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INTRODUCTION

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

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

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

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2013

Issue#	Rules Due Date	Date of Issue
1	December 26, 2012	January 4, 2013
2	December 31, 2012	January 11, 2013
3	January 7, 2013	January 18, 2013
4	January 14, 2013	January 25, 2013
5	January 22, 2013	February 1, 2013
6	January 28, 2013	February 8, 2013
7	February 4, 2013	February 15, 2013
8	February 11, 2013	February 22, 2013
9	February 19, 2013	March 1, 2013
10	February 25, 2013	March 8, 2013
11	March 4, 2013	March 15, 2013
12	March 11, 2013	March 22, 2013
13	March 18, 2013	March 29, 2013
14	March 25, 2013	April 5, 2013
15	April 1, 2013	April 12, 2013
16	April 8, 2013	April 19, 2013
17	April 15, 2013	April 26, 2013
18	April 22, 2013	May 3, 2013
19	April 29, 2013	May 10, 2013
20	May 6, 2013	May 17, 2013

21	May 13, 2013	May 24, 2013
22	May 20, 2013	May 31, 2013
23	May 28, 2013	June 7, 2013
24	June 3, 2013	June 14, 2013
25	June 10, 2013	June 21, 2013
26	June 17, 2013	June 28, 2013
27	June 24, 2013	July 5, 2013
28	July 1, 2013	July 12, 2013
29	July 8, 2013	July 19, 2013
30	July 15, 2013	July 26, 2013
31	July 22, 2013	August 2, 2013
32	July 29, 2013	August 9, 2013
33	August 5, 2013	August 16, 2013
34	August 12, 2013	August 23, 2013
35	August 19, 2013	August 30, 2013
36	August 26, 2013	September 6, 2013
37	September 3, 2013	September 13, 2013
38	September 9, 2013	September 20, 2013
39	September 16, 2013	September 27, 2013
40	September 23, 2013	October 4, 2013
41	September 30, 2013	October 11, 2013
42	October 7, 2013	October 18, 2013
43	October 15, 2013	October 25, 2013
44	October 21, 2013	November 1, 2013
45	October 28, 2013	November 8, 2013
46	November 4, 2013	November 15, 2013
47	November 12, 2013	November 22, 2013
48	November 18, 2013	December 2, 2013
49	November 25, 2013	December 6, 2013
50	December 2, 2013	December 13, 2013
51	December 9, 2013	December 20, 2013
52	December 16, 2013	December 27, 2013

Editor's Note: The Secretary of State Index Department is providing this opportunity to remind you that the next filing period for your Regulatory Agenda will occur from October 15, 2013 to January 2, 2014.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

- 1) Heading of the Part: Partner Abuse Intervention
- 2) Code Citation: 89 Ill. Adm. Code 501
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
501.10	Repealed
501.20	Repealed
501.30	Repealed
501.40	Repealed
501.50	Repealed
501.60	Repealed
501.70	Repealed
501.80	Repealed
501.90	Repealed
501.100	Repealed
501.110	Repealed
501.120	Repealed
501.130	Repealed
501.140	Repealed
501.150	Repealed
- 4) Statutory Authority: Implementing the Domestic Violence Act [750 ILCS 60]
- 5) A Complete Description of the Subjects and Issues involved: Due to the extensive amendments that were being made to this Part and the moving of Subparts, JCAR and the Department of Human Services agreed to repeal this Part and file a new proposed Part by proposed rulemaking.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this proposed repealer replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this proposed repealer contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No

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- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this repealer within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/785-9772

- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory agenda on which this rulemaking was summarized: January, 2011

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 501
PARTNER ABUSE INTERVENTION (REPEALED)

SUBPART A: STANDARDS

Section	
501.10	Definitions
501.20	Introduction
501.30	Purpose
501.40	Review Process
501.50	Appeal Grievance Procedures
501.60	Case-by-Case Resolution
501.70	Monitoring

SUBPART B: PROGRAM REQUIREMENTS

Section	
501.80	Design
501.90	Educational Component
501.100	Other Components

SUBPART C: GRANTS

Section	
501.110	Availability of Grants
501.120	General Grant Eligibility Requirements
501.130	Evaluation of Grant Applications
501.140	Grant Awards
501.150	Grantee Accountability

AUTHORITY: Implementing the Domestic Violence Act [750 ILCS 60].

SOURCE: Adopted at 25 Ill. Reg. 6468, effective April 28, 2001; amended at 26 Ill. Reg. 9830, effective June 24, 2002; repealed at 38 Ill. Reg. _____, effective _____.

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SUBPART A: STANDARDS

Section 501.10 Definitions

"Compliance proposal" – an application a program must submit to the Department for determination of compliance with the Department's standards for programs that work with perpetrators of domestic violence.

"Department" – the Illinois Department of Human Services.

"Domestic violence and abuse" – physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation but not reasonable direction of a minor child by a parent or person in loco parentis. [750 ILCS 60/103]

"Domestic violence victim services program" – a program that offers comprehensive services to domestic violence victims and their children by trained domestic violence staff and/or volunteers. Comprehensive services include, at a minimum, legal advocacy, counseling specific to domestic violence (individual and/or group), and 24-hour shelter or access to such shelter.

"Facilitators" – persons who guide group discussions with, and/or present educational material to, participants of partner abuse intervention programs. Facilitators must be trained according to the guidelines indicated in this Part.

"Participants" – Individuals who, because of partner abuse, have been convicted of crimes, those who could have been convicted of crimes had they been prosecuted, or those who could have been prosecuted had they been arrested. These individuals have been ordered by the court to attend Partner Abuse Intervention Programs or have voluntarily chosen to attend those programs.

"Partner Abuse Intervention Programs" (PAIPs) – programs that work with participants to assist them in recognizing and understanding behaviors that lead to violence directed at their partners. PAIPs can be part of private therapeutic practices or multi-service agencies or can be programs dedicated entirely to working with abusers.

"Victim of domestic violence" – an adult or a minor involved in a dating or

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engagement relationship against whom an individual has perpetrated intimate partner violence.

Section 501.20 Introduction

This Part is establishing standards for programs that work with individuals who commit domestic violence. To be approved as compliant with the standards, partner abuse intervention programs (PAIPs) must comply with Subpart B of this Part. PAIPs work with individuals who, because of their abusive acts, have been convicted of crimes, those who could have been convicted of crimes had they been prosecuted, or those who could have been prosecuted had they been arrested. A list of PAIPs determined to be in compliance with Subpart B is published and provided to Illinois courts three times annually. The Illinois courts may use this list to refer individuals to approved PAIP programs.

Section 501.30 Purpose

The purposes of the standards are:

- a) To establish minimum expectations of PAIPs for compliance review, monitoring and evaluation, and as guidelines for future program improvement;
- b) To ensure the safety and rights of victims and their children;
- c) To reduce and prevent domestic violence through effective intervention programs;
- d) To ensure participants receive services that are effective;
- e) To ensure participants are held accountable for their abusive behavior;
- f) To provide recognition of current, appropriate intervention methods;
- g) To inform the public about the nature of services and standards of PAIPs; and
- h) To encourage statewide communication and interaction among service providers and related agencies towards the goal of ending domestic violence.

Section 501.40 Review Process

Compliance proposals from PAIPs seeking approval must be submitted to the Department. The

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Department will publish lists of approved PAIPs up to three times a year. The Department will notify listed programs of renewal dates and procedures. All compliance proposals will be reviewed by the Department and a committee of the Department's Domestic Violence Advisory Council. Committee members will make recommendations to the Department regarding the PAIP's compliance status, but the Department will make the final decision regarding approval. Each PAIP that submits a completed, signed compliance proposal will be notified, in writing, of the Department's disposition.

Section 501.50 Appeal Grievance Procedures

Should a PAIP wish to appeal the decision made by the Department, the PAIP must submit a written grievance to the Department within 30 calendar days after the denial. The Department, upon receipt of the written grievance, shall respond within 45 calendar days. The decision of the Department shall be final.

Section 501.60 Case-by-Case Resolution

Each grievance will be considered and resolved based on materials submitted by the grievant. Disposition of a grievance, whether through the granting of requested relief or otherwise, shall not constitute a precedent on which any other grievant should rely.

Section 501.70 Monitoring

The Department will monitor PAIPs for continued compliance with the standards.

SUBPART B: PROGRAM REQUIREMENTS

Section 501.80 Design

PAIPs must be designed to address violent and abusive behavior in the context of the standards set forth in Sections 501.90 and 501.100.

Section 501.90 Educational Component

- a) **Format and Structure**
PAIP staff shall conduct educational sessions that participants must complete to graduate from the program. This component must consist of no fewer than 16 sessions, conducted weekly or once every two weeks, and include at least 32 hours of direct program contact, which does not include intake and assessment.

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Up to 4 hours of individual counseling may be included, but all remaining hours must be group work unless individual circumstances contraindicate group involvement.

- b) Content
 - 1) PAIPs must educate participants about the causes and forms of domestic violence.
 - 2) PAIPs must provide participants with skills for handling conflict situations without becoming abusive.
 - 3) PAIPs must promote attitudes that are associated with non-abusive behavior and challenge attitudes that are associated with abusive behavior.
 - 4) PAIPs must contain components that assist participants to develop skills for non-abusive behavior and equal partnerships. These components include, but are not limited to: non-violent conflict resolution; assertive, non-aggressive communication; and achievement and maintenance of positive, healthy, nurturing, and non-abusive parenting.
- c) Inappropriate Intervention Techniques
Inappropriate interventions include:
 - 1) Models that stress couples and family counseling and therapy. Some PAIPs may choose to provide or refer participants and their partners for other services in which they will be seen jointly, not as a treatment for domestic violence, but to address other issues. If this is to be done, the following conditions must be met:
 - A) the participant has been violence-free for six months;
 - B) a determination by the participant's counselor and victim's advocate that it is appropriate, not automatic at a set time;
 - C) an affirmative desire by the victim, which must include provision for safety at the facility;
 - D) separate screening of the participant and victim;

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- E) a determination that the victims do not hold themselves responsible for the abuse and that the victim is aware of resources and knows how to use them;
 - F) an affirmative statement from the participant that he accepts full responsibility for his actions;
 - G) the joint arrangement must be able to be terminated at any time in the process; and
 - H) the victim must never be required to attend counseling as a condition of service for the participant.
- 2) Models that suggest victims are responsible for the abuse they receive.
 - 3) Models that deny a participant's personal responsibility for violence.
 - 4) Models that encourage the expression of rage.
 - 5) Anger management techniques that place primary causality on anger and/or are the sole intervention rather than one part of a comprehensive approach.
 - 6) Approaches that identify and treat violence as an addiction and the victim as enabling or co-dependent in the violence.
 - 7) Theories or techniques that identify poor impulse control as the primary cause of the violence.
- d) Facilitator Teams and Group Composition
- 1) Groups must be co-facilitated.
 - 2) Former perpetrators of domestic violence may co-facilitate, but only with another facilitator who has never been a perpetrator of domestic violence.
 - 3) Male and female participants must not be in the same group.

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- 4) The group size and age of participants should be appropriate to the intervention strategies.

Section 501.100 Other Components

- a) **Service Coordination**
PAIPs must establish and maintain cooperative working relationships with domestic violence victim services programs. PAIPs must also collaborate with other related individuals and agencies such as victims of domestic violence; victim advocates; State and local coalitions; mental health agencies; law enforcement; prosecution; judiciary; corrections facilities; medical personnel; substance abuse treatment providers; public health agencies; child protective service agencies; and any other agency involved in the delivery of services to participants, victims, and their children.
- b) **Public Awareness**
PAIPs must contribute to public awareness of the seriousness of domestic violence and coordinate public education and other prevention efforts with domestic violence victim services programs.
- c) **Intake Process/Intake Assessment**
At intake, an assessment of the participant must be conducted and must include, but not be limited to, the following:
 - 1) obtaining background information on the participant, violence used in the participant's family of origin, any partners of the participant, other relationships of the participant, criminal history and pending court actions;
 - 2) obtaining from the participant a descriptive history of the use of violence and other abusive behaviors, including those both within and outside the intimate relationship with special attention given to possible incidents of child abuse or neglect by the participant;
 - 3) assessing the participant for severe mental health problems or disruptive behavior and referring to appropriate treatment, if appropriate;
 - 4) screening for chemical dependency problems and following the procedures as outlined in subsection (e) of this Section;

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- 5) assessing the degree of current risk to the victim or others, which may include information gathered directly from the victim about the participant's use of violence and other abusive behaviors, provided such contact with the victim can be done safely;
 - 6) determining the precipitating incident; and
 - 7) identifying the referral source.
- d) **Exclusion**
PAIPs must make a determination of whether an individual can benefit from the services at the initial assessment. This determination can be revised subsequently, based on additional information. Individuals who cannot benefit from the services must be referred for appropriate treatment. This would not preclude them from re-entering the PAIP when they meet the criteria.
- e) **Substance Abuse**
If the initial intake evaluation or subsequent evidence indicates drug and/or alcohol abuse, substance abuse treatment referrals must be initiated. Substance abuse must be addressed either prior to, or in conjunction with, and separate from, the PAIP.
- f) **Abuse and Neglect of Children and other Family Members**
If the intake assessment or subsequent contact reveals the possibility or actuality of child abuse or neglect, the PAIP must report it to the Department of Children and Family Services (DCFS). The PAIP must refer suspected cases of elder abuse, neglect and financial exploitation to the Department on Aging's Elder Abuse and Neglect Program.
- g) **Contracts with Participants**
PAIPs must establish a written contract with each participant that clearly spells out the obligations of the participant to the program. Reporting standards as described in subsections (m)(1) and (2) of this section must be included in the contract.
- h) **Completion Standards**
PAIPs must develop standards that participants must meet in order to complete the program. These standards must include, at a minimum:

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- 1) fulfillment of all contractual requirements;
 - 2) admission of abuse, taking responsibility, and understanding of contributing factors;
 - 3) demonstration of understanding alternatives to abusive behavior and report use of those alternatives;
 - 4) demonstration of use of respectful language regarding a partner and understanding of benefits of egalitarian relationships;
 - 5) completion of any other PAIP requirements (i.e., substance abuse and/or mental health evaluations and treatment, etc.);
 - 6) no recent evidence of abusive behavior (information regarding the abuse can only be used if it will not endanger the victim); and
 - 7) recognition that evidence of attitude/belief change indicated in the group may not always translate to behavior change in the relationship with a partner.
- i) **Evaluation**
PAIPs must develop methods for evaluating their effectiveness. At a minimum, PAIPs must use the criteria outlined in subsection (h) of this Section in the evaluations.
- j) **Victim Safety**
- 1) PAIPs that are not part of domestic violence victim services programs must refer victims to such programs.
 - 2) PAIP's policies and procedures must reflect program's priority of the safety and autonomy of victims and their children.
- k) **Ethical Standards**
- 1) PAIPs and their personnel must meet standards outlined by professional groups with which they are affiliated.

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- 2) Group facilitators must be violence-free in their own lives.
 - 3) Group facilitators must consistently act and communicate in ways that do not perpetuate discriminatory attitudes or bias.
- l) Confidentiality
- 1) Victim reports or notes must not be included in any participant's file.
 - 2) Written or verbal reports of the partner's or victim's calls, comments or input must not be accessible to the participant.
 - 3) Participants entering a PAIP are required to sign a release of information. The release must allow access to information, as needed, from the following entities:
 - A) relevant law enforcement, criminal justice, and court authorities;
 - B) mental health agencies;
 - C) victims of the abuse;
 - D) relevant significant others;
 - E) any persons or agencies to which the program would need to report compliance or subsequent or threatened abuse, an assessment or related ongoing data to plan for proper intervention, and/or to collaborate on an ongoing basis on an intervention plan.
- m) Reporting
- 1) Facilitators and PAIPs must immediately report additional violence perpetrated or revealed by any participant involved in court-ordered PAIPs to appropriate authorities in the criminal justice system, with the following two exceptions:
 - A) If the report originates with the victim, the victim's consent must be obtained before reporting to authorities or confronting the participant with the information.

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- B) Reports of violence received from a third party, e.g., family or friend, may be reported to authorities except if to do so would place the reporter or victim in jeopardy.
- 2) Facilitators must make every effort to notify the victim prior to making a report to authorities and must document these efforts. All reports of further violence must be documented in a manner that protects the confidentiality of victims and reporters.
 - 3) PAIPs must immediately report a participant's threats to do harm or kill to the monitoring agency, e.g., probation officer, district attorney or court. The victim must also be notified of any threat of violence the participant makes in the course of therapy.
- n) Victim Contact
- 1) PAIPs that choose to make victim contact must ensure the contacts are to determine if the victim is safe, to discuss safety issues and orders of protection, to get the victim's assessment of the participant's past and present abusive behavior, and to link the victim to a domestic violence victim services program, if the victim desires.
 - 2) If the victim is the participant's current partner, or an ex-partner with whom the participant has an ongoing relationship, attempts to contact a victim must be a high priority.
 - 3) PAIPs that choose to make victim contact must inform victims about the nature of the PAIP, participants' attendance at the PAIP, any threats made by participants, and participants' progress or lack of progress.
- o) Referrals
- 1) PAIPs must develop procedures for accepting and rejecting court referrals. Those procedures must be developed in conjunction with the court system and must include reasons for rejection of referrals and recommendations for alternative referrals.
 - 2) PAIPs must establish policies and procedures for reporting instances of

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noncompliance with program rules and violations of orders of protection to the court system.

- 3) PAIPs must establish policies and procedures for reporting to referral sources of those participants who are referred by entities other than the court system.

p) Fee Structure

- 1) PAIPs must charge participants fees for services except when charging of fees is prohibited or when PAIPs determine participants are unable to pay.
- 2) PAIPs must establish a fee scale to cover the cost of the program. Fees must be based on either a sliding scale or alternative system that would accommodate inability to pay, enabling participants to afford services. PAIPs may allow participants to perform work or community service in lieu of full payment.
- 3) PAIPs must not refuse to accept participants with an inability to pay until such participants equal a minimum of 10 percent of the total clientele.

q) Staff Competency

- 1) PAIP staff must be competent in general interpersonal skills required to relate to battering and abusive participants, general knowledge of human behavior and specific knowledge about domestic violence, and they must have attitudes and behavior consistent with these guidelines.
- 2) All PAIP direct service staff and supervisors must have completed the 40 hours of training consistent with the requirements of the Illinois Domestic Violence Act [750 ILCS 60] and an additional 20 hours of training in abuser services.

r) Supervision

PAIPs must have written personnel policies and procedures. Included in these procedures must be provisions for supervision of and peer consultation between group facilitators.

s) Maintenance of Data

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- 1) PAIPs must collect and maintain the following data in participants' files, unless otherwise noted:
 - A) age;
 - B) race;
 - C) address;
 - D) telephone number;
 - E) marital status;
 - F) children;
 - G) educational level;
 - H) employment;
 - I) income;
 - J) health history (including mental health, if appropriate release is obtained);
 - K) source of referral (if refused, reason for refusal);
 - L) charge type;
 - M) description of offense;
 - N) date of intake;
 - O) assessment;
 - P) signed release of information;
 - Q) signed contract;

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- R) date of program start;
 - S) attendance records;
 - T) case notes;
 - U) date of completion;
 - V) referrals to other agencies and purpose (with release of information);
 - W) record of payment;
 - X) Department of Children and Family Services contacts (if applicable).
- 2) PAIPs do not always receive the information listed below. However, if any of this information is available, it must be maintained in the participant files:
- A) arrest records;
 - B) police reports;
 - C) record of legal status (conviction, court dates, etc.);
 - D) repeat offenses and what happened;
 - E) if repeating, number of times;
 - F) correspondence with courts and others; and
 - G) copies of court orders.
- 3) PAIPs must aggregate and keep the following data in a statistical database:
- A) number of referrals;
 - B) number of intakes completed;

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- C) number of participants refused entry;
- D) number of participants referred to other resources;
- E) number of participants re-arrested during the program, by category of offense;
- F) number of participants mandatorily required to be in program;
- G) number of participants in the program voluntarily;
- H) number of participants in the program for the second time or the second offense; and
- I) number of participants completing the program.

SUBPART C: GRANTS

Section 501.110 Availability of Grants

- a) Funds are granted by the Department to local agencies for the purpose of providing services to participants.
- b) These funds are awarded based on an open, competitive bid process set forth by the Department. A Request for Proposal will be issued by the Department and made available via the Department's website. Additionally, known providers and all interested parties will be notified of its availability in writing, and directed to the Department's website (www.state.il.us/agency/dhs). Written notice will also include the name and address of a Department contact person from whom potential applicants may request a hard copy of the Request for Proposal.
- c) A Request for Proposal may require that the following information be submitted to the Department by local agency applicants, in the format specified in the Request for Proposal:
 - 1) The project's proposed activities and services to participants.
 - 2) The applicant's, PAIP's, and their staffs' qualifications to provide the

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planned activities and services.

- 3) A project budget.
- 4) A budget justification.
- 5) Other information deemed necessary.

Section 501.120 General Grant Eligibility Requirements

- a) Confidentiality
All information, records and documents concerning persons served must remain confidential and be protected by the grantee from unauthorized disclosure. Except as may be required by State or federal law, regulation or order, the grantee must agree not to release any information concerning participants without the participant's written consent. Information disclosed must be limited to that necessary for the proper delivery of services to the participant under the terms of the grant agreement.
- b) Discrimination Prohibited
Individual participants are determined eligible for services through an intake and assessment process performed by the PAIP in accordance with Section 501.100(c). Grantees shall provide services to eligible participants without regard to race, gender, sexual orientation, age, ethnicity, color, religion, disability and national origin/ancestry. Participants cannot be required to become members of, or participate in, any organization, religion, political group, or community service program as a condition of receiving service.

Section 501.130 Evaluation of Grant Applications

- a) The Department will evaluate:
 - 1) The adequacy of the application submitted (i.e., its compliance with the requirements of this Subpart and the Request for Proposal).
 - 2) The project's proposed activities and services to participants.
 - 3) The applicant's, PAIP's, and their staffs' qualifications to provide the planned activities and services.

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- 4) The soundness of the project budget.
 - 5) The adequacy of the project justification.
 - 6) The capacity of the applicant organization to carry out the project.
 - 7) Other reasonable criteria deemed necessary as set forth in the Request for Proposal.
- b) Application Adequacy
- 1) Grant applications must be submitted in the format prescribed by the Department.
 - 2) Based on the application submitted and further information requested by the Department, grant applications will be deemed adequate or inadequate for grant funding. All adequate applications will be eligible for a grant award.
- c) Department Reservations
The Department reserves the right to:
- 1) Reject applications that are nonresponsive.
 - 2) Reject any applications, after evaluation, based on the evaluation standards in subsection (a).
 - 3) Award grants for an amount less than that requested.
 - 4) Negotiate awards after the application process.
 - 5) Grant awards to projects deemed most favorable to the interest of the State. Examples of factors that would be in the best interest of the State include, but are not limited to, established collaboratives and/or strong working relationships within the community; existence of police records on domestic violence within the community; and data on the incidence of domestic violence in the community.

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Section 501.140 Grant Awards

- a) The Department will determine the amount of each grant to be awarded and announce those awards. The amount of the grant will be based upon such factors as, but not limited to, population distribution; number of clients to be served; amount of available funds; community need; and the local agency's budget proposal and narrative budget justification.
- b) Awarding of funds will be based upon the amount of appropriation made available by the General Assembly and/or federal award.

Section 501.150 Grantee Accountability

- a) **Grant Agreement**
Grant recipients shall enter into a grant agreement with the Department expressing the grantee's assent to abide by the provisions of this Part, other Department rules, and any applicable State and federal statutes and regulations.
- b) **Reports and Audits**
 - 1) **General Requirements**
Grantees shall abide by the financial reporting and record keeping, audit standards and grant requirements of the Department outlined at 89 Ill. Adm. Code 507, 509 and 511.
 - 2) **Quarterly Reports**
Actual expenditures for the purchase of goods and services shall be documented quarterly using the Department's Summary Expenditure Documentation Form.

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- 1) Heading of the Part: Partner Abuse Intervention
- 2) Code Citation: 89 Ill. Adm. Code 501
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
501.10	New
501.20	New
501.30	New
501.40	New
501.50	New
501.60	New
501.70	New
501.80	New
501.90	New
501.105	New
501.115	New
501.125	New
501.135	New
501.145	New
501.155	New
501.160	New
501.170	New
501.180	New
501.190	New
501.200	New
501.210	New
501.220	New
501.230	New
501.240	New
501.250	New
501.260	New
501.270	New
501.280	New
501.290	New
501.300	New
501.310	New
501.400	New

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- 4) Statutory Authority: Implementing the Domestic Violence Act [750 ILCS 60], the Domestic Violence Shelters Act [20 ILCS 1310/3], the Code of Criminal Procedure [725 ILCS 5] and the Unified Code of Corrections [730 ILCS 5]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking will update language to meet the needs of current best practices and allow the Department to respond to provider and participants needs.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this proposed rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days of the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/785-9772

- 13) Initial Regulatory Flexibility Analysis:

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- A) Types of small businesses, small municipalities and not for profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2011.

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

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 501
PARTNER ABUSE INTERVENTION

SUBPART A: GENERAL PROVISIONS

Section	
501.10	Definitions
501.20	Introduction
501.30	Purpose and Principles
501.40	Protocol Application Process
501.50	Appeal Grievance Procedures
501.60	Case-by-Case Resolution
501.70	Monitoring and Technical Assistance

SUBPART B: PROGRAM REQUIREMENTS

Section	
501.80	Design
501.90	Educational Component
501.105	Service Coordination
501.115	Intake Process/Intake Screening and Key Documents
501.125	Exclusion Criteria
501.135	Substance Abuse
501.145	Abuse and Neglect of Children and Other Family Members
501.155	Contracts with Participants
501.160	Program Compliance
501.170	Evaluation and Outcomes
501.180	Victim Safety
501.190	Victim/Partner Contact
501.200	Client Records
501.210	Confidentiality
501.220	Reporting Violence
501.230	Referrals
501.240	Follow-up Services
501.250	Transferring Programs

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501.260	Continuation of Services
501.270	Fee Structure
501.280	Ethical Requirements
501.290	Staff Competency
501.300	Supervision
501.310	Program Innovation

SUBPART C: GRANTS

Section	
501.400	Availability of Grants

AUTHORITY: Implementing the Domestic Violence Act [750 ILCS 60], the Domestic Violence Shelters Act [20 ILCS 1310/3], the Code of Criminal Procedure [725 ILCS 5] and the Unified Code of Corrections [730 ILCS 5].

SOURCE: Adopted at 25 Ill. Reg. 6468, effective April 28, 2001; amended at 26 Ill. Reg. 9830, effective June 24, 2002; old Part repealed at 38 Ill. Reg. _____ and new Part adopted at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 501.10 Definitions

"Anger Management" – A cognitive restructuring program appropriate for perpetrators of stranger or non-intimate violence only. Violence is related to lack of control over anger or lack of coping skills and not an intentional strategy for gaining power and control over an intimate partner.

"DCFS" – The Illinois Department of Children and Family Services.

"Department" – The Illinois Department of Human Services.

"Domestic Violence and Abuse" – Physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation but does not include reasonable direction of a minor child by a parent or person in loco parentis. [750 ILCS 60/103]

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"Domestic Violence Victim Services Program" – A program that offers comprehensive services to domestic violence victims and their children by domestic violence staff and/or volunteers who have received the Illinois Certified Domestic Violence Professional's approved 40 hour domestic violence training. The recommended training can be found at www.ilcdvp.org. Comprehensive services include, at a minimum, legal advocacy, counseling specific to domestic violence (individual and/or group), and 24-hour shelter or access to that shelter.

"Facilitators" – persons who guide group discussions with, and/or present educational material to, participants of Partner Abuse Intervention Programs. Facilitators must be trained according to the guidelines indicated in this Part.

"Intimate Partner Violence" – Includes physical, sexual or psychological harm by a current or former partner (dating or cohabitation relationship) or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

"Participants" – Individuals who, because of partner abuse, have been convicted of crimes, those who could have been convicted of crimes had they been prosecuted, or those who could have been prosecuted had they been arrested. These individuals have been ordered by the court, DCFS or another authoritative body to attend Partner Abuse Intervention Programs or have voluntarily chosen to attend those programs.

"Partner Abuse Intervention Program" or "PAIP" – A program that works with participants to assist them in recognizing and understanding behaviors that lead to violence directed at their partners. The primary modality for intervention is a psycho-educational group. PAIPs can be part of private therapeutic practices or multi-service agencies or can be programs dedicated entirely to working with abusers.

"Partner Abuse Services Committee" or "PASC" – A committee of the Department's Domestic Abuse Advisory Council (see 89 Ill. Adm. Code 130.200(d)) that assists in creating the partner abuse intervention protocols used in this Part.

"Protocols" – A set of program guidelines developed by the Department and the PASC to direct the work of Partner Abuse Intervention Programs. This Part establishes the protocols as program requirements.

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"Protocol Application" – An application a program must submit to the Department for determination of compliance with this Part.

"Protocol Approved PAIP" – PAIPs determined by the Department to be in compliance with the program requirements of this Part.

"Screening" – The initial process in determining whether an individual is appropriate for participation in a partner abuse intervention program. See Section 501.115 for specific requirements for screening.

"Victim of Domestic Violence" – A victim of violence from a family or household member, including spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship.

"Victim of Intimate Partner Violence" – An adult or a minor involved in a relationship of an intimate nature (dating or engagement relationship, cohabitation or marriage) against whom an individual has perpetrated intimate partner violence.

Section 501.20 Introduction

The Department has historically utilized protocols to direct the work of all DHS approved Partner Abuse Intervention Programs (PAIPs). This Part establishes those protocols and identifies specific requirements for programs that work with individuals who commit intimate partner violence. To be approved as compliant with this Part, PAIPs must comply with Subpart B. PAIPs work with individuals who, because of their abusive acts, have been convicted of crimes, those who could have been convicted of crimes had they been prosecuted, or those who could have been prosecuted had they been arrested. A list of PAIPs determined to be in compliance with Subpart B is made available to the Illinois courts via the Internet (www.state.il.us/agency/dhs) and is updated semiannually. The Illinois courts may use this list to refer individuals to approved PAIP programs.

Section 501.30 Purpose and Principles

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- a) The purposes of this Part are:
- 1) To ensure the safety and rights of victims and their children;
 - 2) To ensure that perpetrators are held accountable for their abusive behavior;
 - 3) To reduce and prevent intimate partner violence through effective intervention programs;
 - 4) To ensure perpetrators are appropriately screened and receive PAIP services that are effective and promote change;
 - 5) To ensure that PAIPs make appropriate service recommendations to address issues identified by screening;
 - 6) To ensure that current, appropriate intervention methods are used in PAIP programs;
 - 7) To inform the public about the nature of services and program requirements of PAIPs; and
 - 8) To encourage statewide communication and interaction among service providers and related agencies towards the goal of ending intimate partner violence.
- b) The principles supporting PAIPs include:
- 1) The safety and rights of victims must be the highest priority of all who work with perpetrators of intimate partner violence.
 - 2) The goal and purpose of a PAIP is strictly the cessation of intimate partner violence, not the saving or ending of relationships.
 - 3) Violence, abuse and controlling behavior can never be condoned under any circumstances.

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- 4) One principal cause for the high prevalence of male abuse toward female partners is the perpetrator's belief that men are superior to women and have the right to dominate them.
- 5) Perpetrators of intimate partner violence are a separate category of offenders requiring a specialized approach. If they are guilty of other offenses, their intimate partner violence must be addressed separately.
- 6) Perpetrators are responsible for their violent, abusive and controlling behavior. Abuse is not caused by factors such as stressors, alcohol or drug use, or the victim.
- 7) Perpetrators are capable of making nonviolent, nonabusive and noncontrolling behavioral choices.
- 8) Perpetrators must be held fully accountable for the emotional, social and economic costs of their violent, abusive and controlling behavior, including sanctions at both the criminal justice and community levels.
- 9) PAIPs must provide separate services for male, female and same-sex offenders to ensure safety and the use of appropriate interventions.
- 10) PAIPs support community efforts that enable partner abuse victims to leave abusive relationships.
- 11) The traumatic impact incurred by victims of intimate partner violence, as well as the risk of further harm to those victims, must always be of utmost consideration when making PAIP program decisions.
- 12) PAIPs must respect the rights and individuality of all participants, including not discriminating on the basis of race, color, religion, gender, national origin, ancestry, age, physical or mental disabilities, sexual orientation, or economic circumstances.
- 13) PAIPs must remain current in following evidence-based practices that are based on current knowledge regarding the causes, dynamics and cessation of intimate partner violence.

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- 14) PAIPs must strive to reflect the cultural diversity of the communities they serve in both program content and staffing patterns.

Section 501.40 Protocol Application Process

- a) Protocol applications from PAIPs seeking approval must be submitted to the Department. The Department will publish lists of approved PAIPs via the Internet (www.state.il.us/agency/dhs) semiannually. The Department will notify listed programs of renewal dates and procedures.
- b) All protocol applications will be reviewed by the Department and the PASC of the Department's Domestic Violence Advisory Council. Committee members will make recommendations to the Department regarding the PAIP's compliance status, but the Department will make the final decision regarding approval.
- c) Each PAIP that submits a completed, signed protocol application will be notified, in writing, of the Department's disposition. Should the application not satisfactorily meet the Department's expectations, the Department will outline areas of non-compliance in the denial letter.
- d) PAIP applicants that are denied may resubmit the application once identified noncompliance areas have been addressed.

Section 501.50 Appeal Grievance Procedures

Should a PAIP wish to appeal the decision made by the Department, the PAIP must submit a written grievance to the Department within 30 calendar days after the denial of the application or removal from the protocol approved list. The Department, upon receipt of the written grievance, will respond within 45 calendar days. The decision of the Department will be final.

Section 501.60 Case-by-Case Resolution

Each grievance will be considered and resolved based on materials submitted by the grievant. Disposition of a grievance, whether through the granting of requested relief or otherwise, shall not constitute a precedent on which any other grievant should rely.

Section 501.70 Monitoring and Technical Assistance

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- a) The Department will monitor and provide technical assistance to PAIPs to ensure the programs' continued compliance with this Part. To remain protocol approved, programs must:
- 1) cooperate with the Department's technical assistance and monitoring process that may include desk reviews, site visits, service reports and other measures designed to assess adherence to protocols;
 - 2) notify the Department of program and staff changes within 30 days after the change; and
 - 3) develop written policies and procedures that address all Sections in subpart B to support protocol compliance.
- b) PAIPs found not to be in compliance with the State program requirements will be required to submit a corrective action plan for approval and implement the approved plan to remain on the DHS protocol approved list. A PAIP removed from the DHS protocol list due to noncompliance with the program requirements may appeal the decision as outlined in Section 501.50. Any exception to the program requirements must be reviewed and approved by the Department and the PASC.

SUBPART B: PROGRAM REQUIREMENTS

Section 501.80 Design

PAIPs must be designed to address violent and abusive behavior in the context of the program requirements set forth in this Subpart. The program design, implementation and staff competency must take into account the specific needs of the population served and the communities where services are delivered, and program staff are to be knowledgeable of both issues. The vast majority of perpetrators of intimate partner violence are adult males. Services to offenders other than adult males will be specific to the population served. The design of lesbian/gay/bisexual/transgender (LGBT) batterers' programs must be guided by awareness of the preponderance of homophobia in the culture at large. Likewise, programs serving women must recognize that female perpetration of abuse against males is rare and caution is advised when assessing the need for services and identifying the primary aggressor.

Section 501.90 Educational Component

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- a) **Format and Structure**

PAIP staff shall conduct psycho-educational based groups that work with participants to assist them in recognizing and understanding their beliefs and behaviors that lead to violence toward their intimate partners. Group format must include informational presentations, opportunities for application of skills, such as role-playing and homework assignments, and assessment of participant progress. Participants must attend no fewer than 24 sessions, conducted weekly for a minimum of 36 hours of direct program contact, that does not include intake/screening. Up to 4 individual sessions may be included, but all remaining hours must be group work unless individual circumstances or insufficient numbers contraindicate group involvement. Rationale for exceeding the four individual sessions must be documented and available for review.
- b) **Content**

Educational content must be consistently and directly tied to intimate partner violence. General concepts or skill-building without a connection to intimate partner violence are not appropriate. Educational content includes lecture materials, group activities, homework assignments and media resources.

 - 1) PAIPs must educate participants about the causes, forms and effects of intimate partner violence. Emphasis on sexual respect, non-physical forms of violence, intentionality of violence, and impact on children must be included.
 - 2) PAIPs must provide participants with skills for handling conflict that promote safety.
 - 3) PAIPs must promote attitudes that are associated with non-abusive behavior and challenge attitudes that are associated with abusive intimate partner behavior.
 - A) Attitudes and behaviors addressed in group must focus on:
 - i) Belief in egalitarian partnership;
 - ii) Respect for equal rights;
 - iii) Awareness that abuse is an intentional strategy designed to exert power and control over intimate partners;

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- iv) Identification and appropriate expression of a full range of emotions;
 - v) Awareness of the financial costs on families and society (police, employers, courts) of intimate partner violence;
 - vi) Empathy for the victim's experience;
 - vii) Understanding the negative effects of the abuse on victims, children, abusers, the community and society as a whole;
 - viii) Encouraging examination of life experiences and belief systems (e.g., family, community and culture) that have fostered choices for abusive behavior;
 - ix) Nonabusive beliefs and choices; and
 - x) Acknowledgement and consideration of others' needs that are independent of abusers' needs.
- B) Attitudes to challenge must include:
- i) Justification of violence, such as revenge, retaliation, etc.;
 - ii) Normalization of the violence;
 - iii) Right/need to exert power and control over intimate partners;
 - iv) Self-centered thinking;
 - v) Substance abuse and past victimization cause violence;
 - vi) Rigid sex-role stereotypes;
 - vii) Aggression as a conflict resolution tool; and

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- viii) Sexism, racism, homophobia, and other oppressive belief systems.
- 4) PAIPs must contain components that assist participants to develop skills for nonabusive behavior and equal partnerships. These components include, but are not limited to:
- A) Recognition and identification of abusive behaviors;
 - B) Non-abusive and respectful conflict resolution;
 - C) Assertive, non-aggressive communication;
 - D) Achievement and maintenance of healthy and nonabusive intimate relationships;
 - E) Achievement and maintenance of healthy and nonabusive parenting;
 - F) Understanding the impact on children of witnessing intimate partner violence, including developmental and emotional effects; and
 - G) Understanding the use of children as part of manipulation or coercion against partners.
- c) Inappropriate Intervention Models
- 1) The following models are inappropriate for use as partner abuse intervention and are not permitted:
 - A) Models that include or allow couples and family counseling and therapy.
 - B) Models that require the victim to attend counseling as a condition of service for the participant.
 - C) Models that deny a participant's personal responsibility for violence, abuse and controlling behavior.

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- D) Models that encourage the expression of rage.
 - E) Anger management techniques that place primary causality on anger and/or are the sole intervention rather than one part of a comprehensive approach.
 - F) Approaches that identify and treat intimate partner violence as an addiction or mental illness and the victim as enabling or co-dependent in the violence.
 - G) Theories or techniques that identify poor impulse control as the primary cause of the violence.
 - H) Pastoral counseling.
 - I) Models that fail to approach substance abuse and partner abuse as separate issues. Protocol approved programs must approach these two issues as separate and distinct disciplines that involve separate accountability.
 - J) Models that promote myths about same-sex relationships.
- 2) If a PAIP program works within an agency that also offers anger management classes and/or family/marriage programs, the PAIP staff must work with these programs to establish policies and procedures that include screening for intimate partner violence and referral to appropriate intervention services. This separation of services and application of appropriate intervention will be addressed as a part of the Department's monitoring and technical assistance.
- d) Facilitator Teams and Group Composition
- 1) Groups must be co-facilitated.
 - 2) Former perpetrators of intimate partner violence may co-facilitate after being abuse-free for a minimum of five years, but only with another facilitator who has no history of violence perpetration in his or her own life. Verification of current nonviolence must be obtained in such a way

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that any partner or former partner of the facilitator does not have his or her safety compromised. Programs must keep this certification on file.

- 3) Group participants must all be of the same gender.
 - 4) The group composition (age, size, gender and sexual orientation) must be appropriate to the intervention strategies. Group size must not exceed 15 participants.
 - 5) Co-facilitation team composition shall mirror the intimate partner relationship of participants.
 - 6) Co-facilitation team composition shall mirror the race, ethnicity and cultural considerations of the population served. At a minimum, the staffing team must be culturally competent.
- e) Compliance with this Section will be assessed by the Department through the monitoring and technical assistance outlined in Section 501.70. Documentation of compliance with this Section must be contained in PAIP files and available for review.

Section 501.105 Service Coordination

PAIP services must work closely with other entities to fully address intimate partner violence. Coordination of services is essential to abuser accountability and victim safety.

- a) PAIPs are responsible for reaching out to domestic violence victim service programs to establish and maintain cooperative working relationships in order to establish accountability for perpetrators and ensure safety for victims. Reasons for failure to maintain compliance with this Part must be documented in program records. PAIPs may incorporate one or more of the following activities:
 - 1) Solicit and consider domestic violence victim services programs' input and direction on PAIP programmatic decisions.
 - 2) With the assistance of domestic violence victim service programs, develop policies governing PAIPs that are in addition to the program requirements of this Subpart.

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- 3) Develop a process for responding to the victim's use of violence and engagement in appropriate services.
 - 4) Hold periodic meetings with domestic violence victim service programs to discuss mutual problems and concerns such as monitoring, influencing the criminal justice system, safety issues and programmatic changes.
 - 5) Work with the area domestic violence victim service program to establish the parameters and purpose for monitoring PAIPs in order to develop a process for utilization of feedback.
 - 6) Invite domestic violence victim service program staff to ongoing case review meetings for consultation, subject to the limitations of Section 501.210.
 - 7) Invite a representative of the domestic violence victim service program to serve on the PAIP's of Directors or Advisory Board.
 - 8) Facilitate group sessions at a victim services agency to educate victims about abuser services and importance of abuser accountability.
 - 9) Participate in cross-training of staff with the domestic violence victim service program.
 - 10) Contribute to public awareness of the seriousness of intimate partner violence and coordinate public education and other prevention efforts with domestic violence victim services. Appropriate activities include health fairs, marches, educational materials and community presentations.
- b) PAIPs must work closely with the criminal justice and child welfare systems to develop procedures for ensuring that abusers receive appropriate services and victim safety is not compromised. This collaborative initiative includes:
- 1) Law enforcement;
 - 2) Prosecution;
 - 3) Judiciary and probation;

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- 4) Correctional facilities or parole;
 - 5) Public defenders and local defense bar association; and/or
 - 6) Child protective service agencies.
- c) PAIPs must also collaborate with other individuals and agencies addressing other abuser service needs, such as:
- 1) Substance abuse treatment providers;
 - 2) Mental health agencies;
 - 3) Medical personnel;
 - 4) Public health agencies;
 - 5) Any other agency involved in the delivery of services to participants, victims and other children;
 - 6) Agencies who provide services to LGBT individuals;
 - 7) Other community service organizations; and/or
 - 8) State and local coalitions, such as the Illinois Coalition Against Domestic Violence (ICADV), Family Violence Coordinating Councils and community task forces.

Section 501.115 Intake Process/Intake Screening and Key Documents

- a) The screening process is key to providing effective partner abuse services.
 - 1) PAIP participants must be individuals who are perpetrators of intimate partner violence. Individuals who are generally violent, have perpetrated violence against someone other than an intimate partner, or are victims of domestic abuse are not eligible for services within a PAIP.
 - 2) An individual, face-to-face screening is the method used to ensure that participants meet the eligibility requirements.

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- 3) Intake must determine whether an individual can appropriately participate in and benefit from PAIP services.
 - 4) The screening provides the opportunity to gain a picture of the person's pattern of behavior within intimate relationships, rather than solely focusing on the precipitating incident that led to referral for PAIP services.
 - 5) The screening also allows program personnel to identify other issues that may need to be addressed, such as substance abuse and mental illness. An assessment, or clinical methods that lead to a clinical diagnosis, and treatment recommendations are typically beyond the scope of PAIPs.
- b) At intake, a screening of the participant must be conducted and documented, and must include, but not be limited to, the following:
- 1) Obtaining general identification and demographic data:
 - A) Date of screening;
 - B) Age;
 - C) Race/ethnicity;
 - D) Address;
 - E) Telephone number;
 - F) Marital status;
 - G) Number of children;
 - H) Educational level;
 - I) Employment;
 - J) Income; and
 - K) History of military service/law enforcement.

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- 2) Obtaining information related to referral source, reason for referral, and PAIP determination on appropriateness of referral:
 - A) Source of referral;
 - B) Charge type;
 - C) Description of offense related to referral;
 - D) Abuser's relationship to victim and current living status;
 - E) If repeating the program, number of times;
 - F) If refused, reason for refusal; and
 - G) If services are inappropriate, reason for referral to other services and type of referral.
 - H) If offender previously participated in PAIP services, assessment, progress reports, reason for discharge and any other information relevant to determining eligibility for PAIP.
- 3) Obtaining information regarding criminal history and pending court actions that must include, unless otherwise noted in the record:
 - A) Record of legal status (convictions, court dates, etc.);
 - B) Arrest records;
 - C) Police reports;
 - D) Repeat offenses and dispositions, by category of offense; and/or
 - E) Copies of court orders, orders of protection and any other legal documents.
- 4) Obtaining from the participant a descriptive history of both perpetration and experience of violence in intimate partner relationships and details of

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the precipitating incident. Intimate partner relationship history and precipitating incident must be considered in determining appropriateness for PAIP services.

- A) Assessing for issues of current or prior intimate partner violence perpetration by obtaining a detailed history of intimate relationships.
 - B) Assessing for issues of current or prior intimate partner violence victimization by exploring areas of fear and lack of autonomy.
 - C) Identifying the primary aggressor of the relationship and referring victims to victim services.
- 5) Obtaining from the participant information about other abusive behaviors outside the intimate partner relationship, with special attention given to possible incidents of child or elder abuse or neglect by the participant. PAIPs must coordinate with DCFS or elder abuse contacts, if applicable.
 - 6) Assessing the degree of current risk to the victim or others, which may include components of a lethality screening and/or gathering directly from the victim information about the participant's use of violence and other abusive behaviors, provided contact with the victim can be done safely.
 - 7) Obtaining background information on the violence used in the participant's family of origin, which includes witnessing of intimate partner violence, as well as being a victim of child abuse and neglect.
 - 8) Screening to identify possible medical conditions, determination of impact on ability to benefit from PAIP services, and need for referral to appropriate services.
 - 9) Screening to identify possible mental health issues, determination of impact on ability to benefit from PAIP services, and referral to appropriate services.
 - 10) Screening to identify a possible substance abuse issue, determination of impact on ability to benefit from PAIP services, and referral to appropriate services.

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- 11) Participant's file must also contain the following:
- A) The intake screening document;
 - B) Referrals to other agencies and the purpose for the referral (with written consent to release information);
 - C) Signed PAIP participation contract;
 - D) Date of program start;
 - E) Attendance records;
 - F) Record of payment;
 - G) Case notes;
 - H) Date of completion and/or reason for termination; and
 - I) Correspondence with referral source and other service providers and related final report.

Section 501.125 Exclusion Criteria

The scope of PAIPs is intimate partner violence.

- a) Individuals who are screened and not found to have a history of violence against an intimate partner must not be included in the program.
- b) PAIP services are not appropriate for individuals who:
 - 1) are generally violent, violent toward other family members but not intimate partners (elder abuse, child abuse); or
 - 2) engage in violent activity outside an intimate relationship exclusively, i.e., gang initiated violence.

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- c) The precipitating incident and referral reason may generate from a nonintimate partner violence situation; however, if the intake screening identifies the individual as having a history of intimate partner violence, the person is appropriate for the PAIP if all other eligibility criteria are met.
- d) If the screening does not indicate a pattern of power and control in intimate relationships, the referring entity must be notified that partner abuse intervention services are not appropriate.
 - 1) PAIPS must make a determination of whether an individual can benefit from the services at the initial screening. This determination can be revised subsequently, based on additional information. Individuals who cannot benefit from the services must be referred for appropriate treatment. This would not preclude them from re-entering the PAIP when they meet the criteria.
 - 2) PAIPs must exclude individuals who would disrupt the group.
 - 3) Participants identified through intake as victims of intimate partner violence must be referred to a victim services program, and the referral must be conducted in a way that will not result in victimization of the participant.

Section 501.135 Substance Abuse

- a) If the initial intake screening or subsequent evidence indicates possible drug and/or alcohol abuse, a referral to a substance treatment program must be initiated and/or the referring entity must be notified of the recommendation.
- b) If treatment is deemed appropriate by the addictions professional, substance abuse services may be delivered either prior to, or in conjunction with, and separate from, the PAIP.
- c) Participants who refuse substance abuse treatment or are placed on a waiting list must not be refused service by the PAIP, unless substance use impairs a participant's ability to benefit from PAIP services. In this case, PAIPs must refer the participant to the referral source with specific treatment recommendations and criteria for re-entry into PAIP.

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Section 501.145 Abuse and Neglect of Children and Other Family Members

If the intake assessment or subsequent contact reveals the possibility or actuality of child abuse or neglect, the PAIP must report it to DCFS (1-800-252-2873). The PAIP must refer suspected cases of elder abuse, neglect and financial exploitation to the Department on Aging's Elder Abuse and Neglect Program (1-866-800-1409).

Section 501.155 Contracts with Participants

PAIPs must establish an initial contract with the participant that clearly spells out the obligations of the individual to the program and consequences for violations. At a minimum, attendance and participation levels, behavioral expectations such as no recent evidence of threats or violent behavior, and fee must be included in the participant contract. Reporting violence, as described in Section 501.220, must be included in the contract. PAIPs must communicate any concerns about participant compliance with the contract with the participant and the referring entity in a timely manner.

Section 501.160 Program Compliance

- a) PAIPs must develop program requirements that participants must meet in order to complete the program. These program requirements must include, at a minimum:
 - 1) Fulfillment of all contractual requirements;
 - 2) Admission of and accountability for abuse and violent and controlling behavior, taking responsibility for the participant's own behavior, and understanding of contributing factors;
 - 3) Demonstration of understanding of alternatives to abusive behavior and reporting the use of those alternatives;
 - 4) Demonstration of use of respectful language regarding a partner and understanding of benefits of egalitarian relationships;
 - 5) Demonstration of violence prevention action planning that addresses such issues as identification of risky beliefs, healthy behaviors and support systems;
 - 6) No current evidence of threats or acts of physical violence; and

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- 7) Completion of any other PAIP requirements (i.e., substance abuse and/or mental health evaluations and treatment, etc.
- b) Extending time in the program is allowable and advisable if the participant has not met the criteria in subsection (a). Program staff must document in the individual's file the lack of progress and communicate that information to the referring entity. PAIPs must make decisions about extending time early in the program and share concerns about lack of progress with participants in a timely manner.
- c) Completion of the program does not guarantee that the abuser has ended abusive behavior in the present or will abstain from abusive behavior in the future. Evidence of attitude/belief and behavior change indicated in the group may not always translate to behavior change in the relationship with a partner.

Section 501.170 Evaluation and Outcomes

PAIPs must collect data and measure outcomes to determine the effectiveness of the program. The Department will notify PAIPs of the standardized outcomes and required reporting process. PAIPs must develop and implement a written plan for evaluating their program effectiveness. The plan must address data collection and analysis and demonstrate how information will be used for program improvement. PAIPs must aggregate and keep the following data in a statistical data base:

- a) Number of referrals and related referral source;
- b) Number of intake screenings completed;
- c) Number of participants refused entry, by reason;
- d) Number of new and ongoing participants;
- e) Number of participants terminated from the program;
- f) Number of participants completing the program;
- g) Number of participants re-arrested during program, by category of offense;

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- h) Number of participants referred to other resources, by category of referral;
- i) Number of service hours provided;
- j) Number of reports made of child and elder abuse; and
- k) Participant demographics:
 - 1) education level;
 - 2) age;
 - 3) race;
 - 4) employment;
 - 5) victim's relationship to participant;
 - 6) relationship status; and
 - 7) number of children.

