospital provider currently operating or maintaining the hospital regardless if these amounts were incurred by the current owner or were incurred by previous owners. Collection of delinquent assessment fees from previous providers will be made against the current provider. Failure of the current provider to pay any outstanding assessment liabilities incurred by previous providers shall result in the application of penalties described in subsection (f)(1) of this Section.

f) Penalties

- 1) Any hospital that fails to pay the full amount of an installment when due shall be charged, unless waived by the Department for reasonable cause, a penalty equal to five percent of the amount of the installment not paid on or before the due date, plus five percent of the portion thereof remaining unpaid on the last day of each monthly period thereafter, not to exceed 100 percent of the installment amount not paid on or before the due date. Waiver due to reasonable cause may include but is not limited to:
- A) A provider can demonstrate to the Department's satisfaction that a payment was made prior to the due date.
  - B) A provider is a new owner/operator and the late payment occurred in the quarter in which the new owner/operator assumed control of the facility.
- 2) Within 30 days after the due date, the Department may begin recovery actions against delinquent hospitals participating in the Medicaid Program.

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Payments may be withheld from the hospital until the entire assessment, including any interest and penalties, is satisfied or until a reasonable repayment schedule has been approved by the Department. If a reasonable agreement cannot be reached or if a hospital fails to comply with an agreement, the Department reserves the right to recover any outstanding provider assessment, interest and penalty by recouping the amount or a portion thereof from the hospital's future payments from the Department. The provider may appeal this recoupment in accordance with the Department's rules at 89 Ill. Adm. Code 104. The Department has the right to continue recoupment during the appeal process. Penalties pursuant to subsection (f)(1) of this Section will continue to accrue during the recoupment process. Recoupment proceedings against the same hospital two times in a fiscal year may be cause for termination from the Medicaid Program. Failure by the Department to initiate recoupment activities within 30 days shall not reduce the provider's liabilities nor shall it preclude the Department from taking action at a later date.

- 3) If the hospital does not participate in the Medicaid Program, or is no longer doing business with the Department, or the Department cannot recover the full amount due through the claims processing system, within three months after the fee due date, the Department may begin legal action to recover the monies, including penalties and interest owed, plus court costs.

g) Delayed Payment – Groups of Hospitals

The Department may establish delayed payment of assessments and/or waive the payment of interest and penalties for groups of hospitals such as disproportionate share hospitals or all other hospitals when:

- 1) ~~The~~ State delays payments to hospitals due to problems related to State cash flow; or
- 2) ~~A~~ cash flow bond pool's, or any other group financing plans', requests from providers for loans are in excess of its scheduled proceeds such that a significant number of hospitals will be unable to obtain a loan to pay the assessment.

h) Delayed Payment – Individual Hospitals

In addition to the provisions of subsection (g) of this Section, the Department may delay assessments for individual hospitals that are unable to make timely

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payments under this Section due to financial difficulties. No delayed payment arrangements shall extend beyond the last business day of the calendar quarter following the quarter in which the assessment was to have been received by the Department as described in subsection (c) of this Section.

- 1) Criteria. Delayed payment provisions may be instituted only under extraordinary circumstances. Delayed payment provisions may be made only to qualified hospitals who meet all of the following requirements:
  - A) ~~The~~ provider has experienced an emergency which necessitates institution of delayed payment provisions. Emergency in this instance is defined as a circumstance under which institution of the payment and penalty provisions described in subsections (c)(1), (c)(2), (f)(1) and (f)(2) of this Section would impose severe and irreparable harm to the clients served. Circumstances which may create such emergencies include, but are not limited to, the following:
    - i) Department system errors (either automated system or clerical) which have precluded payments, or which have caused erroneous payments such that the provider's ability to provide further services to clients is severely impaired;
    - ii) ~~Cash~~ flow problems encountered by a provider which are unrelated to Department technical system problems and which result in extensive financial problems to a facility, adversely impacting on its ability to serve its clients.
  - B) ~~The~~ provider serves a significant number of clients under the medical assistance program. "Significant" in this instance means:
    - i) ~~A~~ hospital that serves a significant number of clients under the medical assistance program; significant in this instance means that the hospital qualifies as a disproportionate share hospital (DSH) under 89 Ill. Adm. Code 148.120(a)(1) through 148.120(a)(5); or qualifies as a Medicare DSH hospital under the current federal guidelines.
    - ii) ~~A~~ government-owned facility, which meets the cash flow

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criterion under subsection (h)(1)(A)(ii) of this Section.

iii) ~~A~~ hospital which has filed for Chapter 11 bankruptcy, which meets the cash flow criteria under subsection (h)(1)(A)(ii) of this Section.

C) ~~The~~ provider must file a delay of payment request as defined under subsection (h)(3)(A) of this Section, and the request must include a Cash Position Statement which is based upon current assets, current liabilities and other data for a date which is less than 60 days prior to the date of filing. Any liabilities payable to owners or related parties must not be reported as current liabilities on the Cash Position Statement. A deferral of assessment payments will be denied if any of the following criteria are met:

i) ~~The~~ ratio of current assets divided by current liabilities is greater than 2.0.

ii) ~~Cash~~, short term investments and long term investments equal or exceed the total of accrued wages payable and the assessment payment. Long term investments which are unavailable for expenditure for current operations due to donor restrictions or contractual requirements will not be used in this calculation.

D) ~~The~~ provider must show evidence of denial of an application to borrow assessment funds through a cash flow bond pool or financial institutions such as a commercial bank. The denial must be 90 days old or less.

E) ~~The~~ provider must sign an agreement with the Department which specifies the terms and conditions of the delayed payment provisions. The agreement shall contain the following provisions:

i) ~~Specific~~ ~~specific~~ ~~reasons~~ ~~reason(s)~~ for institution of the delayed payment provisions;

ii) ~~Specific~~ ~~specific~~ dates on which payments must be received and the amount of payment which must be received on each specific date described;

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- iii) ~~The~~ interest or a statement of interest waiver as described in subsection (h)(5) of this Section that shall be due from the provider as a result of institution of the delayed payment provisions;
  - iv) ~~A~~ certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement;
  - v) ~~A~~ certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
  - vi) ~~Such~~ other terms and conditions that may be required by the Department.
- 2) A hospital, which does not meet the above criteria, may request a delayed payment schedule. The Department may approve the request, notwithstanding the hospital not meeting the above criteria, upon a sufficient showing of financial difficulties and good cause by the hospital. If the request for a delayed payment schedule is approved, all other conditions of this subsection (h) shall apply.
- 3) Approval Process
- A) In order to receive consideration for delayed payment provisions, providers must submit their request in writing (telefax requests are acceptable) to the Bureau of Program and Reimbursement Analysis. The request must be received by the date designated by the Department. Providers will be notified, in writing, as to the due dates for submitting delay of payment requests. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax requests must be followed up with original written requests, postmarked no later than the date of the telefax. The request must include:

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- i) ~~Anan~~ explanation of the circumstances creating the need for the delayed payment provisions;
  - ii) ~~Supportivesupportive~~ documentation to substantiate the emergency nature of the request including a cash position statement as defined in subsection (h)(1)(C) of this Section, a denial of application to borrow the assessment as defined in subsection (h)(1)(D) of this Section and an explanation of the risk of irreparable harm to the clients; and
  - iii) ~~Specificationspecification~~ of the specific arrangements requested by the provider.
- B) The hospital shall be notified by the Department, in writing prior to the assessment due date, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the provider for all approved requests. The agreement must be signed by the administrator, owner, chief executive officer or other authorized representative and be received by the Department prior to the first scheduled payment date listed in such agreement.
- 4) Waiver of Penalties. The penalties described in subsections (f)(1) and (f)(2) of this Section may be waived upon approval of the provider's request for institution of delayed payment provisions. In the event a provider's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(3)(B) of this Section, such penalties shall be permanently waived for the subject quarter unless the provider fails to meet all of the terms and conditions of the agreement. In the event the provider fails to meet all of the terms and conditions of the agreement, the agreement shall be considered null and void and such penalties shall be fully reinstated.
  - 5) Interest. The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) of this Section. The interest may be waived by the Department if the facility's current ratio, as described in subsection (h)(1)(C) of this Section, is 1.5 or

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less and the hospital meets the criteria in subsections (h)(1)(A) and (B) of this Section. Any such waivers granted shall be expressly identified in the agreement described in subsection (h)(1)(E) of this Section.

- 6) **Subsequent Delayed Payment Arrangements.** Once a provider has requested and received approval for delayed payment arrangements, the provider shall not receive approval for subsequent delayed payment arrangements until such time as the terms and conditions of any current delayed payment agreement have been satisfied or unless the provider is in full compliance with the terms of the current delayed payment agreement. The waiver of penalties described in subsection (h)(4) of this Section shall not apply to a provider that has not satisfied the terms and conditions of any current delayed payment agreement.
- i) **Administration and Enforcement Provisions**

The Department shall establish and maintain a listing of all hospital providers appearing in the licensing records of the Department of Public Health, which shall show each provider's name and principal place of business and the name and address of each hospital operated, conducted, or maintained by the provider in this State. The Department shall administer and enforce 305 ILCS 5/5A-1, 2, 3, 4, 5, 7, 8, 10 and 12 and collect the assessments and penalty assessments imposed under 305 ILCS 5/5A-2 and 4. The Department, its Director, and every hospital provider subject to assessment measured by occupied bed days shall have the following powers, duties, and rights:

  - 1) The Department may initiate either administrative or judicial proceedings, or both, to enforce the provisions of 305 ILCS 5/5A-1, 2, 3, 4, 5, 7, 8, 10 and 12. Administrative enforcement proceedings initiated shall be governed by the Department's rules at 89 Ill. Adm. Code 104.200 through 104.330. Judicial enforcement proceedings initiated shall be governed by the rules of procedure applicable in the courts of this State.
  - 2) No proceedings for collection, refund, credit, or other adjustment of an assessment amount shall be issued more than three years after the due date of the assessment, except in the case of an extended period agreed to in writing by the Department and the hospital provider before the expiration of this limitation period.
  - 3) Any unpaid assessment under 305 ILCS 5/5A-2 shall become a lien upon the assets of the hospital upon which it was assessed. If any hospital

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provider, outside the usual course of its business, sells or transfers the major part of any one or more of the real property and improvements, the machinery and equipment, or the furniture or fixtures of any hospital that is subject to the provisions of 305 ILCS 5/5A-1, 2, 3, 4, 5, 7, 8, 10 and 12, the seller or transferor shall pay the Department the amount of any assessment, assessment penalty, and interest (if any) due from it under 305 ILCS 5/5A-2 and 4 up to the date of the sale or transfer. If the seller or transferor fails to pay any assessment, assessment penalty, and interest (if any) due, the purchaser or transferee of such asset shall be liable for the amount of the assessment, penalties, and interest (if any) up to the amount of the reasonable value of the property acquired by the purchaser or transferee. The purchaser or transferee shall continue to be liable until the purchaser or transferee pays the full amount of the assessment, penalties, and interest (if any) up to the amount of the reasonable value of the property acquired by the purchaser or transferee or until the purchaser or transferee receives from the Department a certificate showing that such assessment, penalty, and interest have been paid or a certificate from the Department showing that no assessment, penalty, or interest is due from the seller or transferor under 305 ILCS 5/5A-2, 4 and 5.

- 4) Payments under 305 ILCS 5/5A-4 are not subject to the Illinois Prompt Payment Act. Credits or refunds shall not bear interest.
- 5) In addition to any other remedy provided for and without sending a notice of assessment liability, the Department may collect an unpaid assessment by withholding, as payment of the assessment, reimbursements or other amounts otherwise payable by the Department to the hospital provider.

j) Exemptions

The following classes of providers are exempt from the assessment imposed under 305 ILCS 5/5A-4 unless the exemption is adjudged to be unconstitutional or otherwise invalid:

- 1) A hospital provider that is a State agency, a State university, or a county with a population of 3,000,000 or more.
- 2) A hospital provider that is a county with a population of less than 3,000,000 or a township, municipality, hospital district, or any other local governmental unit.
- 3) For State fiscal years 2004 and 2005, aA hospital provider whose hospital does not charge for its services.

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- 4) For State fiscal years 2004 and 2005, a hospital provider whose hospital is licensed by the Department of Public Health as a psychiatric hospital.
  - 5) For State fiscal years 2004 and 2005, a hospital provider whose hospital is licensed by the Department of Public Health as a rehabilitation hospital.
  - 6) For State fiscal years 2004 and 2005, a hospital provider whose hospital is not a psychiatric hospital, rehabilitation hospital, or children's hospital and has an average length of inpatient stay greater than 25 days.
- k) Nothing in 305 ILCS 5/5A-4 shall be construed to prevent the Department from collecting all amounts due under this Section pursuant to an assessment imposed before February 3, 2004.
- l) Definitions.  
As used in this Section, unless the context requires otherwise:
- 1) "Adjusted gross hospital revenue for inpatient services" means inpatient gross revenue less Medicare gross inpatient revenue, which shall be determined using the most recent data available from each hospital's 2003 Medicare cost report as contained in the HCRIS file for the quarter ending December 31, 2004, without regard to any subsequent adjustments or changes to such data.
  - 2) "Adjusted gross hospital revenue for outpatient services" means outpatient gross revenue less Medicare gross outpatient revenue, which shall be determined using the most recent data available from each hospital's 2003 Medicare cost report as contained in the HCRIS file for the quarter ending December 31, 2004, without regard to any subsequent adjustments or changes to such data.
  - 3) "CMS" means the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.
  - 4) "Department" means the Illinois Department of Healthcare and Family Services.
  - 5) "Fund" means the Hospital Provider Fund.
  - 6) "HCRIS" means the federal Centers for Medicare and Medicaid Services

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Healthcare Cost Report Information System.

- ~~7)3)~~ "Hospital" means an institution, place, building, or agency located in this State that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.
- ~~8)4)~~ "Hospital provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this definition, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.
- 9) "Inpatient Gross Revenue" means total inpatient gross revenue, as reported on the HCRIS Worksheet C, Part 1, Column 6, Line 101, less the sum of the following lines (including any subset lines of these lines):
- A) Line 34: Skilled Nursing Facility.
  - B) Line 35: Other Nursing Facility.
  - C) Line 35.01: Intermediate Care Facility for the Mentally Retarded.
  - D) Line 36: Other Long Term Care.
  - E) Line 45: PBC Clinical Laboratory Services – Program Only.
  - F) Line 60: Clinic.
  - G) Line 63: Other Outpatient Services.
  - H) Line 64: Home Program Dialysis.
  - D) Line 65: Ambulance Services.
  - J) Line 66: Durable Medical Equipment – Rented.

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- K) Line 67: Durable Medical Equipment – Sold.
- L) Line 68: Other Reimbursable.
- 10) "Medicare Gross Inpatient Revenue" means the sum of the following:
- A) The sum of the following lines from the HCRIS Worksheet D-4, Column 2 (excluding the Medicare gross revenue attributable to the routine services provided to patients in a psychiatric hospital, a rehabilitation hospital, a distinct part psychiatric unit, a distinct part rehabilitation unit or swing beds):
- i) Line 25: Adults and Pediatrics.
- ii) Line 26: Intensive Care Unit.
- iii) Line 27: Coronary Care Unit.
- iv) Line 28: Burn Intensive Care Unit.
- v) Line 29: Surgical Intensive Care Unit.
- vi) Line 30: Other Special Care Unit.
- B) From Worksheet D-4, Column 2, the amount from Line 103 less the sum of Lines 60, 63, 64, 66, 67 and 68 (and any subset lines of these lines).
- C) The amount from Worksheet D-6, Part 3, Column 3, Line 53.
- 11) "Medicare Gross Outpatient Revenue" means the amount from the HCRIS Worksheet D, Part V, Line 101, Columns 5, 5.01, 5.02, 5.03 and 5.04 less the sum of Lines 45, 60, 63, 64, 65, 66 and 67 (and any subset lines of these lines).
- 12)5) "Occupied bed days" means the sum of the number of days that each bed was occupied by a patient for all beds, excluding beds classified as long term care beds and assessed a licensed bed fee during calendar year 2001. Occupied bed days shall be computed separately for each hospital operated or maintained by a hospital provider.

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- 13) "Outpatient Gross Revenue" means the amount from the HCRIS Worksheet C, Part I, Column 7, Line 101 less the sum of lines 45, 60, 63, 64, 65, 66, 67 and 68 (and any subset lines of these lines).

