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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 2014

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

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

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3) Section Number: 310.Appendix A Table X
Proposed Action: Amendment

4) Statutory Authority: Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 20 ILCS 415/8a]

5) A Complete Description of the Subjects and Issues Involved: The Illinois Labor Relations Board (ILRB) issued the Revocation of Certification of the Senior Public Service Administrator (SPSA) title Option 8E positions (Case Nos. S-RC-09-038 and S-RC-09-060) effective January 24, 2014. Effective January 24, 2014, the employees appointed to the SPSA title Option 8E, Engineer (Professional) positions and their positions are subject to the jurisdiction of the Merit Compensation System, are assigned to the SPSA broadband salary range, and receive no salary change (Section 310.495(f)).

The ILRB revoked the Certification of Representative of the SPSA title Option 8E positions, with position number 40070-12-60-000-00-01 excluded, to the American Federation of State, County and Municipal Employees (AFSCME) RC-063 bargaining unit effective December 2, 2010. Effective December 2, 2010 through January 23, 2014, the SPSA title Option 8E positions were assigned to the RC-063-26 pay grade by the MOU signed June 30, 2011 and the employees received pay treatment based on the MOU and subsequent RC-063 bargaining unit agreements. The SPSA title Option 8E positions are not assigned to the RC-063-26 pay grade effective January 24, 2014.

Several past rulemakings involved the SPSA title Option 8E positions. The rulemakings are the peremptory amendment at 33 Ill. Reg. 11082 effective July 10, 2009, the emergency amendments at 34 Ill. Reg. 12240 effective August 9, 2010, the adoption of permanent proposed amendments at 35 Ill. Reg. 765 effective December 30, 2010, and the peremptory amendments at 35 Ill. Reg. 13966 effective July 29, 2011. The results were that effective June 1, 2009 through July 12, 2010, the SPSA title Option 8E positions were assigned to the RC-063-26 pay grade by a MOU signed June 22, 2009 and the employees received pay treatment based on the MOU and subsequent RC-063 bargaining unit agreements.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None besides those noted in # 5).

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

7) Will this proposed rulemaking replace any emergency rule currently in effect? Yes, the accompanying, identical emergency amendment.

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 amendments pending on this Part? Yes

Section Numbers:	Proposed Action:	Ill. Reg. Citation:
310.47	Amendment	38 Ill. Reg. 196, January 3, 2014
310.100	Amendment	38 Ill. Reg. 196, January 3, 2014
310.410	Amendment	38 Ill. Reg. 196, January 3, 2014
310.460	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE B	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE C	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE D	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE E	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE F	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE G	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE H	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE I	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE J	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE K	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE N	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE O	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE P	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Q	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE R	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE S	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE V	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE W	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE X	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Y	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Z	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE AA	Amendment	38 Ill. Reg. 196, January 3, 2014
310.50	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.100	Amendment	38 Ill. Reg. 6751, March 28, 2014

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

310.130	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.260	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.500	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE A	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE B	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE C	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE D	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE E	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE F	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE G	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE H	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE I	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE J	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE K	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE M	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE N	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE O	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE P	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Q	Amendment	38 Ill. Reg. 6751, March 28, 2014
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310.APPENDIX A TABLE Y	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Z	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AC	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AD	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AE	Amendment	38 Ill. Reg. 6751, March 28, 2014

11) Statement of Statewide Policy Objectives: These amendments to the Pay Plan affect only the employees subject to the Personnel Code and do not set out any guidelines that affect local or other jurisdictions in the State.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Mr. Jason Doggett
Manager

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

Compensation Section
Division of Technical Services and Agency Training and Development
Bureau of Personnel
Department of Central Management Services
504 William G. Stratton Building
Springfield, IL 62706

Phone: 217/782-7964
Fax: 217/524-4570
CMS.PayPlan@Illinois.gov

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: None

The full text of the Proposed Amendments are identical to the Emergency Amendments for this Part and can be found in this issue of the Illinois Register on page 9080.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: County Jail Standards

2) Code Citation: 20 Ill. Adm. Code 701

3)

Section Numbers:	Proposed Action:
701.5	Amend
701.10	Amend
701.20	Amend
701.30	Amend
701.40	Amend
701.50	Amend
701.60	Amend
701.70	Amend
701.80	Amend
701.90	Amend
701.100	Amend
701.110	Amend
701.120	Amend
701.130	Amend
701.140	Amend
701.150	Amend
701.160	Amend
701.180	Amend
701.200	Amend
701.220	Amend
701.250	Amend
701.260	Amend

4) Statutory Authority: Implementing and authorized by the Juvenile Court Act of 1987 [705 ILCS 405/] and Sections 3-15-2 and 3-15-3 of the Unified Code of Corrections [730 ILCS 5/3-15-2 and 3-15-3]

5) A Complete Description of the Subjects and Issues Involved: The rulemaking is required to bring the Rule into compliance with current Statutes and Rules and to provide updates to the minimum standards required for county jails with respect to the treatment of detainees and their health and safety.

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: None

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any state mandate in accordance with the State Mandate Act [30 ILCS 805].

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments during the 45-day First Notice Period which commences on the issue date of this publication of the *Illinois Register* to:

Echo Beekman, Rules Coordinator
Illinois Department of Corrections
1301 Concordia Court
P. O. Box 19277
Springfield, Illinois 62794-9277

Phone: 217/558-2200, extension 6507
echo.beekman@doc.illinois.gov

All written comments received after 45 days from the date of this publication will be considered, time permitting.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

14) Regulatory Agenda on which this rulemaking was summarized: This rule had not been prepared nor was forthcoming completion anticipated at the time of the 2 most recent agendas.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I: DEPARTMENT OF CORRECTIONS
SUBCHAPTER f: COUNTY STANDARDS

PART 701
COUNTY JAIL STANDARDS

Section
701.5 Definitions
701.10 Administration
701.20 Personnel
701.30 Records
701.40 Admission Procedures
701.50 Orientation
701.60 Release Procedures
701.70 Classification and Separation
701.80 Housing
701.90 Medical and Mental Health Care
701.100 Clothing, Personal Hygiene, Grooming
701.110 Food Services
701.120 Sanitation
701.130 Supervision
701.140 Security
701.150 Safety
701.160 Discipline
701.170 Employment of Detainees
701.180 Mail Procedures
701.190 Telephone
701.200 Visiting
701.210 Social Service Programs
701.220 Education
701.230 Library
701.240 Religious Services
701.250 Commissary
701.260 Recreation and Leisure Time
701.270 Juvenile Detention
701.280 Temporary Detention Standards
701.290 Standards for Detention of Youths Prosecuted Under the Criminal Code of 1961

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by the Juvenile Court Act of 1987 [705 ILCS 405] and Sections 3-15-2 and 3-15-3 of the Unified Code of Corrections [730 ILCS 5/3-15-2 and 3-15-3].

SOURCE: Emergency rule adopted November 7, 1974; amended at 4 Ill. Reg. 28, p. 186, effective July 1, 1980; codified at 8 Ill. Reg. 14408; amended at 12 Ill. Reg. 12274, effective October 1, 1988; amended at 13 Ill. Reg. 16739, effective November 1, 1989; amended at 14 Ill. Reg. 20392, effective January 1, 1991; amended at 15 Ill. Reg. 13789, effective October 1, 1991; emergency amendment at 21 Ill. Reg. 626, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 3835, effective April 1, 1997; amended at 28 Ill. Reg. 13729, effective October 1, 2004; amended at 38 Ill. Reg. _____, effective _____.

Section 701.5 Definitions

"Business Day" means a regular working day, excluding weekends and recognized holidays.

"Department" means the Illinois Department of Corrections.

"Jail and Detention Standards Unit" means the unit within the Department of Corrections that is authorized to monitor compliance with the County Jail Standards.

"Jail Officer" means any sworn officer of the Sheriff, including full- or part-time, who is primarily responsible for the control and custody of detainees in a county jail.

"Medical Staff" means staff employed directly by a facility to perform healthcare services, staff contracted by the facility to perform healthcare services, or staff of an organization contracted by the facility to provide healthcare services.

"Mental Health Professional" means a licensed or certified psychiatrist, physician, psychiatric nurse, or clinically trained psychologist, or an individual who has a master's degree in social work and clinical training.

"Trustee" means a detainee, classified as presenting no threat to the safety and security of the jail, who is selected by designated jail staff and not exempted by medical services, and who has volunteered, who will perform routine functions such as housekeeping, laundry services, etc.

"Unit" means the Jail and Detention Standards Unit.

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

Section 701.10 Administration

a) Staff Training

1) All full-time jail officers shall be trained as provided by the Illinois Police Training Act [50 ILCS 705/8.1]. All personnel assigned jail duties shall be made familiar with these standards. The~~Such~~ training shall include first aid, CPR~~,~~ and identification of signs and management of detainees with a mental illness or a developmental disability.

2) Jail officers and other personnel assigned to jail duty shall be trained in security measures and handling special incidents such as assaults, disturbances, fires, natural disasters, evacuation procedures, escapes, emergency medical response, communications, crime scene protection~~,~~ and suicide prevention.

3) Jail officers that have contact with juvenile detainees shall receive additional training specific to juvenile issues within correctional settings, as approved by the Illinois Law Enforcement Training Standards Board.

4~~3~~) Jail officers and other personnel primarily assigned to correctional duties shall receive annual training~~be trained annually~~ by or approved by mental health professionals on suicide prevention and mental health issues.

5~~4~~) Documentation~~Written documentation~~ of staff training shall be maintained.

b) Written Procedures
A current written manual of policies and regulations for the operation of the jail shall be established by the jail administrator and furnished to each employee. Written procedures for fires, riots, escapes, hostage situations, major disturbances, use of chemical agents, medical emergencies including suicide prevention and crisis intervention, bomb threats, severe weather~~,~~ and natural disasters shall be a part of this manual.

c) Post Description
Comprehensive duty descriptions for each jail operational position shall be in writing and furnished to each employee performing the function.

d) Records
The sheriff or jail administrator shall assure that all records required by law or this Part are maintained and available for examination by staff of the Unit.

e) Discrimination and Harassment
The jail administrator shall prohibit unlawful discrimination and harassment of employees, detainees~~,~~ and any other persons within the jail on the basis of race, gender, age, religion, national origin~~,~~ and disability, among other matters.

f) A code of conduct shall be established that~~which~~ defines behavioral and ethical standards and shall be provided in writing to all staff, volunteers~~,~~ and contractual employees.

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

Section 701.20 Personnel

a) Jail Officer Staffing

1) Each jail must have sufficient personnel to provide adequate 24-~~twenty-four~~hour supervision of detainees.

2) A jail administrator, qualified by training and experience to supervise staff and detainees, shall be appointed when the average daily jail population is expected to exceed 25. If the average daily jail population is 25 or less, the sheriff may function as the jail administrator for purposes of this Part.

3) No person shall be confined without an officer, awake and alert at all times, on continuous duty in the jail.

4) If the jail~~facility~~ has more than one floor of detention, one jail officer shall be required for each additional floor when 15 or more detainees are confined. This minimum standard shall~~does~~ not apply to the midnight shift provided ~~the~~ 30-minute supervisory checks are performed in

accordance with Section 701.130.

5) Supervision shall be provided by a person of the same gender~~sex~~, when~~where~~ feasible, during periods of personal hygiene activities such as showers and toileting.

6) The use of necessary force by a jail officer of a gender~~sex~~ other than that of a detainee is permitted.

b) Personnel Rules

1) Each jail officer working in direct contact with detainees shall have a thorough knowledge of rules and emergency procedures.

2) Jail officers shall be thoroughly acquainted with all security features of the jail and the location and use of all emergency equipment and first aid supplies. The~~Such~~ familiarization shall be documented.

3) No jail officer shall recommend or furnish any advice concerning the retention of a specific lawyer; however, a list of local lawyers shall be made available.

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

Section 701.30 Records

a) Booking and Personal Record Information
A booking and personal record file for each detainee received shall be established and maintained in accordance with ~~(See~~ Section 701.40(k).~~)~~

b) Monthly Reports

1) Each jail administrator shall submit to the ~~Department of Corrections, Jail Detention and Standards~~ Unit~~,~~ a monthly population report of the number of persons confined during the preceding month. The report~~, supplied by the Unit,~~ shall be made on the forms provided by the Department and shall include, at a minimum, the following information for adult males, adult females, juvenile males, juvenile females~~,~~ and the total number of:

A) New bookings and the total number of days served for non-sentenced detainees.

B) New regular sentences and the total numbers of days served of regular sentences.

C) New work release sentences and the total number of days served of work release sentences.

D) New weekend sentences and the number of days served of weekend sentences.

2) Duplicate copies of the report shall be prepared. The reporting jail~~facility~~ shall maintain the original and forward the duplicate to the Department by the tenth day of the month following the report period.

c) Extraordinary or Unusual Occurrences

1) All extraordinary or unusual occurrences~~incidents~~ must be reported to the ~~Jail and Detention Standards~~ Unit by the jail administrator or his or her designee, utilizing the form supplied by the Unit.

2) Reports shall be forwarded as soon as possible, but not to exceed three business days~~within 72 hours~~ after the occurrence, and shall include, but not be limited to:

A) Name and address of the jail~~facility~~.

B) Date, time~~,~~ and type of~~nature of the~~ occurrence.

C) Information regarding any detainee involved in the occurrence~~incident~~, including~~such as~~ name, date of birth~~age~~, date confined~~,~~ and arresting charge.

D) Information regarding any death, including the name of the deceased, the circumstances of the occurrence, and the date, time and specific cause of death.

E) Information regarding any detainee that was transported to a

hospital or medical facility for treatment and whether he or she was admitted as an inpatient or released.

F~~E~~) A summary of the facts and circumstances surrounding the occurrence~~incident~~.

G~~F~~) Any recommendations~~recommendation~~ to prevent subsequent occurrences.

H~~G~~) Signature of the reporting officer and the date of the report.

3) Extraordinary or unusual occurrences shall mean:

A) Death, regardless of cause.

B) Attempted suicide if hospitalization or medical treatment is required.

C) Serious injury, including accidental or self inflicted injuries.

D) Escape from confinement or attempted escape.

E) Serious fire resulting in property damage, personal injury~~,~~ or evacuation.

F) Any~~Inmate~~ disturbance involving four or more individuals, a riot~~,~~ or a hostage situation.

G) Battery of~~on~~ a staff member, visitor~~,~~ or volunteer.

H) Battery of a~~on~~ detainee~~detainees~~ by a staff member.

I) Battery of~~on~~ a detainee by another detainee if hospitalization or medical treatment is required.

J) Sexual assault or attempted sexual assault.

K) Occurrence of contagious or infectious disease or illness within the jail~~facility~~, excluding names of detainees or others involved.

L) Discovery of firearms or weapons, as defined in Section ~~720 ILCS 5/~~31A-1.1 of the Criminal Code of 2012 [720 ILCS 5/31A-1.1], in detainee living or program areas.

M) A written or oral act of intimidation by a detainee on detainees or staff for which criminal charges~~changes~~ result.

N) Excessive use of force by staff.

O) Involuntary administration of~~Enforced~~ medication.

P) Use of a control device, such as chemical agents, oleoresin capsicum (OC), electro-muscular disruption device, restraint chair, baton, etc.

Q) Major property damage.

d) Other Reports and Records
Each jail administrator shall submit such other reports or records pertaining to jail administration as required by the Department for those~~such~~ purposes as statistical reports.

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

Section 701.40 Admission Procedures

a) Posting of Rights
A Notice of Rights, available from the Unit, and jail rules and regulations shall be conspicuously posted in all receiving rooms and in common areas to provide maximum accessibility to detainees.

b) Pat Down~~Frisk~~ Search
Detainees shall be given an immediate pat down~~frisk~~ search.

c) Legal Confinement Authority
The jail officer accepting persons for confinement must determine that each is being confined under proper legal authority.

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d) Identity

1) The identity of the person being detained~~admitted~~ must be verified as the person named in the commitment documents. Documents must become a part of the detainee's record.

2) Each detainee must be photographed and fingerprinted. These ~~and these~~ records shall be maintained in accordance with the Criminal Identification Act [20 ILCS 2630~~/5~~] and the Juvenile Court Act of 1987 [705 ILCS 405].

e) Injuries
Any seriously injured, seriously ill~~,~~ or unconscious person must not be admitted to the jail until a medical examination has been conducted by a licensed physician, except when a properly staffed medical facility staffed by a physician or physician's assistant is a part of the jail.

f) Strip Search

1) A strip search shall be performed in an area that ensures privacy and dignity of the individual. The individual shall not be exposed to the view of others who are not specifically involved in the process.

2) Strip searches shall be conducted by a person of the same gender~~sex~~.

3) All personal clothing shall be carefully searched for contraband.

4) The probing of body cavities may not be done except when~~where~~ there is reasonable suspicion of contraband. Intrusive searches may only be conducted:

A) By a medically trained person who is not a detainee, for example, a physician, physician's assistant, registered nurse, licensed practical nurse~~,~~ or paramedic; and

B) In a private location under sanitary conditions.

g) Personal Property

1) Each item of personal property, including any medication, taken from the

detainee shall be identified~~listed~~ and described on a property receipt in the presence of the detainee.

2) A receipt shall be issued that~~which~~ shall include the signatures of the admitting officer and the detainee. The original receipt shall be filed in the detainee's personal record file and the duplicate shall be given to the detainee.

3) Medication shall be processed in accordance with subsection (j).

4~~3~~) All personal property of the detainee shall be securely stored until the detainee is released, discharged~~,~~ or transferred or the detainee approves, in writing, the release of his or her~~such~~ property to a designated person or its disposal. The jail shall establish and maintain~~have~~ a policy for the disposal of abandoned property.

5~~4~~) Personal property released to a third party must have the detainee's authorizing signature and a signature of the receiving individual.

h) Telephone Calls

1) Detained persons shall be permitted to make a reasonable number of completed telephone calls, both local and long distance, to an attorney of their choice and to a family member or friend. The~~Such~~ calls should be afforded to the detainee as soon as practicable, generally within one hour after arrival.

2) The expense for making a telephone call, if any, shall be borne by the detainee or the individual called.

~~3) When a family member is not available, a friend may be called.~~

3)~~4)~~ The date and time of telephone calls made during the admission process shall be documented~~recorded~~.

i) Physical and Mental Health Assessments

1) The admitting officer shall observe the detainee for any obvious injuries or illnesses requiring immediate emergency medical care, rashes, unusual

cough, high temperature, body pests~~,~~ and general mental status. The officer shall determine by questioning whether the detainee:

A) Has any medical condition that requires medical attention, such as dependence on drugs or alcohol, diabetes, epilepsy, allergies, asthma, heart condition, etc.;

B) Has any indications of acute mental or emotional disturbance, mental illness, developmental disabilities~~,~~ or dual diagnosis;

C) Is at imminent risk of self harm~~Has any suicidal tendencies~~ as determined by the use of an approved screening instrument or history of medical illness;

D) Is on medication; and

E) If female, is pregnant.

2) Mental health screenings shall include either an assessment by a mental health professional or an assessment by a jail officer using an approved screening instrument for assessing mental health.

3) When a detainee shows signs of or reports unusual physical or mental distress, he or she shall be referred to health care personnel as soon as possible.

A) Detainees exhibiting psychiatric symptoms, such as acute psychotic features or mood disturbances, or detainees who have a known psychiatric history shall be evaluated by a mental health professional.

B) Detainees exhibiting suicidal behavior or ideations shall be placed in a reasonable level of care that provides for their safety and stability.

j) Medication

1) Any medication in the possession of a detainee at admission shall be withheld until identification and verification of its proper use is obtained

and documented by a licensed medical professional. Medical staff shall obtain~~This~~ verification ~~shall be made~~ as soon as possible, no later than~~but within~~ the time interval specified for administration of the medication on the prescription container.

2) Medications shall be administered as prescribed~~ and procedures shall be in place for the emergency involuntary or voluntary administration of medications, including psychotropic medications~~.

k) Booking and Personal Record Information

1) A record or records for each detainee shall be established at the time of admission and shall be maintained throughout the period of confinement. Expungement and sealing of booking and personal record information shall be made in accordance with Section 5.2 of the Criminal Identification Act [20 ILCS 2630/5.2].

2) The~~Such~~ record shall include:

A) The detainee's name and social security number.

B) Aliases and nicknames used by the detainee.

C) The detainee's address.

D) Marital status of the detainee.

E) The detainee's age and date of birth.

F) The name of the person to notify in case of an emergency, including that~~the~~ individual's address and telephone number.

G) The detainee's physical~~Physical~~ description and characteristic marks, including any tattoos~~ of the detainee~~.

H) The detainee's occupation.

I) Education level attained by the detainee.

J) The detainee's religion or religious preference.

K) The holding offense.

L) The date and time of admission and authority to detain.

M) The name and title of officers presenting and receiving the detainee.

N) The name and telephone number of the detainee's attorney.

O) Previous arrest record and convictions of the detainee.

P) The medical record of:

i) The detainee's health and physical condition: at the time of admission; during confinement, including treatment and medication administered; and at the time of discharge; and

ii) The detainee's medical and hospitalization insurance carrier and policy numbers.

Q) Itemized record of the detainee's cash and other valuables, expenditures~~,~~ and receipts while in custody.

R) The dates of temporary absences from the jail, the authority to be absent~~,~~ and the destination.

S) A record of visitor's names and the dates of visits.

T) A record of detainee misconduct and subsequent discipline administered.

U) The case disposition, judge~~,~~ and court.

l) Lice and Other Body Pests
Treatment, directed by the facility physician, shall be initiated immediately when body pests are detected.

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m) Showers
All detainees must shower or bathe when admitted.

n) Cell Assignment

1) The detainee shall be assigned to suitable quarters.

2) Jail staff shall be responsible for cell assignment and shall consider, among other matters:

A) The status of a new detainee, for example, pre- or post-trial detention, etc.;

B) The detainee's gender~~sex~~, health, age, type of offense charged~~,~~ and prior record if known;

C) Whether there are any accomplices or material witnesses already within the jail from whom the detainee should be separated; and

D) Classification and separation criteria outlined in Section 701.70.

o) Issued Items~~Items of Issue~~

1) Detainees shall be issued clean bedding, a towel, necessary clothing~~,~~ and soap.

A) Bedding shall consist of at least a mattress cover, flame retardant mattress~~,~~ and covering appropriate to the season of the year.

B) The towel shall be made of cloth and be bath size.

2) Detainees shall be permitted to purchase a toothbrush and dentifrice from the commissary unless furnished by the jail staff. If the detainee is without funds in his or her possession, he or she shall be issued such items by jail staff.

3) Detainees shall be held accountable for all jail property issued to them.

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

Section 701.50 Orientation

a) Orientation information shall be provided in a manner that the detainee is able to understand. Special assistance shall be provided as needed.

b) The detainee orientation shall include, but not be limited to:

1)~~a)~~ Information pertaining to rising and retiring, meals, mail procedures, including electronic mail procedures if allowed by the jail administrator, work assignments, telephone privileges, visiting, correspondence, commissary~~,~~ and medical care.

2)~~b)~~ Rules of conduct.

3)~~c)~~ Disciplinary procedures.

4)~~d)~~ Information regarding work, educational~~,~~ and vocational training programs, counseling~~,~~ and all social services.

5)~~e)~~ Procedures for making requests or entering complaints to the jail staff, judiciary~~,~~ or Unit~~Department of Corrections~~ personnel.

~~f) Special assistance shall be given to illiterate and non-English speaking detainees.~~

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

Section 701.60 Release Procedures

a) Identification

1) Positive detainee identification shall be made by the releasing officer before discharge, transfer~~,~~ or release is effected.

2) When a detainee is discharged or is released to the custody of another, a record shall be made of the date, time~~,~~ and the authority.

b) Physical Inspection
Prior to final release or discharge, each detainee shall receive a physical

inspection by a person of the same gender~~sex~~, when~~where~~ possible, and a record shall be made of any wounds or injuries.

c) Contraband
Detainees being discharged, released~~,~~ or transferred shall be searched by a person of the same gender~~sex~~ to prevent detainees from taking property that does not belong to them or other items of contraband as defined in Article~~Section~~ 31A~~-1.1~~ of the Criminal Code of 2012~~1961~~ [720 ILCS 5/Art. 31A~~-1.1~~].

d) Personal Property
All personal property and funds inventoried at the time of admission or added during the period of confinement and not transferred to a third party or expended during confinement, other than those legally confiscated, shall be returned to the detainee upon release.

1) Items shall be carefully inventoried, or otherwise accounted for, with the releasing officer and the detainee signing the inventory form.

2) A record of any maintenance medication, including the amount, released with an offender shall be documented.

3)~~2)~~ A copy of the itemized and signed receipt shall be maintained by the jail as a permanent record.

4)~~3)~~ Personal property of the detainee being transferred to another facility shall be inventoried and items to be transferred with the detainee shall be documented and turned over to the transporting officer in the presence of the detainee. Personal property allowed by the receiving facility shall be transferred with the detainee. Items not transferred shall be disposed of by the transferring facility in accordance with its procedures, for example, having a relative pick up items, mailing items to a person designated by the detainee, etc.

e) Discharge of Mentally Ill Detainees

1) When a mentally ill detainee is released, he or she shall be given a listing of community mental health resource addresses and telephone numbers and provided with the opportunity to receive a copy of the jail's mental health, medical~~,~~ and medication records.

2) Linkage and after care may include a referral to a mental health provider, a prescription for medications, or a two~~2~~ week supply of prescribed medications.

f) Transfers to the Illinois Department of Corrections
Pursuant to Sections 3-8-1~~, 3-10-1~~ and 5-4-1 of the Unified Code of Corrections [730 ILCS 5/3-8-1~~, 3-10-1~~ and 5-4-1]~~ and Section 5-33 of the Juvenile Court Act [705 ILCS 405/5-33]~~, when a detainee is delivered to the custody of the Department, the following information must be included with the items delivered:

1) *The sentence imposed.~~The mittimus or judgement order which must include the offender's name, indictment or petition number, sentence or disposition, offense, judge's name and signature, date of sentence, any court findings concerning offender status (such as, Habitual Juvenile Offender, Violent Juvenile Offender, Guilty but Mentally Ill, Sex Offender, or Truth in Sentencing), dates for time served and, where applicable, whether the sentences are to be served concurrently or consecutively. In the case of a youth committed as a delinquent, a certified copy of the court order appointing the Juvenile Division legal custodian is also required.~~*

2) *Any findings of great bodily harm made by the court.*

3)~~2)~~ *Any statement by the court on the basis for imposing the sentence.*

4)~~3)~~ *Any presentence reports.*

5) *Any sex offender evaluations.*

6) *Any substance abuse treatment eligibility screening and assessment of the detainee by an agent designated by the State to provide assessments for Illinois courts.*

7)~~4)~~ *The number of days, if any, which the detainee has been in custody and for which he or she is entitled to credit against the sentence. Certification of jail credit time shall include any time served in the custody of the Illinois Department of Human Services-Division of Mental Health or Division of Developmental Disabilities~~Mental Health and Developmental Disabilities~~, time served in another state or federal jurisdiction and any time served*

while on probation or periodic imprisonment.

~~5)~~ ~~*A record of the committed person's time and his or her behavior and conduct while in custody of the county. Any action on the part of the committed person, including but not limited to an escape attempt, participation in a riot, assault, battery, intimidation, sexual behavior, arson, or suicide attempt which might affect security status and a record of medical treatment, if any, should be included in the record.*~~

8)~~6)~~ *State's attorney's statement of facts, including the facts and circumstances of the offenses for which the detainee was committed, any other factual information accessible to the State's Attorney prior to the commitment to the Department relative to the detainee's habits, associates, disposition and reputation or other information that may aid the Department during the custody of the detainee. If the statement is unavailable at the time of delivery, the statement must~~shall~~ be transmitted within 10~~ten~~ days after~~of~~ receipt by the clerk of the court.*

9)~~7)~~ *Any medical or mental health records or summaries.*

10) *Any victim impact statements.*

11)~~8)~~ *Name of municipalities~~municipality~~ where the arrest of the detainee and the commission of the offense occurred, if the~~such~~ municipality has a population of more than 25,000 persons.*

12~~9~~) *All additional matters that~~which~~ the court directs the clerk to transmit.*

13) *The mittimus or sentence (judgment) order that provides the following information:*

A) *The criminal case number, names and citations of the offenses, judge's name, date of sentence and, where applicable, whether the sentences are to be served concurrently or consecutively;*

B) *The number of days spent in custody; and*

C) *If applicable, the calculation of pre-trial program sentence credit awarded by the court to the detainee, including, at a minimum,*

identification of the type of pre-trial program the detainee participated in and the number of eligible days the court finds the detainee spent in the pre-trial program multiplied by the calculation factor of 0.5 for the total court-awarded credit.

14) *A record of the detainee's time and his or her behavior and conduct while in the custody of the county. Any action on the part of the detainee that might affect his or her security status with the Department, including, but not limited to, an escape attempt, participation in a riot, or a suicide attempt should be included in the record.*

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

Section 701.70 Classification and Separation

a) Classification Information
Each facility shall have written guidelines for the classification of detainees that specify criteria and procedures for determining and changing the status, assignment~~,~~ or security of a detainee. To determine each detainee's degree of security, housing, programs~~,~~ and assignments, the following items of information, to the extent available, shall be considered, among other matters:

1) Gender~~Sex~~.

2) Age.

3) Offense.

4) Status; that is, pretrial, awaiting sentence~~,~~ or sentenced.

5) Past criminal history, including known prior institutional history.

6) Probation or parole status.

7) Medical condition, including pregnancy, and treatment needs.

8) Mental and emotional condition and needs.

9) History of substance abuse.

10) Sexual orientation, transgenderism and gender non-conformity~~Homosexuality~~.

11) Academic and vocational needs.

12) Special services and program needs.

13) Detainee's attitudes regarding him or herself and his or her future.

14) Gang activity.

15) Physical size and stature.

b) Separation by Category

1) Gender~~Sex~~
Male and female detainees, supervised under both the direct and indirect supervision options (see Section 701.130), must be housed separately by sight and sound.

2) Age
Detainees under the age of 18 years and detainees 18 years of age and older~~Juvenile and adult detainees~~, supervised under both the direct and indirect supervision options, must be housed separately by sight and sound.

3) Witnesses
Persons being detained as witnesses, supervised under both the direct and indirect supervision options, shall be separated from detainees charged with an offense.

4) Non-criminal

A) Non-criminal detainees~~offenders~~ such as traffic violators, nonsupport cases, and persons charged with civil contempt who are supervised under the direct supervision option shall be kept separate by cell or detention room from detainees ~~persons~~ charged with criminal offenses.

B) When possible, non-criminal detainees~~offenders~~ such as traffic violators, non-support cases, and persons charged with civil contempt who are supervised under the indirect supervision option shall be kept separate by detention room cluster or cell block from detainees~~persons~~ charged with criminal offenses.

C) When possible, misdemeanants and felons should be housed separately, except when~~where~~ the detainee's prior history warrants similar housing.

5) Charged Detainees and Convicted Offenders

A) Charged detainees~~offenders~~ who are supervised under the direct supervision option shall be separated from convicted offenders by cell or detention room.

B) Charged detainees~~offenders~~ who are supervised under the indirect supervision option shall be separated from convicted offenders by detention room cluster or cell block.

6) Mentally Ill, Developmentally Disabled, Dually Diagnosed~~,~~ or Emotionally Disturbed

A) Detainees who are mentally ill, developmentally disabled, dually diagnosed~~,~~ or emotionally disturbed shall be housed or tiered and maintained under supervision as recommended by a mental health professional.

B) Action shall be taken to transfer detainees who have been determined by mental health professionals to be severely mentally ill, developmentally disabled~~,~~ or emotionally disturbed to an appropriate facility.

c) Classification Review
Review of the detainees's~~committed person's~~ security and assignment classification shall be conducted periodically, but at least every 60 days.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

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Section 701.80 Housing

a) Cell and Detention Room Space

1) At least 50 square feet of floor space shall be provided in each cell, with a minimum ceiling height of eight feet.

2) At least 64 square feet of floor space shall be provided for each detention room with a minimum ceiling height of eight feet.

3) With regard to existing facilities built prior to July 1, 1980, the Department will not initiate legal action against a county if the only physical noncompliance relates to square footage of the individual cell or detention room.

b) Cell or Detention Room Occupancy
All existing cells and detention rooms should be designated for a maximum of double occupancy (two detainees~~inmates~~ per cell or detention room).

c) Cell or Detention Room Equipment
Each cell or room shall be equipped with:

1) A rigidly constructed metal bed, with a solid or perforated metal bottom, securely anchored to the floor or wall or a concrete sleeping surface; a flame-retardant mattress with no inner springs; staph-check mattress covering; and bed covers suitable to the season. A sleeping surface constructed of concrete may only be used if the construction design is approved in advance by the Department. In determining whether to approve design of concrete beds, the Department will consider, among other matters, the architectural design, whether the concrete is solid, whether beds would be constructed in a manner that~~which~~ would not affect heating of the cell, whether the height and measurements are similar to a standard jail bed, and whether the location of the bed would restrict detainee movement.

2) A washbasin with piped hot and cold water.

3) A prison type toilet.

4) Illumination sufficient to assure comfortable reading at desk level (at least 20 foot-candles illumination at a height of three feet above the floor). Light fixtures shall be tamper proof.

d) Dormitory Space

1) A dormitory is defined as a multiple occupancy room that is designed to hold more than two detainees~~inmates~~ who are screened prior to admission for suitability to group living.

2) Floor space for dormitories shall be determined by the number of detainees each individual dormitory is designated to house.

A) At least 50 square feet of floor space shall be provided per occupant.

B) There shall be a clear floor to ceiling height of not less than eight feet.

e) Dormitory Occupancy

1) The measures outlined in Section 701.70 ~~(Classification, Separation, Segregation)~~ shall be followed prior to placement in a dormitory.

2) Dormitories are to be utilized exclusively for persons who are suitable for group living. It is suggested that the most likely candidates for dormitory style living are work releasees, weekenders, trusties~~,~~ and sentenced misdemeanants (after intensive screening).

f) Dormitory Room Equipment
Each dormitory shall be equipped with:

1) A bed for each detainee made of rigidly constructed metal, with a solid or perforated metal bottom; the bed shall be securely anchored to the floor or wall.

2) A washbasin with piped hot and cold water for every eight occupants. A supply of disposable drinking cups shall be provided if the washbasin is

not drinking fountain equipped.

3) A prison type toilet for every eight occupants.

4) A shower with piped hot and cold water for every eight occupants.

5) Illumination sufficient to assure comfortable reading at desk level (at least 20 foot-candles at a height of three feet above the floor). Light fixtures shall be tamper proof.

6) Securely anchored metal tables and~~as well as~~ chairs or benches. Tables and chairs do not have to be securely anchored in direct supervision units provided that alternatives would not affect the safety and security of the facility or individuals. Adequate seating shall be provided for detainees.

g) Accessibility
Cells or detention rooms shall conform to current building and accessibility codes. This standard is waived for existing structures.

h) Day Room
Day rooms provide a place for meals to be eaten outside individual cells or detention rooms and for other approved activities.

1) For existing structures, a day room area containing no less than 35 square feet must be provided in conjunction with each cell block or detention room cluster. For new structures or major renovations of existing cell blocks or detention room clusters, a day room area containing no less than 35 square feet per cell or detention room must be provided in conjunction with each cell block or detention room cluster.

2) Each day room shall be equipped with securely anchored metal tables and~~as well as~~ chairs or benches. Tables and chairs do not have to be securely anchored in direct supervision units provided that alternatives would not affect the safety and security of the facility or individuals. Adequate seating shall be provided for detainees.

i) Showers
Showers shall be provided in each cell block area.

j) Mirror
Cells and detention rooms shall contain a metal mirror anchored securely to the wall.

k) Ventilation
Detention areas shall be comfortably heated and cooled according to the season with a system designed to eliminate disagreeable odors and to routinely provide temperatures within the normal comfort zone.

l) Compliance

1) All requirements of a physical nature shall be complied with by the jails. However, if the Department has previously given written approval for final architectural plans for new construction or remodeling, new standards of a physical nature will not be enforced.

2) Noncompliance~~Those noncompliances~~ relating to physical conditions that~~which~~ adversely affect the treatment of detainees with respect to their health and safety may be considered for further action under the provisions of Section 3-15-2(b) of the Unified Code of Corrections [730 ILCS 5/3-15-2(b)].

m) Variances

1) Variances connected with physical requirements may be granted by the Director of the Department for existing facilities for a specific period of time. Variance expiration dates will be determined at the time granted. Variance requests of an administrative nature will not be granted. In determining whether to grant a variance, the Department will consider, among other factors, the nature of the standard, previous noncompliance, the cost, the population, the alternative means of complying with the intent of the standard, the length of time requested for the variance, the consequences if the variance is not granted, and the safety and security of the facility or individuals.

2) The variance request must be in writing, signed by the sheriff, and pertain to a specific standard. The request must describe the reasons for the variance; the period of time for the variance; any hardship the facility might experience by complying with the standard; plans to be

implemented to eventually comply with the particular standard; and a statement that the variance would not adversely affect the health and safety of detainees or security of the jail.

3) The approval or denial of a variance request will be returned by letter to the requesting governmental agency.

4) The Director of the Department, at his or her discretion, may grant a renewal of the variance provided documentation is received from the governing body that indicates a good faith effort on its part to effect necessary actions to comply with the standard in question.

n) Architectural Plans

Prior to new~~New~~ construction or~~and~~ remodeling, plans of detention facilities must be submitted to the Department for review and approval to ensure the physical plant conforms to the Department's construction standards.

1) The architect's preliminary drawings and final plans and specifications must~~shall~~ be submitted to the Department.

2) To determine compliance with the requirements of the State of Illinois Executive Order 2006-5, Construction Activities in Special Flood Hazard Areas, a copy of the effective Federal Emergency Management Agency floodplain map clearly identifying the building site location and a statement of floodplain determination from an architect or engineer must be submitted to the Department.~~Plans showing the proposed building location must be submitted to the Illinois Department of Natural Resources, to determine compliance with the Regulation of Construction within Flood Plains (92 Ill. Adm. Code 706) and Construction Activities in Special Flood Hazard Areas (Executive Order 79-4, effective June 1, 1979).~~

3) Subsections (c)(1), (3)~~,~~ and (4), ~~subsection~~ (f)(6)~~,~~ and ~~subsection~~ (h)(2) ~~of this Section~~ may be waived for those facilities exercising the Direct Supervision Option, as described in Section 701.130(a)(1)~~701.70(e)~~, provided that alternatives would not affect the safety and security of the facility or individuals.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

Section 701.90 Medical and Mental Health Care

a) Medical and Mental Health Services
All jails shall provide a competent medical authority to ensure that the following documented medical and mental health services are available:

1) Collection and diagnosis of complaints.

2) Treatment of ailments.

3) Prescription of medications and special diets.

4) Arrangements for hospitalization.

5) Liaison with community medical facilities and resources.

6) Environmental health inspections.

7) Supervision of special treatment programs, such as~~as for~~ alcohol and ~~other~~ drug dependency~~dependent detainees~~.

8) Administration of medications, including emergency voluntary and involuntary administration of medication, including psychotropic medication, and distribution of medication when medical staff is not on site.

9) Maintenance and confidentiality of accurate medical and mental health records.

10) Maintenance of detailed records of medical supplies, particularly of narcotics, barbiturates, amphetamines~~,~~ and other dangerous drugs.

b) Physician, Mental Health~~,~~ and Dental Services

1) A medical doctor shall be available to attend the medical and mental health needs of detainees.

A) Arrangements shall be made for provisions of emergency dental

care as determined necessary by a dentist or a physician.

B) Professional mental health services may be secured through linkage agreements with local and regional providers or independent contracts. Linkage agreements and credentials of independent contractors shall be documented.

2) General medical physician services may be provided by:

A) Staff physicians;

B) Contractual services; or

C) A nearby hospital.

c) Admission Examination

1) All persons admitted to confinement shall undergo a physical assessment as prescribed in Section 701.40(i).

2) Newly admitted persons suspected of having any type of communicable disease shall be isolated and an immediate referral shall be made to the jail physician for possible transfer to a medical facility unless the admitting facility can safely and effectively segregate and maintain a medically prescribed course of treatment.

3) All detainees confined shall be given a medical screening by a medical doctor, a physician assistant, a nurse practitioner, a registered nurse or~~,~~ a licensed practical nurse~~, or a physician assistant~~ within 14 days after confinement, and as required by a medical doctor thereafter.

d) Sick Call

1) A schedule shall be established for daily sick call.

2) The names of those detainees reporting to sick call shall be recorded in the medical log.

3) Detainees with emergency complaints shall receive attention as quickly as

possible, regardless of the sick call schedule.

4) Non-medical jail staff may issue ~~any form of~~ over-the-counter medication, providing the attending physician gives prior written approval to the facility for such issue and the issue is made at the request of the detainee.

e) Written Record or Log
A written record shall be maintained, as part of the detainee's personal file, of all treatment and medication prescribed, including the date and hour the~~such~~ treatment and medication is administered. A written record shall be maintained of over-the-counter medication, for example, aspirin, cough medicine, etc., issued by jail staff. A written record shall be kept of all detainees' special diets.

f) Medical Security

1) Security of medical supplies shall be maintained at all times. Drugs, including over-the-counter medication, and other abusable medical supplies shall be secured and accessible only to designated staff.

2) When a physician or other medical personnel attends patients at the facility, a jail officer shall be present to maintain order, prevent theft of medication, equipment~~,~~ or supplies, and to assure an orderly process.

3) Detainees shall receive one dose of medication at a time and shall be required to ingest medication in the presence of a medical staff member or jail officer. Detainees may be approved by the jail administrator, in consultation with a physician or other medical professional, to retain life saving medication on his or her person. Safety and security of the facility and detainee shall be considered before granting approval.

4) Detainees shall not be assigned to work with or have access to medical supplies, patients, records~~,~~ or medications.

g) First Aid Training
At least one member of the jail staff on each shift shall have successfully completed, and received biannual recertification from, a recognized course of first aid training, including cardiopulmonary resuscitation (CPR).

h) Mental Health Training

Annually, ~~mental health professionals shall provide training to all~~ jail officers and other personnel primarily assigned to correctional duties shall be trained on suicide prevention and mental health issues. The training shall be approved or provided by a mental health professional.

1) Suicide prevention training shall include the nature and symptoms of suicide; the specifics of identification of suicidal individuals through the recognition of verbal and behavioral cues, situational stressors, evaluation of detainee coping skills~~,~~ and other signs of potential risk; monitoring; evaluation; stabilization; and referral of suicidal individuals.

2) Mental health training shall include the nature of mental illness; symptoms; specifics of identification of mentally ill individuals through the recognition of verbal and behavioral cues symptoms of mental illness, situational stressors, evaluation of detainee coping skills~~,~~ and other signs of potential risk; monitoring; evaluation; stabilization; and referral of the mentally ill detainee.

i) First Aid Supplies
Those facilities not having a dispensary shall maintain a stock of first aid supplies for the treatment of cuts, bruises, sprains~~,~~ and other minor injuries.

j) Tuberculosis (TB) Isolation
The following standards shall be followed for TB isolation rooms, where provided, and associated shower rooms.

1) Supplied air to a room should be a continuous and constant volume. Variable air volume devices should be locked open. Air flow should be measured and balanced to original building specifications. The air supplied must be a minimum of six air changes per hour.

2) Air returns shall be permanently sealed.

3) All air from the room shall be exhausted to the exterior of the building. Exhaust air volume in a room must always be greater than the supplied air volume. Several rooms may be exhausted from one exhaust fan.

A) Where feasible, the exhaust fan outlet at the exterior of the building shall be situated to prevent room air from being

discharged near inhabited areas, building air intakes~~,~~ and exterior zones of stagnant or trapped air.

B) Where the above is not feasible, room air should be directly exhausted through a high efficiency particulate air (HEPA) filtration system. If a HEPA system is utilized, the system shall be installed and filters shall be replaced as recommended by the system manufacturer.

4) An air pressure switch or sail switch should be placed in the exhaust air duct. This switch should illuminate a red light at an occupied station when air flow in the duct is disrupted. A sign should be placed next to the red light instructing individuals to call the maintenance department immediately when the red light is illuminated. Facilities using a window exhaust fan or through wall unit shall install a similar indicator light showing loss of power.

5) A differential air pressure gauge should be used to monitor each isolation room. The gauge shall have~~has~~ two ports and~~. The gauge~~ shall be piped per the manufacturer's instructions. One port shall be piped to the isolation room. The other shall be piped to the hallway outside that room. The gauges shall be placed in a location where they are convenient to read, but are also protected from vandalism and damage. They may require a cover or other protective device. The staff shall be responsible for monitoring these gauges to ensure differential pressure is being maintained.

6) Operable windows must be closed permanently or made inoperable.

7) The corridor door to the isolation room must have a door closer installed. The corridor door must not be allowed to remain in the open position when the room is occupied.

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

Section 701.100 Clothing, Personal Hygiene, Grooming

a) Cleanliness

1) Mechanical washing and drying equipment and cleaning agents must be provided when detainees are required to supply and wear personal clothing.

2) When clothing is provided by the jail, clean clothing shall be issued at least twice weekly.

b) Grooming and Personal Hygiene

1) Detainees without funds shall be provided necessary equipment and articles to maintain proper grooming and hygiene, when requested by the detainee.

2) Bathing or showering shall be allowed three times weekly, except as amended by medical advice in individual cases.