Section 501.180 Victim Safety

- a) PAIPs' policies and procedures must reflect priority for the safety and autonomy of victims and their children in every aspect of the PAIP program, including intake forms, court reporting, victim contact, etc. When PAIPs address issues other than abuse, they must do so with full recognition of safety issues for the victim and the possible negative effects of that information, such as further acts of violence, confusion about responsibility for violent behavior, and confidentiality. When PAIP participants are referred to other resources for any form of counseling, PAIP staff must collaborate with the providers of those services subject to Section 501.210.
- b) PAIPs are expected to be knowledgeable of and skilled at victim safety planning. When possible and appropriate, safety planning must be conducted during contacts with victims.

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- c) In addition to safety planning, PAIPs must offer referrals to domestic violence victim services programs.

Section 501.190 Victim/Partner Contact

All programs must expect and have procedures in place to respond to contacts initiated by the victim or current partner. Procedures must be developed with victim safety as a priority. Issues such as who should be contacted, purpose of the contact, and documentation must be addressed in the policy. PAIPs that choose to make victim contact must adhere to the following requirements:

- a) Determine if the victim is safe, discuss safety planning and orders of protection, and link the victim to a domestic violence victim services program, if the victim desires.
- b) Contacts with the participant's current partner, or an ex-partner with whom the participant has an ongoing relationship, must be the priority for PAIPs that include victim contact as a part of their programs. Other ex-partners who have been abused or current partners may also be contacted, subject to Section 501.210.
- c) PAIPs must inform victims about the nature of the PAIP, participants' attendance at the PAIP, any threats made by participants, and participants' progress or lack of progress. This information may be given through:
 - 1) Orientation sessions;
 - 2) Telephone contacts; and/or
 - 3) Mailing of written materials explaining the PAIP.
- d) Written or verbal reports of the partner's or victim's calls, comments, or input must not be included in any participant's file. This includes reports and notes generated by the program, reports and notes not generated by the program, and documents hand carried by the participant. The information is potentially very dangerous for the victim's safety and must be kept separate.

Section 501.200 Client Records

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PAIPs shall establish and maintain client files on all participants. PAIPs shall establish policies and procedures that promote client confidentiality and comply with relevant State and federal laws. Client records shall be:

- a) retained for a period of not less than six years from the date of service, except that if an audit/review is initiated within the required retention period, the records shall be retained until the review is completed; and
- b) made available to the Department as required for desk reviews, audits or other monitoring purposes.

Section 501.210 Confidentiality

Confidentiality must be strictly adhered to for the safety of the victim, as well as to promote accountability for the abuser. PAIPs are expected to be knowledgeable of all applicable confidentiality laws, such as the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110], that impact the delivery of PAIP services as well as impact referrals to other social services agencies. To promote abuser accountability and facilitate communication with referring bodies, releases of information are needed from participants. In addition to the MH/DD Confidentiality Act, the following guidelines should be followed:

- a) During intake, PAIPs shall explain to participants that communication is confidential, but that the law provides for exceptions, such as reporting child abuse, elder abuse and indications of suicide or intent to harm. PAIPs shall provide an explanation of the release of information forms, their purpose, and whether participant's consent is strictly voluntary or required for participation in the program.
- b) PAIPs may ask participants to sign a release of information to allow the PAIP to provide access to information, as needed, to any persons or agencies to which the PAIP would need to report compliance or subsequent or threatened abuse, screening information or related ongoing data to plan for proper intervention, and/or to collaborate on an ongoing basis on an intervention plan. The appropriate signed releases and documentation must be obtained and kept on file.

Section 501.220 Reporting Violence

- a) PAIPs and facilitators must immediately report additional violence or threats of violence perpetrated or revealed by any participant to appropriate authorities in

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the criminal justice system, with the two following exceptions (unless duty to warn applies (see 740 ILCS 110/11(ii))):

- 1) If the report originates with the victim, the victim's consent must be obtained before reporting to authorities or confronting the participant with the information.
 - 2) Reports of violence received from a third party (e.g., family or friend) may be reported to authorities unless, if to do so, would place the reporter or victim in jeopardy of further abuse or violence.
- b) Facilitators must make every reasonable effort to notify the victim prior to making a report to authorities and must document those efforts. All reports of further violence must be documented in a manner that protects the confidentiality of victims and reporters. PAIPs must notify participants of this process in their contracts.
- c) PAIPs must immediately report a participant's threat to do harm or kill to the appropriate authorities.
- 1) If the threat is made about the victim or children, the victim must be notified.
 - 2) If the threat is made about someone other than the victim or children, the PAIP must assess whether there is potential risk to the victim and/or children and notify the victim if safety is compromised.
- d) PAIPs must notify the appropriate authorities if there is knowledge of or disclosure of victim contact when there is an order of protection in place.

Section 501.230 Referrals

- a) PAIPs must develop procedures for accepting and rejecting court referrals. Those procedures must be developed in conjunction with the court system and must include reasons for rejection of referrals and recommendations for alternative sanctions.
- b) PAIPs must establish policies and procedures for reporting noncompliance with program rules and violations of orders of protection to the court system that may

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include, but not limited to, attendance, level of participation, contact with victim, use of substances, lack of accountability, and identified needs and subsequent referrals.

- c) Regarding those participants who are referred by entities other than the court system, PAIPs must establish policies and procedures for reporting to those referral sources that may include, but are not limited to, attendance, level of participation, contact with victim, use of substances, lack of accountability, and identified needs and subsequent referrals.
- d) PAIPs must advocate for the victim who is referred for PAIP services and recommend referral to victim services.
- e) For those individuals who are referred for nonpartner violence, PAIPs must conduct a screening to determine if there is a pattern of intimate partner violence, i.e., abusive, controlling and/or violent behavior within an intimate partner relationship. If there is no history of intimate partner violence, PAIPs must refer back to the courts, DCFS or other necessary entities and make the appropriate referral recommendation.
- f) PAIPs must refer victims who have acted in self-defense or whose arrest was based on a control tactic of the partner to victim services. Referral arrangements will need to be made with local victim service agencies. Care should be taken to avoid re-victimizing this group. PAIPs must notify the referring agency that a referral to victim services has been made.

Section 501.240 Follow-up Services

PAIPs may create and/or support options for continued services for individuals who have successfully completed their initial, required PAIP contract. Continued services may allow individuals to continue in regular or ongoing groups. The rationale for follow-up services is:

- a) To provide access to further service;
- b) To continue monitoring and offer support services;
- c) To refer individuals to other services that are consistent with the procedures and guidelines set forth in this protocol; and

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- d) To recognize that a commitment to non-abusive behavior is lifelong.

Section 501.250 Transferring Programs

It is allowable for PAIP program participants to transfer from one Illinois protocol approved PAIP program to another. Circumstances such as a job transfer or going back to school may necessitate an individual's need to relocate and transfer between programs. The PAIP that is receiving the transfer must ask the person to sign a release of information to the former PAIP and coordinate services whenever possible. Gathering previous intake data and program participation information will promote continuity and improve service delivery. It is not necessary for participants to start the program over as all Illinois protocol compliant PAIPs are following the same requirements; however, some participants may need additional group sessions to meet program requirements in this Part. For out-of-state transfers, the receiving program must ask the participant to sign a release of information. Once signed, the PAIP must contact the former program to gather program and participant information to determine the appropriate length of services.

Section 501.260 Continuation of Services

Each PAIP shall develop a plan for continuation of services in the event of temporary suspension of services or closure of a PAIP. This plan must address alternate locations for services, cooperative agreements with other PAIP providers to ensure continuity of care for participants, and a plan/protocol that has been shared with the appropriate primary referral sources.

Section 501.270 Fee Structure

PAIPs must establish a fee policy. Compliance with this Section will be assessed by the Department through the monitoring and technical assistance outlined in Section 501.70.

Section 501.280 Ethical Requirements

- a) Program staff must not be perpetrators of abusive behavior in their own lives.
- b) Program staff must consistently act and communicate in ways that promote egalitarianism and non-abusive and respectful relationships.
- c) PAIPs and their personnel must meet the certification/licensing standards that may be required of the professional groups with which they are affiliated.

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Compliance with this Section may be monitored during the quality review process outlined in Section 501.70.

Section 501.290 Staff Competency

- a) PAIP staff must be competent in general communication skills and those specific skills required to challenge and facilitate change in attitudes, beliefs and behaviors. They must have a general knowledge of human behavior and specific knowledge about intimate partner violence, and they must have attitudes and behavior consistent with these guidelines.
- b) All PAIP direct service staff and supervisors must have completed 40 hours of training consistent with the requirements of the Illinois Domestic Violence Act [750 ILCS 60], and an additional 20 hours of Department approved training in abuser services. Facilitators who are unable to complete the Department approved 20 hour training within the first three months of employment must submit a training plan to the Department for approval. The 20 hours must consist of formal training or conference attendance in abuser intervention and/or experience in facilitating partner abuse intervention groups. In order for experience to count as part of the training plan, it must be gained through a protocol approved PAIP and under the direction of a supervisor meeting the protocol requirements. The training must be documented and sent to the Department within 30 days after completion.
- c) All PAIP staff must receive ongoing training as a part of their professional development. At a minimum, six hours of continuing education that supports the work of intimate partner violence services must be obtained annually.

Section 501.300 Supervision

PAIPs must have written personnel policies and procedures. Supervision of PAIP facilitators must be provided by an individual who meets the required 40-hour training standard and include structured supervisions of facilitators. Immediate supervisors must have sufficient training and experience to provide oversight of quality and effectiveness of service provision. At a minimum, supervisors will observe facilitators conducting group sessions every six months. Supervision can be provided by a staff person, victim service agency, or another PAIP that has been approved under this Part. Documentation of compliance with this Section must be contained in personnel files and available for review by the Department. Compliance with this Section will be assessed by the Department through the monitoring and technical assistance outlined in Section 501.70.

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Section 501.310 Program Innovation

- a) The development of effective intimate partner violence intervention programs is an evolving process. If a PAIP decides to develop a new program that initiates or incorporates a new approach, it may be considered for approval under the following conditions:
- 1) Submission of a written plan and/or curriculum;
 - 2) Documentation of reasons for the different approach;
 - 3) Acceptance of additional monitoring;
 - 4) Acceptance of a time limit that includes the opportunity for evaluation;
 - 5) Submission of a process for evaluating the efficacy of the approach;
 - 6) Adherence to the principles of the protocol; and
 - 7) Utilization of a practice or model that is evidence based.
- b) All applications for program innovation will be reviewed by the Department and the PASC. The PASC members will make recommendations to the Department regarding approval of the PAIP's program model, but the Department will make the final decision regarding approval.

SUBPART C: GRANTS

Section 501.400 Availability of Grants

Available funds are granted by the Department to local agencies for the purpose of providing services to participants. Information on grants may be found at www.dhs.state.il.us/page.aspx?module=12&officetype=15&county=.

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- 1) Heading of the Part: Standards and Limitations for Certain Sources of Lead
- 2) Code Citation: 35 Ill. Adm. Code 226
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
226.100	New
226.105	New
226.110	New
226.115	New
226.120	New
226.125	New
226.130	New
226.140	New
226.150	New
226.155	New
226.160	New
226.165	New
226.170	New
226.175	New
226.185	New
- 4) Statutory Authority: Implementing Section 10 of the Environmental Protection Act (Act) and authorized by Sections 27, 28.2, and 28.5 of the Act [415 ILCS 5/10, 27, 28.2, and 28.5]
- 5) A Complete Description of the Subjects and Issues Involved: A more complete description of this proposal may be found in the Board's first-notice opinion and order of November 21, 2013, in docket R14-19.

This rulemaking is proposed to meet certain obligations of the State of Illinois under the federal Clean Air Act, 42 U.S.C. § 7401 *et seq.*; specifically, to satisfy Illinois' obligation to submit a State Implementation Plan to address requirements of Section 172 of the Clean Air Act and 40 C.F.R. § 51.117 for sources of lead emissions causing exceedances of the lead National Ambient Air Quality Standards (NAAQS). *See*, 42 U.S.C. § 7502 (2012); 40 C.F.R. § 51.117 (2013). This proposal will require nonferrous metal production facilities located in areas of Illinois designated nonattainment for the 2008 lead NAAQS to achieve the numerical emission standards set by the proposed rule beginning January 1, 2015. Depending on the type of lead kettle or furnace being regulated at affected sources, the proposal sets forth an accompanying lead emission limit

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for the exhaust from the associated control device. In addition, the units that are the most significant sources of fugitive emissions at affected sources must operate within a total enclosure under negative pressure. Any gas stream exiting the enclosure must be controlled by particulate emission control equipment meeting an accompanying lead emission limit. Additional measures for reduction of fugitive emissions include operating pursuant to an Illinois EPA approved Lead Fugitive Dust Operating Program. This proposal also sets forth testing, monitoring, recordkeeping, and reporting requirements for affected sources.

- 6) Published studies or reports and sources of underlying data used to compose this rulemaking: The regulatory proposal relied on several sources. Copies of the documents the Illinois EPA relied upon are available for review with the Pollution Control Board and are listed below:

40 CFR 51, Appendix M, Method 204.

Gutow, B., *An Inventory of Iron Foundry Emissions*, Prepared for Air Pollution Control Office, Environmental Protection Agency, (Under Contract CPA 22-60-106), January 1972.

Illinois Environmental Protection Agency. *Modeling Data for Part 226, Standards and Limitations for Certain Sources of Lead*. Bureau of Air, Air Quality Planning Section, Springfield, IL, 2013.

Illinois Environmental Protection Agency. *Technical Support Document for Control of Lead Emissions from Nonferrous Metal Production Facilities in Lead Nonattainment Areas*, AQPSTR 13-07. Bureau of Air, Air Quality Planning Section, Springfield, IL, October 2013.

TRC Environmental Corporation. *Assessment of Fugitive Lead Emissions from the Electric Furnace Building, H. Kramer & Co., Chicago, Illinois*, June 26, 2012.

TRC Environmental Corporation. *Assessment of Fugitive Lead Emissions from the South Foundry Building, H. Kramer & Co., Chicago, Illinois*, June 2012.

U.S. Environmental Protection Agency. *Compilation of Air Pollutant Emission Factors, Volume I: Stationary Point and Area Sources*, AP-42, Fifth Edition, Pages 12.17-1 – 12.17-4. January 1995.

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U.S. Environmental Protection Agency, *Implementation of the 2008 Lead National Ambient Air Quality Standards, Guide to Developing Reasonably Available Control Measures (RACM) for Controlling Lead Emissions*, (EPA-457/R-12-001). March 2012.

United States of America and State of Illinois v. H. Kramer & Co., U.S. Dist. Ct., Northern District, Civil Action No. 13 CV 0771, Consent Decree, December 24, 2012. for Illinois Soils, Bulletin No. 811 (2000), revised 1/15/01 to amend Table S2 B811, University of Illinois College of Agriculture, Consumer and Environmental Sciences Office of Research

Illinois Environmental Protection Act (415 ILCS 5 (2012))

Clean Air Act (42 U.S.C. § 7401 et seq. (2012))

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

8) Do tthis rulemaking contain an automatic repeal date? No

9) Does this proposed rulemaking contain incorporations by reference? Yes

Air Quality Designations for the 2008 Lead (Pb) National Ambient Air Quality Standards, 75 Fed. Reg. 71033-01 (November 22, 2010).

Air Quality Designations for the 2008 Lead (Pb) National Ambient Air Quality Standards, 75 Fed. Reg. 72097-01 (November 22, 2011).

Standards of Performance for New Stationary Sources, 40 C.F.R. § 60, Appendix A, Methods 1, 1A, 2, 2A, 2C, 2D, 3, 3A, 4, 12, and 29 (2012).

Hazardous Waste Management System: General, 40 C.F.R. §§ 260.11(c)(3)(v), 261, Method 1311 (2012).

Emission Measurement Center Guideline Document (GD-042) *Preparation and Review of Site-Specific Emission Test Plans*, U.S. Environmental Protection Agency, Revised March 1999.

OSHA Method 1006, Occupational Safety & Health Administration, January 2005.

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

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11) Statement of Statewide Policy Objectives: These proposed amendments do not create or enlarge a State mandate as defined in Section 3(b) of the State Mandates Act.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: The Board will accept written public comment on this proposal for a period of 45 days after the date of publication. Comments should refer to docket R14-19 and be addressed to:

Clerk's Office
Illinois Pollution Control Board
100 W. Randolph St., Suite 11-500
Chicago, IL 60601

Interested persons may request copies of the Board's opinion and order in R14-19 by calling the Clerk's office at 312/814-3620, or may download copies from the Board's Web site at www.ipcb.state.il.us. For more information, contact the Clerk's Office at 312/814-3629.

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will impact any small business, small municipality, and not for profit corporation that falls within the definition of "nonferrous metal production facility" and meets the applicability requirements specified in the proposal.
- B) Reporting, bookkeeping or other procedures required for compliance: The proposed rulemaking requires that the owner or operator of a subject source perform monitoring, complete required tests, and maintain records and make reports as required.
- C) Types of professional skills necessary for compliance: The Board does not expect that professional skills beyond those currently required by the existing state and federal air pollution control regulations applicable to affected sources will be required.

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- 14) Regulatory Agenda in which these amendments were summarized: The Board's July 2013 regulatory agenda summarizes these proposed amendments at 37 Ill. Reg. 9060, (June 28, 2013).

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

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TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE B: AIR POLLUTIONCHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER c: EMISSION STANDARDS AND LIMITATIONS
FOR STATIONARY SOURCESPART 226
STANDARDS AND LIMITATIONS FOR CERTAIN SOURCES OF LEAD

Section:

226.100	Severability
226.105	Scope and Organization
226.110	Abbreviations and Acronyms
226.115	Definitions
226.120	Incorporations by Reference
226.125	Applicability
226.130	Compliance Date
226.140	Lead Emission Standards
226.150	Operational Monitoring for Control Device
226.155	Total Enclosure
226.160	Operational Measurement for Total Enclosure
226.165	Inspection
226.170	Lead Fugitive Dust Operating Program
226.175	Emissions Testing
226.185	Recordkeeping and Reporting

AUTHORITY: Implementing Section 10 of the Environmental Protection Act and authorized by Sections 27, 28.2, and 28.5 of the Act [415 ILCS 5/10, 27, 28.2, and 28.5].

SOURCE: Adopted at 38 Ill. Reg. ____, effective _____.

Section 226.100 Severability

If any Section, subsection, or clause of this Part is found invalid, that finding shall not affect the validity of this Part as a whole or any Section, subsection, or clause not found invalid.

Section 226.105 Scope and Organization

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- a) This Part sets standards and limitations for emissions of lead from stationary sources.
- b) Notwithstanding the provisions of this Part, the air quality standards contained in 35 Ill. Adm. Code 243 must not be violated.

Section 226.110 Abbreviations and Acronyms

The following abbreviations and acronyms are used in this Part:

Act	Illinois Environmental Protection Act, 415 ILCS 5
CPMP	continuous parametric monitoring plan
CDMP	control device monitoring plan
fpm	feet per minute
FV	facial velocity
gr/dscf	grains per dry standard cubic foot
Hg	mercury
Illinois EPA	Illinois Environmental Protection Agency
m/hr	meters per hour
mg/l	milligrams per liter
OSHA	Occupational Safety & Health Administration
Pb	lead
USEPA	United States Environmental Protection Agency

Section 226.115 Definitions

The following definitions apply for the purposes of this Part. Unless otherwise defined in this Section or a different meaning for a term is clear from its context, all terms not defined in this Part shall have the meaning given them in the Act and in 35 Ill. Adm. Code 211.

"Agglomerating furnace" means a furnace used to melt into a solid mass flue dust that is collected from a baghouse.

"Alloy" means a mixture or metallic solid solution composed of 2 or more elements.

"Alloying" means the process of combining or mixing metals or other substances in molten form for the purpose of producing a particular alloy.

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"Alloying and refining kettle" means an open-top vessel that is heated from below and contains molten lead for the purpose of alloying and refining the lead. These kettles include, but are not limited to, pot furnaces, receiving kettles, and holding kettles.

"Battery breaking area" means the source location at which lead-acid batteries are broken, crushed, disassembled, or separated into components.

"Casting" means the process of transferring molten lead-containing metal to a mold.

"Dross" means solid impurities removed from molten lead in lead kettles.

"Dryer" means a chamber that is heated and that is used to remove moisture from lead-bearing materials other than lead shot.

"Existing lead emission unit" means a lead emission unit in existence before January 1, 2015 at a nonferrous metal production facility.

"Housekeeping activities" means regular cleaning or maintenance activities conducted to reduce fugitive emissions from production areas.

"Induction furnace" means an electrical furnace used for heating metal by electromagnetic induction.

"Lead" means elemental lead or alloys in which the predominant component is lead (i.e., lead being more prevalent than any other single component).

"Lead-bearing scrap" or "lead-containing material" or "lead-containing metal" or "lead-containing wastes" or "lead particulate" means scrap or material or metal or wastes or particulate with a lead content equal to or greater than 5 mg/l as measured by EPA Method 1311, incorporated by reference in Section 226.120.

"Lead emission unit" means any process that emits lead, including, but not limited to, battery breaking areas; material handling areas; dryers and dryer areas; channel furnaces and channel furnace areas; coreless furnaces and coreless furnace areas; reverberatory furnaces and reverberatory furnace areas; rotary furnaces and rotary furnace areas; agglomerating furnaces and agglomerating furnace areas; kettles

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and casting areas; lead taps, slag taps, and molds during tapping; and areas where dust from fabric filters, sweepings, or used fabric filters are processed.

"Lead kettle" means a vessel that is heated from below and is used for the purpose of melting refined lead.

"Lead tap" means the pouring hole through which molten lead flows from a kettle or furnace.

"Leak detection system" means an instrument that is capable of monitoring relative particulate matter (dust) loadings in the exhaust of a particulate control in order to detect leaks in the particulate control. A leak detection system includes, but is not limited to, an instrument that operates on triboelectric, light scattering, transmittance, or other effect to monitor relative particulate matter loadings.

"Materials handling area" means any area in which lead-containing materials (including, but not limited to, broken battery components, flue dust, and dross) are handled in between process steps. These areas may include, but are not limited to, areas in which lead-bearing scrap, lead-containing materials, lead-containing metal, or lead-containing wastes are prepared.

"Materials storage area" means any area in which lead-containing materials (including, but not limited to, broken battery components, flue dust, and dross) are stored in between process steps. These areas may include, but are not limited to, areas in which lead-bearing scrap, lead-containing materials, lead-containing metal, or lead-containing wastes are stored in open piles, bins, or tubs.

"Mold cooling" means the process of cooling a mold containing hot metal by direct contact of the mold, but not the hot metal itself, with cooling water or other liquids.

"Natural draft opening" means any permanent opening, including doors and windows, in a total enclosure that remains open during operation of the lead emissions unit in the enclosure or enclosures and is not connected to a duct in which a fan is installed.

"New lead emission unit" means a lead emission unit constructed on or after January 1, 2015, at a nonferrous metal production facility.

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"Nonferrous metal" means a metal that is not an iron or steel alloy; these metals may include alloys of aluminum, copper, lead, and zinc.

"Nonferrous metal production facility" means any source that is alloying, refining, or casting nonferrous metal or manufacturing nonferrous metal products, and where the source includes lead in their alloys or products by design.

"Production area" means an indoor space at a nonferrous metal production facility where lead emission units are operated.

"Quenching" means the process of cooling hot metal other than lead shot by direct contact of the metal with cooling water or other liquids.

"Refined lead" means a material composed of lead alloys of a specified composition from an onsite or offsite lead refining operation.

"Refining" means the process of removing impurities or oxides from a metal or metal alloy.

"Reverberatory furnace" means a refractory-lined furnace that uses one or more flames to heat the walls and roof of the furnace and lead-bearing scrap to such a temperature that lead compounds are chemically reduced to elemental lead metal.

"Rotary furnace" (also known as a rotary reverberatory furnace) means a furnace consisting of a refractory-lined chamber that rotates about a horizontal axis and that uses one or more flames to heat the walls of the furnace and lead-bearing scrap to such a temperature that lead compounds are chemically reduced to elemental lead metal.

"Section Manager" means the Manager of Illinois EPA's Bureau of Air, Compliance Section.

"Slag tap" means the pouring hole through which slag is removed from a kettle or furnace.

"Tap" means the pouring hole through which molten metal flows from a kettle or furnace.

"Tapping" means opening the tap.

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"Total enclosure" means a complete enclosure with walls and a roof designed to minimize exposure to the elements and to maximize containment of emissions from one or more lead emission units and that meets the following performance standards: the average facial velocity of air flowing into the enclosure through all natural draft openings during operation of lead emission units in each total enclosure in any one hour period must be at least 200 fpm (3,600 m/hr) or average negative pressure value of 0.007 inches of water (0.013 mm Hg) must be maintained inside the enclosure over any one hour period.

"Valid test run" means a completed test run conducted in accordance with a testing protocol submitted to the Illinois EPA, as required under Section 226.175(f).

Section 226.120 Incorporations by Reference

The following materials are incorporated by reference. These incorporations do not include any later amendments or editions.

- a) 75 FR 71033-01, Air Quality Designations for the 2008 Lead (Pb) National Ambient Air Quality Standards (Monday, November 22, 2010).
- b) 76 FR 72097-01, Air Quality Designations for the 2008 Lead (Pb) National Ambient Air Quality Standards (Tuesday, November 22, 2011).
- c) 40 CFR 60, appendix A, Method 29 (2012).
- d) 40 CFR 60, appendix A, Methods 1, 1A (2012).
- e) 40 CFR 60, appendix A, Methods 2, 2A, 2C, and 2D (2012).
- f) 40 CFR 60, appendix A, Methods 3, 3A (2012).
- g) 40 CFR 60, appendix A, Method 4 (2012).
- h) 40 CFR 60, appendix A, Method 12 (2012).

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- i) USEPA's Emission Measurement Center Guideline Document (GD-042), Preparation and Review of Site-Specific Emission Test Plans, Revised March 1999.
- j) 40 CFR 260.11(c)(3)(v) and 261, Method 1311 (2012).
- k) OSHA. The following method from the Occupational Safety & Health Administration, Methods Development Team, Industrial Hygiene Chemistry Division, OSHA Salt Lake Technical Center, Sandy UT 84070-6406, (801) 233-4900: OSHA Method 1006 (approved January 2005).

Section 226.125 Applicability

The provisions of this Part apply to all nonferrous metal production facilities located in the following areas in Illinois designated nonattainment for the 2008 lead National Ambient Air Quality Standards by USEPA:

- a) Part of Madison County, specifically the area bounded by Granite City Township and Venice Township, 75 FR 71033-01 (November 22, 2010); and
- b) Part of Cook County, specifically, the area bounded by Damen Avenue on the west, Roosevelt Road on the north, the Dan Ryan Expressway on the east, and the Stevenson Expressway on the south, 76 FR 72097-01 (November 22, 2011).

Section 226.130 Compliance Date

- a) For an existing lead emission unit that is subject to this Part, compliance with these requirements by an owner or operator of the unit is required by no later than January 1, 2015.
- b) For a new lead emission unit that is subject to this Part, compliance with these requirements by an owner or operator of the unit is required by the date on which the unit initially begins operation.

Section 226.140 Lead Emission Standards

- a) For all alloying and refining kettles located at a source subject to this Part (see Section 226.125), each lead emission unit must be:

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- 1) Equipped with a capture system (including covers, hoods, ducts, and fans) that is vented to a control device for lead particulates. The emissions of lead into the atmosphere from each control device must not exceed 0.0010 gr/dscf; and
 - 2) Operated in a total enclosure pursuant to Section 226.155. The entire gas stream collected by each total enclosure must only be ducted to a control device such that the emissions of lead into the atmosphere from each control device must not exceed 0.00010 gr/dscf.
- b) For reverberatory furnaces or rotary furnaces located at a source subject to this Part (see Section 226.125), each lead emission unit must be:
- 1) Equipped with a capture system (including hoods, ducts, and fans) that is vented to a control device for lead particulates. The emissions of lead into the atmosphere from each control device must not exceed 0.00010 gr/dscf; and
 - 2) Operated in a total enclosure pursuant to Section 226.155. The entire gas stream collected by each total enclosure must only be ducted to a control device such that the emissions of lead into the atmosphere from each control device must not exceed 0.00010 gr/dscf.
- c) Notwithstanding the provisions for total enclosure in subsections (a) and (b), any emissions of lead exiting an uncontrolled stack during quenching or mold cooling operations must not exceed 0.00010 gr/dscf. Quenching operations shall be limited to no more than 6 hours per associated unit in any 24 hour period.
- d) For induction furnaces located at a source subject to this Part (see Section 226.125), each lead emission unit must be equipped with a capture system (including hoods, ducts, and fans) that is vented to a control device for lead particulates. The emissions of lead into the atmosphere from each control device must not exceed 0.000010 gr/dscf.
- e) For all other furnaces, lead kettles, or any other operation subject to this Part (see Section 226.125), but not subject to subsection (a), (b), or (d), each lead emission unit must be equipped with a capture system (including ducts, fans, and hoods or covers) that is vented to a control device for lead particulates. The emissions of

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lead into the atmosphere from each control device must not exceed 0.00010 gr/dscf.

- f) Any source subject to the requirements of this Part (see Section 226.125) must operate pursuant to a lifetime operating permit, a federally enforceable State operating permit, a Clean Air Act Permit Program permit, or conditions within a construction permit.

Section 226.150 Operational Monitoring for Control Device

- a) The owner or operator of a lead emission unit subject to this Part must install, maintain, and operate parametric monitoring equipment that consists of a pressure differential system to measure the pressure drop across each control device required by Section 226.140. Data from this instrumentation must be recorded as follows:
- 1) Data must be automatically recorded every minute during operation of any lead emission unit subject to Section 226.140(a) or (b).
 - 2) Data must be recorded at least once every 8 hours during operation of any lead emission unit subject to Section 226.140(d) or (e).
 - 3) If the control device used to control lead emission units subject to Section 226.140(a) or (b) is the same as the control device used to control other lead emission units subject to Section 226.140(d) or (e), the requirements in subsection (a)(1) apply to the control device.
- b) The owner or operator of a lead emission unit subject to this Part and using a baghouse or other filter system to control units subject to the total enclosure requirements of Section 226.155 must install, maintain, and operate parametric monitoring equipment that consists of a leak detection system. The leak detection system must be installed at the outlet of the baghouse or other filter system.
- c) The owner or operator of a lead emission unit subject to this Part must develop and maintain a Control Device Monitoring Plan. The CDMP must be submitted for review and approval to the Illinois EPA, directed to the Manager of the Bureau of Air's Compliance Section by the compliance date specified in Section 226.130 and within 30 days after any changes are made to the plan. The CDMP

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must be amended by the owner or operator of a lead emission unit subject to this Part as necessary to ensure that it is kept current.

- d) The CDMP must include procedures to investigate and determine the cause of changes in pressure that could indicate a leak or other problem and, if applicable, every alarm from the leak detection system. The procedures must also include a means to determine appropriate corrective actions and preventative measures to address the pressure changes and to avoid future alarms. The owner or operator of a lead emission unit subject to this Part must operate and maintain each pressure differential system and each leak detection system according to the CDMP at all times.

Section 226.155 Total Enclosure

- a) An owner or operator of a lead emission unit subject to this Part must install, maintain, and operate one or more total enclosures to minimize fugitive emissions from the operations listed in subsections (a)(1) through (6) at all times that the applicable lead emission unit in the total enclosure is operating or housekeeping activities are being performed. The total enclosure must meet the requirements specified in subsections (b) through (e).
- 1) Battery breaking areas.
 - 2) Dryer and dryer areas, including transition pieces, charging hoppers, chutes, and skip hoists conveying any lead-containing material.
 - 3) Reverberatory furnaces or rotary furnaces charging any lead-containing material and the associated reverberatory furnace areas or rotary furnace areas, including any associated lead taps, slag taps, and molds during processing.
 - 4) Alloying and refining kettles and associated areas, including any associated lead taps, slag taps, and molds during processing.
 - 5) Areas where dross, dust from fabric filters, sweepings, or used fabric filters are handled, except for areas where all such materials are in closed, leak-proof containers at all times.

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- 6) Material handling areas for any lead-containing materials, except that the following areas are exempt from the total enclosure requirements unless the areas listed also contain operations listed in subsections (a)(1) through (5):
 - A) Those areas where refined lead is melted and cast;
 - B) Those areas where spent refractory brick is stored in closed containers prior to and after crushing;
 - C) Those areas where ladle repairs take place; or
 - D) Those areas where lead-bearing scrap is sorted and handled, if the area is enclosed and equipped with a capture system ducted to a control device subject to the requirements of Section 226.140(e) during all sorting and handling activities and if the scrap is stored in closed containers at all other times.
- b) An owner or operator of a lead emission unit subject to this Part must duct the gas stream collected by each total enclosure to a control device that meets the applicable requirements of Section 226.140.
- c) The total enclosure must be maintained and operated with an inward flow of air through all natural draft openings while the lead emission unit applicable to the operation listed in subsection (a) in the total enclosure is operating. The average facial velocity of air flowing into the enclosure through all natural draft openings during operation of lead emission units in each total enclosure in any one hour period must be at least 200 fpm (3,600 m/hr) or average negative pressure value of 0.007 inches of water (0.013 mm Hg) must be maintained inside the enclosure over any one hour period.
- d) The total enclosure required by subsection (a) must be maintained at any opening, including, but not limited to, vents, windows, passages, doorways, bay doors, and roll-ups while lead emission units in the total enclosure or enclosures are operating, except as needed for temporary access to conduct manufacturing operations (e.g., during load-in and load-out of materials or passage of personnel or equipment).

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- e) The total enclosure must be free of cracks, gaps, corrosion, or other deterioration that could cause or result in dust being emitted to the atmosphere through those openings, except that the total area of all natural draft openings must not exceed 5 percent of the surface area of the total enclosure's walls, floor, and ceiling.

Section 226.160 Operational Measurement for Total Enclosure

- a) An owner or operator of a lead emission unit subject to the total enclosure requirement of Section 226.155 must measure the total area of all natural draft openings and the total surface area of the total enclosure.
- b) An owner or operator of a lead emission unit subject to the total enclosure requirement of Section 226.155 must measure the facial velocity of air flowing through all natural draft openings using the following equation while any lead emission unit applicable to the operation listed in Section 226.155(a) is operating. Values for Q_0 and Q_I must be obtained by means of testing pursuant to subsection (b)(1) or monitoring pursuant to subsection (b)(2):

$$FV = \frac{Q_0 - Q_I}{A_n}$$

Where:

Q_0 = the sum of volumetric flow from all gas streams exiting the total enclosure through the control device.

Q_I = the sum of the volumetric flow from all gas streams into the total enclosure through a forced makeup air duct; zero if there is no forced makeup air into the total enclosure.

A_n = total area of all natural draft openings in the total enclosure.

- 1) An owner or operator of a lead emission unit subject to the total enclosure requirement of Section 226.155 must conduct testing to determine the values for Q_0 and Q_I at the same time as any emissions testing is conducted pursuant to Section 226.175; or
- 2) An owner or operator of a lead emission unit subject to the total enclosure requirement of Section 226.155 must install, maintain, and operate a flow monitor at the outlet of each control device required by Section 226.140 to

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measure the volumetric flow from all gas streams exiting the total enclosure through the control device (or the final control device emitting to the atmosphere if the source has more than one control device in series). This volumetric flow data must be monitored and automatically recorded every minute.

- c) As an alternative to compliance with the requirements of subsection (b), an owner or operator of a lead emission unit subject to the total enclosure requirement of Section 226.155 must install, operate, and maintain instrumentation to monitor the pressure differential between the interior and exterior of the enclosure, measured in inches of water, to demonstrate compliance with the differential pressure requirements in Section 226.155(c). This instrumentation must be located and designed to operate in accordance with all of the requirements of subsections (c)(1) through (6) of this Section:
- 1) An owner or operator of a total enclosure that has a total ground surface area of 10,000 square feet or more must install and maintain a minimum of one building digital differential pressure monitoring system at each of the following 3 walls in each total enclosure:
 - A) The leeward wall.
 - B) The windward wall.
 - C) An exterior wall that connects the leeward and windward wall at a location defined by the intersection of a perpendicular line between a point on the connecting wall and a point on its furthest opposite exterior wall, and intersecting within plus or minus 10 meters of the midpoint of a straight line between the 2 other monitors specified. The midpoint monitor must not be located on the same wall as either of the other 2 monitors.
 - 2) An owner or operator of a total enclosure that has a total ground surface area of less than 10,000 square feet must install and maintain a minimum of one building digital differential pressure monitoring system at the leeward wall of each total enclosure.
 - 3) Each digital differential pressure monitoring system must be certified by the manufacturer to be capable of measuring and displaying negative

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pressure in the range of 0.001 to 0.11 inches of water (0.002 to 0.2 mm Hg) with a minimum accuracy of plus or minus 0.001 inches of water (0.002 mm Hg).

- 4) Each digital differential pressure monitoring system must be equipped with a continuous recorder.
 - 5) Each digital differential pressure monitoring system must be calibrated in accordance with manufacturer's specifications at least once every 12 calendar months or more frequently if recommended by the manufacturer.
 - 6) Each digital differential pressure monitoring system must be equipped with a backup, uninterruptible power supply to ensure continuous operation of the monitoring system during a power outage.
- d) An owner or operator of a lead emission unit subject to the total enclosure requirement of Section 226.155 must develop and maintain a Continuous Parametric Monitoring Plan containing the information required in subsection (d)(1), (2), or (3). The CPMP must be submitted for review and approval to the Section Manager by the compliance date specified in Section 226.130 and within 30 days after any changes are made to the plan. The CPMP must be amended by the owner or operator of a lead emission unit subject to this Part as necessary to ensure that it is kept current. The owner or operator of a lead emission unit subject to this Part must conduct monitoring in accordance with the CPMP at all times.
- 1) If electing to comply with the facial velocity requirement in Section 226.155(c) using the total enclosure measurement method in subsection (b)(1), the CPMP must contain the information required by subsections (d)(1)(A) through (D).
 - A) The CPMP must identify the operating parameters to be monitored on an ongoing basis to ensure that the facial velocity measured during the most recent compliance test is maintained, explain why those parameters are appropriate for demonstrating ongoing compliance, and identify the specific monitoring procedures for each parameter.

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- B) The CPMP must specify limits or ranges of values of the operating parameters listed pursuant to subsection (d)(1)(A) that demonstrate compliance with the facial velocity requirements in Section 226.155(c). These limits or ranges must represent the conditions indicative of proper operation and maintenance of the facial velocity through all natural draft openings during operation of lead emission units in each total enclosure.
 - C) The CPMP must specify data to be recorded to demonstrate compliance with the facial velocity requirements in Section 226.155(c), as well as the recording frequency and methodology.
 - D) The CPMP must specify the information to be reported to the Illinois EPA to demonstrate compliance with the facial velocity requirements in Section 226.155(c). This information must include, but is not limited to, all information to be submitted as part of the semiannual reports required by Section 226.185(n), as well as the reporting frequency.
- 2) If electing to comply with the facial velocity requirement in Section 226.155(c) using the total enclosure monitoring method in subsection (b)(2), the CPMP must contain the information required by subsections (d)(2)(A) through (C).
- A) The CPMP must specify limits or ranges of values of the sum of volumetric flow from all gas streams exiting the total enclosure through the control device and the sum of the volumetric flow from all gas streams into the total enclosure through a forced makeup air duct. These limits or ranges must represent the conditions indicative of proper operation and maintenance of the facial velocity through all natural draft openings during operation of lead emission units in each total enclosure.
 - B) The CPMP must specify data to be recorded to demonstrate compliance with the facial velocity requirements in Section 226.155(c), as well as the recording frequency and methodology.
 - C) The CPMP must specify the information to be reported to the Illinois EPA to demonstrate compliance with the facial velocity

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requirements in Section 226.155(c). This information must include, but is not limited to, all information to be submitted as part of the semiannual reports required by Section 226.185(n), as well as the reporting frequency.

- 3) If electing to comply with the average differential pressure requirement in Section 226.155(c) using the total enclosure measurement method in subsection (c), the CPMP must contain the information required by subsections (d)(3)(A) through (C).
 - A) The CPMP must identify the locations and design of each differential pressure monitoring instrumentation demonstrating compliance with the requirements of subsection (c) to ensure that the average differential pressure is measured properly, explain why those locations are appropriate for demonstrating ongoing compliance, and provide a schedule for instrumentation calibration.
 - B) The CPMP must specify data to be recorded to demonstrate compliance with the average differential pressure requirements in Section 226.155(c), as well as the recording frequency and methodology.
 - C) The CPMP must specify the information to be reported to the Illinois EPA to demonstrate compliance with the average differential pressure requirements in Section 226.155(c). This information must include, but is not limited to, all information to be submitted as part of the semiannual reports required by Section 226.185(n), as well as the reporting frequency.
- e) The owner or operator of a lead emission unit subject to this Part electing to change the total enclosure measurement method for an existing lead emission unit subject to the total enclosure requirements of Section 226.155 must notify the Section Manager of the measurement method by which the owner or operator will comply with the requirements of this Section. The notification must include an updated CPMP complying with the appropriate requirements for the new measurement method and must occur at least 30 days prior to changing the method.

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Section 226.165 Inspection

- a) An owner or operator of a lead emission unit subject to this Part must inspect control devices for the control of lead particulate at least once per month. The inspections of control devices must include all structures that comprise the infrastructure of the affected control device and other structures that are necessary for the affected control device to function in its intended capacity.
- b) An owner or operator of a lead emission unit subject to this Part must inspect all total enclosures for proper operation and physical integrity at least once per month.
- c) An owner or operator of a lead emission unit subject to this Part must maintain and repair any control device and total enclosure, including all structures that comprise the infrastructure of the affected control device and total enclosure, as necessary to ensure proper and compliant operation.

Section 226.170 Lead Fugitive Dust Operating Program

- a) An owner or operator of a lead emission unit subject to this Part must operate at all times according to a lead fugitive dust operating program that describes in detail the measures that are implemented to minimize lead fugitive dust emissions from the areas, activities, or events listed in subsections (a)(1) through (7):
 - 1) Source roadways;
 - 2) Source buildings housing lead emission units;
 - 3) Battery storage areas;
 - 4) Equipment maintenance for equipment used in connection with the processing or handling of lead-containing materials;
 - 5) Material storage and material handling areas for lead-containing materials, excluding areas where only finished products are stored or handled;
 - 6) Spillage of lead-containing material; and

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- 7) Sorting or handling of lead-bearing scrap subject to Section 226.155(a)(6)(D).
- b) An owner or operator of a lead emission unit subject to this Part must develop and maintain a lead fugitive dust operating program. The lead fugitive dust operating program must be submitted for review and approval to the Section Manager by the compliance date specified in Section 226.130 and within 30 days after any changes are made to the program. The lead fugitive dust operating program must be amended by the owner or operator of a lead emission unit subject to this Part as necessary to ensure that it is kept current. The owner or operator of a lead emission unit subject to this Part must operate according to the lead fugitive dust operating program at all times.
- c) The measures specified in the lead fugitive dust operating program must, at a minimum, include the requirements specified in subsections (c)(1) through (8).
 - 1) The lead fugitive dust operating program must meet all requirements of 35 Ill. Adm. Code 212.Subpart K.
 - 2) Cleanings must be performed by wet wash or by a vacuum cleaner equipped with a filter rated by the manufacturer to achieve at least 99.97 percent capture efficiency for 0.3 micron particles in a manner that does not generate fugitive dust. When performing cleanings by wet wash, a wet sweeper must employ a water flush followed by sweeping. Cleanings must be performed at the following frequencies:
 - A) Cleanings must be performed at least once every 24 hour period that a lead emission unit in an associated production area is operating and immediately before termination of negative pressure in any total enclosure required by Section 226.155 for all production areas.
 - B) Cleanings of scrap sorting and handling areas subject to Section 226.155(a)(6)(D) must be performed directly after sorting or handling is completed and before shutdown of the required capture and control equipment.
 - C) Cleanings must be performed at least once every 7 calendar days for all areas where lead-containing wastes generated from

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housekeeping activities are stored, disposed of, recovered, or recycled.

- D) Cleanings of all areas must be performed no later than one hour after detection of any accidental release of dust containing lead.
- 3) All areas within the property boundaries subject to vehicle traffic must be paved and must be cleaned at least once every 7 calendar days to remove dust or other accumulated material from paved areas within the property boundaries. The cleaning must be performed using a vacuum truck with a filter rated by the manufacturer to achieve at least 99.97 percent capture efficiency for 0.3 micron particles, or a wet sweeper, or a combination thereof. Limited access and limited use roadways such as unpaved roads to remote locations on the property are exempt from this requirement if they are used infrequently (no more than one round trip per day).
- 4) Broken batteries must only be stored in a total enclosure. Any battery storage areas that are not located in a total enclosure must be inspected at least once every 7 calendar days. Within 72 hours after identification, any broken batteries must be moved to a total enclosure and all residue from broken batteries must be collected and the area must be cleaned.
- 5) All maintenance activities that could generate dust containing lead must be performed in a manner that minimizes emissions of dust, including, but not limited to, the use of a vacuum cleaner equipped with a filter rated by the manufacturer to achieve at least 99.97 percent capture efficiency for 0.3 micron particles or the use of wet suppression sufficient to prevent dust formation.
- 6) All collected dross and dust must be stored and transported within closed conveyor and storage systems or in closed, leak-proof containers. All other lead-containing material must be contained and covered for transport outside of a total enclosure in a manner that minimizes spillage or dust formation. The transport outside of a total enclosure of scrap metal, spent refractory brick, ladles, and finished product must be addressed in the lead fugitive dust operating program so as to minimize the spillage of lead-containing material or the formation of dust.

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- 7) Replacement of control equipment filter bags must be conducted in the manner specified in this subsection (c)(7). All vacuuming referenced in this subsection (c)(7) must be performed by a vacuum cleaner equipped with a filter rated by the manufacturer to achieve at least 99.97 percent capture efficiency for 0.3 micron particles:
- A) Used filter bags must be rolled-up and placed into sealed plastic bags or barrels prior to removal from the filter unit;
 - B) The filter unit floors, the dirty and clean plenum side, must be vacuumed of dust residues immediately following removal activity;
 - C) The ground surface in and around the filter unit must be vacuumed immediately following the complete installation of new filter bags to remove any and all dust residue; and
 - D) In those instances in which filter bag replacement requires more than one operational day, the requirements of subsection (c)(7)(C) must be completed just prior to the end of each operational day.
- 8) Measures, including, but not limited to, those specified in subsections (c)(1) through (7) must be implemented to minimize the tracking of dust containing lead out of the total enclosure by personnel or by equipment used in handling the material.
- d) All grounds on any source subject to this Part must be paved or oiled, or have sufficient groundcover planted, to minimize the amount of wind-blown dust leaving the property.
 - e) The applicability of this Part to the owner or operator of a lead emission unit does not exempt the owner or operator from compliance with the applicable requirements in 35 Ill. Adm. Code 212.

Section 226.175 Emissions Testing

- a) For an existing lead emission unit that is subject to this Part, testing of lead emissions at control devices required by Section 226.140 must be conducted by January 1, 2015.

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- b) Retesting
 - 1) The owner or operator of an existing lead emission unit that is subject to this Part and that performed all testing necessary to demonstrate compliance with Section 226.140 prior to January 1, 2015 is not required to retest pursuant to subsection (a) if:
 - A) On or after January 1, 2011, the owner or operator of an existing lead emission unit that is subject to this Part performed all testing necessary to demonstrate compliance with Section 226.140;
 - B) The owner or operator submitted the results of the tests to the Illinois EPA, and the tests were not rejected by the Illinois EPA;
 - C) The same capture system and control device or devices tested under subsection (b)(1)(A) are still being used by the subject lead emission unit; and
 - D) The owner or operator complies with all recordkeeping and reporting requirements in Section 226.185(i).
 - 2) Nothing in this subsection (b), however, shall limit the ability of the Illinois EPA or the USEPA to require that the owner or operator perform testing pursuant to subsection (e).
- c) For a new lead emission unit that is subject to this Part, testing of lead emissions at control devices required by Section 226.140 must be conducted within 60 days after achieving maximum operating rate, but no later than 180 days after initial startup of the new lead emission unit in accordance with this Section.
- d) The owner or operator of a lead emission unit subject to this Part must have subsequent emissions tests conducted at least once every 5 years. The owner or operator of a lead emission unit that tested prior to January 1, 2015, in accordance with subsection (b) must use the original test date as the beginning of this 5-year period.
- e) When, as determined by the Illinois EPA or USEPA, it is necessary to conduct testing to demonstrate compliance with Section 226.140, the owner or operator of

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a lead emission unit subject to this Part must, at his or her own expense, have the test conducted in accordance with the applicable test methods and procedures specified in this Section within 90 days after receipt of a notice to test from the Illinois EPA or USEPA, unless that notice specifies an alternative testing deadline.

- f) The owner or operator of a lead emission unit subject to the emissions testing requirements of this Section must conduct all that tests for lead pursuant to subsections (g) through (m).
- g) The owner or operator of a lead emission unit required to test pursuant to subsection (a), (c), (d), or (e) must submit a testing protocol as described in USEPA's Emission Measurement Center Guideline Document (GD-042) to the Illinois EPA, directed to the Manager of the Bureau of Air's Compliance Section, at least 45 days prior to a scheduled emissions test. Upon written request directed to the Section Manager, the Illinois EPA may, in its sole discretion, waive the 45-day requirement. A waiver is only effective if it is provided in writing by the Section Manager or his or her designee.
- h) Notification of a scheduled emissions test must be submitted to the Illinois EPA in writing, directed to the Section Manager, at least 30 days prior to the expected date of the emissions test and, again, 5 days prior to the testing. Upon written request directed to the Section Manager, the Illinois EPA may, in its sole discretion, waive the 30-day requirement or the 5-day requirement. A waiver is only effective if it is provided in writing by the Section Manager or his or her designee.
- i) If, after the 30-days' notice for an initially scheduled test is sent, there is a delay (e.g., due to operational problems) in conducting the test as scheduled, the owner or operator of the lead emission unit must notify the Compliance Section as soon as practicable of the delay in the original test date, either by providing at least 7 days' notice of the rescheduled date of the test or by arranging a new test date with the Illinois EPA by mutual agreement.
- j) Not later than 60 days after the completion of the test, the owner or operator of a lead emission unit required to test pursuant to subsection (a), (c), (d), or (e) must submit the results of the test to the Illinois EPA, directed to the Section Manager.