(Source: Amended by emergency rulemaking at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days)

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- 1) Heading of the Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148
- 3) 

<u>Section Numbers:</u>	<u>Emergency Action:</u>
148.310	Amendment
148.402	New Section
148.404	New Section
148.406	New Section
148.408	New Section
148.410	New Section
148.412	New Section
148.414	New Section
148.416	New Section
148.418	New Section
148.420	New Section
148.422	New Section
148.424	New Section
148.426	New Section
148.428	New Section
148.430	New Section
148.432	New Section
148.434	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 94-0242 and Section 5-45 of Public Act 94-0048
- 5) Effective Date: August 1, 2005
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: No
- 7) Date Filed with the Index Department: August 1, 2005
- 8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: These emergency amendments concerning hospital services are being filed pursuant to the enactment of the State's budget plan for fiscal year 2006 and Public Act 94-0242. The amendments establish a number of new quarterly rate

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adjustment programs to preserve and improve access to hospital services. Immediate implementation of these changes is necessary to ensure the availability of essential medical care. Section 5-45 of Public Act 94-0048 specifically authorizes emergency rulemaking for the implementation of these changes for fiscal year 2006.

- 10) Complete Description of the Subjects and Issues Involved: These emergency amendments concerning hospital services are being filed pursuant to Public Act 94-0242 under which a number of new quarterly rate adjustment programs are being established to preserve and improve access to hospital services. This rulemaking describes the eligibility requirements and rate methodology for each of these hospital access improvement payments. These new adjustment payment programs include:

Medicaid Eligibility Payments,  
 Medicaid High Volume Adjustment Payments,  
 Intensive Care Adjustment Payments,  
 Trauma Center Adjustment Payments,  
 Psychiatric Rate Adjustment Payments,  
 Rehabilitation Adjustment Payments,  
 Supplemental Tertiary Care Adjustment Payments,  
 Crossover Percentage Adjustment Payments,  
 Long Term Acute Care Hospital Adjustments Payments,  
 Obstetrical Care Adjustment Payments,  
 Outpatient Access Payments,  
 Outpatient Utilization Payments,  
 Outpatient Complexity of Care Adjustment Payments,  
 Rehabilitation Hospital Adjustment Payments,  
 Perinatal Outpatient Adjustment Payments,  
 Supplemental Psychiatric Adjustment Payments, and  
 Outpatient Community Access Adjustment Payments.

The emergency amendments to Section 148.310 add rate review provisions for each new rate adjustment program.

These rate adjustments are expected to increase annual expenditures for hospital services by approximately \$1.2 billion.

- 11) Are there any other amendments pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
148.105	Amendment	May 27, 2005 (29 Ill. Reg. 7693)

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148.295	Amendment	May 27, 2005 (29 Ill. Reg. 7693)
148.310	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.402	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.404	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.406	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.408	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.410	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.412	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.414	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.416	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.418	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.420	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.422	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.424	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.426	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.428	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.430	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.432	Amendment	July 1, 2005 (29 Ill. Reg. 9241)
148.434	Amendment	July 1, 2005 (29 Ill. Reg. 9241)

- 12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any State mandate affecting units of local government.
- 13) Information and questions regarding these emergency amendments shall be directed to:

Joanne Scattoloni  
Office of the General Counsel, Rules Section  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763-0002

(217) 524-0081

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES~~PUBLIC AID~~

SUBCHAPTER d: MEDICAL PROGRAMS

PART 148

HOSPITAL SERVICES

SUBPART A: GENERAL PROVISIONS

Section

- 148.10 Hospital Services
- 148.20 Participation
- 148.25 Definitions and Applicability
- 148.30 General Requirements
- 148.40 Special Requirements
- 148.50 Covered Hospital Services
- 148.60 Services Not Covered as Hospital Services
- 148.70 Limitation On Hospital Services

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section

- 148.80 Organ Transplants Services Covered Under Medicaid (Repealed)
- 148.82 Organ Transplant Services
- 148.85 Supplemental Tertiary Care Adjustment Payments
- 148.90 Medicaid Inpatient Utilization Rate (MIUR) Adjustment Payments
- 148.95 Medicaid Outpatient Utilization Rate (MOUR) Adjustment Payments
- 148.100 Outpatient Rural Hospital Adjustment Payments
- 148.103 Outpatient Service Adjustment Payments
- 148.105 Psychiatric Adjustment Payments
- 148.110 Psychiatric Base Rate Adjustment Payments
- 148.112 High Volume Adjustment Payments
- 148.115 Rural Adjustment Payments
- 148.120 Disproportionate Share Hospital (DSH) Adjustments
- 148.122 Medicaid Percentage Adjustments
- 148.126 Safety Net Adjustment Payments
- 148.130 Outlier Adjustments for Exceptionally Costly Stays
- 148.140 Hospital Outpatient and Clinic Services
- 148.150 Public Law 103-66 Requirements
- 148.160 Payment Methodology for County-Owned Hospitals in an Illinois County with a

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- 148.170 Population of Over Three Million  
Payment Methodology for Hospitals Organized Under the University of Illinois  
Hospital Act
- 148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals  
Organized Under the Town Hospital Act
- 148.180 Payment for Pre-operative Days, Patient Specific Orders, and Services Which Can  
Be Performed in an Outpatient Setting
- 148.190 Copayments
- 148.200 Alternate Reimbursement Systems
- 148.210 Filing Cost Reports
- 148.220 Pre September 1, 1991, Admissions
- 148.230 Admissions Occurring on or after September 1, 1991
- 148.240 Utilization Review and Furnishing of Inpatient Hospital Services Directly or  
Under Arrangements
- 148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
- 148.260 Calculation and Definitions of Inpatient Per Diem Rates
- 148.270 Determination of Alternate Cost Per Diem Rates For All Hospitals; Payment  
Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other  
Hospitals
- 148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals  
Reimbursed Under Special Arrangements
- 148.285 Excellence in Academic Medicine Payments
- 148.290 Adjustments and Reductions to Total Payments
- 148.295 Critical Hospital Adjustment Payments (CHAP)
- 148.296 Tertiary Care Adjustment Payments
- 148.297 Pediatric Outpatient Adjustment Payments
- 148.298 Pediatric Inpatient Adjustment Payments
- 148.300 Payment
- 148.310 Review Procedure
- EMERGENCY
- 148.320 Alternatives
- 148.330 Exemptions
- 148.340 Subacute Alcoholism and Substance Abuse Treatment Services
- 148.350 Definitions (Repealed)
- 148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services  
(Repealed)
- 148.368 Volume Adjustment (Repealed)
- 148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services
- 148.380 Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services  
(Repealed)

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148.390 Hearings  
148.400 Special Hospital Reporting Requirements  
[148.402 Medicaid Eligibility Payments](#)  
[EMERGENCY](#)  
[148.404 Medicaid High Volume Adjustment Payments](#)  
[EMERGENCY](#)  
[148.406 Intensive Care Adjustment Payments](#)  
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[148.432 Supplemental Psychiatric Adjustment Payments](#)  
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[148.434 Outpatient Community Access Adjustment Payments](#)  
[EMERGENCY](#)

## SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section

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## NOTICE OF EMERGENCY AMENDMENTS

148.500 Definitions  
148.510 Reimbursement

## SUBPART D: STATE CHRONIC RENAL DISEASE PROGRAM

Section  
148.600 Definitions  
148.610 Scope of the Program  
148.620 Assistance Level and Reimbursement  
148.630 Criteria and Information Required to Establish Eligibility  
148.640 Covered Services

148.TABLE A Renal Participation Fee Worksheet  
148.TABLE B Bureau of Labor Statistics Equivalence  
148.TABLE C List of Metropolitan Counties by SMSA Definition

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

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days;

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amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002; amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum of 150 days; emergency amendment at

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26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866, effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg. 8320, effective April 28, 2003, for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18843, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 1418, effective January 8, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 1766, effective January 10, 2004, for a maximum of 150 days; emergency expired June 7, 2004; amended at 28 Ill. Reg. 2770, effective February 1, 2004; emergency amendment at 28 Ill. Reg. 5902, effective April 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7101, effective May 3, 2004; amended at 28 Ill. Reg. 8072, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 8167, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9661, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10157, effective July 1, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12036, effective August 3, 2004, for a maximum of 150 days; emergency expired December 30, 2004; emergency amendment at 28 Ill. Reg. 12227, effective August 6, 2004, for a maximum of 150 days; emergency expired January 2, 2005; amended at 28 Ill. Reg. 14557, effective October 27, 2004; amended at 28 Ill. Reg. 15536, effective November 24, 2004; amended at 29 Ill. Reg. 861, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2026, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 5514, effective April 1, 2005; emergency amendment at 29 Ill. Reg. 5756, effective April 8, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 11622, effective July 5, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 8363, effective June 1, 2005; emergency amendment at 29 Ill. Reg. 10275, effective July 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days.

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## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

**Section 148.310 Review Procedure****EMERGENCY**

- a) Inpatient Rate Reviews
  - 1) Hospitals shall be notified of their inpatient rate for the rate year and shall have an opportunity to request a review of any rate for errors in calculation made by the Department. Such a request must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its rates. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
  - 2) Hospitals reimbursed in accordance with Sections 148.250 through 148.300 and 89 Ill. Adm. Code 149 with respect to per diem add-ons for capital may request that an adjustment be made to their base year costs to reflect significant changes in costs that have been mandated in order to meet State, federal or local health and safety standards, and that have occurred since the hospital's filing of the base year cost report. The allowable Medicare/Medicaid costs must be identified from the most recent audited cost report available. These costs must be significant, i.e., on a per unit basis, they must constitute one percent or more of the total allowable Medicaid/Medicare unit costs for the same time period. Appeals for base year cost adjustments must be submitted, in writing, to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its rates. Such request shall include a clear explanation of the cost change and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- b) Disproportionate Share (DSH) and Medicaid Percentage Adjustment (MPA) Determination Reviews
  - 1) Hospitals shall be notified of their qualification for DSH and/or MPA payment adjustments and shall have an opportunity to request a review of the DSH and/or MPA add-on for errors in calculation made by the

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Department. Such a request must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its disproportionate share and/or Medicaid Percentage Adjustment qualification and add-on calculations. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- 2) DSH and/or MPA determination reviews shall be limited to the following:
  - A) DSH and/or MPA Determination Criteria. The criteria for DSH determination shall be in accordance with Section 148.120. The criteria for MPA determination shall be in accordance with Section 148.122. Review shall be limited to verification that the Department utilized criteria in accordance with State regulations.
  - B) Medicaid Inpatient Utilization Rates.
    - i) Medicaid inpatient utilization rates shall be calculated pursuant to Section 1923 of the Social Security Act and as defined in Section 148.120(k)(4). Review shall be limited to verification that Medicaid inpatient utilization rates were calculated in accordance with federal and State regulations.
    - ii) Hospitals' Medicaid inpatient utilization rates, as defined in Section 148.120(k)(4), which have been derived from unaudited cost reports or HDSC forms, are not subject to the Review Procedure with the exception of errors in calculation by the Department. Pursuant to Section 148.120(c)(1)(B) and (c)(1)(C)(i) and (ii), hospitals shall have the opportunity to submit corrected information prior to the Department's final DSH and/or MPA determination.
  - C) Low Income Utilization Rates. Low Income utilization rates shall be calculated in accordance with Section 1923 of the Social Security Act, Section 148.120(a)(2) and (d), and Section 148.122(a)(2) and (c). Review shall be limited to verification that low income utilization rates were calculated in accordance with federal and State regulations.

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- D) Federally Designated Health Manpower Shortage Areas (HMSAs). Illinois hospitals located in federally designated HMSAs shall be identified in accordance with 42 CFR 5 (1989) and Section 148.122(a)(3) based upon the methodologies utilized by, and the most current information available to, the Department from the federal Department of Health and Human Services as of June 30, 1992. Review shall be limited to hospitals in locations that have failed to obtain designation as federally designated HMSAs only when such a request for review is accompanied by documentation from the Department of Health and Human Services substantiating that the hospital was located in a federally designated HMSA as of June 30, 1992.
- E) Excess Beds. Excess bed information shall be determined in accordance with Public Act 86-268 (Section 148.122(a)(3) and 77 Ill. Adm. Code 1100) based upon the methodologies utilized by, and the most current information available to, the Illinois Health Facilities Planning Board as of July 1, 1991. Reviews shall be limited to requests accompanied by documentation from the Illinois Health Facilities Planning Board substantiating that the information supplied to and utilized by the Department was incorrect.
- F) Medicaid Obstetrical Inpatient Utilization Rates. Medicaid obstetrical inpatient utilization rates shall be calculated in accordance with Section 148.122(a)(4), (h)(2), (h)(3) and (h)(4). Review shall be limited to verification that Medicaid obstetrical inpatient utilization rates were calculated in accordance with State regulations.
- c) Outlier Adjustment Reviews  
The Department shall make outlier adjustments to payment amounts in accordance with 89 Ill. Adm. Code 149.105 or Section 148.130, whichever is applicable. Hospitals shall be notified of the specific information that shall be utilized in the determination of those services qualified for an outlier adjustment and shall have an opportunity to request a review of such specific information for errors in calculation made by the Department. Such a request must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of the specific information

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that shall be utilized in the determination of those services qualified for an outlier adjustment. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

## d) Cost Report Reviews

## 1) Cost reports are required from:

- A) All enrolled hospitals within the State of Illinois;
- B) All out-of-state hospitals providing 100 inpatient days of service per hospital fiscal year, to persons covered by the Illinois Medical Assistance Program; and
- C) All hospitals not located in Illinois that elect to be reimbursed under the methodology described in 89 Ill. Adm. Code 149 (the DRG PPS).

- 2) The completed cost statement with a copy of the hospital's Medicare cost report and audited financial statement must be submitted annually within 90 days after the close of the hospital's fiscal year. A one-time 30-day extension may be requested. Such a request for an extension shall be in writing and shall be received by the Department's Office of Health Finance prior to the end of the 90-day filing period. The Office of Health Finance shall audit the information shown on the Hospital Statement of Reimbursable Cost and Support Schedules. The audit shall be made in accordance with generally accepted auditing standards and shall include tests of the accounting and statistical records and applicable auditing procedures. Hospitals shall be notified of the results of the final audited cost report, which may contain adjustments and revisions that may have resulted from the audited Medicare Cost Report. Hospitals shall have the opportunity to request a review of the final audited cost report. Such a request must be received in writing by the Department within 45 days after the date of the Department's notice to the hospital of the results of the finalized audit. Such request shall include all items of documentation and analysis that support the request for review. No additional data shall be accepted after the 45 day period. The Department shall notify the hospital

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of the results of the review within 30 days after receipt of the hospital's request for review.

- e) Trauma Center Adjustment Reviews
- 1) The Department shall make trauma care adjustments in accordance with Section 148.290(c). Hospitals shall have the right to appeal the trauma center adjustment calculations if it is believed that a technical error has been made in the calculation by the Department.
  - 2) Trauma level designation is obtained from the Illinois Department of Public Health as of the first day of July preceding the trauma center adjustment rate period. Review shall be limited to requests accompanied by documentation from the Illinois Department of Public Health, or the licensing agency in the state in which the hospital is located, substantiating that the information supplied to and utilized by the Department was incorrect.
  - 3) Appeals under this subsection (e) must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for trauma center adjustments and payment amounts. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- f) Medicaid High Volume Adjustment Reviews
- The Department shall make Medicaid high volume adjustments in accordance with Section 148.290(d). Review shall be limited to verification that the Medicaid inpatient days were calculated in accordance with Section 148.120. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Medicaid high volume adjustments and payment amounts. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- g) Sole Community Hospital Designation Reviews

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The Department shall make sole community hospital designations in accordance with 89 Ill. Adm. Code 149.125(b). Hospitals shall have the right to appeal the designation if the hospital believes that a technical error has been made in the determination. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notification of the designation. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.

- h) Geographic Designation Reviews
  - 1) The Department shall make rural hospital designations in accordance with Section 148.25(g)(3). Hospitals shall have the right to appeal the designation if the hospital believes that a technical error has been made in the determination. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notification of the designation. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.
  - 2) The Department shall make urban hospital designations in accordance with Section 148.25(g)(4). Hospitals shall have the right to appeal the designation if the hospital believes that a technical error has been made in the determination. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notification of the designation. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.
- i) Critical Hospital Adjustment Payment (CHAP) Reviews
  - 1) The Department shall make CHAP in accordance with Section 148.295. Hospitals shall be notified in writing of the results of the CHAP determination and calculation, and shall have the right to appeal the CHAP calculation or their ineligibility for the CHAP if the hospital believes that a

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technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for CHAP and payment adjustment amounts, or a letter of notification that the hospital does not qualify for the CHAP. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- 2) CHAP determination reviews shall be limited to the following:
  - A) Federally Designated Health Professional Shortage Areas (HPSAs). Illinois hospitals located in federally designated HPSAs shall be identified in accordance with 42 CFR 5, and Section 148.295(a)(3)(B) and (b)(3) based upon the methodologies utilized by, and the most current information available to, the Department from the federal Department of Health and Human Services as of the last day of June preceding the CHAP rate period. Review shall be limited to hospitals in locations that have failed to obtain designation as federally designated HPSAs only when such a request for review is accompanied by documentation from the Department of Health and Human Services substantiating that the hospital was located in a federally designated HPSA as of the last day of June preceding the CHAP rate period.
  - B) Trauma level designation. Trauma level designation is obtained from the Illinois Department of Public Health as of the last day of June preceding the CHAP rate period. Review shall be limited to requests accompanied by documentation from the Illinois Department of Public Health, substantiating that the information supplied to and utilized by the Department was incorrect.
  - C) Accreditation of Rehabilitation Facilities. Accreditation of rehabilitation facilities shall be obtained from the Commission on Accreditation of Rehabilitation Facilities as of the last day of June preceding the CHAP rate period. Review shall be limited to requests accompanied by documentation from the Commission, substantiating that the information supplied to and utilized by the Department was incorrect.