3) Absent safety and security concerns:

A) Detained males shall be permitted to shave daily. Shaving equipment and shaving soap shall be made available. Safety razors shall not be shared among~~between~~ detainees. Battery powered or rechargeable personal grooming devices with razor heads may be used; however, the razor head must be sanitized after each use.

B)~~4)~~ Detained females shall be provided with shaving supplies appropriate for personal hygiene needs.

4)~~5)~~ Barber and beautician services shall be made accessible but must not violate required security measures.

5)~~6)~~ Female detainees shall be provided articles for feminine hygiene.

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

Section 701.110 Food Services

a) Meal and Food Service

1) Food must be of sufficient nutritional value and provide a minimum of

1,800 to 2,000 calories for adults and 2,500 to 3,000 calories for juveniles per day.

2) Food quantity must be sufficient to satisfy, within reason, the detainee's needs.

3) Three meals~~Meals~~ shall be provided at reasonable and proper intervals, ~~that is,~~ adhering to recognized breakfast, lunch~~,~~ and dinner schedules, with no more than 14 hours between the evening meal and next morning breakfast. ~~Meals shall not be served earlier than: 6:30 a.m. for breakfast, 11:00 a.m. for lunch, and 4:00 p.m. for supper.~~

4) A beverage other than water shall be served with each meal.

5) Of the three meals provided for each 24 hours of detention, one shall be a balanced and complete hot meal.

6) Special diets shall be adhered to when prescribed by ~~a~~ jail medical staff~~physician~~.

7) The jail administrator may elect to provide meals and food service by one or more of the following methods:

A) Contract for catered food service.

B) Provide frozen~~,~~ or otherwise pre-prepared~~,~~ meals that~~which~~ have been processed by the procedure required to produce a condition suitable for consumption.

C) Food preparation and service in an on-site kitchen with food service staff who are employees of the facility.

8) At least one full-time cook or the food service provider shall have food services sanitation manager certification from the Illinois Department of Public Health.

9) Detainees may abstain from any foods the consumption of which violates their required religious tenets.

A) Menu items may be substituted when a detainee's religious beliefs prohibit the eating of particular foods.

B) The detainee may submit a written request to the jail administrator for an alternative diet.

C) The jail administrator may confer with religious leaders or faith representatives in determining whether to grant any such requests.

b) Menus

1) Menus shall be preplanned and copies of the menu served shall be maintained for a period of three months.

2) The menu shall be diversified so as to avoid the monotony of a standardized diet.

c) Food Preparation and Service

1) Food service operations, whether contractual or on-site, shall be conducted in conformance with the Illinois Department of Public Health Food Service Sanitation Code~~,~~ (77 Ill. Adm. Code 750).

2) Detainees shall be screened by medical staff prior to commencing work in food services areas.

3) Employees and detainees shall be visually evaluated at the beginning of each shift. Any individual with boils, infected wounds~~,~~ or respiratory infections must be cleared by medical staff before being permitted to work in any food service area.

4) Detainees working in food service shall be required to bathe and dress in clean work clothing provided by the jail prior to their daily work shift.

5) The jail cook or kitchen staff must be familiar with security aspects of jail operation and be effective in training and supervising detainees in food services.

6) Heated or insulated carts or trays capable of transporting ~~containers of~~

food, beverages~~,~~ and eating utensils shall be utilized when the serving or dining area (cell, day room, etc.) is a significant distance from the kitchen and appropriate food holding temperatures would not otherwise be maintained.

7) Food and drink, while being stored, prepared, displayed, served~~,~~ or transported, shall be protected from contamination by insects or foreign substances.

8) Divided or compartmented trays shall be used for full meal service. Food trays, dishes~~,~~ and eating utensils shall be removed from detainee's quarters (cell, day room, etc.) soon after the meal is finished and returned to the kitchen for proper washing and sterilizing or disposal.

9) Openings to the outside shall be effectively protected against the entrance of rodents and insects by tight-fitting, self-closing doors, closed windows, screening, controlled air currents or other means. Screens for windows, doors, skylights, transoms, intake and exhaust air ducts, and other openings shall be tight-fitting and free of breaks. Screening materials shall be at least 16 mesh to the inch.

10) Ranges, stoves~~,~~ and ovens shall be equipped with an accurate thermostat or temperature gauge and be in conformance with State~~state~~ or local fire codes pertaining to hood exhaust and fire suppression systems.

11) A mechanical dishwasher that~~which~~ meets Illinois Department of Public Health standards (77 Ill. Adm. Code 750) is preferred, but in its absence:

A) A three-compartment, stainless steel sink with drainboard is required: one compartment for washing with hot water containing adequate soap or detergent; a second compartment for rinsing; and a third compartment for sanitizing with a chemical sanitizing agent or water with a temperature of no less than 170 degrees Fahrenheit~~F~~.

B) Dishes and trays shall be drain dried and not wiped dry.

12) Dry stores such as flour, cereal, dried beans, peas, coffee~~,~~ and canned goods shall be stored in a cool, dry~~,~~ and well ventilated area, screened or

otherwise protected against insects and rodents. Containers used to store dry bulk quantities shall be lined with or have the interior coated with an acceptable impervious substance or plastic.

13) Fresh fruits, vegetables, dairy products, meats~~,~~ and frozen foods shall be refrigerated. All refrigerators and freezers shall be equipped with an accurate thermometer. Frozen food shall be kept at or below zero~~0~~ degrees Fahrenheit~~F~~. Potentially hazardous food items shall either be stored frozen or at or below 41 degrees Fahrenheit~~F~~. All perishable food shall be stored at temperatures that will protect against spoilage.

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

Section 701.120 Sanitation

a) General Requirements

1) Non-carpeted floors shall be swept and mopped with detergent or a germicidal agent at least once daily. Germicidal cleaning agents shall be used on all floors in toilet, shower~~,~~ and food service areas.

2) Windows shall be clean.

3) Openings to the outside shall be effectively protected against the entrance of rodents and insects with tight fitting self-closing doors. When appropriate, closed windows or screening may be utilized for protection against flying insects. Screening material shall not be less than 16 mesh to the inch.

4) Forced air or other form of artificial ventilation in the living area shall provide at least 10 cubic feet of fresh or purified air per minute per person.

5) Walls shall be kept clear of etched or inscribed graffiti or writing.

6) Walkways and corridors shall be free of ~~litter or~~trash and debris.

7) Mops and other cleaning tools and implements shall be thoroughly cleaned and dried after each use and securely stored in a well ventilated place under staff control.

8) All detainee cleaning details shall be under the supervision of a jail officer.

b) Facility Equipment

1) Toilets, washbasins, shower stalls~~,~~ and sinks shall be thoroughly cleaned and sanitized each day with detergent and a germicidal agent.

2) Trash and garbage shall be removed at least daily and disposed of in a sanitary manner.

c) Facility Drinking Equipment
Drinking water shall be provided in cells, dormitories and recreation or day room areas and may be from a sink tap~~,~~ or, preferably, a sink spout (bubbler).

d) Facility Supplies

1) An adequate supply of clean clothing, bedding, towels, soap~~,~~ and cleaning supplies shall be maintained.

2) Sheets, pillowcases~~,~~ and mattress covers shall be changed and washed at least once a week.

3) Vinyl covered mattresses must be washed with hot water, detergent~~,~~ and disinfectant monthly or before reissue.

4) Blankets shall be laundered, or otherwise sterilized, monthly or before reissue.

5) Cotton or fiber filled mattresses or pads shall be aired and spray sanitized monthly or before reissue.

6) A clean towel shall be issued each detainee at least twice weekly.

7) Shaving and barber tools shall be thoroughly cleaned, disinfected using bleach or a germicidal agent, and secured.

e) Facility Food Service

1) The floors of all rooms in which food or drink is stored, prepared~~,~~ or served, or in which utensils are washed, shall be kept clean.

2) All counters, shelves, tables, equipment~~,~~ and utensils with which food or drink come in contact shall be maintained in good repair and free of corrosion, cracks~~,~~ and chipped or pitted surfaces.

3) Utensils shall be stored in a clean, dry place protected (covered or inverted) from flies, dust, overhead leakage~~,~~ and condensation.

4) There shall be adequate plumbing facilities, in good working order, that~~which~~ meet applicable State plumbing codes or public health standards.

5) The range cooking surface shall be scraped daily. Hoods, vents~~,~~ and filters shall be cleaned regularly.

6) All windows, walls~~,~~ and woodwork shall be kept clean.

f) Body Pests

1) Frequent inspection of living areas shall be made to aid in control of body pests.

2) Immediate control or extermination measures shall be taken when body pest infestation occurs. Control measures may include spraying or fumigation of equipment and building areas and spraying, controlled storage (to interrupt pest reproductive cycles), and laundering of bedding, clothing~~,~~ and other equipment.

g) Pest and Vermin Control
A continuous and effective program of insect and rodent control and extermination shall be established and documented.

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

Section 701.130 Supervision

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

a) Shift Coverage

1) There must be a sufficient number of officers present in the jail, awake and alert at all times, to provide supervision directly or indirectly while detainees are in custody.

A) Direct supervision means direct and continuous supervision of detainees by a jail officer on a 24-hour basis. The jail officer shall be in direct visual and oral contact with the detainees, without separation by security walls or other barriers.

B) Indirect supervision means non-continuous direct visual and oral contact with detainees and may include separation by security walls or other barriers.

2) A jail officer shall provide personal observation, not including observation by a monitoring device, at least once every 30 minutes. A record of the observation shall be documentated in the shift record.

3) Dormitories housing more than 25 detainees~~inmates~~ must provide personal continuous observation by staff, not including observation by a monitoring device.

4) Radio operators, who may perform jail officer duties such as 30-minute personal observation~~supervisory~~ checks, shall have jail officer training in accordance with Section 701.10.

b) Shift Record
A written record book~~,~~ or log~~,~~ with entries in ink or a time clock type record with electronic recorder shall be maintained by each jail officer assigned to cell block duty on each shift. Entries shall show the time of each visit by the jail officer, his or her written or digital signature, and any relevant remarks such as incidents and activities occurring on the shift.

c) Detainee Imposed Discipline Prohibited
No detainee shall ~~ever~~ be allowed to have authority or disciplinary control over anyone.

d) Night Hours

1) Detainees shall be locked in their individual cells between the designated times of lights out and arising in the morning, except for night work crews that~~which~~ are continuously supervised.

2) Designated lights out time shall be determined by administrative policy but shall not be set earlier than 10:00 p.m.

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

Section 701.140 Security

a) Searches
Detainees permitted to leave the confines of the jail temporarily, for any reason, shall be thoroughly searched prior to leaving and before re-entering the jail.

b) Supervision
Jail officers and other personnel assigned to jail duty must be trained in security measures and handling special incidents in accordance with Section 701.10.

c) Facility Security Measures
Assistance of detainees in exercising security measures shall be prohibited.~~Jail officers only must exercise and control security measures and shall not permit detainee assistance.~~

1) All jail locks, doors, bars, windows, screens, grilles~~,~~ and fencing shall be regularly and frequently inspected to ensure proper functioning and to detect and prevent escape efforts.

2) All cell block doors and all doors opening into a corridor shall be kept locked, except when necessary to permit entry or exit.

3) In cell block designs that include~~design which includes~~ safety vestibules, two doors into the cell block shall not be unlocked and opened at the same time.

4) Unoccupied cells, detention rooms~~,~~ and storage rooms shall be kept locked at all times.

5) Backup personnel shall be notified and available when cell doors to living quarters are opened.

6) Glass or unattached metal items shall not be permitted in the detention area.

7) Trusties shall be carefully supervised and not be permitted unrestricted movement.

8) Jail sections housing persons who are escape risks, suicidal or~~,~~ mentally disturbed or impaired, or who present special security concerns, shall be given appropriate~~special~~ care and supervision and checked more frequently than the standard 30-minute check.

9) A master population record, computer printout or locator board~~,~~ shall be established and maintained at the control center, indicating the various jail sections and housing assignments.

~~10) Jail officers shall conduct population spot checks at least hourly.~~

10)~~11)~~ A documented inventory of all keys available to jail officers shall be made at the beginning of each shift.

11)~~12)~~ Random, unannounced, irregularly scheduled shakedowns of detainees and jail and detention areas~~their quarters~~ shall be made to detect the presence of weapons and other contraband.

12)~~13)~~ Bars, walls, windows~~,~~ and floors of the jail and detention sections shall be regularly and frequently inspected and kept clear of large posters, pictures, calendars~~,~~ and articles of clothing that obstruct direct observation of detainee activity~~which might be used to conceal escape attempts~~.

d) Tools and Equipment

1) All tools and equipment shall be inventoried and securely stored.

2) The jail shall have a method of accounting for all tools and equipment issued, received~~,~~ and returned to secure storage.

3) After use, tools and equipment shall be accounted for by the jail officer responsible and secured in the proper storage place.

4) Eating utensils shall be accounted for after each meal and returned to the kitchen.

e) Maintenance
Any damaged or nonfunctioning security equipment must be promptly reported and repaired.

f) Access to ~~Keys and~~ Records by Detainee
~~1)Detainees, including trusties, shall not be permitted to handle, use, or have jail keys of any type in their possession. 2)~~No detainee shall be assigned work that requires access to any records of staff or persons currently or previously in detention.

g) Population Count
A physical head count of all detainees shall be made and recorded at least three times daily.

h) Key Control

1) A record of all keys inventoried and issued shall be maintained.

2) Jail keys must be stored in a secure key locker when not in use.

3) There must be at least one full set of jail keys, separate from those in use, stored in a safe place, accessible only to designated jail personnel for use in the event of an emergency.

4) Detainees, including trusties, shall not be permitted to handle, use or possess jail keys of any type.

i) Firearms and Other Weapons

1) No person, including law enforcement personnel, shall be permitted to enter any secure section of the jail with a gun or other weapon on his or her person.

2) Weapons shall be stored in a secure and locked drawer, cabinet~~,~~ or container outside the security area.

3) Reserve firearms, ammunition, control devices~~chemical agents,~~ and other protective equipment shall be stored in a secured room (arsenal).

j) Control Devices~~Chemical Agents~~
Persons who may be authorized to use a control device, such as chemical agents, oleoresin capsicum (OC), electro-muscular disruption devices, restraint chairs, batons~~tear gas, mace, oleocapsicum (commonly known as pepper mace or OC)~~, etc., in accordance with the jail's written policy, shall be trained in the proper employment of the device~~chemical agents~~. Trainning~~Such training~~ shall be documented.

1) Control devices~~Chemical agents~~ shall be used only as a last resort to bring detainees under the necessary degree of control and only after thorough consideration of alternative means and of the hazards involved, including the physical characteristics of the area where it is to be used. A record of the occurrence~~incident~~ shall be documented~~made~~.

2) Detainees affected by the control device used shall~~tear gas or other chemical agents must~~ be given a thorough medical examination and appropriate treatment immediately after security control has been gained.

k) Emergency Power Source

1) An emergency electrical power source shall be available in the event of a power failure.

2) Emergency flashlights must have a six hour illumination capability.

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

Section 701.150 Safety

a) Fire Protection

1) Based on the size of the facility, there shall be at least one fire extinguisher installed in the basement and on each floor for each 5,000

square feet of floor area.

2) Extinguishers shall be readily accessible to staff but not detainees. The local fire department shall be contacted regarding the location, type~~,~~ and number of fire extinguishers.

3) Extinguishers shall be examined not less than once each year and shall be tagged with the date of inspection and initials of the inspector.

4) All jail personnel shall be familiar with the characteristics and operation of all types of extinguishers in the facility.

5) Each jail shall prepare~~Prepare~~ and post a fire plan requiring simulated fire drills, use of equipment, evacuation procedures~~,~~ and other requirements of the Fire Marshal.

b) Emergency Exits

1) The location of emergency exits shall be made known to all jail personnel and the keys for the doors shall be immediately available to jail staff.

2) There shall be two exits from each floor of detention. All means of egress shall be kept clean and open.

c) Horseplay
Detainees shall be prohibited from engaging in wrestling, contact sports, horseplay~~,~~ or any activity likely to cause injury.

d) Safety Orientation
Detainees who volunteer and are assigned to vocational tasks shall be given a safety orientation prior to participation.

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

Section 701.160 Discipline

a) Written Disciplinary Rules and Regulations
The jail shall have and maintain written standards~~Standards~~ relating to discipline. The disciplinary rules and regulations must comply with Section 3.1 of the

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

County Jail Good Behavior Allowance Act [730 ILCS 130/3.1]:

1) *The jail administrators who supervise institutions under* the *Act shall meet and promulgate uniform rules and regulations for behavior and conduct, penalties, and the awarding, denying, and revocation of good behavior allowance, in such institutions. All disciplinary action shall be consistent with the provisions of applicable law. Committed persons shall be informed of rules of behavior and conduct, the penalties for violation thereof, and the disciplinary procedure by which such penalties may be imposed. Any rules, penalties and procedures shall be posted and made available to the committed persons.*

2) *Whenever a person is alleged to have violated a rule of behavior, a written report of the infraction shall be filed with the jail administrator within 72 hours of the occurrence of the infraction or the discovery of it, and such report shall be placed in the file of the institution or facility. No disciplinary proceeding shall be commenced more than 8 days after the infraction or the discovery of it, unless the committed person is unable or unavailable for any reason to participate in the disciplinary proceeding.*

3) *All or any of the good behavior allowance earned may be revoked by the jail administrator, unless he or she initiated the charge, and in that case by the disciplinary board, for violations of rules of behavior at any time prior to discharge from the institution, consistent with the provisions of* the *Act.*

4) *In disciplinary cases that may involve the loss of good behavior allowance or eligibility to earn good behavior allowance, the jail administrator shall establish disciplinary procedures consistent with the following principles*:

   A) *The jail administrator may establish one or more disciplinary boards, made up of one or more persons, to hear and determine charges. Any person who initiates a disciplinary charge against a committed person shall not serve on the disciplinary board that will determine the disposition of the charge. In those cases in which the charge was initiated by the jail administrator, he or she shall establish a disciplinary board which will have the authority to impose any appropriate discipline.*

B) *Any committed person charged with a violation of rules of behavior shall be given notice of the charge, including a statement of the misconduct alleged and of the rules this conduct is alleged to violate, no less than 24 hours before the disciplinary hearing.*

C) *Any committed person charged with a violation of rules is entitled to a hearing on that charge, at which time he or she shall have an opportunity to appear before and address the jail administrator or disciplinary board deciding the charge.*

D) *The person or persons determining the disposition of the charge may also summon to testify any witnesses or other persons with relevant knowledge of the incident. The person charged may be permitted to question any person so summoned.*

E) *If the charge is sustained, the person charged is entitled to a written statement, within 14 days after the hearing, of the decision by the jail administrator or the disciplinary board which determined the disposition of the charge, and the statement shall include the basis for the decision and the disciplinary action, if any, to be imposed.*

F) *The jail administrator may impose the discipline recommended by the disciplinary board, or may reduce the discipline recommended; however, no committed person may be penalized more than 30 days of good behavior allowance for any one infraction.*

G) *The jail administrator, in appropriate cases, may restore good behavior allowance that has been revoked, suspended, or reduced.*

5) *The jail administrator, or his or her designee, may revoke the good behavior allowance specified in Section 3 of the Act of a detainee sentenced to the Illinois Department of Corrections for misconduct committed while in the custody of the jail administrator. If a detainee, while in the custody of the jail administrator, is convicted of assault or battery on a peace officer, correctional employee, or another detainee, for criminal damage to property or for bringing into or possessing contraband in the jail in violation of Section 31A-1.1 of the Criminal Code of 2012, his or her day for day good behavior allowance shall be revoked*

for each day such allowance was earned while the detainee was in the custody of the jail administrator.

b) Distribution of Rules

1) Every detainee shall be provided with the following:

A) Rules and regulations governing behavior.

B) Conduct constituting a penalty offense.

C) Types and duration of penalties, including loss of visiting privileges, that~~including duration, which~~ may be imposed.

D) Who may impose penalties.

E) Authorized methods of seeking information and making complaints.

F) All other matters necessary to enable the detainee to understand both his or her rights and obligations.

2) The~~If a detainee is illiterate,~~ information in subsection (b)(1) ~~of this Section~~ shall be conveyed to the detainee in a manner he or she understands.~~him or her orally. Special assistance shall be given to non-English speaking detainees.~~

c) Complaints

1) Each detainee shall be permitted to make requests or complaints to the jail administration in written form, without censorship of substance~~ as to substance~~.

2) If not resolved at the local level, detainees may submit a complaint to the ~~Jail and Detention Standards~~ Unit. A copy of the local decision must be attached to the complaint.

d) Reporting of Violations
Jail officers who observe disciplinary violations shall submit a written report of

the occurrence~~incident~~.

e) Investigations and Penalties

1) Decisions on investigations and penalties for disciplinary violations shall be made in accordance with disciplinary rules of the county jails.

2) Supervisory staff shall conduct a review of the factors of an alleged minor rule violation within 24 hours after its occurrence. The supervisor may modify the discipline taken. Detainees segregated as a result of a minor rule infraction shall be informed by supervisory staff of the results of his or her review. The detainee may submit a grievance to a higher authority.

3) Segregation shall not exceed 72 hours for minor rule violations.

f) Violation Classifications
Violations shall be classified as minor or major.

1) Minor violations of conduct rules are those for which the penalty does not exceed a reprimand or the loss of privileges for more than 72 hours.

2) Major violations are those for which the penalty may be more severe, such as loss of good behavior allowance~~good time~~, transfer to segregation or isolation confinement, transfer to a higher classification of custody, any other change in status that~~which~~ may adversely~~tend to~~ affect ~~adversely~~ a detainee's time of release or discharge, or the filing of additional charges subject to prosecution.

g) Prehearing Rules for Major Violations

1) Someone other than the reporting officer shall conduct an investigation into the facts of the alleged misconduct to determine if a violation occurred and if there is cause to believe the alleged detainee~~offender~~ committed the violation. If cause exists, a hearing date shall be scheduled. The hearing shall be convened in accordance with subsection (a)(2)~~ of this Section~~.

2) No penalty shall be imposed until after the hearing, except that the accused may be segregated from the rest of the population or transferred to

a different tier or cell block if jail authorities feel that the detainee constitutes a threat to other detainees, staff members, or to oneself or institutional order.

h) Hearing Rules for Major Violations

1) Rules governing major violations shall provide for a hearing on the alleged violation.

2) The hearing shall be before an impartial officer or committee, which may include a public member.

3) The accused shall be allowed to present evidence or witnesses in his or her behalf. However, witnesses may be denied if their testimony would be irrelevant or cumulative or jeopardize the safety and security of the facility.

4) The accused shall be allowed to pose questions to the hearing officer or committee to be asked of witnesses against the accused.

5) When~~Where~~ the accused has a disability that requires him or her to need special assistance~~is illiterate~~, the issues are complex~~,~~ and it is unlikely he or she~~the offender~~ will be able to collect and present the necessary evidence, the aid of a fellow detainee or member of the staff shall be made available to the accused.

6) The hearing officer or committee shall render the decision in writing setting forth the findings, the conclusion~~,~~ and any penalty imposed. If the decision finds the accused did not commit the alleged violation, all reference to the charges shall be removed from his or her file.

7) Findings of the hearing officer or committee shall be reviewed by the jail administrator or designee, who may accept the decision or reduce the penalty imposed.

i) Disciplinary Findings and Penalty Imposition

1) In reaching a decision regarding the type of discipline to be imposed, the hearing officer or committee shall evaluate the violation and the violator

and choose the disposition that~~which~~ is most likely to promote conformance to normal standards of conduct.

2) A restriction of privileges shall be carefully evaluated and assessed as it relates to the infraction and does not impose a secondary penalty on another person.

3) Segregation shall be imposed only after lesser penalties have been considered.

4) Detainees under 18 years of age who are in segregation must remain separated by sight and sound from detainees 18 years or older.

~~A) Segregation of a minor under 17 must conform with statutes and minimum standards regarding separation from adults.~~

~~B) Minors under 16 who are in segregation must remain in the jail section designated for juveniles.~~

5)~~4)~~ Restricted diets and corporal punishment are prohibited.

6)~~5)~~ Forfeiture of good behavior allowance~~good time~~ shall be assessed in conformity with Section 3.1 of the County Jail Good Behavior Allowance Act ~~[730 ILCS 130/3.1]~~.

j) Use of Restraints
Restraint devices, such as handcuffs, waist chains, leg irons, leg braces, straitjackets, etc., shall not be applied as a penalty.

1) Excluding pregnant detainees held in a jail located in a county of 3,000,000 inhabitants or any female detainees in labor,~~Such~~ restraints may be used on a detainee:

A) As a precaution against escape during transportation.

B) On medical grounds by direction of the physician.

C) By order of the jail administrator in order to prevent a detainee from injuring others or to prevent a detainee from damaging or

destroying property.

2) Use of any type of restraints on a pregnant detainee being held in a jail located in a county of 3,000,000 or more inhabitants shall be prohibited unless otherwise provided by Section 3-15003.6 of the Counties Code [55 ILCS 5/3-15003.6].

3) Use of any type of restraints on a female detainee who it has been determined is in labor shall be prohibited during transport to a medical facility for the purposes of delivery of a child.

4) Use of leg restraints, shackles or waist restraints on any female detainee who it has been determined is in labor shall be prohibited.

5)~~2)~~ A written report shall be placed on file whenever restraint devices are applied in accordance with subsection (j)(1). Additionally, each individual case shall be reviewed at least once every 24 hours to determine the necessity for ~~such~~ restraints.

6)~~3)~~ Psychotropic medicines shall not be used as a disciplinary device or control measure.

k) Use of Force by Staff
Limitations on the use of force do not prohibit self defense, prevention of injury to another staff member or detainee, prevention of property damage, or efforts to subdue a recalcitrant or to thwart or prevent escape or attempt to escape. The least force necessary under the circumstances shall be employed.

l) Prosecution
When~~Where~~ a detainee~~an inmate~~ is alleged to have committed a crime, the facility shall document and refer the case to appropriate law enforcement officials for possible prosecution.

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

Section 701.180 Mail Procedures

a) Scope

1) A detainee may correspond with anyone in the free community provided the correspondence does not violate any state or federal law, except:

A) A detainee may be permitted to correspond with an individual who is incarcerated in another correctional or detention facility, provided joint prior approval of both chief administrative officers is obtained. Permission shall be based on safety and security concerns.

B) A detainee may not correspond with jail employees, contracted staff~~,~~ or volunteers unless authorized in advance by the jail administrator.

2) All mail must clearly identify the sender and include any identifying numbers.

b) Incoming Mail

1) Detainees may receive incoming mail subject to the procedures outlined in this subsection (b)~~herein~~.

2) All incoming, non-privileged mail shall be opened and inspected for contraband prior to delivery.

3) Cashier's checks, money orders~~,~~ or certified checks shall be recorded in the detainee's personal property record~~ or trust fund account~~, indicating the sender, amount~~,~~ and date or shall be deposited into the detainee's commissary fund account. Personal checks and cash shall be returned to the sender, ~~along~~ with a notification that funds may not be received in that form.

4) Incoming mail containing contraband shall be held for further inspection and disposition by the jail administrator.

A) Contraband received shall be labeled~~,~~ and a log shall be maintained indicating the date of receipt, the name and address of the sender, the name of the detainee to whom it is addressed, and the names and date of the persons handling the contraband~~same~~.

B) The appropriate law enforcement agencies shall be notified and the items shall be maintained in the event they are to be used as evidence in criminal proceedings or disciplinary action.

5) All incoming mail shall be delivered promptly to the detainee. A discharged or transferred detainee's first-class mail shall be forwarded to the detainee's forwarding address, if known. If no forwarding address is available, mail shall be returned to the sender.

6) A detainee shall not be allowed to open, read~~,~~ or deliver another detainee's mail without his or her permission.

7) Detainees may receive books and periodicals subject to inspection and approval by jail personnel. Packages may be received only if approved by administrative policy and remain subject to inspection before delivery to the detainee.

8) The jail administrator or his or her designee may spot check and read incoming non-privileged mail when there is reason to believe that jail security may be impaired or mail procedures are being abused.

9) When a detainee is prohibited from receiving a letter or portions of a letter~~thereof~~, the detainee and the sender shall be notified in writing of the decision.

c) Outgoing Mail

1) Each detainee shall be permitted to send, at personal expense, an unlimited number of letters each week.

2) Detainees may not send packages by mail, unless granted permission to do so by the jail administrator. The detainee shall provide for the postage cost for mailing a package.

3) Outgoing mail shall be clearly marked with the detainee's~~sender's~~ name and identification number. Mail not clearly marked ~~in this manner~~ shall be returned to the sender if the sender's identity is known~~,~~ and, if not, the mail shall be destroyed.

4) Outgoing mail shall be collected Monday through Friday and delivered to the U.S. Postal Service promptly.

5) Outgoing non-privileged mail may be inspected and read. Detainees shall submit all outgoing non-privileged mail in unsealed envelopes. Outgoing non-privileged mail received sealed shall be returned to the sender if the sender is identifiable. If the sender cannot be identified, the mail shall be destroyed. Outgoing non-privileged mail may be reproduced or withheld from delivery if it presents a threat to security or safety, including the following:

A) The letter contains threats of physical harm against any person or threats of criminal activity or threats of blackmail or extortion;

B) The letter contains information regarding sending contraband into or out of the facility, plans to escape, or plans to engage in criminal activity;

C) The letter is in code and its contents cannot be understood by jail staff;

D) The letter violates any jail rules or contains plans to engage in activities in violation of jail rules;

E) The letter solicits gifts, goods~~,~~ or money from other than family members;

F) The letter contains information that,~~which~~ if communicated, might result in physical harm to another;

G) The letter contains ~~unauthorized~~ correspondence with another detainee or offender or other unauthorized individual; or

H) The letter or contents of the letter~~thereof~~ constitute a violation of State or federal law.

6) The detainee shall be notified in writing of any outgoing mail withheld.

d) Certified or Registered Mail

Each jail shall establish procedures for processing certified or registered mail.

e) Outgoing Privileged Mail
Outgoing letters from detainees to persons or organizations listed in this subsection (e)~~below~~ and that~~which~~ are clearly marked as "privileged" shall be~~are~~ considered privileged mail and may be sealed by the detainee prior to submission for mailing. Those~~Such~~ letters shall not be opened by the jail staff before mailing and shall be dispatched promptly.

1) Federal or Illinois legislators; Judges of any court or the Illinois Court of Claims or clerks of courts; the Attorney General of the United States and Illinois; the Director of the Federal Bureau of Prisons; and the Governor of the State of Illinois.

2) The Director, Chiefs, Deputy Directors, or Assistant Deputy Directors of the Illinois Department of Corrections; the Chief of the Jail and Detention Standards Unit of the Illinois Department of Corrections; members of the Illinois Prisoner Review Board; and county sheriffs.

3) Chief Executive Officers of the Federal Bureau of Investigation~~Investigations~~, the Drug Enforcement Administration, the Criminal Division of the Department of Justice, and the United States Customs Service, the Secret Service, the Illinois State Police and police departments in the State of Illinois.

4) The Illinois Inspector General.

5) Clerks of the Courts or the Illinois Court of Claims.

6)~~4)~~ The John Howard Association.

7)~~5)~~ Registered attorneys.

8)~~6)~~ Any organization that~~which~~ provides direct legal representation to detainees, but not including organizations that~~which~~ provide referrals to attorneys, such as bar associations.

f) Incoming Privileged Mail
Incoming privileged mail means mail from sources identified in subsection (e) ~~of~~

~~this Section~~ except for clerks of courts. Incoming privileged mail that~~which~~ is clearly marked as "privileged" may be opened only for the purpose of verifying the recipient and the sender and to ascertain that nothing other than privileged mail is enclosed. Privileged mail shall be opened in the presence of the detainee.

g) Electronic Mail

1) The jail administrator may allow detainees to send or receive electronic mail.

2) If electronic mail service is allowed, a website with instructions shall be established through which electronic mail may be sent to detainees.

3) Electronic mail shall be considered non-privileged and shall be subject to all inspection procedures of regular non-privileged mail.

4) If the electronic mail is determined to have improper content or compromises safety and security, the mail shall not be sent or delivered, as applicable, and a report of the occurrence shall be completed. The report shall include the name of the detainee involved, name and email address of the other party, date and time the email was sent or received, and the reason for the rejection. The report shall be dated and signed by the person making the determination.

5) If a detainee is no longer in the custody of the jail at the time electronic mail is received, designated staff shall so notify the sender.

h~~g~~) Disciplinary Denial
No disciplinary restrictions shall be placed on a detainee's mail privileges.

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

Section 701.200 Visiting

a) Visit Regulations
The jail administrator shall prescribe regulations relative to visits with detainees.

1) Regulations shall provide a schedule identifying no fewer than two visiting days each week, one of which must be during the weekend.

2) At least one visit per week per detainee shall be allowed, except when an individual detainee has been assessed a disciplinary penalty for a violation of a rule or regulation~~visiting regulation infraction~~.

3) Visits shall not be less than 15 minutes. Extended visits may be granted by the jail administrator for visitors who travel great distances.

4) Two or more persons permitted to visit at the same time shall count as a single visit.

5) There shall be no age restriction on visitors when a child is accompanied by a parent or guardian.

b) Visits by Attorneys, Probation Officers, Pretrial Service Officers~~,~~ and Clergy

1) Attorneys, probation officers, pretrial service officers~~,~~ and clergy from recognized religious groups shall be permitted to visit detainees at reasonable hours other than during regularly scheduled visiting hours or periods. These~~and such~~ visits shall not count as an allotted visit.

2) An area for interview between a detainee and his or her attorney, probation officer~~,~~ or pretrial service officer~~,~~ shall be provided and arranged so as to ensure privacy.

c) Security Precautions

1) All visitors shall be required to sign the visitor register or visitor card and provide identification before being permitted to visit a detainee. Jail staff may interview or request background information from potential visitors to determine whether they pose a threat to safety or security of the jail.

2) Detainees must be thoroughly searched before and after each visit, unless the visit is conducted via such means as video conferencing.

3) Visitors and items brought onto jail property are subject to search and a search notice sign must be conspicuously posted.

4) In jails where visiting is conducted in an open room or area, constant

visual supervision by jail staff must be exercised.

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

Section 701.220 Education

a) Jails are encouraged to provide relevant educational programs that~~which~~ may include:

1) Adult Basic Education Courses aimed at reducing the level of illiteracy by increasing individual reading vocabulary, encouraging writing skills~~skill~~, explaining basic arithmetic~~,~~ and providing an opportunity for detainees to learn more about community business and social activities that~~which~~ affect their lives.

2) Elementary and High School Courses~~ that are specific or general.~~ Depending upon the aim of the detainee, these courses may serve to provide knowledge related to a definite interest or be suitable for a continued educational program in the community after release.

3) General Education Development (G.E.D.) courses to prepare qualified detainees for the G.E.D. test for~~so they can earn~~ a high school equivalency diploma.

4) Correspondence Courses for both high school students and graduates can be arranged through local school districts, State~~state~~ colleges~~,~~ and universities.

5) Social Education taught by instructors from local schools and colleges, volunteers from community agencies, and university students to instruct detainees in understanding self-concept, how to modify existing life style habits, and how to understand and relate to others. Detainees, individually or in groups, can be introduced to acceptable methods of finding and getting a job. They may also be introduced to vocational requirements such as proper work habits, job performance, personal relationships~~,~~ and keeping a job. Jail personnel can assist detainees in obtaining birth certificates and social security numbers, to find suitable employment after release, and to utilize the services of community agencies such as local unions, employment offices~~,~~ and private agencies or industries.

b) Educational information and academic materials shall be permitted and made accessible to detainees.

c) Vocational information and materials shall be permitted and made accessible to detainees, provided their presence does not jeopardize security.

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

Section 701.250 Commissary

a) Each jail may~~shall~~ establish and maintain a commissary system to provide detainees with ~~approved~~ items or access to services approved by the Sheriff~~that are not supplied by the jail~~.

b) No member of the jail staff shall gain personal profit, directly or indirectly, as a result of the commissary system.

c) Prices charged detainees shall not exceed those for the same articles if sold in local community stores nor shall the prices charged for postal supplies exceed those for the same articles sold at local post offices.

d) Commissary access shall be provided on a regularly scheduled basis and not less than once weekly.

~~e) Commissary purchases must be reflected by a debit entry on the detainee's cash account. Entry must be initialed by the detainee or a receipt must be issued.~~

e)~~f)~~ Net~~All~~ profits from the commissary system shall be used for education, recreation or other purposes within the jail for the benefit of detainees, as deemed appropriate by the Sheriff.~~detainee welfare, and such monies shall be subject to audit.~~ Profits may be used for record keeping expenses of the commissary.

f) Accurate accounting for all purchases, sales and expenditures of the commissary system, including phone services and, if provided, email access, shall be maintained. An annual audit shall be arranged with the county auditor or county treasurer.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

Section 701.260 Recreation and Leisure Time

a) All construction designs submitted for approval after publication of these standards must include an exercise room or yard of sufficient area to allow strenuous physical exercise. A day room may be designated as an exercise room provided the minimum standards for exercise areas are met.

b) The exercise area shall be appropriately equipped and utilized within the limitations of security requirements.

c) Detainees shall be allowed in the exercise area for no less than one hour per day unless the jail administrator determines that participation in such activity by a particular detainee or group ~~of them~~ is harmful or dangerous to the security or morale of the facility.

d) Recreation and leisure time activities should be planned and scheduled.

e) Tools and material that could~~which can~~ be used for unauthorized purposes must be carefully controlled.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Secure Residential Youth Care Facilities

2) Code Citation: 20 Ill. Adm. Code 801

3)

Section Numbers:	Proposed Action:
801.10	Repeal
801.15	Repeal
801.20	Repeal
801.25	Repeal
801.30	Repeal
801.40	Repeal
801.50	Repeal
801.60	Repeal
801.70	Repeal
801.80	Repeal
801.90	Repeal
801.100	Repeal
801.110	Repeal
801.120	Repeal
801.130	Repeal
801.140	Repeal
801.150	Repeal
801.160	Repeal
801.170	Repeal
801.180	Repeal
801.190	Repeal
801.200	Repeal
801.210	Repeal
801.220	Repeal
801.230	Repeal
801.240	Repeal
801.310	Repeal
801.315	Repeal
801.320	Repeal
801.325	Repeal
801.330	Repeal
801.340	Repeal
801.350	Repeal
801.360	Repeal

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

801.370	Repeal
801.380	Repeal
801.390	Repeal
801.400	Repeal
801.410	Repeal
801.420	Repeal
801.430	Repeal
801.440	Repeal
801.450	Repeal
801.460	Repeal
801.470	Repeal
801.480	Repeal
801.490	Repeal
801.500	Repeal
801.510	Repeal
801.520	Repeal
801.530	Repeal
801.540	Repeal
801.550	Repeal
801.560	Repeal
801.570	Repeal
801.580	Repeal
801.590	Repeal
801.600	Repeal
801.610	Repeal
801.620	Repeal
801.630	Repeal
801.640	Repeal
801.650	Repeal
801.660	Repeal
801.670	Repeal
801.680	Repeal
801.690	Repeal
801.700	Repeal
801.710	Repeal
801.720	Repeal
801.730	Repeal
801.740	Repeal
801.750	Repeal

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

801.760	Repeal
801.770	Repeal
801.780	Repeal
801.790	Repeal
801.800	Repeal
801.810	Repeal
801.820	Repeal
801.830	Repeal
801.840	Repeal
801.850	Repeal
801.860	Repeal
801.870	Repeal
801.880	Repeal
801.890	Repeal

4) Statutory Authority: Implementing and authorized by 730 ILCS 175

5) A Complete Description of the Subjects and Issues Involved: Part 801 is being repealed in its entirety because the legislation under which the statutory language was created was found unconstitutional, as it violated single subject rule (People v. Cervates).

Additionally, any future legislation and rulemaking regarding this subject matter will fall under the Department of Juvenile Justice.

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this repealer: None

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

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

9) Does this repealer contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This repealer does not affect units of local government.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

12) Time, Place and Manner in which interested persons may comment on this proposed repealer: Interested persons may submit written comments during the 45-day First Notice Period that commences on the issue date of this publication of the *Illinois Register* to:

Echo Beekman, Rules Coordinator
Illinois Department of Corrections
1301 Concordia Court
P. O. Box 19277
Springfield, Illinois 62794-9277

Phone: 217/558-2200, extension 6507
echo.beekman@doc.illinois.gov

All written comments received after 45 days from the date of this publication will be considered, time permitting.

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 repealer was summarized: This repealer was not included on either of the 2 most recent agendas because the action to repeal the Part was not anticipated.

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

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I: DEPARTMENT OF CORRECTIONS
SUBCHAPTER h: MISCELLANEOUS STANDARDS

PART 801
SECURE RESIDENTIAL YOUTH CARE FACILITIES (REPEALED)

SUBPART A: LICENSING PROCEDURES

Section
801.10 Applicability
801.15 Designees
801.20 Definitions
801.25 Variances and Waivers
801.30 Licenses Required
801.40 Application Fee
801.50 Application for License
801.60 Licensing Requirements
801.70 Responsibilities of the Governing Body
801.80 On-site Inspection of Programs, Security, and Operations
801.90 Background Investigations
801.100 Criminal Convictions and Pending Criminal Charges
801.110 Confidentiality of Personnel Information Received
801.120 Permits
801.130 Expedited Permits
801.140 Application for Renewal of License
801.150 Grounds for Revocation, Termination, or Refusal to Issue or Renew a License, Permit, or Expedited Permit
801.160 Complaints Concerning Licensees
801.170 Investigation of Complaints, Potential Deficiencies, or Violations Concerning Licensees
801.180 Disposition of Complaints, Potential Deficiencies, or Violations Concerning Licensees
801.190 Conditional License
801.200 Closure Order
801.210 Procedure for Revocation or Refusal to Renew a License
801.220 Licensing Hearing
801.230 Operation Without a License, Permit, or Expedited Permit
801.240 Severability of this Part

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

SUBPART B: OPERATING STANDARDS

Section
801.310 Applicability
801.315 Designees
801.320 Definitions
801.325 Purpose and Mission
801.330 Admission and Release Policy
801.340 Administration
801.350 Reports and Correspondence
801.360 Media Access
801.370 Fiscal Management
801.380 Insurance
801.390 Funds and Property of Youth
801.400 Personnel
801.410 Training and Staff Development
801.420 Records of Youth
801.430 Juvenile Tracking System
801.440 Research
801.450 Volunteers
801.460 Capacity
801.470 Physical Plant
801.480 Accessibility to Individuals with Disabilities
801.490 Supervision of Youth
801.500 Security Procedures
801.510 Use of Force
801.520 Youth Counts
801.530 Youth Movement
801.540 Security Restraints
801.550 Control of Contraband
801.560 Searches
801.570 Key Control
801.580 Tools and Equipment
801.590 Vehicles
801.600 Safety and Emergency Procedures
801.610 Criminal Violations
801.620 Warrants
801.630 Youth Rights

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

801.640 Discipline of Youth
801.650 Confinement
801.660 Grievance Procedures
801.670 Food Service
801.680 Safety and Sanitation
801.690 Bedding, Linen, and Clothing
801.700 Personal Hygiene
801.710 Health Care Services
801.720 Mental Health Services
801.730 Pharmaceutical Items
801.740 Health and Dental Screening and Examinations
801.750 Medical Responses
801.760 Health Education
801.770 Suicide Prevention and Intervention
801.780 Health Records
801.790 Youth Admission and Case Management
801.800 Classification, Program, and Treatment
801.810 Social and Psychological Service Programs
801.820 Education
801.830 Library Services
801.840 Recreation and Leisure Time Activities
801.850 Religious Programs
801.860 Mail
801.870 Telephones
801.880 Visits
801.890 Release

AUTHORITY: Implementing and authorized by the Secure Residential Youth Care Facility Licensing Act [730 ILCS 175].

SOURCE: Emergency rule added at 19 Ill. Reg. 16856, effective December 7, 1995, for a maximum of 150 days; adopted at 20 Ill. Reg. 6772, effective May 5, 1996; repealed at 38 Ill. Reg. _____, effective _____.

SUBPART A: LICENSING PROCEDURES

Section 801.10 Applicability

This Subpart applies to any person, group of persons, corporations, or entity other than an Illinois

Department of Corrections facility which intends to develop, establish, maintain, or operate a secure residential youth care facility in the State of Illinois.

Section 801.15 Designees

Unless otherwise specified, whenever a title such as Director or Deputy Director is used in this Subpart, it means the person who holds that title or the person who has been designated in writing to fulfill the duties of that title on a routine basis or during a temporary absence or an emergency.

Section 801.20 Definitions

"Act" means the Secure Residential Youth Care Facility Licensing Act [730 ILCS 175].

"Charges" means a written statement of findings of non-compliance issued by the Department against a licensee for the purpose of an administrative hearing.

"Complaint" means any oral or written report made to or by the Department alleging violation of federal, State, or local laws and rules and regulations related to the licensing or operation of secure residential youth care facilities.

"Conditional License" means a temporary license issued to any secure residential youth care facility holding a license under the Act for which a formal finding of a violation of licensing procedures or standards or federal, State, or local laws has been made by the Department. A conditional license is a nonrenewable license which is issued for a period of six months.

"Controlled substances" means any substance identified in Section 102 of the Illinois Controlled Substances Act [720 ILCS 570/102], including cannabis as defined in Section 3 of the Cannabis Control Act [720 ILCS 550/3].

"Department" means the Illinois Department of Corrections.

"Deputy Director" means the Deputy Director of the Juvenile Division of the Department.

"Director" means the Director of the Department.