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- k) The owner or operator of a lead emission unit subject to the emissions testing requirements of this Section must conduct tests for lead emissions using 40 CFR 60, subpart A, and appendix A, Methods 1 (1 or 1A), 2 (2, 2A, 2C, or 2D), 3 (3 or 3A), and 4, and Method 12 or 29, as incorporated by reference in Section 226.120, or other alternative USEPA methods approved by the Illinois EPA.
- l) Each emissions test must be in accordance with all of the following requirements:
- 1) Method 12 or 29 must be used to determine compliance with the lead emission standard in Section 226.140;
 - 2) The minimum sample volume must be 0.85 dry standard cubic meters (30 dry standard cubic feet);
 - 3) The minimum sampling time must be 60 minutes for each run. Consistent with the averaging and compliance requirements of this subsection (l), at least 3 runs must be performed and the arithmetic average of 3 valid runs must be used to determine compliance;
 - 4) The following procedure must be used to average emissions of tests results for any compliance determination:
 - A) The average of the emissions test results must be determined by the arithmetic average of 3 valid test run results, as long as the test runs are conducted in conformance with the provisions of an approved testing protocol as required by subsection (g).
 - B) Notwithstanding subsection (l)(4)(A), if the owner or operator of a lead emission unit elects to perform more than 3 test runs, then the average must be calculated based upon the results of all valid test runs.
 - C) Notwithstanding subsection (l)(4)(A), in the event that a sample is accidentally lost or conditions occur in which one of the test runs must be discontinued because of forced shutdown, failure of an irreplaceable portion of the sample train, extreme meteorological conditions, malfunction, or other dissimilar or non-representative circumstances, upon the owner's or operator's documentation of the existence of any of the circumstances set forth in this subsection

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

(1)(4)(C) and verification by the Section Manager or his designee that the conditions existed, compliance may be determined by using the arithmetic average of the test results of all remaining valid test runs; however, a minimum of 2 valid test runs is required to determine compliance;

- 5) Each test for lead emissions must be conducted during conditions representative of maximum lead emissions; and
 - 6) If an owner or operator of a lead emission unit does not meet the criteria for averaging of subsection (1)(4), then each individual valid test run must meet the applicable limitation in order to demonstrate compliance.
- m) The owner or operator of any lead emission unit for which emissions are vented from an uncontrolled stack to the atmosphere must test those emissions in accordance with the requirements of this Section or calculate the emissions by means of collecting area time-weighted average lead samples and analyzing those samples through the use of OSHA Method 1006. If an owner or operator of a lead emission unit subject to this Part elects to calculate lead emissions from an uncontrolled stack, the calculations must be completed at least once every 5 years.

Section 226.185 Recordkeeping and Reporting

- a) An owner or operator of a lead emission unit subject to this Part must keep and maintain all records used to demonstrate initial compliance and ongoing compliance with the requirements of this Part.
 - 1) Except as otherwise provided under this Part, copies of the records must be submitted by the owner or operator of the source to the Illinois EPA within 30 days after receipt of a written request by the Illinois EPA.
 - 2) The owner or operator must keep and maintain all records required by this Section at the source for at least 5 years from the date the document is created and must make all records available to the Illinois EPA for inspection and copying upon request.
- b) Notification of the initial startup of any new lead emission unit subject to this Part must be submitted to the Section Manager no later than 30 days after initial startup.

POLLUTION CONTROL BOARD

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- c) The owner or operator of a lead emission unit subject to this Part must maintain records that demonstrate compliance with the requirements of this Part, as applicable, that include the following:
- 1) Calendar date of the record;
 - 2) Reports for all applicable emissions tests for lead conducted on the lead emission unit, including the date of the test and the results;
 - 3) The date, time, and duration of any malfunction in the operation of any lead emission unit, any lead emission unit's control equipment, or any emissions monitoring equipment subject to this Part if the malfunction could cause an increase in emissions. The records must include a description of the malfunction, the probable cause of the malfunction, the date and nature of the corrective action taken, and any preventative action taken to avoid future malfunctions;
 - 4) A log of all inspections, cleanings, maintenance, and repair activities performed on a lead emission unit's control equipment. The records must document the performance of the inspection, including the date of the inspection and the observed condition and operation of the control equipment. The records must also include the date and nature of the cleaning and the maintenance and repair activities performed on the lead emission unit's control equipment;
 - 5) Records, including the date and nature of all pavement cleanings, and any reason for not cleaning pavement (e.g., equipment breakdown);
 - 6) The date, time, and quantity of any spillage of dust containing lead. The records must include the date, time, and nature of the cleaning activity in response to the spill;
 - 7) A log of all battery storage inspection activities, including the date of the inspection, a description of any broken batteries discovered during the inspections, and the date and nature of any required cleaning activities to control dust;

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- 8) A log of all maintenance activities that could generate dust containing lead. The record must include the date of the maintenance activity, a description of the maintenance activity, and those measures implemented to minimize emissions of dust; and
- 9) A log of the hours of operation for all quenching operations.
- d) The owner or operator of a lead emission unit subject to this Part must maintain records to demonstrate compliance with Section 226.150(a) and (b).
- e) The owner or operator of a lead emission unit subject to this Part must maintain the CDMP required by Section 226.150(c). Records must be maintained demonstrating compliance with the CDMP.
- f) The owner or operator of a lead emission unit subject to this Part must maintain records of changes in pressure that could indicate a leak or other problem and, if applicable, every alarm from the leak detection system. A log must be maintained of all investigations into the cause of the pressure changes and, if applicable, every alarm from the leak detection system, and any maintenance and repair activities performed as a result of the investigation. The records must also include the date of each aforementioned activity. Records must be maintained in order to demonstrate compliance with Section 226.150(d).
- g) The owner or operator of a lead emission unit subject to this Part must maintain records demonstrating compliance with the lead fugitive dust operating program and with the activities required by Section 226.170.
- h) The owner or operator of a lead emission unit subject to this Part must maintain records that include the following information for each period when the affected emission unit operated without the lead emission unit's control equipment for lead and had the potential for emissions:
 - 1) The date, time, and duration of the outage;
 - 2) The length of time that the affected lead emission unit subject to this Part operated uncontrolled before required control measures were in place or the affected lead emission unit was shut down (to resume operations only after required control measures were in place) and an explanation why the

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

time the affected lead emission unit operated uncontrolled was not shorter, including a description of any mitigation measures that were implemented;

- 3) A discussion of the probable cause of the outage of the control equipment; and
 - 4) A discussion of the date and nature of any preventative measures taken to avoid future outage.
- i) The owner or operator of a lead emission unit subject to this Part must maintain records demonstrating compliance with Section 226.175.
 - j) The owner or operator of a lead emission unit subject to this Part must maintain a log of all inspections of control devices for the control of lead particulate. The records must document the date of the inspection, the observed condition and operation of the control devices, and the date and nature of any corrective action taken. Records must be maintained demonstrating compliance with Sections 226.165(a) and (c).
 - k) The owner or operator of a lead emission unit subject to this Part must maintain a log of all inspections of any total enclosures and source structures. The records must document the date of the inspection, the observed condition and operation of the total enclosure, and the date and nature of any corrective action taken. Records must be maintained demonstrating compliance with Sections 226.155(e), 226.160(a), and 226.165(b) and (c).
 - l) The owner or operator of a lead emission unit subject to this Part must maintain records that include any data or information necessary to demonstrate compliance with the CPMP, including, but not limited to, records demonstrating compliance with Sections 226.155(c) and 226.160.
 - m) The owner or operator of a lead emission unit subject to this Part must notify the Section Manager within 5 days after discovery of deviations from any of the requirements of this Part or any exceedance of an applicable emission limitation. At a minimum, and in addition to any permitting obligations, these notifications must include a description of the deviations, a discussion of the possible cause of the deviations, any corrective actions, and any preventative measures taken.

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- n) The owner or operator of a lead emission unit subject to this Part must submit semiannual reports to the Section Manager. The reports must include all monitoring reports summarizing monitoring as required by this Part, as well as summaries of all instances of deviations from the requirements of this Part. For the January through June monitoring period, the owner or operator shall submit the monitoring report by July 31 of that year. For the July through December monitoring period, the owner or operator shall submit the monitoring report by January 31 of the following year. All reports must be certified by a responsible official that the information submitted is complete, true, and accurate.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

Suite 7-701
Chicago, Illinois 60601

312/814-5017

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Board did not anticipate the need for this rulemaking at the time the agendas were published.

The full text of the Proposed Amendment is identical to the Emergency Amendment for this Part and can be found in this issue of the *Illinois Register* on page 19740.

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Gifted Education
- 2) Code Citation: 23 Ill. Adm. Code 227
- 3) Section Number: 227.25 Proposed Action:
Amendment
- 4) Statutory Authority: 105 ILCS 5/Art. 14A
- 5) A Complete Description of the Subjects and Issues Involved: P.A. 97-607, effective August 26, 2011 changes the current system of teacher, administrator and school service personnel certification set forth in Article 21 of the School Code to a licensure system [Article 21B of the School Code]. References to certification and related terms are being changed to align this set of rules to the licensure system, which became effective July 1, 2013.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes; see Section 227.25(b)(1).
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days of the publication of this Notice to:

Shelley Helton
Agency Rules Coordinator
Illinois State Board of Education
100 North First Street, S-493

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENT

Springfield, Illinois 62777-0001

217/782-5270

Comments may also be submitted electronically, addressed to:

rules@isbe.net

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

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

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENT

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONS

PART 227
GIFTED EDUCATION

Section

227.10	Purpose and Applicability
227.20	Submission of Proposal; Plan
227.25	Required Qualifications
227.30	Criteria for the Review of Initial Applications
227.40	Allocation of Funds
227.50	Statewide Activities

AUTHORITY: Implementing Article 14A of the School Code [105 ILCS 5/Art. 14A] and authorized by Section 14A-55 of the School Code [105 ILCS 5/14A-55].

SOURCE: Adopted at 31 Ill. Reg. 2449, effective January 16, 2007; amended at 38 Ill. Reg. _____, effective _____.

Section 227.25 Required Qualifications

As a means of demonstrating that he or she *understands the characteristics and educational needs of children and is able to differentiate the curriculum and apply instructional methods to meet the needs of the children* as required by Section 14A-30(16) of the School Code [105 ILCS 14A-30(16)], and subject to the provisions of Section 227.20(a)(6) of this Part, each teacher who is assigned to provide instruction in a program funded pursuant to this Part shall have completed, or shall be required to complete:

- a) Nine semester hours of college credit from a regionally accredited institution of higher education and demonstrably related to the education of gifted and talented students; or
- b) Both the State and national assessment instruments, namely:
 - 1) the self-assessment developed by the Illinois Association for Gifted Children (IAGC) (which shall be based on the "Professional Teaching

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Standards for Educators Working with Gifted/Talented Learners" (~~2012~~~~2002~~), published by IAGC, [800 E. Northwest Highway, Suite 610, Palatine, Illinois 60074](#) and posted at www.iagcgifted.org; no later editions of or revisions to these standards are incorporated) with a rating of "experienced" or "expert"; and

- 2) the PRAXIS examination for gifted education (Test Code 0357, Educational Testing Service, Rosedale Road, Princeton, New Jersey 08541 (2006)); or
- c) Six semester hours of college credit from a regionally accredited institution of higher education and demonstrably related to the education of gifted and talented students and any one of the following additional choices:
- 1) the self-assessment referred to in subsection (b)(1) of this Section; or
 - 2) the PRAXIS examination referred to in subsection (b)(2) of this Section; or
 - 3) the Gifted Education Institute offered by the State Board of Education in cooperation with IAGC; or
 - 4) two years of experience teaching in, coordinating, or directing a program for gifted students; or
 - 5) participation in no fewer than two state or national conferences on gifted education, such as those offered by IAGC or the National Association for Gifted Children (NAGC); or
 - 6) professional development activities demonstrably related to the education of gifted and talented students that are sufficient to generate 30 continuing professional development units (CPDUs), as defined and quantified in the rules for [educator licensure certificate renewal](#) (see 23 Ill. Adm. Code 25.875); or
- d) Three semester hours of college credit from a regionally accredited institution of higher education and demonstrably related to the education of gifted and talented students and any two of the additional choices listed in subsections (c)(1) through (6) of this Section; or

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- e) The Gifted Education Institute referred to in subsection (c)(3) of this Section and any two of the additional choices listed in subsection (c) of this Section.

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

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Summer Bridges Program
- 2) Code Citation: 23 Ill. Adm. Code 232
- 3) Section Number: 232.60 Proposed Action:
Amendment
- 4) Statutory Authority: 105 ILCS 5/2-3.6
- 5) A Complete Description of the Subjects and Issues Involved: P.A. 97-607, effective August 26, 2011, changes the current system of teacher, administrator and school service personnel certification set forth in Article 21 of the School Code to a licensure system (Article 21B of the School Code). References to certification and related terms are being changed to align this set of rules to the licensure system, which became effective July 1, 2013.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days of the publication of this Notice to:

Shelley Helton
Agency Rules Coordinator
Illinois State Board of Education
100 North First Street, S-493
Springfield, Illinois 62777-0001

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENT

217/782-5270

Comments may also be submitted electronically, addressed to:

rules@isbe.net

13) Initial Regulatory Flexibility Analysis:

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

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

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: July 2013

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

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENT

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONS

PART 232
SUMMER BRIDGES PROGRAM

Section

232.10	Purpose and Applicability
232.20	Eligible Applicants
232.30	Application Procedure
232.40	Allocation of Funds
232.50	Program Specifications
232.60	Local Match; Use of State Funds
232.70	Reporting Requirements
232.APPENDIX A	Curriculum and Instruction Frameworks
232.APPENDIX B	Required Materials for the Program

AUTHORITY: Implementing Section 10-20.9a of the School Code [105 ILCS 5/10-20.9a] and authorized by Section 2-3.6 of the School Code [105 ILCS 5/2-3.6].

SOURCE: Adopted at 31 Ill. Reg. 2461, effective January 16, 2007; amended at 32 Ill. Reg. 2386, effective January 22, 2008; amended at 38 Ill. Reg. _____, effective _____.

Section 232.60 Local Match; Use of State Funds

The Summer Bridges Program is typically operated in the very late portion of one fiscal year and sometimes concludes in the early weeks of the subsequent fiscal year. The required components of each year's program (e.g., instructional materials, staff time, professional development) shall be paid for out of the later fiscal year's appropriation.

- a) Each district that receives funding pursuant to this Part shall be required to contribute a matching share equivalent to 20 percent of the amount awarded by the State Board of Education (ISBE). The district's share may consist of funds, in-kind contributions, or a combination of these, provided that all amounts are related to delivery of the program (e.g., transportation expenses, janitorial services, expenditures for utilities, salary and benefits for an administrator or coordinator, or food service).

STATE BOARD OF EDUCATION

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- b) Each district shall allocate the State funds provided for the program within the range specified in this subsection (b) unless an exception is granted as discussed in subsection (c) of this Section.
- 1) It is expected that between 45 and 55 percent of the funds provided by ISBE will be used for salaries and benefits related to the employment of instructional and support personnel for the program.
 - 2) It is expected that approximately 20 percent of the funds provided by ISBE will be needed for supplies and materials directly related to the curriculum delivered and not otherwise readily available within the district. Each district shall use no less than \$1,000 of its grant allocation per classroom for this purpose.
 - 3) It is expected that approximately 20 percent of the funds provided to each recipient will be used for professional development of staff holding educator licensure, including the certified and paraprofessional educators, staff who provide instruction and instructional support in the program. All professional development shall be delivered by providers approved for purposes of educator licensure certificate renewal (see 23 Ill. Adm. Code 25, Subpart J).
 - 4) Up to ten percent of the funds provided to each recipient may be used to offset expenses for administration or program coordination, provided that no support under this program shall be provided for personnel expenditures relative to any staff member employed on an 11- or 12-month contract with the recipient district.
- c) A district may expend more than 55 percent of the funds provided under this Part for personnel-related costs only if approved by the State Superintendent of Education based upon evidence of other resources that will be used to ensure the availability of the materials required under Appendix B of this Part and the provision of the professional development required under Section 232.50(f) of this Part.
- d) Limitations on Specific Expenditures

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- 1) Grant funds shall not be used to provide more than 130 hours' compensation for any teacher in the program.
- 2) Grant funds shall not be used for costs associated with employing more than one support staff member (clerical or paraprofessional [educator](#)) for each four teachers in the program.
- 3) A full-time program coordinator shall be supported only for programs enrolling at least 1,000 students.
- 4) Grant funds may be used only to support classroom-based instruction and shall not be used for field trips or experiences.
- 5) No food or food service expenditures shall be supported with funds provided under this Part.
- 6) No equipment, software, or software licenses shall be purchased with funds provided under this Part.

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

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Alternative Learning Opportunities Program
- 2) Code Citation: 23 Ill. Adm. Code 240
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
240.20	Amendment
240.30	Amendment
240.50	Amendment
240.60	Amendment
240.100	Amendment
- 4) Statutory Authority: 105 ILCS 5/Art. 13B
- 5) A Complete Description of the Subjects and Issues Involved: P.A. 97-495, effective January 1, 2012 amended Sections 10-22.6 and 13B-20.25 of the School Code [105 ILCS 5/10-22.6 and 13B-20.25] to authorize school districts to "administratively transfer" students who have been expelled or suspended "in excess of 20 school days" to an Alternative Learning Opportunities Program (ALOP). The law further requires that a school district may not deny a "transfer" of a suspended or expelled student to the ALOP program except in cases in which that student's enrollment in the ALOP "is deemed to cause a threat to the safety of students or staff".

Under Article 13B of the School Code, school districts are authorized to establish ALOPs as a way in which to broaden the academic, behavioral and social/emotional supports available to a student who is at risk of academic failure or who may fail to graduate from elementary or high school. ALOPs may be operated by a single school district or in collaboration with other districts, regional offices of education or intermediate service centers.

The proposed amendments in new Section 240.20(p) acknowledge that a school district may enroll a student who has been suspended or expelled from one of the district's schools into its ALOP and that the provision of both educational and other support services must meet the requirements of Article 13B and Part 240. Additional changes in Sections 240.20(p), and 240.30(d) and (e) further recognize that while a parent of the suspended or expelled student may withdraw consent for the child's enrollment in the ALOP or the ALOP may determine the student has met the goals of his or her student success plan, that student cannot be returned to or be re-enrolled in his or her home school until the term of the suspension or expulsion is completed.

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Finally, a change is being proposed in Section 240.30(a)(4), which defines a "recognized entity" for the purpose of a non-profit or for-profit educational entity providing an instructional program for an ALOP. This change is needed since approval of private business and vocational schools and of state-chartered charter schools is no longer the responsibility of the State Board of Education but rather of the Illinois Community College Board and the State Charter School Commission, respectively.

The proposed amendments also respond to P.A. 97-607, effective August 26, 2011, which changed the current system of teacher, administrator and school service personnel certification set forth in Article 21 of the School Code to a licensure system (Article 21B of the School Code). References to certification and related terms are being changed to align Part 240 rules to the licensure system, which became effective July 1, 2013.

- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days of the publication of this Notice to:

Shelley Helton
Agency Rules Coordinator
Illinois State Board of Education
100 North First Street, S-493
Springfield, Illinois 62777-0001

217/782-5270

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

Comments may also be submitted electronically, addressed to:

rules@isbe.net

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) This rulemaking was not included on either of the 2 most recent Agendas because: of an oversight as the rulemaking was included in an earlier published agenda.

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

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONSPART 240
ALTERNATIVE LEARNING OPPORTUNITIES PROGRAM

SUBPART A: PROGRAM APPROVAL

Section

240.10	Purpose
240.20	Requirements for Student Participation
240.25	Enrollment of Students with Individualized Education Programs
240.30	Program Requirements
240.40	Student Success Plan
240.50	Requirements for Returning the Student to the Regular School Program
240.60	Supplemental Services and Instructional Time
240.70	Application for Program Approval
240.75	Program Approval Criteria
240.80	Application for Program Continuation
240.90	Program Funding
240.100	Suspension and Revocation of Program Approval
240.110	Terms and Conditions of Approval

SUBPART B: ALTERNATIVE LEARNING OPPORTUNITIES PROGRAM GRANTS

240.200	Purpose (Repealed)
240.210	Eligible Applicants (Repealed)
240.220	Planning Grants (Repealed)
240.230	Implementation Grants (Repealed)
240.240	Supplemental Grants (Repealed)
240.250	Grant Awards (Repealed)
240.260	Terms of the Grant (Repealed)

AUTHORITY: Implementing and authorized by Article 13B of the School Code [105 ILCS 5/Art. 13B].

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

SOURCE: Adopted at 26 Ill. Reg. 11888, effective July 22, 2002; amended at 27 Ill. Reg. 10004, effective June 23, 2003; amended at 29 Ill. Reg. 18451, effective October 31, 2005; amended at 33 Ill. Reg. 9427, effective June 22, 2009; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: PROGRAM APPROVAL

Section 240.20 Requirements for Student Participation

Students in grades 4 through 12 who meet enrollment criteria established by the school district and who meet the definition of "at risk of academic failure" are eligible to participate in an Alternative Learning Opportunities Program [105 ILCS 5/13B-20.25] approved under this Part.

- a) A student shall be considered "at risk of academic failure" if he or she:
 - 1) *is at risk of failing to meet the Illinois Learning Standards or failing to graduate from elementary or high school; and*
 - 2) *demonstrates a need for educational support or social services beyond those provided by the regular school program [105 ILCS 5/13B-15.10].*
- b) For purposes of this Section, "poor academic performance" is defined as the student's:
 - 1) scoring in the 50th percentile or below on district-administered standardized tests; or
 - 2) receiving a score on the State assessment that does not meet standards in one or more of the fundamental learning areas defined in Section 27-1 of the School Code [105 ILCS 5/27-1], as applicable for the student's grade level; or
 - 3) not meeting grade-level expectations on a district-designed assessment.
- c) In determining whether a particular student is at risk of academic failure, a school district shall at least consider whether any of the following applies.
 - 1) The student demonstrates poor academic performance lasting for more than a semester, which has not responded to interventions routinely

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

employed by the school.

- 2) The student exhibited poor academic performance on district and State assessments in the previous school year that may be due to factors other than the student's academic ability (e.g., social, emotional, or behavioral problems; substance abuse; poor health and/or nutrition; changes in life circumstances that affect the student's ability to succeed or motivation to participate in the educational program).
 - 3) The student's poor academic performance has resulted in his or her not meeting district requirements for promotion in the current school year; however, the student could meet ~~thesesuch~~ requirements with ~~modificationsa modification(s)~~ made to the instructional program that would include the provision of educational supports and/or other support services not currently available in the regular school program.
 - 4) The student's poor academic performance has resulted in the student's lacking sufficient high school credits for his or her grade level to such a degree that he or she is likely to drop out of high school or otherwise fail to graduate as a consequence of this credit deficiency.
- d) Each district's specific admission criteria shall conform to the following requirements.
- 1) The criteria used to determine a student's need for an Alternative Learning Opportunities Program shall be nondiscriminatory in purpose and effect (i.e., without regard to race, national origin, gender, religion or disability).
 - 2) The performance of a student recommended for enrollment in the program must be deficient in one or more of the fundamental learning areas (see Section 27-1 of the School Code) and not have shown improvement with interventions currently available at the student's school or within the student's school district. The district shall document the interventions that it employed and the results of ~~thosesuch~~ interventions before determining that the student would be served best in the Alternative Learning Opportunities Program.
 - 3) Indicators in addition to academic performance (e.g., family stress, problems with classmates, teachers' evaluations, excessive absences,

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

information received from family members and other school personnel) should be considered when assessing the student's inability to successfully complete school work and achieve learning objectives for his or her grade level.

- 4) The home school must be unable to provide, as part of its regular program, the educational supports and/or other support services (as identified by a review of evidence pursuant to subsection (c)(2) of this Section) needed by the student to improve his or her academic achievement. (See Section 240.70(c)(6) of this Part.)
 - 5) In instances where the student considered for enrollment in the program has an Individualized Education Program (IEP), the district has followed the procedures specified in Subpart E of the State Board of Education's rules for Special Education (23 Ill. Adm. Code 226, Subpart E).
- e) Each school district that establishes an Alternative Learning Opportunities Program shall provide information about the program to the parents or guardians of all students enrolled in grades 4 through 12 and shall identify a staff member who may be contacted for information or assistance.
- f) When school district personnel believe that a student is eligible for and would benefit from enrollment in an Alternative Learning Opportunities Program, the district shall send a written notification to the student and the student's parent or guardian to attend a conference about the program (see 105 ILCS 5/13B-60.10). This notification also shall contain a statement of the rights of the parent or guardian (e.g., requirement for written parental permission to enroll in the program, ability to withdraw consent for enrollment, participation in development of the Student Success Plan).
- 1) The conference shall be designed to help the parent or guardian determine whether the student's participation in the Alternative Learning Opportunities Program would be beneficial.
 - 2) Relevant educational records and information yielded by diagnostic assessments (e.g., academic, behavioral, risk) shall be available at the time of the conference.
 - 3) The district shall provide documentation identifying the interventions

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available in the school district and demonstrate that these have already been provided to the student.

- 4) If the parent or guardian fails to participate in the conference (i.e., either attendance at the conference or participation through a telephone conference call), the student shall not be enrolled in the program (see 105 ILCS 5/13B-60.5).
 - 5) If the parent or guardian attends the conference and determines that the program would be beneficial to the student, the parent or guardian may request the student's enrollment by providing written consent.
- g) If a student's parent or guardian believes that the student is eligible for and would benefit from enrollment in an Alternative Learning Opportunities Program, the parent or guardian may initiate the conference described in subsection (f) of this Section by sending a written request to the contact person identified by the district pursuant to subsection (e) of this Section.
- 1) The district shall conduct the conference requested by a parent or guardian no later than ten school days after receipt of the written request.
 - 2) The requirements of subsection (f) of this Section shall apply to any conference held pursuant to this subsection (g).
 - 3) The district may limit the frequency with which a parent or guardian may request a conference in a given school year, provided that the limit imposed does not exceed 45 calendar days.
- h) *No student shall be enrolled in the Alternative Learning Opportunities Program without the consent of the student's parent or guardian* (Section 13B-60.10 of the School Code). In the case of an existing alternative education program that receives approval to operate as an Alternative Learning Opportunities Program, the program shall provide written notification to the parent or guardian of each student enrolled in the existing program that:
- 1) the program has been changed to an Alternative Learning Opportunities Program;
 - 2) the parent or guardian has a right to attend a conference about the

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program, held pursuant to the requirements of subsection (f) of this Section;

- 3) consent for the student's continued participation in the program shall be deemed granted unless the parent or guardian requests, within ten school days after receiving notification, that the student be returned to the regular school program; and
 - 4) the parent or guardian has a right to participate in the development of the Student Success Plan (see Section 240.40 of this Part).
- i) In no instance shall a student in grade 4 or 5 who is enrolled in an Alternative Learning Opportunities Program participate in that program or receive services outside of his or her home school. Every effort should be made to ensure that the educational supports and other services are provided to the student as part of his or her activities in the ~~classroom~~classroom(s) to which he or she is originally assigned, unless the nature of the services dictates otherwise (e.g., due to a need for privacy, services would cause a disruption for other students or interrupt instruction, one-on-one intervention is required).
 - j) A student enrolled in an Alternative Learning Opportunities Program shall be returned to the regular school program no later than ten school days after the district receives a written request to that effect from the parent or guardian (see 105 ILCS 5/13B-60.15). If notice is received within two weeks before the end of a grading period (i.e., a quarter or semester), then the student shall remain in the Alternative Learning Opportunities Program until the start of the next grading period.
 - k) A student may be enrolled both in an Alternative Learning Opportunities Program and in the regular school program (see 105 ILCS 13B-20.20).
 - l) A student enrolled in an Alternative Learning Opportunities Program with the intention of graduating from high school or qualifying to participate in the High School Equivalency Testing Program pursuant to Section 3-15.12 of the School Code [~~see~~ 105 ILCS 5/3-15.12] may receive services up to the age of 21 (see Section 13B-15.10 of the School Code).
 - m) An approved Alternative Learning Opportunities Program may enroll nonresident students in accordance with Section 13B-55 of the School Code [~~see~~ 105 ILCS

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5/13B-55].

- n) The enrollment of students with Individualized Education Programs in Alternative Learning Opportunities Programs shall be subject to the additional requirements set forth in Section 240.25 of this Part.
- o) In accordance with Section 13B-20.25 of the School Code, all rights granted under Article 13B of the School Code and this Part to the student's parent or guardian shall become those of the student once the student reaches 18 years of age, subject to the provisions of the Emancipation of Mature Minors Act [750 ILCS 5/Art. 11a].
- p) Notwithstanding the eligibility criteria stated in Section 13B-20.25 of the School Code, a school district may enroll in its Alternative Learning Opportunities Program any student it has suspended or expelled, in accordance with the provisions of Section 10-22.6(b) or 34-19 of the School Code [105 ILCS 5/10-22.6(b) or 34-19].
 - 1) The enrolling school district shall ensure that the educational program and other services provided for the suspended or expelled student meet each of the requirements set forth in this Part.
 - 2) A suspended or expelled student shall not be permitted to return to or re-enroll in his or her home school pursuant to subsection (j) of this Section until the term of the suspension or expulsion is completed.

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

Section 240.30 Program Requirements

Each Alternative Learning Opportunities Program approved by the State Board of Education shall conform to the following program requirements.

- a) The program of instruction of an Alternative Learning Opportunities Program shall be consistent with State standards and provide innovative and varied instructional strategies designed to improve the educational achievement of the students enrolled in the program (see 105 ILCS 5/13B-20).
 - 1) Instructional programs shall offer services and activities that provide

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educational options, such as evening high school, in-school tutoring or mentoring, and high school completion programs (see 105 ILCS 5/13B-20.5), to improve the student's academic performance and facilitate the student's successful completion of an elementary school program or graduation from high school. These services and activities may be in addition to and/or vary in sequence, pace or mode of delivery from what is currently offered in the regular school program.

- 2) The curriculum shall enable a student to receive credit towards completion of required courses and/or promotion to the next grade level in accordance with the criteria of the student's resident district.
- 3) School districts must award academic credit for work completed in accordance with Section 13B-80 of the School Code [~~(see 105 ILCS 5/13B-80)~~].
- 4) If the instructional program is provided by a non-profit or for-profit educational entity, then that entity shall be recognized by the State Board of Education (see 105 ILCS 5/13B-75). A recognized entity is one that:
 - A) is established by the State to provide education-related services or instruction (e.g., Regional Offices of Education, Intermediate Service Centers, public community colleges or universities); or
 - B) is a nonpublic elementary or secondary school recognized by the State Board of Education pursuant to 23 Ill. Adm. Code 425 (Voluntary Registration and Recognition of Nonpublic Schools); or
 - C) is designated for operation through a standardized approval process administered by the State Board of Education (e.g., public university laboratory schools, ~~private business and vocational schools~~, alternative schools, ~~charter schools~~, area vocational centers); or
 - D) is designated for operation through a standardized approval process administered by another State entity (e.g., private business and vocational schools, charter schools); or

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- E) meets the requirements of a national or regional accrediting body (e.g., private colleges and universities, nonpublic elementary or secondary schools).
- b) Support services shall be provided for each student enrolled in the Alternative Learning Opportunities Program (see 105 ILCS 5/13B-15.20). The particular services provided shall be those that are determined to be necessary for the student's academic success.
- c) A Student Success Plan shall be developed for each student enrolled in the Alternative Learning Opportunities Program in accordance with Section 240.40 of this Part. Existing alternative education programs that receive approval pursuant to Sections 240.70 and 240.75 of this Part to become an Alternative Learning Opportunities Program shall develop a Student Success Plan for each student enrolled.
- d) Progress reports for students enrolled in the Alternative Learning Opportunities Program shall be provided at least in the same manner and with the same frequency as progress reports that are sent to parents and guardians of students enrolled in the regular school program (see 105 ILCS 5/13B-60.15).
- 1) The school district operating the program shall establish procedures for reviewing the progress of each student enrolled.
- A) If the review determines that the student has met all of the objectives established in his or her Student Success Plan, then the district shall begin the process of transferring the student back to the regular school program (see Section 240.50 of this Part), except that a suspended or expelled student shall not be permitted to return to or re-enroll in his or her home school pursuant to this subsection (d)(1)(A) until the term of the suspension or expulsion is completed.
- B) If the district determines that the student has met all of the identified objectives but should continue to be enrolled in the Alternative Learning Opportunities Program, then it shall:
- i) provide to the student and his or her parent or guardian a written rationale as to why the student should remain in the

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program;

- ii) project the length of time the student would be expected to remain in the program before returning to the regular school program; and
 - iii) amend the student's Student Success Plan to include revised goals and objectives that address the reasons why the district recommended the student's continuation in the program.
- 2) A student's parent or guardian may request a meeting anytime during the school year to review the student's progress, in accordance with procedures developed by the district (see 105 ILCS 5/13B-60.15). The school district shall respond to [this type of](#)~~such a~~ request within seven school days after the parent or guardian submits the request.
- e) Each Alternative Learning Opportunities Program shall have in place procedures, developed in accordance with Section 240.50 of this Part, to provide for the transition of students enrolled in the program back to the regular school program.
- f) Each Alternative Learning Opportunities Program shall employ staff who [hold the appropriate educator licensure](#)~~are appropriately certified~~.
- 1) Teachers shall hold a valid and active [Illinois professional educator license with the endorsement \(i.e., elementary, secondary, special K-12 or special preschool-age 21\)](#) ~~Illinois teaching certificate~~ required for the grade levels to which they will be assigned (see 105 ILCS 5/13B-65).
 - 2) Professional personnel who provide other services for students enrolled in the program shall hold the [professional educator license endorsed in the area](#)~~certificates~~ appropriate to their roles pursuant to State Board of Education rules for [Educator Licensure Certification](#) (23 Ill. Adm. Code 25), except that:
 - A) personnel providing professional nursing services shall meet the requirements of Section 10-22.23 of the School Code [105 ILCS 5/10-22.23],

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- B) personnel providing school counseling services shall meet the requirements of Section 10-22.24b of the School Code [105 ILCS 5/10-22.24b],
- C) personnel providing noninstructional services shall meet the requirements of Section 10-22.34 of the School Code [105 ILCS 5/10-22.34],
- D) personnel providing school psychological services shall meet the requirements of Section 14-1.09.1 of the School Code [105 ILCS 5/14-1.09.1], and
- E) personnel providing school social work services shall meet the requirements of Section 14-1.09.2 of the School Code [105 ILCS 5/14-1.09.2].

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

Section 240.50 Requirements for Returning the Student to the Regular School Program

- a) It shall be the goal of the Alternative Learning Opportunities Program (ALOP) to assist students in successfully completing their education, including, but not limited to, returning to the regular school program, or to a postsecondary or adult education program, as soon as appropriate. In establishing procedures for the transition of students to the regular or another program, districts shall ensure that:
 - 1) an assessment is conducted prior to the student's leaving the ALOP~~Alternative Learning Opportunities Program~~ to identify the educational supports and/or other support services the student would need to successfully progress in the regular school curriculum; ~~and~~
 - 2) a staff member is assigned to monitor the student's progress in the regular school program for not less than two semesters after the student leaves the ALOP~~Alternative Learning Opportunities Program~~; ~~and~~
 - 3) for a student who has been suspended or expelled from his or her home school and enrolled by a district in its ALOP, the student shall not be permitted to return to or re-enroll in his or her home school until the term of the suspension or expulsion is completed.

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- b) The requirements of subsection (a) of this Section apply in instances where a student is removed from the ~~ALOP~~ [Alternative Learning Opportunities Program](#) by his or her parent or guardian before completion of the objectives stated in his or her Student Success Plan.

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

Section 240.60 Supplemental Services and Instructional Time

The proposed calendar for the program shall be in conformance with the requirements of Section 13B-45 of the School Code [105 ILCS 5/13B-45]. A calendar that varies in the number of days or length of the instructional day (i.e., five clock-hours of school work) from those requirements shall be approved under the following conditions.

- a) The calendar meets all of the exceptions enumerated in Section 13B-45(1) through (4) of the School Code.
- b) The supplemental services, provided pursuant to Section 13B-45(3) of the School Code, that are noninstructional in nature (e.g., student assistance programs, counseling services, case management, life skills or conflict resolution training, career counseling, community service) shall be:
- 1) directly linked to a need identified in the student's Student Success Plan developed pursuant to Section 240.40 of this Part and necessary to remove barriers to learning for that student (see 105 ILCS 5/13B-15.15(ii));
 - 2) provided by qualified personnel with the experience and skills appropriate to the service being provided; and
 - 3) monitored by Alternative Learning Opportunities Program staff to ensure that the services provided are effective in improving the student's academic achievement, as specified in his or her Student Success Plan, so that the student can be returned to the regular school program.
- c) Activities that are instructional in nature (e.g., work-based learning activities, service learning, physical fitness and health programs) shall not be considered supplemental services for the purposes of this Section. These shall be considered to be part of the five clock-hours of school work required under Section 18-8.05

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of the School Code [105 ILCS 5/18-8.05], provided that:

- 1) the activity is an integral and regular part of the academic instruction that the student is receiving and is tied to one or more of the fundamental learning areas (see Section 27-1 of the School Code);
- 2) the student receives academic credit, in accordance with his or her district's policies for awarding ~~such~~ credit, upon successful completion of the activity; and
- 3) the activity is provided under the direction of a ~~certified~~ teacher who holds the appropriate educator licensure (see Section 240.30(f)(1) of this Part).

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

Section 240.100 Suspension and Revocation of Program Approval

- a) The State Board of Education shall investigate an Alternative Learning Opportunities Program when any of the following occurs:
 - 1) the school district fails to receive approval to continue operating the program, in accordance with the requirements of Section 240.80 of this Part;
 - 2) a parent or guardian files a written complaint with the school district or State Board of Education alleging that the program meets one or more of the conditions set forth in Section 13B-30.20 of the School Code for suspension or revocation of program approval;
 - 3) the State Board receives information or becomes aware of allegations that the program meets one or more of the conditions set forth in Section 13B-30.20 of the School Code for suspension or revocation of program approval; or
 - 4) for programs serving minority students, low-income students, or students with IEPs, a review of the continuation application shows a disproportionate number of these types of~~such~~ students being served in the program.

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- b) If the State Board of Education, at the conclusion of the investigation, identifies deficiencies in the program that meet any of the conditions specified in Section 13B-30.20 of the School Code, then it shall provide to ~~each~~ school ~~district~~ ~~district(s)~~ that established the program written notification of the specific deficiencies found.
- 1) The school ~~district~~ ~~district(s)~~ shall submit to the State Board of Education, within 30 calendar days after receiving the notification, a time-specific plan that addresses the specific steps to be taken and staff responsible to remedy each of the deficiencies cited. In no case shall the time needed to correct deficiencies exceed 120 days.
 - 2) The State Board shall approve the corrective action plan no later than 15 days after receiving the plan if it meets all of the following requirements.
 - A) The timeframe is reasonable to correct the cited deficiencies.
 - B) The proposed steps to be taken to remedy the problems have a high likelihood of correcting the cited deficiencies.
 - C) A sufficient number of staff are proposed to implement the corrective action plan, and their expertise relates to the areas in which the deficiencies were found.
 - 3) The school district shall provide a copy of the deficiencies and of the approved corrective action plan to any entity with which it has entered into a cooperative agreement, intergovernmental agreement, contract or subcontract in order to operate the program or to provide services for students enrolled.
 - 4) If the school district provides evidence that it has corrected the deficiencies within the timeframe specified in the corrective action plan approved pursuant to subsection (b)(2) of this Section, then no change in the program's approved status shall be made.
- c) A school district that is unable to correct all of the deficiencies within the timeframe specified in its corrective action plan and after the provision of technical assistance by the State Board of Education may submit to the State Board an amended corrective action plan.

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- 1) The amended corrective action plan shall be submitted no later than 30 calendar days prior to the time the affected deficiencies were to be corrected.
- 2) The amended plan shall identify the deficiencies that are still unresolved, specifying the ~~reasons~~reason(s) for the delay and describing the steps to be taken to remedy the ~~problems~~problem(s) and the timeline for completing each. In no case shall the time needed to correct the remaining deficiencies exceed 30 additional calendar days.
- 3) The State Board of Education will accept the amended corrective action plan, provided the remaining deficiencies can be corrected within 30 calendar days and that none of the deficiencies:
 - A) presents an immediate health hazard or danger to students and staff;
 - B) severely affects the program's ability to provide a program appropriate to the needs of the students enrolled (i.e., addresses the Illinois Learning Standards, employs ~~certified~~staff with the appropriate educator licensure, provides the services identified as necessary to assist with students' academic improvement); and
 - C) represents prolonged or repeated problems to a degree that indicates the program's intention not to correct the deficiencies.
- d) If the school district fails to demonstrate that all of the deficiencies have been corrected within the timeframe specified in the amended corrective action plan, or fails to submit an amended corrective action plan that meets the requirements of subsection (c) of this Section, then approval to operate the program shall be suspended upon written notification from the State Board of Education.
 - 1) The program may serve the students enrolled in the program during the time of its suspension, provided it continues to make progress as specified in its plan and no additional students are enrolled in the program.
 - 2) The school district shall provide a copy of the notice of suspension to any entity with which it has entered into a cooperative agreement,

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intergovernmental agreement, contract or subcontract in order to operate the program or to provide services for students enrolled.

- 3) If the school district fails to correct all remaining deficiencies within 30 calendar days after receiving the notice of suspension, then approval to operate the program shall be revoked.
- e) Notification to revoke program approval shall be sent by certified mail, return receipt requested to ~~each~~ the school ~~district~~ ~~district(s)~~ that established the program. A school district shall have ten calendar days after receipt of ~~this~~ ~~such~~ notice of revocation to submit a written request for a hearing pursuant to the Illinois Administrative Procedure Act [5 ILCS 100] and Subpart B of the State Board of Education's rules for Contested Cases and Other Formal Hearings (23 Ill. Adm. Code 475). The receipt of notification shall be determined by the date of receipt shown on the return receipt form.
- f) Once approval for a program has been revoked:
- 1) a school district, or a regional office of education operating a program on behalf of a school district, shall be ineligible to file any claim upon the common school fund with regard to the program;
 - 2) a school district shall not collect any tuition from another school district for students enrolled in the program ~~or receive the remaining payments of a grant awarded pursuant to Subpart B of this Part;~~
 - 3) pursuant to Section 13B-30.35 of the School Code [105 ILCS 5/13B-30.35], the State Board of Education shall recover grant funds from a school district in accordance with the provisions of the Illinois Grant Funds Recovery Act [30 ILCS 705]; and
 - 4) all students enrolled in the program shall be returned to the regular school program no later than ten school days following receipt of the notification that approval has been revoked.
- g) Compliance with the requirements of Article 13B of the School Code and this Part shall be a factor in determining a school district's recognition status pursuant to 23 Ill. Adm. Code 1 (Public Schools Evaluation, Recognition and Supervision).

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

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- 1) Heading of the Part: Grants for Arts Education and Foreign Language Education
- 2) Code Citation: 23 Ill. Adm. Code 265
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
265.210	Amendment
265.220	Amendment
- 4) Statutory Authority: 105 ILCS 5/2-3.6
- 5) A Complete Description of the Subjects and Issues Involved: P.A. 97-607, effective August 26, 2011, changes the current system of teacher, administrator and school service personnel certification set forth in Article 21 of the School Code to a licensure system [Article 21B of the School Code]. References to certification and related terms are being changed to align this Part to the licensure system, which became effective July 1, 2013.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days of the publication of this Notice to:

Shelley Helton
Agency Rules Coordinator
Illinois State Board of Education
100 North First Street, S-493
Springfield, Illinois 62777-0001

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217/782-5270

Comments may also be submitted electronically, addressed to:

rules@isbe.net

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: July 2013

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER I: STATE BOARD OF EDUCATION

SUBCHAPTER g: SPECIAL COURSES OF STUDY

PART 265

GRANTS FOR ARTS EDUCATION AND FOREIGN LANGUAGE EDUCATION

SUBPART A: GENERAL PROVISIONS

- Section
- 265.10 Purpose and Applicability
- 265.20 Eligible Applicants
- 265.30 Application Procedure
- 265.40 Allocation of Funds

SUBPART B: PLANNING GRANTS

- Section
- 265.110 Program Specifications
- 265.120 Criteria for the Review of Proposals

SUBPART C: IMPLEMENTATION GRANTS

- Section
- 265.210 Program Specifications
- 265.220 Criteria for the Review of Initial Proposals

AUTHORITY: Implementing Section 2-3.65a of the School Code [105 ILCS 5/2-3.65a] and authorized by Section 2-3.6 of the School Code [105 ILCS 5/2-3.6].

SOURCE: Adopted at 30 Ill. Reg. 17464, effective October 23, 2006; amended at 38 Ill. Reg. _____, effective _____.

SUBPART C: IMPLEMENTATION GRANTS

Section 265.210 Program Specifications

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- a) Implementation grant funds provided under this Subpart C shall be used for the purpose of introducing or expanding instruction in the fine arts or foreign language, as applicable, and for developing means of perpetuating the funded program with local resources after the conclusion of the grant period.
- b) If an implementation grant is received after use of planning grant funds under this Part, the implementation grant funds shall be used to support the specific program to which the planning grant pertained.
- c) Receipt of a planning grant shall not be a prerequisite to eligibility for implementation funding. However, each applicant not having received a planning grant under this Part shall demonstrate that a comprehensive planning process conforming to the requirements of Section 265.110(b) of this Part occurred with respect to the program for which funding is sought. Each ~~such~~ applicant of this type shall present a plan as discussed in Section 265.110(d) of this Part.
- d) Grant funds provided under this Subpart C shall generally be used for expenditures directly related to the delivery of the instructional program, including salaries, professional development, curriculum planning and development, supplies and materials, and necessary technology or equipment.
 - 1) No more than five percent of the grant funds may be used for general administrative expenses.
 - 2) No more than 50 percent of the salaries of ~~certified~~ staff members who hold educator licensure and who are involved in the program shall be paid out of funds under this grant program. Salaries of ~~nonlicensed noncertificated~~ personnel shall not be allowable.
 - 3) At least 10 percent of the grant funds shall be used for professional development of ~~the certified~~ staff who hold educator licensure and who are associated with the program, ~~which may include the services of "teaching artists"~~.
 - 4) Grant funds may be expended in connection with the utilization of community resources to the extent that these directly affect the delivery of instruction or the availability of resources for the instructional program.

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

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Section 265.220 Criteria for the Review of Initial Proposals

- a) Applications for implementation grants shall be evaluated in accordance with the following criteria:
- 1) Quality of the Plan (40 points)
 - A) The proposal demonstrates that the program to be implemented is based on information derived from the planning process.
 - B) The proposal identifies the aspects of the program that cannot currently be implemented in the absence of grant funding and demonstrates that plans exist to ensure the availability or redeployment of resources to sustain the program with declining reliance on State funding.
 - C) The proposal demonstrates that ~~appropriately certified~~ teachers with the appropriate educator licensure are available to deliver instruction in the program and that their specific needs are reflected in the professional development that has been chosen.
 - D) The proposal demonstrates that the affected students will have systematic access to relevant linguistic, artistic, or cultural resources as an integral part of their participation in the instructional program.
 - 2) Sustainability (30 points)

The proposal presents a portfolio of available local resources for which commitments have been secured so that the program can be sustained in future years when no further State funding will be provided.
 - 3) Need (20 points)
 - A) The proposal describes the status of the applicant's instructional programs in the arts or foreign languages, as applicable, and demonstrates that students' access to educational opportunities in this curricular area is limited to an undesirable degree.

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- B) The proposal demonstrates that other sources of funding are limited to such an extent that the applicant is unable to conduct or expand the program as proposed without funding under this Part.
- 4) Cost-Effectiveness (10 points)
The scope of the proposed activities is reasonable in light of the amount of funding to be provided, and the project will be cost-effective considering the number of students to be served.
- b) The rankings of all implementation proposals will form one distribution.

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

EXECUTIVE ETHICS COMMISSION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Organization, Information, Rulemaking and Hearings
- 2) Code Citation: 2 Ill. Adm. Code 1620
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1620.825	Amend
1620.826	New Section
1620.900	Amend
1620.1250	New Section
- 4) Statutory Authority: Implementing and authorized by Sections 20-5, 20-50 and 20-55 of the State Officials and Employees Ethics Act [5 ILCS 430/20-5, 20-50 and 20-55], Section 2002 of the Fiscal Control and Internal Auditing Act [30 ILCS 10/2002], and Section 10-10, 10-15, 10-20, and 50-39 of the Illinois Procurement Code [30 ILCS 500/10-10, 10-15, 10-20, and 50-39] and authorized by Section 20-15 of the State Officials and Employees Ethics Act [5 ILCS 430/20-15] and Section 10-5 of the Illinois Administrative Procedure Act [5 ILCS 100/10-5].
- 5) Effective Date of Rules: November 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rule including any material incorporated by reference is on file in the Executive Ethic's Commission's office and is available for public inspection.
- 9) Notice of Proposal published in the Illinois Register: May 10, 2013, 37 Ill. Reg. 6008
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: There were several additions and other changes made to the proposed rules during the Second Notice period that were agreed to by the Commission and JCAR. These additions/changes included:

Section 1620.825(b) is revised to clarify that the Chief Procurement Officer may designate a document for an agency to use in documenting a determination of need.

EXECUTIVE ETHICS COMMISSION

NOTICE OF ADOPTED AMENDMENTS

Section 1620.1250 is revised throughout to remove the limitation that the potential conflict of interest hearing requirement applies only to potential conflicts of interests "not originally disclosed".

Section 1620.1250 is revised to clarify the Chief Procurement Officer's independence in determining whether to proceed with contract or selection of a bid following the public hearing required by the statute. Specifically, the hearing officer must provide the official record to the Chief Procurement Officer for the purpose of the Chief Procurement Officer determining action. Further, the rule is clarified to be clear that the notice to be published in the Illinois Procurement Bulletin is of the action taken by the Chief Procurement Officer.

Numerous editing changes were made at the suggestion of JCAR.

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes. Further, the Commission will initiate a new rulemaking on this Part to incorporate the provisions of PA 96-1528 that added regional transit boards to the State Officials and Employees Ethics Act.
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rule: The purpose of the rules is to address procurement communications reporting pursuant to Public Acts 97-0618 and 97-0895. The amendments also establish a process for the Commission's handling of conflict of interest recommendations pursuant to Public Act 97-0895. The amendments change the due dates for the submission and content of the state employee ethics training reports required to be submitted annually to the Commission by each ultimate jurisdictional authority.
- 16) Information and questions regarding this adopted rule shall be directed to:

Chad D. Fornoff, Executive Director
Executive Ethics Commission
401 S. Spring Street
Wm. Stratton Building, Room 513
Springfield, IL 62706

217/558-1393

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eec.cms@illinois.gov

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

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NOTICE OF ADOPTED AMENDMENTS

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE E: MISCELLANEOUS STATE AGENCIES
CHAPTER VI: EXECUTIVE ETHICS COMMISSION

PART 1620

ORGANIZATION, INFORMATION, RULEMAKING AND HEARINGS

SUBPART A: ORGANIZATION

Section

- 1620.5 Definitions
- 1620.10 Composition of Executive Ethics Commission
- 1620.20 Officers
- 1620.30 Appointment of Executive Director
- 1620.40 Duties of Executive Director
- 1620.50 Duties of Staff

SUBPART B: INFORMATION

Section

- 1620.110 Requests for Records
- 1620.120 Response to Requests for Records
- 1620.130 Appeal of a Denial (Repealed)
- 1620.140 Copies of Public Records – Fees
- 1620.150 Materials Immediately Available

SUBPART C: RULEMAKING

Section

- 1620.200 Rulemaking Procedures

SUBPART D: INVESTIGATIONS

Section

- 1620.300 Conduct of Investigations
- 1620.310 State Officer or Employee Case Initiation Form
- 1620.320 Case Initiation Form – Contents
- 1620.330 Opening an Investigation File
- 1620.340 Referral to the Appropriate Executive Inspector General

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- 1620.350 Investigations
- 1620.360 Investigations Not Concluded Within Six Months (Repealed)

SUBPART E: HEARINGS

Section

- 1620.420 Attorney of Record
- 1620.430 Filing Requirements
- 1620.440 Complaint
- 1620.450 Complaint – Required Provisions
- 1620.460 Service
- 1620.470 Objections
- 1620.480 Sufficiency of the Complaint
- 1620.490 Discovery
- 1620.500 Subpoenas
- 1620.510 Motions
- 1620.520 Hearings
- 1620.530 Decision of the Commission

SUBPART F: REVOLVING DOOR PROHIBITION

Section

- 1620.610 Revolving Door Prohibition
- 1620.620 Waiver of Revolving Door Prohibition – Commission Procedure (Repealed)
- 1620.630 Finality of Decision (Repealed)
- 1620.640 Waiver of Prohibition of Executive Inspector General Employees as Judicial Appointee
- 1620.650 Waiver of Prohibition of Executive Inspector General Employees as Judicial Appointee – Commission Procedure

SUBPART G: GIFT BAN

Section

- 1620.700 Gift Ban

SUBPART H: MISCELLANEOUS FILINGS

Section

- 1620.800 Personnel Policies

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1620.810	Quarterly and Six-Month Status Reports
1620.820	Ex Parte Communications
1620.825	Communications Related to Procurement
1620.826	Communications Related to Power Procurement by the Illinois Power Agency
1620.830	Designation of Ethics Officer

SUBPART I: ETHICS TRAINING

Section	
1620.900	Ethics Training

SUBPART J: RELEASE OF INVESTIGATION REPORTS

Section	
1620.1000	Investigation Reports Finding a Violation
1620.1010	Investigation Reports Finding No Violation
1620.1020	Release of Summary Reports

SUBPART K: DISCIPLINARY ACTION

Section	
1620.1100	Disciplinary Action under the Ethics Act
1620.1110	Hearings to Contest Disciplinary Actions

SUBPART L: PROCUREMENT CODE CONFLICTS OF INTEREST
[PROVISIONSEXEMPTIONS](#)

Section	
1620.1200	Procurement Code Conflicts of Interest Exemptions
1620.1250	Potential Conflict of Interest Submittal from the Procurement Policy Board

SUBPART M: ACTIONS FOR REMOVING AND DISCIPLINING CERTAIN OFFICERS

Section	
1620.1300	Purpose
1620.1310	Instituting a Complaint for Removal or Discipline
1620.1320	Service of Process, Notice
1620.1330	Contents of the Complaint and Amendments
1620.1340	Objections to Sufficiency of Complaint

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1620.1350	Sufficiency of the Complaint
1620.1360	Cause for Discharge or Discipline
1620.1370	Discovery
1620.1380	Subpoenas
1620.1390	Motions
1629.1400	Order of Evidentiary Hearing
1620.1410	Public Hearing
1620.1420	Proposal for Decision and Response
1620.1430	Decision of the Commission
1620.1440	Administrative Law Judge
1620.1450	Authority of Administrative Law Judge
1620.1460	Appearances – Representation
1620.1470	Record of Proceedings
1620.1480	Service of Pleadings

AUTHORITY: Implementing and authorized by Sections 20-5, 20-50 and 20-55 of the State Officials and Employees Ethics Act [5 ILCS 430/20-5, 20-50 and 20-55], Section 2002 of the Fiscal Control and Internal Auditing Act [30 ILCS 10/2002], and Section 10-10, 10-5, and 10-20 of the Illinois Procurement Code [30 ILCS 500/ 10-10, 10-15, 10-20, and 50-39] and authorized by Section 20-15 of the State Officials and Employees Ethics Act [5 ILCS 430/20-15] and Section 10-5 of the Illinois Administrative Procedure Act [5 ILCS 100/10-5].