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- D) Medicaid Inpatient Utilization Rates. Medicaid inpatient utilization rates shall be calculated pursuant to Section 1923 of the Social Security Act and as defined in Section 148.120(k)(5). Review shall be limited to verification that Medicaid inpatient utilization rates were calculated in accordance with federal and State regulations.
- E) Graduate Medical Education Programs. Graduate Medical Education program information shall be obtained from the most recently published report of the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation as of the last day of June preceding the CHAP rate period. Review shall be limited to requests accompanied by documentation from the above, substantiating that the information supplied to and utilized by the Department was incorrect.
- j) Tertiary Care Adjustment Payment Reviews. The Department shall make Tertiary Care Adjustment Payments in accordance with Section 148.296. Hospitals shall be notified in writing of the results of the Tertiary Care Adjustment Payments determination and calculation, and shall have the right to appeal the Tertiary Care Adjustment Payments calculation or their ineligibility for Tertiary Care Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Tertiary Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Tertiary Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- k) Pediatric Outpatient Adjustment Payment Reviews. The Department shall make Pediatric Outpatient Adjustment payments in accordance with Section 148.297. Hospitals shall be notified in writing of the results of the determination and calculation, and shall have the right to appeal the calculation or their ineligibility for payments under Section 148.297 if the hospital believes that a technical error

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has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification under Section 148.297 and payment adjustment amounts, or a letter of notification that the hospital does not qualify for such payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- l) Pediatric Inpatient Adjustment Payment Reviews. The Department shall make Pediatric Inpatient Adjustment payments in accordance with Section 148.298. Hospitals shall be notified in writing of the results of the determination and calculation, and shall have the right to appeal the calculation or their ineligibility for payments under Section 148.298 if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification under Section 148.298 and payment adjustment amounts, or a letter of notification that the hospital does not qualify for such payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- m) Safety Net Adjustment Payment Reviews. The Department shall make Safety Net Adjustment Payments in accordance with Section 148.126. Hospitals shall be notified in writing of the results of the Safety Net Adjustment Payment determination and calculation, and shall have the right to appeal the Safety Net Adjustment Payment calculation or their ineligibility for Safety Net Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Safety Net Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Safety Net Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

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- n) Psychiatric Adjustment Payment Reviews. The Department shall make Psychiatric Adjustment Payments in accordance with Section 148.105. Hospitals shall be notified in writing of the results of the Psychiatric Adjustment Payments determination and calculation, and shall have a right to appeal the Psychiatric Adjustment Payments calculation or their ineligibility for Psychiatric Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Psychiatric Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Psychiatric Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- o) Rural Adjustment Payment Reviews. The Department shall make Rural Adjustment Payments in accordance with Section 148.115.
- 1) Hospitals shall be notified in writing of the results of the Rural Adjustment Payments determination and calculation, and shall have a right to appeal the Rural Adjustment Payments calculation or their ineligibility for Rural Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department.
  - 2) The designation of Critical Access Provider or Necessary Provider, which are qualifying criteria for Rural Adjustment Payments (see Section 148.115(a)), is obtained from the Illinois Department of Public Health (IDPH) as of the first day of July preceding the Rural Adjustment Payment rate period. Review shall be limited to requests accompanied by documentation from IDPH, substantiating that the information supplied to and utilized by the Department was incorrect.
  - 3) The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Rural Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Rural Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and

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documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- p) Supplemental Tertiary Care Adjustment Payment Reviews. The Department shall make Supplemental Tertiary Care Adjustment Payments in accordance with Section 148.85. Hospitals shall be notified in writing of the results of the Supplemental Tertiary Care Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Supplemental Tertiary Care Adjustment Payments calculation or their ineligibility for Supplemental Tertiary Care Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Supplemental Tertiary Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Supplemental Tertiary Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- q) Medicaid Inpatient Utilization Rate Adjustment Payment Reviews. The Department shall make Medicaid Inpatient Utilization Rate Adjustment Payments in accordance with Section 148.90. Hospitals shall be notified in writing of the results of the Medicaid Inpatient Utilization Rate Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Medicaid Inpatient Utilization Rate Adjustment Payments calculation or their ineligibility for Medicaid Inpatient Utilization Rate Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Medicaid Inpatient Utilization Rate Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Medicaid Inpatient Utilization Rate Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

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- r) Medicaid Outpatient Utilization Rate Adjustment Payment Reviews. The Department shall make Medicaid Outpatient Utilization Rate Adjustment Payments in accordance with Section 148.95. Hospitals shall be notified in writing of the results of the Medicaid Outpatient Utilization Rate Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Medicaid Outpatient Utilization Rate Adjustment Payments calculation or their ineligibility for Medicaid Outpatient Utilization Rate Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Medicaid Outpatient Utilization Rate Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Medicaid Outpatient Utilization Rate Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- s) Outpatient Rural Hospital Adjustment Payment Reviews. The Department shall make Outpatient Rural Adjustment Payments in accordance with Section 148.100. Hospitals shall be notified in writing of the results of the Outpatient Rural Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Outpatient Rural Adjustment Payments calculation or their ineligibility for Outpatient Rural Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Outpatient Rural Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Outpatient Rural Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- t) Outpatient Service Adjustment Payment Reviews. The Department shall make Outpatient Service Adjustment Payments in accordance with Section 148.103. Hospitals shall be notified in writing of the results of the Outpatient Service Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Outpatient Service Adjustment Payments calculation or their ineligibility for Outpatient Service Adjustment Payments if the hospital believes

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that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Outpatient Service Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Outpatient Service Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- u) Psychiatric Base Rate Adjustment Payment Reviews. The Department shall make Psychiatric Base Rate Adjustment Payments in accordance with Section 148.110. Hospitals shall be notified in writing of the results of the Psychiatric Base Rate Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Psychiatric Base Rate Adjustment Payments calculation or their ineligibility for Psychiatric Base Rate Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Psychiatric Base Rate Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Psychiatric Base Rate Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
  
- v) High Volume Adjustment Payment Reviews. The Department shall make High Volume Adjustment Payments in accordance with Section 148.112. Hospitals shall be notified in writing of the results of the High Volume Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the High Volume Adjustment Payments calculation or their ineligibility for High Volume Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for High Volume Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for High Volume Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department

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shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- w) Medicaid Eligibility Payment Reviews. The Department shall make Medicaid Eligibility Payments in accordance with Section 148.402. Hospitals shall be notified in writing of the results of the Medicaid Eligibility Payments determination and calculation. Hospitals shall have a right to appeal the Medicaid Eligibility Payments calculation or their ineligibility for Medicaid Eligibility Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Medicaid Eligibility Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Medicaid Eligibility Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- x) Medicaid High Volume Adjustment Payment Reviews. The Department shall make Medicaid High Volume Payments in accordance with Section 148.404. Hospitals shall be notified in writing of the results of the Medicaid High Volume Payments determination and calculation. Hospitals shall have a right to appeal the Medicaid High Volume Payments calculation or their ineligibility for Medicaid High Volume Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Medicaid High Volume Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Medicaid High Volume Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- y) Intensive Care Adjustment Payment Reviews. The Department shall make Intensive Care Payments in accordance with Section 148.406. Hospitals shall be notified in writing of the results of the Intensive Care Payments determination and calculation. Hospitals shall have a right to appeal the Intensive Care Payments calculation or their ineligibility for Intensive Care Payments if the hospital

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believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Intensive Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Intensive Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- z) Trauma Center Adjustment Payment Reviews. The Department shall make Trauma Center Adjustment Payments in accordance with Section 148.408. Hospitals shall be notified in writing of the results of the Trauma Center Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Trauma Center Adjustment Payments calculation or their ineligibility for Trauma Center Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Trauma Center Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Trauma Center Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- aa) Psychiatric Rate Adjustment Payment Reviews. The Department shall make Psychiatric Rate Adjustment Payments in accordance with Section 148.410. Hospitals shall be notified in writing of the results of the Psychiatric Rate Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Psychiatric Rate Adjustment Payments calculation or their ineligibility for Psychiatric Rate Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Psychiatric Rate Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Psychiatric Rate Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the

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desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- bb) Rehabilitation Adjustment Payment Reviews. The Department shall make Rehabilitation Adjustment Payments in accordance with Section 148.412. Hospitals shall be notified in writing of the results of the Rehabilitation Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Rehabilitation Adjustment Payments calculation or their ineligibility for Rehabilitation Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Rehabilitation Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Rehabilitation Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- cc) Supplemental Tertiary Care Adjustment Payment Reviews. The Department shall make Supplemental Tertiary Care Adjustment Payments in accordance with Section 148.414. Hospitals shall be notified in writing of the results of the Supplemental Tertiary Care Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Supplemental Tertiary Care Adjustment Payments calculation or their ineligibility for Supplemental Tertiary Care Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Supplemental Tertiary Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Supplemental Tertiary Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- dd) Crossover Percentage Adjustment Payment Reviews. The Department shall make Crossover Percentage Adjustment Payments in accordance with Section 148.416. Hospitals shall be notified in writing of the results of the Crossover Percentage Adjustment Payments determination and calculation. Hospitals shall have a right

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to appeal the Crossover Percentage Adjustment Payments calculation or their ineligibility for Crossover Percentage Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Crossover Percentage Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Crossover Percentage Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

ee) Long Term Acute Care Hospital Adjustment Payment Reviews. The Department shall make Long Term Acute Care Hospital Adjustment Payments in accordance with Section 148.418. Hospitals shall be notified in writing of the results of the Long Term Acute Care Hospital Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Long Term Acute Care Hospital Adjustment Payments calculation or their ineligibility for Long Term Acute Care Hospital Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Long Term Acute Care Hospital Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Long Term Acute Care Hospital Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

ff) Obstetrical Care Adjustment Payment Reviews. The Department shall make Obstetrical Care Adjustment Payments in accordance with Section 148.420. Hospitals shall be notified in writing of the results of the Obstetrical Care Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Obstetrical Care Adjustment Payments calculation or their ineligibility for Obstetrical Care Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of

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its qualification for Obstetrical Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Obstetrical Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- gg) Outpatient Access Payment Reviews. The Department shall make Outpatient Access Payments in accordance with Section 148.422. Hospitals shall be notified in writing of the results of the Outpatient Access Payments determination and calculation. Hospitals shall have a right to appeal the Outpatient Access Payments calculation or their ineligibility for Outpatient Access Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Outpatient Access Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Outpatient Access Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- hh) Outpatient Utilization Payment Reviews. The Department shall make Outpatient Utilization Payments in accordance with Section 148.424. Hospitals shall be notified in writing of the results of the Outpatient Utilization Payments determination and calculation. Hospitals shall have a right to appeal the Outpatient Utilization Payments calculation or their ineligibility for Outpatient Utilization Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Outpatient Utilization Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Outpatient Utilization Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- ii) Outpatient Complexity of Care Adjustment Payment Reviews. The Department shall make Outpatient Complexity of Care Adjustment Payments in accordance

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with Section 148.426. Hospitals shall be notified in writing of the results of the Outpatient Complexity of Care Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Outpatient Complexity of Care Adjustment Payments calculation or their ineligibility for Outpatient Complexity of Care Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Outpatient Complexity of Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Outpatient Complexity of Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- jj) Rehabilitation Hospital Adjustment Payment Reviews. The Department shall make Rehabilitation Hospital Adjustment Payments in accordance with Section 148.428. Hospitals shall be notified in writing of the results of the Rehabilitation Hospital Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Rehabilitation Hospital Adjustment Payments calculation or their ineligibility for Rehabilitation Hospital Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Rehabilitation Hospital Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Rehabilitation Hospital Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- kk) Perinatal Outpatient Adjustment Payment Reviews. The Department shall make Perinatal Outpatient Adjustment Payments in accordance with Section 148.430. Hospitals shall be notified in writing of the results of the Perinatal Outpatient Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Perinatal Outpatient Adjustment Payments calculation or their ineligibility for Perinatal Outpatient Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The

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appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Perinatal Outpatient Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Perinatal Outpatient Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- ll) Supplemental Psychiatric Adjustment Payment Reviews. The Department shall make Supplemental Psychiatric Adjustment Payments in accordance with Section 148.432. Hospitals shall be notified in writing of the results of the Supplemental Psychiatric Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Supplemental Psychiatric Adjustment Payments calculation or their ineligibility for Supplemental Psychiatric Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Supplemental Psychiatric Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Supplemental Psychiatric Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- mm) Outpatient Community Access Adjustment Payment Reviews. The Department shall make Outpatient Community Access Adjustment Payments in accordance with Section 148.434. Hospitals shall be notified in writing of the results of the Outpatient Community Access Adjustment Payments determination and calculation. Hospitals shall have a right to appeal the Outpatient Community Access Adjustment Payments calculation or their ineligibility for Outpatient Community Access Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Outpatient Community Access Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Outpatient Community Access Adjustment Payments. Such a request

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must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

nn)w) For purposes of this Section, the term "post marked" means the date of processing by the United States Post Office or any independent carrier service.

oo)x) The review procedures provided for in this Section may not be used to submit any new or corrected information that was required to be submitted by a specific date in order to qualify for a payment or payment adjustment. In addition, only information that was submitted expressly for the purpose of qualifying for the payment or payment adjustment under review shall be considered by the Department. Information that has been submitted to the Department for other purposes will not be considered during the review process.

(Source: Amended by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.402 Medicaid Eligibility Payments****EMERGENCY**

- a) Qualifying Criteria. Medicaid Eligibility Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it was assessed as described in 89 Ill. Adm. Code 140.80 for the rate year 2006 determination.
- b) The following classes of hospitals are ineligible for Medicaid Eligibility Payments associated with the qualifying criteria listed in subsection (a) of this Section:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- c) Medicaid Eligibility Payments

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- 1) A hospital qualifying under subsection (a) of this Section shall receive payment equal to the product of \$430 multiplied by the qualifying hospital's Medicaid admissions in the Medicaid eligibility base year, multiplied by the change in the growth percentage of Medicaid clients within the hospital's county from State fiscal year 1998 to State fiscal year 2003.
  - 2) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being preformed under this subsection (c).
- d) Payment to a Qualifying Hospital
- 1) For the Medicaid eligibility adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.
  - 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- e) Definitions
- 1) "Growth percentage" means, for a given hospital, the percentage of change in the growth of Medicaid clients within the county where the hospital is located from 1998 to 2003.
  - 2) "Medicaid admissions" means, for a given hospital, the sum of admissions of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the Medicaid eligibility base period that were adjudicated by the Department through June 30, 2004.

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- 3) "Medicaid eligibility adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 4) "Medicaid eligibility base period" means the 12-month period beginning on July 1, 2002, and ending on June 30, 2003.
- f) Payment Limitations: Payments under this Section are not due and payable until:
  - 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.404 Medicaid High Volume Adjustment Payments****EMERGENCY**

- a) Qualifying Criteria. Medicaid High Volume Adjustment Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it is:
  - 1) an Illinois hospital that did not qualify for Medicaid Percentage Adjustments as described in Section 148.122 for the 12-month period beginning on October 1, 2004 and provided more than 10,000 Medicaid inpatient days in the Medicaid high volume base period; or
  - 2) an Illinois general acute care hospital as defined in Section 148.270(c)(1) that did qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 for the 12-month period beginning on

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October 1, 2004 and provided more than 21,000 Medicaid inpatient days in the Medicaid high volume base period.

- b) The following classes of hospitals are ineligible for High Volume Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- c) Medicaid High Volume Adjustment Payments
- 1) For a hospital qualifying under subsection (a)(1) of this Section, payment is as follows:
    - A) A hospital that:
      - i) provided less than or equal to 14,500, but more than 10,000, Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$90 multiplied by the qualifying hospital's Medicaid inpatient days;
      - ii) provided less than or equal to 18,500, but more than 14,500, Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$135 multiplied by the qualifying hospital's Medicaid inpatient days;
      - iii) provided less than or equal to 20,000, but more than 18,500, Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$225 multiplied by the qualifying hospital's Medicaid inpatient days; or



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30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.

- 2) "Medicaid high volume base period" means the cost report as on file with the Department on July 1, 2004, for the hospital's fiscal year ending in 2002.
- 3) "Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.

f) Payment Limitations: Payments under this Section are not due and payable until:

- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.406 Intensive Care Adjustment Payments****EMERGENCY**

- a) Qualifying Criteria. Intensive Care Adjustment Payments shall be made to qualifying Illinois general acute care hospitals as described in Section 148.270(c)(1). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if the hospital is located in a large urban area and has a ratio of Medicaid intensive care days to total Medicaid days greater than 19 percent for the intensive care adjustment period.