"Drug test" means a urinalysis or blood test conducted by a laboratory certified by the Substance Abuse and Mental Health Services Administration, formerly the National Institute on Drug Abuse, to identify the presence of illegal or controlled substances.

"Expedited permit" means a document issued by the Department to allow an applicant who is licensed by the Illinois Department of Children and Family Services as a child care residential facility to operate a secure residential youth care facility for a six-month period while providing a reasonable time to become eligible for a license, if applicable. This term also includes any emergency permit issued under provisions of previous rules in this Part.

"Finding" means a report of results of an investigation of a complaint or of grounds for revocation or termination by staff authorized by the Director.

"Governing body" means the board of directors of a corporation or partners, owners, proprietors, members, managers, or other entity or persons legally responsible for the operation of the facility.

"Hearing" means any formal proceeding held by the Department regarding the revocation of a license or refusal to renew a license to operate a secure residential youth care facility.

"Insolvent" means:

with regard to entities other than partnerships, the entity's financial condition is such that the sum of its debts is greater than all of its property, at a fair valuation, exclusive of property transferred, concealed, or removed with intent to hinder, delay, or defraud its creditors; or
with regard to a partnership, the sum of the partnership's debts is greater than the aggregate of:

all of the partnership's property, at fair valuation, exclusive of property transferred, concealed, or removed with intent to hinder, delay, or defraud its creditors; and

the sum of the excess of the value of each general partner's nonpartnership property, exclusive of property transferred, concealed, or removed with intent to hinder, delay, or defraud its

creditors, over such partner's nonpartnership debts.

"Investigation" means an information gathering and assessment process initiated and conducted by the Department in order to determine compliance with Department or local regulatory or law enforcement agency's rules and regulations or with federal, State, and local laws.

"License" means a document issued by the Department to allow the applicant to establish or operate a secure residential youth care facility.

"Licensee" means those individuals, agencies, or organizations who hold a license, a conditional license, a permit, or an expedited permit.

"Licensing Administrator" means Department staff authorized by the Director to oversee the licensing process and operations of secure residential youth care facilities holding a license, permit, or expedited permit.

"Licensing representative" means Department staff authorized by the Director to examine facilities applying for a license, permit, or expedited permit.

"Licensing study" means the formal review of the application for a license or license renewal for a secure residential youth care facility by an authorized licensing representative. The study shall include an on-site visit of the premises and a review of the facility records as the Department considers necessary in determining that the facility meets or continues to meet licensing procedures and standards contained in this Part.

"Minor traffic violation" means any traffic violation which resulted in a fine of $100.00 or less without any other penalty, such as suspension or revocation of the driver's license, probation, jail sentence, or community service work.

"Permit" means a one-time document issued by the Department for a six-month period to allow a new licensing applicant or the holder of an expedited permit to become eligible for a license.

"Plan" means the facility's written policy, procedures, and practices in a particular area.

"Secure residential youth care facility" as defined in the Act means a facility, or

portion thereof:

where youth are placed and reside for care, treatment, and custody; that is designed and operated so as to ensure that all entrances and exits from the facility, or from a building or distinct part of a building within the facility, are under the exclusive control of the staff of the facility, whether or not the youth has freedom of movement within the perimeter of the facility or within the perimeter of a building or distinct part of a building within the facility; and

that uses physically restrictive construction including, but not limited to, locks, bolts, gates, doors, bars, fences, and screen barriers. This definition does not include jails, prisons, detention centers, or other correctional facilities; State operated mental health facilities; or facilities operating as psychiatric hospitals under a license pursuant to the Nursing Home Care Act [210 ILCS 45] *or the Hospital Licensing Act* [210 ILCS 85]. [730 ILCS 175/45-10]

"Substance abuse" means the illegal or unauthorized use of controlled substances or the misuse of over-the-counter medications.

"Variance" means the temporary waiver by the Deputy Director of one or more of the standards prescribed in this Part for a specific period of time.

"Waiver" means the waiver by the Deputy Director of one or more of the standards prescribed in this Part for the term of the license.

"Youth" as defined in the Act means *an adjudicated delinquent who is 18 years of age or under and is transferred to the Department pursuant to Section 3-10-11 of the Unified Code of Corrections* [730 ILCS 5/3-10-11].

Section 801.25 Variances and Waivers

a) Requests for variances or waivers from compliance with any Section in this Part shall be submitted in writing to the Deputy Director for review and decision. The request shall contain a detailed description of the requested variance or waiver, an explanation of why such a variance or waiver is deemed necessary, and an indication of why strict compliance with the particular standard would result in undue hardship.

b) Variances may be granted for specific time periods pending compliance. Waivers may be granted for the term of the license. However, no variance or waiver will be granted if:

1) The Deputy Director determines that the variance or waiver would jeopardize the safety, security, or programming of the facility; or

2) The variance or waiver involves compliance with local building, zoning, health, sanitation, or other safety requirements as specified by federal, State, or local laws or compliance with the fire safety requirements of the State Fire Marshal, unless the facility submits written approval obtained directly from the other relevant regulatory body.

Section 801.30 Licenses Required

a) Any person, group of persons, corporation, or other entity who or which receives youth or arranges for care and placement of one or more youth unrelated to the operator and who desires to develop, establish, maintain, or operate a secure residential youth care facility, except for Department-run facilities, must obtain a license, permit, or an expedited permit from the Department prior to commencing operations.

b) Before a license, permit, or expedited permit may be granted, the licensing applicant must certify its compliance with federal, State, and local laws as well as all applicable building, zoning, planning, land use, health, and sanitation regulations as specified in federal, State, or local laws or ordinances and with fire safety requirements of the State Fire Marshal and that it meets the requirements prescribed in this Part.

Section 801.40 Application Fee

a) The non-refundable application fee shall be $200.00 and must be submitted with each application for a license or renewal of a license. The fee shall be designated on the application form.

b) Fees collected by the Department shall be deposited into the Secure Residential Youth Care Facility Fund and shall be used for expenses incurred for the administration of the Act.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

Section 801.50 Application for License

a) An application for a license to operate a secure residential youth care facility or the renewal of a license shall be completed and signed by the governing body of the facility or its authorized representatives on forms prescribed and furnished by the Department. Forms are available by sending a written request to:

Illinois Department of Corrections
Deputy Director of the Juvenile Division
1301 Concordia Court
P. O. Box 19277
Springfield, Illinois 62794-9277
Attn: Licensing Administrator

b) The application shall include the following:

1) Articles of incorporation and bylaws, including a statement indicating the facility's corporate status is in good standing with the Illinois Secretary of State and whether the institution is for profit or not-for-profit; or a copy of the entity's partnership agreement; or statement of ownership; or articles of organization; and a list of assumed names under which the entity is doing business, as applicable.

2) A statement of purpose and range of services, including the types of child care services provided or to be provided, and a general description of the type of security established or to be established.

3) A copy of the current child care residential facility license issued by the Department of Children and Family Services pursuant to 89 Ill. Adm. Code 404, if applicable.

4) List of officers, board members, managers, proprietors, committees, partners, owners, and any person owning 20% or more of the company's equity, as applicable.

5) Annual current operating budget and projected budget showing anticipated expenses and income.

6) Certification of compliance with applicable local building, zoning, health, sanitation, or other safety requirements as specified in federal, State, or local laws and with fire safety requirements of the State Fire Marshal.

7) A facility site plan of the proposed site in which the specific use of each building and the specific floor plan showing each room to be used for secure residential youth care is identified and an explanation of the facility locking, lighting, and communication features is included. All secure doors, windows, and perimeter structures, including fencing and gates, shall be shown.

8) The program and operations plan for secure residential youth care submitted pursuant to Subpart B of this Part.

9) The staffing plan for the secure residential youth care program which provides for continuous supervision, treatment services, and security for youth in custody and which includes the number of staff, their minimum qualifications, pre-service orientation and on-going training for staff, and complete job description and job titles.

10) A description of the quality assurance mechanism for the services provided within the secure residential youth care program.

11) Documentation of background checks conducted pursuant to Section 801.90.

12) The appropriate application fee per Section 801.40.

c) A new application shall be required whenever:

1) An application for license has been withdrawn and the facility seeks to reapply;

2) There is a change of facility location, major renovation, or construction of a new facility;

3) There is a change of licensee's ownership, name, supervising agency, or corporate status or the individual who holds a license, permit, or expedited permit has died; or

4) A new license is sought after the Department has either revoked a license, refused to renew a license, terminated a permit or expedited permit, or refused to issue a license to a holder of a permit or expedited permit.

d) A new application may be submitted at any time after a license, permit, expedited permit, or application has been voluntarily surrendered or withdrawn by the applicant.

e) If the Department has refused to renew a license, has revoked a license, has terminated a permit or expedited permit, or has refused to issue a license to a holder of a permit or expedited permit, the facility may not reapply for licensure before the expiration of 12 months after the Department's action.

f) If the applicant's mailing address, but not the physical location, changes the Department shall be notified immediately, but no later than ten days after the change. A current phone number and, if available, a fax number shall be provided to the Department.

g) The Department shall conduct on-site inspections and ensure that background investigations are conducted in accordance with this Part.

h) The Department may issue a waiver of any or all of the requirements of this Part pursuant to Section 801.25(b) when it is determined that the requirements have been substantially met, for example, by the fact that the facility holds a current child care residential facility license issued by the Department of Children and Family Services.

i) The Department licensing representative shall conduct a licensing study in accordance with the requirements of this Part and submit a recommendation regarding licensure to the Licensing Administrator. The Licensing Administrator shall review and submit the final recommendation to the Deputy Director.

j) The Department may issue a license, permit, or an expedited permit or it may issue a notification of refusal to issue a license, permit, or expedited permit within 180 days after the date the application was received and determined to be complete.

Section 801.60 Licensing Requirements

a) A license to operate a secure residential youth care facility shall be valid for two years from the date issued unless revoked by the Department or voluntarily surrendered by the licensee. However, whenever a permit or expedited permit is issued prior to issuance of a license, the license shall be valid for two years from the date the permit or expedited permit was issued.

b) A license, permit, or expedited permit shall not be issued retroactively.

c) The license, permit, or expedited permit shall include the licensee's name, the facility name and address, the maximum capacity, the age and gender of youth to be served, whether the facility is also licensed as a child care residential facility by the Department of Children and Family Services, the date issued, and the expiration date.

d) The license, permit, or expedited permit shall not be transferred to another person, organization, or sponsor, nor shall it be valid for a name, address, or part of the facility other than what is shown on the license, permit, or expedited permit.

e) The facility shall adhere to the provisions specified on the license, permit, or expedited permit.

f) The facility shall maintain a degree of financial solvency that assures compliance with the standards prescribed in this Part and assures adequate care of the youth for whom it has assumed responsibility.

g) Financial records shall be maintained and kept in the State of Illinois where they shall be readily available for review by the licensing staff.

h) A certified copy of the facility's annual audit as performed by an independent auditor shall be submitted to the Department upon request.

i) The Department shall be notified immediately if the facility is determined to be financially insolvent.

j) Changes in the following shall occur only upon prior approval of the Department:

1) The age, gender, or characteristics of children accepted into the secure residential youth care facility;

2) The programming modality used by the facility;

3) The capacity of the facility;

4) The area within the facility used for secure residential youth care; or

5) The security, operations, and treatment plans to be used by the facility.

k) The license capacity of the secure residential youth care facility shall be increased only when the facility is in compliance with the licensing and operating standards set forth in this Part or as approved by the Department when it is in the best interest of the health, safety, and welfare of the youths served.

l) The licensee shall give 90 days notice to the Department prior to voluntarily closing or terminating its secure residential youth care facility. The notice shall state the proposed date of closing and the reason for the closing. The facility shall operate in compliance with the standards listed is this Part until date of closure or until youth are removed.

m) A current license, permit, or expedited permit for the secure residential youth care facility shall be publicly displayed at the facility at all times.

Section 801.70 Responsibilities of the Governing Body

a) The governing body of an incorporated facility shall be a board of directors composed of at least five persons. All board members shall be of reputable and responsible character. The governing body shall be responsible for maintaining the standards set forth in this Part.

b) The governing body of a sole proprietorship or partnership shall be the partners, owners, proprietors, members, managers, or other entity or persons legally responsible for the operation of the facility.

c) The governing body shall:

1) Provide written by-laws, partnership agreements, articles of organization, or statements of ownership, as applicable;

2) Assure that the facility operates at all times with an on-site administrator, who, by official notice, is made known to the Department;

3) Hold at least two meetings annually;

4) Keep written records or minutes of all board meetings reflecting official actions by the board;

5) Officially notify the Department of any major changes in the corporate structure or a change in the administration of the facility, including: articles of incorporation and by-laws, partnership agreements, articles of organization, board membership, officers, ownership, and changes in services provided by the facility;

6) Establish written policies of the facility which shall be made available to all members of the governing body and employees of the facility, including services to be provided by the facility;

7) Assure that staff have achieved appropriate competency levels for the types of youth in the secure residential youth care facility and are administering the facility's established policies correctly;

8) Assure that the facility has clearly outlined procedures to ensure continuity of care for youth admitted to the secure care program and sufficient linkages to after-care programs to support youth after discharge from secure care;

9) Provide and maintain physical facilities appropriate for the program and supporting services;

10) Maintain and keep all records and documents required by this Part in the State of Illinois where they shall be readily available for review by licensing representatives;

11) Assure fidelity bonding of fiscally responsible officers and employees, elected or appointed, whether or not compensated by salary, against breach of fidelity duty or the loss of monies, securities or other property which the facility may sustain through any fraudulent or dishonest act or acts committed by any officer or employee acting alone or in collusion

with others; and

12) Assure that all persons working with youth are of reputable character through compliance with Sections 801.90 and 801.100.

Section 801.80 On-site Inspection of Programs, Security, and Operations

a) Prior to recommending issuance of a license, permit, or expedited permit, the site of a proposed secure residential youth care facility shall be inspected by licensing representatives.

b) On-site reviews of programs, security, and operations shall be completed by Department licensure staff prior to recommendation for licensure and at least annually thereafter.

c) License representatives, within 30 days after the application for licensure has been received and determined to be complete, shall schedule a visit to the facility. The purpose of the visit shall be to assess the secure care program and prepare a written report to the Licensing Administrator regarding:

1) Compliance with applicable statutes, licensing procedures, and standards;

2) The adequacy of security, programming, and care outlined in the program plan;

3) The degree to which the program, as outlined, can reasonably be expected to ensure security, safety, continuity of care, and the provision of adequate after-care planning and services;

4) The adequacy of number of staff, staff qualifications, and training;

5) The adequacy of the physical plant, site, and facility design in relation to implementing a secure program; and

6) Whether the quality assurance, security policies, and evaluation mechanisms developed by the facility can reasonably be expected to control the use of behavior management techniques and security practices within the secure residential youth care facility and to minimize the frequency of unusual incidents within the program.

d) In order to determine continuing compliance with applicable statutes and rules, a licensee's secure residential youth care facility may, without prior notice, be visited periodically by authorized representatives of the Department.

Section 801.90 Background Investigations

a) No secure residential youth care facility license applicant may receive a license, permit, or an expedited permit from the Department, and no person may be employed by a licensed facility unless he or she provides written authorization for a background check which may include, but not be limited to:

1) A search of the Child Abuse and Neglect Tracking System (CANTS) maintained by the State Central Register to determine whether the person has been indicated as a perpetrator of child abuse or child neglect;

2) A check of the criminal justice information systems, including, but not limited to, those maintained by the Illinois Department of State Police, the Federal Bureau of Investigation, and the United States Department of Justice, to determine whether the person has been charged with a crime, and if so, the disposition of the charges; and

3) A pre-employment drug test and an agreement to random drug testing when the Department or the secure residential youth care facility has reasonable suspicion of abuse.

b) The authorization required under this Section shall be on forms prescribed by the Department and shall include:

1) Identifying information consisting of name, address, social security number, date of birth, height, weight, hair and eye color, and previous names and addresses;

2) Fingerprints;

3) A declaration under penalty of perjury regarding any prior criminal convictions other than a minor traffic violation; and

4) Authorization for the Department to release the results of the investigation

to the governing body or employer.

c) Each secure residential youth care facility license applicant and employee or prospective employee of a licensed facility shall submit to a fingerprinting process as determined by the Department.

d) For purposes of this Section only, employees who have been separated from the secure residential youth care facility for six months or longer due to reasons other than approved leave time shall no longer be considered current employees. Upon their return to active duty, such individuals shall be required to again authorize a background investigation pursuant to this Section.

e) Employees and prospective employees of a multi-function agency otherwise exempt from the requirements of this Section, but whose duties may require that they be on the premises of a secure residential youth care facility, shall authorize the background investigation required by this Section.

f) An individual who has authorized the background investigation required by this Section may be employed by a secure residential youth care facility on a provisional or probationary basis pending the outcome of any required background investigation of federal records.

Section 801.100 Criminal Convictions and Pending Criminal Charges

a) In assessing the suitability of a license applicant or an employee of a licensed facility, the Department may consider prior criminal charges and their disposition, criminal charges pending at the time of the application, and criminal charges filed during review of the application.

b) No applicant may receive a license, permit, or expedited permit from the Department and no person may be employed by a secure residential youth care facility licensed by the Department who has been declared a sexually dangerous person under the Sexually Dangerous Person Act [725 ILCS 205] or who has been convicted of committing or attempting to commit any of the following serious offenses under the Criminal Code of 1961 [720 ILCS 5]: first degree murder; indecent solicitation of a child; indecent solicitation of an adult; public indecency; sexual exploitation of a child; sexual relations within families; prostitution; solicitation of a sexual act; soliciting for a prostitute; soliciting for a juvenile prostitute; pandering; keeping a place of prostitution; keeping a place of

juvenile prostitution; patronizing a juvenile prostitute; pimping; juvenile pimping; exploitation of a child; obscenity; child pornography; kidnapping; aggravated kidnapping; child abduction; aggravated battery of a child; criminal sexual assault; aggravated criminal sexual assault; predatory criminal sexual assault of a child; criminal sexual abuse; aggravated criminal sexual abuse; and an offense in any federal or state jurisdiction for which the elements are similar to any of the foregoing offenses.

c) Except as described in subsection (b) of this Section, an individual convicted of a crime will not automatically be prohibited from licensure or employment in a licensed secure residential youth care facility. Instead, the following shall be considered:

1) The nature of the crime for which the individual was convicted;

2) The circumstances surrounding the commission of the crime, including the age of the individual, that would demonstrate a low likelihood of repetition;

3) The period of time that has elapsed since the crime was committed and the number of crimes for which the individual was convicted;

4) Evidence of rehabilitation such as successful participation in therapy since conviction;

5) A full and unconditional pardon granted by the Governor or the judicial reversal of the conviction upon appeal;

6) Character references; and

7) The relationship of the crime to the capacity to care for youth or to be in contact with youth in a secure residential youth care facility.

d) An individual against whom criminal charges are pending shall not be automatically denied licensure or employment because of the pending criminal charges. Instead, the following shall be considered:

1) The seriousness and nature of the pending charges;

2) The circumstances surrounding the commission of the crime;

3) The relationship of the charges to the ability to care for youth or to be in contact with youth in a secure residential youth care facility;

4) Whether the individual has ever been convicted of or charged with crimes of a similar nature; and

5) Character references and other information, especially information related to child abuse or neglect, about the suitability of the applicant for licensure or employment.

e) Based on its review, the Department may prohibit the employee or potential employee from participating in the secure residential youth care program pending disposition of the criminal charges. Failure to comply with this restriction may result in suspension, revocation, termination, or denial of a secure residential youth care facility license, permit, or expedited permit.

Section 801.110 Confidentiality of Personnel Information Received

a) All information received by the Department from a law enforcement agency which concerns criminal charges and the disposition of such charges of a license applicant, employee, or prospective employee of an applicant is confidential. It may be released only as authorized by this Section.

b) All child abuse and neglect information obtained by the Department concerning a license applicant, employee, or prospective employee of an applicant is confidential and exempt from public inspection as provided under Section 7 of the Freedom of Information Act [5 ILCS 140/7]. Such information shall not be transmitted outside the Department except as provided in the Abused and Neglected Child Reporting Act [325 ILCS 5], and shall not be transmitted to anyone within the Department except as provided in the Abused and Neglected Child Reporting Act, or needed for the purposes of evaluation of a license applicant or for consideration by a secure residential youth care applicant of an employee. It may be released only as authorized by this Section.

c) All criminal history information and child abuse and neglect information provided to the Department shall be used solely for the purpose of evaluating the suitability of the license applicant or employee and shall be accessible only to those

Department employees directly involved in the licensing process or specifically designated by the Department to review criminal history information and evaluate applicants.

Section 801.120 Permits

a) The Department may issue one six-month permit to a facility to allow that facility reasonable time to become eligible for a license.

b) A permit shall only be issued when:

1) The application for license has been completed pursuant to Section 801.50 and signed by the members of the governing body of the facility or its authorized representative and submitted to the Department.

2) A determination has been made through a licensing study that the facility is in substantial compliance with licensing requirements established in this Part.

3) The study has been completed by the licensing representative and a recommendation has been submitted to the Licensing Administrator recommending a permit be issued. The Licensing Administrator shall issue a report identifying areas of non-compliance which need to be addressed and corrected during the six month duration of the permit.

4) A written plan is developed by the license applicant which is approved by the Licensing Administrator describing how the full requirements for licensure will be met within the permit period.

c) The permit shall not be renewable.

d) A license shall be issued any time within the six-month period covered by the permit provided the facility achieves compliance with the Department's licensing standards.

e) The permit may be terminated at any point within the six-month period after a finding by the Licensing Administrator that any of the conditions listed in Section 801.150 of this Subpart exist.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

Section 801.130 Expedited Permits

a) The Department may issue one six-month expedited permit to a facility which holds a current child care residential facility license issued by the Department of Children and Family Services pursuant to 89 Ill. Adm. Code 404 to allow that facility reasonable time to become eligible for a license.

b) An expedited permit shall only be issued when:

1) The application for license has been completed pursuant to Section 801.50 and signed by the members of the governing body of the facility or its authorized representative and submitted to the Department;

2) A copy of the current license issued by the Department of Children and Family Services has been received and the Department has verified that the licensee is still in good standing;

3) A determination has been made through a licensing study that the facility is in substantial compliance with licensing requirements established in this Part, particularly those relating to security; and

4) The study has been completed by the licensing representative and a recommendation has been submitted to the Licensing Administrator recommending an expedited permit be issued.

c) The expedited permit may be terminated at any point within the six-month period after a finding by the Licensing Administrator that any of the conditions listed in Section 801.150 of this Subpart exist.

Section 801.140 Application for Renewal of License

a) Application forms for license renewal prescribed by the Department shall be requested by the facility from the Department prior to the expiration date of the secure residential youth care license. The completed application shall be submitted to the Department three months prior to the expiration date of the license.

b) Upon receipt of the application for license renewal, the Department shall conduct a licensing study. The study shall include an on-site visit of the premises and a

review of the records of the facility as the Department considers necessary in order to determine that the facility meets or continues to meet the licensing standards for a secure residential youth care facility. The licensing study shall be in writing and shall be reviewed and signed by the Deputy Director. The Department shall either:

1) Renew the license if the Department is satisfied that the facility continues to maintain the minimum licensing standards; or

2) Refuse to renew the license in accordance with Section 801.230

c) When a licensee has made timely and sufficient application for renewal of a license and the Department fails to render a decision on the application for renewal of the license prior to the expiration date of the license, the existing license shall continue in full force and effect for up to 30 days until the final Department decision has been made. The Department may, if good cause is shown, further extend the period in which the decision must be made for up to 30 days.

Section 801.150 Grounds for Revocation, Termination, or Refusal to Issue or Renew a License, Permit, or Expedited Permit

a) The Department may revoke a license, refuse to renew a license, refuse to issue a license to a holder of a permit or expedited permit, or terminate a permit or expedited permit of any secure residential youth care facility if there is a finding that the licensee or the licensee's governing body or employees did any of the following:

1) Failed to maintain standards prescribed by Department rules or applicable laws.

2) Violated any of the provisions of the license issued.

3) Acted to conceal, misrepresent, or falsify any condition, action, or omission that would demonstrate non-compliance with rules or procedures or a violation of any federal, State, or local law or court order.

4) Failed to submit to the Department required reports or failed to make available to the Department any records required by the Department in

conducting an investigation of the facility for licensing purposes.

5) Failed or refused to submit to or fully cooperate with an investigation required by the Department.

6) Failed or refused to admit authorized representatives of the Department at any time for the purpose of investigation.

7) Failed to provide, maintain, equip, and keep in a safe, secure, and sanitary condition premises established or used for secure residential youth care required under standards prescribed by the Department rules or required by any law, regulation, or ordinance applicable to the location of the facility.

8) Failed to publicly display its license, permit, or expedited permit.

9) Failed to discharge or sever affiliation with an employee or volunteer at the facility who is the subject of an indicated report under Section 3 of the Abused and Neglected Child Reporting Act [325 ILCS 5/3].

10) Failed to exercise reasonable care in the hiring, training, and supervision of facility personnel.

11) Failed to report suspected abuse or neglect of youth within the facility, as required by the Abused and Neglected Child Reporting Act.

12) Failed to report to the Department unusual incidents.

13) Was identified in an investigation by the Department or a law enforcement or regulatory agency as a licensee who is employing a substance abuser as defined in Section 1-10 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-10] and the individual does not comply with the standards relating to the character, suitability, or other qualifications established under Section 45-70 of the Secure Residential Youth Care Facility Licensing Act [730 ILCS 175/45-70].

14) Failed to correct any condition which may jeopardize the health, safety, security, or welfare of youth served by the facility.

15) Failed to correct any condition or occurrence relating to the operation, security, or maintenance of the facility that violates Section 801.190 of this Part.

16) Failed to maintain financial resources adequate to administer a secure residential youth care facility.

b) If the continued operation of the secure residential youth care facility jeopardizes the health, safety, or welfare of the youth being served or if adequate security is not maintained, the facility may be closed immediately in accordance with Section 801.200.

Section 801.160 Complaints Concerning Licensees

a) Complaints alleging abuse or neglect of children shall be reported immediately to the Department of Children and Family Services in accordance with 89 Ill. Adm. Code 300. The Department of Children and Family Services shall immediately notify the Department upon receipt of any such allegation.

b) Complaints alleging excessive use of force shall be reported immediately to the Licensing Administrator. The Licensing Administrator shall notify the Department of Children and Family Services upon receipt of any such allegation.

c) All other complaints concerning secure residential youth care facilities shall be directed orally or in writing to the Department's licensing representatives serving the facility, if known, or to:

Illinois Department of Corrections
Deputy Director of the Juvenile Division
1301 Concordia Court
P. O. Box 19277
Springfield, Illinois 62794-9277
Attn: Licensing Administrator
(217)522-2666

Section 801.170 Investigation of Complaints, Potential Deficiencies, or Violations Concerning Licensees

a) Complaints alleging abuse or neglect to youth in the facility shall be investigated

by the Department of Children and Family Services in accordance with 89 Ill. Adm. Code 300.

b) The Department of Corrections shall initiate a timely investigation of allegations of excessive use of force and all other complaints, potential deficiencies, violations, or evidence of grounds for revocation or termination.

c) Department investigations may include an interview with the person making the complaint, if known, and with others who may have knowledge relevant to the complaint or deficiency.

d) An unannounced visit by the licensing representative may be made to the location of the facility.

e) The facility's refusal to allow the licensing representative to conduct the investigation or failure to otherwise cooperate in the investigation is basis for revocation of the facility license or termination of the permit or expedited permit.

Section 801.180 Disposition of Complaints, Potential Deficiencies, or Violations Concerning Licensees

a) Within 15 business days after completion of the investigation, the Department shall make a formal finding determining whether there was a violation of licensing procedures or standards or federal, State, or local laws.

b) Within five calendar days after a formal finding of a violation is made by the Department, a letter shall be sent by registered mail, return receipt requested, to the licensee summarizing the findings.

c) The letter shall:

1) Cite the laws or licensing procedures or standards violated;

2) Notify the licensee that within 10 days after the receipt of the letter the licensee may send a written request to the Licensing Administrator requesting an informal review of the decision; and

3) Notify the licensee that failure to correct the violations may result in revocation of the license, refusal to renew a license, termination of a

permit or expedited permit, or refusal to issue a license to the holder of a permit or expedited permit.

d) If a request for informal review of the Department's findings is granted by the Licensing Administrator and the licensee indicates a willingness to correct the violations, a time period for compliance may be allowed as determined by the Licensing Administrator. When a time period is granted, a registered letter of notice shall be sent to the licensee specifying the time period granted to correct the violations, which shall begin upon the licensee's receipt of the registered mail. A licensing representative may make unannounced on-site visits to determine whether the identified violations have been corrected within the time period permitted for compliance.

e) If, at the conclusion of the period of time granted the licensee for correction of the findings, the licensee has failed to correct the identified violations or if no time period for compliance was authorized, the Department shall issue a conditional license in accordance with Section 801.190, shall proceed to revoke or refuse to renew the license in accordance with Section 801.210, or shall terminate the permit or expedited permit.

f) If threats exist to the health, safety, or welfare of the youth served or to the facility security systems or protocols, suspension or termination of the license, conditional license, permit, or expedited permit may immediately result.

Section 801.190 Conditional License

a) The Department may issue a conditional license under Section 801.180(e) to any facility holding a secure residential youth care license for which a formal finding of a violation of licensing procedures or standards or federal, State, or local laws has been made by the Department, pursuant to Section 801.180(a).

b) Conditional licenses shall be granted only to facilities holding a license:

1) In which there exists no threat to the health, safety, or welfare of the youth served;

2) Where security systems and protocols are viable; and

3) For which a complete list of deficiencies and a corrective plan has been

approved by the Department.

c) When a conditional license is issued, the Department shall automatically revoke the current secure care license held by the facility.

d) A conditional license shall be a non-renewable license issued for a period of six months. Failure by the facility to correct the deficiencies or meet all licensing standards by the end of the conditional license period shall result in initiation of revocation proceedings or refusal to renew the facility's license as provided in Section 801.210 of this Part.

Section 801.200 Closure Order

a) Whenever the Department expressly finds that the continued operation of a secure residential youth care facility jeopardizes the health, safety, or welfare of the youth served by the facility or that the facility is unable to maintain adequate security, the Department shall issue an order of closure directing that the operation of the facility terminate immediately, and, if applicable, shall initiate license revocation proceedings within ten working days.

b) A facility closed under this Section may not operate during the pendency of any judicial review of the decision by the Department to issue an order of closure or to revoke or refuse to renew the license, except under court order.

1) Those youth residing at the facility shall be moved immediately.

2) All youths' records, personal property, and any medication shall be released to the Licensing Administrator.

Section 801.210 Procedure for Revocation or Refusal to Renew a License

a) Except as otherwise provided in Section 801.200, the Department shall notify the licensee by registered mail, return receipt requested, prior to revocation or refusal to renew a license.

1) The notice shall be sent to the address specified on the license, or to the address of the ranking or presiding officer of the board of directors or any equivalent body operating the secure residential youth care facility.

2) The notice shall inform the licensee that he or she may, within ten days after receipt of the notice through registered mail, make a request to the Department for a public hearing before the Department and for a written statement of the charges.

b) Upon written request for a hearing by the licensee, notice of the hearing shall be sent by registered mail, return receipt requested. The notice shall include:

1) A written statement of the charges;

2) A statement of the date, time, place, and nature of the hearing;

3) The names and mailing addresses of the hearing officer, all parties, and all other persons to whom the Department gives notice of the hearing unless otherwise held confidential by law; and

4) A statement of the legal authority and jurisdiction under which the hearing is to be held.

c) The statement of charges shall be provided in writing and shall contain:

1) A plain and concise statement of the matters asserted and the consequences of the failure to respond;

2) Citation of the federal, State, or local laws or rules and regulations alleged to be violated; and

3) Specific relief sought via this action.

d) The hearing must be held within 30 days after the date of the postmark of the registered mail.

e) The notice must be received by the licensee no later than 15 days prior to the date set for the hearing.

f) The hearing shall be conducted in accordance with Section 801.220.

g) If no request for a hearing is made within ten days after notification, the license shall be revoked or renewal denied.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

Section 801.220 Licensing Hearing

a) At the date, time, and place designated, the Director, or an individual authorized in writing by the Director to function as the hearing officer, shall conduct a hearing regarding the revocation of a license or the refusal to renew a license to operate a secure residential youth care facility. The hearing shall be governed by the provisions contained in Article 10 of the Illinois Administrative Procedure Act [5 ILCS 100/Art. 10], unless otherwise provided in this Section.

b) Both the Department and the licensee shall be allowed to present written and oral statements, testimony, and evidence that may be pertinent to the charges or to the defense. A person may appear and be heard on his or her own behalf or through an attorney at law authorized to practice in the State of Illinois.

c) An attorney appearing in a representative capacity shall file a written notice of appearance identifying him or herself by name, address, and telephone number and identifying the party represented.

d) Complaints, amended or supplemental complaints, and petitions or other pleadings, amendments or supplements to any pleadings, motions, affidavits in support of motions, and notices shall be served by the party filing same upon all parties to the proceeding. Proof of such service upon all parties shall be filed with the Department.

1) Service shall be made by delivering in person or by depositing in the United States mail, properly addressed with postage prepaid, one copy to each party entitled thereto. When any party or parties have appeared by attorney, service upon the attorney shall be deemed service upon the party or parties.

2) Proof of service of any paper shall be by a certificate of attorney, affidavit, or acknowledgement.

e) The hearing officer may direct parties or their attorneys to appear at a specified date, time, and place for a conference prior to the date set for the hearing or during the course of such hearing for the purpose of considering:

1) The simplification of issues;

2) The necessity or desirability of amending the pleadings for the purpose of clarification, amplification, or limitation with respect to matters alleged in any pleading;

3) The possibility of making admissions or stipulations of fact to the end of avoiding the unnecessary introduction of evidence;

4) The procedure at the hearing;

5) The limitation of the number of witnesses;

6) The propriety of prior mutual exchange between or among parties of prepared testimony or exhibits; and

7) Such other matters as may aid in the simplification of the evidence and disposition of the proceeding.

f) All hearings conducted in any proceeding shall be open to the public, except that the hearing officer may close portions of the hearing based on considerations concerning the welfare and safety of the participants or witnesses. In the event of failure to appear at the hearing upon proper notice, the hearing may be held ex parte immediately.

g) The hearing officer shall have full authority to:

1) Rule upon all motions made in the course of a hearing;

2) Rule upon all other matters arising in the course of the hearing;

3) Require, upon reasonable notice, any party to present further material or relative evidence upon any issue.

h) If the respondent believes the hearing officer is biased against such respondent or if there is a conflict of interest, he or she shall petition the Director in writing at least five days prior to the date set for the hearing to appoint another hearing officer to hear the matter. Such petition shall be accompanied by an affidavit setting forth the facts upon which such claim of bias or conflict of interest is based. The Director shall make a determination whether bias or conflict of

interest exists, and may remove any hearing officer he or she finds biased or if a determination has been made that a conflict of interest exists.

i) The technical rules of evidence shall not apply at any hearing. Any evidence having probative value and force, relevant and material to the facts at issue, shall be admitted in the proceedings, subject only to objections to the weight thereof as distinguished from admissibility per se. When the admissibility of evidence is in dispute and depends upon fairly arguable interpretations of law, such evidence shall be admitted.

j) A party may conduct examinations or cross-examinations without rigid adherence to formal rules. The hearing officer before whom a matter is pending may, in his or her discretion, examine any of the witnesses at a hearing.

k) Parties may by stipulation agree upon any facts involved in the proceeding. The facts stipulated shall be considered as evidence in the proceeding.

l) The Department shall designate a court reporting service to make a stenographic record of the hearings.

1) The transcript of the hearing shall be transcribed upon request of any party provided that such party shall pay directly to the reporting service the cost of the transcript.

2) Suggested corrections to the transcript may be offered within ten days after the transcript is filed in the proceeding, unless the hearing officer permits suggested corrections to be official thereafter.

m) Subpoenas for the attendance of witnesses from any place in the State of Illinois, or for the production of relevant books and papers for a hearing in a pending proceeding, may be issued by the Department or the hearing officer upon the motion of any party. Service of subpoenas and payment of witness fees shall be as provided by statute in the Civil Practice Act [735 ILCS 5].

n) After initiation of a statement of charges, any party, upon written request made to the other party at least three business days prior to the hearing or within five business days after such service of an additional pleading, shall be entitled to:

1) Obtain the names and addresses of witness whom the other party intends

to call to testify at the hearing; and

2) Obtain all writings and documents which the party proposes to offer in evidence.

o) A party may serve on any other party a written request for the admission by the latter of the truth of any specified relevant fact set forth in the request or for the admission of genuineness of any relevant documents described in the request. Copies of the documents shall be served with the request unless copies have already been furnished.

p) The hearing officer may continue the hearing from time to time, but not to exceed a single period of 30 days, unless special extenuating circumstances make further continuance feasible.

q) Within 30 business days after the close of all proofs in the hearing, the hearing officer shall cause to be prepared and filed with the Department originals of findings of fact, conclusions of law, and a recommendation to the Director, together with the entire record in the proceeding.

r) At any time prior to the entering of findings of facts, conclusions of law, and recommendations by the hearing officer, the parties may seek to terminate the matter by presenting to the Director an agreed order to which they all acknowledge their consent by affixing their respective signatures. Upon the Director's signing such an order, the entire proceeding shall cease, and each party shall be deemed to have waived Administrative Review.

s) Within 30 business days after receipt of the findings of fact, conclusions of law, recommendations to the Director, and the entire record of the proceeding, the Director shall issue a final administrative decision. A copy of the decision shall be served on each party personally or by certified mail and shall include the findings of fact and conclusions of law. Final administrative decisions of the Department may be judicially reviewed pursuant to the Administrative Review Law [735 ILCS 5/Art. III].

t) The time within which any act under these rules is to be done shall be computed by excluding the first business day and including the last business day.

Section 801.230 Operation Without a License, Permit, or Expedited Permit

a) When the Department is advised or has reason to believe that a secure residential youth care facility is operating without a license, permit, or expedited permit, the Department shall make an investigation to ascertain the facts.

b) Should the Department be denied access, the intervention of local, county, or State law enforcement agencies shall be requested to seek an appropriate court order or warrant to examine the premises.

c) If the Department finds that the secure residential youth care facility is being, or has been, operated without a license, permit, or expedited permit, it shall report the results of its investigation to the Attorney General and to the appropriate State's Attorney for prosecution.

d) At the request of the Director, the Attorney General or the State's Attorney of the county where the violation has occurred shall initiate an injunction proceeding. A permanent or temporary restraining order, without bond, to enforce the licensure provisions shall be ordered by the circuit court.

Section 801.240 Severability of this Part

If any court of competent jurisdiction finds that any Section, clause, phrase, or provision of this Part is unconstitutional or invalid for any reason whatsoever, this finding shall not affect the validity of the remaining portions of this Part.

SUBPART B: OPERATING STANDARDS

Section 801.310 Applicability

This Subpart applies to any person, group of persons, corporation, or entity other than an Illinois Department of Corrections facility which intends to develop, establish, maintain, or operate a secure residential youth care facility in the State of Illinois.

Section 801.315 Designees

Unless otherwise specified, whenever a title such as Director or Deputy Director is used in this Subpart, it means the person who holds that title or the person who has been designated in writing to fulfill the duties of that title on a routine basis or during a temporary absence or an emergency.

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Section 801.320 Definitions

Except as otherwise provided, terms shall have the same meaning as those defined in Section 801.20 of this Part.

"Confinement" means restriction in a room, separated from other youth, for increments of at least 24 hours.

"Contraband" means items which are proscribed by criminal law, facility rules, or posted notices; items which the youth has no authorization to possess; or property which is in excess of that authorized by the facility.

"Corporal punishment" means physical punishment or any punishment of or inflicted on one's person.

"Disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such impairment; or being regarded as having such impairment.

"Mandatory discharge date" means the final date on which the Department's custody and placement of youth in secure care statutorily terminates, which shall be the youth's 19th birthday or the last day of the maximum period of time the youth could serve if committed as an adult, whichever is sooner.

"Mental health professional" means a psychiatrist, physician, psychiatric nurse, clinically trained psychologist, or an individual who has a master's degree in social work and clinical training and who meets the educational, licensing, and certification criteria specified by the respective professional discipline pursuant to appropriate regulations or statutes.

"Serious illness or injury" means an illness or injury which requires treatment at an urgent care center or emergency room or which results in a hospital admission.

"Special needs youth" means a youth whose mental or physical condition requires special handling and treatment by staff.

"Therapeutic restraints" means devices used for the partial or total immobilization of any one or all of the extremities by physical means as determined necessary by

a psychiatrist or a physician.

Section 801.325 Purpose and Mission

A current written statement of the mission, philosophy, goals, and purposes of the secure residential youth care facility shall be maintained by the facility.

Section 801.330 Admission and Release Policy

Only those youth transferred to the Department may be placed in or released from the secure residential youth care facility in accordance with Section 3-10-11 of the Unified Code of Corrections [730 ILCS 5/3-10-11].

Section 801.340 Administration

a) The facility and its programs shall be managed by a Chief Administrative Officer to whom all employees or units of management are responsible.

b) The facility shall maintain written qualifications and a description of the authority and responsibilities of the Chief Administrative Officer.

c) An updated table of organization of the facility shall be maintained that groups functions, services, and activities into administrative subunits.

d) Either the Chief Administrative Officer or an individual designated to act in the place of the Chief Administrative Officer shall be scheduled at the facility and function as the on-call administrator at all times.

e) Where direct care services to facility youth are contracted, the role and functions of employees of the contracted agencies as they relate to facility treatment, programming, operations, and security shall be covered by a written plan. The plan shall be reviewed at least annually and be updated as needed.

f) The facility shall establish and maintain an updated comprehensive manual which includes, at a minimum, the policies and procedures for the supervision, care, and treatment of youth and the operation and security of the facility, and the maintenance of a drug-free and smoke-free workplace. The manual shall be accessible to the Department.

g) New or revised policies, procedures, and plans shall be approved by the Licensing Administrator prior to dissemination and implementation. Approved policies, procedures, and plans shall be disseminated to the designated staff, volunteers, the Licensing Administrator, and when appropriate, to youth prior to implementation.

h) The facility shall establish a written quality assurance plan to assess treatment and program services to youth and an internal audit plan to determine compliance with facility policies and standards contained in this Part. These plans shall include the frequency, scope, content, and administrative reviews and responses required. Copies of all assessment and review documentation shall be available to the Department.

Section 801.350 Reports and Correspondence

The following reports or documents shall be forwarded to the Department as specified:

a) Quarterly Reports
The Chief Administrative Officer shall submit a written quarterly report to the Licensing Administrator that includes, but is not limited to, copies of the following information for the reporting period:

1) A synopsis of any internal audits conducted during the quarter, indicating any non-compliance issues.

2) A summary of staff training conducted during the quarter.

3) Any significant programmatic concerns.

4) A report of personnel transactions, including positions vacated and filled during the quarter, and the total staff headcount.

5) Any significant changes to the projected budget.

6) Reports of all fire drills conducted during the quarter.

7) Reports of all inspections conducted by outside agencies, including, but not limited to, the State Fire Marshal, the Department of Public Health, and independent fiscal auditors.

8) Weekly inspection forms that report a deficiency in any area and a summary of the steps taken to resolve the problem.

b) Fiscal Reports
The Chief Administrative Officer shall submit copies of the following information for the reporting period to the Licensing Administrator:

1) The annual approved budget and any approved revision;

2) All fiscal reports made to the governing body; and

3) Financial audits.

c) Daily Population Report

1) A daily population report shall be provided to the Licensing Administrator by 10:00 a.m. that includes information for the preceding 24-hour period which ended at midnight.

2) The report shall include:

A) The total number of youth:

i) Assigned to secure care at the facility.

ii) Physically present at the facility.

iii) Absent from the facility, by classification of absence, due to reasons, such as medical, court, authorized absence, or unauthorized absence. The names and identification numbers of each youth shall be included for each classification.

iv) Who have entered the facility on a secure care placement, including the names and identification numbers of each youth.

v) Who have been removed from secure care placement at the facility, including the names and identification numbers of

each youth.

B) A recapitulation at the end of the report to account for all youth assigned to the facility, whether present or absent.

d) Annual Survey of Youth Needs
An annual survey of youth needs shall be provided in accordance with Section 801.810(b) of this Subpart.

e) Unusual Incident Reports

1) Unusual incidents or situations that occur on the grounds of a secure care facility or that occur within the community involving an on-duty employee or an individual under secure care supervision shall be reported to the appropriate officials and completely documented by the witnessing employee or the employee who received notification of same prior to the end of his or her shift. The unusual incident report shall be maintained in a separate confidential administrative file and shall include the following:

A) The facility name.

B) The date and time of the incident.

C) The names and, if applicable, the identification numbers of the staff and youth involved in the incident.

D) The names and, if applicable, the identification numbers of witnesses to the incident.

E) A complete narrative of the facts and circumstances of the incident.

F) The signature of the reporting staff member and the date and time the report was written.

G) The signature of the reviewing supervisory staff member and the date and time the report was received.

H) An assessment by the Chief Administrative Officer or designee

and his or her signature and the date reviewed.

2) The Chief Administrative Officer or designee shall report immediately, by telephone, to the Licensing Administrator any of the following types of incidents or situations that occur on the grounds of the facility or which involve an on-duty employee or youth on an assignment away from the facility:

A) A youth's physical assault on another youth or any person where serious injury results requiring medical treatment.

B) An arrest of staff or youth.

C) Use of force by an employee on youth including use of physical force to restrain.