SOURCE: Adopted by emergency rulemaking at 29 Ill. Reg. 3340, effective February 23, 2005, for a maximum of 150 days; adopted at 29 Ill. Reg. 9619, effective July 1, 2005; amended at 32 Ill. Reg. 7099, effective July 1, 2008; amended at 34 Ill. Reg. 13108, effective August 27, 2010; amended at 34 Ill. Reg. 19507, effective December 6, 2010; emergency rulemaking at 35 Ill. Reg. 563, effective January 1, 2011, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 35 Ill. Reg. 3797, effective February 17, 2011, for the remainder of the 150 days; amended at 35 Ill. Reg. 7308, effective April 21, 2011; amended at 36 Ill. Reg. 13826, effective August 21, 2012; amended at 37 Ill. Reg. 19561, effective November 22, 2013.

SUBPART H: MISCELLANEOUS FILINGS

Section 1620.825 Communications Related to Procurement

- a) Unless otherwise specified in this Section, any~~Any~~ *written or oral communication received by a State employee who, by the nature of his or her duties, has the authority to participate personally or substantially in the decision to award a*

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State contract and that imparts or requests material information or makes a material argument regarding potential action concerning ~~an active~~ procurement matter, including but not limited to, an application, a contract or a project, shall be reported~~report the communication~~ to the Procurement Policy Board, and, with respect to the Illinois Power Agency, by the initiator of the communication, and may be reported also by the recipient. [30 ILCS 500/50-39(a)]

- 1) As soon as practicable, but in no event more than 30 days after receipt of the communication or the first in a series of related communications described in subsection (b), the State employee shall report the communication to the Procurement Policy Board in accordance with the Board's rules.
- 2) Notwithstanding the requirements of subsection (a), as soon as practicable, but in no event more than 30 days after receipt of a communication described in subsection (b), the initiator of a communication received by an employee of the Illinois Power Agency shall also report, and the recipient of the communication may report, the communications to the Procurement Policy Board in accordance with the Board's rules.
- 3) No trade secrets or other proprietary or confidential information shall be included in any communication reported to the Procurement Policy Board. [30 ILCS 500/50-39(b)]

b) A communication must be reported if it is material, regarding a potential action, relating to ~~an active~~ procurement matter, and not otherwise excluded from reporting.

- 1) Materiality
 - A) *"Material information" is information that a reasonable person would deem important in determining his or her course of action. It is information pertaining to significant issues, including, but not limited to, price, quantity and terms of payment or performance.* [30 ILCS 500/50-39(g)]
 - B) *A "material argument" is a communication that a reasonable person would believe was made for the purpose of influencing a decision relating to a procurement matter. It does not include*

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general information about products, services or industry best practices, or a response to a communication initiated by an employee of the State for the purpose of providing information to evaluate new products, trends, services or technologies. [30 ILCS 500/50-39(g)]

- C) In determining whether a communication is material, the State employee must consider:
- i) whether the information conveyed is new or already known to the State agency (or repeated or restated privately) and other participants in the communication; and
 - ii) the likelihood that the information would influence a pending procurement matter.
- 2) A "potential action" is one that a reasonable person would believe could affect the initiation, development or outcome of a procurement matter.
- 3) ~~"Active procurement matter-Procurement matters", unless otherwise excluded, are the processes of procuring specific goods, supplies, services, professional or artistic services, construction, leases of real property (whether the State is the lessor or lessee), or capital improvements, and include master contracts, contracts for financing through use of installment or lease purchase arrangements, renegotiated contracts, amendments to contracts, and change orders. Procurement matters means a procurement process beginning with the requisition or determination of need by an agency are activities that occur during the time period beginning with the time an agency has identified a need for procurement as documented by the initiation of a procurement business case or equivalent document, as designated by the Chief Procurement Officer, and continuing through the publication of an award notice or other completion of a final procurement action, the resolution of any protests, and the expiration of any protest or Procurement Policy Board review period, if applicable. The Chief Procurement Officer may designate a document for an agency to use in documenting a determination of need. "Active procurement matter" also includes communications relating to change orders, renewals or extensions. [30 ILCS 500/50-39(g)] "Procurement processes" includes the processes of procuring specific goods, supplies, services, professional~~

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or artistic services, construction, leases of real property (whether the State is the lessor or lessee), or capital improvements, and includes master contracts, contracts for financing through use of installment or lease-purchase arrangements, renegotiated contracts, amendments to contracts, and change orders. Active procurement ~~Procurement~~ matters include:

- A) drafting, reviewing or preparing specifications, plans or requirements, including determining the method of source selection;
 - B) drafting, reviewing or preparing any Invitations for Bid, Requests for Information, Requests for Proposals, sole source procurement justifications, emergency procurement justifications or selection information;
 - C) evaluating bids, responses and offers, other communications among an evaluation team and any technical advisors to the team relating to the evaluation of a procurement not yet awarded;
 - D) letting or awarding a contract;
 - E) resolving protests;
 - F) determining inclusion on prequalification lists or prequalification in general;
 - G) identifying potential conflicts of interest or voiding or allowing a contract, bid, offer or subcontract for a conflict of interest;
 - H) allowing a conflict or subcontract pursuant to Section 50-60 of the Illinois Procurement Code [30 ILCS 500]; and
 - I) determining, drafting, preparing, executing, denying or approving change orders or the renewal or extension of an existing contract.
- c) This Section does not apply to the following communications:

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- 1) ~~Statements~~*Communications made* by a person publicly made in a public forum. ~~However (however,~~ communications made in a public forum, if made again privately, must be reported);
- 2) ~~Statements~~*Communications* regarding matters of procedure and practice, such as format, the number of copies required, the manner of filing, and the status of a matter;
- 3) *Communications regarding the administration and implementation of an existing contract, except communications regarding change orders or the renewal or extension of an existing contract.* ~~[30 ILCS 500/150-39(a)]~~
- 4) ~~Statements made by~~*Communications between* a State employee ~~to and~~:
 - A) *the State employee's agency head;*
 - B) *other ~~State~~-employees of that agency;*
 - C) *employees of the Executive Ethics Commission; or*
 - D) *an employee of another State agency who, through the communication, is either:*
 - i) *exercising his or her experience or expertise in the subject matter of the particular procurement in the normal course of business, for official purposes, and at the initiation of the purchasing agency or the appropriate State Purchasing Officer; or*
 - ii) *exercising oversight, supervisory or management authority over the procurement in the normal course of business and as part of official responsibilities.*
- 5) *Unsolicited communications providing general information about products, services or industry best practices, ~~before prior to~~ those products or services ~~become becoming~~ involved in a procurement matter.*
- 6) *Communications received in response to procurement solicitations pursuant to the Illinois Procurement Code, including, but not limited to,*

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vendor responses to a Request for Information, Request for Proposal, Request for Qualifications, Invitation for Bid or a small purchase, sole source or emergency solicitation, or questions and answers posted to the Procurement ~~Bulletin~~Bulletins to supplement the procurement action, provided that the communications are made in accordance with the instructions contained in the procurement solicitation, procedures or guidelines.

- 7) *Communications that are privileged, protected or confidential under law.*
- 8) *Communications that are part of a formal procurement process as set out by statute, rule or the solicitation, guidance or procedures, including, but not limited to, such as the posting of procurement opportunities, the ~~processes~~process for approving a procurement business case or its equivalent, fiscal approval, submission of bids, the finalizing of contract terms and conditions with an awardee or apparent awardee, and similar formal procurement ~~processes~~process. [30 ILCS 500/50-39(a)]*
- d) Notwithstanding any exemption provided in subsection (c), a State employee must report any communication that imparts or requests material information or makes a material argument regarding a potential action concerning an active procurement matter if that communication attempts to influence through duress, coercion or the direct or indirect offer or promise of anything of value to any person or entity in consideration for any benefit or preference in the procurement process.
- e) Notwithstanding any exemption provided in subsection (c), a State employee must report any communication that imparts or requests material information or makes a material argument regarding a potential action concerning an active procurement matter if the employee reasonably believes the communication was made for any improper purpose, including, but not limited to, providing an improper benefit, monetary or non-monetary, to any person or entity.
- f) This Section does not apply to communications concerning procurements that are exempt from the Illinois Procurement Code. As soon as practicable, but in no event more than 30 days after receipt of the communication or the first in a series of related communications described in subsection (b), the State employee shall report the communication to the Procurement Policy Board in accordance with the Board's rules.

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- ge) For purposes of this Section, "State employee" means:
- 1) any person employed full-time, part-time or pursuant to a personal services contract and whose employment duties are subject to the direction and control of an employer with regard to the material details of how the work is to be performed;
 - 2) any appointed or elected commissioner, trustee, director or board member of a board of a State agency; or
 - 3) any other person appointed to a position in or with a State agency, regardless of whether the position is compensated.
- h) For purposes of this Section, "public forum" includes any meeting that satisfies the notice requirements contained in Section 2.02 of the Open Meetings Act [5 ILCS 120/2.02], but also includes other public events that are advertised and generally open to the public. A meeting may be a public forum even if a reasonable fee is required, such as educational seminars and conferences.
- i) ~~For purposes of this Section, "procurement business case" means a formal request for approval to procure using either an electronic system or document designated for this purpose by the Chief Procurement Officer.~~

(Source: Amended at 37 Ill. Reg. 19561, effective November 22, 2013)

Section 1620.826 Communications Related to Power Procurement by the Illinois Power Agency

- a) This Section implements Section 50-39 of the Illinois Procurement Code concerning communications with the Illinois Power Agency relating to power procurement.
- b) For purposes of this Section, the identified terms have the following definitions:
- 1) "Illinois Power Agency" or "IPA" means the agency created by Section 1-15 of the Illinois Power Agency Act [20 ILCS 3855/1-15];
 - 2) "Illinois Power Agency employee" means:

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- A) any person employed full-time, part-time or pursuant to a personal services contract with IPA and whose employment duties are subject to the direction and control of the IPA Director or staff with regard to the material details of how the work is to be performed;
- B) the Director of IPA;
- C) or any person associated with IPA as an independent contractor performing services or providing goods pursuant to terms specified by contract with IPA, including employees of any such independent contractor.
- 3) "Content of any power procurement plan" means the substance of the power procurement plan provided in the Illinois Power Agency Act (IPA Act) [20 ILCS 3855] and Sections 16-111.5 and 16-111.5B of the Public Utilities Act (PUA) [220 ILCS 5/16-111.5 and 16-111.5B].
- 4) "Manner of conducting a power procurement process" means the method of carrying out and administering the procurement process provided in Section 1-75 of the IPA Act and Section 16-111.5 of the PUA.
- 5) "Method or structure of contracting with power suppliers" means the system or composition of agreeing with a provider of electricity or related services, including renewable resources, for procurements administered by IPA, whether or not IPA is a party to the contract.
- 6) "Procurement of a power supply" means the acquisition of electricity or related services, including renewable resources, on behalf of participating utilities or IPA. A procurement of a power supply commences when IPA begins efforts, formal or informal, on the power procurement plan provided in the IPA Act and Section 16-111.5 of the PUA or, for procurements of renewable energy resources, pursuant to Section 1-56 of the IPA Act, and continues through the conclusion of the procurement process provided in Sections 1-75 and 1-56 of the IPA Act and Section 16-111.5 of the PUA, and includes any alternate procedures adopted by the Director pursuant to Section 20-10(i) of the Illinois Procurement Code.

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- 7) "Public forum" includes any meeting that satisfies the notice requirements of Section 2.02 of the Open Meetings Act [5 ILCS 120/2.02], but also includes other public events that are advertised and generally open to the public. A meeting may be a public forum even if a reasonable fee is required, such as educational seminars and conferences.
- 8) "Participating utility" means a utility that is required to or elects to participate in the IPA procurement process pursuant to Section 16-111.5(a) of the PUA.
- c) Any person communicating orally, in writing, electronically, or otherwise with the Illinois Power Agency to impart, solicit, or transfer any information related to the content of any power procurement plan, the manner of conducting any power procurement process, the procurement of any power supply, or the method or structure of contracting with power suppliers must disclose to the Procurement Policy Board the full nature, content and extent of any such communication.
- d) The disclosure required under this Section shall be filed, in writing, as soon as practicable, but in no event more than 30 days after receipt of the communication. The report shall include the following information:
- 1) The names of any party to the communication.
 - 2) The date on which the communication occurred.
 - 3) The time at which the communication occurred.
 - 4) The duration of the communication.
 - 5) The method (written, oral, etc.) of the communication.
 - 6) A summary of the substantive content of the communication. [30 ILCS 500/50-39(a)]
- e) No trade secrets or other proprietary or confidential information shall be included in any communication reported to the Procurement Policy Board. [30 ILCS 500/50-39(b)]
- f) This Section does not apply to the following communications:

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- 1) Statements by a person publicly made in a public forum. However, communications made in a public forum, if made again privately, must be reported.
- 2) Statements regarding matters of procedure and practice, such as format, the number of copies required, the manner of filing, and the status of a matter.
- 3) Communications regarding the administration and implementation of an existing contract, except communications regarding change orders or the renewal or extension of an existing contract. [30 ILCS 500/50-39(a)]
- 4) Statements made by an IPA employee to:
 - A) the Director of IPA;
 - B) other employees of IPA;
 - C) persons associated with IPA as an independent contractor performing services or providing goods pursuant to terms specified by contract with the agency;
 - D) a commissioner or employee of the Executive Ethics Commission exercising oversight of IPA as part of official responsibilities; or
 - E) a commissioner or employee of the Illinois Commerce Commission (ICC), when the communications are part of the procurement process provided in Section 1-75 of the IPA Act and Sections 16-111.5 and 16-111.5B of the PUA.
- 5) Communications that are privileged, protected or confidential under law. [30 ILCS 500/50-39(a)]
- 6) Communications that are required as part of formal processes set out by statute, rule or solicitation, guidelines or procedures, including, but not limited to, the process for determining the content of any power procurement plan, the manner of conducting any power procurement process, the procurement of any power supply, or the method or structure

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of contracting with power suppliers, provided that the communications are made in accordance with the instructions contained in the statute, rule, solicitation, guidance or procedures.

- 7) Unsolicited communications providing general information about products, services or industry best practices, before those products or services become involved in a procurement matter. [30 ILCS 500/50-39(a)]
- 8) Communications that are submitted and published on IPA's and ICC's websites in accordance with statute or rules.
- g) Notwithstanding any exemption provided in subsection (f), a person must report any communication subject to this Section if that communication attempts to influence through duress, coercion or the direct or indirect offer or promise of anything of value to any person or entity for any benefit or preference in the power procurement process.
- h) Notwithstanding any exemption provided in subsection (f), a person must report any communication subject to this Section if the person reasonably believes the communication was made for any improper purpose, including, but not limited to, providing an improper benefit, monetary or non-monetary, to any person or entity.
- i) This Section does not apply to communications concerning the hiring of procurement administrators or procurement planning consultants pursuant to Section 1-75 of the IPA Act.

(Source: Added at 37 Ill. Reg. 19561, effective November 22, 2013)

SUBPART I: ETHICS TRAINING

Section 1620.900 Ethics Training

- a) Beginning in ~~2014~~2014, on or before ~~February 1~~~~December 31~~ of each year, each ultimate jurisdictional authority (UJA) shall submit an annual report to the Commission that summarizes ethics training that was completed during the previous calendar year and lays out the plan for the ethics training programs in the coming year. [5 ILCS 430/5-10(b)]

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- b) This report shall contain the following information:
- 1) A copy of all materials used in the ethics training of employees and officers of the UJA during the previous year.
 - 2) The number of officers or employees who completed initial~~completing~~ ethics training and the number of officers and employees who completed annual ethics training in the previous year, identified by agency.
 - 3) The identity of any officers or employees who, for any reason, failed to complete required annual ethics training or initial ethics training during the previous year, the reason, if available, for each failure, and what disciplinary or administrative action the UJA has imposed or plans to impose in response to this failure.
 - 4) All ethics training materials to be used during the ~~current~~next calendar year to train employees subject to the jurisdiction of that UJA, if available by February 1~~December 31~~. If these materials are not available on February 1~~December 31~~, they should be forwarded when available, but in any case, at least 8 weeks before training commences.
 - 5) Other information deemed necessary by the Commission to fulfill its duties.
- c) The ethics training materials described in subsection (b)(4) shall also be submitted at the same time to the appropriate Executive Inspector General. The Commission and appropriate Executive Inspector General shall review the materials and offer amendments within 4 weeks. The ethics training information described in subsections (b)(2) and (b)(3) shall also be submitted at the same time to the appropriate Executive Inspector General.
- d) Certification of Training Sent to Ethics Officer
- 1) *Upon completion of any ethics training program required by the Act, each officer and employee must certify in writing that the person has completed the training program. Each officer and employee must provide to his or her Ethics Officer a signed copy of the certification by the deadline for completion of the ethics training program. [5 ILCS 430/5-10(d)]*

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- 2) The certification shall state: "I certify that I have carefully read and reviewed the content of, and completed, the [insert name of training program]. Furthermore, I certify that I understand my failure to comply with the laws, rules, policies and procedures referred to within this training course may result in disciplinary action up to and including termination of State employment/appointment, administrative fines, and possible criminal prosecution, depending on the nature of the violation."
- 3) The certification required by this Part may be made in accordance with the Illinois Commerce Security Act [5 ILCS 175] or in a manner substantially similar to the requirements of that Act, and notice of this certification shall be forwarded electronically to the Ethics Officer for those employees whose ethics training is conducted electronically.

(Source: Amended at 37 Ill. Reg. 19561, effective November 22, 2013)

SUBPART L: PROCUREMENT CODE CONFLICTS OF INTEREST
PROVISIONSEXEMPTIONS

Section 1620.1250 Potential Conflict of Interest Submittal from the Procurement Policy Board

If the Procurement Policy Board makes a recommendation to void a contract or void a bid or offer and the Chief Procurement Officer selected or intends to award the contract to the bidder or offeror, the Executive Ethics Commission shall hold a public hearing within 30 days after receiving the Board's recommendation. [30 ILCS 500/50-35(d)]

- a) The Procurement Policy Board shall forward its recommendations to void a contract, bid or offer pursuant to Section 50-35(d) of the Illinois Procurement Code, to the Executive Director of the Commission and the appropriate Chief Procurement Officer within five days after making the recommendation. The recommendation shall contain the following information:
 - 1) The name and contact information of the bidder, offeror, contractor and/or subcontractor.
 - 2) A statement of all relevant facts the Board considered in reaching its recommendation, including the names of all individuals that provided information or testified.

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- 3) A statement of all relevant legal conclusions the Board made in reaching its recommendation.
 - 4) A written or recorded record of the Board's hearing, if one took place.
 - 5) A copy of all documents relied upon by the Board in making its recommendation.
- b) Within five business days after receipt of the Board's recommendation, the appropriate Chief Procurement Officer shall inform the Commission, in writing, whether the Chief Procurement Officer intends to accept the Board's recommendation.
 - c) If the Procurement Policy Board makes a recommendation to void a contract or void a bid or offer and the Chief Procurement Officer selected or intends to award the contract to the bidder or offerer, the Commission shall set a date, time and location for a public hearing to take place within 30 days after receiving the Board's recommendation.
 - d) The appropriate Chief Procurement Officer shall publish notice of the date, time and location of the hearing in the online Illinois Procurement Bulletin at least 14 days prior to the hearing. The Commission shall provide notice via the United States Postal Service to the bidder, offeror or contractor and to the Procurement Policy Board and post notice on its website.
 - e) The Commission shall appoint a hearing officer to conduct the public hearing. At the public hearing any person may present written or oral testimony, including relevant facts and legal conclusions, in support of or in opposition to the Procurement Policy Board's recommendation. The hearing shall be recorded by a court reporter with transcripts available upon payment of any costs. The hearing officer shall provide the official record of the public hearing, including the transcript and any exhibits, to the Chief Procurement Officer for the purpose of the Chief Procurement Officer determining action in regard to the award or selection of a bid or offer or the voiding of a contract.
 - f) A Chief Procurement Officer is prohibited from awarding a contract before a hearing if the Board recommendation does not support a bid or offer. [30 ILCS 500/50-35(d)]

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- g) Within 30 days after the public hearing, or as established by the Hearing Officer, the Chief Procurement Officer shall publish in the online Illinois Procurement Bulletin a notice of action taken by the Chief Procurement Officer in regard to the award or selection of a bid or offer or the voiding of a contract that was the subject of a public hearing conducted by the Commission pursuant to this Section.

(Source: Added at 37 Ill. Reg. 19561, effective November 22, 2013)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Sex Offender Evaluation and Treatment Provider Act
- 2) Code Citation: 68 Ill. Adm. Code 1280
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1280.10	New Section
1280.20	New Section
1280.30	New Section
1280.40	New Section
1280.50	New Section
1280.60	New Section
1280.70	New Section
1280.80	New Section
1280.90	New Section
1280.100	New Section
1280.110	New Section
1280.120	New Section
1280.130	New Section
- 4) Statutory Authority: Implementing the Sex Offender Evaluation and Treatment Provider Act [225 ILCS 109] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) Effective Date of Rules: November 22, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in the *Illinois Register*: September 6, 2013; 37 Ill. Reg. 13970
- 10) Has JCAR issued a Statement of Objection to these Rules: No
- 11) Differences between Proposal and Final Version: Due to a misunderstanding currently in the proposed rules, regarding whether lower-level licensees would need to get clinical

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level licenses to provide services, additional language has been added to the adopted version in order to clarify that individuals who possess the lower level license will be able to get a license if they have a qualifying master's degree (as required by the statute).

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This adopted rulemaking implements the provisions of Public Act 97-1098, which created the Sex Offender Evaluation and Treatment Provider Act. The Act requires that IDFPR license sex offender evaluators, sex offender treatment providers, and associate sex offender providers. It also requires the Department to establish a Sex Offender Evaluation and Treatment Licensing and Disciplinary Board.
- 16) Information and questions regarding this adopted rule shall be directed to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, Illinois 62786

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

The full text of the Adopted Rules 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 1280

SEX OFFENDER EVALUATION AND TREATMENT PROVIDER ACT

Section

1280.10	Application for Licensure as a Sex Offender Evaluator
1280.20	Experience Defined Sex Offender Evaluator
1280.30	Application for Licensure as a Sex Offender Treatment Provider
1280.40	Experience Defined Sex Offender Treatment Provider
1280.50	Application for Licensure as an Associate Sex Offender Provider
1280.60	Supervision of Associate Sex Offender Providers
1280.70	Renewal
1280.80	Restoration
1280.90	Inactive Status
1280.100	Fees
1280.110	Unethical, Unauthorized or Unprofessional Conduct
1280.120	Continuing Education
1280.130	Granting Variances

AUTHORITY: Implementing the Sex Offender Evaluation and Treatment Provider Act [225 ILCS 109] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Old Part repealed at 13 Ill. Reg. 513, effective December 29, 1988; new Part adopted at 37 Ill. Reg. 19582, effective November 22, 2013.

Section 1280.10 Application for Licensure as a Sex Offender Evaluator

An applicant for licensure as a sex offender evaluator shall file an application on forms provided by the Department of Financial and Professional Regulation-Division of Professional Regulation (Division). The applicant will be required to meet the licensure and education requirements set forth in Section 35 of the Sex Offender Evaluation and Treatment Provider Act [225 ILCS 109] (Act).

- a) The applicant must provide proof that he or she holds an active license as one of the following:

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- 1) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] or an equivalent license under the laws of another state;
 - 2) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act [225 ILCS 65] or an equivalent license under the laws of another state;
 - 3) a clinical psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15] or an equivalent license under the laws of another state;
 - 4) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] or an equivalent license under the laws of another state;
 - 5) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act [225 ILCS 107] or an equivalent license under the laws of another state; or
 - 6) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act [225 ILCS 55] or an equivalent license under the laws of another state;
- b) The applicant must comply with the experience requirements set forth in Section 1280.20.
 - c) The applicant must demonstrate completion of 40 clock hours of documented training in the specialty of sex offender evaluations, treatment or management. The clock hours required under this subsection must comply with Section 1280.120.
 - d) The applicant must pay the required fee set forth in Section 1280.100.
 - e) Individuals applying for licensure based on an equivalent license under the laws of another state must provide a Certification of Licensure from the issuing state as part of their application. The certification must indicate the current status of the license.

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Section 1280.20 Experience Defined Sex Offender Evaluator

An applicant must complete the following:

- a) 400 hours of supervised experience in the treatment or evaluation of sex offenders in the last 4 years. At least 200 of these 400 supervised hours must be face-to-face therapy or evaluation with sex offenders. Experience shall have been supervised by an individual or individuals who, at the time the supervision took place:
 - 1) were included in the Illinois Sex Offender Management Board Approved Provider List and completed a minimum of 25 evaluations;
 - 2) held an active license as a sex offender evaluator and completed a minimum of 25 evaluations; or
 - 3) if the experience was gained out of state, meet the qualifications required to receive a license as a sex offender evaluator under the Act, and have completed 25 evaluations.
- b) At least 10 sex offender evaluations under supervision in the past 4 years. The supervisor must meet the qualifications set forth in subsection (a).
- c) Experience earned to obtain a sex offender treatment provider license may be used to satisfy the requirements of subsection (a).

Section 1280.30 Application for Licensure as a Sex Offender Treatment Provider

- a) An applicant for licensure as a sex offender treatment provider shall file an application on forms provided by the Division. The applicant will be required to meet the licensure and education requirements set forth in Section 35 of the Act.
- b) The applicant must provide proof that he or she holds an active license as one of the following:
 - 1) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;

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- 2) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act or an equivalent license under the laws of another state;
 - 3) a clinical psychologist licensed under the Clinical Psychologist Licensing Act or an equivalent license under the laws of another state;
 - 4) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act or an equivalent license under the laws of another state;
 - 5) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act or an equivalent license under the laws of another state; or
 - 6) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act or an equivalent license to practice in another state.
- c) The applicant must comply with the experience requirements set forth in Section 1280.40.
 - d) The applicant must demonstrate completion of 40 clock hours of documented training in the specialty of sex offender evaluations, treatment or management. The clock hours required under this subsection must comply with Section 1280.120.
 - e) The applicant must pay the required fee set forth in Section 1280.100.
 - f) Individuals applying for licensure based on an equivalent license under the laws of another state must provide a Certification of Licensure from the issuing state as part of their application. The certification must indicate the current status of the license.

Section 1280.40 Experience Defined Sex Offender Treatment Provider

An applicant must complete 400 hours of supervised experience in the treatment of sex offenders in the last 4 years. At least 200 of these 400 supervised hours must be face-to-face therapy with

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sex offenders. Experience shall have been supervised by an individual or individuals who, at the time the supervision took place:

- a) were included in the Illinois Sex Offender Management Board Approved Provider List;
- b) held an active license as a sex offender treatment provider with 5 years clinical experience providing sex offender treatment; or
- c) if the experience was gained out of state, meet the qualifications required to receive a license as a sex offender treatment provider under the Act.

Section 1280.50 Application for Licensure as an Associate Sex Offender Provider

- a) A person is qualified for licensure as an associate sex offender provider if that person:
 - 1) has applied in writing on forms prepared and furnished by the Department;
 - 2) has not engaged or is not engaged in any practice or conduct that would be grounds for disciplining a licensee under Section 75 of the Act;
 - 3) has demonstrated compliance with the educational requirement as set forth in Section 35(c) of the Act and Section 1280.50(b); and
 - 4) has paid the required fee set forth in Section 1280.100.
- b) Pursuant to Section 35(c) of the Act, the applicant must provide evidence that the person holds a master's degree or higher in social work, psychology, marriage and family therapy, counseling or a closely related behavioral science, or psychiatry.
- c) The Division, upon recommendation of the Board, has determined that either of the following shall be evidence of completion of an acceptable educational program:
 - 1) Completion of a master's degree or higher in social work, psychology, marriage and family therapy, counseling or a closely related behavioral science, or psychiatry from a program certified by one of the following:

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- A) American Psychological Association;
 - B) Council on Social Work Education;
 - C) Council for Accreditation of Counseling and Related Educational Programs;
 - D) Council on Rehabilitation Education;
 - E) Commission on Accreditation for Marriage and Family Therapy Education;
 - F) American Association of Medical Colleges; or
 - G) American Nurses Credentialing Center; or
- 2) Issuance of a license in this State as one of the following. For the purposes of this Section, the license does not need to be active at the time of application:
- A) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;
 - B) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act;
 - C) a clinical psychologist licensed under the Clinical Psychologist Licensing Act;
 - D) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act;
 - E) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act;
 - F) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act.

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Section 1280.60 Supervision of Associate Sex Offender Providers

Individuals licensed as an associate sex offender provider may only provide services under the supervision of a licensed sex offender evaluator or a licensed sex offender treatment provider. Supervision shall be appropriate to the client and the skill and training of the licensees.

- a) The supervisor shall have met in-person with the applicant at least one hour each week. Supervision means the review of counseling and case management.
- b) Supervision must be face-to-face, real-time communication and may include video or other real-time electronic communication. In-person supervision does not include mail, email, telefax or phone.
- c) Acceptable modes for supervision of direct client contact are as follows:
 - 1) Individual supervision: The supervisory session is conducted by a supervisor with one supervisee present;
 - 2) Group supervision: The supervisory session is conducted by a supervisor with no more than 5 supervisees present.
- d) The counseling activities must be performed pursuant to the supervisor's order, control, oversight, guidance and full professional responsibility.
- e) A supervisor may be provided at the applicant's place of work or may be hired by the applicant to provide supervision.
- f) The following activities are not acceptable clinical supervision:
 - 1) Peer supervision;
 - 2) Administrative supervision. For example, clinical practice performed under administrative rather than clinical supervision of an institutional director or executive;
 - 3) A primary didactic process in which techniques or procedures are taught in a classroom, workshop or seminar.

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- g) When providing services as an associate sex offender provider, the associate provider shall not represent himself or herself as a sole or independent practitioner. An associate sex offender provider providing services shall always operate and represent himself or herself as providing services through or as a part of a group practice or through a clinical supervisor's practice. A licensed associate sex offender provider providing clinical services shall provide the name and contact information of his or her associate sex offender provider's supervisor to all clients.

Section 1280.70 Renewal

- a) The first renewal period for licensure issued under the Act shall be July 31 of odd-numbered years. Thereafter, every registration issued under the Act shall expire on July 31 of odd-numbered years.
- b) The holder of a license as sex offender evaluator or sex offender treatment provider may renew his or her license during the month preceding the expiration date by paying the required fee and certifying that the licensee holds a current license as:
- 1) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;
 - 2) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act or an equivalent license under the laws of another state;
 - 3) a clinical psychologist licensed under the Clinical Psychologist Licensing Act or an equivalent license under the laws of another state;
 - 4) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act or an equivalent license under the laws of another state;
 - 5) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act or an equivalent license under the laws of another state; or

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- 6) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act or an equivalent license to practice in another state.
- c) The holder of a license as associate sex offender provider may renew his or her license during the month preceding the expiration date by paying the required fee.
- d) It is the responsibility of each licensee to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee or to renew one's license.
- e) Practice on a non-renewed license shall be considered unlicensed practice.

Section 1280.80 Restoration

- a) Individuals licensed as a sex offender evaluator or sex offender treatment provider whose license has expired or has been placed on inactive status for 5 years or less may have the license restored by paying the fee required by Section 1280.100, submitting proof of compliance with any CE requirements, and certifying that the licensee holds a license as:
 - 1) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;
 - 2) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act or an equivalent license under the laws of another state;
 - 3) a clinical psychologist licensed under the Clinical Psychologist Licensing Act or an equivalent license under the laws of another state;
 - 4) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act or an equivalent license under the laws of another state;
 - 5) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act or an equivalent license under the laws of another state; or

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- 6) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act or an equivalent license to practice in another state.
- b) Individuals licensed as an associate sex offender provider whose license has expired or has been placed on inactive status for 5 years or less may have the license restored by paying the fee required by Section 1280.100 and submitting proof of compliance with any CE requirements.
- c) Individuals licensed as a sex offender evaluator seeking restoration of a license that has been expired or been placed on inactive status for more than 5 years shall file an application on forms supplied by the Division, pay the fee required by Section 1280.100, submit proof of compliance with any CE requirement, and provide proof of the following:
 - 1) Active licensure as one of the following:
 - A) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;
 - B) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act or an equivalent license under the laws of another state;
 - C) a clinical psychologist licensed under the Clinical Psychologist Licensing Act or an equivalent license under the laws of another state;
 - D) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act or an equivalent license under the laws of another state;
 - E) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act or an equivalent license under the laws of another state; or

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- F) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act or an equivalent license to practice in another state; and
- 2) Fitness to practice by submitting one of the following:
 - A) sworn evidence of active practice in Illinois in the area of sex offender evaluation and treatment;
 - B) sworn evidence of active practice in another jurisdiction. This evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice;
 - C) an affidavit attesting to military service as provided in Section 45(c) of the Act;
 - D) proof of completion of 10 offender evaluations under supervision as described in Section 1280.20; or
 - E) proof of completion of an additional 20 hours of continuing education in the evaluation of sex offenders that complies with Section 1280.110 within 2 years prior to application for restoration.
- d) Individuals licensed as a sex offender treatment provider seeking restoration of a license that has been expired or been placed on inactive status for more than 5 years shall file an application on forms supplied by the Division, pay the fee required by Section 1280.100, submit proof of compliance with any CE requirement, and provide proof of the following:
 - 1) Active licensure as one of the following:
 - A) a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;

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- B) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act or an equivalent license under the laws of another state;
 - C) a clinical psychologist licensed under the Clinical Psychologist Licensing Act or an equivalent license under the laws of another state;
 - D) a licensed clinical social worker licensed under the Clinical Social Work and Social Work Practice Act or an equivalent license under the laws of another state;
 - E) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act or an equivalent license under the laws of another state; or
 - F) a licensed marriage and family therapist licensed under the Marriage and Family Therapy Licensing Act or an equivalent license to practice in another state; and
- 2) Fitness to practice by submitting one of the following:
- A) sworn evidence of active practice in Illinois in the area of sex offender evaluation and treatment;
 - B) sworn evidence of active practice in another jurisdiction. This evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice;
 - C) an affidavit attesting to military service as provided in Section 45(c) of the Act; or
 - D) proof of completion of an additional 20 hours of continuing education in the treatment of sex offenders that complies with Section 1280.110 within 2 years prior to application for restoration.

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- e) Individuals licensed as an associate sex offender provider seeking restoration of a license that has been expired or placed on inactive status for more than 5 years shall file an application on forms supplied by the Division, pay the fee required by Section 1280.100, submit proof of compliance with any CE requirement, and provide the following:
 - 1) sworn evidence of active practice in Illinois in the area of sex offender evaluation and treatment;
 - 2) sworn evidence of active practice in another jurisdiction. This evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or
 - 3) an affidavit attesting to military service as provided in Section 45(c) of the Act.
- f) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee seeking restoration shall be requested to:
 - 1) Provide information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- g) An applicant shall have the license restored or be notified in writing of the reason for denying the application.
- h) Practice on a non-renewed license shall be considered unlicensed practice.

Section 1280.90 Inactive Status

- a) A licensee who notifies the Division, on forms provided by the Division, may place his or her license on inactive status and shall be excused from paying renewal fees until he or she notifies the Division in writing of the intention to resume active practice.

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- b) A licensee seeking restoration from inactive status shall do so in accordance with Section 1280.80.
- c) A licensee whose license is on inactive status shall not use the title sex offender evaluator, sex offender treatment provider, or associate sex offender provider in the State of Illinois. Any person violating this subsection shall be considered to be practicing without a license and shall be subject to the disciplinary provisions of the Act.
- d) Practice on an inactive license shall be considered unlicensed practice.

Section 1280.100 Fees

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

- a) Application Fees
 - 1) The fee for original application for a license as a sex offender evaluator is \$150.
 - 2) The fee for original application for a license as a sex offender treatment provider is \$150.
 - 3) The fee for original application for a license as an associate sex offender provider is \$150.
- b) Renewal Fees
 - 1) The fee for renewal of licensure as a sex offender evaluator is \$150.
 - 2) The fee for renewal of licensure as a sex offender treatment provider is \$150.
 - 3) The fee for renewal of licensure as an associate sex offender provider is \$150.
- c) General Fees

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- 1) The fee for restoration of a license other than from inactive status that has been expired for 5 years or less is \$50 plus payment of all lapsed renewal fees.
- 2) The fee for the restoration of a license that has been expired for more than 5 years is \$50 plus payment of all lapsed renewal fees, but shall not exceed \$500.
- 3) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on Division records when no duplicate license is issued.

Section 1280.110 Unethical, Unauthorized or Unprofessional Conduct

The Division may suspend or revoke any license issued under the Act, refuse to renew a license or take other disciplinary action, based upon its finding of unethical, unauthorized or unprofessional conduct within the meaning of Section 80 of the Act, which is interpreted to include, but is not limited to, the following acts or practices. These standards shall apply to any license issued under the Act.

- a) Professional Relationships
 - 1) Practicing, condoning, facilitating, collaborating with or engaging in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status or any basis prescribed by law. Licensees shall not discriminate against clients, students, employees, supervisees or research participants in a manner that has a negative impact on these persons.
 - 2) Engaging in any action that violates or diminishes the civil or legal rights of clients.
 - 3) Engaging in the sexual exploitation of clients, clients' romantic partners, or clients' family members, students or supervisees.

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- 4) Engaging in or condoning sexual harassment, including, but not limited to, deliberate or repeated comments, gestures or physical contacts of a sexual nature, that occurs in connection with professional activities or roles.
- 5) Bringing personal or professional biases into the professional relationship. Through an awareness of the impact of stereotyping and discrimination (i.e., biases based on age, disability, ethnicity, gender, religion or sexual preference), licensees guard the individual rights and personal dignity of the client in the professional relationship.
- 6) Engaging in any type of sexual or romantic intimacies with clients, clients' romantic partners, or clients' family members. Licensees shall not provide professional services to persons with whom they have had a sexual relationship, including the person's romantic partners or family members.
- 7) Engaging in sexual intimacies with former clients, clients' romantic partners or clients' family members prior to 5 years after termination of the counselor/client relationship.
- 8) Engaging in any nonprofessional relationships with clients, former clients, clients' romantic partners, or clients' family members should be avoided, except when the interaction is potentially beneficial to the client. All potentially beneficial relationships must be documented in case notes, and conducted with full client consent. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to nonprofessional interaction, the licensees must show evidence of an attempt to remedy that harm.
- 9) Failing to offer all pertinent facts regarding services rendered to the client prior to administration of professional services. The purpose of informed consent is to insure a client's complete access to information pertaining to professional services. Examples include, but are not limited to, the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the licensee's qualifications, credentials and relevant experience; and continuation of services upon the incapacitation or death of a licensee. Licensees must take steps to ensure that clients understand the implications of diagnosis, the intended use of assessments and reports, billing arrangements, and length of treatment and utilization of

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consultants. The client's signature indicating receipt of pertinent information is strongly encouraged.

b) Confidentiality

- 1) Failing to inform clients at the onset of the professional relationship of the limits of confidentiality. These include, but are not limited to, limitations mandated by the law, requirements to protect clients or identified others from serious and foreseeable harm, or when the licensee is a defendant in a civil, criminal or disciplinary action arising from the counseling.
- 2) Revealing facts, data or information relating to a client or examinee, except as allowed under Section 75 of the Act or under the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] or any other federal or State laws pertaining to confidentiality.
- 3) Failing to take appropriate steps to protect the privacy of a client and avoid unnecessary disclosures of confidential information. The right to privacy belongs to clients and may be waived. A written waiver shall be signed by the client and the information revealed shall be in accordance with the terms of the waiver.

c) Scope of Practice/Professional Responsibility

- 1) Performing or pretending to be able to perform professional services beyond one's scope of practice and one's competency, as defined by education, training, supervised experience, State and national professional credentials, and appropriate professional experience.
- 2) Abandoning or neglecting clients and/or failing to refer and/or make appropriate arrangements for the continuation of treatment, when necessary, during interruptions, such as vacations or illness, and following termination.
- 3) Failing to use techniques/procedures/modalities that are grounded in professionally accepted theory and/or have an empirical or scientific foundation. Licensees who do not use these tools must define the techniques/procedures as "unproven" or "developing", explain the potential risk and ethical considerations of using the

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techniques/procedures, and take steps to protect clients from possible harm.

- 4) Failing to establish and maintain client records and case notes, including failing to inform clients of issues related to the difficulty of maintaining the confidentiality of electronically transmitted communication. Records must be maintained for at least 7 years. In the case of a minor, records must be maintained for at least 7 years after the minor turns 18.
 - 5) Failing to inform clients of the benefits and limitations of using information technology applications in the counseling or evaluation process and in business/billing procedures. These technologies include, but are not limited to, computer hardware and software, telephone, the internet, online assessment instruments, and other communication devices.
 - 6) Advertising shall not be deceptive, misleading or false. Licensees should claim or imply only professional credentials possessed and are responsible for correcting any misrepresentation of their credentials by others. Professional credentials include highest relevant degrees, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, professional memberships, or any other credential that might indicate to the public specialized knowledge or expertise in professional counseling.
 - 7) Submission of fraudulent claims for services to any person or entity, including, but not limited to, health insurance companies or health service plans or third party payors.
 - 8) Knowingly offering or providing services to a client when the licensee's ability to practice is impaired; failing to seek assistance for problems that reach the level of professional impairment; failing to, if necessary, limit, suspend or terminate professional responsibilities until it is determined that it is safe to resume work; or offering professional services when the licensee's personal problems or conflicts may harm a client or others. Causes of impairment may include, but are not limited to, the abuse of mood altering chemicals and physical or mental problems.
- d) Supervision

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- 1) Permitting a supervisee or intern under his/her supervision or control to perform, or permitting the supervisee or intern to hold himself or herself out as competent to perform, professional services beyond the supervisee's or intern's level of education, training and/or experience.
 - 2) Allowing a supervisee to violate the rights of clients, permitting a supervisee to violate the confidentiality standards or client privacy, or failing to provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality, including who will have access to records of the professional relationship and how these records will be used.
 - 3) Participating in any form of sexual or romantic contact with supervisees. Nonprofessional relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- e) Evaluation, Assessment and Interpretation
- 1) Failing to have appropriate education and training for each specific assessment, to recognize the limits of the licensee's competence, and to perform only those functions for which the licensee is prepared. In particular, licensees using technology-assisted test interpretations must be trained in the construct being measured and the specific instrument being used prior to using the technology-based application.
 - 2) Failing to inform prospective research participants or their authorized representatives fully of potential serious after-effects of the research or failing to remove the after-effects as soon as the design of the research permits.
- f) The Division hereby incorporates by reference the Ethical Principles in the Professional Code of Ethics (2001 edition) published by the Association for the Treatment of Sexual Abusers (ATSA), 4900 S.W. Griffith Drive, Suite 274, Beaverton, Oregon 97005; or <http://www.atsa.com/atsa-code-ethics>. This incorporation by reference does not include any later amendments or editions.

Section 1280.120 Continuing Education

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- a) Continuing Education (CE) Hours Requirements
- 1) In order to renew a license, a licensee shall be required to complete 20 hours of CE in the area of sex offender treatment and evaluation.
 - 2) A prerenewal period is the 24 months proceeding July 31 of each odd-numbered year.
 - 3) One CE hour shall equal one clock hour of attendance. After completion of the initial CE hour, credit may be given in one-half hour increments.
 - 4) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.
 - 5) Individuals licensed under the Act in Illinois but residing and practicing in other states shall comply with the CE requirement set forth in this Section.
 - 6) CE credit hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois.
 - 7) CE credit hours completed pursuant to this Section may be used to satisfy the CE requirements under other related Acts.
- b) Approved Continuing Education
- 1) CE hours shall be earned by verified attendance (e.g., certificate of attendance or certificate of completion) at or participation in a program or course (program) that is offered or sponsored by an approved CE sponsor who meets the requirements set forth in subsection (c), except for those activities provided in subsections (b)(2) or (3).
 - 2) CE credit may be earned through postgraduate training programs (e.g., extern, residency or fellowship programs) or completion of graduate level related courses that are a part of the curriculum of a college, university or graduate school. Courses that are part of the curriculum of a university, college or other educational institution shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 CE hours for each quarter hour of school credit awarded. Courses that are audited shall not satisfy the requirements of this Section.

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- 3) CE credit may be earned for verified teaching of treatment and/or evaluation of sexual offenders in an accredited college, university or graduate school and/or as an instructor of CE programs given by approved sponsors. Credit will be applied at the rate of 1.5 hours for every hour taught and only for the first presentation of the program (i.e., credit shall not be allowed for repetitious presentations of the same program). A maximum of 10 hours of CE credit must be obtained in this category per prerenewal period.
- c) Approved CE Sponsors and Programs
- 1) Sponsor, as used in this Section, shall mean:
 - A) American Psychological Association or its affiliates
 - B) National Association of Social Work or its affiliates
 - C) American Association for Marriage and Family Therapy or its affiliates
 - D) American Medical Association or its affiliates
 - E) Illinois Psychological Association or its affiliates
 - F) Association for the Treatment of Sexual Abusers
 - G) Illinois Association for Treatment of Sexual Abusers
 - H) American Counseling Association or its affiliates
 - J) American Nurse Credentialing Center or its affiliates
 - K) Authorized CE providers under the Marriage and Family Therapy Licensing Act
 - L) Authorized CE providers under the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act

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- M) Authorized CE providers under the Clinical Psychologist Licensing Act
 - N) Authorized CE providers under the Clinical Social Work and Social Work Practice Act
 - O) Authorized CE providers under the Nurse Practice Act
 - P) Authorized CE providers under the Medical Practice Act of 1987
 - Q) Any regionally accredited school, college or university, or any State agency
 - R) American Probation and Parole Association
- 2) All programs shall:
- A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the treatment and/or evaluation of sexual offenders;
 - B) Foster the enhancement of general or specialized clinical sexual offender treatment and evaluation practice and values;
 - C) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - D) Specify the course objectives, course content and teaching methods to be used; and
 - E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
- 3) Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed at a later date. The sponsor and the instructor, together, shall

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review the evaluation outcome and revise subsequent programs accordingly.

- 4) An approved sponsor may subcontract with individuals and organizations to provide approved programs. All advertising, promotional materials, and certificates of attendance must identify the licensed sponsor and the sponsor's license number. The presenter of the program may also be identified, but should be identified as a presenter. When a licensed sponsor subcontracts with a presenter, the licensed sponsor retains all responsibility for monitoring attendance, providing certificates of attendance, and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.
- 5) All programs given by approved sponsors shall be open to all licensees and not be limited to members of a single organization or group.
- 6) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:
 - A) The name, address and license number of the sponsor;
 - B) The name and address of the participant;
 - C) A brief statement of the subject matter;
 - D) The number of hours attended in each program;
 - E) The date and place of the program; and
 - F) The signature of the sponsor or person responsible for the CE program.
- 7) The sponsor shall maintain attendance records for not less than 5 years.
- 8) The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.

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- 9) Upon the failure of a sponsor to comply with any of the requirements of this Section, the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE credit attendance at or participation in any of that sponsor's CE programs until the Division receives assurances of compliance with requirements of this Section.
 - 10) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with this Section.
- d) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in this Section.
 - 2) The Division may require additional evidence demonstrating compliance with the CE requirements (e.g., certificate of attendance). This additional evidence shall be required in the context of the Division's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance for the previous 8 years.
 - 3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time, the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].
- e) Continuing Education Earned in Other Jurisdictions
- 1) If a licensee has earned or is seeking CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a \$25 processing fee, prior to participation in the program or within 90 days after expiration of the license. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(2).

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- 2) If a licensee fails to submit an out-of-state CE approval form within the required time frame, late approval may be obtained by submitting the approval request form with the \$25 processing fee plus a \$50 per CE hour late fee not to exceed \$300. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(2).
- f) Restoration of Nonrenewed License. Upon satisfactory evidence of compliance with CE requirements, the Division shall restore the license upon payment of the fee required by Section 1280.100.
- g) Waiver of CE Requirements
 - 1) Any applicant for renewal of a license who has not fully complied with the CE requirements of this Section shall file with the Division a renewal application, along with the required fee, a statement setting forth the facts concerning noncompliance, and a request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division finds, upon the written recommendation of the Board and from the affidavit or any other evidence submitted, that extreme hardship has been shown for granting a waiver, the Division shall waive enforcement of CE requirements for the renewal period for which the applicant has applied.
 - 2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;
 - B) An incapacitating illness documented by a statement from a currently licensed physician, advanced practice nurse or physician assistant, or an incapacitating mental illness documented by a statement by a currently licensed clinical psychologist or Board-certified psychiatrist;

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- C) A physical inability to travel to the sites of approved programs documented by a currently licensed physician or advanced practice nurse; or
 - D) Any other similar extenuating circumstances.
- 3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section, shall be deemed to be in good standing until the final decision on the application is made by the Division.

Section 1280.130 Granting Variances

- a) The Director may grant variances from this Part in individual cases when he or she 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
 - 3) The rules from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Director shall notify the Board of the granting of the variance, and the reasons for granting the variance, at the next meeting of the Board.