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- b) The following classes of hospitals are ineligible for Intensive Care Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- c) Intensive Care Adjustment Payments
- 1) Each qualifying hospital with an intensive care ratio of less than 30 percent, shall receive payment equal to the product of:
    - A) The ratio of Medicaid intensive care days to total Medicaid days;
    - B) Multiplied by total Medicaid days;
    - C) Multiplied by \$1,000.
  - 2) Each qualifying hospital with an intensive care ratio percentage equal to or greater than 30 percent, shall receive payment equal to the product of:
    - A) The ratio of Medicaid intensive care days to total Medicaid days;
    - B) Multiplied by total Medicaid days;
    - C) Multiplied by \$2,800.
  - 3) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).
- d) Payment to a Qualifying Hospital

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- 1) For the intensive care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

e) Definitions

- 1) "Intensive care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 2) "Intensive care base period" means the cost report on file with the Department on July 1, 2004, for the hospital's fiscal year ending in 2002.
- 3) "Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).
- 4) "Medicaid intensive care days" means, for a given hospital, the sum of days of inpatient hospital service for intensive care days provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.
- 5) "Total Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act

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(Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.

- f) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.408 Trauma Center Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Trauma Center Adjustment Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it was a general acute care hospital that, as of January 1, 2005, was considered a trauma center and meets the requirements specified in subsection (c).
- b) The following classes of hospitals are ineligible for Trauma Center Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- c) Trauma Center Adjustment Payments

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1) Level I Trauma Center Adjustment Payments

A) For an Illinois general acute care hospital that was considered a Level I trauma center as of January 1, 2005, that is located in a large urban area or an other urban area that qualified for Medicaid Percentage Adjustments as described in Section 148.122 as of October 1, 2004, shall receive payments equal to the product of \$800 multiplied by the qualifying hospital's Medicaid intensive care unit (ICU) days in the trauma base period.

i) For a hospital located in a large urban area outside of a city with a population in excess of one million people, the Department shall pay an amount equal to the Level I Trauma Center Adjustment Payment calculated in subsection (c)(1)(A) of this Section multiplied by 4.5.

ii) For a hospital located in another urban area, the Department shall pay an amount equal to the Level I Trauma Center Adjustment Payment calculated in (c)(1)(A) multiplied by 8.5.

2) Level II Trauma Center Adjustment Payments

A) For an Illinois general acute care hospital that was considered a Level II trauma center as of January 1, 2005 and is located in a county with a population in excess of three million people, the payment shall equal:

i) A hospital qualifying under subsection (c)(2)(A) of this Section shall be paid \$4,000 per day for the first 500 Medicaid inpatient days in the trauma base period.

ii) A hospital qualifying under subsection (c)(2)(A) of this Section shall be paid \$2,000 per day for the Medicaid inpatient days between 501 and 1,500 in the trauma base period.



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- C) For out-of-state hospitals qualifying under subsection (c)(3)(A), the amount calculated under subsection (c)(3)(B) shall be multiplied by 2.25.
- 4) A hospital that enrolled to provide Medicaid services during fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).
- 5) Notwithstanding any other provisions of this subsection (c), a children's hospital as defined at 89 Ill. Adm. Code 149.49(c)(3)(b), is not eligible for the payments described in subsections (c)(1) and (c)(2) of this Section.
- d) Payment to a Qualifying Hospital
- 1) For the trauma center adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) being met shall be paid within 100 days after the conditions described in subsection (f) of this Section have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- e) Definitions
- 1) "Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17th Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).
- 2) "Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost

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report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.

- 3) "Medicaid intensive care unit days" means, for a given hospital, the number of hospital inpatient days during which Medicaid recipients received intensive care services from the hospital, as determined from the hospital's 2002 Medicaid cost report on file with the Department on July 1, 2004.
  - 4) "Other urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17th Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a city with a population in excess of 50,000 or with a total population in excess of 100,000, and with an urban hospital as described in Section 148.25(g)(4).
  - 5) "Trauma center adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006 and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
  - 6) "Trauma center base period" means days reported in the hospital's 2002 Medicaid cost report on file with the Department on July 1, 2004.
- f) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.410 Psychiatric Rate Adjustment Payments**  
**EMERGENCY**

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- a) Qualifying Criteria. Psychiatric Rate Adjustment Payments described in subsection (b) of this Section shall be made to an Illinois psychiatric hospital and an Illinois general acute care hospital that has a distinct part psychiatric unit, excluding the following hospitals:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Psychiatric Rate Adjustment Payments
- 1) For a hospital qualifying under subsection (a) of this Section, the Department shall pay an amount equal to \$420 less the hospital's per diem rate for Medicaid inpatient psychiatric services, in effect on July 1, 2002, multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period. In no event, however, shall that amount be less than zero.
  - 2) For a hospital qualifying under subsection (a) of this Section whose inpatient psychiatric per diem rate is greater than \$420, the Department shall pay an amount equal to \$40 multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period.
  - 3) For an Illinois psychiatric hospital located in a county with a population in excess of three million people that did not qualify for Medicaid Percentage Adjustments, as described in Section 148.122, for the 12-month period beginning on October 1, 2004, the Department shall pay an amount equal to \$150 multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period.
  - 4) For an Illinois psychiatric hospital located in a county with a population in excess of three million people, but outside of a city with a population in excess of one million people, and did qualify for Medicaid Percentage Adjustments, as described in Section 148.122, for the 12-month period beginning on October 1, 2004, the Department shall pay an amount equal

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to \$20 multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period.

c) Payment to a Qualifying Hospital

- 1) For the psychiatric rate adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

d) Definitions

- 1) "Medicaid inpatient psychiatric days" means, for a given hospital, the sum of days of inpatient psychiatric hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the psychiatric base period that were adjudicated by the Department through June 30, 2004.
- 2) "Psychiatric rate adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 3) "Psychiatric rate base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.

e) Payment Limitations: Payments under this Section are not due and payable until:

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- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.412 Rehabilitation Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Rehabilitation Adjustment Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment:
  - 1) if it is an Illinois general acute-care hospital, as described in Section 148.270(c)(1), located in a large urban area, with a rehabilitation unit that has 40 rehabilitation beds or more based upon the 2003 Medicaid cost report on file with the Department as of March 31, 2005; or
  - 2) if it is an Illinois rehabilitation hospital, as defined at 89 Ill. Adm. Code 149.50(c)(2), that did not qualify for Medicaid Percentage Adjustment Payments under Section 148.122 for the 12-month period beginning on October 1, 2004.
- b) The following classes of hospitals are ineligible for Rehabilitation Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
  - 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).

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c) Rehabilitation Adjustment Payments

- 1) For a hospital qualifying under subsection (a)(1) of this Section, the Department shall pay the product of \$230 multiplied by the hospital's Medicaid inpatient days.
- 2) For a hospital qualifying under subsection (a)(2) of this Section, the Department shall pay an amount equal to the product of \$200 multiplied by the hospital's Medicaid inpatient days.
- 3) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).

d) Payment to a Qualifying Hospital

- 1) For the rehabilitation adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

e) Definitions

- 1) "Large urban area" means, an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).
- 2) "Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance

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under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the rehabilitation base period that was adjudicated by the Department through June 30, 2004.

- 3) "Rehabilitation adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 4) "Rehabilitation base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.

f) Payment Limitations: Payments under this Section are not due and payable until:

- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.414 Supplemental Tertiary Care Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Supplemental Tertiary Care Adjustment Payments, as described in subsection (b) of this Section, shall be made to all qualifying hospitals. An Illinois hospital shall qualify for payment if it was deemed eligible for payments under the Tertiary Care Adjustment Payments for fiscal year 2005, as described in Section 148.296, excluding:
  - 1) County-owned hospitals as described in Section 148.25(b)(1)(A).

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- 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Supplemental Tertiary Care Adjustment Payments will be made to qualifying hospitals and will equal the product of the hospital's fiscal year 2005 tertiary care adjustment as described at Section 148.296 multiplied by 2.5.
- c) Payment to a Qualifying Hospital
- 1) For the supplemental tertiary care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.
  - 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- d) "Tertiary care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, means the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- e) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

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(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.416 Crossover Percentage Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Crossover Percentage Adjustment Payments shall be made to qualifying hospitals as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it is an Illinois general acute care hospital, as described in Section 148.270(c)(1), excluding any hospital defined as a cancer center hospital located in an urban area, that provided over 500 days of inpatient care to Medicaid recipients, that had a ratio of crossover days to total Medicaid days, utilizing information used for the Medicaid percentage adjustment determination described in Section 148.122, effective October 1, 2004, of greater than 40 percent and that did not qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 on October 1, 2004.
- b) The following classes of hospitals are ineligible for Crossover Percentage Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
  - 4) Cancer center hospitals.
- c) Crossover Percentage Adjustment Payments
- 1) Each qualifying hospital's crossover days will be divided by its total Medicaid days to determine the crossover percentage ratio.
  - 2) Each hospital qualifying under subsection (a) of this Section, located in another urban area as described in subsection (e)(5) of this Section, shall

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receive payment equal to \$140 multiplied by the hospital's total Medicaid days (including Medicaid/Medicare crossovers).

- 3) Each hospital qualifying under subsection (a) of this Section located in a large urban area as described in subsection (e)(4) of this Section, with a crossover percentage less than 55 percent, shall receive payment equal to \$350 multiplied by the hospital's total Medicaid days(including Medicaid/Medicare crossovers).
- 4) Each hospital qualifying under subsection (a) located in a large urban area as described in subsection (e)(4) of this Section, with a crossover percentage ratio equal to or greater than 55 percent, shall receive payment equal to \$1,400 multiplied by the hospital's total Medicaid days (including Medicaid/Medicare crossovers).
- 5) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).

d) Payment to a Qualifying Hospital

- 1) For the crossover percentage adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

e) Definitions

- 1) "Cancer center hospital" means an Illinois hospital that has received the approval of the American College of Surgeons Commission on Cancer as of June 16, 2005 and provides more than 15 percent of the hospital Medicaid days in State fiscal year 2003 for treating patients with cancer.

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To be counted as cancer days, the Department will identify cancer days with any claim that contains an ICD-9-CM diagnosis code of 140.0 through 208.9 and 230.0 through 234.9 provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004. To determine if 15 percent of the hospital Medicaid days were for treating cancer patients, the cancer days will be divided by the total Medicaid days provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004.

- 2) "Crossover percentage adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 3) "Crossover percentage base period" means the information utilized in the Medicaid percentage adjustment determination as described in Section 148.122 for October 1, 2004.
- 4) "Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).
- 5) "Other urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a city with a population greater than 50,000 or with a total population in excess of 100,000, and with an urban hospital as described in Section 148.25(g)(4).
- 6) "Total Medicaid days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, including days for individuals eligible for Medicare under Title XVIII of the Act

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(Medicaid/Medicare crossover days), as tabulated from the Department's Medicaid percentage adjustment determination as described in Section 148.122 for October 1, 2004.

- f) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.418 Long Term Acute Care Hospital Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Long Term Acute Care Hospital Adjustment Payments described in subsection (b) of this Section shall be made to an Illinois long term stay hospital, as defined in 89 Ill. Adm. Code 149.50(c)(4), excluding:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Long Term Acute Care Hospital Adjustment Payments
- 1) For a hospital qualifying under subsection (a) of this Section that qualified for Medicaid Percentage Adjustment Payments under Section 148.122 for the 12-month period beginning on October 1, 2004, the Department shall pay an amount equal to the product of \$125 multiplied by Medicaid

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inpatient days provided during the long term acute care hospital base period.

- 2) For a hospital qualifying under subsection (a) of this Section that did not qualify for Medicaid Percentage Adjustment Payments under Section 148.122 for the 12-month period beginning on October 1, 2004, the Department shall pay an amount equal to the product of \$1,250 multiplied by Medicaid inpatient days of care provided during the long term acute care hospital base period.
- 3) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).

c) Payment to a Qualifying Hospital

- 1) For the long term acute care hospital adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

d) Definitions

- 1) "Long term acute care hospital adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 2) "Long term acute care hospital base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.

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- 3) "Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the long term care hospital base period that was adjudicated by the Department through June 30, 2004.
- e) Payment Limitations: Payments under this Section are not due and payable until:
  - 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.420 Obstetrical Care Adjustment Payments****EMERGENCY**

- a) Qualifying Criteria. Obstetrical Care Adjustment Payments shall be made to a qualifying Illinois hospital that provided obstetrical care in the obstetrical base period. A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment for the rate year 2006 determination.
- b) The following classes of hospitals are ineligible for Obstetrical Care Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
  - 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).

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3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).

c) Obstetrical Care Adjustment Payments

1) A hospital qualifying under subsection (a) of this Section shall receive payments equal to the product of \$550 multiplied by the qualifying hospital's Medicaid obstetrical days provided during the obstetrical care base period.

2) A hospital qualifying under subsection (a) of this Section that qualified for disproportionate share payment adjustments as described in Section 148.120 as of October 1, 2004, with a Medicaid obstetrical percentage greater than ten percent and a Medicaid emergency care percentage greater than 40 percent, shall receive payments equal to the product of \$650 multiplied by the qualifying hospital's Medicaid obstetrical days provided during the obstetrical care base period.

3) A hospital qualifying under subsection (a) of this Section located in the St. Louis metropolitan statistical area, with more than 500 Medicaid obstetrical days, shall receive payments equal to the product of \$1,800 multiplied by the qualifying hospital's Medicaid obstetrical days provided during the obstetrical care base period.

4) A large urban hospital qualifying under subsection (a) of this Section that has a Medicaid obstetrical percentage greater than 25 percent and is in a county with an eligibility growth percentage rate greater than 60 percent between the years 1998 and 2003 shall receive payments equal to the product of \$600 multiplied by the qualifying hospital's Medicaid obstetrical days provided within the obstetrical care base period.

5) A rural hospital as described in Section 148.25(g)(3) qualifying under subsection (a) designated as a Level II perinatal center as of January 1, 2005, with a MIUR greater than 34 percent in State fiscal year 2002 and a Medicaid obstetrical percentage greater than 15 percent, shall receive payment equal to the product of \$400 multiplied by the hospital's Medicaid obstetrical days provided within the obstetrical care base period multiplied by 6.

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- 6) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).
- d) Payment to a Qualifying Hospital
- 1) For the obstetrical care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- e) Definitions
- 1) "Emergency care percentage" means a fraction, the numerator of which is the total Category 3 ambulatory procedure listing services, excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003, contained in the Department's data base adjudicated through June 30, 2004, and the denominator of which is the total ambulatory procedure listing services, excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003, contained in the Department's data base adjudicated through June 30, 2004.
- 2) "Growth percentage" means, for a given hospital, the percentage of change in the growth of Medicaid clients within the county where the hospital is located from 1998 to 2003.
- 3) "Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000.

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- 4) "Medicaid obstetrical days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, with a Diagnosis Related Grouping (DRG) of 370 through 375, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the obstetrical base period the Department adjudicated through June 30, 2004.
- 5) "Medicaid obstetrical percentage" means the percentage used in the October 1, 2004 Medicaid percentage adjustment determination as described in Section 148.122.
- 6) "Obstetrical care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 7) "Obstetrical care base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.
- f) Payment Limitations: Payments under this Section are not due and payable until:
  - 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.422 Outpatient Access Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Outpatient Access Payments, as described in subsection (b) of this Section, shall be made to a qualifying Illinois hospital as defined in this

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subsection (a). A hospital shall qualify for payment if it was assessed as described in 89 Ill. Adm. Code 140.80 for the rate year 2006 determination, excluding the following hospitals:

- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
- 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
- 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).

b) Outpatient Access Payments

- 1) Outpatient access payments shall be made to a hospital qualifying under subsection (a) of this Section. Payment will equal 2.38 multiplied by the hospital's outpatient ambulatory procedure listing payments for services provided in the outpatient access base period, multiplied by the change in the growth percentage of Medicaid clients within the hospital's county from State fiscal year 1998 to State fiscal year 2003.
- 2) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).

c) Payment to a Qualifying Hospital

- 1) For the outpatient access adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) have been met.
- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

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d) Definitions

- 1) "Growth percentage" means, for a given hospital, the percentage of change in the growth of Medicaid clients within the county where the hospital is located from 1998 to 2003.
- 2) "Outpatient access adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 3) "Outpatient access base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.
- 4) "Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient access base period that were adjudicated by the Department through June 30, 2004.

e) Payment Limitations: Payments under this Section are not due and payable until:

- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.424 Outpatient Utilization Payments**  
**EMERGENCY**

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- a) Qualifying Criteria. Outpatient Utilization Payments, as described in subsection (b) of this Section, shall be made to an Illinois hospital, excluding:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Outpatient Utilization Adjustment Payments
- 1) A rural hospital, as described in Section 148.25(g)(3) and qualifying under subsection (a) of this Section shall receive an amount equal to 1.7 multiplied by the hospital's outpatient ambulatory procedure listing payments for services provided during the outpatient utilization adjustment base period.
  - 2) An urban hospital, as described in Section 148.25(g)(4) and qualifying under subsection (a) of this Section shall receive an amount equal to 0.45 multiplied by the hospital's outpatient ambulatory procedure listing payments for services provided during the outpatient utilization adjustment base period.
  - 3) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).
- c) Payment to a Qualifying Hospital
- 1) For the outpatient utilization adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) have been met.