D) A youth's suicide attempt.

E) Any serious illness or injury to youth which requires medical attention.

F) Any escape, runaway, attempted escape or runaway, or unauthorized absence.

G) Death of a youth.

H) Major property loss or damage.

I) Any serious fire or arson attempt.

J) Any youth or employee action which the facility may refer for prosecution of criminal charges.

K) Use of restraints for purposes other than escort or transport security.

L) Any body cavity or strip search of youth.

M) Any youth's diagnosed pregnancy.

N) Other incidents or situations which in the opinion of the Chief Administrative Officer should be reported.

O) Any other incidents or situations which may result in legal action or require an administrative response by the Department.

3) The Chief Administrative Officer of the secure care facility, after immediately informing the Licensing Administrator by telephone of the incident, shall ensure:

A) An initial incident report is completed and transmitted to the Licensing Administrator by the next working day or within 72 hours after the incident if the incident occurs on the weekend. The initial report may be designated as the final report.

B) A progress report or final follow-up report is transmitted to the Licensing Administrator within 15 days after the incident, if applicable. A progress report shall be transmitted to the Licensing Administrator as additional information is available, but not less frequently than every 90 days after the date of the last report until submission of the final report.

f) Legal Documents
The Licensing Administrator shall promptly be sent copies of all documents and correspondence received related to any youth's pending legal matters including, but not limited to, custody disputes, actions to terminate parental rights, or other actions affecting the youth's placement, treatment, or secure care status. The facility shall confer with the Licensing Administrator related to all issues or concerns raised by these documents. Producing documents and reports as ordered by the courts or requested by attorneys or other persons shall be the responsibility of the facility unless otherwise advised.

Section 801.360 Media Access

a) The facility shall establish a written plan regarding requests for access to the facility by representatives of the media. Such requests shall be subject to the approval of both the Chief Administrative Officer and the Licensing Administrator. In determining whether to approve such requests, factors such as

the following shall be considered:

1) Preservation of the youth's privacy;

2) The potential effect of the interview on the youth; and

3) Safety and security of the youth, any person, or the facility.

b) Media requests which include interaction or interviews with or taping or photographs of youth also require releases signed by a parent or guardian.

c) Approved access shall be limited to normal business hours, whenever possible.

Section 801.370 Fiscal Management

a) The facility shall maintain fiscal planning, budgeting, and accounting procedures and a system of regular review and audit. At a minimum, procedures shall include: internal controls; petty cash; bonding for all appropriate staff; signature control on checks; accrual accounting; acquisition and inventory procedures; the issuing or use of vouchers; and collections, safeguarding, and disbursement of monies.

b) An administrator for fiscal management and control shall be designated.

c) An operating budget for the facility shall be established. The annual budget shall be sufficient to meet the anticipated operational expenses of the facility based on generally accepted accounting principles.

d) There shall be an independent financial audit of the facility conducted at least annually. A copy of the audit shall be sent to the Licensing Administrator. The Department may also conduct financial audits of secure care facilities as required by the Director.

Section 801.380 Insurance

The facility shall provide for insurance coverage in the following areas: worker's compensation, civil liability for employees, liability for vehicles, and facility employee blanket bond.

Section 801.390 Funds and Property of Youth

a) Personal funds of youth held by the facility shall be controlled by generally accepted accounting procedures and shall be deposited in an insured account. Youth shall receive receipts for all financial transactions.

b) Personal financial transactions or transfer of a youth's personal property between youth, youth and staff, and youth and volunteers shall be prohibited.

Section 801.400 Personnel

a) A personnel manual shall be established and made available to staff which includes at a minimum:

1) An explanation of the requirements for pre-employment background checks of applicants;

2) A facility organizational chart;

3) Staff development, including orientation and in-service training and professional continuing education;

4) Insurance and professional liability;

5) Standards of conduct for employees;

6) Drug-free and smoke-free workplace polices; and

7) Work rules.

b) Employees and volunteers shall be required to sign a statement acknowledging access to and knowledge of the personnel policies and his or her responsibility for complying with same.

c) Staffing of personnel shall be sufficient to ensure:

1) Continuous and effective supervision of youth is maintained at all times;

2) Youth have adequate access to staff, programs, and services; and

3) The safe and secure operation of the security systems and physical plant.

d) The facility shall comply with all federal, State, and local laws regarding equal employment opportunities.

e) The facility shall provide a mechanism to process requests for reasonable accommodation of the known physical or mental impairments of a qualified individual with a disability, either an applicant or an employee. The accommodation need not be granted if it would impose an undue hardship or a direct threat to the health or safety of the individual or others that cannot be reduced or eliminated by reasonable accommodation.

f) At a minimum, the Chief Administrative Officer shall:

1) Be qualified by training and experience to supervise staff and youth;

2) Have demonstrated the skill to work with and manage youth of the type served in the program;

3) Have demonstrated the ability to work cooperatively with administration, staff, and persons external to the program; and

4) Be required to have either:

A) A Master's Degree in the field of Social Work; three years work experience with youth, two of which were in secure institutional or other residential group care programs; and an additional two years of administrative experience; or

B) A Master's Degree in the field of Humanities; three years work experience with youth, two of which were in secure institutional or other residential group care programs; and an additional two years of administrative experience; or

C) A Bachelor's Degree; five years work experience with children, three of which were in secure institutional or other residential group care programs; and an additional two years of administrative experience.

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g) All professionals shall be qualified in their field and licensed in compliance with statutory requirements.

h) Youth direct care staff shall have the following qualifications:

1) Be at least 21 years of age;

2) Hold a high school diploma or GED certificate;

3) Be in good physical and mental health;

4) Have the capacity to relate constructively to authority;

5) Demonstrated skill in working with and managing youth of the type served in the program;

6) Demonstrated ability to work cooperatively with other staff and a variety of persons external to the program, including representatives of other facilities, agencies, and parents of the youth; and

7) Have the capacity to serve as a role model for youth.

i) Youth direct care supervisors shall have the following qualifications:

1) Be at least 25 years of age;

2) Have two years of college credits; and

3) Have two years of full-time experience in a child care or correctional program.

j) All temporary appointments are subject to the same standards as permanent employees.

k) A criminal record check and Child Abuse and Neglect Tracking System (CANTS) review shall be conducted, prior to employment, appointment, or service, in accordance with Section 801.90 of this Part, on all applicants, volunteers, or other persons who will have regular contact with youth.

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l) Persons who will have regular contact with youth shall receive a physical examination prior to employment to determine their ability to perform the essential functions of the job. The facility may establish a schedule for periodic re-examinations.

m) The facility shall establish a drug-free and smoke-free workplace policy which shall be reviewed at least annually. The policy shall include at a minimum:

1) Pre-employment testing for the presence of illegal or controlled substances;

2) Prohibit the use of illegal substances or misuse of controlled medications;

3) Prohibit possession of any illegal substance except in the performance of official duties;

4) Testing for substance abuse based on reasonable suspicion;

5) Availability of treatment or counseling for substance abuse; and

6) The penalties for violation of the policy.

n) Employee performance shall be reviewed annually based on defined criteria and the results shall be discussed with the employee.

o) The facility shall maintain a current, accurate, confidential personnel record on each employee and volunteer. Information obtained as part of a medical examination or inquiry regarding the medical history or condition of an applicant or employee shall be collected and maintained in a separate confidential medical record. Representatives of the Department shall have unrestricted access to employee personnel files for any purpose, including compliance auditing, investigations, and administrative supervision.

p) Facility staff shall be provided with an identification card or badge (ID). The ID shall be worn at all times while on duty.

q) Employees shall be prohibited from using their official positions to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest or violation of written standards of conduct.

r) Employees, volunteers, consultants, and contractual personnel who work with youth shall be informed in writing about the facility's policies on confidentiality of information and agree in writing to abide by them.

Section 801.410 Training and Staff Development

a) The facility shall establish a staff development and training program for all categories of personnel, including continuing education requirements. The facility's staff development and training program shall be planned and coordinated by a qualified supervisory employee. The facility training plan shall be reviewed and updated annually.

b) The training plan shall include the method of documentation of training scheduled and completed including: the date; training topic; trainer; curriculum; hours of credit; and if continuing education credits or certificates were issued, any grades, scores, or other measures of completion.

c) All new full-time employees shall receive at least three work days of orientation training before undertaking their assignments. This training shall include at a minimum: orientation to the purpose, goals, policies, and procedures of the facility; working conditions and regulations; employees' rights and responsibilities; and an overview of the juvenile justice system. It shall include instructions related to the employee's job duties and responsibilities.

d) All administrative, managerial, and professional staff shall receive 40 hours of professional training in addition to the orientation training during their first year of employment and 40 hours of training each year thereafter. At a minimum, this training shall include: general management; juvenile law; labor relations; the juvenile justice system; treatment modalities; security policy and practice; relationships with other service agencies and professionals; and, where applicable, continuing education units.

e) All direct youth care staff shall receive 120 hours of training during their first year of employment and an additional 40 hours of training each year thereafter. At a minimum, this training shall include: program and treatment modalities; crisis intervention procedures and techniques; security procedures, systems, and methods of supervision of youth; signs of suicide risks and suicide precautions; use-of-force regulations and methods; report writing; youth rules of conduct;

disciplinary techniques; grievance procedures; rights and responsibilities of youth; fire escape and emergency procedures; safety procedures; key and tool control; interpersonal relations; social and cultural life styles of the youth population; communication skills; first aid and CPR; counseling techniques and behavioral interventions; and standards of conduct.

f) All part-time staff, volunteers, and contractual personnel shall receive formal orientation appropriate to their assignments and additional training as needed.

Section 801.420 Records of Youth

a) A master record file shall be established and maintained on a current basis for each youth.

b) The master record file shall include, at a minimum, the following applicable information: the youth's name, identification number, age, sex, place of birth, and race or nationality; initial intake information form; documentation of the youth's delinquency adjudication; court transfer document; a copy of the summary of the determination made by the Interagency Review Committee regarding the youth in accordance with 89 Ill. Adm. Code 312; current photographs and fingerprints of the youth; case and social history; medical consent form; name, relationship, addresses and phone numbers of parents, guardians, and significant others; driver's license, social security, and Medicaid numbers; court records, case disposition, and transfer papers; individual treatment plan and program goals; signed release of information forms, where required; progress reports; program rules and disciplinary policy signed by the youth; disciplinary and grievance records; referrals to other agencies; final discharge or transfer report; visitors list; attorney of record; administrative case review documentation; annual reviews; and youth-related correspondence. Health and educational records are also considered part of the youth master record file, but may be maintained in separate locations.

c) The contents of records shall be identified and separated into the following sections:

1) Legal data.

2) Identification data, including, but not limited to, photographs, fingerprints, warrants, and warrant cancellations.

3) Social history data, including, but not limited to, educational material and clinical, psychological, and psychiatric reports.

4) Treatment data, including, but not limited to, the treatment plan, monthly progress reviews, and disciplinary reports.

5) Miscellaneous data, including, but not limited to, personal property inventories, visitor lists, miscellaneous reports, and correspondence.

d) Master record file entries shall be dated and the source of the information and the author of the entry shall be identified.

e) Master record files are confidential and shall be safeguarded from unauthorized and improper access, disclosure, and loss.

1) Master records shall be marked "confidential."

2) Access to computerized records shall be controlled and restricted on a need-to-know basis. Security measures shall be taken to ensure the integrity and confidentiality of any computer record.

f) Whenever a youth is transferred to another facility, the youth's master record file, including individual medical and educational records, shall be transferred with the youth. The facility may retain a copy of some or all of the contents of the master record file for their records, as needed, for up to five years.

g) The Department shall have access to master record files upon request. Disclosure of youth master record file material to others is subject to procedures outlined in 20 Ill. Adm. Code 107: Subpart D.

Section 801.430 Juvenile Tracking System

The facility shall provide information as requested by the Department for input into the Department's electronic Juvenile Tracking System requirements.

Section 801.440 Research

a) Youth participation in medical, pharmaceutical, or cosmetic experiments shall be

prohibited. This does not preclude individual treatment of youth based on the need for a specific medical procedure that is generally not available.

b) Prior to the conduct of any research, the research request shall be submitted to the Licensing Administrator for review and approval.

c) Approved research shall be conducted in accordance with 20 Ill. Adm. Code 106.

d) The facility may collaborate with juvenile justice and social service agencies in information gathering, exchange, and standardization subject to the approval of the Licensing Administrator.

Section 801.450 Volunteers

a) The facility shall maintain a plan for the recruitment, screening, selection, training, and operating procedures for a volunteer program. The lines of authority, responsibility, and accountability for the facility's volunteer program shall be identified.

b) Volunteers are subject to background investigations in accordance with Section 801.90 of this Part.

c) A staff member shall be designated to coordinate and operate a volunteer program for the benefit of youth placed in the facility.

d) An official registration and identification system shall be maintained for all volunteers.

e) Volunteers may perform professional services only when they are certified or licensed to do so.

f) Volunteers shall be required to agree in writing to abide by all facility policies and applicable employee standards, particularly those relating to security, confidentiality, ethics, and standards of conduct.

Section 801.460 Capacity

The facility shall operate at or below its licensed capacity. On an emergency basis the number of youth in placement may exceed the facility's licensed bed capacity with the prior written

approval of the Licensing Administrator.

Section 801.470 Physical Plant

a) General Requirements

1) The facility shall comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101) and with the regulations implementing Title I and Title II of that Act.

2) The facility shall conform to applicable building and fire safety codes. A fire alarm and automatic detection system shall be required as approved by the State Fire Marshal.

3) Compliance with fire safety codes shall be documented by the State Fire Marshal prior to occupancy by secure care youth and a copy of such documentation shall be maintained at the facility.

4) There shall be documentation by a qualified inspector that the interior finishing materials in youth living, activity, and program areas, exits, and places of public assembly are in accordance with building and fire codes.

5) Physical plant design shall facilitate personal contact and interaction between staff and youth and promote continuous, unobstructed supervision, communication, and control.

6) The facility design and its security features shall be approved by the Licensing Administrator prior to licensure.

7) The facility's potable water source and supply, whether owned and operated by the public water department or the facility, shall be approved by the independent outside source having jurisdiction and shall be in compliance with jurisdictional laws and regulations.

8) The facility shall have a waste disposal system which is in accordance with local services approved by the appropriate regulatory agency.

9) Renovation or remodeling that will change the use or the structure of a facility shall be approved by the Licensing Administrator and the State

Fire Marshal. Failure to do so may result in revocation of the license or termination of the permit or expedited permit.

10) When a new facility is to be constructed or an existing facility is to be expanded, a needs-evaluation study shall be completed and submitted for review and approval by the Department. No new construction or expansion shall be undertaken without prior written approval of the Deputy Director.

b) Residential Housing

1) The facility shall provide at least 35 square feet of unencumbered floor space for each occupant of a sleeping room.

2) Sleeping rooms shall normally be designated for single occupancy.

A) Multiple occupancy or dormitory sleeping rooms may be permitted in existing buildings provided there is at least 35 square feet of floor space per occupant. Youth placed in multiple occupancy sleeping rooms shall be screened based on safety, security, and administrative concerns.

B) Single occupancy sleeping rooms shall be required for any new facility or expansion of an existing facility. The design shall include an electric locking system that can be remotely operated and an interactive intercom system that permits either party to initiate a call.

3) Each sleeping room shall have at a minimum:

A) A rigidly constructed bed bolted to the floor, with a flatbed surface for the mattress. Mattresses shall have no inner-springs, shall have a staph-check type of cover, and shall meet the requirements of Section 31-5 of the National Fire Protection Association Life Safety Code 101, 1991 edition.

B) Access to a washbasin with piped hot and cold water. A supply of disposable drinking cups shall be provided if the washbasin is not drinking-fountain equipped.

C) Access to a toilet. Access may be controlled by staff for toilets other than in a single occupancy room.

D) Illumination of at least 20 foot-candles. Light fixtures shall be secure and tamper-proof. There shall be a night light.

E) A secure door with a viewing window, lock, and security hinges.

i) The viewing window shall provide for unobstructed continuous visual observation of the room and its occupants.

ii) Doors, frames, hinges, and locks shall be of sufficient strength to safely contain the occupants and permit controlled entry and exit.

F) A storage space.

G) A desk securely attached to the wall.

H) A secure access-protected exterior window and natural light in the room.

I) Electrical outlets which are Ground Fault Interrupted (GFI).

J) Intercom or other approved communication capabilities.

4) Sleeping rooms shall be located above basement level.

5) In coeducational facilities, separate sleeping rooms and wings shall be provided for male and female youth.

6) Rooms or housing units to be used by youth with disabilities shall provide for integration with the general population.

c) Dayrooms

1) Dayrooms with space for varied youth activities shall be situated

immediately adjacent to the sleeping areas, but shall be separated from them by a floor-to-ceiling wall.

2) Dayrooms shall be:

A) Of a sufficient size to provide a minimum of 35 square feet of unencumbered space per youth for the maximum number expected to use the dayroom at one time.

B) Contain fixtures and recreation equipment which are suitable for the security requirements of the group.

C) Provided with bulletin boards to facilitate access to daily posted information.

D) Designed for continuous supervision which may be accomplished through use of surveillance and monitoring equipment.

E) Secured with controlled access and egress. Windows shall be secured and protected from damage.

F) Furnished with sufficient seating and writing surfaces for each youth using the dayroom at one time. Furnishings shall be consistent with the security needs of the assigned youth and are subject to approval of the Department. Televisions, electronic games, table games, and other recreational features shall be under staff control with secure storage available.

d) Personal Hygiene

1) Youth shall be provided adequate access to toilets.

A) Access to toilets other than those in individual youth rooms shall be staff-controlled and locked when not occupied.

B) A minimum ratio of one toilet for every 12 youth in male facilities and one toilet for every eight youth in female facilities shall be provided. Urinals may be substituted for up to one-half of the toilets in male facilities.

C) All housing units with five or more youth shall have a minimum of two toilets.

D) Toilet types shall be selected consistent with individual security requirements and are subject to approval by the Department.

E) Staff-activated water shut-off valves shall be provided for all youth-accessible toilets.

2) Youth shall be provided adequate access to washbasins with hot and cold running water.

A) In the housing units, a minimum ratio of one washbasin for every 12 occupants shall be provided.

B) Hot water temperatures shall range from 100 to 112 degrees Fahrenheit.

C) Staff-activated water shut-off valves shall be provided for all youth-accessible washbasins.

3) Youth shall have supervised and controlled access to showers with temperature-controlled hot and cold running water.

A) A minimum ratio of one shower shall be provided for every eight youth.

B) Hot water temperatures shall range from 100 to 112 degrees Fahrenheit.

C) All showers shall have staff-controlled access and be capable of surveillance by staff of the same sex.

e) Confinement Rooms

1) Where security confinement rooms are provided that are separate from the youth's sleeping room, they shall be equipped with secure plumbing fixtures, lighting, windows, and furniture.

2) Confinement rooms shall have the capability for continuous visual surveillance and communication. Rooms shall be equipped with interactive intercom or other approved communication capabilities and locking devices.

3) Room design shall be subject to the approval of the Department. Approval shall be based on the safety and security of the facility or of any person.

f) Lighting

1) Lighting of at least 20 foot-candles shall be provided at desk level and in the personal grooming area.

2) Other lighting requirements for the facility shall be determined by the tasks to be performed.

3) An alternative means of lighting shall be available in the event of an emergency such as a power failure.

g) Temperature Control and Ventilation

1) Heating, cooling, and ventilation systems shall be staff-controlled to ensure healthful and comfortable living and working conditions for youth and staff.

2) An alternative means of ventilation shall be available in the event of an emergency such as a power failure.

3) Ventilation systems shall be tamper-proof.

4) The operation of security windows and screens shall be staff-controlled.

5) Temperatures in indoor living and work areas shall be appropriate to the summer and winter comfort zones: 68 degrees in winter and 75 degrees in summer.

h) Program and Service Areas

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1) All program and service areas shall be capable of being secured with staff-controlled access and egress and shall be capable of continuous visual surveillance, communication, and supervision.

2) The total indoor activity area, which may include gymnasium, multipurpose rooms, library, arts and crafts rooms, and all other leisure areas outside the living unit shall have an aggregate space equivalent to a minimum of 100 square feet per youth.

3) Outdoor exercise areas for youth shall be provided.

   A) The design of the outdoor recreational area shall address the proximity of the perimeter or containment to the existing structures and provide for emergency access.

   B) Selection of recreational equipment and control of potential breaching aids shall be incorporated into the design.

4) Adequate space shall be provided for a youth visiting room or area.

   A) Space shall be provided to permit the screening and searching of both youth and visitors prior to entry and upon exit.

   B) Space shall be provided for the proper storage of visitors' coats, handbags, and other personal items not allowed into the visiting area.

   C) The design of the visiting area shall provide for staff-controlled access and egress and continuous visual surveillance and supervision.

   D) Private interview space shall be provided for attorney visits or other interviews with youth which may require privacy as determined necessary by the Chief Administrative Officer.

5) Classrooms shall be designed to conform with federal, State, and local educational requirements.

A) Classrooms shall have the capability for staff-controlled access and egress and provide for visual observation into the classroom from corridors.

B) Communication capability from a central control shall be provided.

6) A dining room for group dining shall be provided.

A) There shall be at least 15 square feet of floor space per person expected to use the dining room or dining area at any one time.

B) The dining room shall have staff-controlled access and egress and be designed to provide continuous surveillance and supervision.

C) The dining room shall be capable of being secured from the food preparation area during meals.

7) The food preparation area shall conform to local codes and public health requirements.

A) The area shall have adequate space for food preparation based on population, type of food preparation, and methods of meal service.

B) There shall be adequate storage and loading areas and garbage disposal facilities.

C) All storage areas shall be designed with doors that lock upon closure.

D) All storage doors shall have a view panel for visual observation into the storage areas.

E) The food preparation area shall be capable of being secured from the dining room during meals.

8) Adequate space shall be provided for janitorial closets accessible to the living and activity areas.

A) Janitorial closets shall be equipped with a sink, cleaning

implements, and a system of ventilation.

B) All janitorial closets shall have a secure door which locks upon closing and be equipped with a viewing panel to permit visual observation into the closet.

i) Storage Areas

1) Adequate space shall be provided to receive inventory and to store and issue clothing, bedding, cleaning supplies, and other items required for daily operations. Such areas shall be secured by a door which locks upon closing and shall have a viewing panel to permit visual observation into the storage room.

2) Space shall be provided for the safe and secure receipt, processing, inventory, and storage of personal property of youth.

3) Separate and adequate space shall be provided for electrical and mechanical equipment. The access doors or panels to these areas shall lock when closed.

j) Administrative and Staff Areas
Adequate space shall be provided for administrative, security, professional, and clerical staff. This shall include a conference room, storage room for records, public lobby, and toilet facilities. All administrative areas shall be capable of being secured by staff. Areas where youth routinely have access shall have viewing panels or windows for visual observation from hallways, corridors, or other office areas into the work space.

k) Control Room
Space shall be provided for a secure control room with capabilities for monitoring and coordinating the facility's security, safety, and communications systems on a 24-hour basis.

l) Perimeter

1) The design of the facility perimeter shall provide the capability for containment, emergency vehicle access, and control of access and egress.

2) The perimeter design, surveillance and detection systems, perimeter alarms, escape barriers, barbed tape obstacle wire, and other design features shall be subject to approval by the Department. Approval shall be based on the safety and security of the facility or of any person, including the adequacy and appropriateness to the level of security required.

Section 801.480 Accessibility to Individuals with Disabilities

Reasonable accommodations shall be made to ensure that all public access areas of the facility are accessible to and usable by staff and visitors with disabilities in compliance with federal, State, and local regulations and laws.

Section 801.490 Supervision of Youth

a) Primary supervision of youth shall be provided by trained youth direct care staff who shall work under the supervision of a youth direct care supervisor.

b) Youth direct care supervisors shall be primarily responsible for the direct care of youth and supervision of youth direct care staff.

c) There shall be a shift supervisor on each shift. A youth direct care supervisor or the Chief Administrative Officer may serve as the shift supervisor.

d) Youth direct care staff shall be located at all times in or immediately adjacent to the youth living, activity, and program areas to permit continuous supervision and monitoring of youth activity.

e) Written shift assignments or post descriptions that state the duties and responsibilities for each assigned youth direct care position in the facility shall be maintained. These shall be reviewed at least annually and updated as needed.

f) Youth direct care staff shall be required to read the appropriate shift assignment each time they assume a new position and document their review.

Section 801.500 Security Procedures

a) The facility shall maintain a security manual which, at a minimum, shall contain policies and procedures related to: counts, youth movement, transportation, contraband control, facility inspection, youth and visitor searches, security post

descriptions, escape and emergency plans, use of force, appropriate use of restraints, control of caustics, flammable, and toxic materials, facility program schedule, classification policies, discipline, confinement, key and tool control, mail, visits, use and storage of security equipment, crisis instructions and suicide prevention, investigations, reporting of unusual incidents, and relationship to local law enforcement.

b) The facility control room shall serve as the facility command and communication center and may serve as the point of issue for facility keys and security equipment.

1) The facility shall have a communication system between the control room and all youth living, activity, and program areas. This may include an intercom or closed circuit T.V. system.

2) The control room may also serve as the point of control of the fire alarm system, staff and visitor sign-ins, and mail.

c) The facility's perimeter shall be controlled by appropriate means to ensure youth remain within the facility perimeter and to prevent access by the general public without proper authorization.

d) When both males and females are housed in the facility, at least one male and one female staff member shall be on duty at all times.

e) The facility shall prohibit any youth or group of youth from having control or authority over other youth.

f) Staff shall control youth access to all areas of the facility.

g) Access to supplies shall be based on operational needs.

h) The shift supervisor shall conduct a security inspection each shift of all areas within the facility occupied by youth. All other areas and security devices are to be inspected by designated staff each week.

1) The shift supervisor shall submit a written report of the shift and weekly inspections to the Chief Administrative Officer.

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2) The inspections shall be reported on forms that contain, but are not limited to:

A) A list of all items or areas to be inspected and an indication that each item or area was inspected;

B) Any deficiency detected;

C) The name of the staff conducting the inspection;

D) Whether the inspection is a shift or weekly inspection; and

E) The date and time of the inspection.

3) The facility shall be divided into one or more zones with each zone having a unique inspection form. The facility may combine security inspections and the safety and sanitation inspections required in Section 801.680 on one form.

4) Areas or items to be inspected shall include, but not be limited to:

A) Living and activity areas;

B) Yard and open areas;

C) Walls, fences, and all perimeter areas;

D) Windows and screens;

E) Grilles;

F) Doors and locks;

G) Vent ducts;

H) Walls and ceilings;

I) Tunnel entrances;

J) Video systems;

K) Vehicle cages;

L) Security restraints; and

M) Metal detectors.

i) Unusual incidents shall be reported in accordance with Section 801.350. Persons injured in an incident shall be provided with immediate access to medical services.

j) Firearms shall be prohibited within the facility, except during an emergency where the weapon is under the control of law enforcement officers.

k) The facility shall establish a bound confinement and sanctions log to record in sequential chronological order all actions which result in the placement of a youth on room restriction, time-out restriction to his or her room for purposes of regaining control, placement in confinement pursuant to a disciplinary action, placement on suicide precautions, or use of therapeutic restraints. The log shall include the date, name, youth identification number, type of sanction or action, time action was imposed, time action was withdrawn, the reason, and authorizing staff name. All entries shall be signed and dated. The log shall serve as the central register for all correctional sanctions imposed or actions taken to address mental health issues, suicidal behavior, or behavior modification plans. Logs shall be retained for at least two years.

l) Routine information, emergency situations, and unusual incidents that occur on each shift shall be recorded in a permanent bound shift log.

1) All log entries shall be dated and signed by the person responsible for the entry.

2) The log shall be reviewed and the review acknowledged by each succeeding shift supervisor.

3) Shift logs shall be retained for at least two years and shall be available for inspection by the Department.

m) A bound writ and court order log shall be maintained to record in chronological order by youth name, number, and date received the receipt of all writs, court orders, detainers, or other legal notices related to a youth's custody status, placement, guardianship, legal affairs, or continuing court cases or criminal prosecutions. The log shall identify the source of the document, type, nature of the order or notices, and date of appearance or date by which information or other action is due. The log shall be signed by the Chief Administrative Officer. Logs shall be retained for at least two years.

Section 801.510 Use of Force

a) The facility shall establish a written plan regarding guidelines for the use of force and restraints. The plan shall identify the method of control, identify persons authorized to implement the methods, and establish the training required for these persons.

b) Corporal punishment shall be prohibited.

c) Force shall be employed as a last resort or when other means of behavioral management are unavailable or inadequate and only to the degree reasonably necessary to regain control of the situation.

d) Use of force shall be terminated as soon as force is no longer necessary.

e) Medical review and care, if necessary, shall be provided following any use of force which results in bodily injury.

f) Force may be used under the following circumstances:

1) To compel compliance with a lawful order given by an employee to ensure the safety and security of the facility.

2) To protect oneself or any other person from physical assaults, injury, or death.

3) To prevent an escape from the facility or from the custody of employees while in the community.

4) To protect facility property or the property of others from serious damage

or destruction.

5) To prevent or suppress a riot, revolt, insurrection, or other serious disturbance.

g) When any force is used, an unusual incident report shall be filed pursuant to Section 801.350 of this Subpart.

h) Preliminary review of all instances of use of force shall be made by the Chief Administrative Officer and a written report of the circumstances and administrative response shall be submitted to the Licensing Administrator within 72 hours after the incident.

Section 801.520 Youth Counts

a) The facility shall develop a system for physically counting each youth during each shift. The system shall include strict accountability for all youth assigned to the facility, including all youth present at the facility, all youth on authorized absence, all youth released for any reason, and all youth discharged from the facility during each shift.

b) A formal record of these counts shall be made and signed by the shift supervisor prior to the end of his or her shift.

c) Counts shall be reconciled daily with the official record of all admissions to and discharges from the facility.

Section 801.530 Youth Movement

a) Staff shall regulate and supervise all youth movement.

b) The facility shall establish a written plan which governs the transportation of youth outside the secure facility and from one jurisdiction to another.

1) It is the responsibility of the facility to provide secure transport of youth including but not limited to transport ordered pursuant to valid court writs or orders and to ensure vehicles operated comply with applicable motor vehicle laws, including insurance and inspection requirements.

2) Staff must have a valid driver's license and operate vehicles in accordance with applicable motor vehicle laws while on duty.

3) The Department must approve any security modifications to vehicles which include addition of security screens, plexiglass partitions or window borders, or other modifications.

Section 801.540 Security Restraints

The facility shall establish a policy for the issuance and control of security restraints and security devices.

a) An inventory of all security equipment and restraint equipment shall be maintained.

b) Broken and dysfunctional equipment shall be withdrawn, repaired, replaced, or disposed of and the inventory shall be updated.

c) The facility shall obtain the Department's approval for the type and quantities of restraints to be utilized.

d) The Chief Administrative Officer of the facility shall identify the circumstances under which security restraints may be utilized, by whom, and by whose authority.

e) Training requirements for staff regarding authorized use of restraints shall be specified.

f) Restraints such as handcuffs, shackles, and transportation belts shall never be applied as punishment and shall be applied only with the approval of the Chief Administrative Officer.

g) Only security equipment approved by the Department may be issued to authorized facility staff who have met the required training requirements.

Section 801.550 Control of Contraband

a) The facility shall establish a procedure for the scheduled and unscheduled search of the facility and youth to control contraband and provide for its proper

disposition.

b) Policies regarding such searches shall be made available to staff and youth.

c) Contraband shall be defined as possession by a youth of any of the following:

1) Alcohol;

2) Cannabis or controlled substances;

3) Weapons including firearms, knives, cudgels, broken glass, or similar cutting devices or clubs;

4) Flammables, explosives, matches or lighters;

5) Ammunition;

6) Chemical agents or electric stun-guns;

7) Tools, keys, chains, or ropes;

8) Gum, putty, or caulk;

9) Any smoking or tobacco materials in the possession of youth; or

10) Any other item identified by the Chief Administrative Officer proscribed due to safety or security reasons.

Section 801.560 Searches

a) Youth and their clothing, personal property, and living areas shall be subject to search at any time.

b) Manual or intrusive inspection of body cavities shall only be conducted when reasonable suspicion exists that contraband may be hidden in a body cavity and when authorized by the facility Chief Administrative Officer and approved by the Licensing Administrator. Such searches shall be conducted in private by health care personnel. These body searches shall be documented on an unusual incident report.

c) Strip searches and visual inspections of the youth's body may be conducted based on a reasonable belief that the youth is carrying contraband or other prohibited material upon approval by the facility Chief Administrative Officer. The inspection shall be conducted in private by a trained staff member of the same sex as the youth and shall be documented on an unusual incident report.

d) Pat down searches of a youth's clothing and person shall be performed prior to placement in or release from any confinement unit and prior to or upon return from a court trip, medical trip, visit, or work detail.

e) The facility shall post or give prior notice to visitors that visitors and their possessions shall be subject to search upon entry to the facility.

Section 801.570 Key Control

The facility shall maintain a system to control keys and their use which provides for accounting of the location and possessor of each key.

a) All keys shall be issued from a central control area.

b) A log shall be used to record the number of each key or ring issued, and the name of the receiving staff. A master inventory showing the location of the lock, the number of keys to that lock, and the names of all employees assigned to the key shall be maintained.

c) Facility keys shall be stored so that their presence or absence can be easily determined.

d) Facility keys that are not retained on an assigned post shall be returned to the control center by the end of the work shift. Broken keys and locks shall be immediately reported and replaced as soon as possible.

e) All key rings shall be numbered and the facility shall maintain at least one duplicate key for each lock.

f) An emergency set of keys shall be securely maintained in the control center. Fire and emergency keys shall be color-coded and marked for identification by touch.

g) Youth shall be prohibited from possessing keys.

h) Facility policy may control staff possession of personal keys while on duty.

Section 801.580 Tools and Equipment

a) The facility shall develop a written plan governing the control, inventory, storage, and use of tools and culinary, medical, and security equipment. The policy shall limit hazardous tool access to staff only.

b) The level of authority required for access and use of tools and equipment shall be specified.

Section 801.590 Vehicles

The facility shall establish procedures governing the use and security of facility vehicles and the use of personal vehicles for official purposes. Provisions for insurance coverage shall be included.

Section 801.600 Safety and Emergency Procedures

a) Fire Safety

1) The facility shall establish a written fire prevention plan, including at a minimum:

A) Provision for an adequate fire protection service;

B) A system of fire extinguisher inspection and testing of equipment at least quarterly or at intervals approved by the State Fire Marshal;

C) An annual inspection by the State Fire Marshal;

D) Availability of fire protection equipment at appropriate locations throughout the facility; and

E) Monthly inspection by the on-site fire plan coordinator.

2) A comprehensive and thorough inspection of the facility shall be conducted annually or on a schedule approved by the State Fire Marshal to determine compliance with safety and fire prevention standards. A weekly fire and safety inspection of the facility shall be made by a trained facility staff member.

3) Facilities shall be equipped with noncombustible receptacles at all entrances for extinguishing smoking materials and shall have separate containers for other combustible refuse at accessible locations throughout living quarters in the facility. Special containers shall be provided for flammable liquids and for rags used with flammable liquids that meet Underwriters Laboratory specifications. All receptacles and containers shall be emptied and cleaned daily.

4) The fire plan shall be reviewed annually and updated as needed.

b) Flammable, Toxic, and Caustic Materials
The use and storage of all flammable, toxic, and caustic materials shall be controlled. These materials must be under direct staff control and be properly stored and secured. Warning labels to prevent use by children must be strictly followed.

c) Emergency Power and Communications

1) The facility shall have access to an alternative power source to maintain essential services in an emergency. The facility shall have emergency lights in areas such as living, activity, and program areas, housing units, and all means of egress in accordance with applicable fire and building codes.

2) The facility shall provide for a communications system within the facility and between the facility and the community in the event of urgent, special, or unusual incidents or emergency situations.

3) The facility shall establish a written evacuation plan prepared in the event of a fire or a major emergency that shall be approved by the State Fire Marshal. The plan shall be reviewed annually and updated as needed. Revised plans shall be reissued and provided to the State Fire Marshal and to the local fire safety authority. The plan shall include the following:

A) Location of buildings and room floor plans;

B) Use of exit signs and directional arrows for traffic flow;

C) Location of publicly posted evacuation plans; and

D) Monthly drills in all occupied locations of the facility. Where evacuation of dangerous youth would be a breach of security or pose a safety concern, staff drills may be conducted instead of evacuating such youth.

d) Emergency Plans

1) All facility personnel shall be trained in the implementation of written emergency plans. Work stoppage and riot or disturbance plans shall be communicated only to appropriate supervisory staff or other personnel directly involved in the implementation of those plans.

2) The facility shall provide the means for the immediate release of youth from locked areas in case of an emergency and provide for a backup system.

e) Runaways
The facility shall establish a written plan regarding runaways. The plan shall insure a timely coordinated response to the youth's runaway situation consistent with public safety. The plan shall be reviewed at least annually and updated as needed.

Section 801.610 Criminal Violations

Where a youth allegedly commits an act in violation of criminal law, the case shall be referred to appropriate law enforcement officials for consideration of prosecution. The Licensing Administrator shall be advised of the unusual incident immediately in accordance with Section 801.350 of this Subpart.

Section 801.620 Warrants

a) The facility shall immediately advise the Licensing Administrator of all

circumstances in which there exists a need to direct law enforcement to apprehend or to hold and detain secure care youth in detention facilities.

b) The Licensing Administrator shall cause warrants for apprehension and detention to be issued including hold orders to local detention facilities whenever secure care youth who are in the custody of the Department runaway from placements, are court ordered into alternative detention or custody, or require placement in local detention facilities pending administrative or legal action.

Section 801.630 Youth Rights

a) Access to Courts
Youth shall have reasonable access to the courts pursuant to federal or State law.

b) Access to Counsel
Youth shall be permitted reasonable access to counsel. The facility shall assist youth in making confidential contact with attorneys and their authorized representatives, as needed. Such contact shall include, but not be limited to, telephone communications, uncensored correspondence, and visits.

c) Access to Programs and Services

1) Youth shall not be subjected to discrimination based on race, religion, national origin, sex, or disability.

2) Programs and services shall be accessible to youth with disabilities who are confined in the facility.

Section 801.640 Discipline of Youth

a) The facility shall develop a multi-level behavioral management and disciplinary plan which focuses on preventing negative behavior through intervention techniques. The process shall be individualized in its approach with each youth in teaching pro-social values and behavior.

b) The plan shall include rules of behavior for youth in simple, understandable language. The rules shall differentiate between major and minor infractions.

c) The plan shall:

1) Detail the purpose, scope, and limits of the approved behavioral management techniques;

2) Describe the personnel authorized to administer the behavioral management techniques and the methods and procedures by which the techniques are to be administered;

3) Outline the disciplinary penalties for violation of the rules of behavior and the disciplinary procedure by which such penalties may be imposed;

4) Identify a range of corrective actions available for minor infractions, including counseling efforts and the use of room restrictions for the purpose of behavioral control, and identify those persons with authority to impose room restrictions; and

5) Provide that all persons using the techniques are trained in their use and are supervised.

d) The facility shall not use any behavioral management techniques not contained in the plan as approved by the Department.

e) The rules of behavior and disciplinary penalties shall be made available to each youth.

f) Discipline shall be suited to the infraction and fairly applied. Disciplinary restrictions on diet, medical or sanitary facilities, clothing, bedding, mail, contact with attorneys or religious representatives, attendance at religious activities, and reductions in the frequency of use of toilets, washbowls, and showers shall be prohibited.

g) Disciplinary restrictions on other privileges shall be related as closely as practicable to abuse of such privileges.

h) A written report of any behavior which may result in disciplinary action shall be made by the employee who observes the behavior, discovers evidence of a rule infraction, or receives information of such behavior from a reliable source.

i) The report shall include the following to the extent known or available:

1) Name and identification number of the youth;

2) Time, date, and place of the rule infraction, including the name of the secure care facility;

3) The infraction alleged to have been committed;

4) A written statement of the behavior observed;

5) The names of witnesses;

6) A statement of any immediate action taken; and

7) Signature of reporting person and the date and time the report was made.

j) The report and action requested shall be reviewed by the facility shift supervisor if the action taken results in loss of privileges or room restrictions.

k) The report must be filed with the Chief Administrative Officer within 72 hours after the occurrence of the infraction or the discovery of it and shall be placed in the youth's file. A copy of the report shall be forwarded immediately to the Licensing Administrator in all cases of major violation which result in confinement.

l) If the Chief Administrative Officer determines that the minor corrective action was inappropriate or ineffective or that the youth has not regained control, the youth may be confined in his or her room for a period up to 24 hours. When determined necessary, such confinement may be renewed in writing by the Chief Administrative Officer for up to an additional 24 hours.

m) If a youth is suspected of violating a major rule, an investigation may be conducted. A youth may be confined in his or her room or in a designated area by the Chief Administrative Officer pending resolution of the investigation or pending a disciplinary hearing. The decision to place in such confinement may depend on: the aggressiveness of the youth; the threat to safety and security; and the seriousness of the rule infraction. Any major violations which may constitute a criminal offense must be reported immediately to the Licensing Administrator as an unusual incident.

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n) No youth may be confined for disciplinary reasons for more than seven consecutive days nor more than 15 days in any 30 day period except in cases of violence or attempted violence committed against another person or property when an additional period of confinement for disciplinary reasons is approved by the Chief Administrative Officer.

o) In disciplinary cases which may involve the imposition of disciplinary confinement or a change in education or other programming of more than seven days duration, the Chief Administrative Officer shall establish disciplinary procedures which include at a minimum:

1) An impartial decision-maker shall be appointed. The person or persons who initiate a disciplinary charge against a youth shall not decide the charge. To the extent possible, a person representing the counseling staff of the facility shall participate in deciding the disciplinary case.

2) Any youth charged with a violation of rules of behavior shall be given notice of the charges including a statement of the misconduct alleged and of the rules this conduct is alleged to have violated.

3) Any youth charged with a violation of rules is entitled to a hearing on that charge at which time he or she shall have an opportunity to appear before and address the person or persons deciding the charge.

4) The persons deciding the charge may also summon to testify any witnesses or other persons with relevant knowledge of the incident. The person charged may be permitted to question any person so summoned. The youth may request that certain witnesses be interviewed prior to the hearing.

5) The decision-maker shall decide whether the youth committed the offense based upon all relevant information and evidence. The person deciding must be reasonably satisfied that the youth committed the offense for him or her to be found guilty.

6) If the charge is sustained by the Chief Administrative Officer, the youth charged is entitled to a written statement of the decision by the persons deciding the charge which shall include the basis for the decision and the

disciplinary action, if any, to be imposed.

7) The hearing summary shall include the following:

A) The name and identification number of the youth;

B) The date, time, and location of the offense, including the name of the secure care facility;

C) The hearing date and time;

D) The names of any witnesses and a statement of any witnesses' testimony provided prior to or at the hearing;

E) A record of the hearing proceedings;

F) A disposition and basis for the decision, including a finding of guilty or not guilty on each charge and the rationale for each finding;

G) The disciplinary action recommended to the Chief Administrative Officer;

H) The decision by the Chief Administrative Officer, which may include approval, disapproval, or changes to the recommendation; and

I) The signature of the Chief Administrative Officer and the date reviewed.

8) A copy of the disciplinary report and the hearing summary shall be filed in the youth's master record file.

p) Disciplinary action imposed under this Section may be appealed under the grievance procedure established in Section 801.660 of this Subpart.

Section 801.650 Confinement

a) Confinement shall not be used unless one of the following conditions exists:

1) The youth's behavior poses a serious threat to the physical safety of his or herself or others or to the safety or security of the facility.

2) The youth has violated or is under investigation for violating the facility's rules of behavior for which the penalty of confinement may be imposed; or

3) The youth is waiting for transfer to a more secure facility.

b) A visual check of all youth in disciplinary confinement or on room restriction shall be made no less than every 15 minutes and shall be documented.

c) A youth confined in his or her room or another designated area for disciplinary reasons shall be interviewed during waking hours by the facility counselor, shift supervisor, or other staff approved by the Chief Administrative Officer at least every 4 hours.

d) Youth in confinement shall be provided time outside of his or her assigned room for showers, and at least four hours outside of the confinement room for every 24 hours in confinement. Family, attorney, and religious visits shall not be restricted unless the Chief Administrative Officer determines that the youth poses a threat to the physical safety of him or herself or others or to the security of the facility. Time outside the confinement room may be restricted by the Chief Administrative Officer, with permission of the Licensing Administrator, when release of youth poses a threat to safety of youth or others, or to the security of facility.

Section 801.660 Grievance Procedure

a) Youth shall attempt to resolve problems or complaints informally by discussing them with facility staff.

b) If the youth is unable to resolve the complaint informally or if the complaint concerns the imposition of discipline, the youth shall be provided with access to a grievance procedure established by the facility.

1) A system to provide information to the youth shall be provided with the grievance procedure.

2) A timely review of the grievance shall be conducted by a person or persons employed by the facility and appointed by the Chief Administrative Officer other than those directly responsible for the conditions or actions complained of in the grievance.

A) This review shall take place within five working days after receipt of the grievance.

B) The findings and recommendations shall be submitted to the Chief Administrative Officer within ten working days after initial receipt of the grievance. The Chief Administrative Officer shall advise youth of the decision in writing within fifteen working days after initial receipt of the grievance.

C) Youth may appeal to the Deputy Director. The Deputy Director shall provide for a timely review and decision in writing to the youth.