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- 1) Heading of the Part: Emergency Medical Services Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
515.100	Amended
515.160	Amended
515.210	Amended
515.220	Amended
515.250	New
515.330	Amended
515.5000	New
515.5010	New
515.5020	New
515.5030	New
515.5040	New
515.5050	New
515.5060	New
515.5070	New
515.5080	New
515.5090	New
515.5100	New
515.APPENDIX D	Amended
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) Effective Date of Rule: November 20, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposed Rulemaking published in the *Illinois Register*: July 19, 2013; 37 Ill. Reg. 11205

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10) Has JCAR issued a Statement of Objection to these rules? 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:

In Section 515.5010, change "*Emergency*" to "*Emergent*".

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

1. In Section 515.5050(e) and (h), "in Section 515.5070(a)" was added after "attestation".
2. In Section 515.5070(a), "located in Section 515.5060" was added after "Designation".

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 rule currently in effect? No

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

15) Summary and Purpose of Rulemaking: The rules have been amended to implement Public Act 96-514. The rules in Part 515 set forth the requirements for the development of a Stroke Program in Illinois. The rules contain provisions regarding development of portions of an EMS Region Plan concerning stroke; the triage, treatment, and transport of possible acute stroke patients; creation of Regional Stroke Advisory Subcommittees and a State Stroke Advisory Subcommittee; designation of hospitals as certified Primary Stroke Centers and Emergent Stroke Ready Hospitals by the Department of Public Health; grants to hospitals for the acquisition and maintenance of necessary infrastructure, including personnel, equipment, and pharmaceuticals for the diagnosis and treatment of acute stroke patients; and reports. The legislation created the Hospital Stroke Care Fund as a special fund within the State Treasury and provided for deposits into the Fund for the purposes of stroke care improvement.

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

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Susan Meister
Division of Legal Services
Department of Public Health

535 West Jefferson, 5th Floor
Springfield, Illinois 62761

Telephone: 217/782-2043
e-mail: dph.rules@illinois.gov

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

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETYPART 515
EMERGENCY MEDICAL SERVICES, ~~AND~~ TRAUMA CENTER, PRIMARY STROKE
CENTER AND EMERGENT STROKE READY HOSPITAL CODESUBPART A: GENERAL PROVISIONS

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Facility, System and Equipment Violations, Hearings and Fines
515.170	Employer Responsibility
515.180	Administrative Hearings

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
<u>515.250</u>	<u>Hospital Stroke Care Fund</u>

SUBPART C: EMS SYSTEMS

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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)

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515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications
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
515.455	Intra- and Inter-system Dispute Resolution
515.460	Fees
515.470	Participation by Veterans Health Administration Facilities

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

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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
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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
515.620	Felony Convictions
515.630	Evaluation and Recognition of Military Experience and Education
515.640	Reinstatement

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

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515.715	Provisional Licensure for First Responders and Emergency Medical Responders
515.720	First Responder (Repealed)
515.725	First Responder/Emergency Medical Responder
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

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515.800	Vehicle Service Provider Licensure
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515.825	Alternate Response Vehicle
515.830	Ambulance Licensing Requirements
515.835	Stretcher Van Provider Licensing Requirements
515.840	Stretcher Van Requirements
515.845	Operation of Stretcher Vans
515.850	Reserve Ambulances
515.860	Critical Care Transport

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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
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515.945	Aircraft Vehicle Specifications and Operation
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515.975	Watercraft Medical Equipment and Drugs
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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
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515.2040	Level II Trauma Center Designation Criteria
515.2045	Level II Pediatric Trauma Center
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	
515.3090	Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services
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)

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515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)

SUBPART K: PRIMARY STROKE CENTERS AND
EMERGENT STROKE READY HOSPITALS

<u>515.5000</u>	<u>Definitions</u>
<u>515.5010</u>	<u>Stroke Care – Restricted Practices</u>
<u>515.5020</u>	<u>Primary Stroke Center (PSC) Designation</u>
<u>515.5030</u>	<u>Request for Primary Stroke Center Designation</u>
<u>515.5040</u>	<u>Suspension and Revocation of Primary Stroke Center Designation</u>
<u>515.5050</u>	<u>Emergent Stroke Ready Hospital (ESRH) Designation</u>
<u>515.5060</u>	<u>Emergent Stroke Ready Hospital Designation Criteria</u>
<u>515.5070</u>	<u>Request for Emergent Stroke Ready Hospital Designation</u>
<u>515.5080</u>	<u>Suspension and Revocation of Emergent Stroke Ready Hospital Designation</u>
<u>515.5090</u>	<u>Data Collection and Submission</u>
<u>515.5100</u>	<u>Statewide Stroke Assessment Tool</u>
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	Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline
515.APPENDIX N	Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application
515.APPENDIX O	Pediatric Critical Care Center Plan
515.APPENDIX P	Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

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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; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 5714, effective April 15, 2013; amended at 37 Ill. Reg. 7128, effective May 13, 2013; amended at 37 Ill. Reg. 10683, effective June 25, 2013; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended at 37 Ill. Reg. 19610, effective November 20, 2013.

SUBPART A: GENERAL PROVISIONS**Section 515.100 Definitions**

Act – the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

Advanced Life Support Services or ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other

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authorized techniques and procedures as outlined in the Advanced Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Aeromedical Crew Member or Watercraft Crew Member or Off-road Specialized Emergency Medical Services Vehicle (SEMSV) Crew Member – an individual, other than an EMS pilot, who has been approved by an SEMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV Program.

Alternate EMS Medical Director or Alternate EMS MD – the physician who is designated by the Resource Hospital to direct the ALS/ILS/BLS operations in the absence of the EMS Medical Director.

Ambulance – any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped for, and is intended to be used for, and is maintained or operated for, the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such an individual. (Section 3.85 of the Act)

Ambulance Service Provider or Ambulance Provider – any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation of emergency patients.

Applicant – an individual or entity applying for a Department-issued license or certification.

Associate Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit.

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Associate Hospital EMS Coordinator – the EMT-Paramedic (EMT-P) or Registered Nurse at the Associate Hospital who shall be responsible for duties in relation to the ALS, Intermediate Life Support (ILS) or Basic Life Support (BLS) System, in accordance with the Department-approved EMS System Program Plan.

Associate Hospital EMS Medical Director – the physician at the Associate Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the ALS, ILS, or BLS System, in accordance with the Department-approved EMS System Program Plan.

Basic Emergency Department – a classification of a hospital emergency department where at least one physician is available in the emergency department at all times; physician specialists are available in minutes; and ancillary services, including laboratory, x-ray and pharmacy, are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

Basic Life Support Services or BLS Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in a Basic Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Board Eligible in Emergency Medicine – completion of a residency in Emergency Medicine in a program approved by the Residency Review Committee for Emergency Medicine or the Council on Postdoctoral Training (COPT) for the American Osteopathic Association (AOA).

Certified Registered Nurse Anesthetist or CRNA – a licensed registered professional nurse who has had additional education beyond the registered professional nurse requirements at a school/program accredited by the National Council on Accreditation; who has passed the certifying exam given by the National Council on Certification; and who, by participating in 40 hours of continuing education every two years, has been recertified by the National Council on Recertification.

Channel, Half-Duplex – a radio channel that transmits and receives signals, but in

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only one direction at a time.

Child Abuse and Neglect – see the definitions of "abused child" and "neglected child" in Section 3 of the Abused and Neglected Child Reporting Act [325 ILCS 5/3].

Child Life Specialist – A person whose primary role is to minimize the adverse effects of children's experiences by facilitating coping and the psychosocial adjustment of children and their families through the continuum of care.

Comprehensive Emergency Department – a classification of a hospital emergency department where at least one licensed physician is available in the emergency department at all times; physician specialists shall be available in minutes; ancillary services, including laboratory and x-ray, are staffed at all times; and the pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

CPR for Healthcare Providers – a course in cardiopulmonary resuscitation that meets or exceeds the American Heart Association course "BLS for Healthcare Providers".

Critical Care Transport – A Specialty Care Transport (SCT) level of inter-facility or 911 service that uses paramedic, pre-hospital registered nurse (PHRN) and, on occasion, specialized nursing staff to perform skills and interventions at levels above the usual and customary scope of paramedic practice within the State of Illinois. Advanced education, continuing education and special certifications are required. All Critical Care Transport Programs shall be under the direction of a Department-approved ALS EMS System.

Department – the Illinois Department of Public Health. (Section 3.5 of the Act)

Director – the Director of the Illinois Department of Public Health or his/her designee. (Section 3.5 of the Act)

[Door-to- – The time from patient arrival at the health care facility until the specified result, procedure or intervention occurs.](#)

Dysrhythmia – a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and

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conduction.

Effective Radiated Power or ERP – the power gain of a transmitting antenna multiplied by the net power accepted by the antenna from the connected transmitter.

Electrocardiogram or EKG – a single lead graphic recording of the electrical activity of the heart by a series of deflections that represent certain components of the cardiac cycle.

Emergency – a medical condition of recent onset and severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)

Emergency Communications Registered Nurse or ECRN – a registered professional nurse, licensed under the Nurse Practice Act [225 ILCS 65], who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols. (Section 3.80 of the Act)

Emergency Department Approved for Pediatrics or EDAP – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.4000 of this Part as being capable of providing optimal emergency department care to pediatric patients 24 hours per day.

Emergency Medical Dispatcher – a person who has successfully completed a training course in emergency medical dispatching meeting or exceeding the National Curriculum of the United States Department of Transportation in accordance with this Part, who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles. (Section 3.70 of the Act)

Emergent Stroke Care – emergency medical care that includes diagnosis and emergency medical treatment of suspected or known acute stroke patients. (Section 3.116 of the Act)

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Emergent Stroke Ready Hospital – a hospital that has been designated by the Department as meeting the criteria for providing emergency stroke care as set forth in the Act and Section 515.5060 of this Part. (Section 3.116 of the Act)

Emergency Medical Dispatch Priority Reference System or EMDPRS – an EMS System's organized approach to the receipt, management and disposition of a request for emergency medical services.

Emergency Medical Services System or EMS System or System – an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System Program Plan submitted to and approved by the Department and pursuant to the EMS Regional Plan adopted for the EMS Region in which the System is located. (Section 3.20 of the Act)

Emergency Medical Services System Survey – a questionnaire that provides data to the Department for the purpose of compiling annual reports.

Emergency Medical Technician-Basic or EMT-B – a person who has successfully completed a course of instruction in basic life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Coal Miner – for purposes of the Coal Mine Medical Emergencies Act, an EMT-B, EMT-I or EMT-P who has received training emphasizing extrication from a coal mine.

Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course of instruction in intermediate life support as prescribed by the Act and this Part and practices within an Intermediate or Advanced Life Support EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Paramedic or EMT-P – a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an Advanced

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Life Support EMS System. (Section 3.50 of the Act)

Emergent Stroke Care – emergency medical care that includes diagnosis and emergency medical treatment of suspected or known acute stroke patients.
(Section 3.116 of the Act)

Emergent Stroke Ready Hospital – a hospital that has been designated by the Department as meeting the criteria for providing emergency stroke care as set forth in the Act and Section 515.5060. (Section 3.116 of the Act)

EMS Administrative Director – the administrator, appointed by the Resource Hospital with the approval of the EMS Medical Director, responsible for the administration of the EMS System.

EMS Medical Director or EMS MD – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

EMS Lead Instructor – a person who has successfully completed a course of education as prescribed by the Department in this Part, and who is currently approved by the Department to coordinate or teach education, training and continuing education courses, in accordance with this Part. (Section 3.65 of the Act)

EMS Regional Plan – a plan established by the EMS Medical Director's Committee in accordance with Section 3.30 of the Act.

EMS System Coordinator – the designated individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the educational and functional aspects of the System program.

EMS System Program Plan – the document prepared by the Resource Hospital and approved by the Department that describes the EMS System program and directs the program's operation.

First Responder – a person who is at least 18 years of age, who has successfully completed a course of instruction in emergency medical responder as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with

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the level of care established in the emergency medical responder course. (Section 3.60 of the Act)

First Response Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the First Responder curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Fixed-Wing Aircraft – an engine-driven aircraft that is heavier than air, and is supported in-flight by the dynamic reaction of the air against its wings.

Full-Time – on duty a minimum of 36 hours, four days a week.

Health Care Facility – a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" which utilize EMTs to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in the Act and this Part. (Section 3.5 of the Act)

Helicopter or Rotorcraft – an aircraft that is capable of vertical take offs and landings, including maintaining a hover.

Hospital – *has the meaning ascribed to that term in Section 3 of the Hospital Licensing Act [210 ILCS 85]. (Section 3.5 of the Act)*

Hospitalist – a physician who primarily provides unit-based/in-hospital services.

Instrument Flight Rules or IFR – the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)

Instrument Meteorological Conditions or IMC – meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

Intermediate Life Support Services or ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, plus intravenous cannulation and fluid therapy,

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invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Level I Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

Licensee – an individual or entity to which the Department has issued a license.

Limited Operation Vehicle – a vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales. (Section 3.85 of the Act)

Local System Review Board – a group established by the Resource Hospital to hear appeals from EMTs or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.

Mobile Radio – a two-way radio installed in an EMS vehicle, which may not be readily removed.

Morbidity – a negative outcome that is the result of the original trauma or treatment rendered or omitted.

911 – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue.

Non-emergency Medical Care – medical services rendered to patients whose condition does not meet the Act's definition of emergency, during transportation

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of such patients to health care facilities for the purpose of obtaining medical or health care services which are not emergency in nature, using a vehicle regulated by the Act and this Part. (Section 3.10 of the Act)

Nurse Practitioner – a person who is licensed as a nurse practitioner under the Nurse Practice Act [225 ILCS 65]. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Off-Road Specialized Emergency Medical Services Vehicle or Off-Road SEMSV or Off-Road SEMS Vehicle – a motorized cart, golf cart, all-terrain vehicle (ATV), or amphibious vehicle that is not intended for use on public roads.

Participating Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital.

Pediatric Critical Care Center or PCCC – a hospital participating in an approved EMS System and designated by the Department as being capable of providing optimal critical and specialty care services to pediatric patients, and of providing all essential services either in-house or readily available 24 hours per day.

Pediatric Patient – patient from birth through 15 years of age.

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60].

Physician Assistant – a person who is licensed under the Physician Assistant Practice Act [225 ILCS 95]. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Pilot or EMS Pilot – a pilot certified by the Federal Aviation Administration who has been approved by an SEMSV Medical Director to fly a helicopter or fixed-wing aircraft used in a Department-certified SEMSV Program.

Portable Radio – a hand-held radio that accompanies the user during the conduct of emergency medical services.

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Pre-Hospital Care – those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to hospitals. (Section 3.10 of the Act)

Pre-Hospital Care Provider – a System Participant or any EMT-B, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN or Physician serving on an ambulance or giving voice orders over an EMS System and subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

Pre-Hospital Registered Nurse or Pre-Hospital RN or PHRN – a registered professional nurse, licensed under the Nurse Practice Act, who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. (Section 3.80 of the Act)

Primary Stroke Center – a hospital that has been certified by a Department-approved, nationally recognized certifying body and designated as a Primary Stroke Center by the Department. (Section 3.116 of the Act)

Regional EMS Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one Emergency Medical Technician (EMT)/Pre-Hospital RN from each level of EMT/Pre-Hospital RN practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the two administrative

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representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee. (Section 3.25 of the Act)

Regional EMS Coordinator – the designee of the Chief, Division of Emergency Medical Services and Highway Safety, Illinois Department of Public Health.

Regional EMS Medical Directors Committee – a group *comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department vehicle service provider. For Regions that include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other Regions, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis. (Section 3.25 of the Act)*

Regional Stroke Advisory Subcommittee – a subcommittee formed within each Regional EMS Advisory Committee to advise the Director and the Region's EMS Medical Directors Committee on the triage, treatment, and transport of possible acute stroke patients and to select the Region's representative to the State Stroke Advisory Subcommittee. (Section 3.116 of the Act) The composition of the Subcommittee shall be as set forth in Section 3.116 of the Act.

Regional Trauma Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each Trauma Center within the Region, one EMS Medical Director from a Resource Hospital within the Region, one EMS System Coordinator from another Resource Hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each Trauma Center within the Region, one EMT representing the highest level of EMT practicing within the Region, one emergency physician and one Trauma Nurse Specialist (TNS) currently practicing in a Trauma Center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee. (Section 3.25 of the Act)

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Registered Nurse or Registered Professional Nurse or RN – a person who is licensed as a professional nurse under the Nurse Practice Act [225 ILCS 65]. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Resource Hospital – the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and educational programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

Screening – a preliminary procedure or assessment, such as a test or examination, to detect the most characteristic sign or signs of a disorder or condition that may require further investigation (for example, assessing for potential abuse or neglect through interview responses and behavioral/physical symptom clues).

SEMSV Medical Control Point or Medical Control Point – the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

SEMSV Medical Director or Medical Director – the physician appointed by the SEMSV Program who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part.

SEMSV Program or Specialized Emergency Medical Services Vehicle Program – a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, using specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the Act. The term includes watercraft, aircraft and special purpose ground transport

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vehicles not intended for use on public roads. (Section 3.85 of the Act)
"Primarily intended", for the purposes of this definition, means one or more of the following:

Over 50 percent of the vehicle's operational (i.e., in-flight) hours are devoted to the emergency transportation of the sick or injured;

The vehicle is owned or leased by a hospital or ambulance provider and is used for the emergency transportation of the sick or injured;

The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured;

The vehicle is owned, registered or licensed in another state and is used on a regular basis to pick up and transport the sick or injured within or from within this State; or

The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

Standby Emergency Department – a classification of a hospital emergency department where at least one of the registered nurses on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

Standby Emergency Department Approved for Pediatrics or SEDP – a hospital participating in an approved EMS System and designated by the Department, pursuant to Section 515.4010 of this Part, as being capable of providing optimal standby emergency department care to pediatric patients and to have transfer agreements and transfer mechanisms in place when more definitive pediatric care is needed.

Special-Use Vehicle – any public or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for, the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk

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obstetrical patients, neonatal patients). (Section 3.85 of the Act)

State EMS Advisory Council – a group that advises the Department on the administration of the Act and this Part whose members are appointed in accordance with Section 3.200 of the Act.

Stroke Network – a voluntary association of hospitals, including a hospital with a board eligible or board certified neurosurgeon or neurologist, that may, among other activities, share stroke protocols; provide medical consultations on possible or known acute stroke patients or on inter-facility transfers of possible or known acute stroke patients; or provide education specific to improving acute stroke care. Participating hospitals in a stroke network may be in-state or out-of-state.

Stretcher Van – a vehicle used by a licensed stretcher van provider to transport non-emergency passengers in accordance with the Act and this Part.

Stretcher Van Provider – an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with the Act and this Part, utilizing stretcher vans. (Section 3.86 of the Act)

System Participation Suspension – the suspension from participation within an EMS System of an individual or individual provider, as specifically ordered by that System's EMS Medical Director.

Substantial Compliance – meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Substantial Failure – the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Sustained Hypotension – two systolic blood pressures of 90 mmHg five minutes apart or, in the case of a pediatric patient, two systolic blood pressures of 80 mmHg five minutes apart.

Telecommunications Equipment – a radio capable of transmitting and receiving voice and electrocardiogram (EKG) signals.

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Telemetry – the transmission of data by wire, radio, or other means from remote sources to a receiving station for recording and analysis.

Trauma – any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)

Trauma Category I – a classification of trauma patients in accordance with Appendix C and Appendix F of this Part.

Trauma Category II – a classification of trauma patients in accordance with Appendix C and Appendix F of this Part.

Trauma Center – a hospital which: within designated capabilities provides care to trauma patients; participates in an approved EMS System; and is duly designated pursuant to the provisions of the Act. (Section 3.90 of the Act)

Trauma Center Medical Director – the trauma surgeon appointed by a Department-designated Trauma Center who has the responsibility and authority for the coordination and management of patient care and trauma services at the Trauma Center. He or she must have 24-hour independent operating privileges and shall be board certified in surgery with at least one year of experience in trauma care.

Trauma Center Medical Directors Committee – a group composed of the Region's Trauma Center Medical Directors. (Section 3.25 of the Act)

Trauma Coordinator – a registered nurse working in conjunction with the Trauma Medical Director. The Trauma Coordinator is responsible for the organization of service and systems necessary for a multidisciplinary approach throughout the continuum of trauma care.

Trauma Nurse Specialist or TNS – a registered professional nurse who has successfully completed education and testing requirements as prescribed by the Department, and is certified in accordance with this Part. (Section 3.75 of the Act)

Trauma Nurse Specialist Course Coordinator or TNSCC – a registered nurse appointed by the Chief Executive Officer of a hospital designated as a TNS Training Site, who meets the requirements of Section 515.750 of this Part.

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Trauma Service – an identified hospital surgical service in a Level I or Level II Trauma Center functioning under a designated trauma director in accordance with Sections 515.2030(c) and 515.2040(c) of this Part.

Unit Identifier – a number assigned by the Department for each EMS vehicle in the State to be used in radio communications.

Vehicle Service Provider – an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with the Act and this Part and an operational plan approved by its EMS System(s), utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV). (Section 3.85 of the Act)

Watercraft – a nautical vessel, boat, airboat, hovercraft or other vehicle that operates in, on or across water.

(Source: Amended at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.160 Facility, System and Equipment Violations, Hearings and Fines

- a) *Except for emergency suspension orders, or actions initiated pursuant to [Sections 3.117\(a\), 3.117\(b\), and ~~Section~~ 3.90\(b\)\(10\)](#) of ~~the~~ the Act, prior to initiating an action for suspension, revocations, denial, nonrenewal, or imposition of a fine, for facility, system and equipment violations, the Department shall:*
- 1) *Issue a Notice of Violation which specifies the Department's allegations of noncompliance and requests a plan of correction to be submitted within 10 days after receipt of the Notice of Violation;*
 - 2) *Review and approve or reject the plan of correction. If the Department rejects the plan of correction, it shall send notice of the rejection and the reason for the rejection. The party shall have 10 days after receipt of the notice of rejection in which to submit a modified plan;*
 - 3) *Impose a plan of correction if a modified plan is not submitted in a timely manner or if the modified plan is rejected by the Department;*
 - 4) *Issue a Notice of Intent to fine, suspend, revoke, nonrenew or deny if the*

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party has failed to comply with the imposed plan of correction, and provide the party with an opportunity to request an administrative hearing. The Notice of Intent shall be effected by certified mail or by personal service, shall set forth the particular reasons for the proposed action, and shall provide the party with 15 days in which to request a hearing. (Section 3.130 of the Act)

- b) *Administrative hearings shall be conducted by the Director or his /her designee. On the basis of any such hearing, or upon default of the Respondent, the Director shall issue a Final Order specifying his findings, conclusions and decision. A copy of the Final Order shall be sent to the Respondent by certified mail or served personally upon the Respondent. (Section 3.135 of the Act)*
- c) *The procedure governing hearings authorized by the Act shall be in accordance with the Department's rules governing administrative hearings (77 Ill. Adm. Code 100). (Section 3.135 of the Act)*
- d) *The Department shall have the authority to impose fines on any licensed vehicle service provider, designated trauma center, resource hospital, associate hospital or participating hospital. (Section 3.140(a) of the Act)*
- e) In determining the amount of a fine, the Director shall consider the following factors:
 - 1) The severity of the actual or potential harm to an individual or the public;
 - 2) The numbers and types of protocols, standards, rules or Sections of the Act that were violated in the course of creating the condition or occurrence at issue;
 - 3) The reasonable diligence exercised by the facility, pre-hospital care provider or System participant to avoid the violations or to reduce the potential harm to individuals;
 - 4) Efforts by the facility, pre-hospital care provider or System participant to correct the violations;
 - 5) Any previous violations of a like or similar nature by the facility, pre-hospital care provider or System participant;

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- 6) Any financial benefit to the facility, pre-hospital care provider or System participant of continuing the violations; and
 - 7) The cooperation or lack of cooperation with the Department's investigation.
- f) *A fine not exceeding \$10,000 shall be issued for a violation which created a condition or occurrence presenting a substantial probability that death or serious harm to an individual will or did result therefrom. (Section 3.140(b)(1) of the Act)*
- g) *A fine not exceeding \$5,000 shall be issued for a violation which creates or created a condition or occurrence which threatens the health, safety or welfare of an individual. (Section 3.140(b)(2) of the Act)*
- h) *A Notice of Intent to Impose Fine may be issued in conjunction with or in lieu of a Notice of Intent to Suspend, Revoke, Nonrenew or Deny, and shall (Section 3.140(c) of the Act) include:*
- 1) A description of the violation or violations for which the fine is being imposed;
 - 2) A citation to the Sections of the Act, rules, protocols or standards alleged to have been violated;
 - 3) The amount of the fine; and
 - 4) The opportunity to request an administrative hearing prior to imposition of the fine, provided that the request for a hearing is made within 15 days after receipt of the notice.

(Source: Amended at 37 Ill. Reg. 19610, effective November 20, 2013)

SUBPART B: EMS REGIONS

Section 515.210 EMS Regional Plan Development

- a) *Within six months after designation of an EMS Region, an EMS Region ~~Plan~~^{Plan}*

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addressing at least the information prescribed in Section 515.220 of this Part shall be submitted to the Department for approval. The plan shall be developed by the Region's EMS Medical Directors Committee with advice from the Regional EMS Advisory Committee; portions of the plan concerning trauma shall be developed jointly with the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, with advice from the Regional Trauma Advisory Committee, if such Advisory Committee has been established in the Region. (Section 3.25(a) of the Act)

- b) Portions of the Plan concerning stroke shall be developed jointly with the Regional Stroke Advisory Subcommittee. (Section 3.25(a) of the Act) The Director will coordinate with and assist the EMS System Medical Directors and Regional Stroke Advisory Subcommittee within each EMS Region to establish protocols related to the triage, treatment, and transport of possible acute stroke patients by licensed emergency medical services providers. (Section 3.30(a)(9) of the Act)
- c) The Plan shall also be updated at least annually to consider the most current nationally recognized standards of stroke care and to incorporate each Primary Stroke Center or Emergent Stroke Ready Hospital into the Region Plan.
- d) ~~b)~~ *A Region's Trauma Center Medical Directors may choose to participate in the development of the EMS Region Plan through membership on the Regional EMS Advisory Committee, rather than through a separate Trauma Center Medical Directors Committee. If that option is selected, the Region's Trauma Center Medical Director shall also determine whether a separate Regional Trauma Advisory Committee is necessary for the Region. (Section 3.25(b) of the Act)*
- e) ~~e)~~ *In the event of disputes over content of the Plan between the Region's EMS Medical Directors Committee and the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, the Director of the Illinois Department of Public Health shall intervene through a review in accordance with Section 515.230 of this Part. (Section 3.25(c) of the Act)*
- f) ~~d)~~ *If after six months a Plan or portions of a Plan ~~thereof~~ are not submitted, the Director ~~will of Public Health or his or her designee shall~~ contact the EMS Medical Directors to seek input as to disputes, problems, or issues concerning areas not developed in the Plan. If necessary, the Director ~~will or his or her designee shall~~ contact members of the Regional EMS Advisory Committee to*

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seek input into portions of the Plan that are not agreed upon. After consulting with the Committee and reviewing the plans submitted by the surrounding Regions, the Director ~~or his or her designee~~ will develop proposed policies and procedures for the Region. The Committee ~~shall~~ **must** approve these policies within 30 days or submit its own policies to the Director for approval ~~by the Director~~. If the Committee has not submitted a complete Plan after 30 days, the Region will implement the policies and procedures developed by the Director ~~or his or her designee~~ in its EMS ~~Region~~ Regional Plan.

~~g)~~**e)** *Every 2 years, the members of the Region's EMS Medical Directors Committee shall rotate serving as Committee Chair, and select the Associate Hospital, Participating Hospital and vehicle service providers which shall send representatives to the Advisory Committee, and the EMTs/Pre-Hospital RN and nurse who shall serve on the Advisory Committee. (Section 3.25(d) of the Act) Each System in the Region must have at least one representative on the Committee.*

~~h)~~**f)** *Every 2 years, the members of the Trauma Center Medical Directors Committee shall rotate serving as Committee Chair, and select the vehicle service providers, EMT, emergency physician, EMS System Coordinator and TNS who shall serve on the Advisory Committee. (Section 3.25(e) of the Act) It is recommended that the committee chair be held by Trauma Center Medical Directors of the Level I Trauma Centers in the Region.*

(Source: Amended at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.220 EMS Regional Plan Content

- a) *The EMS Medical Directors Committee portion of the Regional Plan shall address at least the following:*
- 1) *Protocols for inter-System/inter-Region patient transports, including protocols for pediatric patients and pediatric patients with special health care needs, identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their department classifications and relevant Regional considerations (e.g., transport times and distances);*
 - 2) *Regional standing medical orders;*

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- 3) *Patient transfer patterns, including criteria for determining whether a patient needs the specialized service of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or Regional trauma center, [Primary Stroke Center or Emergent Stroke Ready Hospital](#), which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal;*
- 4) *Protocols for resolving Regional or inter-System conflict;*
- 5) *An EMS disaster preparedness plan which includes the actions and responsibilities of all EMS participants within the Region for care and transport of both the adult and pediatric population;*
- 6) *Regional standardization of continuing education requirements;*
- 7) *Regional standardization of Do Not Resuscitate (DNR) policies, and protocols for power of attorney for health care;*
- 8) *Protocols for disbursement of Department grants (Section 3.30(a)(1-8) of the Act);*
- 9) *[Protocols for the triage, treatment, and transport of possible acute stroke patients developed jointly with the Regional Stroke Advisory Subcommittee \(Section 3.30\(a\)\(9\) of the Act\);](#)*
- ~~10)9)~~ Protocols for stroke screening;
- ~~11)10)~~ Development of protocols to improve and integrate EMS for children (or EMSC) into the current delivery of emergency services within the Region; and
- ~~12)11)~~ Development of a policy in regard to incidents involving school buses, which shall include, but not be limited to:
 - A) Assessment of the incident, including mechanism and extent of damage to the vehicle;
 - B) Passenger assessment/extent of injuries;

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- C) A provision for transporting all children with special healthcare needs and those with communication difficulties;
 - D) Age specific issues; and
 - E) Use of a release form for nontransports.
- b) *The Trauma Center Medical Directors or Trauma Center Medical Directors Committee portion of the Regional Plan shall address at least the following:*
- 1) *The identification of Regional Trauma Centers and identification of trauma centers that specialize in pediatrics;*
 - 2) *Protocols for inter-System and inter-Region trauma patient transports, including identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their department classifications and relevant Regional considerations (e.g., transport times and distances);*
 - 3) *Regional trauma standing medical orders;*
 - 4) *Trauma patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or Regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal (These policies must include the criteria of Section 515.Appendix C.);*
 - 5) *The identification of which types of patients can be cared for by Level I and Level II Trauma Centers;*
 - 6) *Criteria for inter-hospital transfer of trauma patients, including the transfer of pediatric patients;*
 - 7) *The treatment of trauma patients in each trauma center within the Region;*
 - 8) *The establishment of a Regional trauma quality assurance and*

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improvement subcommittee, consisting of trauma surgeons, which shall perform periodic medical audits of each trauma center's trauma services, and forward tabulated data from such reviews to the Department; and

- 9) *A program for conducting a quarterly conference which shall include at a minimum a discussion of morbidity and mortality between all professional staff involved in the care of trauma patients. (Section 3.30(b)(1-9) of the Act)*
- A) This shall include but not be limited to all cases that have been deemed potentially preventable or preventable in the trauma center review using ~~the American College of Surgeons "Guidelines for Judgement Regarding Mortality and Contributing Factors and Guidelines Related to Morbidity and Mortality" (from "Resources for Optimal Care of the Injured Patient")~~. This review should exclude trauma patients who were dead on arrival.
- B) In addition, the review ~~shall~~must include all patients who were transferred more than two hours ~~after~~from time of arrival at the initial institution and who meet one or more of the following criteria at the receiving trauma center:
- i) Admitted to an intensive care unit;
 - ii) Admitted to a bed with telemetry monitoring;
 - iii) Went directly to the operating room;
 - iv) Went to the operating room from the emergency department;
 - v) Discharged to a rehabilitation or skilled care facility;
 - vi) Died following arrival.
- C) The Region ~~shall~~must include a review of morbidity/audit filters that have been determined by the Region.
- D) Cumulative Regional reports will be made available upon request

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from the Department.

- c) The Regional Stroke Advisory Subcommittee portion of the Region Plan shall address at least the following:
- 1) The identification of Primary Stroke Centers and Emergent Stroke Ready Hospitals and their incorporation in the Region Plan and the System Program Plan;
 - 2) In conjunction with the EMS Medical Directors, development of protocols for identifying and transporting acute stroke patients to the nearest appropriate facility capable of providing acute stroke care. These protocols shall be consistent with individual System bypass or diversion protocols and protocols for patient choice;
 - 3) Regional stroke transport protocols recommended by the Regional Stroke Advisory Subcommittee and approved by the EMS Medical Directors Committee; and
 - 4) With the EMS Medical Directors, joint development of acute stroke patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a Primary Stroke Center or Emergent Stroke Ready Hospital, along with protocols for the bypassing of, or diversion to, any hospital, which are consistent with individual inter-system bypass or diversion protocols and protocols for patient choice or refusal.
- d) *The Director shall coordinate with and assist the EMS System Medical Directors and Regional Stroke Advisory Subcommittee within each EMS Region to establish protocols related to the assessment, treatment, and transport of possible acute stroke patients by licensed emergency medical services providers. These protocols shall include regional transport plans for the triage and transport of possible acute stroke patients to the most appropriate Primary Stroke Center or Emergent Stroke Ready Hospital, unless circumstances warrant otherwise. (Section 3.118.5(f) of the Act)*
- e)e) *The Region's EMS Medical Directors and Trauma Center Medical Directors Committees shall appoint any subcommittees which they deem necessary to address specific issues concerning Region activities. (Section 3.30(c) of the Act)*

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f)⇨ Internal Disaster Plans

- 1) Each System hospital shall submit an internal disaster plan to the EMS Medical Directors Committee and the Trauma Center Medical Directors Committee.
- 2) The hospital internal disaster plan shall be coordinated with, or a part of, the hospital's overall disaster plan.
- 3) The plan shall be coordinated with local and State disaster plans.
- 4) The hospital internal disaster plan shall be developed by a hospital committee and shall at a minimum:
 - A) Identify the authority to implement the internal disaster plan, including the chain of command and how notification shall be made throughout the hospital;
 - B) Identify the critical operational elements required in the hospital in ~~the event of~~ an internal disaster;
 - C) If the facility needs to go on bypass or resource limitation status, identify the person responsible for notification and the persons both outside and within the hospital who should be notified;
 - D) Identify a person or group responsible for ensuring that needed resources and supplies are available;
 - E) Identify a person to communicate with representatives from other agencies, organizations, and the EMS System;
 - F) Identify a person who is responsible for procuring all supplies required to manage the facility and return the facility to the ~~pre-incident~~ preincident status;
 - G) Identify the plan and procedure for educating facility employees on their role and responsibilities during the disaster;

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- H) Designate a media spokesperson;
- I) Establish a method for resource coordination between departments and individuals to address management of staff, patients and patient flow patterns;
- J) Designate a person (safety officer) with responsibility for establishing safety policies to include, but not be limited to, decontamination operations, safety zones, site safety plans, evacuation parameters, and traffic patterns;
- K) Designate a location where personnel, not actually committed to the incident, will report for assignments, as needed (i.e., a staging area);
- L) Include notification procedures to EMS Systems, area ambulances, both public and private, and police and fire authorities of the type of incident that caused the hospital to implement its internal disaster plan and of any special instructions, e.g., use of a different driveway or entrance;
- M) Establish a designated form of communication, both internal and external, to maintain two-way communication (e.g., Mobile Emergency Communications of Illinois (MERCIC), ham radio, walkie talkies);
- N) Include a policy to call in additional nursing staff when an identified staffing shortage exists;
- O) Include the policy developed pursuant to Section 515.315(f);
- P) *Include contingency plans for the transfer of patients to other facilities if an evacuation of the hospital becomes necessary due to a catastrophe, including but not limited to a power failure (Section 3.30 of the Act); and*
- Q) Address biological and chemical incidents and the availability of decontamination.

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(Source: Amended at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.250 Hospital Stroke Care Fund

- a) When funding is available, the Director will annually distribute, through matching grants, moneys deposited into the Hospital Stroke Care Fund, a special fund of the State Treasury, to encourage the establishment and retention of Primary Stroke Centers, Emergent Stroke Ready Hospitals and stroke networks throughout the State. The Director will provide funds to the following:
- 1) Illinois hospitals that have been certified as Primary Stroke Centers or that seek certification or designation or both as Primary Stroke Centers. If certification or designation is not achieved within 12 months after receipt of the grant, all grant funds shall be returned to the Hospital Stroke Care Fund.
 - 2) Illinois hospitals that have been designated as Emergent Stroke Ready Hospitals or that seek designation as Emergent Stroke Ready Hospitals. If designation is not achieved within 12 months after receipt of the grant, all grant funds shall be returned to the Hospital Stroke Care Fund.
 - 3) Illinois hospitals for the development, expansion, or enhancement of, or quality improvement efforts for, stroke networks in Illinois. (Section 3.226 of the Act)
- b) Moneys, including appropriations, donations and grants, collected by the Department pursuant to its authority to designate Primary Stroke Centers and Emergent Stroke Ready Hospitals shall be deposited in the Fund and shall be allocated according to the hospital needs within each EMS region and used solely for the purposes described in Section 3.117.5 of the Act. (Sections 3.117.5 and 3.226 of the Act)
- c) Award of Funds
- 1) Any hospital licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act may apply to the Department for funds.

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- 2) Applications shall be made in a manner and form prescribed by the Department. The form and instructions, including timelines for application submission and approval, will be posted on the Department's website.
 - 3) Each Regional Stroke Advisory Subcommittee shall forward to the Department matching grant recommendations that reflect a consensus of Primary Stroke Centers and Emergent Stroke Ready Hospitals, or other hospitals seeking certification or designation, within their EMS Region. The Department will consider the Subcommittee's recommendations when awarding matching grants to hospitals seeking to improve stroke care.
 - 4) When applications exceed available funds, the Department *may consider prioritizing grant awards to hospitals in areas with the highest incidence of stroke, taking into account geographic diversity and health care disparities, where possible.* (Section 3.117.5(d) of the Act)
 - 5) All grant funds awarded shall be used exclusively for the establishment and retention of Primary Stroke Centers, Emergent Stroke Ready Hospitals, stroke networks and improvement of stroke systems of care. Grant funds used for personnel costs shall be directly related to enhancement of stroke care. All grant funds are subject to the Illinois Grant Funds Recovery Act.
- d) Subject to appropriation, the Director will award matching grants to:
- 1) *Hospitals for the acquisition and maintenance of necessary infrastructure, including personnel, equipment, supplies, and pharmaceuticals for the prevention, diagnosis, treatment and management of acute stroke patients* (Section 3.117.5(a) of the Act);
 - 2) *Hospitals to pay the fee for certifications and re-certifications by Department-approved, nationally recognized certifying bodies or to provide additional certification, education or training for directors of stroke care, physicians, hospital staff, or emergency medical services personnel authorized under the Act* (Section 3.117.5(a) of the Act);
 - 3) *Primary Stroke Centers and Emergent Stroke Ready Hospitals for developing or enlarging stroke networks, for stroke education, and to*

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enhance the ability of the EMS System to respond to possible acute stroke patients (Section 3.117.5(b) of the Act).

- e) *Interfund transfers from the Hospital Stroke Care Fund shall be prohibited. (Section 3.226(d) of the Act)*

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

SUBPART C: EMS SYSTEMS

Section 515.330 EMS System Program Plan

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

- a) The name, address and fax number of the Resource Hospital;
- b) The names and resumes of the following persons:
 - 1) The EMS MD,
 - 2) The Alternate EMS MD,
 - 3) The EMS Administrative Director,
 - 4) The EMS System Coordinator;
- c) The name, address and fax number of each Associate or Participating Hospital (see subsection (i));
- d) The name and address of each ambulance provider participating within the EMS System;
- e) A map of the EMS System's service area indicating the location of all hospitals and ambulance providers participating in the System;
- f) Current letters of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the

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writer's understanding of and commitment to any necessary changes, such as emergency department staffing and educational requirements:

- 1) The Chief Executive Officer of the hospital,
 - 2) The Chief of the Medical Staff, and
 - 3) The Director of the Nursing Services;
- g) A letter of commitment from the EMS MD that describes the EMS MD's agreement to:
- 1) Be responsible for the ongoing education of all System personnel, including coordinating didactic and clinical experience;
 - 2) Develop written standing orders (treatment protocols, standard operating procedures) to be used in the EMS MD's absence and certify that all involved personnel will be knowledgeable in emergency care and capable of providing treatment and using communications equipment once the program is operational;
 - 3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
 - 4) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
 - 5) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMS MD during any Department inspection, investigation or site survey;
 - 6) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
 - 7) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;

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- 8) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every EMT-B, EMT-I or EMT-P within the System who has not been recommended for re-licensure by the EMS MD; and
 - 9) Be responsible for compliance with the provisions of Sections 515.400 and 515.410 of this Part;
- h) A description of the method of providing EMS services, which includes:
- 1) Single vehicle response and transport;
 - 2) Dual vehicle response;
 - 3) Level of first response vehicle;
 - 4) Level of transport vehicle;
 - 5) Use of mutual aid agreements; and
 - 6) Informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;
- i) A letter of commitment from each Associate Hospital, Participating Hospital or Veterans Health Administration facility within the System, which includes the following:
- 1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;
 - 2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;
 - 3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;

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- 4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System or other EMS system whose ambulances transport to them;
 - 5) An agreement to use the standard treatment orders as established by the Resource Hospital;
 - 6) An agreement to follow the operational policies and protocols of the System;
 - 7) A description of the level of participation in the training and continuing education of pre-hospital personnel;
 - 8) An agreement to collect and provide relevant data as determined by the Resource Hospital;
 - 9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;
 - 10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;
 - 11) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will ensure that communications interference as a result of this dual participation will be minimized; and
 - 12) The names and resumes of the Associate Hospital EMS MD and Associate Hospital EMS Coordinator;
- j) A letter of commitment from each ambulance provider participating within the System, which indicates compliance with Section 515.810 of this Part;
 - k) Descriptions and documentation of each communications requirement provided in Section 515.400 of this Part;
 - l) The Program Plan shall consist of the EMS System Manual, which shall be

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provided to all System participants and shall include the following Sections:

- 1) Education and Training
 - A) Content and curricula of training programs for EMT, Emergency Medical Dispatcher, First Responder, Pre-Hospital RN, ECRN and Lead Instructor candidates, including:
 - i) Entrance and completion requirements;
 - ii) Program schedules;
 - iii) Goals and objectives;
 - iv) Subject areas;
 - v) Didactic requirements, including skills laboratories;
 - vi) Clinical requirements; and
 - vii) Testing formats.
 - B) Training program for Pre-arrival Medical Instructions, if applicable, including:
 - i) Entrance and completion requirements;
 - ii) Description of course materials; and
 - iii) Testing formats.
 - C) Continuing education for EMTs, Pre-Hospital RNs, and ECRNs, including:
 - i) System requirements (hours, types of programs, etc.);
 - ii) System program for System participants: types of activities covered (e.g., telemetry review, and morbidity and mortality conferences) and protocols for enrollment and

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- completion;
 - iii) Requirements for approval of academic course work;
 - iv) Didactic programs offered by the System;
 - v) Clinical opportunities available within the System; and
 - vi) Record-keeping requirements for participants, which must be maintained at the Resource Hospital.
- D) Renewal Protocols
- i) System examination requirements for EMTs, Pre-Hospital RNs, ECRNs;
 - ii) Procedures for renewal of Pre-Hospital RN and ECRN approvals;
 - iii) Requirements for submission of transaction cards for EMTs meeting renewal requirements; and
 - iv) Department renewal application forms for EMTs who have not met renewal requirements according to System records.
- E) System participant education and information, including:
- i) Distribution of System Manual amendments;
 - ii) In-services for policy and protocol changes;
 - iii) Methods for communicating updates on System and Regional activities, and other matters of medical, legal and/or professional interest; and
 - iv) Locations of library/resource materials, forms, schedules, etc.
- F) A plan that describes how Emergency Medical dispatch agencies

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and First Responders participate within the EMS System Program Plan (see Sections 515.710 and 515.720 of this Part).

- G) A System may require that up to one-half of the continuing education hours that are required toward re-licensure, as determined by the Department, be earned through attendance at system-taught courses.
 - H) A didactic continuing education course that has received a State site code shall be accepted by the System, subject only to the requirements of subsection (1)(1)(C).
- 2) Drugs and Equipment
 - A) A list of all drugs and equipment required for each type of System vehicle; and
 - B) Procedures for obtaining replacements at System hospitals.
 - 3) Personnel Requirements for EMTs
 - A) Minimum staffing for each type and level of vehicle; and
 - B) Guidelines for EMT patient interaction.
 - 4) In-Field Protocols, including medical-legal policies, but not limited to:
 - A) The Regional Standing Medical Orders;
 - B) System Standing Medical Orders as listed in Section 515.Appendix D, to include Department-approved protocols for medical treatment, including, but not limited to, burns, hypothermia, respiratory distress, shock, trauma, cardiac arrest and toxic exposure (e.g., Department-approved BLS medical treatment protocol, EMSC medical treatment protocol) at a minimum;
 - C) Appropriate interaction with law enforcement on the scene;
 - D) When and how to notify a coroner or medical examiner;

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- E) Appropriate interaction with an independent physician/nurse on the scene;
 - F) The use of restraints;
 - G) Consent for treatment of minors;
 - H) Patient choice and refusal regarding treatment, transport, or destination;
 - I) The duty to perform all services without unlawful discrimination;
 - J) Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse;
 - K) Patient abandonment;
 - L) Emotionally disturbed patients;
 - M) Patient confidentiality and release of information;
 - N) Durable power of attorney for health care;
 - O) Do Not Resuscitate (DNR) orders (see Section 515.380); and
 - P) A policy concerning the use of latex-free supplies.
- 5) Communications standards and protocols, including:
- A) The information contained in the System Program Plan relating to the requirements of Sections 515.410(a)(1), (2), (3) and (4) and 515.390(b) and (g);
 - B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;

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- C) Protocols ensuring that the voice orders via radio and using telemetry shall be given by or under the direction of the EMS MD or the EMS MD's designee, who shall be either an ECRN, or physician; and
 - D) Protocols defining when an ECRN should contact a physician.
- 6) Quality improvement measures for both adult and pediatric patient care shall be performed on a quarterly basis and be available upon Department request; ambulance operation and System training activities, including, but not limited to, monitoring training activities to ensure that the instructions and materials are consistent with United States Department of Transportation training standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review.
- 7) Data collection and evaluation methods that include:
- A) The process that will facilitate problem identification, evaluation and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;
 - B) A copy of the pre-hospital reporting form; and
 - C) A sample of the information and data to be reported to the Department summarizing System activity (see Section 515.350).
- 8) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including:
- A) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);
 - B) Infectious disease and disinfection procedures, including the policy on significant exposure;
 - C) Reporting and documentation of problems; and

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- D) Protocols for ILS/ALS System personnel to assess the condition of a patient being initially treated in the field by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the ILS or ALS personnel is therefore appropriate. The protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition, and shall require that the activities of the System personnel be under the immediate direction of the EMS MD or designee.
- 9) Any procedures regarding disciplinary or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act.
- 10) Any System policies regarding abuse of controlled substances or conviction of a felony crime by System personnel whether on or off duty.
- 11) The responsibilities of the EMS Coordinator, as designated by the EMS MD, including data evaluation, supervision of clinical, didactic and field experience training, and physician and nurse education as required.
- 12) The responsibilities of the EMS MD;
- m) *Written protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center, [Primary Stroke Center or Emergent Stroke Ready Hospital](#), which provide that a person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center, [Primary Stroke Center or Emergent Stroke Ready Hospital](#) unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal. (Section 3.20(c)(5) of the Act) The bypass status policy shall include criteria to address how the hospital will manage pre-hospital patients with life threatening conditions within the hospital's then-current capabilities while the hospital is on bypass status. In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:*
- 1) There are no critical or monitored beds available in the hospital; or

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- 2) An internal disaster occurs in the hospital;
- n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes;
- o) Each hospital shall have a policy addressing peak census procedures, such as the model policy developed by the Department.

(Source: Amended at 37 Ill. Reg. 19610, effective November 20, 2013)

SUBPART K: PRIMARY STROKE CENTERS AND
EMERGENT STROKE READY HOSPITALS

Section 515.5000 Definitions

For the purposes of this Subpart K:

- a) "Certification" or "certified" means certification of a Primary Stroke Center using evidence-based standards, from a nationally recognized certifying body approved by the Department. (Section 3.116 of the Act) The State Stroke Advisory Subcommittee shall forward recommendations of certifying bodies to the Department at least annually, or more often as needed. The Department will consult the State Stroke Advisory Subcommittee when reviewing and approving certifying bodies. The Department will maintain and post on the Department's website a current list of the names, phone numbers and website information, if available, of the approved certifying bodies. The list will be reviewed at least annually.
- b) "Designation" or "designated" means the Department's recognition of a hospital as a Primary Stroke Center or Emergent Stroke Ready Hospital. (Section 3.116 of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5010 Stroke Care – Restricted Practices

Sections in the Act pertaining to Primary Stroke Centers and Emergent Stroke Ready Hospitals

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are not medical practice guidelines and shall not be used to restrict the authority of a hospital to provide services for which it has received a license under State law. (Section 3.119 of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5020 Primary Stroke Center (PSC) Designation

- a) Subject to Section 515.5040, Primary Stroke Center Designation shall remain valid at all times while the hospital maintains its certification as a Primary Stroke Center, in good standing with the Department-approved certifying body. (Section 3.117(a)(4) of the Act)
- b) The duration of a Primary Stroke Center Designation shall coincide with the duration of its Primary Stroke Center certification. (Section 3.117(a)(4) of the Act)
- c) Each designated Primary Stroke Center shall have its designation automatically renewed upon the Department's receipt of a copy of the certifying body's certification renewal and the Request for IDPH Primary Stroke Center Designation form. (Section 3.117(a)(4) of the Act)
- d) The Department shall consult with the State Stroke Advisory Subcommittee in developing designation processes for Primary Stroke Centers. (Section 3.117(c) of the Act)
- e) A hospital shall submit a copy of its certification renewal from the certifying body as soon as practical, but no later than 45 business days after the hospital receives the certification. Upon receipt of the certification renewal, the Department will begin the re-designation process.

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5030 Request for Primary Stroke Center Designation

- a) A hospital that is already certified as a Primary Stroke Center by a nationally recognized certifying body approved by the Department shall send a copy of the certificate to the Department, along with a Request for Primary Stroke Center Designation form. (Section 3.117(a)(2) of the Act)

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- b) Within 30 days after the Department receives the hospital's certificate indicating that the hospital is a certified Primary Stroke Center in good standing with the certifying body, and the completed Request for Primary Stroke Center Designation form, the hospital shall be deemed to be a State-designated Primary Stroke Center. (Section 3.117(a)(2) and (4) of the Act)
- c) The Department will send designation notices to hospitals that it designates and will add the names of designated Primary Stroke Centers to the website listing immediately upon designation. Subject to Section 515.5040, the Department will remove the name of a hospital from the website listing when a hospital loses its designation after notice and, if requested by the hospital, a hearing. (Section 3.118(c) of the Act)
- d) The Request for Primary Stroke Center Designation shall include a statement that the hospital meets the requirements for Primary Stroke Center Designation in Section 3.117 of the Act. The applicant hospital shall provide the following:
- 1) Hospital name and address;
 - 2) Hospital chief executive officer/administrator typed name and signature;
 - 3) Hospital stroke medical director typed name and signature; and
 - 4) Contact person typed name, e-mail address and phone number.
- e) The Request for Primary Stroke Center Designation will instruct the hospital to provide proof of current Primary Stroke Center certification from a nationally recognized certifying body approved by the Department.