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- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- d) Definitions
- 1) "Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient access base period that were adjudicated by the Department through June 30, 2004.
- 2) "Outpatient utilization adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 3) "Outpatient utilization base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.
- e) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.426 Outpatient Complexity of Care Adjustment Payments**  
**EMERGENCY**

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- a) Qualifying Criteria. Outpatient Complexity of Care Adjustment Payments, as described in subsection (b) of this Section, shall be made to Illinois hospitals located in an urban area as described in Section 148.25(g)(4), excluding:
- 1) County-owned hospitals, as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Outpatient Complexity of Care Adjustment Payments
- 1) Each hospital qualifying under subsection (a) of this Section will receive a payment equal to the product of 2.55, multiplied by the hospital's emergency care percentage, multiplied by the hospital's ambulatory procedure listing payments.
  - 2) Each children's hospital qualifying under subsection (a) of this Section, with a Medicaid inpatient utilization rate greater than 90 percent used for the October 1, 2004 Medicaid percentage adjustment determination described in Section 148.122, shall have the adjustment, as calculated in subsection (b)(1), multiplied by 2.
  - 3) Each cancer center hospital qualifying under subsection (a) of this Section shall have the adjustment, as calculated in (b)(1), multiplied by 3.
  - 4) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).
- c) Payment to a Qualifying Hospital
- 1) For the outpatient complexity of care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the

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amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) have been met.

- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

d) Definitions

- 1) "Cancer center hospital" means an Illinois hospital that has received the approval of the American College of Surgeons Commission on Cancer as of June 16, 2005 and provides more than 15 percent of the hospital Medicaid days in State fiscal year 2003 for treating patients with cancer. To be counted as cancer days, the Department will identify cancer days with any claim that contains an ICD-9-CM diagnosis code of 140.0 through 208.9 and 230.0 through 234.9 provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004. To determine if 15 percent of the hospital Medicaid days were for treating cancer patients, the cancer days will be divided by the total Medicaid days provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004.
- 2) "Emergency care percentage" means a fraction, the numerator of which is the total Group 3 ambulatory procedure listing services as described in Section 148.140(b)(1)(C), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003, contained in the Department's data base adjudicated through June 30, 2004, and the denominator of which is the total ambulatory procedure listing services as described in Section 148.140(b)(1), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003, contained in the Department's data base adjudicated through June 30, 2004.
- 3) "Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as

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described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient complexity of care base period that were adjudicated by the Department through June 30, 2004.

- 4) "Outpatient complexity of care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 5) "Outpatient complexity of care base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.

e) Payment Limitations: Payments under this Section are not due and payable until:

- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.428 Rehabilitation Hospital Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Rehabilitation Hospital Adjustment Payments, as described in subsection (c) of this Section, shall be made to a qualifying Illinois freestanding rehabilitation hospital that did not qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 for the 12-month period beginning on October 1, 2004, if not otherwise excluded under subsection (b) of this Section.
- b) The following classes of hospitals are ineligible for Rehabilitation Hospital Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:

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- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in 89 Ill. Adm. Code 148.25(b)(6).
- c) Rehabilitation Hospital Adjustment Payments for hospitals qualifying under subsection (a) of this Section will receive an amount equal to three multiplied by the hospital's outpatient ambulatory procedure listing payments for Group 6A services provided during the rehabilitation hospital base period.
- d) Payment to a Qualifying Hospital
- 1) For the rehabilitation hospital adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.
  - 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- e) Definitions
- 1) "Outpatient ambulatory procedure listing payments for Group 6A services" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1)(F), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the rehabilitation hospital base period that were adjudicated by the Department through June 30, 2004.

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- 2) "Rehabilitation hospital adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 3) "Rehabilitation hospital base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.
- f) Payment Limitations: Payments under this Section are not due and payable until:
  - 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.430 Perinatal Outpatient Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Perinatal Outpatient Adjustment Payments shall be made to qualifying Illinois general acute care hospitals that were designated as a perinatal center as of January 1, 2005. A hospital not otherwise excluded under subsection (b) of this Section for the perinatal outpatient adjustment period determination shall qualify for payment if the hospital:
  - 1) Is located in a large urban area;
  - 2) Has a Medicaid obstetrical percentage of at least ten percent used for the October 1, 2004 Medicaid percentage adjustment determination as described in Section 148.122;
  - 3) Has a Medicaid intensive care unit percentage of at least three percent; and

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- 4) Has a ratio of ambulatory procedure listing for total Group 3 services, described in Section 148.140(b)(1)(C), to total ambulatory procedure services, as described in Section 148.140(b)(1), of at least 50 percent.
- b) The following classes of hospitals are ineligible for Perinatal Outpatient Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- c) Perinatal Outpatient Adjustment Payments
- 1) A hospital qualifying under subsection (a) of this Section shall receive payment equal to the product of \$550 multiplied by the hospital's ambulatory procedure listing for emergency Level I services described in Section 148.140(b)(1)(C)(i) provided in the perinatal outpatient base period.
  - 2) For a hospital that, as of January 1, 2005, was designated a Level II+ or III perinatal center qualifying under subsection (a) of this Section, the payment calculated in subsection (c)(1) will be multiplied by four.
  - 3) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being preformed under this subsection (c).
- d) Payment to a Qualifying Hospital
- 1) For the perinatal outpatient adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the

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amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.

- 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

e) Definitions

- 1) "Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).
- 2) "Medicaid intensive care unit percentage" means a fraction, the numerator of which is the number of hospital inpatient days during which Medicaid recipients received intensive care services from the hospital, as determined from the hospital's fiscal year 2002 Medicaid cost report on file with the Department as of July 1, 2004, and the denominator of which is the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.
- 3) "Outpatient ambulatory procedure listing emergency Level I services" means, for a given hospital, the sum of services for ambulatory procedure listing services as described in Section 148.140(b)(1)(C)(i), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the perinatal outpatient base period that were adjudicated by the Department through June 30, 2004.
- 4) "Perinatal outpatient adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.

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- 5) "Perinatal outpatient base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.
- f) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.432 Supplemental Psychiatric Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Supplemental Psychiatric Adjustment Payments shall be made to a qualifying hospital as defined in this subsection (a). An Illinois hospital shall qualify for payment if it did not qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 for the 12-month period beginning October 1, 2004, but is eligible for psychiatric adjustment payments as described in Section 148.105 for fiscal year 2005, excluding:
- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Supplemental Psychiatric Adjustment Payments will be made to qualifying hospitals and will equal the product of the hospital's fiscal year 2005 Psychiatric Adjustment Payments, as described in Section 148.105, multiplied by 0.7.

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- c) Payment to a Qualifying Hospital
- 1) For the supplemental psychiatric adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.
  - 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.
- d) "Supplemental base rate adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- e) Payment Limitations: Payments under this Section are not due and payable until:
- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
  - 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
  - 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

**Section 148.434 Outpatient Community Access Adjustment Payments**  
**EMERGENCY**

- a) Qualifying Criteria. Outpatient Community Access Adjustment Payments, as described in subsection (b) of this Section, shall be made to an Illinois general acute care hospital as described in Section 148.270(c)(1) that was designated as a perinatal center as of January 1, 2005, that had a Medicaid obstetrical percentage

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used for the October 1, 2004 Medicaid percentage adjustment determination described in Section 148.122 of at least 12.5 percent, that had a ratio of crossover days to total Medicaid days greater than or equal to 25 percent, utilizing information used for the Medicaid Percentage Adjustment Payment described in Section 148.122, and that qualified for Medicaid Percentage Adjustment Payments as described in Section 148.122 on October 1, 2004, excluding:

- 1) County-owned hospitals as described in Section 148.25(b)(1)(A).
  - 2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
  - 3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).
- b) Outpatient Community Access Adjustment Payments
- 1) Hospitals qualifying under subsection (a) of this Section shall receive an amount equal to \$100 multiplied by the hospital's outpatient ambulatory procedure listing services in the outpatient community access base period.
  - 2) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being preformed under this subsection (b).
- c) Payment to a Qualifying Hospital
- 1) For the outpatient community access adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.
  - 2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.

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d) Definitions

- 1) "Outpatient ambulatory procedure listing services" means, for a given hospital, the sum of services for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient community access base period that were adjudicated by the Department through June 30, 2004.
- 2) "Outpatient community access adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12 month period beginning July 1 of the year and ending June 30 of the following year.
- 3) "Outpatient community access base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.

e) Payment Limitations: Payments under this Section are not due and payable until:

- 1) the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;
- 2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and
- 3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.

(Source: Added by emergency rulemaking at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days)

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- 1) Heading of the Part: Emergency Medical Services and Trauma Center Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3) Section Number: 515.380                      Emergency Action: Amended
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) Effective Date of Rulemaking: July 29, 2005
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A
- 7) Date filed with the Index Department: July 29, 2005
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: The Illinois Department of Public Health Uniform Do Not Resuscitate (DNR) Order Form establishes the immediately recognizable standardized mechanism for citizens of Illinois to affirm their directives concerning the attempt of cardiopulmonary resuscitation as it directly affects the continuance or discontinuance of their own lives. The emergency amendments will alleviate a threat to the public interest, safety, and welfare by eliminating the confusion of EMS providers in regard to DNR forms, which threatens the implementation of DNR orders. The amendments will also prevent confusion in the implementation of these life-saving directives because the amended language also requires copies of the form to be honored and allows any color of brightly colored paper to be used.
- 10) A Complete Description of the Subjects and Issues Involved: Public Acts 91-789 and 92-356 amended 20 ILCS 2310/2310-600 in regard to advance directive information. The law now states that the Department, in consultation with a statewide professional organization representing physicians licensed to practice medicine in all its branches, statewide organizations representing nursing homes, and a statewide organization representing hospitals, is required to develop and publish a uniform form for physician do-not-resuscitate orders that may be utilized in all settings. The form is to be referred to as the Department of Public Health Uniform DNR Order form. The law further requires the Department to contract with statewide professional organizations representing physicians licensed to practice medicine in all its branches to prepare and publish the

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required materials. The Department may also consult with a statewide organization representing registered professional nurses on preparing materials required by this Section. The requisite committee was formed and their charge has been completed; therefore, Department rule must be amended to coincide with the changes.

Section 515.380 regulates the Do Not Resuscitate (DNR) Policy. This rulemaking specifically states that the Department of Public Health Uniform DNR form or a copy of that form shall be honored. The requirement for the use of orange paper is being deleted. Any color of brightly colored paper may be used.

- 11) Are there any proposed amendments to this Part pending? No
- 12) Statement of Statewide Policy Objective: This rulemaking does not impose a State mandate.
- 13) Information and questions regarding this amendment shall be directed to:

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

217-782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515  
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Violations, Hearings and Fines
515.170	Employer Responsibility

SUBPART B: EMS REGIONS

Section	
515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
515.230	Resolution of Disputes Concerning the EMS Regional Plan
515.240	Bioterrorism Grants

SUBPART C: EMS SYSTEMS

Section	
515.300	Approval of New EMS Systems
515.310	Approval and Renewal of EMS Systems
515.315	Bypass Status Review
515.320	Scope of EMS Service
515.330	EMS System Program Plan
515.340	EMS Medical Director's Course
515.350	Data Collection and Submission
515.360	Approval of Additional Drugs and Equipment
515.370	Automated Defibrillation (Repealed)
515.380	Do Not Resuscitate (DNR) Policy
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515.390	Minimum Standards for Continuing Operation
515.400	General Communications

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515.410	EMS System Communications
515.420	System Participation Suspensions
515.430	Suspension, Revocation and Denial of Licensure of EMTs
515.440	State Emergency Medical Services Disciplinary Review Board
515.445	Pediatric Care
515.450	Complaints

## SUBPART D: EMERGENCY MEDICAL TECHNICIANS

## Section

515.500	Emergency Medical Technician-Basic Training
515.510	Emergency Medical Technician-Intermediate Training
515.520	Emergency Medical Technician-Paramedic Training
515.530	EMT Testing and Fees
515.540	EMT Licensure
515.550	Scope of Practice – Licensed EMT
515.560	EMT-B Continuing Education
515.570	EMT-I Continuing Education
515.580	EMT-P Continuing Education
515.590	EMT License Renewals
515.600	EMT Inactive Status
515.610	EMT Reciprocity

## SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

## Section

515.700	EMS Lead Instructor
515.710	Emergency Medical Dispatcher
515.720	First Responder
515.725	First Responder – AED
515.730	Pre-Hospital Registered Nurse
515.740	Emergency Communications Registered Nurse
515.750	Trauma Nurse Specialist
515.760	Trauma Nurse Specialist Program Plan

## SUBPART F: VEHICLE SERVICE PROVIDERS

## Section

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- 515.800 Vehicle Service Provider Licensure
- 515.810 EMS Vehicle System Participation
- 515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
- 515.825 Alternate Response Vehicle
- 515.830 Ambulance Licensing Requirements

## SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

## Section

- 515.900 Licensure of SEMSV Programs – General
- 515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
- 515.920 SEMSV Program Licensure Requirements for All Vehicles
- 515.930 Helicopter and Fixed-Wing Aircraft Requirements
- 515.935 EMS Pilot Specifications
- 515.940 Aeromedical Crew Member Training Requirements
- 515.945 Aircraft Vehicle Specifications and Operation
- 515.950 Aircraft Medical Equipment and Drugs
- 515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
- 515.960 Aircraft Communications and Dispatch Center
- 515.965 Watercraft Requirements
- 515.970 Watercraft Vehicle Specifications and Operation
- 515.975 Watercraft Medical Equipment and Drugs
- 515.980 Watercraft Communications and Dispatch Center
- 515.985 Off-Road SEMSV Requirements
- 515.990 Off-Road Vehicle Specifications and Operation
- 515.995 Off-Road Medical Equipment and Drugs
- 515.1000 Off-Road Communications and Dispatch Center

## SUBPART H: TRAUMA CENTERS

## Section

- 515.2000 Trauma Center Designation
- 515.2010 Denial of Application for Designation or Request for Renewal
- 515.2020 Inspection and Revocation of Designation
- 515.2030 Level I Trauma Center Designation Criteria
- 515.2035 Level I Pediatric Trauma Center
- 515.2040 Level II Trauma Center Designation Criteria
- 515.2045 Level II Pediatric Trauma Center

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515.2050	Trauma Center Uniform Reporting Requirements
515.2060	Trauma Patient Evaluation and Transfer
515.2070	Trauma Center Designation Delegation to Local Health Departments
515.2080	Trauma Center Confidentiality and Immunity
515.2090	Trauma Center Fund
515.2100	Pediatric Care (Renumbered)
515.2200	Suspension Policy for Trauma Nurse Specialist Certification

## SUBPART I: EMS ASSISTANCE FUND

Section	
515.3000	EMS Assistance Fund Administration

## SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section	
515.4000	Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
515.4010	Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)
515.APPENDIX A	A Request for Designation (RFD) Trauma Center
515.APPENDIX B	A Request for Renewal of Trauma Center Designation
515.APPENDIX C	Minimum Trauma Field Triage Criteria
515.APPENDIX D	Standing Medical Orders
515.APPENDIX E	Minimum Prescribed Data Elements
515.APPENDIX F	Template for In-House Triage for Trauma Centers
515.APPENDIX G	Credentials of General/Trauma Surgeons Level I and Level II
515.APPENDIX H	Credentials of Emergency Department Physicians Level I and Level II
515.APPENDIX I	Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
515.APPENDIX J	Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers
515.APPENDIX K	Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
515.APPENDIX L	Pediatric Equipment Recommendations for Emergency Departments
515.APPENDIX M	Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENT

**AUTHORITY:** Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

**SOURCE:** Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days.

## SUBPART C: EMS SYSTEMS

**Section 515.380 Do Not Resuscitate (DNR) Policy****EMERGENCY**

- a) A System shall develop a DNR policy for use by System personnel. The policy shall be implemented only after it has been reviewed and approved by the Department, in accordance with the requirements of this Section. For purposes of this Section, DNR refers to the withholding of cardiopulmonary resuscitation (CPR); electrical therapy to include pacing, cardioversion and defibrillation; tracheal intubation and manually or mechanically assisted ventilations, unless otherwise stated on the DNR Order.
- b) The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.
- c) The policy shall include specific procedures and protocols for withholding CPR in situations where explicit signs of biological death are present (e.g., decapitation, rigor mortis without profound hypothermia, profound dependent lividity), or the patient has been declared dead by a coroner or the patient's physician. The policy shall include recording such information on the run sheet and requesting the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENT

physician or coroner to sign the run sheet (if applicable).