3) Assistance by impartial facility staff in drafting the grievance shall be provided when requested and when it has been determined that the youth is unable to draft the grievance without assistance.

c) The grievance procedure shall not be a barrier to youth processing complaints directly to the Deputy Director.

d) Disciplinary action or reprisals may not be taken against a youth for using the grievance procedure.

e) Copies of all grievances and responses shall be maintained in the youth's file.

Section 801.670 Food Service

a) The facility shall:

1) Employ a staff member who is trained and experienced in food service management to supervise food service operations; or

2) Contract with a provider who meets all conditions set forth for food service management and compliance with applicable meal scheduling

hours and regulations.

b) Accurate records shall be maintained of all meals served, including menus served for the past 12-month period.

c) The facility's system of dietary allowance shall be reviewed and documented at least annually by a dietician to ensure compliance with nationally recommended food allowance appropriate for the age group of secure care youth to be housed in the facility.

d) The food service staff shall develop advance planned menus and shall substantially follow the required meal schedule. In the planning and preparation of all meals, food flavor, texture, temperature, appearance, and palatability shall be taken into consideration.

1) Menus shall be posted one week in advance.

2) The food service plan shall provide for a single menu for both staff and youth.

e) Special diets as prescribed by appropriate medical or dental personnel shall be provided.

f) The use of or denial of food as a disciplinary measure shall be prohibited.

g) Special diets for youth whose religious beliefs require the adherence to religious dietary laws shall be provided. Alternative entrees to pork or pork products or meat substitutes shall be made available.

h) Food services shall comply with the applicable sanitation and health codes as promulgated by federal, State, and local authorities.

i) Weekly inspections shall be conducted of all food service areas, including dining and food preparation areas, by the Chief Administrative Officer or designee. The inspections shall include: equipment; sanitation records; and temperature-controlled storage facilities for all foods. The weekly inspections shall be documented.

j) Daily checks of refrigerator, freezer, and dishwater temperatures shall be

conducted by administrative, medical, or dietary personnel for compliance with applicable public health standards. The daily checks shall be documented. Food shall be maintained at the following temperatures.

1) Dietary shelf goods shall be maintained at 45 to 80 degrees Fahrenheit;

2) Refrigerated foods shall be maintained at 35 to 40 degrees Fahrenheit; and

3) Frozen foods shall be maintained at 0 degrees Fahrenheit or below.

k) Staff shall supervise youth during meals and ensure proper portion control and sanitation.

1) Youth shall be provided group dining except due to safety or security considerations. The food preparation area shall be secured from the dining area during meals.

2) Youth shall not be permitted to take food back to their rooms or to give away, trade, or exchange portions.

3) Second helpings may be provided.

4) The Chief Administrative Officer shall be advised of youth who are not eating.

5) Careful accounting for eating utensils shall be made. Hazardous kitchen tools, including knives, shall be accounted for and secured before youth are admitted to the dining room prior to each meal and at the end of the day.

l) At least three nutritious meals, of which two are hot meals, shall be provided at regular meal times during each 24-hour period, with no more than 14 hours elapsing between the evening meal and breakfast. A nutritious evening snack shall be provided to each youth daily. Provided basic nutritional goals are met, variations may be allowed based on weekend and holiday food service demands.

m) Health protection shall be provided for all youth and staff in the facility and youth and other persons working in food service.

1) As required by State and local laws or regulations applicable to food service employees, all personnel and youth involved in the preparation of food shall receive a pre-assignment medical examination and periodic re-examinations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. All examinations shall be conducted in accordance with public health requirements and shall be documented in appropriate employee medical and youth master record files.

2) When the facility's food services are provided by an outside agency or individual, the facility shall have written verification that the outside provider complies with State and local regulations regarding food service standards.

3) All food handlers shall be trained and instructed to wash their hands upon reporting to duty, after using toilet facilities, and before touching food.

4) Youth and other persons working in food service shall be monitored each day for health and cleanliness by the director of food services or his or her designee.

5) Youth working in food service areas shall be under continuous supervision by staff.

Section 801.680 Safety and Sanitation

a) Weekly documented safety and sanitation inspections of all facility areas shall be conducted to ensure compliance with applicable federal, State, and local sanitation and health codes and to control vermin and pests.

b) There shall be a comprehensive written housekeeping plan and cleaning schedule for the facility. Youth may be assigned housekeeping tasks and provided with training and supervision necessary for skill development and safety. Cleaning supplies, caustics, and toxins shall be controlled and dispensed by staff and items marked with warning labels shall be kept out of the hands of youth.

Section 801.690 Bedding, Linen, and Clothing

a) The stored supply of clothing, linens, and bedding shall exceed that required for

the facility's maximum declared population capacity. There shall be accountability for clothing and bedding issued to youth.

b) Each youth shall be issued suitable clean bedding and linen, including two sheets, a pillow and pillowcase, one mattress, and sufficient blankets to provide comfort under existing temperatures. At least weekly there shall be a linen exchange or replacement of soiled items.

c) Youth shall be provided the opportunity to have seven complete sets of clean clothing per week.

d) The facility shall provide for the thorough cleaning and, when necessary, disinfecting of youth personal clothing before storage or before allowing the youth to keep and wear personal clothing.

Section 801.700 Personal Hygiene

a) The facility shall have a shower schedule that allows for supervised daily showers and youth access to showers after strenuous exercise. Youth shall shower individually.

b) Articles that are necessary for maintaining proper personal hygiene shall be provided to all youth.

c) Hair care services by licensed barbers or beauticians shall be available to youth every four weeks.

Section 801.710 Health Care Services

a) The facility shall have a designated health authority who shall be responsible for the development and implementation of a plan for youth medical and mental health services, including emergency services, and youth health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency. When the authority is other than a physician, final medical judgements rest with a single designated physician. The health authority shall meet at least quarterly with the Chief Administrative Officer on the development of facility health services and planning.

b) The plan shall include procedures which govern the relationship and the activities of private physicians working with youth in the facility.

c) Appropriate State and federal licensure, certification, or registration requirements and restrictions apply to all personnel who provide health care services to youth. The duties and responsibilities of such personnel shall be governed by written job descriptions approved by the health authority. Verification of current credentials and job descriptions shall be maintained on file in the facility.

d) The youth's parents or guardian and the Licensing Administrator shall be notified in case of serious illness or injury, surgery, or death.

e) The facility shall have a written agreement between the facility or the facility's health authority and a nearby urgent care center or hospital for all medical services that cannot be provided within the facility, including emergency services. When a youth is in need of urgent care or hospital services, he or she shall be accompanied by a staff member who stays with the youth. Notification shall be made to the Licensing Administrator and to the parent or guardian at the time of any admission or as soon as possible thereafter. Continuous same sex security coverage for the admitted youth shall be provided consistent with the youth's medical condition.

f) If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, materials, and training as determined by the responsible physician shall be provided for the performance of primary health care delivery and responses to medical emergencies.

g) Health care policies shall be communicated orally and in writing to each youth on arrival at the facility and shall be in a language clearly understood by each youth.

h) Youth medical complaints shall be monitored and responded to daily by medically trained personnel who document the complaint and the action taken.

i) Treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or similar provider shall be performed pursuant to written standing or direct orders by a physician or dentist. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.

j) A history of each youth's immunizations shall be obtained when the health appraisal data are collected. Immunizations shall be updated as required within legal constraints.

k) In facilities housing females, obstetrical, gynecological, family planning, and health education services shall be provided as needed.

l) Arrangements shall be made with health care specialists, for example, pediatricians, allergists, dermatologists, or otorhinolaryngologists, in advance of need in order to ensure timely and direct access to specialists.

m) When facilities do not have full-time, qualified, licensed health care personnel on duty, a health-trained staff member shall be available on site at all times and shall coordinate the health delivery services in the facility under the joint supervision of the health authority and the Chief Administrative Officer. A health-trained staff member is one who is minimally trained in accordance with Section 801.750.

n) Questions regarding the appropriateness of medical treatment shall be referred through the Licensing Administrator to the Department's Medical Director.

o) The plan shall address the management of serious and communicable diseases. These policies and procedures shall be updated as new information becomes available. The plan shall include: an ongoing educational program for staff and youth; control, treatment, and prevention strategies that may include screening and testing, special supervision, or special housing arrangements, as appropriate; pre-release planning; notification to the Deputy Director; and protection of individual confidentiality pursuant to federal, State, and local laws and regulations.

p) Any employee or youth suspected of having a communicable disease shall have a medical examination.

q) The plan shall provide for the emergency detoxification of youth from alcohol, opiates, barbiturates, and similar drugs to be performed under medical supervision.

r) The plan shall provide for the clinical management of chemically dependent youth.

s) All informed consent standards in the jurisdiction where the facility is located are observed and documented for medical care. The informed consent of parent, guardian, or legal custodian applies when required by law. When health care is rendered against the patient's will, it shall be in accordance with federal and State laws and Department rules.

Section 801.720 Mental Health Services

a) The health authority in the establishment of the plan for medical and mental health services shall provide for mental health services to be administered to youth as clinically indicated and shall describe the provisions for the use of therapeutic restraints, suicide precautions, and psychotropic medication as specified in this Section.

b) The services described in the plan shall include, but not be limited to, those provided by qualified mental health professionals. Crisis care shall be provided for youth experiencing emotional problems, evidencing suicidal behavior, or who are in need of immediate clinical evaluation or services.

c) The plan shall describe the criteria which must be present prior to utilization of therapeutic restraints. The plan shall include at a minimum the following provisions:

1) If after personally observing and examining the youth, a mental health professional determines that a youth is acutely suicidal or poses an immediate threat of serious physical harm to himself or herself or others which may not adequately respond to less restrictive treatment modalities, a psychiatrist or physician may issue an order for the appropriate application of therapeutic restraints for a set period of time consistent with the approved plan. The order shall be documented by the psychiatrist or physician and shall include:

A) The events precipitating the need for therapeutic restraints and the purpose for using these restraints;

B) The type of restraints to be utilized; and

C) The length of time the therapeutic restraints are to be used and the clinical reasons for this decision.

2) Therapeutic restraints may consists of complete body restraints, or restraints of one or more limbs. Utilization of mechanical security restraints in lieu of therapeutic restraints shall be prohibited.

3) Therapeutic restraints shall be applied on a secured bed located in a restricted area in a facility infirmary or a similar setting where nursing or child care staff shall provide continuous visual observation of the youth. These locations shall be approved by the Department. Visual and audible observations shall be documented in writing for each ten-minute period.

4) Therapeutic restraint equipment shall consist of leather belts with adjustable and lockable rubber or plastic cuffs that can be sanitized following each use. The facility shall maintain a list and description of restraints which have been designated as acceptable for therapeutic purposes by the consulting psychiatrist or the facility physician. The equipment shall be inspected prior to each use by medical staff or mental health professionals or in their absence by the shift supervisor to ensure that the equipment is maintained in a safe and functional condition. Restraint equipment shall be inspected at least annually be the consulting psychiatrist or the facility physician.

5) The youth shall be released under supervision in order to perform bodily functions.

6) Application of therapeutic restraints shall be made only by trained personnel acting under the supervision of a mental health professional or licensed health care personnel.

7) The physician shall review youth on medications and youth with chronic medical problems prior to the application of therapeutic restraints and any precautions involved with the restraint order shall be documented.

8) Therapeutic restraints shall be removed upon the expiration of the order or upon the order of a psychiatrist, physician, or other mental health professional after personally evaluating the youth.

9) The use of therapeutic restraints shall be reported as an unusual incident as outlined in Section 801.350 of this Subpart.

d) Administration of psychotropic medications shall conform to the requirements set forth in 20 Ill. Adm. Code 415.70 and shall be reported to the Licensing Administrator.

1) If a treatment review committee hearing is to be held pursuant to 20 Ill. Adm. Code 415.70, the Department's Medical Director and the Licensing Administrator shall be given 72-hours notice.

2) Under no circumstances shall a psychotropic drug be administered for the purpose of program management and control.

e) The plan shall provide for screening, care, and referral for care for mentally ill youth. The consulting psychiatrist or the facility physician shall designate specific referral sources in advance. Emergency transfers to mental health facilities shall be approved and supervised by the consulting psychiatrist, the facility physician, or a licensed mental health professional and reported to the Licensing Administrator as soon as possible following the emergency mental health placement.

Section 801.730 Pharmaceutical Items

a) The facility shall have a written plan which provides for the proper management and secure storage of pharmaceutical items and addresses the following:

1) Prescription practices, including the following requirements:

A) Psychotropic medications shall be prescribed only when clinically indicated as one facet of a program of therapy and administered in accordance with 20 Ill. Adm. Code 415.70;

B) "Stop order" time periods shall be required for all medications; and

C) The prescribing provider shall reevaluate a prescription prior to its renewal and at a minimum every 30 days.

2) Procedures for medication receipt, secure storage, issuance, and or processing documentation.

3) Secure storage and periodic inventory of all controlled substances, syringes, and needles.

4) Provision of medicine to youth shall be by persons properly trained and under the supervision of the health authority and facility administrator or designee.

5) Accountability for providing medications to youth in a timely manner and according to medical orders.

b) The person providing medications to youth shall have training from the facility physician and shall be accountable for providing medications according to health authority requirements and policy. Medications provided shall be recorded in a manner and on a form approved by the facility physician.

Section 801.740 Health and Dental Screening and Examinations

a) Medical, dental, and mental health screening shall be performed by health-trained or licensed health care personnel on all youth upon arrival at the facility if such examinations have not been completed immediately prior to placement and indicated in the intake documentation. All findings shall be recorded on a form approved by the health authority. The screening form shall include at least the following:

1) Observation of:

A) Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor, and sweating.

B) Body deformities, ease of movement, etc.

C) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of substance abuse.

2) Inquiry into:

A) Chronic medical problems requiring supervision.

B) Current illness and health problems, including sexually transmitted diseases (STD) and other infectious diseases.

C) Dental problems.

D) Mental health problems.

E) Use of alcohol and other substances, including types of substances used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use.

F) Past and present treatment or hospitalization for mental disturbance or suicide attempts.

G) Other health problems designated by the responsible physician.

H) Pregnancy.

3) The medical follow-up of the youth to be placed in general population, including:

A) Appropriate referral to health care services;

B) Referral to appropriate health care services for emergency treatment;

C) Restrictions of activity or program participation; or

D) Additional services or activity required.

b) At the time a youth is admitted, program and youth direct care staff may be informed of special medical and mental health concerns on a need-to-know basis.

c) Health appraisal including:

1) Health history and vital signs collected by health-trained or licensed health care personnel.

2) Collection of all other health appraisal data by licensed health care personnel.

3) Review by licensed health care personnel of the results of the medical examination and tests performed and identification of any problems.

d) Dental care shall be provided to each youth under the direction and supervision of a licensed dentist. This care shall include:

1) Dental examination immediately prior to placement or upon admission.

2) Dental hygiene service immediately prior to placement or within 14 days after admission.

3) Dental follow-up within seven days after admission as indicated.

4) Dental treatment.

e) Emergency medical, dental, and mental health care shall be available to youth on a 24-hour basis. Availability of these services shall be outlined in a written plan that includes arrangements for the following:

1) On-site emergency first aid and crisis intervention.

2) Emergency evacuation of the youth from the facility.

3) Use of an emergency medical vehicle.

4) Use of one or more designated hospital emergency rooms or other appropriate health facilities.

5) Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community.

6) Security procedures when transportation is required for youth.

7) Process to notify the Licensing Administrator, parents, and guardians.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

Section 801.750 Medical Responses

a) Medical personnel and other facility staff shall be trained to respond to emergency health-related situations within a four-minute response time to anywhere within the facility. A training program shall be established and certified by the responsible health authority in cooperation with the Chief Administrative Officer. The program shall include:

1) Recognition of signs and symptoms and knowledge of action required in potential emergency situations.

2) Administration of first aid and cardiopulmonary resuscitation (CPR).

3) Methods of obtaining assistance and communication.

4) Signs and symptoms of mental illness, disabilities, and chemical dependency.

5) Procedures for patient transfers to appropriate medical facilities or health care providers.

6) Staff access to emergency cut down tools such as "knife for life", an airway micro shield for CPR, and protective latex gloves.

7) How to request an ambulance.

8) Protection from blood-borne pathogens.

b) First aid kits shall be available. The health authority shall approve the contents, number, location, and procedure for periodic inspection of the kits. The facility shall have emergency cut down tools available to on-duty staff.

c) Sick call for non-emergency medical services shall be available to each youth at a minimum of once per week.

Section 801.760 Health Education

Programs and training shall be provided to youth for the development of sound habits and practices regarding personal hygiene; sex education; and avoiding sexually transmitted diseases,

H.I.V., and infectious diseases; drug education and substance abuse; and education related to consequences of use of tobacco.

Section 801.770 Suicide Prevention and Intervention

A written suicide prevention and intervention program shall be reviewed and approved by a licensed medical or mental health professional. All staff who supervise youth shall be trained in the implementation of the program. The program shall include specific procedures for: intake and admission screening; identification and supervision of suicide-prone youth; and crisis intervention responses to suicidal behavior or gestures.

Section 801.780 Health Records

a) The youth's health record shall, where appropriate, contain the following:

1) The completed receiving screening form;

2) Health appraisal data forms;

3) All findings, diagnoses, treatments, and dispositions;

4) Prescribed medications and their administration;

5) Laboratory, x-ray, and diagnostic studies;

6) Signature and title of documentor;

7) Consent and refusal forms;

8) Release of information forms;

9) Place, date, and time of health encounters;

10) Health service reports, such as, dental, mental health, and consultation reports;

11) Treatment plan, including nursing care plan;

12) Progress reports; and

13) Discharge summary of hospitalization and other termination summaries.

b) The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping shall be approved by the health authority.

c) The facility shall have a written policy and procedure which upholds the principle of confidentiality of the health record and supports the following requirements:

1) The active health record shall be maintained separately from the youth's master record file.

2) Access to the health record shall be controlled by the health authority. The Department's licensing or medical personnel shall have unrestricted access to a youth's medical record.

3) The health authority shall share with the Chief Administrative Officer information regarding a youth's medical management, security, and ability to participate in programs.

d) For a youth being temporarily transferred to other facilities, summaries or copies of the youth's medical history record shall be forwarded to the receiving facility prior to or upon arrival. For permanent transfers, the active record shall accompany the youth.

Section 801.790 Youth Admission and Case Management

a) At the time of intake, youth shall be: informed of the admission process; given an explanation of the facility and it's program; introduced to staff on duty and to other youth in his or her unit; and assigned a staff counselor or social worker.

b) The facility intake processing of youth shall include at a minimum:

1) A determination that appropriate admission documentation is received.

2) A search of the youth and his or her possessions shall be conducted in accordance with Section 801.560.

3) An inventory documenting the receipt and disposition of personal property.

4) Shower, hair care, and pediculosis management, if necessary.

5) Issuance of clean, laundered clothing, as needed.

6) Issuance of personal hygiene articles.

7) Medical, dental, and mental health record assessment review.

8) Assignment to a residential unit. Housing assignments shall be non-discriminatory. Youth with disabilities shall be housed in a manner that provides for their safety and security and provides integration with the general population.

9) Recording of basic personal data and information to be used for mail and visiting lists.

10) Assistance to youth in notifying their families of their admission and procedures for mail and visiting. Youth shall be allowed to make at least two long-distance telephone calls to family members, attorneys, or other approved individuals during the admission process.

11) Confirmation of a Department youth identification number.

12) Provision of written orientation materials to the youth.

13) Completion of data sheet information as required by Department.

14) Identification of security concerns.

15) Identification of restrictions or special needs.

16) Four black and white Polaroid pictures of the youth's upper torso and head: one copy for the master record file; one copy for the medical file; one copy for the control center; and one copy for the Licensing Administrator. Current pictures shall be updated when the youth's appearance changes enough to make a positive identification difficult, but

at least every 12 months.

17) Three sets of fingerprints: two sets for the master record file and one set for the Licensing Administrator.

Section 801.800 Classification, Program, and Treatment

a) Assignment of a Counselor or Social Worker
At the time of intake, youth shall be assigned a counselor or social worker who shall plan the youth's personalized, comprehensive treatment program and begin the process of case management.

b) Completion of a Summary Admission Report
The facility shall complete a summary admission report for all new admissions to the facility that includes at a minimum: security concerns, restrictions, or precautions and escape history; account of the legal aspects of the case; summary of criminal history, if any; social history; medical, dental, and mental health history; vocational interests and experience; educational status; religious background and interests; psychological evaluation; psychological evaluation assessment; staff reports; staff recommendations; recreational preferences; and needs assessments.

c) Security Supervision Classification

1) Upon admission, youth shall be classified to the most appropriate level of supervision, programming, and treatment. The facility shall establish a written plan regarding security supervision classification.

2) The classification of youth shall include the level of risk presented, the type of program required, and level of supervision for participation in facility programs and any special housing needs. The plan shall specify the criteria and procedures for determining and changing the supervision level of a youth.

d) Individual Comprehensive Case Plan

1) Within 30 days following admission, a personalized comprehensive treatment program shall be designed with and for each youth that includes measurable criteria of expected behavior and accomplishments, a time

schedule for achievement, and a target release date. The program objectives shall be documented and signed by staff and youth. A copy shall be provided to the Licensing Administrator and to the guardian.

2) Program staff and youth shall review changes in the youth's program and document this procedure with staff and youth signatures. Changes to the targeted release date shall be documented.

3) At no time shall the target date for release exceed the youth's mandatory discharge date.

e) Monthly Program Progress Review
The facility shall review each youth's individual program progress and goals at least every month which shall include assessing the youth's behavioral, academic, vocational, recreational, treatment, and medical needs as well as his or her continuing need for placement in secure care. The review schedule shall be provided in advance to the Licensing Administrator and the Department of Children and Family Services. The outcome of each review shall be documented and copies shall be submitted to the Licensing Administrator and the guardian.

f) Annual Case Review
All youth held in secure care shall have an independent case review annually by a multi-disciplinary panel appointed by the Deputy Director. This review shall be independent of the Licensing Administrator for the purpose of providing an impartial assessment of the youth's need for continued placement in secure care. The panel shall submit written recommendations to the Deputy Director regarding its findings.

Section 801.810 Social and Psychological Service Programs

a) Social Service Program
The facility shall make available the services necessary to meet the needs of the youth. Social service programs may include diagnostic testing and assessment, psychiatric evaluation, pharmacological intervention, and behavior programming; individual, group, and family counseling; drug and alcohol treatment; sex offender and special offender treatment; and violence reduction programming. Youth who have a dual diagnosis shall have interventions appropriate to their needs.

b) Annual Needs Survey
Facility staff shall survey and identify the collective service needs of the youth population at least annually. New program initiatives shall be provided to meet the needs of youth with specific types of problems.

c) Program Coordination and Supervision

1) The social and psychological services program shall be administered and supervised by a licensed mental health professional.

2) Social and psychological personnel who provide counseling and social services shall be available at a ratio of at least one full-time employee to every 20 youth or an equivalent.

d) Counseling

1) Staff members shall be available to counsel youth at their request and on an emergency basis.

2) Youth shall have access to psychiatric services in accordance with their needs.

3) Social, psychological, and psychiatric personnel shall share relevant information and coordinate their efforts with appropriate staff.

Section 801.820 Education

a) The facility shall establish a written plan governing the facility's 12-month academic, vocational education, and work training programs for secure care youth, including program accreditation, staff certification, coordination with other facility programs and services, and planning for continuing care and release to a less restrictive educational setting.

b) There shall be a comprehensive individual program for each youth based on his or her need which may include, but is not limited to: developmental education; remedial education; special education; multi-cultural education; bilingual education; and when the youth's profile indicates, an adaptive physical education and tutorial service.

1) The facility program shall ensure that:

A) Each youth is evaluated, staffed, and placed in an appropriate grade and program with an individualized educational plan; and

B) There is periodic individual evaluation of each youth's progress and needs. The facility shall ensure that each youth has available to him or her the necessary school supplies, text books, materials, and equipment to support the learning tasks.

2) Each youth may participate in a program of cooperative work training and life skills development. Such programs may include household tasks and facility cleaning and maintenance appropriate to the youth's age and skill level. No youth shall be permitted to do tasks that are hazardous or dangerous or that risk harm to the youth. All work should be under continuous staff supervision.

c) These programs shall comply with applicable federal and State laws and with the requirements and standards established by the Illinois State Board of Education. The operation of the school shall be by a public or private Board of Education which conducts a system of schools at the elementary or secondary grade levels or both. Youth shall receive academic and vocational credits for educational achievement that can be transferred to schools in the community and diplomas shall be awarded by the school system having jurisdiction.

d) Teachers employed in the facility's educational programs that offer academic credit shall meet the requirements of the Illinois State Board of Education.

e) Vocational supervisors, tutorial instructors, school psychologists, social workers, school nurses, aides, librarians, and administrators shall have licensure or State certification appropriate to the grade level served, the educational status of the youth, and the curriculum.

Section 801.830 Library Services

a) The facility shall have a qualified person who coordinates and supervises library services.

b) Library services shall be available to all youth.

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

Section 801.840 Recreation and Leisure Time Activities

a) The facility shall have a qualified staff member who directs and supervises all recreation programs.

b) Youth shall be granted access to recreational opportunities and equipment that are appropriate for their age, maturity, and physical development, including outdoor exercise when the climate, medical, and safety and security concerns permit.

c) A variety of fixed and movable equipment shall be provided for indoor and outdoor recreation suitable for the security requirements of the youth being served. Care shall be taken to limit access to potential weapons. Staff shall supervise all activities. Contact sports shall not be permitted. Medical screening shall govern youth participation.

d) Recreation and leisure-time shall be provided for at least one hour per day of large muscle activity and one hour of structured leisure-time activities, except for limitations imposed by the Chief Administrative Officer on a limited basis. Each youth shall be offered at least one hour of access to outdoor exercise areas daily, weather permitting. Limitations shall be based on medical, administrative, or safety or security concerns and require the approval of the Licensing Administrator.

Section 801.850 Religious Programs

a) Qualified staff or a volunteer shall coordinate the facility's religious programs. Religious affiliation documented in the youth's master record file shall be determined by the parental authority as recognized in Section 1-3(13) of the Juvenile Court Act [705 ILCS 405/1-3(13)].

b) Youth shall have reasonable opportunities to pursue their religious beliefs and practices, subject to concerns regarding safety, security, rehabilitation, institutional order, space, and resources. Space shall be available for the observance of religious activities. Schedules for religious services shall be made available to all youth.

Section 801.860 Mail

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

a) The facility shall develop a written plan governing youth correspondence which shall be made available to all staff and youth. The plan shall be reviewed annually and updated as needed.

b) The written plan shall grant youth the right to communicate or correspond with persons or organizations subject only to the limitations necessary to maintain facility order and security or to comply with victim access restrictions.

c) The volume of mail received shall not be restricted.

d) All outgoing mail shall be clearly marked with the youth's name.

e) Unlimited mail may be sent when the youth bears the mailing cost.

f) Youth may send three first class letters weekly in the continental United States at the facility's expense.

g) Youth shall be permitted to send sealed letters marked as privileged mail to: Judges or magistrates of any court or the Court of Claims; organizations providing direct legal representation; registered attorneys; the Illinois Attorney General; officials of the Illinois Department of Corrections; administrators of the grievance system; the Governor of Illinois; federal, State, or local Illinois legislators; clerks of courts; chief executive officers of the Federal Bureau of Investigation, the Drug Enforcement Administration, the Criminal Division of the Department of Justice, the United States Customs Service, the Secret Service, the Illinois State Police, and the Sheriff's Offices and Police Departments in the State of Illinois; and the John Howard Association. Incoming privileged mail includes the mail as listed above with the exception of mail from clerks of courts.

h) Youths' non-privileged mail, both incoming and outgoing, may be opened, read, and inspected for contraband. Outgoing privileged mail which is clearly marked as such and addressed to a privileged party may not be opened for inspection. Incoming privileged mail shall not be read but may be opened in the presence of the youth to whom it is addressed to inspect for contraband, to certify the identity of the sender, and to determine that nothing other than legal or official matter is enclosed. Mail shall be censored or rejected when it poses a threat to the facility security or order. The youth shall be notified when incoming or outgoing letters are withheld in full or in part.

i) All funds received through the mail shall be held for the youth in accordance with the procedures approved by the Licensing Administrator. All cashier's checks, money orders, cash, and checks or other funds received through the mail shall be deposited in the youth's account.

j) Incoming and outgoing letters shall be delivered within 24 hours after receipt and packages shall be delivered within 48 hours after receipt, excluding weekends and holidays.

k) First-class letters and packages shall be forwarded after youth are transferred or released.

l) The facility plan regarding access to publications shall include: the mechanisms whereby publications may be received; the publication screening and review procedures; the criteria for the prohibition of publications; and the requirement that the youth be provided with a written explanation of why the publication was denied. The facility shall prohibit any publications which the Chief Administrative Officer determines to be obscene according to the definition of obscenity established by the United States Supreme Court or to be a clear and present danger to the physical safety and security of persons and property within the facility.

Section 801.870 Telephones

Youth shall be offered the opportunity to place a weekly five-minute telephone call to parents or caregivers. Policies for receiving and monitoring of telephone calls shall be included in a written plan.

Section 801.880 Visits

a) The facility shall establish a written plan granting youth visiting privileges, subject to the limitations necessary to maintain facility order and security. The plan shall identify policies related to peer visits.

b) Visitors shall be identified on visiting lists approved by the Chief Administrative Officer. The Department of Children and Family Services shall provide, in writing, any names of persons restricted from visiting youth by their policy.

c) The facility's visiting area shall provide for informal communication, including

the opportunity for physical contact.

d) Searches of visitors and youth, restrictions on visitors bringing in personal items, and circumstances under which the visit shall be supervised shall be included in the plan.

e) All visiting regulations shall be made available to all persons on the youth's visitors list.

f) Restrictions applying to visits shall be posted in the visiting area and defined.

g) The plan shall include procedures governing special visits such as attorney visits, official visits by court officers, law enforcement officials, or Department of Children and Family Services caseworkers and those of other social agencies.

h) Visitors shall register upon entry into the facility. Proof of identification and a record of each visit, including the visitor's name, date and time of visit, address, and relationship, shall be kept for each youth and be returned to the master record file at time of discharge.

i) The denial of visitation or revocation of visiting privileges previously granted must be based on documented security concerns or rule violations related to conduct of youth or visitors during visits or which involve issues related to safeguarding the youth from visitor abuse or other youth misconduct.

Section 801.890 Release

a) Pre-release Planning

1) There shall be a written plan that provides for a structured community re-entry for youth based on the youths' overall progress and gains in personal development, maturity, stability, and recognized placement needs. The plan shall include provisions for:

A) Goals and objectives to be met while in secure care;

B) Temporary releases in order to allow youth the opportunity to be gradually exposed to less restrictive settings; and

C) The Transition Plan for Continuing Care for final release.

2) Pre-release planning for each youth's transition shall be undertaken by the facility in collaboration with the Department of Children and Family Services and the Licensing Administrator. The Department of Children and Family Services is responsible for coordinating community placements.

b) Temporary Releases

1) Temporary release provisions shall include criteria for recommending temporary release into the community, including escorted and unescorted day leaves.

2) Youth may be allowed to participate in a temporary release program for reasons including, but not limited to, restitution, school release, and work training.

3) Temporary releases shall be subject to prior approval of the Department. Upon approval and prior to release, the facility shall notify the Department of Children and Family Services.

4) Youth shall be advised in writing of the conditions of temporary release and the behavior that is unacceptable during temporary release, including sanctions that may be applied to youth who violate the conditions or exhibit unacceptable behavior.

c) Transition Plan for Continuing Care

1) The written plan for final releases shall include, but not be limited to:

A) Criteria for release;

B) Time for release;

C) Community placement in a residential center, foster home, group home, or family home or semi-independent or independent living in the community.

2) Each youth shall be scheduled for release to a less restrictive setting as soon as his or her plan objectives are achieved or the mandatory discharge date is reached.

3) Release planning for youth shall be initiated at least 90 days prior to the mandatory discharge date.

4) The date for submission of the discharge notice by the Department to the court and State's Attorney shall be included in the Transition Plan for Continuing Care.

5) Each youth's Transition Plan shall be subject to approval by the Licensing Administrator.

6) Changes to the Transition Plan may be made at any time due to altered circumstances and the plan may be modified or withdrawn upon approval of the Licensing Administrator.

d) Final Release

1) When approved by the Licensing Administrator, each youth's Transition Plan for Continuing Care shall be processed according to the plan's scheduled requirements.

2) Youth may be released earlier than initially anticipated in conformity with the facility's previously established and written criteria and with the concurrence of the Department.

3) Youth shall be given the reasons for any deferral of release in writing and the decision shall be recorded in the case record.

4) The Department shall not accept the presence of a detainer as an automatic bar to release. The Licensing Administrator shall determine the basis of any such detainer and release the youth to a detainer, when appropriate.

5) Release to community placement shall be with the express written authorization of the Deputy Director.

e) Discharge Notice

ILLINOIS DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED REPEALER

1) Thirty days prior to implementation of the Transition Plan for Continuing Care, the Licensing Administrator shall provide notice to the Juvenile Court and the State's Attorney of the Department's intent to discharge a secure care youth. The notice shall be accompanied by an approved copy of the Transition Plan.

2) The Department's custodianship shall automatically terminate 30 days after the court and State's Attorney are provided notice of intent to discharge custodianship.

f) Records of Discharged Youth
The facility, upon notice of discharge and following the release of the youth from secure care, shall return all master record files to the Department at the address provided by the Licensing Administrator. Master record files include medical and educational records. The facility shall retain all operational records for a period of at least five years.

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Evaluation of Certified Employees under Articles 24A and 34 of the School Code

2) Code Citation: 23 Ill. Adm. Code 50

3)

Section Numbers:	Proposed Action:
50.10	Amend
50.20	Amend
50.30	Amend
50.300	Amend
50.400	Amend
50.410	Amend

4) Statutory Authority: 105 ILCS 5/24A-7

5) A Complete Description of the Subjects and Issues Involved: Section 24A-2.5 of the School Code [105 ILCS 5/24A-2.5] requires that school districts performing in the lowest 20 percent of all school districts statewide implement performance evaluation systems incorporating data and indicators of student growth beginning September 1, 2015 (Section 50.20(d) of the Part). When Part 50 was first promulgated in 2012, staff faced two competing priorities when they contemplated the way in which performance would be measured: the age of the data to be used and the amount of time school districts would need to develop high-quality performance evaluation systems. After careful consideration, staff supported the use of preliminary State assessment data released in summer 2014 as a way to ensure that the data would be the most accurate representation available of a district's performance and still afford joint committees in those low-performing school districts with a full school year to debate and design effective evaluation systems.

This spring, however, the State Board began to pilot-test new State assessments, which align to the recently revised Illinois Learning Standards (ILS) for English Language Arts and Mathematics. These assessments, developed by the Partnership for Assessment of Readiness for College and Careers, or PARCC, will be administered to about 125,000 students in nearly 1,800 Illinois schools and 650 districts. Students being administered the PARCC pilot test will not be required to take the Illinois Standards Achievement Test (ISAT) or Prairie State Achievement Examination (PSAE), and their results from PARCC will not be used for state or federal accountability purposes. This presents a dilemma for State Board staff in identifying school districts whose performance ranks in the lowest 20 percent of districts statewide, since it would be inappropriate to use results

from two different assessments to construct a single list for Performance Evaluation Reform Act (PERA; 105 ILCS 5/Art. 24A) implementation purposes.

For this reason, staff are proposing that Section 50.20(e) be modified to allow for the use of the composite results from the 2011, 2012 and 2013 administrations of the State assessments (i.e., Illinois Alternative Assessment (IAA), ISAT and PSAE). The composite ISAT scores for each of the three years have been recalibrated to reflect the new cut-scores that better align to the revised ILS for English Language Arts and Mathematics. Additionally, the ISAT scores reflect performance levels more closely matched to the PSAE; therefore, it will no longer be necessary to group districts by type (i.e., elementary, unit, high school) when establishing the rank order of performance.

Specifically, the proposed changes are intended to communicate that:

- The list will identify school districts as the lowest performing 20 percent statewide at one single point in time;
- The list will be used once for purposes of PERA implementation only; and
- The proposed method will focus on district performance *as a whole* rather than be influenced by the performance of a subset of schools.

Additionally, other changes being proposed in Part 50 align terminology used in the rules with the educator licensure system implemented 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:

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

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

(217) 782-5270
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: the need for the rulemaking did not become apparent until after the most recent agenda was published.

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 b: PERSONNEL

PART 50
EVALUATION OF EDUCATOR LICENSED~~CERTIFIED~~ EMPLOYEES
UNDER ARTICLES 24A AND 34 OF THE SCHOOL CODE

SUBPART A: GENERAL REQUIREMENTS

Section
50.10 Purpose
50.20 Applicability
50.30 Definitions

SUBPART B: PERFORMANCE EVALUATION PLANS: TEACHERS

Section
50.100 Plan Components Required for the Evaluation of Teachers
50.110 Student Growth Components
50.120 Professional Practice Components for Teachers
50.130 Reporting

SUBPART C: STATE PERFORMANCE EVALUATION MODEL FOR TEACHERS

Section
50.200 Implementation Requirements

SUBPART D: PERFORMANCE EVALUATION PLANS:
PRINCIPALS AND ASSISTANT PRINCIPALS

Section
50.300 Plan Components Required for the Evaluation of Principals and Assistant Principals
50.310 Student Growth Components
50.320 Professional Practice Components for Principals and Assistant Principals
50.330 Reporting

SUBPART E: TRAINING FOR EVALUATORS

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

Section
50.400 School District-Developed Prequalification Process or Retraining Program
50.410 Minimum Requirements for Prequalification Process and Retraining Program
50.420 Competencies of Qualified Evaluators

50.APPENDIX A Illinois Standards for Principal Evaluation

AUTHORITY: Implementing and authorized by Section 24A-7 of the School Code [105 ILCS 5/24A-7].

SOURCE: Old Part repealed at 29 Ill. Reg. 15902, effective October 3, 2005; new Part adopted at 36 Ill. Reg. 8330, effective May 21, 2012; amended at 38 Ill. Reg. _____, effective _____

SUBPART A: GENERAL REQUIREMENTS

Section 50.10 Purpose

This Part establishes the minimum requirements for the establishment of valid and reliable performance evaluation systems for~~ certified~~ employees who hold a professional educator license endorsed in a teaching field or for general administrative or principal and are serving as a teacher, principal or assistant principal. Pursuant~~, pursuant~~ to Article 24A of the School Code [105 ILCS 5/Art. 24A], the performance evaluation systems shall~~that~~ assess both professional competence or practice and student growth. The purposes of this Part are to:

a) identify the minimum components, including those that address the use of data and indicators of student growth as a significant factor in rating performance, of a teacher performance evaluation system and of a principal and, as applicable, assistant principal performance evaluation system that each school district must implement;

b) provide a State model for the evaluation of teachers that addresses *the use of data and indicators on student growth as a significant factor in rating teacher performance*, some or all of which shall be required of a school district under certain circumstances outlined in Section 24A-4 of the School Code [105 ILCS 5/24A-4]; and

c) establish criteria for locally developed programs to prequalify and retrain evaluators, pursuant to Section 24A-3 of the School Code [105 ILCS 5/24A-3].

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

Section 50.20 Applicability

Sections 24A-2.5 and 24A-15 of the School Code [105 ILCS 5/24A-2.5 and 24A-15] establish the dates for specific groups of school districts (or for schools within certain districts) to implement performance evaluation systems, including both professional practice and data and indicators of student growth, for teachers, principals, and assistant principals that meet the requirements of this Part and Article 24A of the School Code and, for City of Chicago School District 299 (CPS), Sections 34-8 and 34-85c of the School Code [105 ILCS 5/34-8 and 34-85c].

a) Each school district shall implement a performance evaluation system for principals by September 1, 2012. (See Section 24A-15 of the School Code.)

b) Each school district located outside of the city of Chicago shall implement a performance evaluation system for assistant principals by September 1, 2012. (See Section 24A-15 of the School Code.)

c) CPS shall implement a performance evaluation system for teachers *in at least 300 schools by September 1, 2012 and in the remaining schools by September 1, 2013*. (Section 24A-2.5 of the School Code)

d) School districts that have received a grant under Section 1003(g) of Title I of the Elementary and Secondary Education Act (ESEA; 20 USC 6301 et seq.), as reauthorized by the No Child Left Behind Act of 2001 (PL 107-110), or under Race to the Top (American Recovery and Reinvestment Act of 2009, Section 14005-6, Title XIV (Public Law 111-5)) shall implement a performance evaluation system for teachers in those schools that are covered by Section 1003(g) or Race to the Top funds by the date set forth in the approved grants. (See Section 24A-2.5 of the School Code.)

e) School districts located outside of the City of Chicago whose student performance ranks in the lowest 20 percent among all Illinois school districts ~~of their type (i.e., unit, elementary or high school)~~ shall implement a performance evaluation system for teachers by September 1, 2015. (See Section 24A-2.5 of the School Code.) For purposes of this subsection (e), "student performance" shall be determined based upon a school district's overall performance on ~~the spring 2014 administration of~~ the State assessments authorized under Section 2-3.64 of the

School Code [105 ILCS 5/2-3.64], as determined by averaging the district's composite results from the 2011, 2012 and 2013 test administrations.

f) Any school district not subject to subsection (c) or (e) ~~of this Section~~ and schools located in school districts subject to subsection (d) ~~of this Section~~ that are not covered by a grant under Section 1003(g) of Title I of ESEA or Race to the Top shall implement a performance evaluation system for teachers by September 1, 2016. (See Section 24A-2.5 of the School Code.)

g) In accordance with the provisions of Section 24A-2.5 of the School Code, a school district and either its exclusive bargaining representative of teachers or its teachers, if the teachers are not represented by an exclusive bargaining representative, may jointly agree to an implementation date that is earlier than the date specified in this Section for their district type. When an earlier implementation date is agreed upon, the school district shall provide to the State Board of Education, within 30 days after an agreement is executed, a dated copy of the written agreement specifying the agreed upon implementation date and signed by the district superintendent and the exclusive bargaining representative or teachers, as applicable.

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

Section 50.30 Definitions

As used in this Part:

"Assessment" means any instrument that measures a student's acquisition of specific knowledge and skills. Assessments used in the evaluation of teachers, principals and assistant principals shall be aligned to one or more instructional areas articulated in the Illinois Learning Standards (see 23 Ill. Adm. Code 1.Appendix D) or Illinois Early Learning and Development Standards − Children Age 3 to Kindergarten Enrollment Age (see 23 Ill. Adm. Code 235.Appendix A), as applicable. For the purposes of this Part, assessments will be defined as the following types.

"Type I assessment" means a reliable assessment that measures a certain group or subset of students in the same manner with the same potential assessment items, is scored by a non-district entity, and is administered either statewide or beyond Illinois. Examples include assessments available from the Northwest Evaluation Association (NWEA), Scantron

Performance Series, Star Reading Enterprise, College Board's SAT, Advanced Placement or International Baccalaureate examinations, or ACT's EPAS® (i.e., Educational Planning and Assessment System).

"Type II assessment" means any assessment developed or adopted and approved for use by the school district and used on a districtwide basis by all teachers in a given grade or subject area. Examples include collaboratively developed common assessments, curriculum tests and assessments designed by textbook publishers.

"Type III assessment" means any assessment that is rigorous, that is aligned to the course's curriculum, and that the qualified evaluator and teacher determine measures student learning in that course. Examples include teacher-created assessments, assessments designed by textbook publishers, student work samples or portfolios, assessments of student performance, and assessments designed by staff who are subject or grade-level experts that are administered commonly across a given grade or subject. A Type I or Type II assessment may qualify as a Type III assessment if it aligns to the curriculum being taught and measures student learning in that subject area (see Section 50.110(b)(2)~~ of this Part~~).

"Assistant principal" means an administrative employee of the school district who is required to hold~~ an administrative certificate issued in accordance with Article 21 of the School Code [105 ILCS 5/Art. 21] or~~ a professional educator's license issued in accordance with Article 21B of the School Code [105 ILCS 5/21B] endorsed for either general administrative~~administration~~ or principal, and who is assigned to assist the principal with his or her duties in the overall administration of the school.

"Formal observation" means a specific window of time that is scheduled with the teacher, principal, or assistant principal for the qualified evaluator, at any point during that window of time, to directly observe professional practices in the classroom or in the school. (Also see Sections 50.120(c) and 50.320(c)~~ of this Part~~.)

"Joint committee" means a committee composed of *equal representation selected by the district and its teachers or*, when *applicable, the exclusive bargaining representative of its teachers*, which shall have the duties set forth in this Part regarding the establishment of a performance evaluation plan that *incorporates*

data and indicators of student growth as a significant factor in rating teacher performance. (Section 24A-4 of the School Code)

"Informal observation" means observations of a teacher, principal, or assistant principal by a qualified evaluator that are not announced in advance of the observation and not subject to a minimum time requirement.

"Measurement model" means the manner in which two or more assessment scores are analyzed for the purpose of identifying a change in a student's knowledge or skills over time.

"Performance evaluation plan" means a plan to evaluate a teacher, principal, or assistant principal that includes data and indicators on student growth as a significant factor in judging performance, measures the individual's professional practice, and meets the requirements of Article 24A of the School Code and this Part.

"Performance evaluation rating" means the final rating of a teacher's, principal's, or assistant principal's performance, using the rating levels required by Sections 24A-5(e), 34-8, and 34-85c of the School Code [105 ILCS 5/24A-5(e), 34-8, and 35-85c], that includes consideration of both data and indicators of student growth, when applicable under Section 24A-2.5 of the School Code [105 ILCS 5/24A-2.5] and Section 50.20 of this Part, and professional practice.