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5040 Suspension and Revocation of Primary Stroke Center Designation

- a) A hospital that no longer meets nationally recognized evidence-based standards for Primary Stroke Centers, or loses its Primary Stroke Center certification, shall immediately notify the Department, the hospital's EMS MD, and the Regional EMS Advisory Committee, in writing, upon notification from the certifying body. (Section 3.117(a)(5) of the Act)

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b) Suspension of Designation

- 1) The Department shall have the authority and responsibility to suspend a hospital's Primary Stroke Center Designation upon receiving notice from the hospital's certifying body that the hospital's Primary Stroke Center certification has lapsed, or been revoked, suspended or cancelled. (Section 3.117(a)(3)(A) of the Act)
- 2) In extreme circumstances where patients may be at risk for immediate harm or death, as determined by the Director, the Department shall have the authority and responsibility to suspend a hospital's Primary Stroke Center Designation, until such time as the certifying body investigates and makes a final determination regarding certification. (Section 3.117(a)(3)(B) of the Act) The Department will notify the hospital's certifying body and provide the hospital and EMS MD with written notice of its decision to suspend designation.
- 3) Upon receipt of the Department's written notice to suspend designation, the hospital shall have 15 business days in which to make a written request for an administrative hearing to contest the Department's decision. Administrative hearings will be conducted in accordance with Section 515.180. The Department will notify the hospital, the EMS MD, and the hospital's certifying body of the Department's final administrative decision to revoke designation.
- 4) The Department will suspend a hospital's Primary Stroke Center designation at the request of a hospital seeking to suspend its own Department designation. (Section 3.117(a)(3)(D) of the Act)
- 5) The Department shall have the authority to conduct investigations. All applicants for designation and designees shall fully cooperate with any Department investigation, including providing patient medical records as requested by the Department. (Section 3.125(d)) The failure to fully cooperate shall be grounds for denying, suspending or revoking a designation.

- c) Revocation of Designation. The Department shall have the authority and responsibility to revoke a hospital's designation if the hospital's certification has been revoked by the State-recognized certifying body. (Section 3.117(a)(3) of the

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Act)

- d) The Department will restore any previously suspended or revoked Department designation upon notice to the Department that the certifying body has confirmed or restored the Primary Stroke Center certification of that previously designated hospital. (Section 3.117(a)(3)(C) of the Act)
- e) The Department shall consult with the State Stroke Advisory Subcommittee in developing designation and de-designation processes for Primary Stroke Centers. (Section 3.117(c) of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5050 Emergent Stroke Ready Hospital (ESRH) Designation

- a) The Department recognizes that diagnostic capabilities and treatment modalities for the care of stroke patients will change due to rapid advances in science and medicine. Nothing in this Part shall prohibit a hospital, without designation, from providing emergency stroke care. Requirements pertaining to Emergent Stroke Ready Hospitals shall not be used to restrict the authority of a hospital to provide services for which it has received a license under State law.
- b) Upon receipt of hospital applications, the Department shall attempt to designate hospitals as Emergent Stroke Ready Hospitals capable of providing emergent stroke care in all areas of the State. (Section 3.117(b) of the Act)
- c) The Department shall designate as many Emergent Stroke Ready Hospitals as apply for that designation as long as they meet the criteria in this Section and Section 3.117 of the Act. (Section 3.117(b)(1) of the Act)
- d) Any hospital seeking designation as an Emergent Stroke Ready Hospital shall apply for and receive Emergent Stroke Ready Hospital designation from the Department, provided that the hospital attests, on a Request for Emergent Stroke Ready Hospital Designation form (see Section 515.5060), that it meets, and will continue to meet, the criteria for Emergent Stroke Ready Hospital Designation. (Section 3.117(b)(2) of the Act) The Department will post and maintain ESRH designation instructions, including the request form, on its website.
- e) Upon receipt of a completed Request for Emergent Stroke Ready Hospital

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Designation form attesting that the hospital meets the criteria set forth in the Act and this Part, signed by a hospital administrator or designee, the Department will designate a hospital as an Emergent Stroke Ready Hospital no more than 20 business days after receipt of an attestation that meets the requirements for attestation in Section 515.5070(a). (Section 3.117(b)(4)(B) of the Act) The Department will notify the hospital of the designation in writing. The Department has the authority to conduct on-site visits to assess compliance with this Part.

- f) The Department shall add the names of designated Emergent Stroke Ready Hospitals to its website listing immediately upon designation and shall immediately remove the name when a hospital loses its designation, after written notice and, if requested by the hospital, a hearing. (Section 3.118(c) of the Act)
- g) The Department will require annual written attestation by Emergent Stroke Ready Hospitals to indicate compliance with Emergent Stroke Ready Hospital criteria, as described in the Act and this Part, and will automatically renew Emergent Stroke Ready Hospital designation of the hospital. (Section 3.117(b)(4)(C) of the Act) The hospital shall provide the attestation, along with any necessary supporting documentation, within 45 business days after receipt of the notification. Supporting documentation shall include any documents supporting the attestation that have changed significantly since the previous annual attestation.
- h) Emergent Stroke Ready Hospital Designation shall automatically renew upon the Department's receipt of a completed annual Request for Emergent Stroke Ready Hospital Designation form that meets the requirements for attestation in Section 515.5070(a). Within 20 business days, the Department will provide written acknowledgment of the hospital's designation renewal. (Section 3.117(b)(4)(B) of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5060 Emergent Stroke Ready Hospital Designation Criteria

- a) Hospitals seeking Emergent Stroke Ready Hospital Designation shall develop policies, procedures, or protocols that consider and reflect nationally recognized evidence-based protocols for the provision of emergent stroke care. (Section 3.117(b)(3) of the Act)

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- b) Hospital policies, procedures or protocols relating to emergent stroke care and stroke patient outcomes shall be reviewed at least annually, or more often as needed, by a hospital committee that oversees quality improvement. Adjustments shall be made as necessary to advance the quality of stroke care delivered. (Section 3.117(b)(3) of the Act)
- c) Criteria for Emergent Stroke Ready Hospital Designation of hospitals shall be limited to the ability of the hospital to:
- 1) Create written acute care policies, procedures, or protocols related to emergent stroke care, including transfer criteria;
 - 2) Maintain a written transfer agreement with one or more hospitals that have neurosurgical expertise;
 - 3) Designate a director of stroke care, which may be a clinical member of the hospital staff or the designee of the hospital administrator, to oversee the hospital's stroke care policies, protocols, or procedures;
 - 4) Administer thrombolytic therapy, or subsequently developed medical therapies that meet nationally recognized evidence-based stroke protocols or guidelines;
 - 5) Conduct brain image tests at all times, which shall consider and reflect current nationally recognized evidence-based protocols or guidelines;
 - 6) Conduct blood coagulation studies at all times, which shall consider and reflect current nationally recognized evidence-based protocols or guidelines;
 - 7) Maintain a log of acute stroke patients, which shall be available for review upon request by the Department or any hospital that has a written transfer agreement with the Emergent Stroke Ready Hospital. (Section 3.117(B)(3)) The stroke patient log shall be available to be used for internal hospital quality improvement purposes. Hospitals may alternatively participate in a nationally recognized stroke data registry. Hospitals shall submit data from their stroke patient log or nationally recognized stroke data registry to the Department upon request. The hospital may share unidentified patient data with its EMS Region, EMS

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System, or other stroke network partners for quality improvement purposes. Hospitals shall review and analyze the data elements listed in subsections (c)(7)(A) through (K) quarterly, at a minimum, and submit a summary to the Department with the annual written attestation. The stroke patient log shall contain, at a minimum:

- A) The patient's medical record number;
- B) Date of emergency visit;
- C) Mode of patient arrival;
- D) Time presented in the emergency department;
- E) Last time patient was observed to be free of current symptoms (i.e., time of last known well), if known;
- F) Baseline initial stroke severity score upon arrival at the hospital (i.e., National Institutes of Health (NIH) Stroke Scale);
- G) Time of blood coagulation results available;
- H) Time of brain imaging;
- I) Time of brain imaging results available;
- J) Time and type of thrombolytic therapy or nationally recognized evidence-based exclusion criteria;
- K) Time of transfer from the emergency department;
- L) Time of transfer if from another location in the hospital; and
- M) Transfer/discharge diagnosis and destination.

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5070 Request for Emergent Stroke Ready Hospital Designation

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- a) Any hospital seeking designation as an Emergent Stroke Ready Hospital shall apply for, and receive, Emergent Stroke Ready Hospital Designation from the Department, provided that the hospital attests, on a form developed by the Department in consultation with State Stroke Advisory Subcommittee, that the hospital meets, and will continue to meet, the criteria for Emergent Stroke Ready Hospital Designation located in Section 515.5060. (Section 3.117(b)(2) of the Act) The Department will post and maintain ESRH designation instructions, including a Request for Emergent Stroke Ready Hospital Designation form, on its website.
- b) The Request for Emergent Stroke Ready Hospital Designation form shall include a statement that the hospital meets each requirement in Section 3.117 of the Act, including the designation criteria in Section 3.117(b)(3) of the Act and Section 515.5060 of this Part. The hospital shall provide the following:
- 1) Hospital name and address;
 - 2) Hospital chief executive officer/administrator typed name and signature;
 - 3) Chief medical officer (or designee) typed name and signature;
 - 4) Hospital stroke director typed name, clinical credentials and signature; and
 - 5) Contact person typed name, e-mail address and phone number.
- c) The hospital shall indicate on the Request for Emergent Stroke Ready Designation form whether it is applying for an initial ESRH designation or an ESRH designation renewal.
- d) The hospital shall provide the Department with supporting documentation indicating compliance with each designation criterion in Section 3.117(b)(3) of the Act and Section 515.5060 of this Part with the initial ESRH application, as follows:
- 1) A copy of the hospital's stroke policies, procedures or protocols related to the provision of emergent stroke care;
 - 2) A copy of the hospital's transfer agreement with one or more hospitals that have board certified or board eligible neurosurgical expertise, and

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policies, procedures or protocols related to the transfer;

- 3) The hospital stroke director's name, contact information and curriculum vitae or resume to demonstrate that the Director is a clinical member of the hospital staff or a clinical designee of the hospital administrator;
 - 4) A copy of the hospital's policies, procedures or protocols related to the administration of thrombolytic therapy, or subsequently developed medical therapies that meet nationally recognized evidence-based stroke protocols or guidelines;
 - 5) A letter from the stroke director or hospital administrator indicating how the hospital conducts and interprets brain image tests at all times that consider and reflect nationally recognized evidence-based stroke protocols or guidelines;
 - 6) Documentation of laboratory accreditation by a nationally recognized accrediting body;
 - 7) A sample stroke log or verification of use of a nationally recognized stroke data registry that meets the minimum requirements (see Section 515.5090) (Section 3.117(b)(3) of the Act)
 - 8) Each ESRH shall submit a description of its comprehensive ongoing quality improvement plan, including, but not limited to, all of the quality measurements in subsection (e). The description shall include the steps an ESRH would use to implement performance improvement processes.
- e) For re-designation, the hospital shall provide the Department with updated supporting documentation, including quality outcomes, indicating compliance with emergent stroke ready designation criteria in Section 515.5060. Hospitals shall submit a full application every three years.
- f) Quality outcomes data shall include a summary of the following quality outcomes, as indicated by the stroke log:
- 1) Results time for door-to-blood coagulation study;
 - 2) Completed time for door-to-brain imaging;

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- 3) Results time for door-to-brain imaging;
 - 4) Time for door-to-thrombolytic therapy, if applicable;
 - 5) Time for door-to-transfer from emergency department, if applicable; and
 - 6) Non-emergency department patients transferred out of the hospital for stroke diagnosis.
- g) Each ESRH shall submit a copy of its comprehensive quality assessment, including, but not limited to, all of the quality measurements in subsection (e) that do not meet nationally recognized evidenced-based stroke guidelines. For each outcome not meeting national guidelines, the ESRH shall implement a written quality improvement plan.
- h) After receipt of a completed Request for Designation form that meets the requirements of this Section, the Department will designate a hospital as an Emergent Stroke Ready Hospital no more than 20 business days after receipt of the form. The Department will notify the hospital, in writing, of the designation.

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5080 Suspension and Revocation of Emergent Stroke Ready Hospital Designation

- a) Emergency Suspension
- 1) When the Director has determined that the hospital no longer meets the Emergent Stroke Ready Hospital criteria set forth in the Act and this Part, and an immediate and serious danger to public health, safety, and welfare exists, the Department will issue an emergency suspension of Emergent Stroke Ready Hospital Designation. (Section 3.117(b)(4)(D) of the Act)
 - 2) If the Emergent Stroke Ready Hospital fails to eliminate the violation immediately or within a fixed period of time, not exceeding 10 business days, as determined by the Director, the Director may immediately revoke the Emergent Stroke Ready Hospital Designation. (Section 3.117(b)(4)(D) of the Act)

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b) Suspension and Revocation

- 1) The Director shall have the authority and responsibility to issue an emergency suspension of Emergent Stroke Ready Hospital designation when the Director has determined that the hospital no longer meets the Emergent Stroke Ready hospital criteria, as set forth in the Act and this Part, and an immediate and serious danger to the public health, safety, and welfare exists.
- 2) If the Emergent Stroke Ready Hospital fails to eliminate the violation immediately or within a fixed period time, not exceeding 10 days, as determined by the Director, the Director may immediately revoke the Emergent Stroke Ready Hospital Designation. The Emergent Stroke Ready Hospital may appeal the revocation within 15 days after receiving the Director's revocation order, by requesting an administrative hearing.
- 3) The Director shall have the authority and responsibility to suspend, revoke, or refuse to renew an Emergent Stroke Ready Hospital Designation, after notice and an opportunity for an administrative hearing, when the Department finds that the hospital is not in substantial compliance with current Emergent Stroke Ready Hospital criteria as set forth in the Act and this Part. (Section 3-117(b)(4)(D) of the Act)
- 4) The Department shall consult with the State Stroke Advisory Subcommittee in developing the designation and de-designation processes for Emergent Stroke Ready Hospitals. (Section 3.117(c) of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5090 Data Collection and Submission

- a) The Department may administer a data collection system to collect data that is already reported by designated Primary Stroke Centers to their certifying body to fulfill certification requirements. Primary Stroke Centers may provide complete copies of the same reports that are submitted to their certifying body to satisfy any Department reporting requirements. If the Department establishes reporting requirements for designated Primary Stroke Centers, the Department shall permit each designated Primary Stroke Center to capture information using existing electronic reporting tools used for certification purposes. Nothing in this Section

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shall be construed to empower the Department to specify the form of internal recordkeeping. (Section 3.118(e) of the Act)

- b) Stroke data collection systems and all stroke-related data collected from hospitals shall comply with the following requirements:
- 1) The confidentiality of patient records shall be maintained in accordance with State and federal laws.
 - 2) Hospital proprietary information and the names of any hospital administrator, health care professional, or employee shall not be subject to disclosure.
 - 3) Information submitted to the Department shall be privileged and strictly confidential and shall be used only for the evaluation and improvement of hospital stroke care. Stroke data collected by the Department shall not be directly available to the public and shall not be subject to civil subpoena, nor discoverable or admissible in any civil, criminal, or administrative proceeding against a health care facility or health care professional. (Section 3.118(d) of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

Section 515.5100 Statewide Stroke Assessment Tool

- a) The State Stroke Advisory Subcommittee shall select or develop and submit an evidence-based statewide stroke assessment tool to clinically evaluate potential stroke patients to the Department for approval. (Section 3.118.5(d) of the Act)
The Subcommittee shall select or develop, jointly with the State EMS Advisory Council, the educational curriculum for instructing EMS System personnel on the use of the tool.
- b) Upon approval of the stroke assessment tool, the Department shall disseminate the tool to all EMS Systems for adoption. The Director shall post the Department-approved stroke assessment tool on the Department's website. (Section 3.118.5(d) of the Act)
- c) The State Stroke Advisory Subcommittee shall review the Department-approved stroke assessment tool at least annually to ensure its clinical relevancy and to

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make changes when clinically warranted. (Section 3.118.5(d) of the Act)

(Source: Added at 37 Ill. Reg. 19610, effective November 20, 2013)

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Section 515.APPENDIX D Standing Medical Orders

1. STANDING MEDICAL ORDERS/CARDIAC PROTOCOLS shall include at a minimum:

- Routine Cardiac Care
- Cardiac Arrest
- Cardiogenic Shock
- Ventricular Fibrillation
- Ventricular Tachycardia
- Ventricular Ectopy
- Electromechanical dissociation/pulseless electrical activity (EMD/PEA)
- Paroxysmal supraventricular tachycardia (PVST)
- Bradycardia
- Asystole

2. STANDING MEDICAL ORDERS/TRAUMA PROTOCOLS shall include at a minimum:

- Field Triage Protocols
- Shock (Hypovolemia)
- Spinal Cord
- Head Trauma
- Load and Go Situations
- Traumatic Arrest
- Amputated Parts
- Burns

3. STANDING MEDICAL ORDERS/PROTOCOLS FOR MEDICAL EMERGENCIES shall include at a minimum:

- Asthma
- Anaphylactic Shock
- Diabetic Emergencies
- Drug Overdose
- Coma, Origin Unknown
- Status Epilepticus
- Seizures
- Heat Emergencies

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Cold Emergencies
Poisoning
Radiation Injuries
Renal Protocols (care of patients with shunts and fistulas)
Near Drowning
[Stroke, in accordance with Section 515.220](#)

4. STANDARD MEDICAL ORDERS/OBSTETRIC/GYNECOLOGICAL PROTOCOLS shall include at a minimum:

Normal Deliveries
Hemorrhage, including third trimester bleeding
Abnormal Deliveries (i.e., cord or breech presentation)
Resuscitation of the Newborn
Rape/Sexual Assault

5. STANDING MEDICAL ORDERS/PEDIATRIC PROTOCOLS shall include at a minimum:

PEDIATRIC INITIAL ASSESSMENT/MEDICAL CARE – A foundation for all pediatric patient interactions, this protocol shall reinforce the need for consistent, methodical patient assessment. Commonly referred to as "routine medical care" in adult protocols, the protocol shall reinforce the following: Importance of rapid BLS interventions (i.e., CPR), specifically airway support; age-appropriate signs and symptoms of pediatric respiratory distress; age-appropriate airway interventions, including the use of "blow-by" oxygen administration; indicators of adequate ventilation and perfusion; age-appropriate immobilization of the pediatric trauma patient; recognition of and monitoring for imminent life threats; unique assessment considerations and emergent care requirements of children with special health care needs (CSHN), including those who are technologically dependent. The protocol shall emphasize the appropriate inclusion of parents/primary caregivers.

NEONATAL RESUSCITATION – Shall incorporate the specific heart rate parameters and requisite interventions according to the American Heart Association recommendations.

PEDIATRIC AED – Treatment shall be in accordance with the Department approved Pediatric AED protocol and in accordance with American Heart

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Association guidelines. AEDs can be used in children age one to eight years. Use of pediatric pads and cables is preferable.

PEDIATRIC ALLERGIC REACTION/ANAPHYLAXIS – Special attention to the differentiation between local reaction (hives), mild respiratory distress and severe cardio-respiratory compromise.

PEDIATRIC ALTERED LEVEL OF CONSCIOUSNESS – Emphasis on the importance of recognizing etiology, aggressive airway maintenance, glucose monitoring and naloxone administration.

PEDIATRIC BRADYCARDIA – Treatment in accordance with the American Heart Association recommendations.

PEDIATRIC BURNS – Special emphasis on the pediatric "rule of nines" for burn size estimation, aggressive airway management and triage to the appropriate facility. Differentiation shall be made between thermal injuries, chemical injuries and electrical injuries.

PEDIATRIC ENVIRONMENTAL HYPERTHERMIA – Emphasis on appropriate assessment, cooling techniques and fluid replacement considerations of children presenting with environmental hyperthermia.

PEDIATRIC HYPOTHERMIA – Emphasis on the pediatric population at high risk for hypothermia: neonates and infants. Aggressive airway management, warming techniques and recognition of frostbite injury shall be addressed. Interventions for associated arrhythmias in accordance with the American Heart Association recommendations.

PEDIATRIC NEAR DROWNING – Emphasis on aggressive airway management and the potential for associated cervical spine injury and hypothermia.

PEDIATRIC PULSELESS ARREST – Treatment and recognition of the following dysrhythmias: asystole, pulseless electrical activity, ventricular fibrillation, ventricular fibrillation or pulseless ventricular tachycardia. Treatment modalities should be consistent with guidelines set forth by the American Heart Association's Pediatric Advanced Life Support. Appropriateness for intraosseous access should be included.

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PEDIATRIC RESPIRATORY ARREST – Treatment shall be in accordance with the American Heart Association Pediatric Advanced Life Support guidelines.

PEDIATRIC RESPIRATORY DISTRESS – Differentiation shall be made between "upper airway obstruction" (i.e., croup, epiglottitis and foreign body) and lower airway disease (i.e., asthma, bronchiolitis, pneumonia). The potential for invasive airway interventions shall also be identified. Respiratory distress in children with a tracheostomy tube or on a ventilator shall also be addressed.

PEDIATRIC SEIZURE – Shall include the identification of rapid blood glucose monitoring in the field, considerations for febrile seizures and administration of rectal benzodiazepines (specifically in children less than three years old).

PEDIATRIC SHOCK – Differentiation should be made between hypovolemic (dehydration, hemorrhagic), cardiogenic and distributive (sepsis).

PEDIATRIC TACHYCARDIA – Interventions for both wide and narrow complex tachycardias in accordance with the American Heart Association guidelines.

PEDIATRIC TOXIC EXPOSURES/INGESTIONS – Accidental/ environmental toxic exposure or ingestion events commonly encountered in the pediatric population shall be incorporated.

PEDIATRIC TRAUMA – Emphasis on mechanism of injury, limited on-scene time, aggressive airway maintenance and field triage to the appropriate facility and addressing the unique needs of the head-injured child.

SUSPECTED CHILD ABUSE/NEGLECT – Special emphasis shall be on careful documentation of physical findings, discrepancy between history of injury and physical findings, interaction between child and parent/caregiver, and characteristics of the environment. The pre-hospital provider's responsibility as a mandated reporter and reporting suspicions to the emergency room staff shall be discussed. Directions for responding to parent/caregiver refusal to allow transport shall be included.

6. STANDING MEDICAL ORDERS/PROTOCOLS FOR SPECIAL SITUATIONS shall include at a minimum:

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Psychological Emergencies
Spousal Abuse
Geriatric Abuse
Child Abuse

7. STANDING MEDICAL ORDERS/PROTOCOLS FOR THE PROCEDURES LISTED as well as any others that may be System specific:

Adult Intubation Procedure
Pediatric Intubation Procedure
Defibrillation
Transtracheal Ventilation-Cricothyrotomy
Chest Decompression
Cardioversion
Medication Administration-IV/ett

8. Standing medical orders may be organized as assessment based versus diagnostic, such as, altered mental status, abnormal vital signs, dysrhythmias and/or blocks, respiratory distress, chest pain.

(Source: Amended at 37 Ill. Reg. 19610, effective November 20, 2013)

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- 1) Heading of the Part: Illinois Water Well Construction Code
- 2) Code Citation: 77 Ill. Adm. Code 920
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
920.10	Amended
920.15	Amended
920.20	Amended
920.30	Amended
920.40	Amended
920.50	Amended
920.60	Amended
920.70	Amended
920.90	Amended
920.120	Amended
920.130	Amended
920.140	Amended
920.150	Amended
920.160	Amended
920.180	Amended
920.200	New
920.210	New
920.220	New
920.230	New
920.240	New
920.250	New
920.Illustration A	Amended
920.Illustration E	Amended
920.Illustration H	Amended
920.Table C	New
- 4) Statutory Authority: Illinois Water Well Construction Code [415 ILCS 30]
- 5) Effective Date of Rule: November 25, 2013
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes

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- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments published in the *Illinois Register*: December 14, 2012; 36 Ill. Reg. 17308
- 10) Has JCAR issued a Statement of Objection to this rulemaking? 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:
 1. In Section 920.10, in the definition of "*Closed Loop Well*" after "Act") add "Closed Loop Heat Pump Well" means the same as "Closed Loop Well".
 2. In Section 920.10, in the definition of "Construction" delete the underlined language and strike out the definition of "Construction". Add "Construction" means all acts necessary to obtaining ground water by any method, including without limitation the location of and the excavation for the well, but not including prospecting, surveying or other acts preparatory thereto, nor the installation of pumps and pumping equipment. (Section 3(a) of the Act)
 3. In Section 920.10, delete the definitions of "Ground Heat Exchange Borehole" and "Ground Heat Exchange System".
 4. In Section 920.10, in the definition of "*Ground Water*" add or "Groundwater".
 5. In Section 920.10, in the definition of "Horizontal Closed Loop Well System" change "System" to "Systems".
 6. In Section 920.10, in the definition of "Modification" strike "Modification means".
 7. In Section 920.10, in the definition of "Modification" delete underlined language and add "'Modification' means any change, replacement or other alteration of any water well which shall be contrary to this Part. (Section 3d of the Act)".
 8. In Section 920.10, in the definitions add "Modify" means to change, replace or alter any water well in a manner that is contrary to this Part."

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9. In Section 920.10, in the definition of "Pressure Grouting" delete "to displace drilling fluids".
10. In Section 920.10, in the definition of "Water Well" delete underlined language and strike out the definition of "Water Well" and add "*Water Well* means any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial recharge, or acquisition of ground water, but such term does not include an excavation made for the purpose of obtaining or prospecting for oil, natural gas, minerals or products of mining or quarrying or for inserting media to repressure oil or natural gas bearing formation or for storing petroleum, natural gas or other products or for observation or any other purpose in connection with the development or operation of a gas storage project. (Section 3(e) of the Act)".
11. In Section 920.15(a)(2) and 920.90(a)(2) delete "F480-06be1" and replace with "F480-12".
12. In Section 920.15 b, add "9) Private Sewage Disposal Code (77 Ill. Adm. Code 905)".
13. In Section 920.120(a)(2) add "all of the following conditions exist" after "if".
14. In Section 920.130 a, strike "construction" and add "start of work".
15. Delete Section 920.150(c).
16. In Section 920.160(c), delete the underlined language and remove strikeouts from the existing language.
17. In Section 920.180(a), delete "have permeability from (1 x 10⁻⁹) to(1 x 10⁻⁷) centimeters per second" and add "have permeability no greater than 1x10⁻⁷ centimeters per second".
18. In Section 920.180, delete all underlined language and strike out all existing language in subsections (b)-(g).
19. In Section 920.200(b), delete ", approved local health department or approved unit of local government".

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20. Delete Section 920.200(b)(6), and renumber 920.200(b)(7) to "6".
21. In Section 920.210(b)(1), delete ", installation of vertical closed loop well piping".
22. In Section 920.240(a)(3), delete ", Coolants".
23. In Section 920. Table C, delete the row "Vertical – USP Food Grade Propylene Glycol".
24. In Section 920. Table C, delete the row "Vertical – Other Authorized Coolants".
25. In Section 920. Table C, delete the column under the heading "USP FOOD GRADE PROPYLENE GLYCOL".
26. In Section 920. Table C, delete the heading "USP FOOD GRADE PROPYLENE GLYCOL".
27. In Section 920. Table C, change the heading from "PROPOSED CLOSED LOOP WELL" to "CLOSED LOOP WELL".
28. In Section 920. Table C, delete the heading "OTHER AUTHORIZED COOLANTS".
28. In Section 920. Table C, in the row Closed Loop Well add "200" in the first column and "N/A" in the second column.
29. In Section 920. Table C, in the Water Well (where the owner of the closed loop well and a water well serving a private water supply is the same) row, change "N/A" to "75".
30. In Section 920. Table C, in the Footing Drains (No connection to a sewer or sump handling sewage is allowed.) row change the "N/A" to "10".
31. In Section 920. Table C, in the Pit, Crawl Space or Basement row change the "N/A" to "5".
32. In Section 920. Table C, in the Pump House Floor Drain row change the "N/A" to "2".
33. In Section 920. Table C, after "Sewers" add "(Storm, Sanitary or Combined)".

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34. In Section 920.Table C, after "Closed Loop Well" add "¹".
35. In Section 920.Table C, after "Water Well" add "¹".
36. In Section 920.Table C, after "Septic Tank" add ", Aerobic Treatment Plant, Surface Discharge Effluent Line, Treated Effluent Discharge Point".
37. In Section 920.Table C, remove "Subsurface Seepage Pipe/Tile From Private Sewage Systems" and add Subsurface Seepage System, Distribution Box, Sand Filter, Waste Stabilization Pond, Effluent Receiving Trench²".
38. In Section 920.Table C, at the end of the table add a row "In Relation to Buildings⁴".
39. In Section 920.Table C, add the footnotes, "¹ A closed loop well utilizing USP food grade propylene glycol may be located to within 75 feet of a water well."
- ² Water wells and closed loop wells shall be separated from all other system components for a private sewage disposal system consistently with Part 905 Private Sewage Disposal Code for Wells."
40. In Section 920.Table C, renumber the footnote by deleting "¹" and adding "³"
41. In Section 920.Table C. add the footnote, ⁴ Water wells and closed loop wells shall be located so that the centerline of the well extended vertically will clear any projection from the building by not less than 2 feet."

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

1. In the definition of "Construction", change "thereto" to "to those activities".
2. In Section 920.10 add the definition, "Detention Pond" is an engineered structure designed to store storm water from a rain event. The elevation of the outlet structure designed to meet the release rate requirement is equivalent to the lowest elevation of the pond."
4. In Section 920.10 delete the definition of "Environmental Protection Act"
5. In Section 920.10 delete the definition of "Modification".

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6. In Section 920.10 in the definition of "~~Modification~~", reinstate "Modification means"; strike out the existing definition language; and add "the alteration of the structure of an existing water well, including, but not limited to, deepening, elimination of a buried suction line, installation of a liner, replacing, repairing or extending casing, or replacement of a well screen. Pertaining to closed loop wells, "modification" also means any alteration to the construction of the borehole of an existing closed loop well, including, but not limited to, regrouting and installation of additional boreholes."

7. In Section 920.10, add "'Retention Pond' is an engineered structure designed to store storm water from a rain event. The elevation of the outlet structure designed to meet the release rate requirement is higher than the elevation of the pond base.".

8. In Section 920.10, add "'Thermal Grout' is a Department approved grout specifically developed to enhance the heat transfer in a closed loop well. Department approved closed loop well grouts shall have permeability no greater than 1×10^{-7} centimeters per second and all bentonite products shall comply with National Sanitation Foundation (NSF) International requirements. The Department will maintain a list of approved closed loop well grouts on its website at www.idph.org.".

9. In Section 920.15(a)(1), after "Foundation" add "International".

10. In Section 920.15(a)(1), change "2010a" to "2012".

11. In Section 920.180 delete "Department approved closed loop well grouts shall meet the requirements for NSF/ANSI 61-2010a and shall have a permeability no greater than 1×10^{-7} centimeters per second.".

12. In Section 920. Table C:

In the 4th row, 1st column, 3rd line, after the closing parenthesis, add "1".

In the 7th row, 1st column, 3rd line, change "Trench²" to "Trench".

In the 11th row, 3rd column, change "10" to "10²".

In the 12th row, 3rd column, change "2." to "2²".

In the 13th row, 3rd column, change "" to "5²".

In the 14th row, 3rd column, change "25" to "25³".

In the 18th row:

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1st column, change ".1" to " ".

2nd and 3rd columns, change "50" to "50⁵".

Delete the 19th row.

13. After 920.Table C. Change the footnotes to:

"1 A closed loop well utilizing USP food grade propylene glycol may be located to within 25 feet of a water well.

These setbacks do not apply when the closed loop well is installed prior to the construction of the building.

The 25 feet separation distance for a retention or detention pond does not apply to a closed loop well when:

- 1) The borehole is grouted the same day the borehole is constructed;
- 2) The borehole is grouted to the surface; and
- 3) The borehole is topped off. between 24 and 48 hours after the borehole is grouted with a bentonite chip product manufactured for water well sealing.

A water well or closed loop well may be located to within 10 feet of a sewer provided the sewer consists of cast iron pipe with watertight mechanical joints or rubber gasket sealed joints that meet ASTM Standard C564-11. SDR 26 PVC pipe or schedule 40 PVC pipe or heavier with solvent welded watertight joints or elastomeric seals (gaskets) used for push-on joints that meet ASTM Standard F477-10..

If the sewer pipe material is unknown, the 50 feet separation distance may be reduced based upon the site specific conditions. Both the water well permit application and the closed loop well permit application will have a section to identify the site specific conditions for reducing the 50 feet separation distance."

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

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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? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Amendments to this Part clarify existing provisions and add new requirements to implement Public Act 97-0363, which amended the Water Well and Pump Installation Contractor's License Act and the Illinois Water Well Construction Code to include new provisions and amend existing provisions governing closed loop wells and to add requirements for closed loop well contractor certification. Existing definitions in the rules are clarified and new definitions are being added. Section 920.15 is being amended to update incorporated and referenced materials. Additional amendments delete existing requirements for minimal lateral separation distances, which will be incorporated into the new Section 920.Table C. Amendments clarify the requirements for the installation of plastic well casing and grouting procedures; establish requirements for bored well construction materials; and allow water well contractors to prepare a well for sealing before notifying the Department or local health department as to the date that the well would be sealed. Sealing of a non-producing well is clarified to protect the water bearing formation. Other amendments establish requirements for approved local health departments having agent agreements with the Department. Existing requirements for closed loop wells are clarified and new Sections are added. Section 920.Table C combines the setback requirements between closed loop wells, water wells, and sources of contamination, and establishes setback requirements between sources of contamination and closed-loop wells. Amendments to Section 920.Illustrations A, E, and H bring them in line with other proposed changes to the rules.
- 16) Information and questions regarding this adopted rule shall be directed to:

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

217/782-2043
e-mail: dph.rules@illinois.gov

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

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TITLE 77: PUBLIC HEALTH
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
 SUBCHAPTER r: WATER AND SEWAGE

PART 920

~~ILLINOIS~~ WATER WELL CONSTRUCTION CODE

Section	
920.10	Definitions
920.15	Incorporated and/or Referenced Materials
920.20	Scope
920.30	General Requirements
920.40	Design Factors
920.50	Location
920.60	Drilled Wells in Unconsolidated Formations
920.70	Drilled Well Construction in Consolidated Formations
920.80	Special Type Wells
920.90	Construction Materials and Other Requirements
920.100	Finishing and Testing
920.110	Modification of Wells
920.120	Abandoned Wells
920.130	<u>Water Well Permit Requirements</u>
920.140	Administrative Hearings
920.150	Designation of Agents of the Department
920.160	Issuance of Water Well <u>and Closed Loop Well</u> Permits by Units of Local Government or Local Health Departments
920.170	Monitoring Wells
920.180	<u>Closed Loop</u> Closed Loop Wells
920.190	Assurance of Potable Water Supply
<u>920.200</u>	<u>Closed Loop Well System Permit Requirements</u>
<u>920.210</u>	<u>Examination for Closed Loop Well Contractor Certification and Fees</u>
<u>920.220</u>	<u>Closed Loop Contractor Registration, Renewal and Fees</u>
<u>920.230</u>	<u>Registered Closed Loop Well Contractor Responsibility</u>
<u>920.240</u>	<u>Closed Loop Well Continuing Education Sessions</u>
<u>920.250</u>	<u>Approval of Closed Loop Well Third Party Organizations</u>
ILLUSTRATION A	Unconsolidated Formations: Oversized Drill Hole
ILLUSTRATION B	Unconsolidated Formations: Mechanically Driven Casing
ILLUSTRATION C	Gravel Pack Construction
ILLUSTRATION D	Crevised Formations: Earth Cover Less Than 30 Feet Thick

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ILLUSTRATION E	Crevised Formations: Earth Mantle Cover Over 30 Feet Thick – Oversized Drill Hole
ILLUSTRATION F	Crevised Formations: Earth Cover Over 30 Feet Thick – Mechanically Driven Casing
ILLUSTRATION G	Bored or Dug Well – Well Not Finished With Buried Slab
ILLUSTRATION H	Bored or Dug Well – Buried Slab Construction
ILLUSTRATION I	Installation of a Driven Well
ILLUSTRATION J	Sealing an Abandoned Well – Extending into a Crevised Formation
ILLUSTRATION K	Sealing an Abandoned Dug or Bored Well
ILLUSTRATION L	Sealing an Abandoned Well Extending into More Than One Water Bearing Formation
ILLUSTRATION M	Sealing an Abandoned Buried Slab Bored Well
TABLE A	Steel Casing and Liner Pipe Weights and Dimensions
TABLE B	Plastic Casing and Liner Pipe Specifications
TABLE C	Minimal Lateral Distances in Feet Between Water Wells, Closed Loop Wells, and Sources of Contamination

AUTHORITY: Implementing and authorized by the Illinois Water Well Construction Code [415 ILCS 30].

SOURCE: Adopted September 12, 1973; amended at 2 Ill. Reg. 42, p.35, effective October 16, 1978; rules repealed, new rules adopted and codified at 7 Ill. Reg. 9633, effective August 1, 1983; amended at 12 Ill. Reg. 2990, effective January 13, 1988; amended at 13 Ill. Reg. 11796, effective July 1, 1989; amended at 14 Ill. Reg. 228, effective January 1, 1990; amended at 14 Ill. Reg. 14871, effective September 1, 1990; amended at 15 Ill. Reg. 18188, effective January 1, 1992; amended at 18 Ill. Reg. 17684, effective November 30, 1994; amended at 22 Ill. Reg. 3973, effective April 1, 1998; amended at 24 Ill. Reg. 11934, effective August 1, 2000; amended at 37 Ill. Reg. 19676, effective November 25, 2013.

Section 920.10 Definitions

"Abandoned Well" means a water or monitoring well ~~that~~^{which} is no longer used to supply water, or ~~that~~^{which} is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety.

"Act" means the Illinois Water Well Construction Code [415 ILCS 30].

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"Annular Space" means the opening between a well-hole excavation and the well casing or between a casing pipe and a liner pipe.

"Aquifer" means saturated (with groundwater) soils and geologic materials which are sufficiently permeable to readily yield economically useful quantities of water to wells, springs, or streams under ordinary hydraulic gradients. (Section 3(b) of the Illinois Groundwater Protection Act [415 ILCS 55/3(b)])

~~"Aquifer" means a water bearing formation that transmits water in sufficient quantity to supply a well.~~

"Bentonite Grout" means a manufactured grout product ~~that~~^{which} is a mixture of sodium bentonite and water mixed at the manufacturer's recommended ratio; a mixture of granulated sodium bentonite and water ~~that~~^{which} consists of a minimum of 20 ~~percent solid~~^{% solids} bentonite clay and water that is equivalent to 9.4 pounds/gallon; ~~a mixture of granulated sodium bentonite and clean drilling mud and water, weighing a maximum of 8.6 pounds/gallon, which consists of a minimum of 20% solids bentonite clay and clean drilling mud equivalent to 9.6 pounds/gallon;~~ or sodium bentonite in the granulated or chip form. All bentonite products shall comply with National Sanitation Foundation (NSF) International requirements.

~~"Borehole Boring"~~ also known as "drill hole" means an excavation that is drilled, cored, driven, dug, or otherwise constructed ~~that~~^{which} penetrates an aquifer or ~~that~~^{which} may degrade the quality of the aquifer.

"Cement" means a mixture consisting of cement, sand and water in the proportion of one bag of cement (94 pounds) and an equal volume of dry sand to not more than 6 gallons of clean water.

"Chemical Injection System" means any device or combination of devices having hose, pipe or other methods of conveyance ~~that~~^{which} connect directly to any water well through which a mixture of water, pesticides and fertilizers ~~is~~^{are} mixed or ~~is~~^{are} drawn and applied to land, crops, ~~and~~ or plants at agricultural, nursery, turf, golf course, or greenhouse sites.

"Closed Loop Well" means a sealed, watertight loop of pipe buried outside of a building foundation intended to re-circulate a liquid solution through a heat exchanger but is limited to the construction of the borehole and the grouting of

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the borehole and does not include the piping and appurtenances used in any other capacity. "Closed loop well" does not include any horizontal closed loop well systems where grouting is not necessary by law or standard industry practice. (Section 3(h) of the Act) "Closed Loop Heat Pump Well" means the same as "Closed Loop Well".

~~"Closed Loop Well" means a sealed, watertight loop of pipe buried outside of a building foundation which is intended to recirculate a liquid solution through a heat exchanger.~~

"Closed Loop Well Contractor" means any person who installs closed loop wells for another person. "Closed loop well contractor" does not include the employee of a closed loop contractor. (Section 3(j) of the Act)

"Closed Loop Well System" means a clustered group of closed loop wells that serve the same facility.

~~"Community Water System" means a public water system which serves at least 15 service connections used by residents or regularly serves at least 25 residents for at least 60 days per year. (Section 9(a)(1) of the Illinois Groundwater Protection Act) [415 ILCS 55/9(a)(1)].~~

~~"Consolidated Formation" means a geological formation thatwhich is firm ~~such as~~ rock referred to as bedrock.~~

"Construction" means all acts necessary to obtaining ground water by any method, including without limitation the location of and the excavation for the well, but not including prospecting, surveying or other acts preparatory to those activities, nor the installation of pumps and pumping equipment. (Section 3(a) of the Act)~~"Construction" means all acts necessary to obtaining ground water by wells, including excavation of the well, but excluding the installation of permanent pumps and pumping equipment.~~

~~"Contaminant" means any physical, chemical, biological, or radiological substance or matter in water. (Section 9(a)(2) of the Illinois Groundwater Protection Act [415 ILCS 55/9(a)(2)].~~

"Crevice, Consolidated Formation" is a consolidated formation characterized by fractures.

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"Department" means the Illinois Department of Public Health.

"Detention Pond" is an engineered structure designed to store storm water from a rain event. The elevation of the outlet structure designed to meet the release rate requirement is equivalent to the lowest elevation of the pond.

"Driven Water Well" means a well constructed by joining a drive point with lengths of pipe and then driving or jetting the assembly into the ground with percussion equipment or by hand.

~~"Environmental Protection Act" means the Environmental Protection Act [415 ILCS 5].~~

"Established Ground Surface" means the elevation of the ground surface at the site of the well.

"Finished Ground Surface" means the final or permanent elevation of the ground surface at the site of the well.

"Flowing Artesian Well" means a well in which the water from the confined aquifer rises above the finished ground surface.

"Ground Water" or "Groundwater" means water of underground aquifers, streams, channels, artesian basins, reservoirs, lakes and other water under the surface of the ground, whether percolating or otherwise. (Section 2(2) of the Illinois Water Well and Pump Installation Contractor's License Act)

"Horizontal Closed Loop Well Systems" means any open cut excavation where a watertight loop of pipe is buried outside of a building foundation that is intended to re-circulate a liquid solution through a heat exchanger.

"Mechanically Driven" means a procedure by which a casing is fitted with a drive shoe and driven with a force sufficient to firmly seat the casing in rock or to the desired depth in unconsolidated formations.

"Modification" means the alteration of the structure of an existing water well, including, but not limited to, deepening, elimination of a buried suction line, installation of a liner, replacing, repairing or extending casing, or replacement of a

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well screen. Pertaining to closed loop wells, "modification" also means any alteration to the construction of the borehole of an existing closed loop well, including, but not limited to, regrouting and installation of additional boreholes, any change, replacement, or other alteration of a water well. This includes, but is not limited to, deepening of a well, replacing or repairing a casing, repair or replacement of well screen, installation of a pitless adapter and any other changes of a well structure.

"Monitoring Well" means a water well intended for the purpose of determining groundwater quality or quantity.

"Neat Cement Grout" means a mixture consisting of one bag of cement (94 pounds) to not more than ~~six~~ six gallons of clean water. ~~Bentonite Additives such as bentonite or aquajel~~ or similar ~~material~~ materials may be added up to ~~6 percent~~ 6 percent by dry weight to increase fluidity or to control shrinkage.

"Non-Community Water System" means a public water system which is not a community water system, and has at least 15 service connections used by nonresidents, or regularly serves 25 or more nonresident individuals daily for at least 60 days per year. (Section 9(a)(4) of the Illinois Groundwater Protection Act [415 ILCS 55/9(a)(4)]).

"Pitless Adapter Unit" means a factory assembled device consisting of a pitless well adapter, a mechanism ~~that~~ which attaches to the well casing, and a well casing riser in a single unit, for the purpose of preventing contaminants from entering the well.

"Pitless Well Adapter" means an assembly of parts ~~that~~ which will permit water to pass through the wall of the well casing or extension ~~of the wall thereof~~; provides access to the well and to the parts of the water system within the well; and provides for the transportation of the water and the protection of the well and water ~~in the well~~ therein, from surface or near surface contamination. Parts or appurtenances to a pitless well adapter include, but are not limited to, the vent, the ~~device or devices~~ device(s) on or in the wall of the casing, and the cap or cover on top of the casing or casing extension.

"Potable" means generally fit for human consumption in accordance with accepted water supply principles and practices. (Section 3(h) of the Illinois Groundwater Protection Act)

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"Potential Primary Source" means any unit at a facility or site not currently subject to a removal or remedial action which:

is utilized for the treatment, storage, or disposal of any hazardous or special waste (as defined in Section 3 of the Environmental Protection Act) not generated at the site; or

is utilized for the disposal of municipal waste not generated at the site, other than landscape waste (as defined in Section 3 of the Environmental Protection Act) and construction and demolition debris; or

is utilized for the landfilling, land treating, surface impounding or piling of any hazardous or special waste (as defined in Section 3 of the Environmental Protection Act) that is generated on the site or at other sites owned, controlled or operated by the same person; or

stores or accumulates at any time more than 75,000 pounds above ground, or more than 7,500 pounds below ground, of any hazardous substances. (Section ~~3.3453-59~~ of the Environmental Protection Act ~~[415 ILCS 5/3.59]~~)

"Potential Route" means abandoned and improperly plugged wells of all kinds (i.e., those wells not plugged in accordance with this Part), drainage wells, all injection wells, including closed-loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel. This term does not include closed-loop heat pump wells using United States Pharmacopeia (USP) food grade propylene glycol. (Section 3.350 of the Environmental Protection Act)

"Potential Secondary Source" means any unit at a facility or a site not currently subject to a removal or remedial action, other than a potential primary source, which:

is utilized for the landfilling, land treating, or surface impounding of waste that is generated on the site or at other sites owned, controlled or operated by the same person, other than livestock and landscape waste, and construction and demolition debris; or

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stores or accumulates at any time more than 25,000 but not more than 75,000 pounds above ground, or more than 2,500 but not more than 7,500 pounds below ground, of any hazardous substances; or

stores or accumulates at any time more than 25,000 gallons above ground, or more than 500 gallons below ground, of petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance; or

stores or accumulates pesticides, fertilizers, or road oils for purposes of commercial application or for distribution to retail sales outlets; or stores or accumulates at any time more than 50,000 pounds of any de-icing agent; or

is utilized for handling livestock waste or for treating domestic wastewaters other than private sewage disposal systems as defined in the Private Sewage Disposal Licensing Act ~~[225 ILCS 225]~~. (Section ~~3.3553-60~~ of the Environmental Protection Act ~~[415 ILCS 5/3-60]~~)

~~"Potential Route" means abandoned and improperly plugged wells of all kinds, (i.e., those wells not plugged in accordance with the provisions of this Part) drainage wells, all injection wells, including closed loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel. (Section 3.58 of the Environmental Protection Act [415 ILCS 5/3.58])~~

"Pressure Grouting" means the placement of grout by a method using positive pressure.

"Private Water System" means any supply which provides water for drinking, culinary, and sanitary purposes and serves an owner-occupied single family dwelling. (Section 9(a)(5) of the Illinois Groundwater Protection Act ~~[415 ILCS 55/9(a)(5)]~~)

"Public Water System" means a system for the provision to the public of ~~water~~ piped water for human consumption through pipes or other constructed conveyances, if the system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days per year. A public water system is either a community water system (CWS) or a non-community water system (non-CWS). The term "public water system" includes any collection, treatment, storage

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or distribution facilities under control of the operator of such system and used primarily in connection with such system and any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system. (Section 9(a)(6) of the Illinois Groundwater Protection Act ~~[415 ILCS 55/9(a)(6)]~~)

"Pumping Water Level" means the ~~depth to~~elevation of the water surface in a well from the ground surface, top of casing or other established datum when water is discharged by pumping.

"Retention Pond" is an engineered structure designed to store storm water from a rain event. The elevation of the outlet structure designed to meet the release rate requirement is higher than the elevation of the pond base.

"Semi-Private Water System" means a water supply which is not a public water system, yet which serves a segment of the public other than an owner-occupied single family dwelling. (Section 9(a)(7) of the Illinois Groundwater Protection Act ~~[415 ILCS 55/9(a)(7)]~~)

"Site" means any location, place, tract of land, and facilities, including but not limited to buildings, and improvements used for purposes subject to regulation under the Environmental Protection Act. (Section ~~3.4603.43~~ of the Environmental Protection Act ~~[415 ILCS 5/3.43]~~)

"Thermal Grout" is a Department approved grout specifically developed to enhance the heat transfer in a closed loop well. Department approved closed loop well grouts shall have permeability no greater than 1×10^{-7} centimeters per second and all bentonite products shall comply with National Sanitation Foundation (NSF) International requirements. The Department will maintain a list of approved closed loop well grouts on its website at www.idph.org.

"Tremie Method" means ~~an industry method of applying grout to the annular space by~~ pumping grout through a pipe that is inserted into the annular space to fill the space ~~with grout~~ from the bottom upward ~~to the ground surface until the annular opening is filled~~ or to the point of pitless adapter attachment.

"Unconsolidated Formation" means a geological formation above bedrock, such as sand or gravel, ~~that~~which is caving in nature.

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"Undesirable Water" means water that contains contamination that exceeds Class I Groundwater Standards adopted in the Groundwater Quality Standards Code (35 Ill. Adm. Code 620, Subpart B).

"Unit" means any device, mechanism, equipment, or area (exclusive of land utilized only for agricultural production). (Section ~~3.5153-62~~ of the Environmental Protection Act ~~[415 ILCS 5/3.62]~~)

"Water-Bearing Formation" means any geologic formation ~~that~~^{which} contains water.

~~"Well Cap" means that portion of the pitless well adapter used to enclose the atmospheric termination of the casing, which shall overlap the top of the casing extension with a downward flange.~~

~~*"Water Well" means any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial recharge, or acquisition of ground water, but such term does not include an excavation made for the purpose of obtaining or prospecting for oil, natural gas, minerals or products of mining or quarrying or for inserting media to repressure an oil or natural gas bearing formation or for storing petroleum, natural gas or other products or for observation or any other purpose in connection with the development or operation of a gas storage project. (Section 3(e) of the Act*~~
"Water Well" means any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of the such excavation is for the location, diversion, artificial re-charge, or acquisition of ground water, except monitoring wells.