- d) For situations not covered by subsection (c) of this Section, the policy shall require that resuscitative procedures be followed unless a valid DNR Order is present.
- e) *The Department of Public Health Uniform DNR Order form or a copy of that form shall be honored. (Section 3.57 of the Act)*~~A valid DNR Order shall be written on a form provided by the Department and shall contain the following information.~~ If the Department Uniform DNR Order form is reproduced, brightly colored ~~orange~~ paper shall be used. Systems shall also have a policy in place concerning recognition of other DNR orders ~~written prior to July 1, 2001.~~ The information required on the Department Uniform DNR Order form includes, but is not limited, to the following items:
- 1) Name of the patient,
  - 2) Name and signature of attending physician,
  - 3) Effective date,
  - 4) The words "Do Not Resuscitate",
  - 5) Evidence of consent – either:
    - A) signature of patient; or
    - B) signature of legal guardian; or
    - C) signature of durable power of attorney for health care agent; or
    - D) signature of surrogate decision-maker.
- f) A living will by itself cannot be recognized by pre-hospital care providers.
- g) Revocation of a written DNR Order shall be made only in one or more of the following ways:
- 1) The Order is physically destroyed or verbally rescinded by the physician who signed the Order; or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENT

- 2) The Order is physically destroyed or verbally rescinded by the person who gave written consent to the Order.
- h) A System's DNR policy shall require System personnel to make a reasonable attempt to verify the identity of the patient (for example, identification by another person or an identifying bracelet) named in a valid DNR Order.
- i) The policy shall describe the roles of the on-line medical control physician and ECRN in DNR situations.
- j) The policy shall state which System ambulance personnel are authorized to respond to a valid DNR Order (EMT-P, EMT-I, EMT-B, Pre-hospital RN).
- k) The policy shall cross-reference the System's coroner notification policy.
- l) The policy shall describe the System's program for educating System personnel concerning the policy.
- m) The policy shall identify the quality assurance measures specific to this policy, including the methods and periods of review, and the submission of a yearly report to the Department indicating issues or problems that have been identified and the System's responses to those issues or problems.

(Source: Amended by emergency rulemaking at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days)

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

NOTICES: The scheduled date and time for the JCAR meeting are subject to change. Due to *Register* submittal deadlines, the Agenda below may be incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting and items from the list can be postponed to future meetings.

*If members of the public wish to express their views with respect to a rulemaking, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:*

*Joint Committee on Administrative Rules  
700 Stratton Office Building  
Springfield, Illinois 62706  
Email: [jcar@legis.state.il.us](mailto:jcar@legis.state.il.us)  
Phone: 217/785-2254*

**RULEMAKINGS CURRENTLY BEFORE JCAR**Capital Development Board

1. Illinois Energy Conservation Code (71 Ill. Adm. Code 600)  
-First Notice Published: 29 Ill. Reg. 4771 – 4/8/05  
-Expiration of Second Notice: 8/13/05

Central Management Services

2. Pay Plan (80 Ill. Adm. Code 310)  
-First Notice Published: 29 Ill. Reg. 6148 – 5/6/05  
-Expiration of Second Notice: 8/18/05
3. Pay Plan (80 Ill. Adm. Code 310)  
-First Notice Published: 29 Ill. Reg. 8253 – 6/10/05  
-Expiration of Second Notice: 9/8/05

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

Commerce Commission

4. Standards of Behavior for Commissioners and Commission Employees (83 Ill. Adm. Code 100)
  - First Notice Published: 29 Ill. Reg. 5868 – 4/29/05
  - Expiration of Second Notice: 8/19/05
5. Uniform System of Accounts for Telecommunications Carriers (83 Ill. Adm. Code 710)
  - First Notice Published: 29 Ill. Reg. 4563 – 4/1/05
  - Expiration of Second Notice: 8/19/05
6. Digital Divide Elimination Infrastructure Fund (83 Ill. Adm. Code 759)
  - First Notice Published: 29 Ill. Reg. 4785 – 4/8/05
  - Expiration of Second Notice: 8/19/05

Elections

7. Administrative Complaint Procedures for Violations of Title III of HAVA (26 Ill. Adm. Code 150)
  - First Notice Published: 28 Ill. Reg. 15716 – 12/10/04
  - Expiration of Second Notice: 9/9/05
8. Approval of Voting Systems (26 Ill. Adm. Code 204)
  - First Notice Published: 28 Ill. Reg. 13287 – 10/8/04
  - Expiration of Second Notice: 8/20/05
9. Personnel (26 Ill. Adm. Code 212)
  - First Notice Published: 29 Ill. Reg. 5181 – 4/15/05
  - Expiration of Second Notice: 8/24/05

Employment Security

10. Notices, Records, Reports (56 Ill. Adm. Code 2760)

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

-First Notice Published: 29 Ill. Reg. 6818 – 5/13/05  
-Expiration of Second Notice: 8/21/05

11. Payment of Unemployment Contributions, Interest and Penalties (56 Ill. Adm. Code 2765)

-First Notice Published: 29 Ill. Reg. 6823 – 5/13/05  
-Expiration of Second Notice: 8/21/05

Financial and Professional Regulation

12. Accumulation of Guaranty Fund or Guaranty Capital – Reporting and Accounting of Such Indebtedness (50 Ill. Adm. Code 301)

-First Notice Published: 29 Ill. Reg. 4442 – 3/25/05  
-Expiration of Second Notice: 9/3/05

13. Tax Allocation (Repealer) (50 Ill. Adm. Code 942)

-First Notice Published: 29 Ill. Reg. 4164 – 3/18/05  
-Expiration of Second Notice: 8/19/05

14. Minimum Standards for Individual and Group Medicare Supplement Insurance (50 Ill. Adm. Code 2008)

-First Notice Published: 29 Ill. Reg. 7254 – 5/27/05  
-Expiration of Second Notice: 9/7/05

15. Pre-Licensing and Continuing Education (50 Ill. Adm. Code 3119)

-First Notice Published: 29 Ill. Reg. 4169 – 3/18/05  
-Expiration of Second Notice: 8/19/05

16. Detection of Deception Examiners Act (68 Ill. Adm. Code 1230)

-First Notice Published: 29 Ill. Reg. 5818 – 4/29/05  
-Expiration of Second Notice: 8/27/05

17. Funeral Directors and Embalmers Licensing Code (68 Ill. Adm. Code 1250)

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

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JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

-First Notice Published: 29 Ill. Reg. 7410 – 5/27/05  
-Expiration of Second Notice: 8/27/05

18. Pharmacy Practice Act of 1987 (68 Ill. Adm. Code 1330)  
-First Notice Published: 29 Ill. Reg. 5823 – 4/29/05  
-Expiration of Second Notice: 8/24/05

Human Rights

19. Housing Discrimination (71 Ill. Adm. Code 2300)  
-First Notice Published: 29 Ill. Reg. 8291 – 6/10/05  
-Expiration of Second Notice: 9/10/05

Human Services

20. Child Care (89 Ill. Adm. Code 50)  
-First Notice Published: 28 Ill. Reg. 14737 – 11/12/04  
-Expiration of Second Notice: 8/26/05
21. Temporary Assistance for Needy Families (89 Ill. Adm. Code 112)  
-First Notice Published: 28 Ill. Reg. 15424 – 12/3/04  
-Expiration of Second Notice: 8/26/05
22. Temporary Assistance for Needy Families (89 Ill. Adm. Code 112)  
-First Notice Published: 28 Ill. Reg. 14340 – 11/5/04  
-Expiration of Second Notice: 8/26/05
23. General Assistance (89 Ill. Adm. Code 114)  
-First Notice Published: 28 Ill. Reg. 14368 – 11/5/04  
-Expiration of Second Notice: 8/26/05
24. Food Stamps (89 Ill. Adm. Code 121)  
-First Notice Published: 28 Ill. Reg. 14387 – 11/5/04

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

-Expiration of Second Notice: 8/26/05

25. Food Stamps (89 Ill. Adm. Code 121)
  - First Notice Published: 28 Ill. Reg. 15295 – 11/29/04
  - Expiration of Second Notice: 8/26/05
26. Individualized Plan for Employment (IPE) (89 Ill. Adm. Code 572)
  - First Notice Published: 28 Ill. Reg. 13699 – 10/15/04
  - Expiration of Second Notice: 8/26/05
27. Closure of a Rehabilitation Case (89 Ill. Adm. Code 595)
  - First Notice Published: 28 Ill. Reg. 13704 – 10/15/04
  - Expiration of Second Notice: 8/26/05
28. Service Planning and Provision (89 Ill. Adm. Code 684)
  - First Notice Published: 28 Ill. Reg. 14747 – 11/12/04
  - Expiration of Second Notice: 8/26/05
29. Provider Requirements, Type Services, and Rates of Payment (89 Ill. Adm. Code 686)
  - First Notice Published: 29 Ill. Reg. 1703 – 2/4/05
  - Expiration of Second Notice: 8/26/05

Natural Resources

30. Cock Pheasant, Hungarian Partridge, Bobwhite Quail, and Rabbit Hunting (17 Ill. Adm. Code 530)
  - First Notice Published: 29 Ill. Reg. 7156 – 5/20/05
  - Expiration of Second Notice: 9/10/05
31. The Taking of Wild Turkeys – Fall Archery Season (17 Ill. Adm. Code 720)
  - First Notice Published: 29 Ill. Reg. 6838 – 5/13/05
  - Expiration of Second Notice: 8/19/05

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

32. Designation of Restricted Waters in the State of Illinois (17 Ill. Adm. Code 2030)  
-First Notice Published: 29 Ill. Reg. 7414 – 5/27/05  
-Expiration of Second Notice: 9/2/05

Property Tax Appeal Board

33. Practice and Procedure for Appeals Before the Property Tax Appeal Board (86 Ill. Adm. Code 1910)  
-First Notice Published: 29 Ill. Reg. 6208 – 5/6/05  
-Expiration of Second Notice: 9/18/05

Racing Board

34. Superfecta (11 Ill. Adm. Code 311)  
-First Notice Published: 29 Ill. Reg. 7792 – 5/27/05  
-Expiration of Second Notice: 9/2/05
35. Parlay (11 Ill. Adm. Code 319)  
-First Notice Published: 29 Ill. Reg. 7797 – 5/27/05  
-Expiration of Second Notice: 9/2/05
36. Substance Abuse (11 Ill. Adm. Code 508)  
-First Notice Published: 29 Ill. Reg. 7801 – 5/27/05  
-Expiration of Second Notice: 9/2/05
37. Medication (11 Ill. Adm. Code 603)  
-First Notice Published: 29 Ill. Reg. 7806 – 5/27/05  
-Expiration of Second Notice: 9/2/05
38. Racing Rules (11 Ill. Adm. Code 1318)  
-First Notice Published: 29 Ill. Reg. 8090 – 6/3/05  
-Expiration of Second Notice: 9/2/05

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

Secretary of State

39. The Business Corporation Act of 1983 (14 Ill. Adm. Code 150)
  - First Notice Published: 29 Ill. Reg. 7188 – 5/20/05
  - Expiration of Second Notice: 8/31/05
40. Public Library Construction Grants (23 Ill. Adm. Code 3060)
  - First Notice Published: 29 Ill. Reg. 7811 – 5/27/05
  - Expiration of Second Notice: 9/2/05
41. Cancellation, Revocation or Suspension of Licenses or Permits (92 Ill. Adm. Code 1040)
  - First Notice Published: 29 Ill. Reg. 6884 – 5/13/05
  - Expiration of Second Notice: 8/20/05
42. Cancellation, Revocation or Suspension of Licenses or Permits (92 Ill. Adm. Code 1040)
  - First Notice Published: 29 Ill. Reg. 7194 – 5/20/05
  - Expiration of Second Notice: 9/4/05

State Police

43. Illinois Uniform Conviction Information Act (20 Ill. Adm. Code 1215)
  - First Notice Published: 29 Ill. Reg. 7818 – 5/27/05
  - Expiration of Second Notice: 8/26/05

State Universities Retirement System

44. Americans with Disabilities Act Grievance Procedures (4 Ill. Adm. Code 1650)
  - First Notice Published: 29 Ill. Reg. 5946 – 4/29/05
  - Expiration of Second Notice: 9/2/05
45. Universities Retirement (80 Ill. Adm. Code 1600)
  - First Notice Published: 29 Ill. Reg. 5953 – 4/29/05
  - Expiration of Second Notice: 9/10/05

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

## SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

46. Universities Retirement (80 Ill. Adm. Code 1600)  
-First Notice Published: 29 Ill. Reg. 6233 – 5/6/05  
-Expiration of Second Notice: 8/31/05

**EMERGENCY RULEMAKINGS**Education

47. Reading Improvement Program (23 Ill. Adm. Code 260)  
-First Notice Published: 29 Ill. Reg. 9508 – 7/1/05
48. Providers of Supplemental Educational Services (23 Ill. Adm. Code 675)  
-Notice Published: 29 Ill. Reg. 9516 – 7/1/05

Healthcare and Family Services

49. State Responsibility for Medicare Part D Low-Income Subsidy (89 Ill. Adm. Code 127)  
-Notice Published: 29 Ill. Reg. 10254 – 7/15/05
50. Mental Health Services in Nursing Facilities (89 Ill. Adm. Code 145)  
-Notice Published: 29 Ill. Reg. 10259 – 7/15/05
51. Hospital Services (89 Ill. Adm. Code 148)  
-Notice Published: 29 Ill. Reg. 10275 – 7/15/05
52. Hospital Services (89 Ill. Adm. Code 148)  
-Notice Published: 29 Ill. Reg. 11622 – 7/22/05
53. Reimbursement for Nursing Costs for Geriatric Facilities (89 Ill. Adm. Code 147)  
-Notice Published: 29 Ill. Reg. 10266 – 7/15/05
54. Hospital Reimbursement Changes (89 Ill. Adm. Code 152)

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

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JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

-Notice Published: 29 Ill. Reg. 10299 – 7/15/05

Public Health

55. Skilled Nursing and Intermediate Care Facilities (77 Ill. Adm. Code 300)  
-Notice Published: 29 Ill. Reg. 11824 – 7/29/05
56. Sheltered Care Facilities Code (77 Ill. Adm. Code 330)  
-Notice Published: 29 Ill. Reg. 11879 – 7/29/05
57. Illinois Veterans' Homes Code (77 Ill. Adm. Code 340)  
-Notice Published: 29 Ill. Reg. 11931 – 7/29/05
58. Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)  
-Notice Published: 29 Ill. Reg. 11971 – 7/29/05
59. Long Term Care For Under Age 22 Facilities Code (77 Ill. Adm. Code 390)  
-Notice Published: 29 Ill. Reg. 12025 – 7/29/05
60. Manufactured Home Community Code (77 Ill. Adm. Code 860)  
-Notice Published: 29 Ill. Reg. 10305 – 7/15/05
61. Manufactured Home Installation Code (77 Ill. Adm. Code 870)  
-Notice Published: 29 Ill. Reg. 10327 – 7/15/05
62. Illinois Manufactured Home Tiedown Code (Repealer) (77 Ill. Adm. Code 870)  
-Notice Published: 29 Ill. Reg. 10371 – 7/15/05
63. Manufactured Housing and Mobile Structures (77 Ill. Adm. Code 880)  
-Notice Published: 29 Ill. Reg. 10381 – 7/15/05
64. Manufactured Home Installer Course Accreditation Code (Repealer) (77 Ill. Adm. Code

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
AUGUST AGENDA

SCHEDULED MEETING:

JAMES R. THOMPSON CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:30 A.M.  
AUGUST 16, 2005

885)