"Qualified Evaluator" shall have the meaning set forth in Section 24A-2.5 or 24A-15 of the School Code and shall be an individual who has completed the prequalification process required under Section 24A-3 of the School Code or Subpart E of this Part, as applicable, and successfully passed the State-developed assessments specific to evaluation of teachers or principals and assistant principals. Each qualified evaluator shall maintain his or her qualification by completing the retraining required under Section 24A-3 of the School Code or Subpart E of this Part, as applicable.

"Student growth" means a demonstrable change in a student's or group of students' knowledge or skills, as evidenced by gain and/or attainment on two or more assessments, between two or more points in time.

"Teacher" means full-time or part-time professional employees of the school district who are required to hold a ~~teaching certificate issued in accordance with Article 21 of the School Code or a~~ professional educator's license endorsed for a

teaching field issued in accordance with Article 21B of the School Code. For the purposes of the requirements specific to student growth outlined in Article 24A of the School Code and this Part, "teacher" shall not include any individual who holds a ~~school service personnel certificate issued under Article 21 of the School Code or a~~ professional educator license endorsed for school support personnel issued under Article 21B of the School Code and is assigned to an area designated as requiring this ~~certificate or~~ endorsement, including but not limited to school counselor, school psychologist, nonteaching school speech and language pathologist, school nurse, or school social worker.

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

SUBPART D: PERFORMANCE EVALUATION PLANS:
PRINCIPALS AND ASSISTANT PRINCIPALS

Section 50.300 Plan Components Required for the Evaluation of Principals and Assistant Principals

Each school district shall implement a performance evaluation plan for its principals and assistant principals no later than September 1, 2012. (See Sections 24A-15 and 34-8 of the School Code.) Assistant principals employed by CPS shall not be subject to the performance evaluations system established under Article 24A of the School Code and this Part.

a) A school district may choose to develop its own performance evaluation plan or adopt or adapt the State model authorized under Section 24A-7 of the School Code.

1) The plan shall *consider the principal's or*, as applicable, *assistant principal's specific duties, responsibilities, management and competence as a principal or assistant principal*. (Sections 24A-15(c)(1) and (c-5)(1) and 34-8 of the School Code)

2) The plan shall consider *the principal's or*, as applicable, *assistant principal's strengths and weaknesses, with supporting reasons*. (Sections 24A-15(c)(2) and (c-5)(2) and 34-8 of the School Code)

3) The plan shall consider the performance goals developed pursuant to Sections 10-23.8a and 34-8.1 of the School Code [105 ILCS 5/10-23.8a and 34-8.1] for any principal or, as applicable, assistant principal who has a performance-based contract.

b) The plan shall identify the person who will evaluate the principal or assistant principal. For a principal who also serves as the district superintendent, the evaluator shall be appointed by the local board of education, and the board's appointment shall not be the person whose performance as principal is being evaluated. The evaluator so appointed shall hold a current and valid ~~administrative certificate or~~ professional educator license endorsed for superintendent issued under ~~Article 21 or~~ Article 21B of the School Code~~, respectively,~~ and have completed the prequalification process and any retraining, as applicable, required under Section 24A-3 of the School Code or Subpart E of this Part.

c) The plan shall provide for the completion of the evaluation (i.e., collection of data and information on student growth and conducting observations) no later than March 1 annually for a principal or assistant principal (Section 24A-15 of the School Code) for school districts located outside of the City of Chicago, or by July 1 annually for a principal employed by CPS. (See Section 34-8 of the School Code.)

d) At the start of the school term (i.e., the first day students are required to be in attendance), the school district shall provide a written notice (either electronic or paper) to each principal and, as applicable, assistant principal that a performance evaluation will be conducted, or, if the principal or assistant principal is hired or assigned to the position after the start of the school term, then no later than 30 days after the contract is signed or the assignment is made. The written notice shall include:

1) a copy of the rubric to be used to rate student growth and professional practice of the principal or assistant principal; and

2) a summary of the manner in which student growth and professional practice measures to be used in the evaluation relate to the performance evaluation ratings of "excellent", "proficient", "needs improvement", and "unsatisfactory".

e) On or before October 1 of each year, the qualified evaluator and principal or assistant principal shall meet to set the student growth measurement models and targets to be used. If the qualified evaluator and principal or assistant principal fail to agree on the student growth measures and targets to be included, then the qualified evaluator shall determine the goals to be considered.

f) On or before October 1 of each year, the qualified evaluator and principal or assistant principal shall establish professional growth goals, which shall be based on the results of the performance evaluation conducted in the previous school year, if any. If the qualified evaluator and principal or assistant principal fail to agree on the professional growth goals to be included, then the qualified evaluator shall determine the goals to be considered.

g) When the performance evaluation is completed, the qualified evaluator shall meet with the principal or assistant principal to inform the principal or assistant principal of the rating given for the student growth and professional practice components of the evaluation and of the final performance evaluation rating received, and discuss the evidence used in making these determinations. The qualified evaluator shall discuss the strengths demonstrated by the principal or assistant principal and identify specific areas of growth.

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

SUBPART E: TRAINING FOR EVALUATORS

Section 50.400 School District-Developed Prequalification Process or Retraining Program

Section 24A-3 of the School Code requires that an individual who conducts evaluations of teachers, principals, or assistant principals after September 1, 2012 be prequalified before undertaking any evaluations and participates in a regularly scheduled retraining program, either of which must be developed or approved by the State Board of Education. In order to ensure that a school district-developed prequalification process or retraining program meets the rigor of the State Board of Education-developed trainings, any prequalification process or retraining program developed and used by a school district shall, at a minimum, meet the requirements of this Subpart E.

a) Prequalification Process

1) Beginning September 1, 2012, an evaluator shall not conduct a performance evaluation of a teacher, principal, or assistant principal unless he or she has successfully completed the prequalification process and passed the State-developed assessment specific to rating professional practice.

2) Beginning on a school district's applicable implementation date, as set forth in Section 50.20~~ of this Part~~, or by an earlier implementation date as determined by the school district and its teachers, or exclusive bargaining representative, as applicable (see Section 50.20(g)~~ of this Part~~), an evaluator shall not conduct a performance evaluation of a teacher, principal, or assistant principal that addresses student growth unless he or she has successfully completed the prequalification process for student growth and passed the State-developed assessment specific to the consideration of data and indicators of student growth.

b) A school district offering its own retraining program shall ensure that each qualified evaluator completes the program at least once during each five-year educator~~certificate or~~ licensure renewal cycle. (See Section 24A-3 of the School Code.)

1) An individual who has not completed the retraining program, as required, during any applicable five-year cycle shall be ineligible to conduct evaluations until the retraining program is completed.

2) An individual who will be evaluating teachers in a school district that implements a performance evaluation system beginning September 1, 2015 or later shall be required to successfully complete a retraining program specific to professional practice of teachers before conducting any performance evaluations of teachers.

c) A school district developing its own prequalification process or retraining program shall notify the State Board of Education no later than July 1 immediately preceding the school year in which the process or program will be implemented. The notification shall at least include the type of training to be offered, names of the individuals presenting the training, and date upon which each school district-designated trainer completed the "train-the-trainers" program offered by, or on behalf of, the State Board of Education.

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

Section 50.410 Minimum Requirements for Prequalification Process and Retraining Program

A school district-developed prequalification process or retraining program shall contain each of the elements listed in this Section. A school district is not required to develop both a

prequalification process and retraining program, nor is it required to address both teachers and principals. Similarly, a locally developed prequalification process or retraining program may address professional practice only, student growth only, or both. Any school district not offering a unified course of study (i.e., professional practice and student growth) either for teachers or principals shall ensure that those individuals successfully complete the State-developed prequalification process or retraining program in those areas not being covered by the locally developed process or program.

a) Each individual who will present a prequalification process or retraining program shall complete the "train-the-trainer" program offered by, or on behalf of, the State Board of Education.

b) Individual course modules shall address each of the following areas:

1) Use of student growth data and indicators to evaluate teachers;

2) Use of student growth data and indicators to evaluate principals;

3) Methods and strategies for evaluating the professional practice of teachers; and

4) Methods and strategies for evaluating the professional practice of principals.

c) Each course module shall outline course goals, objectives, and participant outcomes and include training materials that align to the school district's evaluation plan.

d) Each course module shall include "field practice" in a variety of virtual, simulated, or live contexts in order to allow evaluators to apply their understanding to actual situations.

e) Standards

1) Course modules for teachers shall be aligned to the Illinois Professional Teaching Standards (23 Ill. Adm. Code 24); and

2) Course modules for principals shall be aligned to the Illinois Standards for Principal Evaluation contained in Appendix A ~~of this Part~~.

f) Course Content
Course modules shall address the following content:

1) State statutory and regulatory requirements for evaluating ~~certified~~ staff (i.e., teachers, principals and assistant principals holding professional educator licenses), including the use of the required performance evaluation ratings of "excellent", "proficient", "needs improvement", and "unsatisfactory";

2) Protocols and best practices for conducting classroom observations for teachers or observations of school practices for principals;

3) Case studies that exemplify collaborative learning environments;

4) Skills for engaging teachers or principals in high-quality opening conferences, feedback sessions, and end-of-year evaluation discussions;

5) Methods for developing and supporting individualized professional development plans for tenured teachers rated as "needs improvement";

6) Methods for developing and supporting individualized remediation plans for tenured teachers rated as "unsatisfactory";

7) Methods for developing and supporting individual and school-level growth and development goals and plans for principals;

8) Methods for analyzing multiple measures of student growth;

9) Methods for constructing performance evaluation ratings from disparate, variously subjective indicators; and

10) Strategies for evaluating teachers~~certified staff~~ in specialized disciplines (e.g., special education; bilingual education; career and technical education; skill-based subject areas, such as art and music).

g) Any individual who completes the school district-developed prequalification process but who fails the State-developed assessment shall be required to participate in the State-developed prequalification program before retaking the assessment.

h) A school district shall include remediation for individuals who did not successfully complete one or more courses of the retraining program. The remediation shall include content or approaches that are different than what was provided in the initial course module to assist the individual in mastering the material.

i) Course modules may be presented in-person or through distance-learning or video-conferencing technology or through a configuration that best accommodates the content.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Children's Health Insurance Program

2) Code Citation: 89 Ill. Adm. Code 125

3)

Section Numbers:	Proposed Action:
125.110	Amendment
125.200	Amendment
125.220	Amendment
125.225	Amendment
125.250	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Article 7 of PA 98-104

5) Complete Description of the Subjects and Issues Involved: The rulemaking implements Article 7 of PA 98-104 by establishing an effective date for consideration of the new financial eligibility methodology mandated by the Affordable Care Act (ACA) for the Children's Health Insurance Program and clarifying federal regulatory citations.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

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

Jeanette Badrov

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/782-1233
HFS.Rules@illinois.gov.

The Department requests the submission of written comments within 45 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

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: This rulemaking was not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Amendments are identical to the text of the Emergency Amendments that appear in this issue of the *Illinois Register* on page 9110:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Plumbers Licensing Code

2) Code Citation: 68 Ill. Adm. Code 750

3)

Section Numbers:	Proposed Action:
750.100	Repeal
750.115	Repeal
750.120	Amend
750.125	New Section
750.300	Amend
750.310	Amend
750.500	Amend
750.530	Amend
750.550	Amend
750.710	Amend
750.900	Amend
750.1000	Amend
750.1100	Amend
750.1110	Amend

4) Statutory Authority: Illinois Plumbing License Law [225 ILCS 320]

5) A Complete Description of the Subjects and Issues Involved: Changes to this Part include amendments to the existing plumbers' and apprentice plumbers' examination and licensure fees recommended by the Plumbing Code Advisory Council to reflect the progressive cost increase that the Department has incurred for over a decade and the progressive cost increase that the Department will incur in the near future for the production and administration of examination and licensure. Minor modifications to format are being made to increase uniformity between the Part and the required codification system established by the Secretary of State.

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

6) Published studies or reports, and sources of underlying data used to compose this rulemaking: Bureau of Labor Statistics Consumer Price Index; CMS Job Titles and Class Specifications Report

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: Plumbing ordinances adopted by local governments must be no less restrictive in their applications than the proposed rules.

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

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Plumbers and entities that provide plumbing instruction and continuing education. It is anticipated that the proposed changes will have a minimum impact on the regulated industry.

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

C) Types of professional skills necessary for compliance: Plumbing License

DEPARTMENT OF PUBLIC HEALTH

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14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent Regulatory Agendas because the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER IV: DEPARTMENT OF PUBLIC HEALTH

PART 750
PLUMBERS LICENSING CODE

SUBPART A: GENERAL PROVISIONS

Section
750.100 Applicability (Repealed)
750.110 Definitions
750.115 Statutory Authority (Repealed)
750.120 Administrative Hearings
750.125 Referenced Materials

SUBPART B: STATE BOARD OF PLUMBING EXAMINERS

Section
750.200 Organization of the State Board of Plumbing Examiners
750.205 Election of Officers (Repealed)
750.210 Duties of the State Board of Plumbing Examiners
750.215 Duties of Chairman (Repealed)
750.220 Records of the State Board of Plumbing Examiners
750.225 Duties of Vice-Chairman (Repealed)
750.235 Quorum (Repealed)
750.245 Meetings (Repealed)

SUBPART C: ADMINISTRATION OF AND REQUIREMENTS FOR PLUMBING LICENSE EXAMINATION

Section
750.300 Requirements for Admission to the Plumbing License Examination
750.310 Administration of the Plumbing License Examination
750.320 Plumbing License Examination Results
750.330 Course Credit (Repealed)

SUBPART D: PLUMBING PROGRAM FEES

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

750.400 Licensing of Plumbers
750.410 Licensing of Apprentice Plumbers
750.420 Documentation Required for Sponsors of Apprentices
750.430 Plumbers' and Apprentice Plumbers' License Records

SUBPART E: PROGRAMS OF INSTRUCTION AND CONTINUING EDUCATION~~HEARINGS~~

Section
750.500 Continuing Education Requirements for Licensed Plumbers
750.510 Department Approval of Continuing Education Sponsors and Courses
750.520 Continuing Education Course Records
750.530 Department Approval and Evaluation of Courses of Instruction in Plumbing
750.540 Topics for Approved Programs of Instruction in Plumbing and Approved Continuing Education Courses
750.550 Programs of Instruction and Practical Training in Plumbing Approved as Equivalent to Illinois Licensed Apprenticeship

SUBPART F: REQUIREMENTS FOR PLUMBING FIRMS

Section
750.600 Organization of Plumbing Firms

SUBPART G: CERTIFICATION OF PLUMBING INSPECTORS

Section
750.700 Purpose and Authority for Certification of Plumbing Inspectors
750.710 Certification of Plumbing Inspectors
750.720 Renewal of Plumbing Inspector Certification and Continuing Education Requirements for Certified Plumbing Inspectors
750.730 Responsibilities of Certified Plumbing Inspectors

SUBPART H: APPROVAL OF PLUMBING PROGRAMS ESTABLISHED BY GOVERNMENTAL UNITS

Section
750.800 Governmental Units Establishing Plumbing Programs

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

SUBPART I: VIOLATIONS OF PLUMBER'S LICENSE
AND PLUMBING INSPECTOR'S CERTIFICATION

Section
750.900 Plumber's and Apprentice Plumber's License Violations
750.910 Certified Plumbing Inspector Violations

SUBPART J: CIVIL PENALTIES FOR UNLICENSED PLUMBERS

Section
750.1000 Civil Penalties for Unlicensed Plumbers

SUBPART K: ADMINISTRATIVE FEES

Section
750.1100 Plumbers' and Apprentice Plumbers' Examination and Licensure Fees
750.1110 Other Fees

AUTHORITY: Authorized by and implementing the Illinois Plumbing License Law [225 ILCS 320].

SOURCE: Adopted at 2 Ill. Reg. 40, p. 1, effective October 1, 1978; codified at 5 Ill. Reg. 10870; Part repealed, new Part adopted at 13 Ill. Reg. 19564, effective December 1, 1989; emergency amendment at 16 Ill. Reg. 12785, effective July 30, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 417, effective December 28, 1992; recodified at 23 Ill. Reg. 14649; amended at 24 Ill. Reg. 12019, effective August 1, 2000; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 750.100 Applicability (Repealed)

~~This Part shall govern the activities of the Department and the Illinois State Board of Plumbing Examiners relating to the licensing of plumbers and apprentice plumbers.~~

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

Section 750.115 Statutory Authority (Repealed)

~~These rules are promulgated under authority of the Illinois Plumbing License Law [225 ILCS~~

~~320].~~

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

Section 750.120 Administrative Hearings

Administrative Hearings for persons under this Part~~part~~ shall be conducted in accordance with ~~Rules of~~ Practice and Procedure in Administrative Hearings ~~(77 Ill. Adm. Code 100)~~.

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

Section 750.125 Referenced Materials

The following materials are referenced in this Part:

a) Illinois Plumbing License Law [225 ILCS 320]

b) School Code [105 ILCS 5]

c) Illinois Plumbing Code (77 Ill. Adm. Code 890)

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

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

SUBPART C: ADMINISTRATION OF AND REQUIREMENTS FOR PLUMBING LICENSE EXAMINATION

Section 750.300 Requirements for Admission to the Plumbing License Examination

a) To apply for admittance to the examination for a plumber's license, a person shall file an application for examination on forms provided by the Department.

1) The application form may be obtained by downloading the application from the Department's website (http://www.idph.state.il.us/envhealth/plumbing.htm)~~writing to the Illinois Department of Public Health, 828 S. Second Street, Springfield, Illinois 62704~~.

2) The application shall be submitted to the Illinois Department of Public Health, 525 West Jefferson Street, 3rd Floor, Springfield, Illinois 62761.

3)~~2)~~ The Department will accept applications~~Applications will be accepted if~~ postmarked at least 30 days before the examination date. On each examination date, not more than 50 applicants (not more than 40 during winter months) will be examined. The examination will be scheduled at least once every three months. The Department and the Board may schedule additional examination dates as they deem necessary, based on the number of applicants.

4~~3~~) The Department and the Board will establish examination~~Examination~~ dates and locations. This information will ~~shall be established by the Department and the Board and shall~~ be included with the examination application form.

b) For each application the following materials must be received by the Department, postmarked at least 30 days before the examination date:

1) A~~a~~ completed application form;

2) A~~a~~ photograph of the face of the applicant at least 1½ inches by 2½ inches;

3) Proof~~proof~~ of eligibility as specified in subsection (e); and

4) The~~the~~ required non-refundable application fee as specified in Section 750.1100.

c) The applicant shall be a citizen of the United States or shall have declared his or her intent to become a citizen. (Notarized papers, such as "Intent to File for Citizenship", shall be submitted to the Department.)

d) The applicant shall have completed at least a two~~2~~ year course of study in a high school, or an equivalent course of study, equal to 10 credit hours;

e) To be eligible for the plumbing license examination, an applicant shall possess one of the following combinations of experience and education and shall~~must~~

provide proof of ~~such~~ experience and education as follows~~specified below~~:

1) Illinois licensed apprentice plumber:~~Licensed Apprentice Plumber~~

A) Each applicant shall~~must~~ have served a minimum of four~~4~~ years as an Illinois licensed apprentice plumber.

B) Each applicant who has served an apprenticeship shall~~must~~ be able to establish that he or she received instruction through practical experience under the supervision of a licensed plumber.

C) The term of apprenticeship shall be not less than 1,400 hours per year, for a total of 5,600~~5600~~ hours in four~~4~~ years.

2) Illinois licensed apprentice plumber with training or education:~~Licensed Apprentice Plumber with Training or Education~~

A) Each applicant shall~~must~~ have served at least two~~2~~ years as an Illinois licensed apprentice plumber and have two~~2~~ years of approved courses in plumbing (see Section 750.540) for a total of 5,600~~5600~~ hours.

B) Proof of practical experience shall be provided as specified in subsection (e)(1)(B).

C) A person who submits evidence of classroom ~~and/~~or laboratory training in a vocational or trade school, a branch of the military service, or a college or university shall be given credit hours at the rate of two credit hours for each classroom hour, not to exceed a maximum of 24 months' credit.

D) Evidence shall consist of transcripts, degrees, military service records ~~and/~~or certificates of completion. If the course submitted by an applicant for the plumbing license examination has already been evaluated and approved by the Department, the applicant need only verify participation in the course.

3) Licensed apprentice in another state or territory ~~Apprentice in Another~~

~~State or Territory~~ of the United States:

A) Each applicant shall~~must~~ have the equivalent of four~~4~~ years as a licensed apprentice in another state or territory of the United States.

B) Proof of practical experience shall be provided as specified in subsection (e)(1)(B).

C) A person who submits evidence of experience in plumbing through an apprentice plumbing program in another state or territory~~State or Territory~~ of the United States, or a municipality in another state or territory~~therein~~, other than the State of Illinois shall be given credit on an hour-for-hour basis toward the minimum four years of apprenticeship required.

4) A person who has completed a course of study approved by the Department as equivalent to a four~~4~~ year apprenticeship served by an Illinois licensed apprentice plumber:~~.~~

A) An approved course of instruction in plumbing shall cover the subject areas and provide the number of hours of instruction and practical training specified in Section 750.550. An approved course of instruction shall total 2,800~~2800~~ hours of credit.

B) Evidence shall consist of transcripts, degrees~~, and/~~ or certificates of completion to verify completion of a course that has been evaluated and approved by the Department.

5) Licensed plumber in another state, municipality or territory~~Plumber in Another State or Territory~~ of the United States with no apprentice plumber program:~~No Apprentice Plumber Program~~

A) Documents verifying licensure and plumbing experience and training will be considered on an hour-for-hour basis toward meeting the apprenticeship requirement of 1,400~~1400~~ hours per year. An applicant shall~~A plumber would need to~~ obtain documentation from the licensing state, municipality, or territory to

verify to the Department that he/she was tested to obtain his/her license and that the test consisted of at least three areas − knowledge of plumbing design, practical or working skill evaluation, and knowledge of plumbing standards applicable to the licensing entity's jurisdiction (see Section 750.310).

B) A copy of the rules from the licensing entity pertaining to the licensing of plumbers shall~~must~~ accompany the examination application.

6) Licensed plumber in a foreign state:~~Plumber in A Foreign State~~

A) Each applicant shall have at least two~~2~~ years of experience as an Illinois licensed apprentice plumber or two~~2~~ years of courses in plumbing, approved in accordance with Section 750.540.

B) Documentation of the applicant's license issued by a foreign state shall~~must~~ be submitted.

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

Section 750.310 Administration of the Plumbing License Examination

The examinations administered to applicants for a plumber's license shall be uniform and comprehensive and shall test applicants' knowledge and qualifications in the planning and design of plumbing systems; their knowledge, qualifications, and manual skills in plumbing; and their knowledge of the ~~State's minimum code of standards relating to fixtures, materials, design and installation methods of plumbing systems (the~~ Illinois Plumbing Code~~, 77 Ill. Adm. Code 890)~~.

a) The examination for a plumber's license shall consist of the following:

1) Written questions (true/false or multiple choice). Questions will be based on the Illinois Plumbing Code. All applicants shall be required to read the examination questions and write the answers unassisted.

2) Drawings ~~and/~~or charts. The applicant will be required to complete charts that show plumbing fixtures and that require drainage and vent lines to be added.

3) Practical (shop). Projects requiring copper, cast iron, lead and plastic to be assembled as indicated in the assignment will be assigned to each applicant. All three parts of the practical examination shall be completed before any part is eligible for grading.

b) An applicant who has a physicial disability~~is handicapped~~ will be assisted with unloading, carrying, and reloading of tools or equipment; but the applicant shall~~must~~ take all parts of the examination unassisted.

c) Each applicant will be responsible for providing his/her own tools and other required material. Each applicant will be advised in writing as to what to bring to the examination.

d) No persons other than the Board, Department staff, and those persons directly associated with the examinee for the transport of necessary equipment are permitted in the examination area.

e) Any examinee wearing a shirt, jacket, cap or any article of clothing bearing pictures, writing, inscriptions or logos of any kind will not be permitted into the examination~~exam~~. Safety glasses shall be worn at all times when in the shop.

f) Upon starting the examination, an examinee will not be permitted to leave the examination~~exam~~ area without permission.

g) The maximum grade value of each part of the examination shall be 100 points. An examinee must make an average of 75 or above on the examination and a grade of 61 or above on each part of the examination to pass.

h) An examinee who fails to pass the examination shall be admitted to a subsequent regularly scheduled examination~~exam~~ after filing a retake application form and fee. The~~Such~~ application and fee shall be submitted in accordance with Section 750.300.

i) An examinee who fails to pass the examination and applies to take the examination again shall retake all parts of the examination, even if the examinee passed one or more parts of the examination the first time it was taken.

j) An examinee who is observed cheating during the course of an examination shall be immediately expelled from the examination in progress and shall appear before the Board of Plumbing Examiners and representatives of the Department on the day that the~~such~~ offense occurs. The Board shall recommend that the examination be declared void. A written record of the meeting shall be made and become a part of the examinee's file. The Board shall make as a part of the record its recommendations concerning the examinee a part of the record and shall forward the ~~such~~ recommendations to the Department.

1) The Department will~~shall~~ send to the applicant a notice of intent to deny or suspend the applicant's license. The applicant shall~~must~~ request ~~in writing~~ a hearing, in writing, within the time specified in the notice. If the applicant does not request a hearing in writing within the time specified in the notice, the applicant's right to a hearing shall be waived.

~~2) All hearings shall be conducted in accordance with the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).~~

2)~~3)~~ The Department will~~shall~~ advise the Board of its final decision concerning the examinee.

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

SUBPART E: PROGRAMS OF INSTRUCTION AND CONTINUING EDUCATION~~HEARINGS~~

Section 750.500 Continuing Education Requirements for Licensed Plumbers

a) Each licensed plumber shall, as a condition of each annual license renewal after the first license renewal, provide proof of completion of four~~4~~ hours of continuing education. Continuing~~Such continuing~~ education hours shall~~must~~ be completed in one or more courses offered by course sponsors approved by the Department pursuant to Section 750.510.

b) A licensed plumber is not required to complete continuing education for the year in which the person's plumbing license was initially issued.

c) A licensed retired plumber is not required to complete continuing education unless the licensed retired plumber wishes to restore his or her license to the status of a licensed plumber. The Department will determine the number of continuing education hours required for ~~such~~ a change in licensure, based on the length of time the plumber has been retired.

d) Licensed plumbers who have been found to have committed repeated violations of the Illinois Plumbing Code shall complete a minimum of two~~2~~ hours of additional continuing education conducted by the Department, at a time and location to be determined by the Department.

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

Section 750.530 Department Approval and Evaluation of Courses of Instruction in Plumbing

a) A college, university, trade school or vocational school that has established a program providing a course of instruction in plumbing may submit a letter to the Department requesting approval of its program or course of instruction.

1) The request for approval shall include information on the curriculum offered by the program, qualifications of the instructors, and information indicating that the teaching facility to be used for the program provides both shop and classroom facilities.

2) For a program to be approved, it shall~~must~~ provide instruction in plumbing courses.

b) The Department will~~shall~~ evaluate a training program before making a determination to approve or deny a request for approval. Approval will be granted based on the information included in the request letter, including confirmation of the qualifications of the instructors, evidence that the program's courses provide instruction in the subject areas specified in Section 750.540, and determination that the teaching facility provides both shop and classroom facilities.

c) Each instructor participating in a program of instruction in plumbing shall be considered qualified by meeting one of the criteria specified in subsections (c)(1) through (3)~~ below~~. The instructor shall provide verification~~Verification~~ of

the~~such~~ license or certificate~~ shall be required by the Department~~. A copy of the instructor's educator~~teaching~~ license will establish ~~such~~ verification.

1) An~~an~~ Illinois licensed plumber;

2) An~~an~~ individual who possesses a provisional career and technical educator endorsement on an educator license~~vocational certificate~~, issued by the State Board of Education pursuant to Section 21B-20~~21-10~~ of the ~~Illinois~~ School Code~~ [105 ILCS 5/21-10]~~, in a field related to plumbing (such as hydraulics, pneumatics, or water chemistry); or~~.~~

3) A~~a~~ representative of an industry or a manufacturing business related to plumbing, including, but not limited to, the copper industry, plastic pipe industry or cast iron industry. Courses that are taught by industry representatives shall be educational and shall not be sales oriented. Industry representatives shall be assisted by an Illinois licensed plumber during the presentation of a course of instruction.

d) The Department may evaluate an approved program to determine the ongoing effectiveness of the training program. An evaluation will~~shall~~ be conducted:

1) As~~as~~ the result of a complaint to the Department;

2) Upon~~upon~~ the failure of 25% of students from the program who complete the plumbing license examination; or

3) As~~as~~ a result of changes in the curriculum.

e) The program's curriculum will be evaluated for compliance with the list of topics for courses of instruction in plumbing in Section 750.540.

f) The program's facilities will be evaluated for the type of tools, condition of tools, safety devices, and ventilation for the discharge of heat, smoke, and fumes.

g) The Department will~~shall~~ notify the training program sponsor of all deficiencies determined in the evaluation.

1) The program sponsor shall contact the Department within 15 days after

receiving the notice of deficiencies to arrange a plan of correction for the deficiencies. The program sponsor shall have 90 days from the date of the notice of deficiencies to remedy the deficiencies.

2) If the deficiencies are not remedied within the time frame specified in subsection (a)~~ above~~, the Department will withdraw its approval~~Department's approval shall be withdrawn~~ in writing. Upon withdrawal of approval~~such action~~, the training program sponsor shall have the right to request a hearing. (See Section 750.120.)

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

Section 750.550 Programs of Instruction and Practical Training in Plumbing Approved as Equivalent to Illinois Licensed Apprenticeship

A program of instruction and practical training in plumbing that is approved as equivalent to four~~4~~ years of an Illinois licensed apprenticeship shall cover the following subject areas and provide the number of hours of instruction and practical training specified in this Section. An approved course of instruction shall total 2,800~~2800~~ hours of credit.

Subject	Hours of Instruction
Public health and its relationship to plumbing	140
State of Illinois Plumbing License Law	24
Administration and enforcement	40
Licensing of apprentice plumbers and plumbers	16
Illinois Plumbing Code requirements	20
Plumbing inspection	30
Basic principles of plumbing	40
Job safety	52

Sciences of pneumatics and hydraulics as they apply to plumbing	60
Use and care of tools and equipment	16
Plumbing materials, fixtures, and equipment	100
Joints and connections	81
Water supply and distribution system	120
Indirect waste piping and special wastes	90
Hangers and separators	20
Interceptors and separators	40
Traps and cleanouts	42
Drainage system	110
Vents and venting systems	134
Soldering, welding, caulking and wiping	128
Cast iron plumbing system, including Durham system	155
Copper material plumbing system	150
Glass material plumbing system	40
Plastics and thermoplastics material plumbing system	60
Alternate plumbing system	55
Solar plumbing systems	40
Hot water systems and water heaters	90

Safety devices allied with a plumbing system	50
Pumping of waste	63
Handling and disposition of wastes that would damage a plumbing~~pluming~~ system and waste disposal facilities	120
Inspection and testing of a plumbing system	120
Private sewage disposal systems, municipal or public sewage disposal systems~~, and/~~ or sanitary districts	120
Public and private water supply systems	134
Planning and designing a plumbing system including estimating, installation, repair, maintenance, alteration, extension~~,~~ and dismantling	300

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

SUBPART G: CERTIFICATION OF PLUMBING INSPECTORS

Section 750.710 Certification of Plumbing Inspectors

The Department will issue a plumbing inspector's certification to any~~Any~~ licensed plumber who meets the qualifications for a plumbing inspector specified in this Section and who pays to the Department the required fees specified in Section 750.1100~~ shall be issued a plumbing inspector's certification by the Department~~. ~~The application form may be obtained by writing to the Illinois Department of Public Health, 828 S. Second Street, Springfield, Illinois 62704. Nothing in this Section shall prohibit a licensed plumber who does not apply for Department certification from working as a plumbing inspector. To qualify for certification as a plumbing inspector an applicant shall:~~

a) The application form may be obtained by downloading the application from the Department's website (http://www.idph.state.il.us/envhealth/plumbing.htm).

b) The application shall be submitted to the Illinois Department of Public Health,

525 West Jefferson Street, 3rd Floor, Springfield, Illinois 62761.

c) Nothing in this Section shall prohibit a licensed plumber who does not apply for Department certification from working as a plumbing inspector. To qualify for certification as a plumbing inspector, an applicant shall:

1)~~a)~~ Be currently licensed by the Department as a plumber. An apprentice plumber's license or retired plumber's license cannot be used to fulfill this requirement.

2)~~b)~~ Have held an Illinois plumbing license for at least seven~~7~~ years. An apprentice plumber's license or retired plumber's license cannot be used to fulfill this requirement.

3)~~c)~~ Have passed the examination administered by the Department for certification of plumbing inspectors.

A)~~1)~~ Applications for the examination will be accepted if postmarked at least 30 days before the examination date.

B)~~2)~~ Examinations will~~shall~~ be scheduled for May and November of each year. The Department and the Board will establish examination~~Examination~~ dates and locations. The date and location of the examination will ~~shall be established by the Department and the Board and shall~~ be included with the examination application form.

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

SUBPART I: VIOLATIONS OF PLUMBER'S LICENSE
AND PLUMBING INSPECTOR'S CERTIFICATION

Section 750.900 Plumber's and Apprentice Plumber's License Violations

a) The Department may take disciplinary action against a licensed plumber, licensed apprentice plumber, or plumbing inspector who is not certified by the Department for violations of the Act, this Part or the Illinois Plumbing Code. Pursuant to Section 20 of the Act, disciplinary~~such~~ action may include the revocation,

suspension, or denial of a license issued by the Department; and under Section 5(b.10) of the Act may include an Order of Correction to a telecommunications carrier for improper advertising.

b) A violation, for the purposes of this Section, shall be considered to mean a finding of violation of a Section of the Act, this Part, or the Illinois Plumbing Code by the Director in a final order issued pursuant to the Act, and may include any one of the following acts:

1) Any licensed plumber who permits his/her name or plumbing license number to be used to imply that he/she is a member of a sole proprietorship, association, partnership or corporation, and evidence indicates that he/she is not participating in the plumbing activities of the sole proprietorship, association, partnership or corporation. Evidence used by the Department in making this~~such a~~ determination may include payroll, records, time sheets, W-2 forms and documents on file with the Secretary of State;

2) Any licensed plumber who refuses to correct Illinois Plumbing Code violations as requested by the Department, continues to install plumbing in violation of Illinois Plumbing Code requirements, or is found guilty of negligence or incompetence in the performance of plumbing;

3) Any licensed plumber who employs individuals to install plumbing and fails or refuses to license them as Illinois apprentice plumbers;

4) Any licensed plumber who fails to adequately train apprentices under his employment or supervision in a manner qualifying them to pass the plumbing license examination. In reaching a finding of adequacy, the Department shall consider ~~such~~ factors such as number of hours worked by the apprentice, types and varieties of plumbing work performed and inspections of finished work;

5) Any licensed plumber or approved apprenticeship program that sponsors an apprentice and does not directly supervise or employ the apprentice in the plumbing trade a minimum of 1,400~~1400~~ hours a year;

6) Any licensed plumber who does not complete continuing education as

required by Section 750.500 for license renewal;

7) Any licensed plumber or approved apprenticeship program that fails to submit to the Department, within 15 days after an apprentice is no longer employed and supervised by that plumber or program, a letter stating that sponsorship of the apprentice has been canceled;

8) Any licensed plumber or licensed apprentice plumber who advertises his or her services as a certified plumbing inspector without obtaining certification from the Department or who uses or attempts to use the certificate of a certified plumbing inspector;

9) Any licensed apprentice plumber who performs plumbing work without the supervision of the sponsor/agent or approved apprenticeship program sponsoring the apprentice; or

10) Any licensed apprentice plumber who does not work in the plumbing trade for a minimum of 1,400~~1400~~ hours a year or who does not fulfill all requirements of an approved apprenticeship program.

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

SUBPART J: CIVIL PENALTIES FOR UNLICENSED PLUMBERS

Section 750.1000 Civil Penalties for Unlicensed Plumbers

a) A person who practices, offers to practice, or holds himself or herself out to practice as a plumber without being licensed under the provisions of the Act may be subject to an Order of Correction to a telecommunications carrier for improper advertising under Section 5(b.10) of the Act and shall be issued a civil penalty under the following criteria:

1) First Offense

A) Where no violations of the Illinois Plumbing Code ~~(77 Ill. Adm. Code 890)~~ are found, the person:

i) Shall pay a civil penalty of $1,000~~1000~~;

ii) May be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the Act.

B) Where violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $3,000~~3000~~. The Department may reduce this amount to $1,000 upon the condition that the unlicensed person pays for a licensed plumber to correct the violations of the Illinois Plumbing Code. The licensed plumber correcting the violations shall~~must~~ be acceptable to the other party to the original contract or agreement;

ii) May be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the Act.

2) Second Offense

A) Where no violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $3,000~~3000~~;

ii) May be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the Act.

B) Where provisions of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $5,000. The Department may reduce this amount to $3,000~~3000~~ upon the condition that the unlicensed person pays for a licensed plumber to correct the violations of the Illinois Plumbing Code. The

licensed plumber correcting the violations shall~~must~~ be acceptable to the other party to the original contract or agreement;

ii) May be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the~~this~~ Act.

3) Third and Subsequent Offenses

A) The person shall pay a civil penalty of $5,000~~5000~~;

B) The person shall be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the Act.

b) A licensed plumber, firm, corporation, partnership, or association~~,~~ who directs, authorizes or allows a person to practice, offer to practice, attempt to practice, or hold himself or herself out to practice as a plumber without being licensed under the provisions of the Act:

1) First Offense

A) Shall pay a civil penalty of $5,000~~5000~~;

B) Shall be required to pay for a licensed plumber to correct any violations of the Illinois Plumbing Code. The licensed plumber correcting the violations shall~~must~~ be acceptable to the other party to the original contract or agreement;

C) Shall have his or her plumbing license suspended;

D) May be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the Act.

2) Second Offense

A) Shall pay a civil penalty of $5,000~~5000~~;

B) Shall be required to pay for a licensed plumber to correct any violations of the Illinois Plumbing Code. The licensed plumber correcting the violations shall~~must~~ be acceptable to the other party to the original contract or agreement;

C) Shall have his or her plumbing license revoked;

D) Shall be referred to the State's Attorney of the county or to the Attorney General for prosecution under Section 29 of the Act.

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

SUBPART K: ADMINISTRATIVE FEES

Section 750.1100 Plumbers' and Apprentice Plumbers' Examination and Licensure Fees

The applicable fee shall be submitted to the Department with each application for examination, licensure or certification as follows:

a) Plumber's Examination Fees

1)	Plumber's License Examination Fee when applicant is licensed as an~~Man~~ Apprentice Plumber in Illinois	$175~~100~~
2)	Plumber's License Examination Fee when applicant is registered or licensed in a state other than Illinois	$225~~125~~
3)	Plumber's License Re-Examination Fee	$175~~100~~
4)	Plumber's License Re-Examination Fee when applicant is registered or licensed in a state other than Illinois	$175~~100~~

b) Plumber's License Fees

1)	Plumber's License Fee (Initial or Renewal)	$150~~100~~
2)	Apprentice Plumber's License Fee (Initial or Renewal)	$100~~50~~

3)	Late Fee or Reinstatement Fee for any License Renewal (in addition to all lapsed renewal fees)	$100~~25~~
4)	Restoration of a Plumber's Expired License Fee (includes the fee for the first examination only)	$175~~100~~
5)	Duplicate License Fee	$50~~25~~
6)	Retired Plumber's Annual License	$25
7)	Reinstatement of a Plumber's License from a Retired Plumber's License with fewer than five years (per year out)	$100
8)	Restoration of a Plumber's License from a Retired Plumber's License of more than five years (includes fee for first examination only)	$175~~100~~
~~9)~~	~~Retired Plumber's License Fee after Passing Examination~~	~~$100~~

c) Certified Plumbing Inspector's Examination and Certification Fees

1)	Plumbing Inspector's Examination	$175~~100~~
2)	Plumbing Inspector's Certification Late Fee	$100~~25~~
3)	Chicago Licensed Certified Plumbing Inspector	$150

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

Section 750.1110 Other Fees

a) Copies of the Illinois Plumbing Code may be obtained from the Department's~~Department~~ website. ~~The applicable fee shall be submitted with requests for copies as follows:~~

~~1) One copy of the current Illinois Plumbing Code will be provided free of charge to each newly licensed apprentice plumber. The fee for additional copies shall be $40 per copy.~~

~~2) One copy of amendments to the Illinois Plumbing Code (not including binder) will be provided free of charge to each Illinois licensed plumber and licensed apprentice plumber. The fee for additional copies shall be $20.~~

~~3) The fee for copies of the current Illinois Plumbing Code provided to persons other than licensed apprentice plumbers shall be $40.~~

~~4) The fee for copies of amendments to the Illinois Plumbing Code (not including binder) provided to persons other than Illinois licensed plumbers and licensed apprentice plumbers shall be $20.~~

~~5) The fee for the current Illinois Plumbing Code on CD Rom shall be $100.~~

b) The fee for a dishonored, negotiable instrument including, but not limited to, returned checks or insufficient payment shall be $100~~20~~.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Child Health Examination Code

2) Code Citation: 77 Ill. Adm. Code 665

3) Section Number: 665.240 Proposed Action: Amend

4) Statutory Authority: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7]

5) A Complete Description of the Subjects and Issues Involved: Existing rules specify required immunizations, physical examinations, and acceptable exemptions for children attending child care facilities, children entering school-operated programs below the kindergarten level and kindergarten through 12th grade. Proposed changes in this rulemaking will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP). In March 2013, ACIP updated their recommendations for the prevention and control of meningococcal disease. Meningococcal disease can cause severe and devastating illness. The burden of disease is highest among infants aged less than one year, young adults aged 16 through 21 years, and persons aged 65 years and older. The vaccines licensed currently are recommended routinely for adolescents and other persons at increased risk for meningococcal disease. ACIP recommends routine administration of a MenACWY vaccine for all persons aged 11 through 18 years. A single booster dose recommendation is based on age and risk factors.

PA 98-480 was signed into law on August 16, 2013 and provides IDPH with the authority to prescribe rules. The Act requires that the Department of Public Health shall adopt a rule requiring students, upon entering the 6th and 12th grade of any public, private, or parochial school, to receive an immunization containing meningococcal conjugate vaccine that meets the standards approved by the U.S. Public Health Service for such biological products and is in accordance with the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. The immunization shall consist of one dose of the MCV4 vaccine for 6th grade entrance and two doses for 12th grade entrance, unless the first dose was administered to a child who was 16 years of age or older, in which case only one dose is required at 12th grade entrance. However, if the Centers for Disease Control and Prevention

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

Advisory Committee on Immunization Practices' recommendations for adolescents are updated, then the requirement under this Section should reflect those changes to be current. Existing Illinois standards for parental or legal guardian objections or medical objections shall be applicable.

The economic effect on this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect. However, all vaccines are readily available through the federal Vaccines for Children (VFC) program administered by the Department.

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

6) Published studies or reports, and sources of underlying data used to compose this rulemaking: CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2005;54 (No. RR-7); CDC. Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 Through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease - Advisory Committee on Immunization Practices (ACIP); MMWR 2011; 60:1018-1019 CDC. Update Recommendations for use of meningococcal conjugate vaccines - Advisory Committee on Immunization Practices (ACIP); MMWR 2011;60:72-76 CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2013;62 (No. RR-2);

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any State mandate on units of local government.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

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

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: These immunization rules will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for children attending kindergarten through 12th grades. However, the Department sponsors a Vaccines For Children (VFC) Plus program, which addresses vaccination needs for under-insured children. This is in addition to the All Kids program, operated by the Department of Healthcare and Family Services.

B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.

Schools and child care facilities are required to monitor compliance with physical examinations and immunization requirements as noted in Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and the Child Care Act of 1969 [225 ILCS 10/7]. The proposed amendments revise language to assure consistency with current medical practice, national vaccination scheduling recommendations and alignment with statutory requirements created by PA 95-159.

C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH

PART 665
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

Section
665.100 Statutory Authority (Repealed)
665.105 Definitions
665.110 General Considerations (Repealed)
665.115 Referenced Materials

SUBPART B: HEALTH EXAMINATION

Section
665.120 Health Examination Requirements
665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination
665.140 Timetable for Examinations
665.150 Report Forms
665.160 Proof of Examination
665.210 Proof of Immunizations
665.220 Local School Authority (Repealed)
665.230 School Entrance
665.240 Basic Immunization
665.250 Proof of Immunity
665.260 Booster Immunizations
665.270 Compliance with the School Code
665.280 Physician Statement of Immunity
665.290 List of Non-immunized Students

SUBPART C: VISION AND HEARING SCREENING

Section
665.310 Vision and Hearing Screening

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

SUBPART D: DENTAL EXAMINATION

Section
665.410 Dental Examination Requirement
665.420 Dental Examination Timetable
665.430 Dental Examination
665.440 Guidelines (Repealed)
665.450 Waiver of Dental Examination Requirement

SUBPART E: EXCEPTIONS

Section
665.510 Objection of Parent or Legal Guardian
665.520 Medical Objection

SUBPART F: EYE EXAMINATION

Section
665.610 Eye Examination Requirement
665.620 Vision Examination (Repealed)
665.630 Eye Examination Report
665.640 Indigent Students (Repealed)
665.650 Waiver of Eye Examination Requirement

SUBPART G: DIABETES SCREENING

Section
665.700 Diabetes Screening Requirement
665.710 Diabetes Screening
665.720 Testing Recommendations

665.APPENDIX A Illinois Department of Public Health Eye Examination Report
665.APPENDIX B Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)
665.APPENDIX C Illinois Department of Public Health Eye Examination Waiver Form
665.APPENDIX D Illinois Department of Public Health Dental Examination Form
665.APPENDIX E Illinois Department of Public Health Dental Examination Waiver Form

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

665.APPENDIX F Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)

AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2] and Section 2 of the Communicable Disease Prevention Act [40 ILCS 315/2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency expired October 26, 2008; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; emergency expired November 2, 2008; amended at 33 Ill. Reg. 7011, effective May 11, 2009; amended at 33 Ill. Reg. 8459, effective June 8, 2009; amended at 35 Ill. Reg. 16723, effective September 27, 2011; amended at 37 Ill. Reg. 13952, effective August 16, 2013; amended at 38 Ill. Reg. _____, effective _____.