~~*"Well" means a bored, drilled or driven shaft, or dug hole, the depth of which is greater than the largest surface dimension. (Section 3.555 of the Environmental Protection Act)*~~

~~*"Well Cap" means that portion of the pitless well adapter used to enclose the atmospheric termination of the casing, which shall overlap the top of the casing extension with a downward flange.*~~

"Well Seal" means an arrangement or device used to establish a watertight closure at the junction of a well pump or piping with the well casing cover at the upper terminal of the well, the purpose of which is to prevent contaminated water

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or other material from entering the well.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.15 Incorporated ~~and/or~~ Referenced Materials

The following ~~rules, federal and State regulations,~~ standards, and statutes are incorporated or referenced in ~~various Sections of~~ this Part.

a) The following standards are incorporated by reference:

- 1) ~~NSF International, Standard 56, Pitless Well Adapters (November 1992) and published by:~~

~~NSF International
3475 Plymouth Road, P.O. Box 1468
Ann Arbor, Michigan 48106~~

- 1)2) ~~National Sanitation Foundation International/American National Standards Institute (NSF/ANSI) NSF International, Standard NSF/ANSI 14-2010a-1990, Plastic Piping System Components and Related Materials, and Standard NSF/ANSI 61-2012, Drinking Water System Components – Health Effects, and published by:~~

~~NSF International
789 N. Dixboro Road
P.O. Box 130140
3475 Plymouth Road, P.O. Box 1468
Ann Arbor, Michigan 48113-0140 48106~~

Referenced in Section 920.90

- 2)3) American Society for Testing and Materials (ASTM) International required standards ASTM A53/A53M-10, Standard Specification for Pipe, Steel, Black and Hot-Dipped, Zinc-Coated, Welded and Seamless (2010); ASTM A589/A589M-06, Standard Specification for Seamless and Welded Carbon Steel Water-Well Pipe (2006); ASTM F480-12, Standard Specification for Thermoplastic Well Casing Pipe and Couplings Made in Standard Dimension Ratios (SDR), SCH 40 and SCH 80 (2006); ASTM

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D3035-10, Standard Specification for Polyethylene (PE Plastic Pipe (DR-PR)) Based on Controlled Outside Diameter (2010); ASTM C564-11, Standard Specification for Rubber Gaskets for Cast Iron Soil Pipe and Fittings (2011); and ASTM F477-10, Standard Specification for Elastomeric Seals (Gaskets) for Joining Plastic Pipe (2010); published by ~~are listed under Sections 920.90 and 920.180. List of approved steel and plastic well casing standards may be obtained from:~~

American Society for Testing and Materials International
100 Barr Harbor Drive
P.O. Box C700
West Conshohocken, Pennsylvania 19428-2959
1916 Race Street
Philadelphia, PA 19103

Referenced in Sections 920.90 and 920.180

- 3)4) Underwriter's Laboratories, Inc., ~~Standard for Safety~~ UL 1995
~~(2005)(1990)~~, UL Standard for Safety Heating and Cooling Equipment,
~~and~~ published by:

Underwriter's Laboratories, Inc.
333 Pfingster Road
Northbrook, Illinois 60062-2096

Referenced in Section 920.90

- 4) American Petroleum Institute API SPEC 5L-2011, Specification for Line Pipe, published by:

American Petroleum Institute
1220 L Street, NW
Washington, D.C. 20005-4070

Referenced in Section 920.90

- b) The following statutes and rules are referenced:
- 1) Environmental Protection Act, Title IV, Public Water Supplies [415 ILCS

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5/Title IV]›

- 2) Illinois Water Well and Pump Installation Contractor's License Act [225 ILCS 345]
 - 3) [Private Sewage Disposal Licensing Act \[225 ILCS 225\]](#)
 - 4) [Illinois Groundwater Protection Act \[415 ILCS 55\]](#)
 - 5) [Groundwater Quality Standards Code \(35 Ill. Adm. Code 620, Subpart B\)](#)
 - 6) [Practice and Procedure in Administrative Hearings \(77 Ill. Adm. Code 100\)](#)
 - 7) [Drinking Water Systems Code \(77 Ill. Adm. Code 900\)](#)
 - 8) [Illinois Water Well Pump Installation Code \(77 Ill. Adm. Code 925\)](#)
 - 9) [Private Sewage Disposal Code \(77 Ill. Adm. Code 905\)](#)
- c) All incorporations by reference of ~~federal regulations and~~ the standards of nationally recognized organizations refer to the ~~regulations and~~ standards on the date specified and do not include any ~~amendments or editions~~~~additions or deletions~~ subsequent to the date specified.
- d) All materials incorporated by reference are available for inspection and copying at the Department's Central Office, Division of Environmental Health, 525 West Jefferson —Third Floor, Springfield, Illinois 62761.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.20 Scope

~~This~~The Part ~~hereby prescribed,~~ provides minimum standards for the location, construction and modification of water wells, monitoring wells and closed loop wells ~~that~~which are not otherwise subject to regulation under the Environmental Protection Act, Title IV, Public Water Supplies (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 1014-1019) ~~[415 ILCS 5/Title IV]~~. ~~No~~After the effective date of adoption of this Part, ~~no~~ water well, monitoring well or closed loop well as defined in this Part~~above~~ shall be constructed or modified contrary to the provisions of this Part.

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(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.30 General Requirements

- a) Authorized Constructor. Water wells subject to this Part shall be constructed only by persons having a valid license under the Illinois Water Well and Pump Installation Contractor's License Act ~~[225 ILCS 345]~~ unless exempt under ~~provisions of~~ that Act.
- b) Reports. Within 30 days after a water well has been constructed or deepened, the contractor shall submit a report of construction to the Department, an approved unit of local government or local health department (see Sections 920.150 and 920.160) on ~~such~~ forms ~~as are~~ prescribed and furnished by the Department.
- c) Variance:
 - 1) If conditions exist at a proposed installation site ~~that~~which preclude compliance with ~~the requirements of~~ this Part, a variance shall be requested and shall be approved before well construction begins. The contractor may request a variance by submitting to the Department or an approved unit of local government or a local health department, approved under Section 920.150 and 920.160, a written request outlining a specific proposal to be used in lieu of compliance with this Part. The request shall include a plot plan of the property, showing lot size, the location of sewers, septic tanks, buildings, seepage fields, and other sources of contamination on the property and adjacent property, with distances shown to the proposed well. A description of geological and soil conditions shall also be included. The Department or approved local health department ~~will~~shall approve the variance if the proposal is in accordance with accepted public health and sanitary engineering principles and practices, and if the resulting water well installation can be expected to provide a continuously safe and sanitary water supply. The Department or approved local health department will notify the applicant in writing of its decision either to grant or deny the variance.
 - 2) Examples of location problems that would preclude compliance with this Part would be the proposed location of a well too close to septic tanks, buildings, sewer lines, or barnyards.

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- 3) Examples of public health and engineering principles that would be considered in issuing a variance would be ground surface conditions, depth of the water table, the location of sources of contamination, the ability of the existing soil to remove ~~bacteria~~ and geologic conditions.
- 4) After a well has been drilled for which a variance has been issued, the contractor shall submit ~~two~~2 water samples to the Department laboratory for analysis. The first sample shall be submitted within 30 days after the pump is installed and operated; the second sample shall be submitted within 60 days after start-up of the pump, but not less than 30 days after collection of the first sample.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.40 Design Factors

The design of each well shall include the following:

- a) Natural Protection. Location of the well shall include ~~use~~utilization of every natural protection available to promote sanitary conditions.
- b) ~~Geologic~~Geological Formations. The well construction shall be adapted to the geologic formations and ~~groundwater~~ground-water conditions at the site, but shall comply with ~~the requirements in~~ this Part.
- c) Undesirable ~~Geologic~~Geological Formations. Water-bearing formations shall be excluded by installing casing or a liner and properly sealing when ~~the~~such formations contain undesirable water. When a contaminated formation is to be excluded, the liner ~~shall~~must be grouted in place, in accordance with Section 920.90(h), from 10 feet below the bottom of the contaminated formation to at least 10 feet above the top of the contaminated formation. When multiple water-bearing formations of different static water levels are penetrated in the construction of a water well and the lower water-bearing formation has sufficient yield for the water well, the upper water-bearing formations shall be excluded by installing casing or a liner and properly sealing to prevent the dewatering of the upper water-bearing formations.
- d) Capacity. ~~The well shall be capable of producing~~Capability of the well to

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~~produce~~ as much of the desired water quantity as the aquifer or aquifers can safely furnish.

- e) Durability. Construction methods and materials shall provide a durable well capable of maintaining safe water and protecting the aquifer.
- f) Pitless Well Adapters. No well casing shall be cut off or cut into below ground surface except to install a pitless well adapter below the frost level. Pitless well adapters or pitless units installed on plastic well casing shall be pressurized at the point of attachment with the well casing, unless the pitless unit is solvent welded onto the plastic casing and the riser casing of the pitless unit is plastic. Pitless well adapters installed on steel well casing shall be pressurized at the point of attachment with the well casing, unless the pitless unit is threaded or welded onto the well casing. The annular opening between the well casing and the well ~~borehole~~~~bore hole~~ or any excavation made to install the pitless adapter shall be filled with earth to minimize settling and ~~shall be~~ mounded to provide drainage away from the well. The contractor installing the pitless well adaptor shall be responsible for the installation of the earth backfill. ~~Pitless well adapters shall comply with the requirements of the NSF International Standard Number 56 entitled Pitless Well Adapters and shall be tested and approved as meeting this standard by Allied Laboratories, 716 North Iowa Avenue, Villa Park, Illinois, and shall be listed by the Department as meeting this standard.~~ A list of approved pitless well adapters will be periodically updated and a copy of this list may be obtained from the Department.
- g) Well Caps. There shall be no openings through the well cap except for a factory-installed vent, air line connection, and power supply wiring unless a proposal is submitted to and approved by the Department. The proposal ~~shall~~~~must~~ show that any entrance into the well cap is watertight. In addition, well caps shall:
- 1) Prevent surface water from entering the water supply;:-
 - 2) Be secured in position;:-
 - 3) Be removable only with tools; ~~and only~~.
 - 4) Be resistant to weathering and corrosion.
- h) Chemical Injection System. Where a chemical injection system is directly

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connected to a water well used for irrigation, a backflow device shall be installed in accordance with Section 925.40 of the Illinois Water Well Pump Installation Code (~~77 Ill. Adm. Code 925~~).

- i) Vents. Vent piping shall be of adequate size to allow equalization of air pressure in the well. For wells that are greater than ~~4four~~ inches in diameter, the vent shall be not less than ~~1/2one-half~~ inch in diameter. Vent openings shall be located ~~soin~~ ~~such a manner~~ as to prevent contamination of the well and shall be reasonably ~~tamper prooftamper proof~~. The vent opening shall be turned down, secured in position, and screened with not less than 24-mesh durable screen or filtered ~~soin~~ ~~such a manner~~ as to prevent the entry of insects. The vent opening shall terminate at least 8 inches above finished grade, or 24 inches above maximum high water level in areas where flooding occurs. ~~Wells shall be properly ventedParticular~~ ~~attention shall be given to proper venting of wells~~ in areas where toxic or inflammable gases are known to be a characteristic of the water. If ~~determined that~~ either of these types of gases are present, all vents located in buildings shall be extended to discharge outside of the building at a height where the vent will not be a hazard. Venting is required on all wells except driven water wells and flowing wells.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.50 Location

- a) General. In establishing the location of a well, the constructor shall ~~considergive~~ ~~consideration to~~ sources of contamination ~~thatwhich~~ exist on or adjacent to the ~~location of the wellpremises where the well is to be located~~. As far as possible, the well shall be located on ground ~~thatwhich~~ is higher than sources of contamination and shall have ready access for repairs, maintenance, treatment and inspection. All water wells, except monitoring wells, shall be located in accordance with the minimum distances ~~specified in Table C in subsection (b)~~ and shall be constructed in accordance with ~~the requirements of~~ this Part.
- b) Relation to Sources of Contamination. Determination of minimum lateral distances to locate a well from potential sources of contamination, involves evaluation of the character and location of the sources of contamination, types of geologic formations present, depth to the aquifer, direction of ~~groundwaterground~~ ~~water~~ flow, effect on the ~~groundwaterground water~~ movement by well pumping, and possibilities of flooding of the site by surface waters. Based on practice and

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experience, accepted minimum lateral distances for some common sources of pollution with respect to a well are established in Table C.~~have been established.~~ The lack of specific distances for other possible sources of contamination such as streams, refuse disposal sites, excavations, waste treatment facilities, buried oil and gasoline storage tanks, improperly constructed wells and cisterns, does not minimize their potential hazards. These Other soil conditions or other sources of contamination shall~~must~~ be evaluated in each particular situation and a distance arrived at based on the pertinent facts. The Department may be called on for assistance in determining a proper distance.

- 1) ~~The following minimum lateral distances shall apply for the common sources of contamination listed:~~

LATERAL DISTANCES SOURCES OF CONTAMINATION	FOR CLAY AND LOAM SOILS
Cess Pools	150 Feet
Closed Loop Wells	200 Feet
Closed Loop Wells (Private Well Only; where the owner of both the private water well and the closed loop heat pump well is the same)	75 Feet
Leaching Pit	100 Feet
Pit Privy	75 Feet
Subsurface Seepage Pipe/Tile From Private Sewage Systems	75 Feet

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~~Manure Piles~~ ~~-75 Feet~~

~~Septic Tank~~ ~~-50 Feet~~

~~Barnyard or Animal
Confinement Lot~~ ~~-50 Feet~~

~~Sewers. A well may be
located to within 10 feet
of a~~

~~sewer provided the
sewer consists of
cast iron pipe with water
tight~~

~~mechanical joints or
rubber~~

~~gasket sealed joints
which meet~~

~~ASTM Standard C564-
88, or schedule 40~~

~~PVC pipe or heavier
with~~

~~solvent welded water
tight joints~~

~~or elastomeric seals
(gaskets)~~

~~used for push on joints
which meet~~

~~ASTM Standard F477-
76~~ ~~-50 Feet~~

~~Footing Drains (No
connection to
a sewer or a sump
handling sewage)~~ ~~-10 Feet~~

~~Pump House Floor
Drain~~ ~~-2 Feet~~

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Pits, Crawl Spaces or Basements	5 Feet
Lakes, Ponds, Streams or Cisterns	25 Feet
Potential Primary Source, Potential Secondary Source, or Potential Route	200 Feet
Potential Primary Source, Potential Secondary Source, or Potential Route, where the owner of the source or route is the same as the private well	75 Feet
Abandoned Wells	200 Feet

~~2) When the upper formations are more pervious, the lateral distances shall be increased (i.e., double the distance for highly pervious gravel formations). (See subsections (b)(3) and (4) for additional requirements.)~~

~~1)3) Prohibitions. NoBeginning January 1, 1990, ~~no~~ new water well may be located within 200 feet of any potential primary or potential secondary source or any potential route, unless some other distance is allowed or required in Table Csubsection (b)(1). IfWhere the owner is the same for both the well to serve the private water system and a potential secondary source or a potential route, the well shall be no closer than 75 feet from the potential route or potential secondary source, unless some other distance is allowed or required in Table Csubsection (b)(1).~~

~~2)4) IfWhere the owner of a water well is the same owner of a potential primary source, potential secondary source, or ~~a~~potential route, the Department willshall allow a variance to the minimum separation~~

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distances required between a water well and a potential primary source, potential secondary source, or a potential route if ~~the owner of a demonstration is provided by the owner of~~ the potable water well ~~demonstrates~~ that applicable protective measures will be ~~used~~utilized to minimize the potential for contamination of the well, and if the resulting well installation can be expected to provide a continuously safe and sanitary water supply in compliance with the Act, this Part and the Department's Drinking Water Systems Code (~~77 Ill. Adm. Code 900~~). ~~Protective~~Applicable protective measures may include ensuring that sources of contamination are down grade from the water source or isolation of the potential source of contamination ~~so in such a manner~~ as to prevent a route of contamination of the ~~groundwater~~ground water, or isolating the potential source of contamination to prevent accidental introduction of contaminants into ~~groundwater~~ground water. ~~To~~In order ~~to~~ obtain a variance, the owner ~~shall~~must comply with Section 920.30(c). (See Section 6(a) of the Act.);

- c) ~~Floodwater~~Flood Water. Locations subject to flooding shall be avoided. If no reasonable alternate site exists, wells may be constructed in flood zones ~~if providing~~ special protective construction is included. The casing of the well shall terminate not less than ~~2~~two feet above the maximum known flood water elevation.
- d) Relation to Building. With respect to buildings, pits, and basements, the location of a well shall be as follows:
- 1) Adjacent to Building. When a well must be located adjacent to a building, it shall be ~~so~~located so that the center line of the well extended vertically will clear any projection from the building by not less than ~~2~~two feet.
 - 2) Pits and Basements. New wells shall not be constructed in pits or basements.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.60 Drilled Wells in Unconsolidated Formations

- a) General. Unconsolidated formations such as sand and gravel may extend to or near the ground surface. Generally, however, they lie below the ground surface at

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varying depths and are covered by an overburden of earth. The kind, nature and depth of the overburden are factors in determining how a well shall be constructed.

- b) Unconsolidated Formations. When wells are constructed in unconsolidated formations, a casing shall be installed the entire depth of the formation. Wells constructed in unconsolidated formations shall have a minimum of 20 feet of permanent casing.
- 1) ~~When wells are constructed in unconsolidated formations, a casing shall be installed the entire depth of the formation. Such wells shall have a minimum of 20 feet of permanent casing.~~ When an oversized drill hole is constructed for the installation of the casing, the diameter of the drill hole shall be a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater. If plastic well casing is installed, it shall be installed as required in Section 920.90(g). After the well casing is installed, the annular space shall be grouted as provided in Section 920.90(h). The annular space is from within a maximum of 10 feet of the top of the screen to finished ground surface. The tremie pipe shall be installed to the bottom of the annular space. No device shall be installed to prevent the tremie pipe from being installed into the annular space or to prevent the grout from filling the annular space. Excessive development and washing shall not be used to induce collapse of the borehole wall or to reduce the amount of open annular space. ~~The tremie pipe shall be installed when the casing is installed. The casing shall be grouted to a minimum depth of 60 feet, or within 10 feet above the top of the screen when the top of the screen is less than 70 feet below ground level. All wells with less than 25 feet of casing shall be grouted for a minimum of 15 feet below ground level. If plastic well casing is installed, it shall be installed as required in Section 920.90(g). After the casing is installed, the annular space shall be grouted as provided in Section 920.90(h). (See Illustration A.)~~
 - 2) When the casing is installed by mechanically driving the casing, an oversized hole shall be constructed to a depth of at least 10 but not more than 20 feet to allow removal of the drive nipple and installation of a joint of casing. While the casing is being driven, the bottom of the oversized hole shall be filled with granulated bentonite or natural clay mixture. After the casing is installed, either the open annular space that exists

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around the well casing shall be ~~either~~ grouted as required in Section 920.90(h) or, when the diameter of the oversized hole is a minimum of 3 inches greater than the outer diameter of the casing or coupling, the open annular space that exists around the well casing can be filled with bentonite or natural clay. (See Illustration B.)

- c) Gravel Pack Construction. When an ~~oversized~~over-sized drill hole is constructed to permit the placement of a gravel pack around the well screen, the diameter of the drill hole shall be a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater. The annular opening between the casing and drill hole shall be grouted in accordance with Section 920.90(h). If a permanent outer casing is installed, it shall extend to a depth of at least 20 feet and the annular opening between the drill hole and the outer casing shall be grouted in accordance with Section 920.90(h). The annular opening between inner and outer casings shall be sealed at the top of the casing. The seal shall be made in such a manner as to prevent water or contaminants from entering the annular space between the inner and outer casing. If plastic well casing is installed, it shall be installed as required in Section 920.90(g). (See Illustration C.)
- 1) All gravel placed in the well shall be clean and shall be; washed and disinfected prior to placement, or provisions shall be made for disinfection in place.
 - 2) Gravel refill pipes may be installed if they terminate above ground surface and are provided with watertight caps.
 - 3) Wells designed for placement of an artificial gravel pack shall be provided with an adequate screen having openings sized on the basis of the grain size of the gravel. The well shall be developed to ensure~~insure~~ free entry of water without sediment.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.70 Drilled Well Construction in Consolidated Formations

- a) Drift or Earth Cover Less Than 30 Feet in Thickness
- 1) The well casing shall extend to a depth of at least 40 feet below finished ground surface. The diameter of the drill hole shall be a minimum of 3

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inches greater than the outer diameter of the casing or coupling, whichever is greater. The annular space shall be pressure grouted as provided for in Section 920.90(h). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g). (See Illustration D.)

- 2) If a well is drilled to obtain water below the upper bedrock formation, it shall comply with subsection (a)(1) and the well casing shall be seated firmly in rock. When a liner is installed through the casing, the annular space between the casing and the liner shall be pressure grouted in accordance with Section 920.90(h). If the upper bedrock formation is a water-bearing formation, the liner shall be installed in accordance with Section 920.40(c).

- a) ~~Crevice Formations—Drift or Earth Cover Less Than 30 Feet. A creviced or cracked formation, which is the upper bedrock formation and is overlain by a mantle of earth having a thickness less than 30 feet, shall be used as a source of groundwater supply when constructed by one of the following methods:~~

- 1) ~~Where the drift or earth cover is less than 30 feet in thickness, the well casing shall extend to a depth of at least 40 feet below ground level. The diameter of the drill hole shall be a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater. The annular space shall be pressure grouted as provided for in Section 920.90(h). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g).~~
- 2) ~~Where the well is drilled to obtain water from a lower formation the casing shall extend at least through the creviced formation and be seated in firm rock. The diameter of the drill hole through the creviced formation shall be a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater. The annular space shall be pressure grouted as provided in Section 920.90(h). When an outer casing is left in place, the annular space between the casings shall be pressure grouted and the annular opening around the outer casing shall be grouted in accordance with Section 920.90(h). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g). (See Illustration D.)~~

- b) ~~Drift or Earth Cover Over 30 Feet in Thickness-~~

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- 1) When an oversized drill hole is constructed for the installation of the casing and the annular space is to be grouted through a tremie pipe installed in the annular space, the diameter of the drill hole shall be a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater. After the casing is installed, the annular space shall be grouted as provided for in Section 920.90(h). The annular space shall be grouted from the bottom of the casing to ground level. The tremie pipe shall be installed to the bottom of the annular space. No device shall be installed to prevent the tremie pipe from being installed into the annular space or to prevent the grout from filling the annular space.~~The tremie pipe shall be installed when the casing is installed and casing grouted to a minimum depth of 60 feet. When the casing is less than 60 feet, the entire length of casing shall be grouted. When grout is pumped into the annular space through the inside of the casing, the diameter of the drill hole shall be a minimum of 2 inches greater than the outer diameter of the casing or coupling, whichever is greater. If plastic well casing is installed, it shall be installed as required in Section 920.90(g). After the casing is installed, the annular space shall be grouted as provided for in Section 920.90(h).~~ (See Illustration E.)
- 2) When grout is pumped into the annular space through the inside of the casing, the diameter of the drill hole shall be a minimum of 2 inches greater than the outer diameter of the casing or coupling, whichever is greater. The entire length of casing shall be grouted as provided in Section 920.90(h). If plastic well casing is installed, it shall be installed as required in Section 920.90(g).
- ~~3)~~ When the casing is installed by mechanically driving the casing, an oversized hole shall be constructed to a depth of at least 10 but not more than 20 feet to allow ~~the~~ removal of the drive nipple and installation of a joint of casing. While the casing is being driven, the bottom of the oversized hole shall be filled with granulated bentonite or natural clay mixture. After the casing is installed, either the annular space that exists around the well casing shall be ~~either~~ grouted as required in Section 920.90(h) or, when the diameter of the oversized hole is a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater, the annular space that exists around the well casing can be filled with bentonite or natural clay. (See Illustration F.)

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- c) Flowing Artesian Well. A well that is constructed in a location where flowing artesian conditions are encountered or expected to occur shall be grouted to protect the artesian aquifer, prevent erosion of overlying geologic materials, and confine the flow to within the casing. Initial drilling operations shall extend into but not through the formation confining the water. The casing shall be installed and the annular opening between drill hole and casing shall be pressure grouted in accordance with Section 920.90(h). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g). The hole shall then be extended into the artesian formation. Flow control from the well shall be provided by valved pipe connections, watertight pump connections, or receiving reservoirs set at an altitude corresponding to the artesian head. The flowing well discharge control shall be provided to conserve groundwater and to prevent the loss of artesian head by preventing or reducing continuous discharges. A flow discharge pipe, where installed, shall not be directly connected to a sewer or other source of contamination.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.90 Construction Materials and Other Requirements

- a) Casing and Liner Pipe. In selection of casing and liner pipe, consideration shall be given to the stress to which the pipe will be subjected during construction and the corrosiveness of the water with which it comes in contact. Used or ~~rejected~~reject pipe shall not be used.
- 1) Steel well casing shall meet one of the following standards: ASTM A53/A53M-10, ASTM 589/A589M-06~~American Society For Testing Materials (ASTM) A 53-93A or B, A 589-93,~~ or API SPEC 5L-2011, American Petroleum Institute 5L, March, 1982 Edition and shall conform to ~~the minimum standards given in~~ Table A.
 - 2) Plastic well casing and liners shall meet the requirements of ASTM F480-12~~Standard F480-94~~ and the NSF/ANSI 14-2010a~~NSF International Standard Number 14-1990,~~ Plastic Piping System Components and Related Materials. Evidence of compliance shall be inclusion in the current NSF listing and display of the NSF seal on each section of casing, and marking the casing in accordance with the requirements of ASTM Standard F-480-~~94~~12.

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- 3) Plastic well casing and liners ~~shall~~must be Standard Dimension Ratio (SDR) rated and conform to ~~the minimum requirements given in~~ Table B.
- b) Outer Casing. Casing intended for construction purposes only shall be of weight and design ~~as~~ necessary to be watertight and permit installation without distortion or rupture to the specified depth and shall be removed upon completion of the well.
- c) Joints. All casing and liner pipe joints shall be watertight. When the water well casing is to be extended, the joint shall be a threaded coupling or welded if the casing is metal, or the joint shall be solvent welded if the casing material is plastic. When plastic well casing is installed, the pipe spigot and socket shall be cleaned and treated with a cleaner primer. Other types of plastic joints may be evaluated and approved by the Department on the basis of NSF/ANSI 14-2010a, NSF/ANSI 61-2010a, and laboratory pressurization tests for leakage. A pressurized connection shall be used when steel casing is used to extend plastic casing when the connection is within 20 feet of the ground surface. ~~Other types of joints may be evaluated and approved by the Department.~~
- d) Screens. Screen openings shall provide the maximum amount of open area consistent with the strength of the screen and the grading of the water-bearing formation or gravel pack. The openings shall permit maximum transmitting ability without clogging or jamming. Screens shall be made of non-corrosive material.
- e) Drive Shoe. Pipe that is to be driven shall be equipped with a drive shoe.
- f) Grouting Guides. Casing that is to be pressure grouted in the drill hole or annular opening shall be provided with a centering shoe and shall have sufficient guides or centralizers to permit the unobstructed flow and deposition of the thickness of grout specified.
- g) Plastic Casing Installations. There shall be no penetrations through the ~~inner~~ casing. A formation packer ~~may~~shall be installed just above the screen on unconsolidated formation wells or just above the bottom of the casing. A coupling shall be cemented on the bottom of the casing to stabilize it in the hole. A section of steel well casing, a minimum of 5 feet in length and meeting the requirements of subsection (a)(1)nipple 5 to 10 feet long may be used on the bottom of the casing in lieu of the coupling. In rock wells, the casing shall be set

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into the firm rock a minimum of 3 feet to prevent leaking around the end of the casing. In areas where the water is obtained at the rock surface, the casing shall be set just above the rock.

- h) Grouting. Procedures and materials for grouting shall be as follows:
- 1) Grout Material. Grout shall be bentonite grout, or neat cement grout as described in Section 920.10. The Department will maintain a list of water well grouts on its website.
 - 2) Prohibitions. Shale traps, cementing baskets, packers or other devices shall not be used to suspend grout above an open annular space. Excessive development and washing, shoveling of cuttings, or other activities shall not be used to induce collapse of the borehole wall or to reduce the amount of open annular space surrounding the permanent well casing.
 - 3) Application. Grouting~~When grouting~~ through the inside of the casing, ~~the grouting~~ shall be performed so that the grout fills the annular opening from the bottom to the surface. ~~If~~When grouting through a tremie pipe ~~that~~ is installed in the annular space, grout shall be pumped through the tremie pipe until grout completely fills the annular space to the surface. Bentonite, ~~aquajel~~, or similar material~~materials~~ may be added to the annular opening in the manner indicated for grouting, prior to the cement grouting, to seal any small crevices or fissures and assure that the annular space is open. If the grout settles below the ground surface or the point of pitless adapter attachment, ~~it is the responsibility of~~ the water well contractor who constructed the well ~~shall to~~ grout from the depth of settling to the surface or the point of pitless adapter attachment. If the grout has settled, the annular space shall be grouted as required in this subsection ~~Section 920.90~~(h). When the grout has settled less than 20 feet, the annular space can be grouted with bentonite chips.
 - 4) Grouting Time. The annular space shall be grouted when the drill rig is on the drill site.
 - 5) Setting Time. Drilling operations shall not be resumed until the cement grout has set. Neat cement grout shall set for at least 48 hours. Setting time may be reduced from 48 hours by the addition of manufacturers'

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approved chemicals and following manufacturers' recommendations for setting time. If the casing is fitted with a drive shoe on the bottom of the casing and driven to a firm seat into the consolidated formation, the set time can be reduced to one hour. Bentonite grout shall set for a minimum of one hour from the start of placement of the grout at the bottom of the annular opening by tremie method~~Tremie Method~~ or one hour after completion of grouting by other methods.

- i) Plumbness and Alignment. The bore of the hole shall be sufficiently plumb and straight to receive the casing without binding. The casing shall be sufficiently plumb and straight so that it will not interfere with installation and operation of the pump.
- j) Construction Water. Water used in the drilling process shall be obtained from a source that~~which~~ will not result in contamination of the well. All of the~~such~~ water shall be treated so as to maintain a free chlorine residual as an extra precaution.
- k) Cement Tile for Bored Wells. The minimum wall thickness shall be 2 inches. The minimum strength of the concrete shall be 4,000 pounds per square inch (psi). Before pouring the concrete, #10 gage reinforcement wire mesh with a grid size of 6 inches by 6 inches shall be installed in the concrete casing form. The concrete tile shall be formed to have overlapping joints on the top and bottom.
- l) Fiberglass Casing for Bored Wells. Fiberglass casing for bored wells shall meet the requirement for NSF/ANSI Standard 61 and be installed no deeper than 120 feet. The manufacturer shall certify that the fiberglass casing can withstand loads at depths of 120 feet with a 2:1 load factor. Certification shall be in the form of a letter from a professional or structural engineer registered in Illinois. If the casing is buried, the top of the casing shall not be installed deeper than 30 feet below ground surface.
- m) Buried Slab for Bored Wells. The manufacturer shall certify that the buried slab shall withstand loads at depths to which it will be installed with a 2:1 load factor. Certification shall be in the form of a letter from a professional or structural engineer registered in Illinois. The design, including dimensions and type of reinforcement, shall be submitted to the Department along with the certification letter. The slab shall not be installed before Department approval is issued, based on compliance with this Section. If the buried slab is constructed of fiberglass material, it shall meet NSF/ANSI Standard 61.

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(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.120 Abandoned Wells

a) Abandonment of Wells-

- 1) The owner of a water well, boring, or monitoring well shall assure that ~~asueh~~ well is sealed within 30 days after it is abandoned and when the well is no longer used to supply water or is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety. The Department ~~will~~shall grant an extension of this time ~~if provided~~ the owner submits a written request to the Department indicating the reasons for the request and an estimate of time in which the well will be either sealed or reused. ~~For~~In granting an extension ~~to be granted, the owner shall assure;~~ the Department ~~must be assured~~ that applicable protective measures will be taken and ~~that~~ the methods and materials will be in compliance with the Act and this Part. Applicable protective measures may include ensuring that sources of contamination are down grade from the water source, ensuring isolation of the potential source of contamination ~~so in such a manner~~ as to prevent a route of contamination of the ~~groundwater~~ground water, or isolating the potential source of contamination to prevent accidental introduction of contaminants into ~~groundwater~~ground water.
- 2) Water wells shall be sealed by a licensed water well driller pursuant to the Water Well and Pump Installation Contractor's License Act. An individual who is not ~~so~~ licensed may seal a well if all of the following conditions exist:
 - A) ~~The, provided the~~ well is located on land ~~that~~which is owned or leased by ~~the~~sueh individual; ~~and~~
 - B) ~~The land~~ is used by ~~the~~sueh individual for farming purposes or as ~~the~~sueh individual's place of abode; and
 - C) ~~A~~provided a request is made to the Department or local health department prior to the commencement of sealing indicating how the water well is to be sealed and the materials to be used. The

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Department or local health department ~~will~~shall grant approval when requested prior to the commencement of sealing if the methods and materials are in compliance with this Section.

- b) Sealing Requirements. Where geologic data does not exist for a particular abandoned drilled water well, ~~the~~such water well shall be sealed, from the bottom up to where the well casing is removed, with neat cement grout or any bentonite product manufactured for water well sealing. Water wells, borings, or monitoring wells ~~that~~which are abandoned shall be disinfected by introducing a sufficient amount of chlorine to produce 100 parts per million of chlorine in the water in the well and shall be sealed by placing the sealing materials from the bottom of the well to the surface by methods that will avoid segregation or dilution of material, in accordance with the following requirements:
- 1) Non-creviced, Consolidated ~~Formations~~formations. Wells extending into non-creviced sandstone, or other water-bearing consolidated formations shall be sealed by filling the well with disinfected clean pea gravel or limestone chips to within 10 feet below the top of the water-bearing formation or to within 10 feet of the bottom of the casing, whichever is less. Neat cement grout or any bentonite product manufactured for water well sealing shall be placed for a minimum of 20 feet above this point. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for ~~such~~ sealing if, provided the upper part of the well is dry. (See Illustration J.)
 - 2) Creviced ~~Formations~~formations. Wells extended into creviced formations shall be sealed by filling with disinfected clean pea gravel or limestone chips to within 10 feet below the top of the water-bearing formation or to within 10 feet below the bottom of the casing, whichever is less. Neat cement grout or any bentonite product manufactured for water well sealing shall be placed for a minimum of 20 feet above this point. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for ~~such~~ sealing if, provided the upper part of the well is dry. ~~If~~Where the earth cover is less than 30 feet, the hole shall be grouted from 10 feet below the creviced formation to where the well casing is removed. (See Illustration J.)

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- 3) Unconsolidated ~~Formations~~formations. ~~If~~~~In the event~~ the water-bearing formation consists of coarse gravel and producing wells are located nearby, the well shall be sealed by filling with disinfected clean pea gravel or limestone chips to 10 feet below the top of water-bearing formation. Neat cement grout or any bentonite product manufactured for water well sealing shall be placed for a minimum of 20 feet above this point. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for ~~such~~ sealing ~~if,~~ ~~provided~~ the upper part of the well is dry. Abandoned dug and bored wells shall be sealed by using one of the following methods:
- A) Filling with disinfected clean pea gravel or limestone chips to within 20 feet below the top of the casing. The upper part of the well to where the well casing is removed shall be sealed for a minimum of 20 feet by filling with neat cement grout, any bentonite product manufactured for water well sealing, or impervious material such as clay. Concrete or cement may be used for ~~such~~ sealing ~~if,~~ ~~provided~~ the upper part of the well is dry;:-
- B) Placing a one foot layer of any bentonite product manufactured for water well sealing at the bottom of the well, followed by alternating layers of agricultural limestone (limestone fines) and any bentonite product manufactured for water well sealing. The alternating layers of agricultural lime shall be ~~5~~five to ~~7~~seven feet thick and the alternating layers of any bentonite product manufactured for water well sealing shall be ~~6~~six inches thick. The uppermost or top layer shall be agricultural lime; ~~or,~~
- C) Completely ~~filling~~filling with concrete, cement grout, or impervious material such as clay. (See Illustration K.)
- 4) More than ~~One Water-Bearing Formation~~one water bearing formation. ~~If~~Where wells extend into more than one water-bearing formation, each water-bearing formation shall be sealed independently in the manner described in this Section. Neat cement grout or any bentonite product manufactured for water well sealing shall be placed a minimum of 10 feet above and below at all intermittent water-bearing formations except artesian wells and artesian formations. Disinfected clean pea gravel or

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limestone chips shall be placed in each water-bearing formation between plugs. When the lower formation has an upflow of water into the upper formation, a pressure seal is required to shut off the upflow while a neat cement plug at least 50 feet in length is pumped in place and allowed to set. The upper part of the well to where the well casing is removed shall be sealed with neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for ~~such~~ sealing ~~if provided~~ the upper part of the well is dry. (See Illustration L.)

- 5) Artesian ~~Wells~~wells. ~~A In such wells, a~~ cement retainer shall be used with pressure grouting equipment ~~used~~utilized to place cement grout. Neat cement grout, containing bentonite ~~or aquajel~~ from 2% to 6% by dry weight, shall be placed for a minimum of 10 feet below and 10 feet above the water bearing formation. The upper part of the well to where the well casing is removed shall be filled with neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for ~~such~~ sealing ~~if, provided~~ the upper part of the well is dry.
- 6) Buried Slab Bored Wells~~slab bored wells~~. ~~Wells~~Such wells shall be sealed by filling with disinfected clean pea gravel or limestone chips to within ~~10~~one foot below the buried slab. The upper part of the well to where the casing is removed shall be sealed with neat cement or any bentonite product manufactured for water well sealing.
- 7) In lieu of filling the well with disinfected clean pea gravel or limestone chips as required in subsections (b)(1) through (6) ~~of this Section~~, wells may be sealed by grouting from the bottom up by using neat cement grout or any bentonite product manufactured for water well sealing. This material shall be applied the full depth of the well and shall terminate within 2 feet of the ground surface. Concrete grout may be used in the upper part of the well ~~if, provided~~ the upper part of the well is dry.
- c) Non-Producing Wellwell. ~~If~~Where a water well is drilled and a water-bearing formation is not located, the water well driller shall fill the water well ~~shall be filled~~ with clay, or neat cement containing bentonite, ~~aquajel~~ or similar materials from 2% to 6% by weight, or pure bentonite in any form, ~~by the water well driller~~ not more than 10 calendar days after the well has been drilled. If a water well is drilled and a water-bearing formation is located, but the yield from the formation is not sufficient, or if the water well is to be sealed for any other reason, the water

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well shall be sealed in accordance with all provisions of this Part regulating the sealing of water wells.

- d) The well casing or liner shall be removed to at least 2 feet below final grade, except where the well terminates with a concrete slab ~~that~~which is part of a building floor. ~~If~~Where the well terminates in a slab ~~that~~which is part of a building floor, the sealing material shall be placed flush with the floor. The pump and drop pipe shall be removed.
- e) Notification-
- 1) The Department, approved local health department, or approved unit of local government shall be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal a water well or monitoring well. Preparation of the abandoned well, such as pulling the pumping unit, may be completed prior to notification.
 - 2) When a water, boring or monitoring well is sealed, the individual performing the sealing shall submit a sealing form ~~shall be submitted~~ to the Department or approved local health department ~~by the individual performing the sealing~~ not more than 30 days after the well is sealed. The following information shall be submitted on a form~~forms~~ provided by the Department:
 - A) ~~The~~the date ~~that~~the water, boring or monitoring well was drilled;
 - B) ~~Depth~~depth and diameter of the water, boring or monitoring well;
 - C) ~~Location~~location of the water, boring or monitoring well;
 - D) ~~Type~~type of sealing method used;
 - E) ~~Original~~original water well permit number if available;
 - F) ~~Date that~~date the water, boring or monitoring well was sealed;
 - G) ~~Type~~type of water well (bored, dug, driven or drilled);
 - H) ~~Whether~~whether the formation is clear of obstructions;

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- I) ~~Casing~~ record (explanation of the required removal); and
- J) ~~Water~~ well driller's license number and name.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.130 Water Well Permit Requirements

- a) Permit. A permit to construct, ~~or~~ deepen, modify or seal a water well ~~shall~~must be obtained from the Department or approved local health department prior to start of work~~construction~~.
- b) Application. Application for a permit shall be made on the forms provided by the Department or approved local health department. All applications for permit shall include a plan and drawing of the proposed construction. At a minimum the plan ~~shall~~must include:
 - 1) ~~A~~ drawing indicating lot size, direction of slope, location of property lines, and distances from proposed well construction to septic tanks, abandoned wells, property lines, seepage fields, sewers, and all other sources of contamination, and an indication of the type of contamination source;
 - 2) ~~Water~~ well driller's license number and name;
 - 3) ~~Estimated~~ daily pumping capacity if greater than 100,000 gallons per day;
 - 4) ~~The~~ location of the water well, including, county, city, street address or lot number, township, range, directions to the site (i.e., subdivision lot number, highway number, secondary roads, signs to follow, etc.), and section;
 - 5) ~~Name~~ and address of the owner of the well;
 - 6) ~~Type~~ of well to be constructed (bored, dug, drilled or driven);
 - 7) ~~An~~ estimate of the depth of the well;

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- 8) ~~Type~~ Proposed of well (i.e., non-potable use well, such as an irrigation, livestock or industrial water well, private water well, semi-private water well, or non-community public water well); and
- 9) ~~Proposed~~ Proposed aquifer.
- c) Expiration. A permit is void if construction has not commenced within one year ~~after the~~ of date of issuance.
- d) Water Well Fee. The fee to be paid for a permit to construct, ~~or~~ deepen, modify or seal a water well shall ~~not exceed~~ be \$100-~~00~~.
- e) The Department ~~will~~ shall grant permit requests ~~that~~ which meet the requirements of the Act and this Part. The Department's standards for denial of a permit request are set forth in subsection (f).
- f) Groundwater Contamination-
- 1) The Department ~~will~~ shall deny the approval of a permit request when available information indicates that the groundwater aquifer contains contamination ~~that~~ which exceeds the Class I groundwater standards adopted in the Groundwater Quality Standards Code (~~35 Ill. Adm. Code 620~~). A potential public health problem may be detected on the basis of a sanitary survey, laboratory analyses, location of known sources of pollution, condition of water supply, type of construction or information from previous well owners ~~that~~ which might indicate the water would be too hazardous to drink.
- 2) The Department ~~will~~ shall grant approval of a request for a permit when approved treatment is shown to reduce contaminant levels below the levels of recognized health advisories or established by the Department and the federal government and referenced ~~in this subsection (f)(2)~~ below. ~~Treatment~~ Such treatment includes, but is not limited to, sampling for additional contaminants, more frequent sampling for contaminants, or imposing ~~of~~ maximum contaminant levels specified in the ~~Department's~~ Drinking Water Systems Code (~~77 Ill. Adm. Code 900~~), or in ~~recognized~~ public health advisories concerning the safety of drinking water issued by the Department or USEPA.

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- g) Notification. Any person who constructs, ~~or~~ deepens, modifies or seals a water well for which a permit has been issued under this Part shall notify the Department, ~~or~~ approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.140 Administrative Hearings

All administrative hearings shall be conducted in accordance with the Department's Rules of Practice and Procedure in Administrative Hearings (~~77 Ill. Adm. Code 100~~).

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.150 Designation of Agents of the Department

- a) The Department may designate and use full-time municipal, district, county, or multi-county health departments as its agents for the purpose of performing inspections of water well and closed loop well system construction, investigating complaints, inspecting existing water wells and closed loop well systems and inspecting the work of water well drillers and closed loop well contractors. ~~Health~~ ~~Such health~~ departments ~~that~~ ~~which~~ desire approval as an agent shall make ~~a~~ ~~such~~ request in writing to the Department.
- b) The Department ~~will~~ ~~shall~~ designate ~~a~~ ~~such~~ health ~~department~~ ~~departments~~ as its agent ~~if~~ ~~provided~~ the health department agrees to do the following:
- 1) ~~Issue~~ ~~issue~~ permits for the construction, deepening, modification or sealing of all ~~new~~ water wells and closed loop well systems;
 - 2) ~~Perform~~ ~~perform~~ inspections of all water wells and closed loop well systems for which the health department has issued a permit; ~~has been issued by the health department~~;
 - 3) Inspect ~~inspect~~ all non-community public water supplies; ~~and~~
 - 4) Inspect ~~inspects~~ the sealing of all abandoned water wells; and

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- 5) Enterenters into a written agreement with the Department for the conduct of an inspection program.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.160 Issuance of Water Well and Closed Loop Well Permits by Units of Local Government or Local Health Departments

- a) Approval-
- 1) A unit of local government or local health department may issue water well construction, deepening, modification or sealing permits and closed loop well permits if:
- A) the unit provided such units of local government or local health department adoptsadopt an ordinance that:which
- i) requires the unit of local government or local health department to issue water well and closed loop well permits; and which
- ii) establishes a system for the inspection of water well construction and regulation; and
- B) the provided such ordinance is approved by the Department.
- 2) The unit of local government or local health department shallmay charge a water well construction, deepening, modification or sealing permit fee not to exceed \$100.00. The unit of local government or local health department shall charge a closed loop well construction, modification or sealing permit fee as required in Section 920.200(d).
- b) ToIn order to receive approval of an ordinance, the unit of local government or local health department shallmust submit to the Department a request for approval from the Department and must submit a copy of thesuch ordinance, including all amendments. The Department will approve the ordinance if the ordinance shall be approved by the Department provided the ordinance:

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- 1) ~~Has~~ been adopted by the unit of local government or local health department and ~~is~~ shall be in effect;
 - 2) ~~Adopts this Part~~adopts the Illinois Water Well Construction Code (77 Ill. Adm. Code 920) and the Illinois Water Well Pump Installation Code; ~~and (77 Ill. Adm. Code 925)~~
 - 3) ~~Requires~~requires the inspection by the unit of local government or local health department ~~to inspect~~of each water well for which a permit is issued ~~and each closed loop well system for which a permit is issued~~, and the sealing of each abandoned water well, ~~boring~~, or monitoring well within its jurisdiction. The unit of local government or local health department shall enter into a written agreement with the Department to conduct inspections.
- c) Required Information. An approved unit of local government or local health department ~~that~~which has an ordinance approved by the Department in accordance with subsection (a) of this Section shall submit to the Department the information listed in Section 920.130(b) ~~of this Part~~ for each water well permit issued. This information shall be submitted within 30 days ~~after~~of issuance of the date of issuance of the permit and shall be submitted on forms provided by the Department.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.180 Closed Loop~~Closed-Loop~~ Wells

- a) Construction. ~~For each closed loop~~Each closed loop well, ~~the borehole, containing the heat exchanger piping,~~ shall be grouted ~~from the bottom of the borehole to the bottom of the header-piping trench and, in the case of directional bores, the surface of the ground. The Department will maintain a list of approved closed loop well grouts on its website. Closed loop wells that are constructed in a manner that leaves a casing in the ground shall be grouted in a manner consistent with water wells. Closed loops as required in Section 920.90(h). Closed loop wells shall not be located closer to water wells and sources of contamination than the minimum separation distances specified in Table C.~~closer than 200 feet from a water well, except when the well is a private water system well and when the owner is the same for both the water well and the closed loop well, in which case the water well shall not be closer than 75 feet from the closed loop well.

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- b) ~~Piping Pressure. The liquid in the closed loop piping shall be maintained under pressure. The equipment shall be designed to shut down if there is any pressure loss in the system. The system must be pressure tested at a minimum pressure of 20 pounds per square inch by the installer after installation to ensure that there are no leaks in the piping or in the equipment system.~~
- e) ~~Coolant. The solution used as coolant or the liquid which is pumped through the closed loop well piping must be methanol, ethanol, propylene glycol, calcium chloride or ethylene glycol. These chemicals may be used only in concentrations of 20% or less. When copper piping is utilized, the coolant shall be hydrochlorofluorocarbon 22, or any equivalent refrigerant with less ozone depletion potential.~~
- d) ~~Piping All plastic piping shall be watertight and shall conform to ASTM D2666-89, D2447-89, D3035-91. All copper piping system and joints shall be watertight and conform to UL 1995. All joints in plastic piping shall be heat fusion welded.~~
- e) ~~Abandonment. All vertical piping in closed loop wells which is abandoned shall be physically disconnected from the horizontal piping and sealed with neat cement grout or any bentonite product manufactured for water well sealing by pressure grouting. All horizontal piping which is abandoned shall be removed or the coolant must be drained from the piping and disposed of off site in accordance with State and local laws.~~
- f) ~~Horizontal Piping Distances to Water Wells. Horizontal piping in a closed looped system shall not be closer than 25 feet to any water well.~~
- g) ~~Distances to Sources of Contamination. Closed loop wells shall not be closer to the sources of contamination listed in Section 920.50(b)(1) than the distances to water wells specified in this Section.~~

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.200 Closed Loop Well System Permit Requirements

- a) Permit. A permit to construct, modify or seal a closed loop well system shall be obtained from the Department, approved local health department or approved unit of local government prior to performing the work.

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- b) Application. Application for a permit shall be made on the forms provided by the Department. All applications for permits shall include a plan and drawing of the proposed construction. At a minimum, the plan shall include:
- 1) Name and address of the owner of the closed loop well system;
 - 2) Closed loop well contractor's registration number and name;
 - 3) The location of the closed loop well system, geographical location of the site using global positioning equipment and a description including county, city, street address, subdivision lot number, township, range, section and directions to the site (i.e., highway number, secondary roads, signs to follow, etc.). Changes in location of the closed loop well system shall be approved by the issuing party prior to construction;
 - 4) Type of facility to be served (e.g., single family residence, apartment building, business, factory, school);
 - 5) The number and depth of the closed loop boreholes;
 - 6) A drawing indicating lot size, location of property lines, and distances from proposed closed loop well system construction to water wells, septic tanks, abandoned wells, property lines, seepage fields, sewers, and all other sources of contamination, if they are within 200 feet of any closed loop well.
- c) Expiration. A permit shall be void if construction has not commenced within one year after date of issuance.
- d) Closed Loop Well System Permit Fee. The fee to be paid to the Department for a permit to construct or modify each individual closed loop well system shall be \$100 for the first 10 closed loop well boreholes drilled and \$10 for each additional borehole drilled. The fee to be paid to the Department for a permit to abandon each individual closed loop well system using up to 10 closed loop wells shall be \$100 and \$10 for each additional closed loop well after 10. A unit of local government or local health department having an approved ordinance in accordance with Section 920.160 shall set its own fees for permits to construct, modify or seal an abandoned closed loop well system.

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- e) The Department, approved local health department or approved unit of local government will grant permit requests that meet the requirements of the Act and this Part.
- f) Notification. Any closed loop well contractor who constructs, modifies or seals a closed loop well for which a permit has been issued under this Part shall notify the Department, approved unit of local government or approved local health department by telephone or in writing at least two days prior to commencement of the work.
- g) Within 30 days after a closed loop well system is completed or abandoned and sealed, the closed loop well contractor shall submit a report of the completion or sealing on a form prescribed by the Department, approved local health department or approved unit of local government.
- h) Variance
 - 1) If conditions exist at a proposed installation site that preclude compliance with this Part, a variance shall be requested and shall be approved before well construction begins. The closed loop well contractor may request a variance by submitting to the Department or an approved unit of local government or local health department a written request outlining a specific proposal to be used in lieu of compliance with this Part. The request shall include a plot plan of the property, showing lot size, the location of sewers, septic tanks, buildings, seepage fields, and other sources of contamination on the property and adjacent property, with distances shown to the proposed closed loop well. A description of geologic and soil conditions shall also be included. The Department or approved local health department will approve the variance if the proposal is in accordance with accepted public health and sanitary engineering principles and practices. The Department or approved local health department will notify the applicant in writing of its decision either to grant or deny the variance.
 - 2) Examples of location problems that would preclude compliance with this Part would be the proposed location of a well too close to septic tanks, buildings, sewer lines or barnyards.