-Notice Published: 29 Ill. Reg. 10417 – 7/15/05

Racing Board

65. Procedures for License Hearings (11 Ill. Adm. Code 205)  
-Notice Published: 29 Ill. Reg. 10425 – 7/15/05

**PEREMPTORY RULEMAKINGS**

Central Management Services

66. Pay Plan (80 Ill. Adm. Code 310)  
-Notice Published: 29 Ill. Reg. 12076 – 7/29/05

Human Services

67. Food Stamps (89 Ill. Adm. Code 121)  
-Notice Published: 29 Ill. Reg. 12132 – 7/29/05

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICE RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of July 26, 2005 through August 1, 2005 and have been scheduled for review by the Committee at its August 16, 2005 or September 13, 2005 meetings 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>
9/8/05	<u>Department of Central Management Services,</u> Pay Plan (80 Ill. Adm. Code 310)	6/10/05 29 Ill. Reg. 8253	8/16/05
9/9/05	<u>State Board of Elections,</u> Administrative Complaint Procedures for Violations of Title III of HAVA (26 Ill. Adm. Code 150)	12/10/04 28 Ill. Reg. 15716	8/16/05
9/10/05	<u>Department of Human Rights,</u> Housing Discrimination (71 Ill. Adm. Code 2300)	6/10/05 29 Ill. Reg. 8291	8/16/05
9/10/05	<u>Department of Natural Resources,</u> Cock Pheasant, Hungarian Partridge, Bobwhite Quail, and Rabbit Hunting (17 Ill. Adm. Code 530)	5/20/05 29 Ill. Reg. 7156	8/16/05
9/10/05	<u>State Universities Retirement System,</u> Universities Retirement (80 Ill. Adm. Code 1600)	4/29/05 29 Ill. Reg. 5953	8/16/05
9/14/05	<u>Department of Public Health,</u> Child Health Examination Code (77 Ill. Adm. Code 665)	12/3/04 28 Ill. Reg. 15439	9/13/05

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

a) Part(s) (Heading and Code Citation): Standard Procurement (44 Ill Adm. Code 1)

1) Rulemaking:

- A) Description: Modify the way tie bids are resolved; Add language to define what constitutes an "Illinois business" under the Small Business Set-Aside Program; Establish general guidelines to ensure that solicitation and contract files contain all necessary documentation; Require agencies to publish a general notice on the Illinois Procurement Bulletin if it is seeking vendor assistance in conducting a study, diagnostic or data-collection effort prior to the publication of a solicitation; Establish general guidelines for evaluation criteria and sourcing methodology when developing a request for proposal; Require that Best and Final Offer requests clearly state which areas of the proposal the vendor is being asked to address; Require that for all Requests for Proposal a notice be posted to the Illinois Procurement Bulletin that states the lowest bidder and/or a written decision explaining why a higher-priced vendor was selected; and Require that all competitive sealed proposals, including those designated Professional and Artistic and traditional Requests for Proposal, must state whether the services of a subcontractor will be used, including subcontractor names, addresses and expected payment amounts.
- B) Statutory Authority: 30 ILCS 500
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: Set-Aside changes will help ensure that Illinois-based small businesses get the advantage of the Set-aside provision of the Procurement Code.
- F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

Springfield, Illinois 62706  
217/785-1793

- G) Related rulemakings and other pertinent information: Proposed rulemaking exists published as first notice in Illinois Register 1487 that changes the dollar value of sales that retail and wholesale vendors attain in order to be considered small. Also, anticipated changes codify "CPO Notice #37: Solicitation and Contract File Documentation", "CPO Notice #38: Vendor Assistance in Developing Specifications and/or Developing Opportunities for Improvement", "CPO Notice #40: Evaluation Criteria Requests for Proposals", "CPO Notice #36: Use of Best and Final Offers (BAFOs)", "CPO Notice #39: Award to Other than Low Price Bid/Proposal Publication Requirements" and "CPO Notice #41: Subcontracts – Identification and Payment Information" in response to the Auditor General's FY03-FY04 Compliance Examination Audit Findings 04-2, 04-3, 04-4, 04-5, 04-6 and 04-7.
- 2) Rulemaking:
- A) Description: Recently passed legislation redefines "manufactured in the United States" to include design, processing, packaging, testing, and other processes that add value, quality or reliability. Existing rule may need to be amended to reflect this.
- B) Statutory Authority: 30 ILCS 517
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: Finding qualified suppliers could pose a challenge to all businesses, including small businesses that are reliant upon foreign suppliers. Since preferences typically result in less favorable pricing, small municipalities may be impacted by increased costs.
- F) Agency contact person for information:

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

- G) Related rulemakings and other pertinent information: None
- b) Part(s) (Heading and Code Citation): Acquisition, Management and Disposal of Real Property (44 Ill Adm. Code 5000)
- 1) Rulemaking:
- A) Description: Clarify and modify language regarding displays and exhibits on Department-controlled properties in order to comply with federal law and First Amendment requirements.
- B) Statutory Authority: 30 ILCS 605
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: Changes will not directly affect any such entities. Entities that seek to utilize Department-controlled properties for expressive activities will have their First Amendment rights better protected.
- F) Agency contact person for information:
- Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793
- G) Related rulemakings and other pertinent information: None

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

c) Part(s) (Heading and Code Citation): State Vehicles and Garage (44 Ill Adm. Code 5040)

1) Rulemaking:

A) Description: Substantive changes are not anticipated, but existing language may be modified to cover all situations that may occur.

B) Statutory Authority: 20 ILCS 405 and 30 ILCS 610

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.

D) Date agency anticipates First Notice: Not yet scheduled

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

G) Related rulemakings and other pertinent information: None

d) Part(s) (Heading and Code Citation): Merit and Fitness (80 Ill Adm. Code 302)

1) Rulemaking:

A) Description: Modifies the rule to require CMS to verify an applicant's entitlement to veteran's preference.

B) Statutory Authority: 20 ILCS 415

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: None
- F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

- G) Related rulemakings and other pertinent information: None

e) Part(s) (Heading and Code Citation): Extensions of Jurisdiction (80 Ill Adm. Code 305)

1) Rulemaking:

- A) Description: Adds 2 new Sections to this Part as a result of positions under the Illinois Commerce Commission and the Illinois Emergency Management Agency being included into the AFSCME bargaining unit and the agreement to include the positions under the Personnel Code.
- B) Statutory Authority: 20 ILCS 415/4b
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: None
- F) Agency contact person for information:

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

G) Related rulemakings and other pertinent information: None

f) Part(s) (Heading and Code Citation): State Employees Group Insurance Program  
(New Part 80 Ill. Adm. Code 2105)

1) Rulemaking:

A) Description: Provide for administration of the general program of benefits for individuals in the service of the State.

B) Statutory Authority: 5 ILCS 375

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.

D) Date agency anticipates First Notice: Not yet scheduled

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

G) Related rulemakings and other pertinent information: None

g) Part(s) (Heading and Code Citation): State of Illinois Dependent Care Assistance Plan (80 Ill. Adm. Code 2110)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

- 1) Rulemaking:
  - A) Description: Modify language to reflect changes and enhancements to the plan.
  - B) Statutory Authority: Sections 125 and 129(d) of the Internal Revenue Code (26 USC. 125 and 129(d)), Section 64.2 of the Civil Administrative Code of Illinois [20 ILCS 405/64.2], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 373/3 and 9] and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16]
  - C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
  - D) Date agency anticipates First Notice: Not yet scheduled
  - E) Affect on small businesses, small municipalities or not for profit corporations: None
  - F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793
  - G) Related rulemakings and other pertinent information: Similar changes are anticipated for the State of Illinois Medical Care Assistance Plan (80 Ill. Admin. Code 2120).
- h) Part(s) (Heading and Code Citation): State of Illinois Medical Care Assistance Plan (80 Ill. Adm. Code 2120)
  - 1) Rulemaking:

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

- A) Description: Modify language to reflect changes and enhancements to the plan.
- B) Statutory Authority: Sections 125 and 129(d) of the Internal Revenue Code (26 USC. 125 and 129(d)), Section 64.2 of the Civil Administrative Code of Illinois [20 ILCS 405/64.2], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 373/3 and 9] and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16]
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: None
- F) Agency contact person for information:
- Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793
- G) Related rulemakings and other pertinent information: Similar changes are anticipated for the State of Illinois Dependent Care Assistance Plan (80 Ill. Adm. Code 2110).

i) Part(s) (Heading and Code Citation): School District Insurance Program (New Part 80 Ill. Adm. Code 2152)

1) Rulemaking:

- A) Description: Provide for the administration of the School District Insurance Program of benefits.
- B) Statutory Authority: 5 ILCS 375

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: None
- F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

- G) Related rulemakings and other pertinent information: None

j) Part(s) (Heading and Code Citation): Local Government Health Plan (80 Ill. Adm. Code 2160)

1) Rulemaking:

- A) Description: Clarify previously implemented procedures to be compliant with the Health Insurance Portability and Accountability Act (HIPAA).
- B) Statutory Authority: 5 ILCS 375
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: Will allow units of local government to comply with the uses and disclosures of Protected Health Information, permitted by HIPAA, where applicable.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

G) Related rulemakings and other pertinent information: Nonek) Part(s) (Heading and Code Citation): Commuter Savings Program (New Part 80 Ill. Adm. Code 2190)1) Rulemaking:

A) Description: Provide for the administration of the general Commuter Savings Program of benefits for individuals in the service of the State.

B) Statutory Authority: 5 ILCS 375

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.

D) Date agency anticipates First Notice: Not yet scheduled

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793

G) Related rulemakings and other pertinent information: None

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## JULY 2005 REGULATORY AGENDA

- l) Part(s) (Heading and Code Citation): State (of Illinois) Employees' Deferred Compensation Plan (80 Ill. Adm. Code 2700)
- 1) Rulemaking:
- A) Description: Amends the rule in accordance with IRS Code changes related to the Economic Growth and Tax Relief Reconciliation Act of 2001.
- B) Statutory Authority: Section 457 of the Internal Revenue Code and 40 ILCS 5/22A-11.1
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*.
- D) Date agency anticipates First Notice: Not yet scheduled
- E) Affect on small businesses, small municipalities or not for profit corporations: None
- F) Agency contact person for information:
- Gina Wilson  
Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706  
217/785-1793
- G) Related rulemakings and other pertinent information: None

## ATTORNEY GENERAL

## NOTICE OF PUBLIC INFORMATION

## NOTICE OF LODGING OF CONSENT DECREE PURSUANT TO THE COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION, AND LIABILITY ACT

In accordance with 42 U.S.C. 9622(d)(2)(A) and (B), notice is hereby given that on July 27, 2005, a proposed consent decree in the case captioned The State of Illinois v. Abrasive Machining, Inc., et al., Civil Action No. 05 C 50138 (N.D. Illinois), was lodged with the United States District Court for the Northern District of Illinois.

This action under CERCLA Section 107(a) involves a Superfund Site in Rockford, Winnebago County, Illinois, commonly known as the Interstate Pollution Control/Roto-Rooter Site. In a three count complaint, Illinois sought response costs and remediation at the Site.

Under the Consent Decree, the Settling Defendants agrees to: (1) Perform the remedial actions selected; (2) reimburse the State for past response costs; (3) pay the State's future oversight response costs; and (4) covenant not to sue the State for any costs relating to the Site.

The Illinois attorney General's Office will receive for a period of thirty (30) days from the date of this publication comments relating to the Consent Decree. Comments should be addressed to Gerald T. Karr Senior Assistant Attorney General, Environmental Bureau, 188 West Randolph Street, 20th Floor, Chicago, Illinois 60601, and should refer to The State of Illinois v. Abrasive Machining, Inc., et al.

The Consent Decree may be examined at: (1) The Illinois Environmental Protection Agency, 1021 North Grand Avenue East, Springfield, Illinois 62794; (2) the Illinois Environmental Protection Agency Web Site [www.epa.state.il.us](http://www.epa.state.il.us) ; (3) the Rockford Public Library, 215 North Wyman St., Rockford, IL 61101; and a copy of the Consent Decree without Appendices may be obtained by mailing a request to Gerald Karr at the address above or by faxing or e-mailing a request to [gkarr@atg.state.il.us](mailto:gkarr@atg.state.il.us), fax number 312/814-2347.

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Pursuant to 35 Ill. Adm. Code 302.595 and 302.669, the following water quality criteria have been derived as listed. This listing updates revisions to existing criteria for the period April 1, 2005 through June 30, 2005. The Illinois Environmental Protection Agency now maintains a list of derived water quality criteria on its website at <http://www.epa.state.il.us/water/water-quality-standards/water-quality-criteria.html>.

A cumulative listing of criteria as of July 31, 1993 was published in 17 Ill. Reg. 18904, October 29, 1993. Listings of waterbodies for which water quality criteria were used during subsequent three month periods were published in 18 Ill. Reg. 318, January 7, 1994; 18 Ill. Reg. 4457, March 18, 1994; 18 Ill. Reg. 8734, June 10, 1994; 18 Ill. Reg. 14166, September 9, 1994; 18 Ill. Reg. 17770, December 9, 1994; 19 Ill. Reg. 3563, March 17, 1995; 19 Ill. Reg. 7270, May 26, 1995; 19 Ill. Reg. 12527, September 1, 1995; 20 Ill. Reg. 649, January 5, 1996; 20 Ill. Reg. 4829, March 22, 1996; 20 Ill. Reg. 7549, May 30, 1996; 20 Ill. Reg. 12278, September 6, 1996; 20 Ill. Reg. 15619, December 6, 1996; 21 Ill. Reg. 3761, March 21, 1997; 21 Ill. Reg. 7554, June 13, 1997; 21 Ill. Reg. 12695, September 12, 1997; 21 Ill. Reg. 16193, December 12, 1997; 22 Ill. Reg. 5131, March 13, 1998; 22 Ill. Reg. 10689, June 12, 1998; 22 Ill. Reg. 16376, September 11, 1998; 22 Ill. Reg. 22423, December 28, 1998; 23 Ill. Reg. 3102, March 12, 1999; 23 Ill. Reg. 6979, June 11, 1999; 23 Ill. Reg. 11774, September 24, 1999; 23 Ill. Reg. 14772, December 27, 1999; 24 Ill. Reg. 4251, March 17, 2000; 24 Ill. Reg. 8146, June 9, 2000; 24 Ill. Reg. 14428, September 29, 2000; 25 Ill. Reg. 270, January 5, 2001; 25 Ill. Reg. 4049, March 16, 2001; 25 Ill. Reg. 7367, June 8, 2001; 25 Ill. Reg. 12186, September 21, 2001; 25 Ill. Reg. 16175, December 14, 2001; 26 Ill. Reg. 4974, March 29, 2002; 26 Ill. Reg. 13370, September 6, 2002; 27 Ill. Reg. 1736, January 31, 2003; 27 Ill. Reg. 7350, April 18, 2003; 27 Ill. Reg. 17128, November 7, 2003; 28 Ill. Reg. 5038, March 19, 2004; 28 Ill. Reg. 8363, June 11, 2004; 28 Ill. Reg. 12943, September 17, 2004; 29 Ill. Reg. 1449, January 21, 2005, and 29 Ill. Reg. 7239, May 20, 2005.