SUBPART B: HEALTH EXAMINATION

Section 665.240 Basic Immunization

a) Diphtheria, Pertussis, Tetanus

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months.

2) Any child entering kindergarten or first grade for the first time shall show proof of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months. Children six years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.

3) Any child entering school at a grade level not included in subsection (a)(1) or (2) shall show proof of having received three or more doses of DTP, DTaP, pediatric DT or adult Tetanus and Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least six months.

4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 665.520.

5) Beginning with school year 2011-2012, any child entering sixth grade shall show proof of having received one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.

6) Students entering grades seven through 12 who have not already received Tdap are required to receive one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.

7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.

b) Polio

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). Doses in the series shall have been received no less than four weeks (28 days) apart.

2) Any child entering school at any grade level (kindergarten through 12) shall show proof of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.

c) Measles

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live measles virus vaccine on or after the first birthday, or other proof of immunity described in Section 665.250(c).

2) Children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first or other proof of immunity described in Section 665.250(c).

3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (c)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

d) Rubella

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received at least one dose of live rubella virus vaccine on or after the first birthday. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250(d)).

2) Beginning with the school year 2014-2015, children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).

3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (d)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

e) Mumps

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received at least one dose of live mumps virus vaccine on or after the first birthday. Proof of disease, if verified by a physician, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250(e)).

2) Beginning with the school year 2014-2015, children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).

3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received two doses of live mumps virus vaccine as described in

subsection (e)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

f) Haemophilus influenzae type b (Hib)

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the Hib vaccination schedule in Appendix B of this Part.

2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.

3) Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.

g) Hepatitis B

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first dose and the third dose shall be at least four months. The third dose shall have been administered on or after six months of age. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).

2) Children entering the sixth grade shall show proof of having received three doses of hepatitis B vaccine, or other proof of immunity described in Section 665.250(f). The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first and third doses shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).

3) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg) and was 11 to 15 years of age at the time of vaccine administration, and that the interval between receipt of the two doses was at least four months.

h) Varicella

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.

2) Children who entered kindergarten for the first time on or after July 1, 2002, shall show proof of having received at least one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.

3) Beginning with the school year 2014-2015, any child entering kindergarten, sixth grade, or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.

4) Only those children who have been immunized with varicella vaccine in accordance with subsections (h)(1), (2) and (3), have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.

5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, proof of having received at least two doses of varicella vaccine or other proof of immunity as described in subsections

(h)(2), (3) and (4) shall be submitted prior to the school year in which the child reaches the ages of five, 11 and 15.

i) Invasive Pneumococcal Disease

1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix F.

2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine after 24 months of age.

3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.

j) Meningococcal Disease

1) Beginning with the school year 2015-2016, any child entering the sixth grade shall show proof of having received one dose of meningococcal conjugate vaccine on or after the 11th birthday. Children who do not meet the age requirement will be monitored in accordance with Section 665.270.

2) Beginning with the school year 2015-2016, any child entering the 12th grade shall show proof of having received two doses of meningococcal conjugate vaccine prior to entering the 12th grade. The first dose shall have been received on or after the 11th birthday, and the second dose shall have been received on or after the 16th birthday, at least eight weeks after the first dose. If the first dose is administered when the child is 16 years of age or older, only one dose is required.

3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received one dose of meningococcal conjugate vaccine shall be submitted in the school year in which the child reaches age 11 and a second dose in the school year in which the child reaches age 16. If the

first dose is administered when the child is 16 years of age or older, only one dose is required.

k)~~j)~~ The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Immunization Code

2) Code Citation: 77 Ill. Adm. Code 695

3) Section Number: 695.10 Proposed Action: Amend

4) Statutory Authority: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7]

5) A Complete Description of the Subjects and Issues Involved: Existing rules specify required immunizations, physical examinations, and acceptable exemptions for children attending child care facilities, children entering school-operated programs below the kindergarten level and kindergarten through 12th grade. Proposed changes in this rulemaking will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP). In March 2013, ACIP updated their recommendations for the prevention and control of meningococcal disease. Meningococcal disease can cause severe and devastating illness. The burden of disease is highest among infants aged less than one year, young adults aged 16 through 21 years, and persons aged 65 years or older. The vaccines licensed currently are recommended routinely for adolescents and other persons at increased risk for meningococcal disease. ACIP recommends routine administration of a MenACWY vaccine for all persons aged 11 through 18 years. A single booster dose recommendation is based on age and risk factors.

PA 98-480 was signed into law on August 16, 2013 and provides the Department of Public Health with the authority to prescribe rules requiring students entering the sixth and 12th grade of any public, private, or parochial school, to receive an immunization containing meningococcal conjugate vaccine that meets the standards approved by the U.S. Public Health Service for such biological products and is in accordance with the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. The immunization shall consist of one dose of the MCV4 vaccine for 6th grade entrance and two doses for 12th grade entrance, unless the first dose was administered to a child who was 16 years of age or older, in which case only one dose is required at 12th grade entrance. Existing Illinois standards for parental or legal guardian objections or medical objections are applicable.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect. However, all vaccines are readily available through the federal Vaccines for Children (VFC) program administered by the Department.

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

6) Published studies or reports, and sources of underlying data used to compose this rulemaking: CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2005; 54 (No. RR-7); CDC. Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 Through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease - Advisory Committee on Immunization Practices (ACIP); MMWR 2011; 60:1018-1019 CDC. Update Recommendations for use of meningococcal conjugate vaccines - Advisory Committee on Immunization Practices (ACIP); MMWR 2011; 60:72-76 CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2013; 62 (No. RR-2)

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any State mandate on units of local government.

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

Susan Meister

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: These immunization rules will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for children attending kindergarten through 12th grades. However, the Department sponsors a Vaccines For Children (VFC) Plus program, which addresses vaccination needs for under-insured children. This is in addition to the All Kids program, operated by the Department of Healthcare and Family Services.

B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.

Schools and child care facilities are required to monitor compliance with physical examinations and immunization requirements as noted in Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and the Child Care Act of 1969 [225 ILCS 10/7]. The proposed amendments revise language to assure consistency with current medical practice, national vaccination scheduling recommendations and alignment with statutory requirements created by PA 95-159.

C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 695
IMMUNIZATION CODE

Section

695.5 Definitions
695.7 Referenced Materials
695.10 Basic Immunization
695.20 Booster Immunizations
695.30 Exceptions
695.40 List of Non-Immunized Child Care Facility Attendees or Students
695.50 Proof of Immunity
695.APPENDIX A Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)
695.APPENDIX B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)

AUTHORITY: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

SOURCE: Emergency amendment effective June 23, 1977; emergency amendment at 3 Ill. Reg. 14, p. 88, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 134, effective December 17, 1979; codified at 8 Ill. Reg. 4512; amended at 11 Ill. Reg. 11799, effective June 29, 1987; emergency amendment at 14 Ill. Reg. 5890, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14562, effective August 27, 1990; amended at 15 Ill. Reg. 7712, effective May 1, 1991; amended at 17 Ill. Reg. 2975, effective February 11, 1993; amended at 20 Ill. Reg. 11962, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11973, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 11, 1998; amended at 26 Ill. Reg. 5930, effective July 1, 2002; amended at 26 Ill. Reg. 10792, effective July 1, 2002; amended at 37 Ill. Reg. 13929, effective August 16, 2013; amended at 38 Ill. Reg. _____, effective _____.

Section 695.10 Basic Immunization

a) The optimum starting ages for the specified immunizing procedures are as

follows:

1) Diphtheria − two to four months

2) Pertussis − two to four months, combined with tetanus toxoid

3) Tetanus − two to four months

4) Poliomyelitis − two to four months

5) Measles – 12 to 15 months

6) Rubella – 12 to 15 months

7) Mumps – 12 to 15 months

8) Haemophilus − two to four months influenzae type b

9) Hepatitis B – birth~~Birth~~ to two months

10) Varicella – 12 to 18 months

11) Invasive Pneumococcal disease (except as noted in subsection (l)) – two to four months

12) Meningococcal Disease – six months to two years

b) Upon first entering a child care facility, all children two months of age and older shall show proof that the child has been immunized, or is in the process of being immunized, according to the recommended schedule, against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis B, varicella, and invasive pneumococcal disease.

c) All children entering school programs in Illinois for the first time shall show proof of immunity against:

1) Diphtheria

2) Pertussis (except as noted in subsection (d))

3) Tetanus

4) Poliomyelitis

5) Measles (except as noted in subsection (f))

6) Rubella

7) Mumps

8) Haemophilus influenzae type b (except as noted in subsection (i))

9) Hepatitis B (except as noted in subsection (j))

10) Varicella (except as noted in subsection (k))

11) Invasive pneumococcal disease (except as noted in subsection (l))

12) Meningococcal Disease (except as noted in subsection (m))

d) Diphtheria, Tetanus, Pertussis

1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received three doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine by one year of age and one additional dose by the second birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months. Any child 24 months of age or older shall show proof of four doses of DTP or DTaP vaccine, appropriately spaced.

2) Any child entering school (kindergarten or first grade) for the first time shall show proof of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks

(28 days) apart. The interval between the third and fourth doses shall be at least six months. Children six years of age or older may receive adult Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.

3) Any child entering school at a grade level not included in subsection (d)(1) or (2) shall show proof of having received three or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least 6 months.

4) Receipt of pediatric Diphtheria, Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 695.30.

5) Beginning with school year 2011-2012, any child entering sixth grade shall show proof of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.

6) Students entering grades seven through 12 who have not already received Tdap are required to receive only one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.

7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.

8) School-age children entering a child care facility shall comply with the immunization requirements in subsections (d)(2), (3), (4) and (5).

e) Polio

1) Any child entering a child care facility or school program below the

kindergarten level shall show proof of having received two doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)) by one year of age and a third dose by the second birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. Any child 24 months of age or older shall show proof of at least three doses of polio vaccine, appropriately spaced.

2) Any child entering school at any grade level, kindergarten through 12, shall show proof of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.

3) School-age children entering a child care facility shall comply with the immunization requirements in subsection (e)(2).

f) Measles

1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live measles virus vaccine by the second birthday. The measles vaccine shall have been received on or after the first birthday.

2) The child shall:

A) Show proof that he or she has been age-appropriately immunized against measles prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or

B) Present a statement from the physician that he or she has had measles as noted in Section 695.50(c); or

C) Present laboratory evidence of measles immunity.

3) Children entering school at any grade level, kindergarten through-12, shall show proof of having received two doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part.

4) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

5) School-age children entering a child care facility shall comply with the immunization requirements in subsections (f)(2), (3) and (4).

g) Mumps

1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live mumps virus vaccine by the second birthday. The mumps vaccine shall have been received on or after the first birthday.

2) The child shall:

A) Show proof that he or she has been age-appropriately immunized against mumps prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or

B) Present a statement from the physician that he or she has had mumps as noted in Section 695.50(e); or

C) Present laboratory evidence of mumps immunity (see Section 695.50(e)).

3) Beginning with the school year 2014-2015, children entering school at any grade level, kindergarten through 12, shall show proof of having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part.

4) Only those children who have been immunized with live mumps virus vaccine on or after the first birthday, have had physician diagnosed mumps disease, or show laboratory evidence of immunity shall be considered to be immune.

5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live mumps virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (g)(2), (3) and (4).

h) Rubella

1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live rubella virus vaccine by the second birthday. The rubella vaccine shall have been received on or after the first birthday.

2) The child shall:

A) Show proof that he or she has been age-appropriately immunized against rubella prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or

B) Present~~present~~ laboratory evidence of immunity to rubella.

3) Beginning with the school year 2014-2015, children entering school at any grade level, kindergarten through 12, shall show proof of having received

two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part.

4) Only those children who have been immunized with rubella vaccine on or after the first birthday, or have a laboratory (serologic) evidence of immunity to rubella, shall be considered to be immune.

5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (h)(2), (3) and (4).

i) Haemophilus influenzae type b (Hib)

1) Any child under five years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the Hib vaccination schedule in Appendix A of this Part.

2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.

3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with Hib vaccine.

j) Hepatitis B

1) Any child two years of age or older enrolling in a child care facility or school program below the kindergarten level shall show proof of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The

interval between the first and the third doses shall be at least four months. The third dose shall have been administered on or after six months of age. The child shall:

A) Show proof that he or she has been age-appropriately immunized against hepatitis B prior to enrolling in a child care facility or school program below the kindergarten level for the first time; or

B) Present laboratory evidence of prior or current hepatitis B infection.

2) Children entering the sixth grade shall show proof of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. The interval between the first dose and the third shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 695.50(f)).

3) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg), the child was 11 to 15 years of age at the time of vaccine administration, and the interval between receipt of the two doses was at least four months.

4) Only those children who have been immunized with hepatitis B vaccine in accordance with subsections (j)(1), (2) and (3) or have laboratory evidence of prior or current hepatitis B infection shall be considered immune.

5) School-age children entering a child care facility shall comply with the immunization requirements in this subsection (j).

k) Varicella

1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of varicella vaccine or other proof of immunity as specified in Section 695.50(g). The varicella vaccine shall have been received on or

after the first birthday.

2) The child shall:

A) Show proof that he or she has been age-appropriately immunized against varicella prior to entering a child care facility or school program below the kindergarten level for the first time, or

B) Present a statement from a physician verifying that the child has had varicella, or

C) Present a statement from a health care provider (as defined in Section 695.50(a)) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or

D) Present laboratory evidence of immunity to varicella.

3) Children who entered kindergarten for the first time on or after July 1, 2002 shall show proof of having received one dose of varicella vaccine on or after the first birthday or other proof of immunity as specified in Section 695.50(g).

4) Beginning with the school year 2014-2015, any child entering kindergarten, sixth grade or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first, or other proof of immunity as specified in Section 695.50(g).

5) Only those children who have been immunized with varicella vaccine in accordance with subsections (k)(1), (2)(A), (3) and (4), have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.

6) For students attending school programs where grade levels (kindergarten

through 12) are not assigned, including special education programs, proof of two doses of varicella vaccine as described in subsections (k)(3) and (4) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

7) School-age children entering a child care facility shall comply with the immunization requirements in subsections (k)(2), (3) and (4).

l) Invasive Pneumococcal Disease

1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix B.

2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine.

3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.

m) Meningococcal Disease

1) Beginning with the school year 2015-2016, any child entering the sixth grade shall show proof of having received one dose of meningococcal conjugate vaccine on or after the 11th birthday.

2) Beginning with the school year 2015-2016, any child entering the 12th grade shall show proof of receiving two doses of meningococcal conjugate vaccine prior to entering the 12th grade. The first dose shall have been received on or after the 11th birthday, and the second dose shall have been received at least eight weeks after the first dose. If the first dose is administered when the child is 16 years of age or older, only one dose is required.

3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof

of having received one dose of meningococcal conjugate vaccine shall be submitted prior to the school year in which the child reaches age 11 and a second dose prior to the school year in which the child reaches age 15.

n)~~m)~~ The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Lawn Irrigation Contractor and Lawn Sprinkler System Registration Code

2) Code Citation: 77 Ill. Adm. Code 892

3)

Section Numbers:	Proposed Action:
892.10	Amend
892.15	New Section
892.20	Amend
892.25	New Section
892.40	Amend
892.50	Amend
892.60	Amend
892.70	Amend
892.80	Amend

4) Statutory Authority: Illinois Plumbing License Law [225 ILCS 320]

5) A Complete Description of the Subjects and Issues Involved: Changes to this Part include amendments to the existing irrigation contractor annual registration fees recommended by the Plumbing Code Advisory Council in order to reflect the progressive cost increase that the Department has incurred for over a decade and the progressive cost increase that the Department will incur in the near future for the production and administration of irrigation contractor registration. Minor modifications to format are being made to increase uniformity between the Part and the required codification system established by the Secretary of State.

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

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

6) Published studies or reports, and sources of underlying data used to compose this rulemaking: Bureau of Labor Statistics Consumer Price Index; CMS Job Titles and Class Specifications Report

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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: Plumbing ordinances adopted by local governments must be no less restrictive in their applications than the proposed rules.

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

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: It is anticipated that the proposed changes will have a minimum impact on lawn sprinkler contractors.

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

C) Types of professional skills necessary for compliance: Registered Irrigation Contractor

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent Regulatory Agendas because the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

PART 892
LAWN IRRIGATION CONTRACTOR AND LAWN SPRINKLER
SYSTEM REGISTRATION CODE

Section
892.10 Definitions
892.15 Referenced Materials
892.20 Registration Requirements for Irrigation Contractors
892.25 Providers of Lawn Sprinkler Design and Installation Courses
892.30 Licensed Plumbers Responsible for Installation of Lawn Sprinkler System
892.40 Waiver of Licensed Plumber Requirement
892.50 Inspection, Testing, and Registration of Lawn Sprinkler Systems
892.60 Civil Penalties for Unregistered Irrigation Contractors
892.70 Fees for Irrigation Contractors
892.80 Expiration of Registration Program

AUTHORITY: Authorized by and implementing the Illinois Plumbing License Law [225 ILCS 320].

SOURCE: Emergency rules adopted at 24 Ill. Reg. 4224, effective March 1, 2000, for a maximum of 150 days; adopted at 24 Ill. Reg. 11964, effective July 27, 2000; amended at 38 Ill. Reg. _____, effective _____.

Section 892.10 Definitions

~~In this Part:~~

"Installation" means:

fabrication of a lawn sprinkler system using components that include piping, fittings, valves, sprinkler heads, and pumps;

replacement, repair, alteration, or maintenance of lawn sprinkler system components; or

lawn sprinkler system site preparation, including digging, trenching and vibratory plow operation.

"Irrigation contractor" means a person, other than a licensed plumber or licensed apprentice plumber, who installs or supervises the installation of lawn sprinkler systems subject to Section 2.5 of the Law*~~the Illinois Plumbing License Law~~*. (Section 2 of the Law)

"Irrigation employee" means a person, other than a licensed plumber or licensed apprentice plumber, *who is employed by a registered irrigation contractor or a licensed plumber, and who designs, repairs, alters, maintains, or installs lawn sprinkler systems that are subject to Section 2.5 of the Law*. ~~"Irrigation employee" means a person, other than a licensed plumber or licensed apprentice plumber, who is employed by an irrigation contractor or a licensed plumber and who installs or supervises the installation of lawn sprinkler systems subject to Section 2.5 of the Illinois Plumbing License Law.~~

"Law" means the Illinois Plumbing License Law [225 ILCS 320].

"Lawn sprinkler system" means any underground irrigation system of lawn, shrubbery and other vegetation from any potable water sources; and from any water sources, whether or not potable.~~, in any county with a population of 3,000,000 or more; any county with a population of 275,000 or more which is contiguous in whole or in part to a county with a population of 3,000,000 or more; or any county with a population of 37,000 or more but less than 150,000 which is contiguous to 2 or more counties with respective populations in excess of 275,000.~~ "Lawn sprinkler system" includes without limitation the water supply piping, valves, control systems, low voltage wiring,~~ and~~ sprinkler heads or other irrigation outlets, and moisture or rainfall sensing equipment, but does not include the backflow prevention device or final connection of the lawn sprinkler system to the backflow prevention device*~~ or final connection of the lawn sprinkler system to the backflow prevention device~~. "Lawn sprinkler system" does not include an irrigation system used primarily for agricultural purposes.* (Section 2 of the Law) "Lawn sprinkler system" does not include extension, relocation, or modification of*~~"Lawn sprinkler system" does not include extension, relocation, or modification of~~ up to 200 linear yards of an existing lawn sprinkler system* installed at a golf course prior to January 26, 2000.*~~installed at a golf~~*

~~*course prior to January 26, 2000.*~~ (Section 2.6 of the Law)

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

Section 892.15 Referenced Materials

The following materials are referenced in this Part:

a) Illinois Plumbing License Law [225 ILCS 320]

b) Illinois Plumbing Code (77 Ill. Adm. Code 890)

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

Section 892.20 Registration Requirements for Irrigation Contractors

a) Irrigation Contractor Registration. Subject to Section 2.5~~16.1~~ of the Law, each irrigation contractor doing business in Illinois shall register annually with the Department. Registration shall be submitted on forms available from the Department's website (http://www.idph.state.il.us/envhealth/plumbing.htm) ~~Department~~ and shall include the following information:

1) The irrigation contractor's full name, date of birth, height, weight, home telephone number; business name, full address of the business, business telephone and fax numbers, name of principal, Federal Employer Identification Number (FEIN), a certificate of insurance and workers' compensation insurance, as well as an indemnification bond or letter of credit; whether the business is a sole proprietorship, partnership, or corporation; and the name of the registered agent, if the contractor is a corporation.

2) The names and license numbers of all licensed plumbers that the irrigation contractor employs or with whom the irrigation contractor enters into a contract for lawn sprinkler connection and inspection services (see Section 892.40).

3) A licensed plumber who is also in the business of lawn sprinkler system installation shall register annually as an irrigation contractor, if the

licensed plumber employs persons other than licensed plumbers or licensed apprentice plumbers to install or provide on-site supervision for the installation of lawn sprinkler systems.

b) Irrigation Employee Registration. Subject to Section 2.5~~16.1~~ of the Law, each irrigation contractor doing business in Illinois shall register annually with the Department all irrigation employees who install or provide on-site supervision for the installation of lawn sprinkler systems.

1) Registration shall be submitted on forms available from the Department's website (http://www.idph.state.il.us/envhealth/plumbing.htm)~~Department~~ and shall include each irrigation employee's full name, home address, home phone, date of birth, height, and weight; and the employer's name, business name, address, telephone number, and irrigation contractor registration number.

2) Upon request, the irrigation contractor shall provide to the Department additional business information, including payroll records, time sheets, and W2 forms. The Department may request this information if necessary to determine the irrigation contractor's compliance with the registration requirements of this subsection (b).

3) Irrigation contractors shall provide, on forms provided by the Department on its website (http://www.idph.state.il.us/envhealth/plumbing.htm), the following:

A) Proof that at least one irrigation employee *has completed and passed an approved class in the design and installation of lawn sprinkler systems*;

B) *The names of employees who have successfully completed an approved course on the installation of lawn sprinkler systems*; and

C) *Proof that the course* taken by the employees *was successfully completed and that* their *continuing education is also being completed*. (Section 2.5(a) and (f) of the Law)

c) Registration Expiration and Renewal. All registrations issued under this Section

shall expire on February 28 of each year, except that initial registrations issued after January 15 shall expire one year after the next February 28. Registration may be renewed for a period of one year from each succeeding March 1 upon submission by the irrigation contractor of new contractor and employee registration forms and fee payment prior to that March 1.

d) Reporting Changes in Registration. Irrigation contractors shall report to the Department when registered irrigation employees are no longer employed by the contractor and when new employees are hired.

1) The irrigation contractor shall submit a notice of cancellation of employee, accompanied by a nonrefundable $20~~$10~~ fee, to the Department within 10 days after a registered irrigation employee is terminated. A notice of cancellation is not required for registered employees who are terminated in the period on or after January 31 and before February 28 of the same year.

2) After the contractor's initial or renewal registration has been submitted to the Department, the irrigation contractor shall submit an irrigation employee registration application form to the Department before any additional employees are hired.

3) When the addition of irrigation employees places the irrigation contractor in a category that requires a higher fee and additional licensed plumbers, the irrigation contractor shall submit the difference in the fee amount between the two~~2~~ categories and the names and license numbers of additional licensed plumbers to the Department. Fee payment and the information required shall be submitted before additional employees are allowed to install lawn sprinkler systems.

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

Section 892.25 Providers of Lawn Sprinkler Design and Installation Courses

a) *A college, university, trade school, vocational school, or association that has established a program providing a course of instruction in lawn sprinkler design and installation may submit a letter to the Department requesting approval of its program or course of instruction.* (Section 2.5(f) of the Law)

b) The letter shall be obtained by downloading the letter from the Department's website (http://www.idph.state.il.us/envhealth/plumbing.htm).

c) The letter shall be submitted to the Illinois Department of Public Health, 525 West Jefferson Street, 3rd Floor, Springfield, Illinois 62761.

d) *The request for approval shall include information on the curriculum offered by the program and the qualifications of the organization. The course shall consist of a minimum of 2 days of classroom education and an exam and shall include a provision for continuing education.* (Section 2.5(f) of the Law)

e) *The Department shall evaluate the curriculum and organization before making a determination to approve or deny a request for approval.* (Section 2.5(f) of the Law)

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

Section 892.40 Waiver of Licensed Plumber Requirement

A written request for a temporary waiver shall be submitted to the Department when the number of licensed plumbers employed by the irrigation contractor or with whom the contractor has a contractual agreement for the installation or inspection of lawn sprinkler systems is below the number of licensed plumbers required in Section 892.30.

a) The written waiver request shall specify the steps taken by the irrigation contractor to maintain the required number of licensed plumbers. A waiver will not be issued unless the irrigation contractor provides documentation of the steps taken to employ or contract with the required number of licensed plumbers. This information shall include one or more of the following items:

1) Copy of advertising by the irrigation contractor soliciting the services of licensed plumbers.

2) Copies of letters to unions, trade organizations or other groups that represent plumbers, requesting referral of licensed plumbers to the irrigation contractor.

3) Copies of letters to plumbing contractors soliciting the services of licensed

plumbers.

4) Copies of responses to the irrigation contractor from the organizations and businesses contacted by the irrigation contractor to obtain the services of licensed plumbers.

b) The waiver request shall be submitted within 10 days after the number of licensed plumbers goes below the number required for the irrigation contractor, as specified in Section 892.30.

c) The Department will~~shall~~ review the waiver request and notify the contractor if approval of the waiver request is issued.

d) A temporary waiver will~~shall~~ be granted for a period not to exceed three~~3~~ consecutive months after the date the waiver is issued. A temporary waiver will not be granted to an irrigation contractor for more than a total of six months in a two-year period.

~~1) Upon expiration of the initial temporary waiver, the irrigation contractor may apply for an extension of the waiver, which shall not exceed an additional 3 months.~~

~~2) In no case shall a temporary waiver be granted to an irrigation contractor for more than a total of 6 months in a two-year period.~~

e) An~~In no case shall an~~ irrigation contractor shall ensure~~be relieved of the responsibility for ensuring~~ that a licensed plumber inspects~~shall inspect~~ every sprinkler system installed by an irrigation contractor to ensure that the provisions of the Law~~Act~~ have been met and that the system works mechanically. An~~In no case shall an~~ irrigation contractor shall ensure~~be relieved of the responsibility for ensuring~~ that a licensed plumber makes the physical connection between a sprinkler system and the backflow prevention device.

f) An irrigation contractor to whom a waiver has been issued may request the services of a State plumbing inspector to inspect a lawn irrigation system after installation has been completed. A non-refundable fee of $500~~$250~~ will be charged for inspection services by a State plumbing inspector.

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

Section 892.50 Inspection, Testing, and Registration of Lawn Sprinkler Systems

All lawn sprinkler systems installed in Illinois ~~on or after the effective date of this rulemaking~~ shall be registered with the Department on forms provided by the Department.

a) Inspection and Testing of Lawn Sprinkler Systems. Upon completion of installation of a lawn sprinkler system, a licensed plumber representing the irrigation contractor shall inspect and test the system to ensure that the provisions of Section 2.5 of the Law have been met and that the system works mechanically. The property owner or a representative shall witness the inspection and testing. Any defects in the installation determined during the inspection and testing shall be corrected before the test is considered complete.

b) *No person shall attach to a lawn sprinkler system any fixture intended to supply water for human consumption. No person shall attach to a lawn sprinkler system any fixture other than the backflow prevention device, sprinkler heads, valves, and other parts integral to the operation of the system, unless the fixture is clearly marked as being for non-potable use only.* (Section 2.5(e) of the Law)

c) Registration of Lawn Sprinkler Systems. The ~~contractor's test certificate provided by the Department shall be submitted by the~~ irrigation contractor or licensed plumber responsible for the installation of the lawn sprinkler system shall submit the contractor's test certificate provided by the Department to the Department within 30 days after completion of the inspection and test and shall include all of the following information:

1) Name of the owner of the property at which the lawn sprinkler system is located, address of the property, and date that the installation was completed.

2) Information on the installation of lawn sprinklers:

A) Make, model~~,~~ and quantity of sprinklers installed;~~.~~

B) Static pressure;~~.~~

C) Gallons per minute (gpm) per largest zone;~~.~~

D) Water source (public water system, well, other water source, such as a pond);~~.~~

E) Type of pipe used in installation (copper, PVC, polyethylene);~~.~~

F) Manufacturer~~manufacturer~~; type, and size of pump used in installation; and~~.~~

G) Type, size, serial number and inspection date ~~inspected~~ of backflow prevention device (RPZ valve) to which the lawn sprinkler system is connected.

3) Name, registration number, and signature of the irrigation contractor or licensed plumber responsible for the installation of the lawn sprinkler system.

4) Name and license number of the licensed plumber responsible for the physical connection between the lawn sprinkler system and the backflow prevention device.

5) Date that a licensed plumber inspected the lawn sprinkler system ~~was inspected by a licensed plumber~~ to ensure compliance with the Illinois Plumbing License Law ~~[225 ILCS 320]~~ and Illinois Plumbing Code ~~(77 Ill. Adm. Code 890)~~.

d) A $25~~$15~~ nonrefundable registration fee shall be submitted with each registration of a lawn sprinkler system.

e) *All automatically operated lawn sprinkler systems shall have furnished and installed technology that inhibits or interrupts operation of the landscape irrigation system during periods of sufficient moisture or rainfall.*

1) *The technology must be adjustable either by the end user or the irrigation contractor. This subsection (e) does not apply to systems operating on golf courses or agricultural lands.*

2) *The requirements of this subsection (e) apply to all landscape irrigation systems installed after January 1, 2009.* (Section 2.5(g) of the Law)

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

Section 892.60 Civil Penalties for Unregistered Irrigation Contractors

a) A person who practices, offers to practice, or holds himself or herself out to practice as an irrigation contractor without being registered under the provisions of the Law~~Act~~ shall be issued a civil penalty under the following criteria:

1) First Offense

A) When~~Where~~ no violations of the Illinois Plumbing Code ~~(77 Ill. Adm. Code 890)~~ are found, the person:

i) Shall pay a civil penalty of $1,000; and~~1000.~~

ii) May be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

B) When~~Where~~ violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $3,000~~3000~~. This amount may be reduced to $1,000 upon the condition that the unregistered person pays for a licensed plumber who is acceptable to the other party to the original contract or agreement to correct the violations of the Illinois Plumbing Code; and~~. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.~~

ii) May be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

2) Second Offense

A) When~~Where~~ no violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $3,000~~3000~~.

ii) May be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

B) When~~Where~~ violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $5,000. This amount may be reduced to $3,000~~3000~~ upon the condition that the unregistered person pays for a licensed plumber who is acceptable to the other party to the original contract or agreement to correct the violations of the Illinois Plumbing Code; and~~. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.~~

ii) May be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

3) Third and Subsequent Offenses. The person:

A) Shall pay a civil penalty of $5,000; and~~5000.~~

B) Shall be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

b) A registered irrigation contractor, firm, corporation, partnership, or association, who directs, authorizes or allows a person to practice, offer to practice, attempt to practice, or hold himself or herself out to practice as an irrigation employee without being registered under the provisions of the Law~~Act~~, shall be issued a

civil penalty under the following criteria:

1) First Offense. The person:

A) Shall pay a civil penalty of $5,000~~5000~~.

B) Shall be required to pay for a licensed plumber who is acceptable to the other party to the original contract or agreement to correct any violations of the Illinois Plumbing Code;~~. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.~~

C) Shall have his or her plumbing license suspended; and~~.~~

D) May be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

2) Second Offense. The person:

A) Shall pay a civil penalty of $5,000~~5000~~.

B) Shall be required to pay for a licensed plumber who is acceptable to the other party to the original contract or agreement to correct any violations of the Illinois Plumbing Code; ~~. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.~~

C) Shall have his or her plumbing license revoked; and~~.~~

D) Shall be referred to the State's Attorney of the County or to the Attorney General for prosecution under Section 29 of the Law~~Act~~.

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

Section 892.70 Fees for Irrigation Contractors

The following non-refundable annual registration fees shall be submitted to the Department by each registered irrigation contractor:

Number of Employees Authorized to Install or Supervise the Installation of Lawn Sprinkler Systems	Annual Fee for Irrigation Contractor Registration
7 or fewer~~less~~	$400~~$300~~
8-12	$600
13-20	$900
21-28	$1,200~~$1200~~
29 or more	$1,500~~$1500~~

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

Section 892.80 Expiration of Registration Program

This Part and the registrations issued under this Part are subject to expiration January 1, 2024~~2003~~, as provided under Section 2.5 of the Law.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Plumbing Contractor Registration Code

2) Code Citation: 77 Ill. Adm. Code 894

3)

Section Numbers:	Proposed Action:
894.10	Amend
894.15	New Section
894.20	Amend
894.40	Amend
894.50	Amend
894.70	Amend
894.80	Amend

4) Statutory Authority: Illinois Plumbing License Law [225 ILCS 320] and Sections 16 and 60(7) of the Civil Administrative Code of Illinois

5) A Complete Description of the Subjects and Issues Involved: The proposed changes include amendments to the existing irrigation contractor annual registration fees recommended by the Plumbing Code Advisory Council to reflect the progressive cost increase that the Department has incurred for over a decade and the progressive cost increase that the Department will incur in the near future for the production and administration of irrigation contractor registration. Minor modifications to format are being made to increase uniformity between the Part and the required codification system established by the Secretary of State. A new Referenced Materials Section is being added. In Section 894.40, subsections (d) and (e) are being deleted because the language is redundant. These subsections provide a process whereby the Department is to issue a Notice of Intent to Revoke Registration for a plumbing contractor who does not have a valid certificate of insurance or surety bond. The process described in the deleted subsections duplicates Section 894.60, which establishes the process of providing Notice for any violation of the Code.

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

6) Published studies or reports, and sources of underlying data used to compose this rulemaking: Bureau of Labor Statistics Consumer Price Index; CMS Job Titles and Class Specifications Report

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: Plumbing ordinances adopted by local governments must be no less restrictive in their applications than the proposed rules.

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

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: It is anticipated that the proposed changes will have minimal impact on small businesses that are registered plumbing contractors, due to the increase in registration fees. Other small businesses, municipalities and not-for-profit corporations will not be affected by this rule.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

C) Types of professional skills necessary for compliance: Registered Irrigation Contractor

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent Regulatory Agendas because the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

PART 894
PLUMBING CONTRACTOR REGISTRATION CODE

Section
894.10 Definitions
894.15 Referenced Materials
894.20 Registration Requirements for Plumbing Contractors
894.30 Certificates of Insurance
895.40 Insurance and Surety Bond Coverage
894.50 Hearings
894.60 Registered Plumbing Contractor Violations
894.70 Civil Penalties for Unregistered Plumbing Contractors
894.80 Fees for Plumbing Contractors

AUTHORITY: Authorized by and implementing the Illinois Plumbing License Law [225 ILCS 320].

SOURCE: Emergency rule adopted at 26 Ill. Reg. 5186, effective March 21, 2002, for a maximum of 150 days; emergency modified in response to an objection of the Joint Committee on Administrative Rules at 26 Ill. Reg. 8480, not to exceed the 150-day limit of the original rulemaking; emergency expired August 17, 2002; adopted at 27 Ill. Reg. 3063, effective February 10, 2003; amended at 38 Ill. Reg. _____, effective _____.

Section 894.10 Definitions

~~In this Part:~~

"Act" means the Illinois Plumbing License Law [225 ILCS 320].

"Business maintenance staff" means one or more licensed plumbers or apprentice plumbers who perform plumbing, as defined in the Act, solely in commercial business facilities owned by the business that employs the plumber or plumbers.

"Department" means the Illinois Department of Public Health.

"Plumbing contractor" means any person who performs plumbing, as defined in the Act, for another person for hire. *"Plumbing contractor" shall not include licensed plumbers and licensed apprentice plumbers who either are employed by persons engaged in the plumbing business or are employed by another person for the performance of plumbing solely for that other person, including, but not limited to, a hospital, university, or business maintenance staff.* (Section 2 of the Act)

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

Section 894.15 Referenced Materials

The following materials are referenced in this Part:

a) Illinois Plumbing License Law [225 ILCS 320]

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

c) Illinois Plumbing Code (77 Ill. Adm. Code 890)

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

Section 894.20 Registration Requirements for Plumbing Contractors

a) Plumbing Contractor Registration. Subject to Section 13.1 of the Act, each plumbing contractor doing business in Illinois shall register annually with the Department. Registration shall be submitted on forms available from the Department and shall include the following information:

1) The plumbing contractor's full name, business name, address and telephone number, full address of the business, business telephone and fax numbers; Federal Employer Identification Number (FEIN); whether the business is a sole proprietorship, partnership, or corporation; and the name of the registered agent, if the contractor is a corporation.

2) If the plumbing contractor is a corporation, annual certification from the Illinois Secretary of State that the corporation is in good standing in the

State of Illinois as either a domestic or foreign corporation and has not been dissolved.

3) The name, address, telephone and plumber's license number of the licensed plumber of record for the plumbing contractor.

4) A copy of the valid plumber's license for the licensed plumber of record.

5) The annual registration fee specified in Section 894.70.

6) *An original certificate of insurance documenting that the plumbing contractor carries general liability insurance with a minimum of $100,000 per occurrence, a minimum of $300,000 aggregate for bodily injury ~~insurance with a minimum of $300,000 per occurrence~~, property damage insurance with a minimum of $50,000 or a minimum of $300,000 combined single limit, and worker's compensation insurance with a minimum of $500,000 employer's liability.* (Section 13.1 of the Act)~~.~~ Sole proprietorships and partnerships with no employees are exempt from the worker's compensation insurance requirement.

7) *On a form provided by the Department, an indemnification bond in the amount of $20,000 or* an irrevocable *letter of credit* from a financial institution guaranteeing that funds shall be available only to the Department and shall be released upon written notification by the Department *in the same amount for* plumbing *work performed* by the registered plumbing contractor. (Section 13.1 of the Act)~~.~~ The letter of credit shall:

A) Be~~be~~ printed on the letterhead of the issuing financial institution;

B) Be~~be~~ signed by an officer of the same financial institution;

C) Name~~name~~ the Department as the sole beneficiary; and

D) Expire~~expire~~ on April 30 of each year.

b) Registration Expiration and Renewal. All registrations issued under this Section shall expire on April 30 of each year, except that initial registrations issued after

January 30 shall expire one year after the next April 30. Registration may be renewed for a period of one year from each succeeding May 1 upon submission by the plumbing contractor of a renewal registration form, all documents required in subsections (a)(5) and (6)~~ of this Section~~, and fee payment prior to that May 1.

c) Reporting Changes in Registration~~.~~

1) Plumbing contractors shall report to the Department 15 days in advance of the change:

A) Any changes in the business structure, name, or location;

B) Any changes in ownership of the registered plumbing contractor;

C) Any changes in the licensed plumber of record listed on the registration application.

2) Operation under new ownership shall not commence until the Department has issued a new registration.

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

Section 894.40 Insurance and Surety Bond Coverage

a) A registered plumbing contractor shall~~may~~ not perform services excluded from the contractor's liability insurance coverage. The insurance policy shall cover all services performed by the registered contractor.

b) The insurance policy and coverage shall be in effect at all times during the license year. Any interruption in insurance coverage (i.e., any instance when the liability insurance coverage fails to meet the requirements of the Act or this Part) shall result in an immediate termination of plumbing activities. Plumbing activities shall ~~only~~ be reinstated only after the Department has received a certificate of insurance that includes~~referencing~~ the limits of liability in accordance with Section 13.1 of the Act and Section 894.20 of this Part~~ has been received by the Department~~.

c) Upon request by the Department, the applicant or licensee shall provide a

duplicate copy of the insurance policy.

~~d)~~ ~~The public liability coverages as described on the Certificate of Insurance must be valid and in effect at the time the Department issues registration as a plumbing contractor to the holder of such insurance. Upon receipt of a written notice of intent to cancel insurance, the Department will issue to the contractor a notice of intent to revoke registration. If the Department receives written notice from the insurance company that the policy had been reinstated prior to the expiration date, the notice of intent to revoke the contractor's registration will be rescinded. A $25 non-refundable processing fee shall be required of the contractor before the Department will rescind the notice of intent to revoke. If the Department does not receive written notice from the insurance company that the policy had been reinstated by the expiration date, the contractor's registration will be revoked. Once a registration is revoked, the contractor must submit a registration application in accordance with Section 894.20.~~

~~e)~~ ~~The surety bond and irrevocable letter of credit must be valid and in effect at the time the Department issues registration as a plumbing contractor. Upon receipt of a written notice of intent to cancel a surety bond and irrevocable letter of credit, the Department will issue to the contractor a notice of intent to revoke registration. If the Department receives written notice from the entity issuing the surety bond and irrevocable letter of credit that these documents were reinstated prior to the expiration date, the notice of intent to revoke the contractor's registration will be rescinded. A $25 non-refundable processing fee shall be required of the contractor before the Department will rescind the notice of intent to revoke. If the Department does not receive written notice from the company that the surety bond and irrevocable letter of credit have been reinstated by the expiration date, the contractor's registration will be revoked. Once a registration is revoked, the contractor must submit a new registration application in accordance with Section 894.20.~~

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

Section 894.50 Hearings

All hearings held pursuant to this Part shall be in accordance with the Act and the Department's ~~Rules of~~ Practice and Procedure in Administrative Hearings ~~(77 Ill. Adm. Code 100)~~.

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

Section 894.70 Civil Penalties for Unregistered Plumbing Contractors

a) A person who practices, offers to practice, or holds himself or herself out to practice as a plumbing contractor without being registered under the provisions of the Act shall be issued a civil penalty under the following criteria:

1) First Offense

A) When~~Where~~ no violations of the Illinois Plumbing Code (77 Ill. Adm. Code 890) are found, the person:

i) Shall pay a civil penalty of $1,000.

ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

B) When~~Where~~ violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $3,000. This amount may be reduced to $1,000 upon the condition that the unregistered person pays for a licensed plumber to correct the violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.

ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

2) Second Offense

A) When~~Where~~ no violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $3,000.

ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

B) When~~Where~~ violations of the Illinois Plumbing Code are found, the person:

i) Shall pay a civil penalty of $5,000. This amount may be reduced to $3,000 upon the condition that the unregistered person pays for a licensed plumber to correct the violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.

ii) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

3) Third and Subsequent Offenses. The person:

A) Shall pay a civil penalty of $5,000.

B) Shall be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

b) A registered plumbing contractor, firm, corporation, partnership, or association, who directs, authorizes or allows a person to practice, offer to practice, attempt to practice, or hold himself or herself out to practice as a plumbing employee without being licensed under the provisions of the Act, shall be issued a civil penalty under the following criteria:

1) First Offense. The person:

A) Shall pay a civil penalty of $5,000.

B) Shall be required to pay for a licensed plumber to correct any

violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.

C) Shall have his or her plumbing license suspended.

D) May be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

2) Second Offense. The person:

A) Shall pay a civil penalty of $5,000.

B) Shall be required to pay for a licensed plumber to correct any violations of the Illinois Plumbing Code. The licensed plumber correcting the violations must be acceptable to the other party to the original contract or agreement.

C) Shall have his or her plumbing license revoked.

D) Shall be referred to the State's Attorney of the County or Attorney General for prosecution under Section 29 of the Act.

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

Section 894.80 Fees for Plumbing Contractors

a) Each registered plumbing contractor shall submit a~~A~~ non-refundable annual registration fee of $150~~$100 shall be submitted~~ to the Department~~ by each registered plumbing contractor~~.

b) A non-refundable registration reinstatement fee of $100~~$25~~ shall be paid to reinstate a plumbing contractor's registration.

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

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Medication

2) Code Citation: 11 Ill. Adm. Code 603

3)

Section Numbers:	Proposed Action:
603.60	Amend
603.75	Amend
603.160	Amend

4) Statutory Authority: Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)]

5) A Complete Description of the Subjects and Issues Involved: This proposed rulemaking removes oxyphenbutazone, a metabolite of phenylbutazone, from Section 603.60 pursuant to the Association of Racing Commissioners International (ARCI) Model Rules.

There are no commercial manufacturers of oxyphenbutazone so its use by compounders to produce a product for use in horses is highly unlikely. Therefore, the need for a threshold for oxyphenbutazone no longer exists. For this reason, ARCI removed the threshold for oxyphenbutazone from its model rules. A finding of oxyphenbutazone by itself (i.e., no detectable phenylbutazone in the blood sample) will be treated as a rule violation because such a finding would suggest that oxyphenbutazone had been administered to the horse.