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- 3) Examples of public health and engineering principles that would be considered in issuing a variance would be ground surface conditions, depth of the water table, location of sources of contamination, ability of the existing soil to remove bacteria, and geologic conditions.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.210 Examination for Closed Loop Well Contractor Certification and Fees**a) Applications**

- 1) Each person who desires to apply for admittance to the examination for closed loop contractor certification shall file an application for examination on forms provided by the Department. Forms may be obtained by writing to the Illinois Department of Public Health, Division of Environmental Health, 525 W. Jefferson Street, Springfield IL 62761.
- 2) The Department will establish examination dates and locations. A completed application, a current photograph of the applicant, proof of 180 days working as a geothermal well driller and a fee of \$175 shall be filed with the Department at least 45 days prior to the examination date.
- 3) Members of the Closed Loop Well Contractors Certification Board shall be allowed to take the examination.

b) Examination Requirements and Results

- 1) Examination Content. The examination for a closed loop well contractor certification will test the applicant's knowledge of the location of closed loop wells in relation to water wells and sources of contamination, drilling of boreholes and grouting of the borehole.
- 2) Passing Grade. The examination shall consist of questions with a grade value of 100 points. To successfully pass the examination, a grade of not less than 70 shall be obtained.
- 3) Notification of Results. The Department will notify each examinee by letter of the results of his or her examination.

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- 4) Failure to Pass. Any person who fails to pass the examination shall be admitted to a subsequent regularly scheduled examination after filing a new examination application and fee with the Department in accordance with subsection (a).
- 5) Review of Examinations. Individuals may not review their examinations once they have been taken.
- c) Any person holding a valid water well contractor's license issued under the Water Well and Pump Installation Contractor's License Act may apply and receive, without examination or fee, a closed loop well contractor's certification. As part of the application, the person shall submit a copy of his or her current Water Well Contractor's License.
- d) Any person who installs horizontal closed loop wells using only the open trench method shall be exempt from certification under this Section.
- e) Certification shall expire if the person holding the certifications fails to register within two years after becoming certified or a registered person allows his or her registration to lapse for more than three years.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.220 Closed Loop Contractor Registration, Renewal and Fees

- a) Registration Required. All closed loop well contractors shall hold a certificate of registration as a closed loop well contractor issued by the Department. All closed loop well contractors shall annually file an application to renew their registrations with the Department.
- b) Application. An individual may apply for registration as a closed loop well contractor on forms provided by the Department and shall submit the registration application fee of \$100 to the Department.
- c) Certification by an Approved Organization. An applicant for registration under this Section shall provide verification of certification by an organization approved by the Department. The Department shall keep a list of approved organizations posted on the Department's website.

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- d) Closed Loop Well Contractor Certification by the Department. An applicant for registration shall submit proof of certification under Section 920.210 unless specifically exempt from certification in Section 920.210(c).
- e) Renewal Fee. The fee to be paid for the annual renewal of a closed loop well contractor registration shall be \$100. All license renewals shall be made by November 30 of each year.
- f) Late Fee. The late fee to be paid for a registration annual renewal submitted after November 30 shall be \$25.
- g) Expiration. A registration issued under this Section shall expire on December 31 of the year issued, except that an original license issued after October 1 and before December 31 shall expire on December 31 of the following year.
- h) Continuing Education Required. All renewals and reinstatements of a closed loop well contractor registration shall be made on forms prescribed by the Department, and shall include documentation that the contractor has attended at least six hours of approved continuing education in the preceding two years that is approved in accordance with Section 920.240.
- i) Reinstatement. The fee to be paid for the reinstatement of a closed loop well contractor registration that has expired for a period of less than three years shall be \$50 plus all lapsed renewal fees
- j) Restoration. A registration that has expired for more than three years may be restored by taking and passing the written closed loop well contractor certification exam and paying the required fees.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.230 Registered Closed Loop Well Contractor Responsibility

- a) Closed Loop Well Construction. An individual who is not registered under the Act may perform labor and services in connection with the installation of a closed loop well, provided that the labor and services are performed at the direction and under the personal supervision of a registered closed loop well contractor. In order for the registered closed loop well contractor to perform personal supervision, the registered closed loop well contractor shall visit the work site at

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least once, and as often as necessary, to assure that the unregistered individual is performing work in compliance with this Part.

- b) The registered closed loop well contractor shall visit the work site when requested by the Department. If the work is performed by an unregistered individual, under the supervision of a registered closed loop well contractor, the registered closed loop well contractor shall sign the closed loop well construction report, indicate that a closed loop well contractor has personally supervised the work, and indicate the name of the unregistered person supervised.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.240 Closed Loop Well Continuing Education Sessions

- a) Approval of Continuing Education Sessions. Each entity that has established or proposes to present a continuing education session under the Act shall request Department approval by submitting its continuing education program to the Department. Requests shall be submitted to the Department no later than 60 days before the date the program begins. Continuing education sessions shall not be presented until at least 30 days after Department approval. A list of approved continuing education sessions will be available from the Department. The Department will approve sessions that address at least one of the following topics:
- 1) Closed loop well construction in general;
 - 2) Grouting Products and Procedures;
 - 3) Code Requirements, Ground Water Protection;
 - 4) Geological Topics, Strata;
 - 5) Safety hazards associated with the closed loop well construction industry;
 - 6) Other relevant information necessary for the continued improvement of knowledge of a closed loop water well contractor; or
 - 7) New Technologies.

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- b) Minimum Classroom Hours for Continuing Education Sessions. A continuing education session shall have a minimum of two classroom contact hours of closed loop well topics.
- c) Requests for Approval. When requesting approval, the entities shall submit the following information to the Department:
- 1) Title of session;
 - 2) Sponsoring organization;
 - 3) Location of session;
 - 4) Names and qualifications of instructors or presenters; and
 - 5) Brief description of each topic and the amount of time for each topic.
- d) Contact Hours. Total classroom contact hours excluding breaks (a classroom contact hour is 60 minutes).
- e) Attendance. The entity shall provide, upon request, the methodology used to verify attendance. Attendance records shall be retained for three years after the continuing education session.
- f) Certificate. A certificate of completion shall be issued for each participant enrolled in a continuing education course. The certificate shall contain the participant's name, course completed, dates, hours completed and location of course.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

Section 920.250 Approval of Closed Loop Well Third Party Organizations

- a) Approval of Third Party Organizations as Described in 920.220(c). The Department, with the advice of the Closed Loop Well Contractor's Advisory Board, shall make the decision to approve organizations dedicated to promoting top quality and safe closed loop installations.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

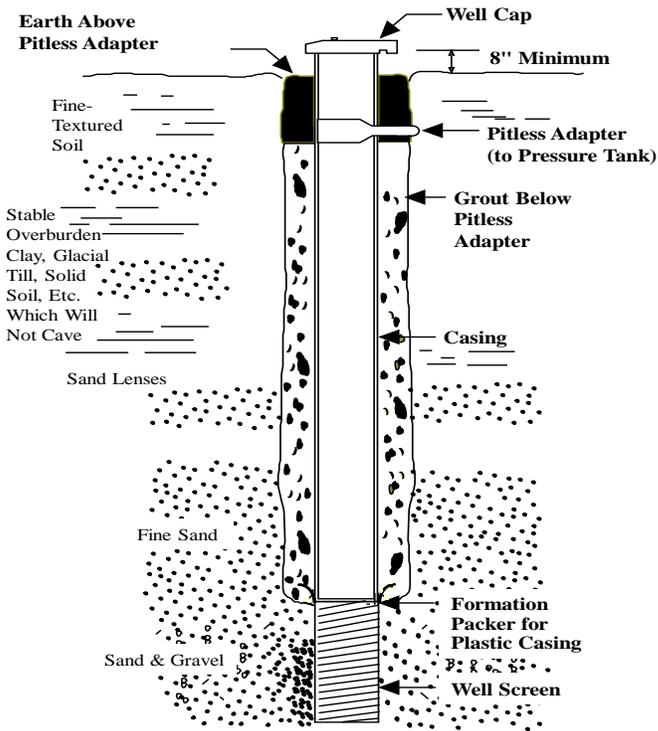
- b) Requests for Approval. When requesting approval, the entities shall submit the following information to the Department:
 - 1) The organization's mission statement; and
 - 2) Proof that the organization can meet the requirements of Section 920.240.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

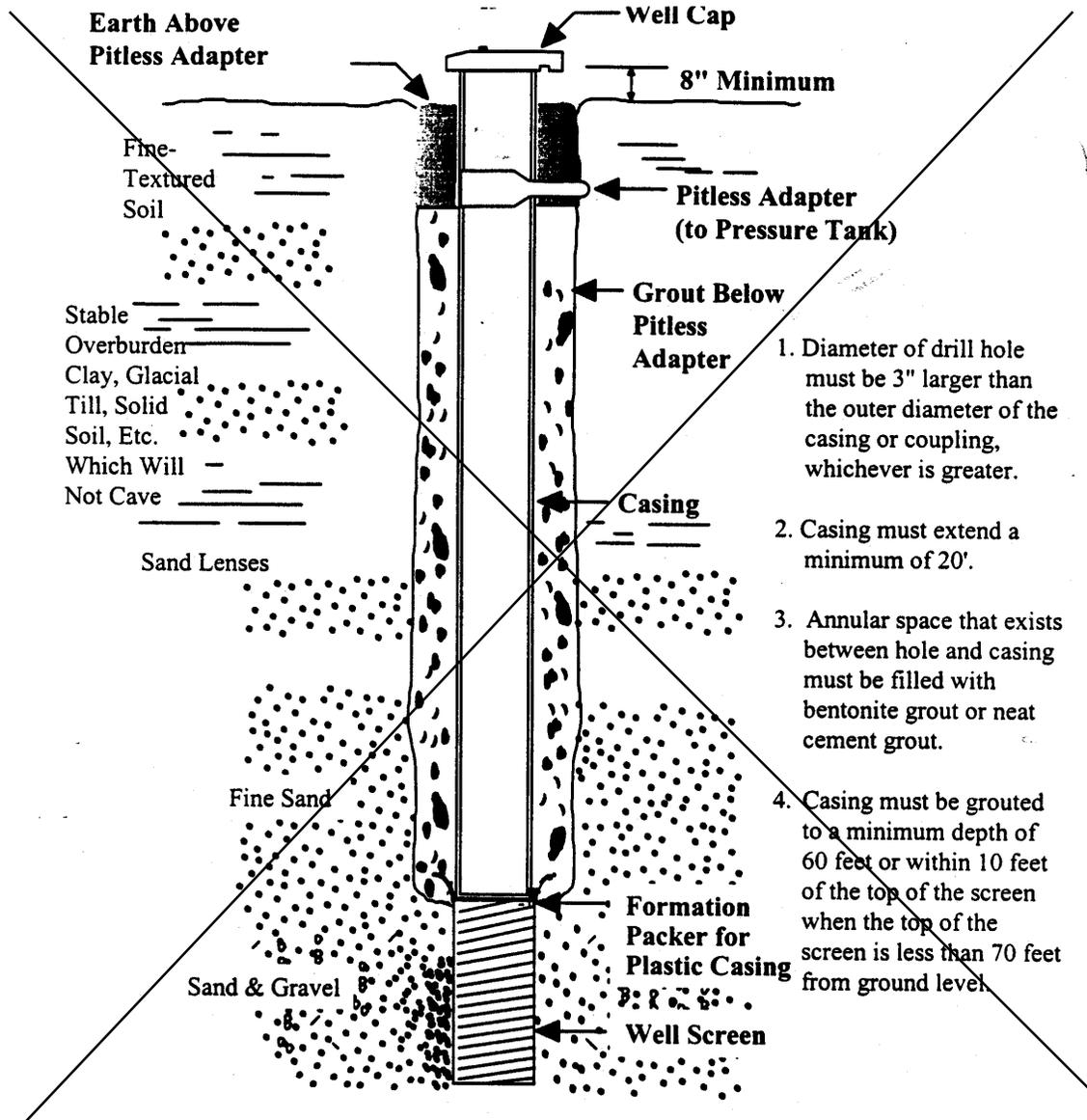
Section 920. ILLUSTRATION A Unconsolidated Formations: Oversized Drill Hole



1. Diameter of drill hole must be 3" larger than the outer diameter of the casing or coupling, whichever is greater.
2. Casing must extend a minimum of 20'.
3. Annular space that exists between hole and casing must be filled with bentonite grout or neat cement grout within a maximum of 10 feet of the top of the screen to finished ground surface.

DEPARTMENT OF PUBLIC HEALTH

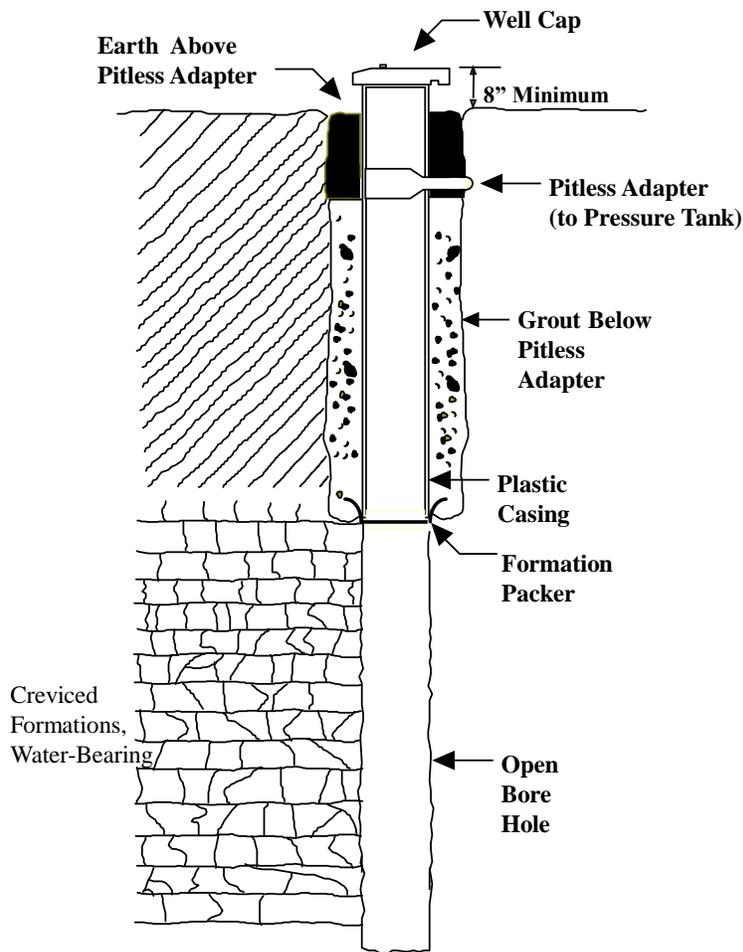
NOTICE OF ADOPTED AMENDMENTS



(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 920. ILLUSTRATION E Creviced Formations: Earth Mantle Cover Over 30 Feet Thick – Oversized Drill Hole

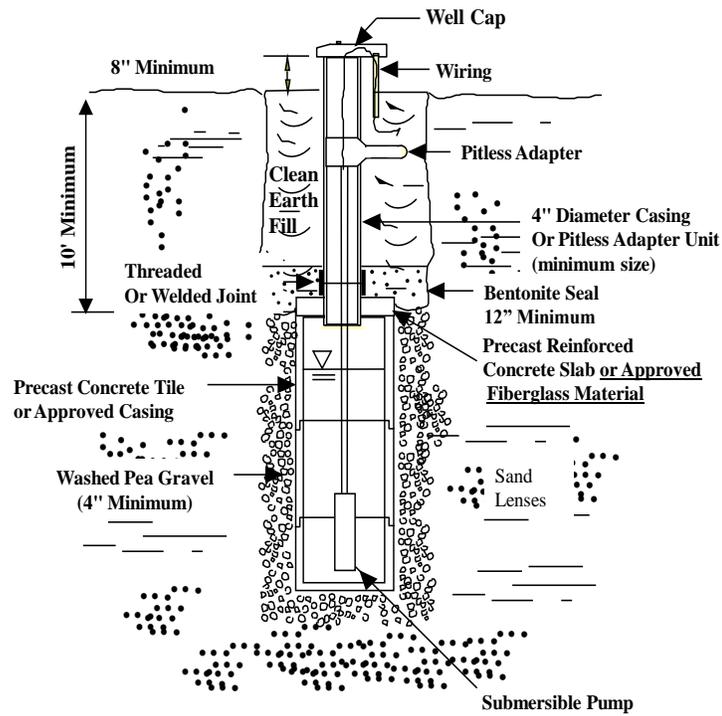
1. When a tremie pipe is used to grout, the diameter of the drill hole must be at least 3" larger than the outer diameter of the casing or coupling, whichever is greater.
2. When grout is pumped through the inside of the casing, the diameter of the bore hole must be at least 2" larger than the outer casing or coupling, whichever is greater.
3. The annular space ~~that exists between the drill hole and the casing~~ must be grouted from the bottom of the casing to ground level to a minimum depth of 60 feet.

(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

DEPARTMENT OF PUBLIC HEALTH

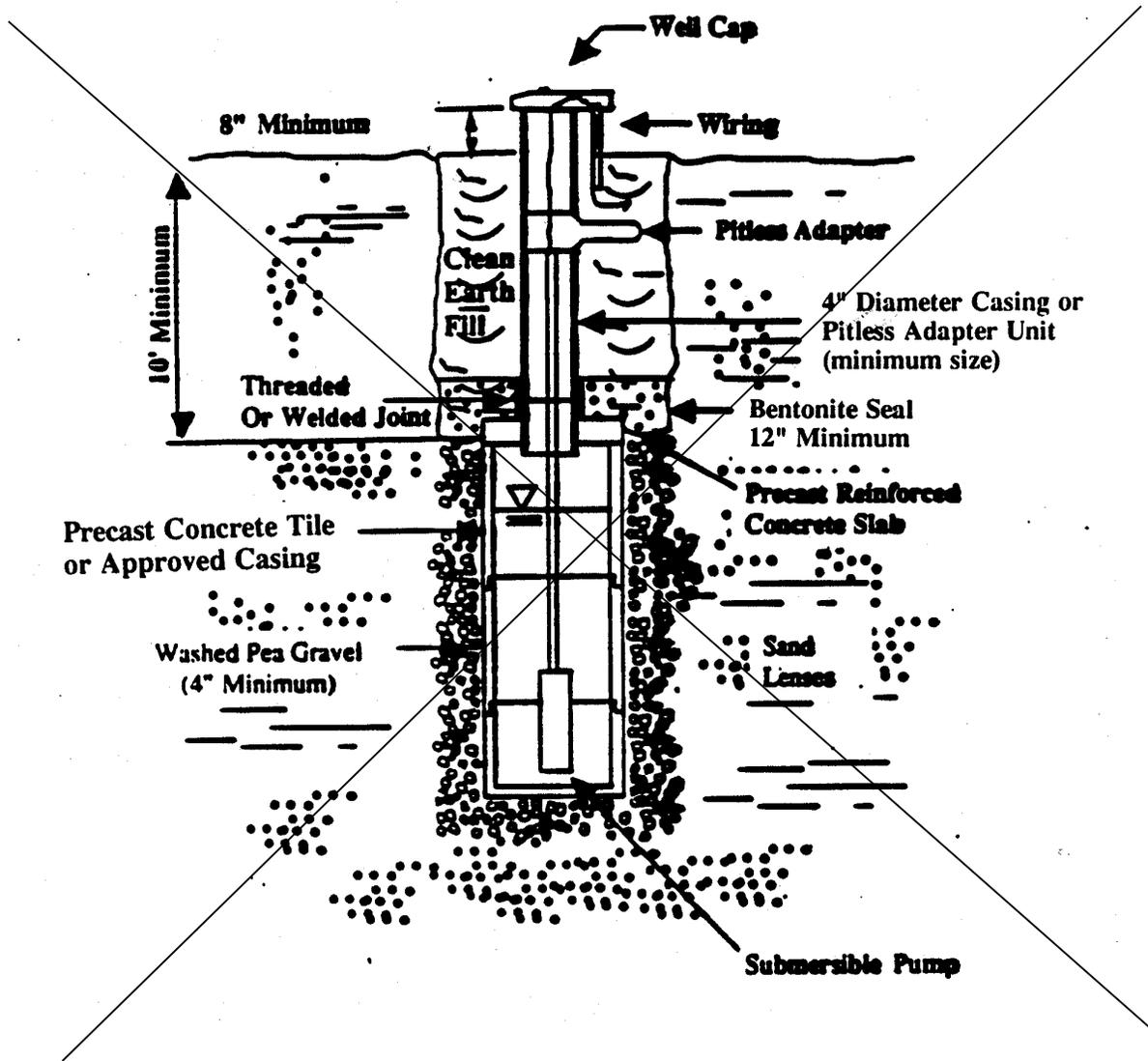
NOTICE OF ADOPTED AMENDMENTS

Section 920.ILLUSTRATION H Bored or Dug Well – Buried Slab Construction



DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS



(Source: Amended at 37 Ill. Reg. 19676, effective November 25, 2013)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 920. Table C Minimal Lateral Distances in Feet Between Water Wells, Closed-Loop Wells, and Sources of Contamination

<u>SOURCES OF CONTAMINATION OR EXISTING WATER WELL</u>	<u>MINIMUM LATERAL DISTANCES FOR CLAY AND LOAM SOILS (FEET)</u>	
	<u>WATER WELL</u>	<u>CLOSED LOOP WELL</u>
<u>Cesspool</u>	<u>150</u>	<u>150</u>
<u>Closed Loop Well¹</u>	<u>200</u>	<u>NA</u>
<u>Water Well¹</u>	<u>NA</u>	<u>200</u>
<u>Water Well (when the owner of the closed loop well and a water well serving a private water supply is the same)¹</u>	<u>75</u>	<u>75</u>
<u>Leaching Pit</u>	<u>100</u>	<u>100</u>
<u>Pit Privy</u>	<u>75</u>	<u>75</u>
<u>Subsurface Seepage System, Distribution Box, Sand Filter, Waste Stabilization Pond, Effluent Receiving Trench</u>	<u>75</u>	<u>75</u>
<u>Manure Pile</u>	<u>75</u>	<u>75</u>
<u>Septic Tank, Aerobic Treatment Plant, Surface Discharge Effluent Line, Treated Effluent Discharge Point</u>	<u>50</u>	<u>50</u>
<u>Barnyard or Animal Confinement Lot</u>	<u>50</u>	<u>50</u>
<u>Footing Drains (No connection to a sewer or sump handling sewage is allowed.)</u>	<u>10</u>	<u>10²</u>
<u>Pump House Floor Drain</u>	<u>2</u>	<u>2²</u>
<u>Pit, Crawl Space or Basement</u>	<u>5</u>	<u>5²</u>
<u>Lake, Pond or Stream</u>	<u>25</u>	<u>25³</u>
<u>Potential Primary Source, Potential Secondary Source, or Potential Route</u>	<u>200</u>	<u>200</u>
<u>Potential Primary Source, Potential Secondary Source, or Potential Route (where the owner of the source or route, and a water well serving a private water supply or closed loop well, is the same)</u>	<u>75</u>	<u>75</u>
<u>Abandoned Wells</u>	<u>200</u>	<u>200</u>
<u>Sewers (Storm, Sanitary or Combined)⁴</u>	<u>50⁵</u>	<u>50⁵</u>

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- ¹ A closed loop well utilizing USP food grade propylene glycol may be located to within 25 feet of a water well.
- ² These setbacks do not apply when the closed loop well is installed prior to the construction of the building.
- ³ The 25 feet separation distance for a retention or detention pond does not apply to a closed loop well when:
 - 1) The borehole is grouted the same day the borehole is constructed;
 - 2) The borehole is grouted to the surface; and
 - 3) The borehole is topped off, between 24 and 48 hours after the borehole is grouted, with a bentonite chip product manufactured for water well sealing.
- ⁴ A water well or closed loop well may be located to within 10 feet of a sewer provided the sewer consists of cast iron pipe with watertight mechanical joints or rubber gasket sealed joints that meet ASTM Standard C564-11, SDR 26 PVC pipe or schedule 40 PVC pipe or heavier with solvent welded watertight joints or elastomeric seals (gaskets) used for push-on joints that meet ASTM Standard F477-10.
- ⁵ If the sewer pipe material is unknown, the 50 feet separation distance may be reduced based upon the site specific conditions. Both the water well permit application and the closed loop well permit application will have a section to identify the site specific conditions for reducing the 50 feet separation distance.

(Source: Added at 37 Ill. Reg. 19676, effective November 25, 2013)

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 7-701
Chicago, Illinois 60601

312/814-5017

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

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
SUBTITLE B: HORSE RACING
CHAPTER I: ILLINOIS RACING BOARD
SUBCHAPTER c: RULES APPLICABLE TO ALL OCCUPATION LICENSEES

PART 502
LICENSING

SUBPART A: PROCEDURE

Section

- 502.10 Submission of Application
502.20 Complete Application
502.30 License Fees

EMERGENCY

- 502.40 Duration and Extent of Occupation Licenses
502.50 Rulings and Hearings
502.55 Denial of License
502.58 License to Participate

SUBPART B: STATUTORY GROUNDS FOR DENIAL OF A LICENSE

Section

- 502.60 Denial of a License for Criminal Conviction
502.72 First-Time Applicant Who Has Been Convicted of a Crime
502.76 Prohibitions Against Persons on Conditional Discharge, Parole, Probation or Supervision
502.78 Probationary Nature of Licenses
502.80 Unqualified to Perform the Duties
502.90 Falsifying Answers or Omitting Facts
502.100 Just Cause
502.102 Burden of Going Forward
502.104 Denial of a License for Just Cause in Illinois or in Another Racing Jurisdiction

SUBPART C: GENERAL CRITERIA

Section

- 502.110 Criteria for Determining Eligibility
502.115 Standards Required of All Applicants

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

SUBPART D: OWNERS

Section
502.120 Owners

SUBPART E: TRAINERS AND ASSISTANT TRAINERS

Section
502.200 Trainers and Assistant Trainers
502.210 Prospective Trainers or Assistant Trainers
502.220 Workers' Compensation

SUBPART F: JOCKEYS AND APPRENTICE JOCKEYS

Section
502.230 Jockeys and Apprentice Jockeys
502.235 Apprentice Jockeys, Criteria for Eligibility
502.238 Apprentice Contract or Certificate

SUBPART G: DRIVERS

Section
502.250 Harness Driver
502.260 Prospective Harness Drivers
502.270 "Q" Licenses
502.280 "P" Licenses
502.290 "A" Licenses

SUBPART H: OTHER LICENSEES

Section
502.300 Veterinarians
502.320 Veterinary Assistant
502.350 Farriers (Blacksmiths)
502.380 Exercise Riders
502.400 Pony Person
502.450 Stable Foreman
502.500 Jockey Agents

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

502.600	Authorized Agents
502.650	Tack Shop Operators and Other Vendors
502.660	Vendor Helper
502.680	Thoroughbred Grooms
502.690	Harness Grooms
502.700	Hotwalker
502.790	Totalizator Employee
502.795	Business Agents

SUBPART I: CONFLICTS OF INTEREST

Section	
502.800	General Provisions
502.820	Dual Licensing
502.830	Limitations on License
502.840	Husbands and Wives
502.850	Transfer of a Horse

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Emergency rule adopted and codified at 6 Ill. Reg. 9711, effective July 27, 1982, for a maximum of 150 days; adopted and codified at 6 Ill. Reg. 13786, effective October 25, 1982; amended at 7 Ill. Reg. 5225, effective April 1, 1983; amended at 11 Ill. Reg. 20611, effective January 1, 1988; amended at 13 Ill. Reg. 1562, effective January 23, 1989; amended at 13 Ill. Reg. 4931, effective March 22, 1989; amended at 14 Ill. Reg. 17641, effective October 16, 1990; amended at 15 Ill. Reg. 11985, effective August 12, 1991; amended at 16 Ill. Reg. 12774, effective July 31, 1992; amended at 17 Ill. Reg. 19961, effective November 9, 1993; amended at 18 Ill. Reg. 11615, effective July 7, 1994; amended at 19 Ill. Reg. 5034, effective April 1, 1995; amended at 19 Ill. Reg. 17190, effective January 1, 1996; amended at 20 Ill. Reg. 13052, effective October 1, 1996; amended at 22 Ill. Reg. 10656, effective June 1, 1998; amended at 28 Ill. Reg. 11244, effective August 1, 2004; amended at 29 Ill. Reg. 10248, effective August 1, 2005; amended at 32 Ill. Reg. 7391, effective May 1, 2008; amended at 33 Ill. Reg. 6696, effective May 1, 2009; emergency amendment at 37 Ill. Reg. 19740, effective November 20, 2013, for a maximum of 150 days.

SUBPART A: PROCEDURE

Section 502.30 License Fees

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

EMERGENCY

- a) Applications for the following annual occupation licenses shall be accompanied by a non-refundable fee of \$25, according to the following schedule: 1) \$25 owner, trainer, owner/trainer owner/trainer/driver, driver, jockey, apprentice jockey, jockey agent, veterinarian, farrier, apprentice farrier, authorized agent, vendor, partnership, starter, steward-totalizator employee, racing official, intertrack employee, and business agent, assistant trainer, veterinarian's assistant, animal health technician, exercise person, pony person, foreman, vendor helper, hot walker and groom.;
- 2) \$15—assistant trainer and veterinarian's assistant;
- 3) \$10—exercise person, pony person, foreman and vendor helper;
- 4) \$5—hot walker and groom.
- b) The following individuals shall submit the license application with a non-refundable fee of \$25, together with any other information (where applicable, listed in Subpart B or C) required by the Board, including but not limited to fingerprint cards, the required fee for fingerprint cards and certification of licensure, but shall not be assessed a license fee:
- 1) persons who perform professional services, such as members of the clergy, doctors, EMTs, dentists, social workers, and substance abuse counselors.
- 2) race track employees such as valets, assistant starters, charters, jockey room masseurs, kitchen help and jockey room custodians.

(Source: Amended by emergency rulemaking at 37 Ill. Reg. 19740, effective November 20, 2013, for a maximum of 150 days)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENT

- 1) Heading of the Part: The Illinois Oil and Gas Act
- 2) Code Citation: 62 Ill. Adm. Code 240
- 3) Register Citation to Notice of Proposed Amendment: 37 Ill. Reg. 18081; November 15, 2013
- 4) Date, Time and Location of Public Hearing:
 - Tuesday, December 5, 2013
6:30 pm – 8:30 pm (Doors open at 5:30 pm)
Holiday Inn Effingham, Hotel Ballroom
1301 Avenue of MidAmerica
Effingham IL 62401
 - Tuesday, December 17, 2013
6:30 pm – 8:30 pm (Doors open at 5:30 pm)
Decatur Civil Center, Auditorium
#1 Gary K Anderson Plaza
Decatur IL 62523
 - Thursday, December 19, 2013
6:00 pm – 8:00 pm (Doors open at 5:00 pm)
Southern Illinois University at Carbondale (SIUC)
Student Center, Ballroom B
1255 Lincoln Drive
Carbondale IL 62901
- 5) Other Pertinent Information: Information regarding the format of the public hearings can be found at www.dnr.illinois.gov

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PUBLIC HEARING ON PROPOSED RULE

- 1) Heading of the Part: Hydraulic Fracturing Regulatory Act
- 2) Code Citation: 62 Ill. Adm. Code 245
- 3) Register Citation to Notice of Proposed Rules: 37 Ill. Reg. 18097; November 15, 2013
- 4) Date, Time and Location of Public Hearing:
 - Tuesday, December 5, 2013
6:30 pm – 8:30 pm (Doors open at 5:30 pm)
Holiday Inn Effingham, Hotel Ballroom
1301 Avenue of MidAmerica
Effingham IL 62401
 - Tuesday, December 17, 2013
6:30 pm – 8:30 pm (Doors open at 5:30 pm)
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Student Center, Ballroom B
1255 Lincoln Drive
Carbondal, IL 62901
- 5) Other Pertinent Information: Information regarding the format of the public hearings can be found at www.dnr.illinois.gov

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

- 1) Heading of the Part: Specialized Health Care Delivery Systems
- 2) Code Citation: 89 Ill. Adm. Code 146
- 3) Section Numbers: 146.800, 146.810, 146.820, 146.830 and 146.840
- 4) Date Proposal published in *Illinois Register*: May 31, 2013; 37. Ill. Reg. 7191
- 5) Date Adoption published in *Illinois Register*: November 8, 2013; 37 Ill. Reg. 17624
- 6) Summary and Purpose of Expedited Correction: When published, the Notice page, Main Source Note and Section Source Notes had October 23, 2013 effective dates. The correct effective date is October 28, 2013.
- 7) Information and questions regarding this request shall be directed to:

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield Illinois 62763-0002

217/782-1233

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 146

SPECIALIZED HEALTH CARE DELIVERY SYSTEMS

SUBPART A: AMBULATORY SURGICAL TREATMENT CENTERS

Section

146.100	General Description
146.105	Definitions
146.110	Participation Requirements
146.115	Records and Data Reporting Requirements
146.125	Covered Ambulatory Surgical Treatment Center Services
146.130	Reimbursement for Services

SUBPART B: SUPPORTIVE LIVING FACILITIES

Section

146.200	General Description
146.205	Definitions
146.210	Structural Requirements
146.215	SLF Participation Requirements
146.220	Resident Participation Requirements
146.225	Reimbursement for Medicaid Residents
146.230	Services
146.235	Staffing
146.240	Resident Contract
146.245	Assessment and Service Plan and Quarterly Evaluation
146.250	Resident Rights
146.255	Discharge
146.260	Grievance Procedure
146.265	Records and Reporting Requirements
146.270	Quality Assurance Plan
146.275	Monitoring
146.280	Non-Compliance Action
146.285	Voluntary Surrender of Certification
146.290	Geographic Groups

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

146.295	Emergency Contingency Plan
146.300	Waivers
146.305	Reporting of Suspected Abuse, Neglect and Financial Exploitation
146.310	Facility Management of Resident Funds

SUBPART C: STATE HEMOPHILIA PROGRAM

Section

146.400	Definitions
146.410	Patient Eligibility
146.420	Hemophilia Treatment Centers
146.430	Comprehensive Care Evaluation
146.440	Home Transfusion Arrangements
146.450	Obligations of the Department

SUBPART D: CHILDREN'S COMMUNITY-BASED HEALTH CARE CENTERS

Section

146.500	General Description
146.510	Definitions
146.520	Participation Requirements
146.530	Records and Data Reporting Requirements
146.540	Covered Children's Community-Based Health Care Center Services
146.550	Reimbursement for Services
146.560	Individuals Eligible for Services Provided in a Children's Community-Based Health Care Center
146.570	Prior and Post Approval of Services

SUBPART E: SUPPORTIVE LIVING FACILITIES WITH DEMENTIA CARE UNITS

Section

146.600	General Description
146.610	Structural Requirements
146.620	Participation Requirements
146.630	Resident Participation Requirements
146.640	Services
146.650	Reimbursement for Medicaid Residents
146.660	Staffing
146.670	Assessment and Service Plan and Quarterly Evaluation

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

146.680	Monitoring
140.690	Reporting Requirements
146.700	Resident Rights
146.710	Discharge

SUBPART F: BIRTH CENTERS

146.800	General Description
146.810	Participation Requirements
146.820	Record Requirements
146.830	Covered Birth Center Services
146.840	Reimbursement of Birth Center Services

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

SOURCE: Old Part repealed at 14 Ill. Reg. 13800, effective August 15, 1990; new Part adopted at 20 Ill. Reg. 4419, effective February 29, 1996; emergency amendment at 21 Ill. Reg. 13875, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 4430, effective February 27, 1998; emergency amendment at 22 Ill. Reg. 13146, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19914, effective October 30, 1998; amended at 23 Ill. Reg. 5819, effective April 30, 1999; emergency amendment at 23 Ill. Reg. 8256, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13663, effective November 1, 1999; amended at 24 Ill. Reg. 8353, effective June 1, 2000; emergency amendment at 26 Ill. Reg. 14882, effective October 1, 2002, for a maximum of 150 days; amended at 27 Ill. Reg. 2176, effective February 1, 2003; emergency amendment at 27 Ill. Reg. 10854, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18671, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 12218, effective August 11, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 14214, effective October 18, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 852, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2014, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 4360, effective March 7, 2005; expedited correction at 29 Ill. Reg. 14127, effective March 7, 2005; amended at 29 Ill. Reg. 6967, effective May 1, 2005; amended at 29 Ill. Reg. 14987, effective September 30, 2005; amended at 30 Ill. Reg. 8845, effective May 1, 2006; amended at 31 Ill. Reg. 5589, effective April 1, 2007; emergency amendment at 31 Ill. Reg. 5876, effective April 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11681, effective August 1, 2007; amended at 33 Ill. Reg. 11803, effective August 1, 2009; emergency amendment at 36 Ill. Reg. 6751, effective April 13, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 13885, effective August 27, 2012; amended at 37 Ill. Reg. 17624, effective October 28, 2013.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

SUBPART F: BIRTH CENTERS

Section 146.800 General Description

This Part sets forth the conditions that a birth center must meet in order to participate in medical programs administered by the Department. For the purposes of this Part, "birth center" means an alternative healthcare delivery model that is exclusively dedicated to serving the childbirth-related needs of women and their newborns and has no more than 10 beds. A birth center is a designated site in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy that is away from the mother's usual place of residence.

(Source: Added at 37 Ill. Reg. 17624, effective October 28, 2013)

Section 146.810 Participation Requirements

Effective May 1, 2013, to participate in medical programs administered by the Department, a birth center must:

- a) Meet all requirements for licensure established by the Illinois Department of Public Health at 77 Ill. Adm. Code 265.1250.
- b) Meet all requirements for enrollment and participation in medical programs administered by the Department as defined in Subpart B of 89 Ill. Adm. Code 140.

(Source: Added at 37 Ill. Reg. 17624, effective October 28, 2013)

Section 146.820 Record Requirements

In addition to Department record requirements in 89 Ill. Adm. Code 140, a birth center must maintain complete, comprehensive and accurate clinical records to ensure adequate patient care. These records include, but may not be limited to, the record requirements identified in the Illinois Department of Public Health's administrative rules at 77 Ill. Adm. Code 265.2200. The Department shall describe, by notice to providers, any other records that are to be maintained.

(Source: Added at 37 Ill. Reg. 17624, effective October 28, 2013)

Section 146.830 Covered Birth Center Services

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

- a) The Department shall pay a birth center for the provision of essential delivery services, not otherwise excluded or limited, that are provided by a birth center in compliance with birth center licensure standards (see 77 Ill. Adm. Code 265).
- b) The Department shall pay a birth center for observation services, the need for which must be documented in the medical record. The practitioner's orders must support the need for observation services and the corresponding nurses' notes must document that skilled observation services were furnished.
- c) The Department shall pay a transfer fee to a birth center when a birth center transfers a woman to a hospital due to complications arising prior to the delivery.

(Source: Added at 37 Ill. Reg. 17624, effective October 28, 2013)

Section 146.840 Reimbursement of Birth Center Services

- a) Facility services provided by a birth center will be reimbursed at the lower of billed charges or 75 percent of the statewide average facility payment rate made to a hospital for an uncomplicated vaginal birth.
- b) Observation services will be reimbursed at the lower of billed charges or at 75 percent of the rate established by the Department for the number of hours of observation billed pursuant to 89 Ill. Adm. Code 148.140(b)(1)(D).
- c) Transfer fees will be reimbursed at the lower of billed charges or 15 percent of the statewide average facility payment rate made to a hospital for an uncomplicated vaginal birth.

(Source: Added at 37 Ill. Reg. 17624, effective October 28, 2013)

DEPARTMENT OF STATE POLICE

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

- 1) Heading of the Part: Electronic Transmission of Fingerprints
- 2) Code Citation: 20 Ill. Adm. Code 1265
- 3) Section Number: 1265.30
- 4) Date Proposal published in *Illinois Register*: July 5, 2013, 37 Ill. Reg. 9462
- 5) Date Adoption published in *Illinois Register*: October 18, 2013, 37 Ill. Reg. 16834
- 6) Summary and Purpose of Expedited Correction: When published, the Notice page, Main Source Note and Section Source Note had an October 8, 2013 effective date. The correct effective date is October 3, 2013.
- 7) Information and questions regarding this request for an Expedited Correction shall be directed to:

Ms. Lisa Freitag
Legal Office
Illinois State Police
801 South 7th Street, Suite 1000
Springfield Illinois 62703

217/782-8356

DEPARTMENT OF STATE POLICE

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER II: DEPARTMENT OF STATE POLICEPART 1265
ELECTRONIC TRANSMISSION OF FINGERPRINTS

SUBPART A: PROMULGATION

Section	
1265.10	Purpose
1265.20	Definitions

SUBPART B: OPERATIONS

Section	
1265.30	Requirements

AUTHORITY: Implementing and authorized by Sections 3 and 3.1 of the Criminal Identification Act [20 ILCS 2630/3 and 3.1] and authorized by Section 15 of the Civil Administrative Code of Illinois [20 ILCS 2605/15].

SOURCE: Adopted at 21 Ill. Reg. 1210, effective January 10, 1997; amended at 37 Ill. Reg. 16836, effective October 3, 2013.

SUBPART B: OPERATIONS

Section 1265.30 Requirements

- a) Fingerprint images, a photograph (beginning January 1, 2014) of the individual being fingerprinted, and related alpha numeric identification data submitted to the Department for the purpose of the fee applicant process shall be submitted by means of electronic transmission.
- b) Electronic transmission of fingerprint data to the Department shall be accomplished utilizing livescan procedures or other comparable technology approved for use by the Department.
- c) Electronic transmission of data and a photograph of the individual being fingerprinted are required for all fee applicant process inquiries to the Department

DEPARTMENT OF STATE POLICE

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

and all fee applicant process inquiries made to the FBI through the Department. The effective date of the photograph requirement is January 1, 2014.

- d) In the event of equipment malfunction or other special circumstance that makes electronic transmission of fingerprint data impractical, the Department may allow limited use of paper fingerprint records for fee applicant submissions.
- e) Applicants with a physical handicap or ailment, when taking the applicant's photo would cause the applicant harm in any way, are excluded from the photo requirement.

(Source: Amended at 37 Ill. Reg. 16836, effective October 3, 2013)

DEPARTMENT OF AGRICULTURE

NOTICE OF CORRECTION TO ADOPTED AMENDMENT

- 1) Heading of the Part: Motor Fuel and Petroleum Standards Act
- 2) Code Citation: 8 Ill. Adm. Code 850
- 3) Illinois Register Citation to Notice of Adopted Amendment: 37 Ill. Reg. 14004; September 6, 2013.
- 4) The information being corrected is as follows: The acronym for the Department of Agriculture in the header of the code pages of the adopted amendment needs corrected from “AGR” to “DOA”.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO PROPOSED RULEMAKING

ILLINOIS EMERGENCY MANAGEMENT AGENCY

Heading of the Part: School and Campus Safety Grants

Code Citation: 29 Ill. Adm. Code 310

Section Numbers: 310.10, 310.20, 310.30, 310.40, 310.50, 310.60, 310.70

Date Originally Published in the Illinois Register: 9/6/13
37 Ill. Reg. 13963

At its meeting on November 19, 2013, the Joint Committee on Administrative Rules considered the above-cited rulemaking and recommended that IEMA seek an amendment to 20 ILCS 3305/5(g), the statute authorizing these grants, to clarify that grants can be issued to schools providing K-12 education and inter-district special education cooperatives, as well as institutions of higher education.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO AND
FILING PROHIBITION OF PROPOSED RULEMAKING

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Heading of the Part: Processing, Classification Policies and Review Criteria

Code Citation: 77 Ill. Adm. Code 1110

Section Numbers:

1110.10	1110.630	1110.1535	1110.2610	1110.2930
1110.40	1110.730	1110.1540	1110.2640	1110.3030
1110.130	1110.1430	1110.2330	1110.2710	Appendix A
1110.210	1110.1510	1110.2430	1110.2730	
1110.230	1110.1520	1110.2510	1110.2740	
1110.530	1110.1530	1110.2540	1110.2750	

Date Originally Published in the Illinois Register: 4/5/13
37 Ill. Reg. 3982

At its meeting on November 19, 2013, the Joint Committee on Administrative Rules voted to object to the above-proposed rulemaking and prohibit its filing with the Secretary of State. The Committee found that the adoption of this rulemaking would constitute a serious threat to the public interest. The reason for the Objection and Prohibition is as follows:

HFSRB is requiring an ASTC to submit to another HFSRB review in order to deliver services under a service approval already issued by HFSRB, but under which the ASTC had not yet begun to implement service prior to the effective date of this rulemaking. This second review procedure will have an undue economic impact on entities to whom service approvals have already been issued.

The proposed rulemaking may not be filed with the Secretary of State or enforced by the Health Facilities and Services Review Board for any reason following receipt of this certification and statement by the Secretary of State for as long as the Filing Prohibition remains in effect.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of November 18, 2013 through November 25, 2013. The rulemakings are scheduled for review at the Committee's December 17, 2013 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
1/1/14	<u>Illinois Commerce Commission</u> , Guidelines for Carbon Dioxide Transportation and Sequestration (83 Ill. Adm. Code 302)	6/21/13 37 Ill. Reg. 8076	12/17/13
1/3/14	<u>Department of Financial and Professional Regulation</u> , Residential Mortgage License Act of 1987 (38 Ill. Adm. Code 1050)	10/4/13 37 Ill. Reg. 15590	12/17/13

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PUBLIC INFORMATION

1. Statute requiring agency to publish information concerning proposed changes in methods and standards for establishing medical assistance payment rates for medical services in the Illinois Register: 5 ILCS 100/5-70(c)
2. Summary of information: The Affordable Care Act (ACA) requires states to provide adults who are covered via the Medicaid expansion with an Alternative Benefit Plan (ABP). An ABP is implemented through a state plan amendment and ABP services are a specific set of services available to a targeted group of individuals – in this case, the ACA adult eligibility group.

HFS invited public input on the ABP in the fall of 2012. (At that time, ABPs were referred to as "benchmark Medicaid plans".) Broadly speaking, most respondents indicated that Illinois' ABP should include the same services available to Medicaid clients in Illinois' state plan today, with the possible exception of Long Term Supports and Services (LTSS) which are more oriented to Seniors and Persons with Disabilities (the SPD population).

The federal government did not release the final administrative rules on the ABP until July 2013. It appears the goal was to create as much continuity as possible with the Essential Health Benefits (EHBs) offered by commercial health plans through the Health Insurance Marketplace. Among other issues, emphasis was placed on certain "exempt groups", including the "medically frail".

HFS is seeking public input as we finalize an ABP for Illinois, with consideration of issues outlined below.

Key Objectives for the Illinois Alternative Benefit Plan (ABP)

- Cover the services needed by ACA Adults.
- Comply with requirements to secure federal reimbursement at 100% FMAP.
- Support clients in the community and enhance state efforts to rebalance the long term care service system.

HFS Recommendations

- 1) **Illinois' ABP should be based on its existing Medicaid benefit package to promote equity and coverage of necessary services.** The Illinois Department of Healthcare and Family Services (HFS) recommends that the ABP be comprised of all Illinois Medicaid state plan services, i.e., be in full alignment with Illinois' current state plan. This approach ensures that ACA Adults receive the same

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PUBLIC INFORMATION

services as current Medicaid clients. Illinois' state plan services are designed with a low-income population in mind, and therefore are well suited to the needs of ACA Adults.

- 2) **Illinois should cover habilitative services to meet federal requirements to cover all essential health benefits.** Habilitative services allow individuals to maintain or attain certain functioning levels and are distinct from rehabilitative services, which focus on restoring individuals to functioning levels lost due to injury, illness, etc. The ABP should include habilitative services that mimic the rehabilitative services currently covered in the state plan, specifically: physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders. Habilitative services should be added to the state plan so that all adult Medicaid clients will have access to them and the Medicaid benefit packages continue to be in full alignment.
- 3) **Long Term Supports and Services (LTSS).** ACA Adults who apply for institutional LTSS should undergo the same assessment as the SPD population. The ACA Adults and the SPD population will continue to have different eligibility requirements consistent with federal requirements. Consistent with Governor Quinn's commitment to community integration, community-based LTSS should also be available to ACA Adults.
- 4) **Copays.** Copays shall be fully aligned between the ABP and the current state plan.
- 5) **In summary,** the ABP for ACA adults will include:
 - Essential Health Benefits: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services; laboratory services; and preventive and wellness services
 - Early and Periodic Screening, Diagnosis, and Treatment services (EPSDT) for 19 and 20 year olds
 - Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services
 - Non-emergency transportation
 - Family planning services and supplies

Considerations

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PUBLIC INFORMATION

- Our existing Medicaid package is designed with Illinois' low-income population in mind, and therefore is well-suited to the needs of ACA Adults.
- Most states are pursuing full alignment.
- Full alignment is easier and more efficient for clients, providers and the state to understand and administer. Because the ABP will be fully aligned with current state plan services, all ACA Adults, including those who fall in the ABP exempt groups (e.g. "medically frail"), will have access to the same state plan services and the state will not need to develop a process to identify ABP exempt groups.
- In order to include ACA Adults in the same assessment process as the SPD population for institutional LTSS, the state will have to refine its current assessment process.
- In the future, all managed care entities in Illinois Medicaid will be required to cover the costs of LTSS and will provide a powerful mechanism for ensuring that the Medicaid population is receiving the most appropriate level of care. (This will also require the State to make the specific actuarial adjustments to insure these services are appropriately reflected in capitation rates paid to the managed care entities.)

Next Steps

- Launch a process by which stakeholders will review and comment on the HFS recommendations, and help inform the development of policies to ensure appropriate access to both community-based and institutional LTSS.
- Proceed with actuarial analysis to demonstrate that the ABP covers all essential health benefits (EHBs) in accordance with federal requirements. Milliman, HFS' actuarial firm, has begun working with HFS on this analysis.

3. Name and address of person to contact concerning this information:

Bureau of Program and Reimbursement Analysis
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001
E-mail address: bpra@illinois.gov

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PUBLIC INFORMATION

Interested persons may review these proposed changes on the [HFS Public Involvement Web page](http://www2.illinois.gov/hfs/PublicInvolvement/) <<http://www2.illinois.gov/hfs/PublicInvolvement/>>. Local access to the Internet is available through any local public library. In addition, this material may be viewed at the DHS local offices (except in Cook County). In Cook County, the changes may be reviewed at the Office of the Director, Illinois Department of Healthcare and Family Services, 401 South Clinton Street, Chicago, Illinois. The changes may be reviewed at all offices Monday through Friday from 8:30 a.m. until 5:00 p.m. This notice is being provided in accordance with federal requirements found at 42 *CFR* 447.205.

PROCLAMATIONS

2013-413**GUBERNATORIAL PROCLAMATION**

Severe storms, generating tornadoes and straight-line winds, moved through Illinois on November 17, 2013. As a result of the storms, there have been confirmed fatalities, personal injuries, widespread property damage, and power outages throughout the State. In Douglas, Jasper, Pope, Wabash, Wayne and Will Counties, numerous residences were destroyed, and others sustained heavy structural damage.

In the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I hereby proclaim that a disaster exists within the State of Illinois, and pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, specifically declare Douglas, Jasper, Pope, Wabash, Wayne and Will Counties as disaster areas.

This gubernatorial proclamation of disaster will aid the Illinois Emergency Management Agency in coordinating State resources to support local governments in disaster response and recovery operations, including, but not limited to, emergency purchases necessary for response and other emergency powers as authorized by the Act. This includes the suspension of provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster. In addition, this proclamation can facilitate a request for Federal disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Date: November 19, 2013

Filed: November 19, 2013

2013-414**GUBERNATORIAL PROCLAMATION**

Severe storms, generating tornadoes and straight-line winds, moved through Illinois on November 17, 2013. As a result of the storms, there have been confirmed fatalities, personal injuries, widespread property damage, and power outages throughout the State. In Fayette and Vermilion Counties, numerous residences were destroyed, and others sustained heavy structural damage.

In the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I hereby proclaim that a disaster exists within the State of Illinois, and pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, specifically declare Fayette and Vermilion Counties as disaster areas.

PROCLAMATIONS

This gubernatorial proclamation of disaster will aid the Illinois Emergency Management Agency in coordinating State resources to support local governments in disaster response and recovery operations, including, but not limited to, emergency purchases necessary for response and other emergency powers as authorized by the Act. This includes the suspension of provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster. In addition, this proclamation can facilitate a request for Federal disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Date: November 20, 2013

Filed: November 20, 2013

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