Chemical: Acenaphthene	CAS #83-32-9
Acute criterion: 120 ug/l	Chronic criterion: 62 ug/l
Date criteria derived: November 14, 1991; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Acenaphthylene	CAS # 208-96-8
Acute criterion: 190 ug/L	Chronic criterion: 15 ug/L
Date criteria derived: March 1, 1998	
Applicable waterbodies: Not used during this period.	
Chemical: Acetone	CAS #67-64-1
Acute criterion: 1,500 mg/l	Chronic criterion: 120 mg/l
Date criteria derived: May 25, 1993	

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

Applicable waterbodies: Not used during this period.	
Chemical: Acetonitrile	CAS #75-05-8
Acute criterion: 380 mg/l	Chronic criterion: 30 mg/l
Date criteria derived: December 7, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Acrylonitrile	CAS #107-13-4
Acute criterion: 910 ug/l	Chronic criterion: 73 ug/l
Human health criterion (HNC): 0.21 ug/l	
Date criteria derived: November 13, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: Anthracene	CAS #120-12-7
Human health criterion (HTC): 35 mg/l	
Date criteria derived: August 18, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(a)anthracene	CAS #56-55-3
Human health criterion (HNC): 0.16 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(a)pyrene	CAS #50-32-8
Human health criterion (HNC): 0.016 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(b)fluoranthene	CAS # 205-99-2
Human health criterion (HNC): 0.16 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(k)fluoranthene	CAS #207-08-9
Human health criterion (HNC): 1.6 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Carbon tetrachloride	CAS #56-23-5
Acute criterion: 3,500 ug/l	Chronic criterion: 280 ug/l
Human health criterion (HNC): 1.4 ug/l	
Date criteria derived: June 18, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Chlorobenzene	CAS #108-90-7
Acute criterion: 990 ug/l	Chronic criterion: 79 ug/l

## ENVIRONMENTAL PROTECTION AGENCY

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Date criteria derived: December 11, 1991 Applicable waterbodies: Not used during this period.	
Chemical: Chloroform	CAS #67-66-3
Acute criterion: 1,900 ug/l	Chronic criterion: 150 ug/l
Human health criterion (HNC): 130 ug/l Date criteria derived: October 26, 1992 Applicable waterbodies: Not used during this period.	
Chemical: Chrysene	CAS #218-01-9
Human health criterion (HNC): 16 ug/l Date criteria derived: August 10, 1993; revised February 1999 Applicable waterbodies: Not used during this period.	
Chemical: 1,2-dichlorobenzene	CAS #95-50-1
Acute criterion: 210 ug/l	Chronic criterion: 17 ug/l
Date criteria derived: December 1, 1993 Applicable waterbodies: Not used during this period.	
Chemical: 1,3-dichlorobenzene	CAS #541-73-1
Acute criterion: 500 ug/l	Chronic criterion: 200 ug/l
Date criteria derived: July 31, 1991 Applicable waterbodies: Not used during this period.	
Chemical: 1,2-dichloroethane	CAS #107-06-2
Acute criterion: 25 mg/l	Chronic criterion: 4.5 mg/l
Human health criterion (HNC): 23 ug/l Date criteria derived: March 19, 1992 Applicable waterbodies: Not used during this period.	
Chemical: 1,1-dichloroethylene	CAS #75-35-4
Acute criterion: 3,000 ug/l	Chronic criterion: 240 ug/l
Human health criterion (HNC): 0.95 ug/l Date criteria derived: March 20, 1992 Applicable waterbodies: Not used during this period.	
Chemical: 2,4-dichlorophenol	CAS #120-83-2
Acute criterion: 630 ug/l	Chronic criterion: 83 ug/l
Date criteria derived: November 14, 1991 Applicable waterbodies: Not used during this period.	
Chemical: 1,2-dichloropropane	CAS #78-87-5
Acute criterion: 4,800 ug/l	Chronic criterion: 380 ug/l
Date criteria derived: December 7, 1993 Applicable waterbodies: Not used during this period.	
Chemical: 1,3-dichloropropylene	CAS #542-75-6

## ENVIRONMENTAL PROTECTION AGENCY

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Acute criterion: 99 ug/l	Chronic criterion: 7.9 ug/l
Date criteria derived: November 13, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: 2,4-dimethyl phenol	CAS #105-67-9
Acute criterion: 740 ug/l	Chronic criterion: 220 ug/l
Date criteria derived: October 26, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: 4,6-dinitro-o-cresol = 2-methyl-4,6-dinitrophenol	CAS #534-52-1
Acute criterion: 29 ug/l	Chronic criterion: 2.3 ug/l
Date criteria derived: November 14, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: 2,4-dinitrophenol	CAS #51-28-5
Acute criterion: 85 ug/l	Chronic criterion: 4.1 ug/l
Date criteria derived: December 1, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: 2,6-dinitrotoluene	CAS #606-20-2
Acute criterion: 1,900 ug/l	Chronic criterion: 150 ug/l
Date criteria derived: February 14, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: Diquat	CAS #85-00-7
Acute criterion: 990 ug/l	Chronic criterion: 80 ug/l
Date criteria derived: January 30, 1996	
Applicable waterbodies: Not used during this period.	
Chemical: Ethyl mercaptan (ethanethiol)	CAS #75-08-1
Acute criterion: 17 ug/l	Chronic criterion: 2 ug/l
Date criteria derived: April 8, 2002	
Applicable waterbodies: Not used during this period.	
Chemical: Fluoranthene	CAS #206-44-0
Human health criterion (HTC): 120 ug/l	
Date criteria derived: August 10, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Formaldehyde	CAS #50-00-0
Acute criterion: 4.9 mg/l	Chronic criterion: 0.39 mg/l
Date criteria derived: January 19, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Hexachlorobenzene	CAS #118-74-1
Human health criterion (HNC): 0.00025 ug/l	
Date criteria derived: November 15, 1991	

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

Applicable waterbodies: Not used during this period.	
Chemical: Hexachlorobutadiene	CAS #87-68-3
Acute criterion: 35 ug/l	Chronic criterion: 2.8 ug/l
Date criteria derived: March 23, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: Hexachloroethane	CAS #67-72-1
Acute criterion: 380 ug/l	Chronic criterion: 31 ug/l
Human health criterion (HNC): 2.9 ug/l	
Date criteria derived: November 15, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: n-Hexane	CAS #110-54-3
Acute criterion: 250 ug/l	Chronic criterion: 20 ug/l
Date criteria derived: April 8, 2002	
Applicable waterbodies: Not used during this period.	
Chemical: Isobutyl alcohol = 2-methyl-1-propanol	CAS #78-83-1
Acute criterion: 430 mg/l	Chronic criterion: 35 mg/l
Date criteria derived: December 1, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Methylene chloride	CAS #75-09-2
Acute criterion: 17 mg/l	Chronic criterion: 1.4 mg/l
Human health criterion (HNC): 340 ug/l	
Date criteria derived: January 21, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: Methyleneethylketone	CAS #78-93-3
Acute criterion: 320 mg/l	Chronic criterion: 26 mg/l
Date criteria derived: July 1, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: 4-methyl-2-pentanone	CAS #108-10-1
Acute criterion: 46 mg/l	Chronic criterion: 1.4 mg/l
Date criteria derived: January 13, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: 2-methyl phenol	CAS #95-48-7
Acute criterion: 4.7 mg/l	Chronic criterion: 0.37 mg/l
Date criteria derived: November 8, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: 4-methyl phenol	CAS #106-44-5
Acute criterion: 670 ug/l	Chronic criterion: 120 ug/l

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

Date criteria derived: January 13, 1992 Applicable waterbodies: Not used during this period.	
Chemical: methyl tert-butyl ether (MTBE)	CAS #134-04-4
Acute criterion: 67 mg/l	Chronic criterion: 6.7 mg/l
Date criteria derived: September 18, 1997 Applicable waterbodies: Not used during this period.	
Chemical: Naphthalene	CAS #91-20-3
Acute criterion: 510 ug/l	Chronic criterion: 68 ug/l
Date criteria derived: November 7, 1991; revised February 1999 Applicable waterbodies: Not used during this period.	
Chemical: 4-nitroaniline	CAS #100-01-6
Acute criterion: 1.5 mg/l	Chronic criterion: 0.12 mg/l
Date criteria derived: May 5, 1996 Applicable waterbodies: Not used during this period.	
Chemical: Nitrobenzene	CAS #98-95-3
Acute criterion: 15 mg/l	Chronic criterion: 8.0 mg/l
Human health criterion (HTC): 0.52 mg/l Date criteria derived: February 14, 1992; revised February 1999 Applicable waterbodies: Not used during this period.	
Chemical: Pentachlorophenol	
Acute criterion: 20 ug/l	Chronic criterion: 13 ug/l
Date criteria derived: national criterion at pH of 7.8, September 1986 Applicable waterbodies: Not used during this period.	
Chemical: Phenanthrene	CAS #85-01-8
Acute criterion: 46 ug/l	Chronic criterion: 3.7 ug/l
Date criteria derived: October 26, 1992 Applicable waterbodies: Not used during this period.	
Chemical: Propylene	CAS #115-07-1
Acute criterion: 4.0 mg/l	Chronic criterion 0.40 mg/l
Date criteria derived: April 8, 2002 Applicable waterbodies: Not used during this period.	
Chemical: Pyrene	CAS #120-00-0
Human health criterion (HTC): 3.5 mg/l Date criteria derived: December 22, 1992 Applicable waterbodies: Not used during this period.	
Chemical: Tetrachloroethylene	CAS #127-18-4
Acute criterion: 1,200 ug/l	Chronic criterion: 150 ug/l

## ENVIRONMENTAL PROTECTION AGENCY

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Date criteria derived: March 23, 1992 Applicable waterbodies: Not used during this period.	
Chemical: Tetrahydrofuran Acute criterion: 220 mg/l Date criteria derived: March 16, 1992 Applicable waterbodies: Not used during this period.	CAS #109-99-9 Chronic criterion: 17 mg/l
Chemical: 1,2,4-trichlorobenzene Acute criterion: 370 ug/l Date criteria derived: December 14, 1993; revised February 1999 Applicable waterbodies: Not used during this period.	CAS #120-82-1 Chronic criterion: 72 ug/l
Chemical: 1,1,1-trichloroethane Acute criterion: 4,900 ug/l Date criteria derived: October 26, 1992 Applicable waterbodies: Not used during this period.	CAS #71-55-6 Chronic criterion: 390 ug/l
Chemical: 1,1,2-trichloroethane Acute criterion: 19 mg/l Human health criterion (HNC): 12 ug/l Date criteria derived: December 13, 1993; revised February 1999 Applicable waterbodies: Not used during this period.	CAS #79-00-5 Chronic criterion: 4.4 mg/l
Chemical: Trichloroethylene Acute criterion: 12,000 ug/l Human health criterion (HNC): 25 ug/l Date criteria derived: October 23, 1992 Applicable waterbodies: Not used during this period.	CAS #79-01-6 Chronic criterion: 940 ug/l

For additional information concerning these criteria or the derivation process used in generating them, please contact:

Bob Mosher  
Illinois Environmental Protection Agency  
Division of Water Pollution Control  
1021 North Grand Avenue East  
Post Office Box 19276  
Springfield, Illinois 62794-9276  
217/782-3362

## PROCLAMATIONS

**2005-247 (Revised 2)  
MICHAEL FINLEY DAY**

WHEREAS, Michael Finley, a Maywood native, has led a distinguished career in the National Basketball Association and generously donates his time helping Illinois youth attain their goals and dreams; and

WHEREAS, selected by the Phoenix Suns as the twenty-first overall pick in the 1995 National Basketball Association Draft, Michael Finley became only the third rookie in Suns's history to score over 1,000 points in his rookie season; and

WHEREAS, in 1997, Michael Finley was traded to the Dallas Mavericks, and the following season, he led the team in scoring, assists and steals. He has since served many years with distinction in the sport of basketball; and

WHEREAS, in addition to his great athletic achievements, Michael Finley also serves the community by contributing his time and financial support; such as offering free basketball clinics, including lunch and gifts, to hundreds of young and aspiring children in Illinois:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim July 15, 2005 as **MICHAEL FINLEY DAY** in Illinois, and encourage all citizens to follow his example of leadership and charity.

Issued by the Governor July 14, 2005.

Filed by the Secretary of State July 26, 2005.

**2005-253  
84TH INFANTRY DIVISION DAYS**

WHEREAS, this year, the United States Army's distinguished 84th Infantry Division celebrates their 60th Annual Reunion at the Crown Plaza Hotel in Springfield, Illinois; and

WHEREAS, organized in Springfield during the dark days of the Second World War, when the fate of democracy and freedom were in the throes of destructive forces in Europe, Africa, and the Pacific Coast, the 84th was nicknamed the Railsplitters after Illinois's favorite son, Abraham Lincoln, who also served during a time of grave peril; and

WHEREAS, the Railsplitters arrived in Europe in November of 1944 and were immediately sent to the front. There they helped check and push back the Nazi advance, seized a number of towns, captured more than 70,000 prisoners, and liberated thousands of enslaved ethnic minorities; and

WHEREAS, in the process, the 84th Railsplitters, like their namesake before them, valiantly helped preserve and protect democracy for future generations to cherish and enjoy; but

WHEREAS, sadly, the success of the 84th came with terrible costs. The Railsplitters suffered more than 9,800 casualties, with 1,235 of those soldiers being killed in the line of duty:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim August 27-30, 2005 as **84TH INFANTRY DIVISION DAYS** in Illinois in honor and remembrance of the sacrifices and achievements of the 84th Railsplitters as they meet in Springfield for their 60th Annual Reunion.

## PROCLAMATIONS

Issued by the Governor July 27, 2005.

Filed by the Secretary of State July 27, 2005.

**2005-254****NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH**

WHEREAS, millions of Americans and thousands of Illinoisans are addicted to alcohol and drugs; and

WHEREAS, alcohol and drug addiction is a grave disorder that destroys individual lives, rips families apart, and strains local communities; and

WHEREAS, to combat the devastating effects of alcohol and drug addiction, National Alcohol and Drug Addiction Recovery Month was launched in 1990 as an annual observance held every September to promote the personal and community benefits of treatment and support; and

WHEREAS, this year, the theme of National Alcohol and Drug Addiction Recovery Month, "Join the Voices for Recovery: Healing Lives, Families, and Communities", emphasizes the vital role of friends, families, and communities in alcohol and drug treatment and support:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 2005 as **NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH** in Illinois to promote the treatment of alcohol and drug addiction and to encourage support by all citizens of the State.

Issued by the Governor on July 29, 2005.

Filed by the Secretary of State July 29, 2005.

**2005-255****CHILD SUPPORT AWARENESS MONTH**

WHEREAS, all children deserve to be raised in a caring and nurturing environment where they will be challenged to grow into successful, productive members of society; and

WHEREAS, consequently, it is of the utmost importance that we invest all of our available resources to fulfilling this essential responsibility; and

WHEREAS, the Illinois Department of Healthcare and Family Services strives to improve the lives of our children by ensuring their parental support; and

WHEREAS, a number of methods are used by the Department of Healthcare and Family Services to collect unpaid child support, including: intercepting state and federal tax refunds, suspending Illinois professional licenses, placing liens on real and personal property, collaborating with private collection agencies, reporting the debt to credit reporting agencies, and now posting photos and debt amounts of deadbeat parents online; and

WHEREAS, in just one year, collections rose 7.9 percent, from 39.1 percent in federal fiscal year 2002 to 47 percent in 2003, and the number of support orders enforced rose 5.9 percent, from 40.8 percent to 46.7 percent; and

## PROCLAMATIONS

WHEREAS, with the assistance of the Departments of Human Services, Public Health, Children and Family Services, Corrections, Aging, Revenue, other state and county agencies, and community groups, the Department of Healthcare and Family Services has helped more children receive aid and assistance:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim August 2005 as **CHILD SUPPORT AWARENESS MONTH** in Illinois to promote the importance of child support and to affirm the continued commitment of my administration to helping our children receive the love and care that is vital to their success and the future welfare of Illinois.

Issued by the Governor on July 29, 2005.

Filed by the Secretary of State July 29, 2005.

**2005-152 (Revised)**  
**LIONS CANDY DAY**

WHEREAS, the Lions Club was founded in 1917 by Melvin Jones. His goal was to create an organization of businesses who shared a common goal of bettering the community; and

WHEREAS, Lions Club International has grown to incorporate 1.4 million members who participate in 46,000 clubs in 193 countries across the globe; and

WHEREAS, the Lions Club of Illinois has raised an unprecedented amount of money for those who are visually and hearing impaired over the years through events such as Candy Day; and

WHEREAS, Candy Day allows the Illinois citizens to contribute to an organization that will in turn, give back to the public. The candy they receive is a token of appreciation from the Lions Club for their donation; and

WHEREAS, all proceeds made from Candy Day will go to the programs the Lions Club of Illinois promotes to continue to help the visually and hearing impaired:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 14, 2005 as **LIONS CANDY DAY** in Illinois, and applaud the Lions Club for so nobly serving the public for close to 90 years.

Issued by the Governor May 2, 2005.

Filed by the Secretary of State August 1, 2005.

**2005-256**  
**CHICAGO DEFENDER CHARITIES BUD BILLIKEN DAY**

WHEREAS, Chicago Defender Charities has a long tradition of helping Illinoisans in need through charitable aid, such as financial assistance and scholarships to students and gift baskets to public housing residents during the holiday season; and

WHEREAS, Chicago Defender Charities also sponsors the annual Bud Billiken Parade, which, for 75 years, has provided free, wholesome, and fun entertainment for hundreds of thousands of children and parents; and

## PROCLAMATIONS

WHEREAS, this year, the Bud Billiken Parade celebrates its 76th anniversary, and the theme, "Education: A Family Affair", emphasizes the important role of parents in the education of their children; and

WHEREAS, organizations and events such as Chicago Defender Charities and the Bud Billiken Parade promote community service and unity, which is vital to the strength and success of Illinois communities:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim August 13, 2005 as **CHICAGO DEFENDER CHARITIES BUD BILLIKEN DAY** in Illinois in recognition of Chicago Defender Charities' goodwill and to encourage all citizens of the State to support their noble efforts.

Issued by the Governor August 1, 2005.

Filed by the Secretary of State August 1, 2005.

**2005-257****HOUSE MUSIC UNITY DAY**

WHEREAS, music has a singular power to influence emotions and thought; and

WHEREAS, House Music is a unique style of music that characteristically promotes positive messages of world peace and unity; and

WHEREAS, since its birth in the 1980's, House Music has helped spawn a world renaissance in music and is a mainstream form of entertainment today; and

WHEREAS, one of House Music's early pioneers, TRAX Records, will be hosting a celebration on August 10th, where musicians and fans will observe the 21st anniversary of House Music with performances in Chicago's Grant Park; and

WHEREAS, by bringing the community together to commemorate House Music and its positive messages, the celebration will advance noble values of tolerance, understanding, and charity:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim August 10, 2005 as **HOUSE MUSIC UNITY DAY** in Illinois, and encourage all citizens to join in celebrating the 21st anniversary of House Music, while reflecting on its positive message.

Issued by the Governor August 1, 2005.

Filed by the Secretary of State August 1, 2005.

# ILLINOIS ADMINISTRATIVE CODE

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