Sections 603.60, 603.75, and 603.160 are also being amended to reflect the most recent version of the ARCI Uniform Classification Guidelines for Foreign Substances (December 2013, version 6.00). Lastly, in Section 603.60(f), the reference to the drug pyrilamine is being updated to reflect the metabolite O-desmethyl pyrilamine.

6) Published studies or reports and sources of underlying data used to compose this rulemaking: ARCI Model Rules (ARCI-011-020).

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

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

9) Does this rulemaking contain incorporations by reference? No

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

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

11) Statement of Statewide Policy Objectives: No local governmental units will be required to increase expenditures.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments should be submitted, within 45 days after this Notice, to:

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 5-700
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 Amendments are identical to the Emergency Amendments for this Part and can be found in this issue of the *Illinois Register* on page 9121.

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Retailers' Occupation Tax

2) Code Citations: 86 Ill. Adm. Code 130

3)

Section Numbers:	Proposed Action:
130.350	Amendment
130.351	Amendment

4) Statutory Authority: 20 ILCS 2505/2505-25

5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends Sections 130.350 and 130.351 to reflect the retroactive reinstatement of the exemptions for coal and aggregate exploration, mining, off highway hauling, processing, maintenance, and reclamation equipment. This rulemaking adds language to show new kinds of exploration equipment, adds items that are commonly used as part of the coal and aggregate processes (e.g., generally newer technologies), and is updated to reflect equipment exempted in recent letter rulings (e.g., equipment used in blasting activities). This rulemaking specifies that roof bolts qualify for these exemptions and includes the statutory provision that the Department will not approve any claims or refunds on or after August 16, 2013, for taxes due or paid during the period beginning July 1, 2003 through August 16, 2013.

Language was added to these Sections to provide that beginning July 1, 2014, a purchaser may only earn Manufacturer's Purchase Credit (MPC) on purchases of qualifying Manufacturing Machinery and Equipment; purchasers claiming the aggregate or coal exemption cannot earn MPC.

This rulemaking points out that because these exemptions were not excepted from the sunset provisions of Section 2-70 of the Retailers' Occupation Tax Act, they will sunset by operation of law August 16, 2018.

Finally, changes were made to the heading of Section 130.351 to more accurately reflect the nature of the exemption. Currently, the heading of this Section is Aggregate Manufacturing. This rulemaking changes the heading to Aggregate Exploration, Mining, Off Highway Hauling, Processing, Maintenance, and Reclamation Equipment.

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

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

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

8) Does this rulemaking contain an automatic repeal date? No. This exemption will terminate by operation of the sunset provisions of Section 2-70 of the Retailers' Occupation Tax Act.

9) Does this rulemaking contain incorporations by reference? No

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

Section Numbers:	Proposed Action:	Illinois Register Citation:
130.120	Amendment	38 Ill. Reg. 1818, January 17, 2014
130.321	Amendment	38 Ill. Reg. 7555, April 4, 2014

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

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

Debra M. Boggess
Associate Counsel
Legal Services Office
Illinois Department of Revenue
101 West Jefferson
Springfield, Illinois 62794

217/782-2844

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Suppliers of equipment to the coal and aggregate industries.

B) Reporting, bookkeeping or other procedures required for compliance: Bookkeeping and recordkeeping.

C) Types of professional skills necessary for compliance: Bookkeeping

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

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

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 130
RETAILERS' OCCUPATION TAX

SUBPART A: NATURE OF TAX

Section
130.101 Character and Rate of Tax
130.105 Responsibility of Trustees, Receivers, Executors or Administrators
130.110 Occasional Sales
130.111 Sale of Used Motor Vehicles, Aircraft, or Watercraft by Leasing or Rental Business
130.115 Habitual Sales
130.120 Nontaxable Transactions

SUBPART B: SALE AT RETAIL

Section
130.201 The Test of a Sale at Retail
130.205 Sales for Transfer Incident to Service
130.210 Sales of Tangible Personal Property to Purchasers for Resale
130.215 Further Illustrations of Sales for Use or Consumption Versus Sales for Resale
130.220 Sales to Lessors of Tangible Personal Property
130.225 Drop Shipments

SUBPART C: CERTAIN STATUTORY EXEMPTIONS

Section
130.305 Farm Machinery and Equipment
130.310 Food, Soft Drinks and Candy
130.311 Drugs, Medicines, Medical Appliances and Grooming and Hygiene Products
130.315 Fuel Sold for Use in Vessels on Rivers Bordering Illinois
130.320 Gasohol, Majority Blended Ethanol, Biodiesel Blends, and 100% Biodiesel
130.321 Fuel Used by Air Common Carriers in International Flights
130.325 Graphic Arts Machinery and Equipment Exemption
130.330 Manufacturing Machinery and Equipment
130.331 Manufacturer's Purchase Credit

130.332 Automatic Vending Machines
130.335 Pollution Control Facilities and Low Sulfur Dioxide Emission Coal-Fueled Devices
130.340 Rolling Stock
130.341 Commercial Distribution Fee Sales Tax Exemption
130.345 Oil Field Exploration, Drilling and Production Equipment
130.350 Coal Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment
130.351 Aggregate Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment~~Aggregate Manufacturing~~

SUBPART D: GROSS RECEIPTS

Section
130.401 Meaning of Gross Receipts
130.405 How to Avoid Paying Tax on State or Local Tax Passed on to the Purchaser
130.410 Cost of Doing Business Not Deductible
130.415 Transportation and Delivery Charges
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130.ILLUSTRATION A Examples of Tax Exemption Card
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AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act [35 ILCS 120] and authorized by Section 2505-25 of the Civil Administrative Code of Illinois [20 ILCS 2505/2505-25].

SOURCE: Adopted July l, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4

Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June l, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 11, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July l, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987; amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days, modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989; amended at 14 Ill. Reg. 241, effective December 21, 1989; amended at 14 Ill. Reg. 872, effective January 1, 1990; amended at 14 Ill. Reg. 15463, effective September 10, 1990; amended at 14 Ill. Reg. 16028, effective September 18, 1990; amended at 15 Ill. Reg. 6621, effective April 17, 1991; amended at 15 Ill. Reg. 13542, effective August 30, 1991; amended at 15 Ill. Reg. 15757, effective October 15, 1991; amended at 16 Ill. Reg. 1642, effective January 13, 1992; amended at 17 Ill. Reg. 860, effective January 11, 1993; amended at 17 Ill. Reg. 18142, effective October 4, 1993; amended at 17 Ill. Reg. 19651, effective November 2, 1993; amended at 18 Ill. Reg. 1537, effective January 13, 1994; amended at 18 Ill. Reg. 16866, effective November 7, 1994; amended at 19 Ill. Reg. 13446, effective September 12, 1995; amended at 19 Ill. Reg. 13568, effective September 11, 1995; amended at 19 Ill. Reg. 13968, effective September 18, 1995; amended at 20 Ill. Reg. 4428, effective March 4, 1996; amended at 20 Ill. Reg. 5366, effective March 26, 1996; amended at 20 Ill. Reg. 6991, effective May 7, 1996; amended at 20 Ill. Reg. 9116, effective July 2, 1996; amended at 20 Ill. Reg. 15753, effective December 2, 1996; expedited correction at 21 Ill. Reg. 4052, effective December 2, 1996; amended at 20 Ill. Reg. 16200, effective December 16, 1996; amended at 21 Ill. Reg. 12211, effective August 26, 1997; amended at 22 Ill. Reg. 3097, effective January 27, 1998; amended at 22 Ill. Reg. 11874, effective June 29, 1998; amended at 22 Ill. Reg. 19919, effective October 28, 1998; amended at 22 Ill. Reg. 21642, effective November 25, 1998; amended at 23 Ill. Reg. 9526, effective July 29, 1999; amended at 23 Ill. Reg. 9898, effective August 9, 1999; amended at 24 Ill. Reg. 10713, effective July 7, 2000; emergency amendment at 24 Ill. Reg. 11313, effective July 12, 2000, for a

maximum of 150 days; amended at 24 Ill. Reg. 15104, effective October 2, 2000; amended at 24 Ill. Reg. 18376, effective December 1, 2000; amended at 25 Ill. Reg. 941, effective January 8, 2001; emergency amendment at 25 Ill. Reg. 1792, effective January 16, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 4674, effective March 15, 2001; amended at 25 Ill. Reg. 4950, effective March 19, 2001; amended at 25 Ill. Reg. 5398, effective April 2, 2001; amended at 25 Ill. Reg. 6515, effective May 3, 2001; expedited correction at 25 Ill. Reg. 15681, effective May 3, 2001; amended at 25 Ill. Reg. 6713, effective May 9, 2001; amended at 25 Ill. Reg. 7264, effective May 25, 2001; amended at 25 Ill. Reg. 10917, effective August 13, 2001; amended at 25 Ill. Reg. 12841, effective October 1, 2001; amended at 26 Ill. Reg. 958, effective January 15, 2002; amended at 26 Ill. Reg. 1303, effective January 17, 2002; amended at 26 Ill. Reg. 3196, effective February 13, 2002; amended at 26 Ill. Reg. 5369, effective April 1, 2002; amended at 26 Ill. Reg. 5946, effective April 15, 2002; amended at 26 Ill. Reg. 8423, effective May 24, 2002; amended at 26 Ill. Reg. 9885, effective June 24, 2002; amended at 27 Ill. Reg. 795, effective January 3, 2003; emergency amendment at 27 Ill. Reg. 11099, effective July 7, 2003, for a maximum of 150 days; emergency expired December 3, 2003; amended at 27 Ill. Reg. 17216, effective November 3, 2003; emergency amendment at 27 Ill. Reg. 18911, effective November 26, 2003, for a maximum of 150 days; emergency expired April 23, 2004; amended at 28 Ill. Reg. 9121, effective June 18, 2004; amended at 28 Ill. Reg. 11268, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 15193, effective November 3, 2004, for a maximum of 150 days; emergency expired April 1, 2005; amended at 29 Ill. Reg. 7004, effective April 26, 2005; amended at 31 Ill. Reg. 3574, effective February 16, 2007; amended at 31 Ill. Reg. 5621, effective March 23, 2007; amended at 31 Ill. Reg. 13004, effective August 21, 2007; amended at 31 Ill. Reg. 14091, effective September 21, 2007; amended at 32 Ill. Reg. 4226, effective March 6, 2008; emergency amendment at 32 Ill. Reg. 8785, effective May 29, 2008, for a maximum of 150 days; emergency expired October 25, 2008; amended at 32 Ill. Reg. 10207, effective June 24, 2008; amended at 32 Ill. Reg. 17228, effective October 15, 2008; amended at 32 Ill. Reg. 17519, effective October 24, 2008; amended at 32 Ill. Reg. 19128, effective December 1, 2008; amended at 33 Ill. Reg. 1762, effective January 13, 2009; amended at 33 Ill. Reg. 2345, effective January 23, 2009; amended at 33 Ill. Reg. 3999, effective February 23, 2009; amended at 33 Ill. Reg. 15781, effective October 27, 2009; amended at 33 Ill. Reg. 16711, effective November 20, 2009; amended at 34 Ill. Reg. 9405, effective June 23, 2010; amended at 34 Ill. Reg. 12935, effective August 19, 2010; amended at 35 Ill. Reg. 2169, effective January 24, 2011; amended at 36 Ill. Reg. 6662, effective April 12, 2012; amended at 38 Ill. Reg. _____, effective _____.

SUBPART C: CERTAIN STATUTORY EXEMPTIONS

Section 130.350 Coal Exploration, Mining, Off Highway Hauling, Processing, Maintenance

and Reclamation Equipment

a) General. The~~Notwithstanding any other provision of this Section, the~~ exemption provided in this Section terminated on ~~is effective through~~ June 30, 2003, pursuant to P.A. 93-24. P.A. 98-0456, effective August 16, 2013, reinstated the coal exemption retroactive to July 1, 2003. The Department, however, will not approve any claims or refunds on or after August 16, 2013, for taxes due or paid during the period beginning July 1, 2003 through August 16, 2013. The exemption for coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment will terminate by operation of the sunset provisions of Section 2-70 of the Retailers' Occupation Tax Act on August 16, 2018.~~On and after July 1, 2003, the tax applies to sales of coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment. Prior to June 24, 1996, notwithstanding the fact that the sales may be at retail, the Retailers' Occupation Tax Act does not apply to sales of coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment costing $250 or more. The exemption also applies to individual replacement parts for coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment when the replacement part costs $250 or more. Equipment and parts sold by the linear foot or similar measurement qualify for the exemption if the cost of the total length sold in an individual transaction or sale exceeds $250. The exemption also applies to equipment and replacement parts costing $250 or more purchased for lease if those items are used primarily (more than 50%) in the activities noted above.~~ The exemption does not apply to motor vehicles required to be registered pursuant to the Illinois Vehicle Code~~The exemption does not apply to motor vehicles required to be registered pursuant to the Illinois Vehicle Code~~ [625 ILCS 5]. ~~On and after June 24, 1996, the exemption is not conditioned upon the $250 purchase threshold requirement.1)~~ This exemption applies only to equipment used primarily in coal exploration, mining, off highway hauling, processing, maintenance and reclamation. Equipment used 50% or less in~~Use of the equipment in any other~~ exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation will not qualify for this exemption. Excluded from this exemption are motor vehicles required to be registered pursuant to the Illinois Vehicle Code. Special mobile equipment other than motor vehicles may qualify for the exemption if it is used primarily in coal exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation. This exemption does not include supplies (such as chemicals, rust inhibitors and~~,~~ adhesives ~~and explosives~~),

coolants, lubricants, inert limestone, magnetite and other materials added to the coal washing medium, reclamation materials (such as seed, plants and limestone), items of personal apparel (such as gloves, shoes, hats, helmets, coveralls, masks, mask air filters, belts, harnesses or holsters) or fuel of any type.

b) Definitions

1) "Coal" means a mineral deposit or finished product comprised of combustible, carbon based plant fossil matter used as fuel.

2) "Coal Exploration" means the search for coal. Exploration includes, but is not limited to, geophysical exploration, excavating and drilling to locate coal deposits.

3) "Kits" means commercially-packaged sets of parts that are ordered from a manufacturer, inventoried and sold by a retailer as a single item. An example would be a "tire assembly" comprised of the rim, tire, foam filling and valve stem.

4) "Maintenance" means keeping coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment in a state of repair and efficiency.

5~~3~~) "Mining" means the extraction of coal from the earth by underground and surface mining and includes the extraction of coal by the mine owner or operator~~ or his nonpurchaser successors from the waste or residue of prior mining~~.

6~~4~~) "Off Highway Hauling" means carrying or transporting and would include transport of overburden, waste material, including gob from the processing facility for disposal, and coal from the coal seam to the processing facility by conveyors or unlicensed vehicles, and conveying coal from the beginning of the processing cycle through the last stage of coal production, which ends at the time the coal is stored.

7~~5~~) "Processing" means preparation activities performed directly on the coal which are necessary for converting coal into a finished product so that it is ready for sale or the reprocessing of coal mine waste to extract and recycle

coal from the waste by the mine owner, operator or a third party contractor or successor. Processing includes, but is not limited to, sizing, crushing, drying and washing.

~~6)~~ ~~"Maintenance" means keeping coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment in a state of repair and efficiency.~~

8~~7~~) "Reclamation" means conditioning areas affected by mining operations. Examples of reclamation activities include, but are not limited to, backfilling, grading, seeding and planting.

9~~8~~) "Replacement Parts" means parts that are used to replace parts of qualifying equipment and that require periodic replacement. To be considered a replacement part, the part must be purchased for the purpose of being installed and must, in fact, become a physical component part of coal exploration, mining, off highway hauling, processing, maintenance or reclamation equipment. ~~Prior to June 24, 1996, there is a requirement that such replacement parts cost $250 or more. On and after June 24, 1996, there is no such limitation.~~

10) "Used Primarily" means equipment that is used more than 50% of the time in coal exploration, mining, off highway hauling, processing, maintenance and reclamation.

~~9)~~ ~~"Kits" means commercially-packaged sets of parts which are ordered from a manufacturer, inventoried, and sold by a retailer as a single item. Prior to June 24, 1996, a kit will be treated as a single item for purposes of the $250 per item limitation. The $250 per item limitation is also satisfied when an item to be used primarily in a qualifying activity is assembled by the retailer at the time of sale from components selected by the purchaser and which is sold as a unit if the unit, as sold, costs $250 or more. On and after June 24, 1996, there is no such limitation. An exempt example would be a "tire assembly" comprised of the rim, tire, foam filling and valve stem.~~

c~~b~~) Exempt Activities
By way of illustration and not limitation, the following activities will be

considered to constitute coal exploration, mining, off highway hauling, processing, ~~or~~ maintenance and reclamation:

1) Coal is produced in a surface mining operation that begins with locating the coal deposit to be mined, ~~the~~ clearing of surface obstacles and overburden from the land above the coal deposit to be mined, continues with the removal of waste material and with the extraction of the coal, continues with the transportation from the coal seam to the processing facility, continues further with the refilling and grading of the mined area with overburden and waste material from a subsequently mined area, continues further with the processing of the coal, and ends with the stockpiling of the coal to allow moisture to drain and evaporate from the washed coal. By way of illustration and not limitation, the following equipment is exempt:

A) Geophysical surveying, excavating, dredging and drilling machinery and equipment used primarily to locate surface mine coal deposits (e.g., data logger transducer; photoionization detector; optical televiewer; acoustic televiewer; petrographic survey equipment; and inclinometer survey equipment).

B~~A~~) Equipment used primarily to drill and load holes for blasting material to dislodge the overburden, blasting agents (such as ammonium nitrate and fuel oil or ANFO); equipment used primarily to ignite blasting agents, including, but not limited to, high explosives, detonators, lead-in lines and blasting machines; and equipment used primarily ~~and~~ to transport the blasting material.

C~~B~~) Equipment used primarily to remove overburden and other waste materials from the pit to be mined.

D~~C~~) Equipment used primarily to modify the energy purchased for the surface mining process if the equipment is used to modify the energy for use on exempt equipment (e.g., transformers, capacitors and other equipment used to reduce, increase, stabilize or otherwise control the amperage, voltage or frequency of the electric current and transmit the electrical current to coal mining

and processing equipment.

E~~D~~) Pumps and hoses~~hose~~ used primarily to remove water or to divert water from the active pit area.

F~~E~~) Equipment used primarily to load the overburden, waste material or coal to be transported to the processing facility into off highway haulage trucks or onto a conveyor system.

G) Equipment used primarily to extract coal from the earth.

H~~F~~) Unlicensed off highway haulage trucks or a conveyor system to transport overburden, waste material or coal to the processing facility.

I~~G~~) Equipment used primarily to backfill, grade, seed, plant or otherwise reclaim previously mined land. ~~Equipment used in grading, refilling and covering over a previously mined pit with the overburden removed from the next pit being mined~~.

~~H)~~ ~~Tangible personal property used in or for the purpose of temporarily storing raw coal before processing is exempt if the raw coal is ultimately processed for resale and is in fact resold.~~

J~~I~~) Equipment used primarily in a coal wash plant to clean the coal prior to sale to customers. Equipment used primarily in the cleaning, sizing~~,~~ or grading of coal in a coal preparation plant may qualify as manufacturing machinery and equipment (see Section 130.330).

K~~J~~) Equipment used primarily to blend different grades of coal together so that the final product meets customer specifications regarding quality and sulfur content.

L) Electrical cable that is part of an electrical distribution system supplying electricity to exempt equipment in the field (e.g., draglines and shovels that move and load overburden and shovels that load coal in the pit).

M) Computers and electrical control panels integral to and used primarily to operate exempt equipment used in coal exploration, mining, off highway hauling, processing, maintenance and reclamation.

N) Remote audio visual equipment integral to and used primarily in connection with coal exploration, mining, off highway hauling, processing, maintenance and reclamation.

O) Electric generators used primarily to power exempt coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

P) Communication equipment integral to and used primarily in production and operation activities in connection with coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

2) Coal is produced in an underground mining operation that begins with locating the coal deposit to be mined, continues with the boring of a shaft from the surface to the coal deposit to be mined, continues with the removal of waste material and the extraction of coal, continues further with the transportation from the coal seam to the processing facility, continues further with the installation of roof supports and the coating of walls with rock dust to prevent mine explosions and collapse, continues further with the processing of coal and disposal of waste material from the mine and processing facility, and ends with the stockpiling of coal to allow moisture to drain and evaporate from the washed coal. By way of illustration and not limitation, the following equipment is exempt:

A) Geophysical surveying, excavating and drilling machinery and equipment used primarily to locate underground mine coal deposits (e.g., data logger transducer; photoionization detector; optical televiewer; acoustic televiewer; petrographic survey equipment; and inclinometer survey equipment). ~~Continuous miners used to bore the shaft, cut the coal and load it into shuttle cars.~~

B) Equipment used primarily to create access to the coal deposit (e.g., a rotary drill or a track drill), equipment used primarily to sever coal from the deposit (e.g., continuous miners and long wall mining equipment), and equipment used primarily to load coal onto conveyor belts, into trucks or other conveyances used to transport coal from the deposit to the processing operation (e.g., shuttle cars and battery powered haulers).

C~~B~~) Shuttle cars used primarily to transport the coal from the point of severance~~continuous miner~~ to the feeder-breaker at the end of a conveyor belt or other transportation system.

D~~C~~) The feeder-breaker which breaks the large lumps of coal and feeds the coal onto the conveyor belt which carries the coal outside the mine where it is temporarily stockpiled or transported to the processing facility.

E~~D~~) Equipment used primarily to modify the energy purchased for the underground mining process if the equipment is used to modify the energy for use on exempt equipment, e.g., transformers, capacitors and other equipment used to reduce, increase, stabilize or otherwise control the amperage, voltage or frequency of the electrical current and transmit the electrical current to mining and processing equipment.

F~~E~~) Pumps and hoses, piping and discharge apparatus ~~hose~~ used primarily in the movement or removal of~~to remove~~ water or to divert water from the underground mine area.

G~~F~~) Equipment used primarily to install roof bolts, roof bolt supports and side rib bolt supports and in scaling (e.g., the removal of loose rock and slabs of rock) prior to roof bolting to prevent mine collapse.

H) Roof bolts and plates, side rib bolts and plates, and epoxy resin cartridges used primarily to secure roof bolts and side rib bolts installed to prevent mine collapse.

I~~G~~) Equipment used primarily to coat mine walls with inert limestone as the coal is removed to prevent explosions caused by the escape of volatile materials.

J~~H~~) Equipment installed as improvements to real estate in underground mining such as elevators, rail, ventilating and illuminating systems, including the foundations for that equipment as long as those foundations are located within the underground mine.

K~~I~~) Equipment used primarily~~The use of equipment~~ in the construction, reconstruction, alteration, remodeling, servicing, repairing, maintenance or improvement of underground mine structures. Materials, such as lumber, steel, concrete, rock and other building materials, qualify for the exemption only when used in underground mine structures, including use as roof support to prevent mine collapse.

L~~J~~) Additions to exempt underground rail conveyors, ventilating and illumination systems due to the progression of mining~~ will be considered as exempt, as long as, prior to June 24, 1996, the addition is valued at $250 or more. On and after June 24, 1996, there is no such limitation~~.

M~~K~~) Longwall equipment consisting of shields, shearers, face conveyors and ~~related~~ equipment used primarily for recovery, handling and transportation of longwall equipment.

N) Machinery and equipment used primarily to transport coal to aboveground facilities.

O) Machinery and equipment used primarily to convey coal from the beginning of the processing cycle through the last stage of coal production.

~~L)~~ ~~Tangible personal property used in or for the purpose of temporarily storing raw coal before processing is exempt if the raw coal is ultimately processed for resale and is in fact resold.~~

P~~M~~) Equipment used primarily in a coal wash plant to clean the coal prior to sale to customers. Equipment used primarily in the cleaning, sizing, or grading of coal in a coal preparation plant may qualify as manufacturing machinery and equipment (see Section 130.330).

Q~~N~~) Equipment used primarily to blend different grades of coal together so that the final product meets customer specifications regarding quality and sulfur content.

R~~O~~) Equipment, other than motor vehicles required to be registered pursuant to the Illinois Vehicle Code, used primarily to transport miners into and out of an underground mine (e.g., mantrips, utility vehicles, mobile equipment and scoops).~~Roof bolt supports and side rib bolt supports to prevent mine collapse.~~

S) Electrical cable that is part of an electrical distribution system supplying electricity to exempt equipment at the mine site (e.g., draglines and shovels that move and load overburden and shovels that load coal in the pit).

T) Computers and electrical control panels integral to and used primarily to operate exempt equipment used in coal exploration, mining, off highway hauling, processing, maintenance and reclamation.

U) Remote audio visual equipment integral to and used primarily in connection with exempt coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

V) Electrical generators used primarily to power exempt coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

W) Communication equipment integral to and used primarily in production and operation activities in connection with exempt coal exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

3) By way of illustration and not limitation, the following maintenance equipment is exempt:

A) Unlicensed maintenance and welding trucks used primarily for field repair of exempt equipment.

B) Lathes, drill presses, air compressors and welders used primarily to build, modify or rework exempt~~work~~ repair parts or equipment.

C) Mobile and overhead cranes and manlifts used primarily in connection with exempt coal exploration, mining, off highway hauling, processing, maintenance and reclamation.

4) By way of illustration and not limitation, the following coal exploration equipment is exempt unless registered pursuant to the Illinois Vehicle Code:

A) Drill rigs used primarily to drill exploration core holes.

B) Water trucks used primarily in the drilling process.

C) Winch and casing trucks used primarily in the drilling process.

D) Field maintenance trucks used primarily to make repairs on exempt field equipment.

E) Air compressors used in connection with exempt coal exploration, mining, off highway hauling, processing, maintenance and reclamation.

d)~~e)~~ Nonexempt Activities
By way of illustration and not limitation, the following activities will not be considered to constitute coal exploration, mining, off highway hauling, processing or maintenance and reclamation:

1) The use of equipment in the construction, reconstruction, alteration, remodeling, servicing, repairing, maintenance or improvement of real

estate except for underground mine structures. Material, such as lumber, steel, concrete, rock and other building materials, will not qualify for the exemption except when used in underground mine structures, such as roof support to prevent mine collapse;

2) the use of equipment in research and development for new uses of coal;

3) the use of equipment, trailers, sheds or structures in management, sales or other nonproduction, nonoperational activities including production or extraction scheduling, purchasing, receiving, accounting, fiscal management, communications, equipment (e.g., radios and phones), security, marketing, product exhibition and promotion, personnel recruitment, selection or training;

4) the use of equipment to prevent or fight fires or other mining hazards, protective supplies such as face masks, gas masks, helmets, gloves, coveralls, goggles, or first aid equipment and supplies, rescue chambers, self-rescuers, protective mine shelters or tracking devices (e.g., Global Positioning Systems or similar devices) even though such equipment and supplies may be required by law;

5) the use of equipment for general ventilation, heating, cooling, climate control or general illumination not specifically required for the exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation operation;

6) the use of facilities for storing coal after extraction and processing;

7) the use of front-end loaders, cranes, equipment used to load coal onto trucks, railcars or barges for delivery to customers;~~.~~

8) the use of concrete foundations and support structures for ventilation equipment used aboveground.

e~~d~~) Sales to Lessors of Coal Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment

1) For the exemption to apply, the purchaser need not, himself, employ the

equipment in coal exploration, mining, off highway hauling, processing, maintenance and reclamation~~or production~~. If the purchaser leases the equipment to a lessee who uses it primarily in a qualified manner, the sale to the purchaser-lessor will be eligible for the exemption. A supplier may exclude these~~such~~ sales from ~~his~~ taxable gross receipts if the purchaser-lessor provides the supplier~~him~~ with a properly completed certificate and the information contained in the cirtificate~~therein~~ would support an exemption~~a reduction~~ if the sale were made directly to the lessee.

2) Should a purchaser-lessor subsequently lease the equipment to a lessee who does not use it primarily in a way that would qualify for the exemption~~reduction~~, the purchaser-lessor will become liable for the tax ~~which~~ he or she previously did not pay.

f~~e~~) Purchaser Certification
Certificates must be executed by the purchaser. The certificate must include the seller's name and address, the purchaser's name and address and a statement that the property purchased will be used primarily for coal exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation. If a purchaser can claim either the exemption under this Section or the Manufacturing Machinery and Equipment exemption, the purchaser must specify on the certificate which exemption the purchaser is claiming. Manufacturer's Purchase Credit can only be earned on purchases of qualifying Manufacturing Machinery and Equipment (see Sections 130.330 and 130.331). Purchasers claiming the exemption under this Section cannot earn Manufacturer's Purchase Credit. Sellers may accept blanket certificates, but have the responsibility to obtain and keep all certificates as part of their books and records. If a retailer accepts the certificate and the purchaser does not, in fact, use the equipment in a qualifying manner, the purchaser will be liable to the Department for the tax. Equipment that~~which~~ is initially used primarily in a qualifying manner and, having been so used for less than one-half of its useful life, is converted to nonqualified uses, will become subject to tax at the time of conversion. Replacement parts purchased initially for use in a qualifying manner and used in a nonqualifying use will become subject to tax at the time of use.

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

Section 130.351 Aggregate Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment~~Manufacturing~~

a) General. The exemption provided in this Section terminated on June 30, 2003, pursuant to P.A. 93-24. P.A. 98-0456, effective August 16, 2013, reinstated the aggregate exemption retroactive to July 1, 2003. The Department, however, will not approve any claims or refunds on or after August 16, 2013, for taxes due or paid during the period beginning July 1, 2003 through August 16, 2013. The exemption for aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment will terminate by operation of the sunset provisions of Section 2-70 of the Retailers' Occupation Tax Act on August 16, 2018. Notwithstanding~~Through June 30, 2003, notwithstanding~~ the fact that the sales may be at retail, the Retailers' Occupation Tax Act does not apply to sales of aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment used primarily for the exploration and mining of mineral deposits and for the manufacture of resultant aggregate products. The exemption also applies to individual replacement parts for exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment. The exemption also applies to equipment and replacement parts purchased for lease if those items are used primarily ~~(more than 50%)~~ in the activities noted in this subsection~~above~~. The exemption does not apply to motor vehicles required to be registered pursuant to the Illinois Vehicle Code [625 ILCS 5]. ~~1)"Aggregate" shall mean any mineral deposit or finished product including but not limited to sand, gravel, stone, clay, industrial minerals, composites or other mineral solids, except coal. 2)~~This exemption applies only to equipment used primarily in aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation. Use of the equipment in any other exploration, mining, off highway hauling, processing, maintenance and~~or~~ reclamation will not qualify for this exemption. Excluded from this exemption~~reduction~~ are motor vehicles required to be registered pursuant to the Illinois Vehicle Code. Special mobile equipment other than motor vehicles may qualify for the exemption if it is used primarily in aggregate exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation. This exemption does not include supplies (such as chemicals, rust inhibitors, and adhesives ~~and explosives~~), coolants, lubricants, reclamation materials (such as seed, plants and limestone), items of personal apparel (such as gloves, shoes, hats, helmets, coveralls, masks, mask air filters, belts, harnesses or holsters) or fuel of any type.

b) Definitions

1) "Aggregate" means any mineral deposit or finished product, including but not limited to sand, gravel, stone, clay, industrial minerals, composites or other mineral solids, except coal.

2~~3~~) "Aggregate Exploration" means the search for aggregate. Exploration includes, but is not limited to, geophysical exploration, excavating, dredging, and drilling to locate aggregate deposits.

3) "Kits" means commercially-packaged sets of parts that are ordered from a manufacturer, inventoried and sold by a retailer as a single item. An example would be a "tire assembly" comprised of the rim, tire, foam filling and valve stem.

4) "Maintenance" means keeping aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment in a state of repair and efficiency.

5~~4~~) "Mining" means the extraction of aggregate from the earth by underground and surface mining and includes the extraction of aggregate by the mine owner or operator. ~~or his nonpurchaser successors from the waste or residue of prior mining.~~

6~~5~~) "Off Highway Hauling" means carrying or transporting and would include transport of overburden or waste material, including byproduct materials from the processing facility for disposal, transporting aggregates~~and aggregate~~ from the aggregate deposit to the processing facility by conveyors or unlicensed vehicles, and conveying aggregates from the beginning of the processing cycle through the last stage of aggregate production, which ends at the time the aggregate is ready for sale.

7~~6~~) "Processing" means preparation activities performed directly on the aggregate that are necessary for converting aggregate into a finished product so that it is ready for sale or the reprocessing of aggregate fines to extract and recycle construction aggregates by the mine owner, operator, or third party contractor or successor. Processing includes, but is not limited to, sizing, crushing, drying and washing.

~~7)~~ ~~"Maintenance" means keeping aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment in a state of repair and efficiency.~~

8) "Reclamation" means conditioning areas affected by mining operations. Examples of reclamation activities include, but are not limited to, backfilling, grading, seeding and planting.

9) "Replacement Parts" means parts that are used to replace parts of qualifying equipment that require periodic replacement. To be considered a replacement part, the part must be purchased for the purpose of being installed and must, in fact, become a physical component part of aggregate exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation equipment.

10) "Used primarily" means that the equipment and replacement parts must be used more than 50% of the time in aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

~~10)~~ ~~"Kits" means commercially packaged sets of parts that are ordered from a manufacturer, inventoried, and sold by a retailer as a single item. An exempt example would be a "tire assembly" comprised of the rim, tire, foam filling and valve stem.~~

c)~~b)~~ Exempt Activities. By way of illustration and not limitation, the following activities will be considered to constitute aggregate exploration, mining, off highway hauling, processing, ~~or~~ maintenance and reclamation:

1) Aggregate is produced in a surface mining operation that begins with locating the aggregate deposit to be mined,~~the~~ clearing of surface obstacles and overburden from the land above the aggregate deposit to be mined, continues with the removal of waste material and with the extraction of the aggregate, continues with the transportation from the aggregate deposit to the processing facility, continues further with the refilling and grading of the mined area with overburden and waste material, continues further with the processing of the aggregate, and ends with the stockpiling of the aggregate. By way of illustration and not limitation, the following equipment is exempt:

A) Geophysical surveying, excavating, dredging and drilling machinery and equipment used primarily to locate surface mine aggregate deposits (e.g., data logger transducer; photoionization detector; optical televiewer; acoustic televiewer; petrographic survey equipment; and inclinometer survey equipment. ~~Equipment used to drill and load holes for blasting material used to fracture aggregate for extraction and to transport the blasting material.~~

B) Equipment used primarily to remove overburden and other waste materials from the deposit to be mined.

C) Equipment used primarily to drill and load holes for blasting material used to fracture aggregate for extraction; blasting agents used primarily for surface aggregate mine blasting, including, but not limited to, ammonium nitrate and fuel oil or ANFO; equipment used primarily to ignite blasting agents, including, but not limited to, high explosives, detonators, lead-in lines and blasting machines; and equipment used primarily to transport the blasting material. ~~Equipment used to modify the energy purchased for the surface mining process if the equipment is used to modify the energy for use on exempt equipment.~~

D) Equipment used primarily to modify the energy purchased for the surface mining process if the equipment is used to modify the energy for use on exempt equipment (e.g., transformers, capacitors and other equipment used to reduce, increase, stabilize or otherwise control the amperage, voltage or frequency of the electric current and transmit the electrical current to aggregate surface mining and processing equipment).

E~~D~~) Pumps, hoses, piping and discharge apparatus, used primarily in the movement or removal of water or to divert water from the active mine area.

F~~E~~) Equipment used primarily to load the overburden, waste material or aggregate to be transported to the processing facility into off highway haulage trucks or onto a conveyor system.

G~~F~~) Equipment used primarily to extract aggregate from the earth.

H~~G~~) Unlicensed off highway haulage trucks or a conveyor system used primarily to transport overburden, waste material or aggregate to the processing facility.

I~~H~~) Equipment used primarily to backfill, grade, seed, plant or otherwise reclaim previously mined land.

J~~I~~) Crushing, screening and other equipment used primarily to beneficiate and size aggregate products.

~~J) Tangible personal property used in or for the purpose of temporarily storing aggregate before processing is exempt if the aggregate is ultimately processed for resale and is in fact resold.~~

K) Equipment used primarily in an aggregate wash plant to clean the aggregate prior to sale to customers.

L) Equipment used primarily to blend different grades of aggregate together so that the final product meets customer specifications.

M) Electrical cable that is part of an electrical distribution system supplying electricity to exempt equipment in the field (e.g., draglines and shovels that move and load overburden and shovels that load aggregate in the pit).

N) Computers and electrical control panels integral to and used primarily to operate exempt equipment used primarily in aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

O) Remote audio visual equipment integral to and used primarily in connection with exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

P) Electrical generators used primarily to power exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

Q) Communication equipment integral to and used primarily in production and operation activities in connection with exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

2) Aggregate is produced in an underground mining operation that begins with locating the aggregate deposit to be mined, creating access from the surface to the aggregate deposit to be mined, continues further with the installation of roof supports, continues with the removal of waste material and the extraction of aggregate, continues further with the transportation from the aggregate deposit to the processing facility, continues further with the processing of aggregate and disposal of waste material from the mine and processing facility, and ends with the stockpiling of aggregate. By way of illustration and not limitation, the following equipment is exempt:

A) Geophysical surveying, excavating, and drilling machinery and equipment used primarily to locate underground mine aggregate deposits (e.g., data logger transducer; photoionization detector; optical televiewer; acoustic televiewer; petrographic survey equipment; and inclinometer survey equipment).

B~~A~~) Equipment used primarily to create access to the aggregate deposit (e.g., drills, equipment to deliver blasting agents, excavators, loaders and tunnel boring equipment) and equipment used primarily to load aggregate on to conveyor belts, trucks or other conveyances used primarily to transport aggregate from the deposit to the processing operation (e.g., loaders). ~~Equipment used to create access to the aggregate deposit and load aggregate into conveyor belts, trucks or other conveyances used to transport aggregate from the deposit to the processing operation.~~

C~~B~~) Equipment used primarily to drill and load holes for blasting material used to fracture aggregate for extraction; blasting agents

(such as ammonium nitrate and fuel oil or ANFO) used for underground aggregate mine blasting; equipment used primarily to ignite blasting agents, including, but not limited to, high explosives, detonators, lead-in lines and blasting machines; and equipment used primarily to transport the blasting material. ~~Conveyor belts, trucks or other conveyances used to transport aggregate from the deposit to the processing operation.~~

D) Equipment, other than motor vehicles required to be registered pursuant to the Illinois Vehicle Code, used primarily to transport miners into and out of an underground mine (e.g., mantrips, utility vehicles, mobile equipment and scoops).

E~~B~~) Conveyor belts, trucks or other conveyances primarily used to transport aggregate from the deposit to the processing operation.

F) The feeder and crusher used primarily to break large pieces of aggregate.

G~~D~~) Equipment used primarily to modify the energy purchased for the underground mining process if the equipment is used to modify the energy for use on exempt equipment (e.g., transformers, capacitors and other equipment used to reduce, increase, stabilize or otherwise control the amperage, voltage or frequency of the electric current and transmit the electrical current to aggregate underground mining and processing equipment).

H~~E~~) Pumps, hoses, piping and discharge apparatus, used primarily in the movement or removal of water or to divert water from the underground mine area.

I~~F~~) Equipment used primarily to install roof bolts, roof bolt supports and side rib bolt supports, and scaling prior to roof bolting, to prevent mine collapse.

J) Roof bolts and plates, side rib bolts and plates, and epoxy resin cartridges used primarily to secure roof bolts and side rib bolts installed to prevent mine collapse.

K~~G~~) Equipment used primarily to coat mine walls with inert material for loose rock safety.

L~~H~~) Equipment installed as improvements to real estate for mining, such as elevators and rail, ventilating and illuminating systems, including the foundations for that equipment as long as those foundations are located within the underground mine.

M~~I~~) Additions to exempt underground rail conveyors and ventilating and illumination systems due to the progression of mining.

~~J) Equipment used to drill and load holes for blasting material used to fracture aggregate for extraction and to transport the blasting material.~~

~~K) Equipment used for transporting aggregate to above-ground facilities.~~

N) Crushing, screening and other equipment used primarily to beneficiate and size aggregate products.

O) Machinery and equipment used primarily to convey aggregates from the beginning of the processing cycle through the last stage of aggregate production, which ends at the time the aggregate is ready for sale.

~~L) Tangible personal property used in or for the purpose of temporarily storing aggregate before processing if the aggregate is ultimately processed for resale and is in fact resold.~~

P~~M~~) Equipment used primarily in an aggregate wash plant to clean the aggregate prior to sale to customers.

Q~~N~~) Equipment used primarily to blend different grades of aggregate together so that the final product meets customer specifications.

R~~O~~) Electrical cable that is part of an electrical distribution system

supplying electricity to exempt equipment in the field (e.g., draglines and shovels that move and load overburden and shovels that move and load aggregate in the pit).

~~P)~~ ~~Roof bolt supports and side rib bolt supports to prevent mine collapse.~~

S) Computers and electrical control panels integral to and used primarily to operate exempt equipment used in aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

T) Remote audiovisual equipment integral to and used primarily in connection with exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

U) Electrical generators used primarily to power exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

V) Communication equipment integral to and used primarily in production and operation activities in connection with exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation equipment.

3) By way of illustration and not limitation, the following maintenance equipment is exempt:

A) Unlicensed maintenance and welding trucks used primarily for field repair of exempt equipment.

B) Lathes, drill presses, air compressors and welders used primarily to build, modify or rework exempt~~attach~~ repair parts or equipment.

C) Mobile and overhead cranes and manlifts used primarily in connection with exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

D) Equipment used primarily for dust suppression.

E) Equipment and machinery used primarily to clean areas around off-highway conveying and processing machinery and equipment.

4) By way of illustration and not limitation, the following aggregate exploration equipment is exempt unless registered pursuant to the Illinois Vehicle Code:

A) Drill rigs used primarily to drill exploration core holes.

B) Water trucks used primarily in the drilling process.

C) Winch and casing trucks used primarily in the drilling process.

D) Field maintenance trucks used primarily to make repairs on exempt field equipment.

E) Air compressors used primarily in connection with exempt aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation.

d)~~c)~~ Nonexempt Activities
By way of illustration and not limitation, the following activities will not be considered to constitute aggregate exploration, mining, off highway hauling, processing, ~~or~~ maintenance and reclamation:

1) The use of equipment in the construction, reconstruction, alteration, remodeling, servicing, repairing, maintenance or improvement of real estate except for underground mine structures. Material, such as lumber, steel, concrete, rock and other building materials, will not qualify for the exemption except when used in underground mine structures, such as roof supports to prevent mine collapse;

2) the use of equipment in research and development for new uses of aggregate;

3) the use of equipment, trailers, sheds or structures in management, sales or

other nonproduction, nonoperational activities including production of extraction scheduling, purchasing, receiving, accounting, fiscal management, communications equipment (e.g., radios and phones), security, marketing, product exhibition and promotion, and personnel recruitment, selection or training;

4) the use of equipment to prevent or fight fires or other mining hazards and protective supplies such as face masks, gas masks, helmets, gloves, coveralls, goggles, or first aid equipment and supplies, rescue chambers, self-rescuers, protective mine shelters or tracking devices (e.g., Global Positioning Systems or similar devices) even though such equipment and supplies may be required by law;

5) the use of equipment for general ventilation, heating, cooling, climate control or general illumination not specifically required for the exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation operation;

6) the use of facilities for storing aggregate after extraction and processing;

7) the use of front-end loaders, cranes, conveyors and equipment used primarily to load aggregate onto trucks, railcars or barges for delivery to customers;~~.~~

8) the use of concrete foundations and support structures for ventilation equipment used aboveground.

e)~~d)~~ Sales to Lessors of Aggregate Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment

1) For the exemption to apply, the purchaser need not, himself or herself, employ the equipment in aggregate exploration, mining, off highway hauling, processing, maintenance and reclamation ~~or production~~. If the purchaser leases the equipment to a lessee who uses it primarily in a qualified manner, the sale to the purchaser-lessor will be eligible for the exemption. A supplier may exclude those~~such~~ sales from ~~his~~ taxable gross receipts if the purchaser-lessor provides the supplier~~him~~ with a properly completed certificate and the information contained in the

certificare~~therein~~ would support an exemption~~a reduction~~ if the sale were made directly to the lessee.

2) Should a purchaser-lessor subsequently lease the equipment to a lessee who does not use it primarily in a way that would qualify for the exemption~~reduction~~, the purchaser-lessor will become liable for the tax that he or she previously did not pay. The tax will be assessed upon the fair market value of the equipment at the time of conversion.

f)~~e)~~ Purchaser Certification

Certificates must be executed by the purchaser. The certificate must include the seller's name and address, the purchaser's name and address and a statement that the property purchased will be used primarily for aggregate exploration, mining, off highway hauling, processing, maintenance and ~~or~~ reclamation. If a purchaser can claim either the exemption under this Section or the Manufacturing Machinery and Equipment exemption, the purchaser must specify on the certificate which exemption the purchaser is claiming. Manufacturer's Purchase Credit can only be earned on purchases of qualifying Manufacturing Machinery and Equipment (see 86 Ill. Adm. Code 130.330 and 130.331). Purchasers claiming the exemption under this Section cannot earn Manufacturer's Purchase Credit. Sellers may accept blanket certificates, but have the responsibility to obtain and keep all certificates as part of their books and records. If a retailer accepts the certificate and the purchaser does not, in fact, use the equipment in a qualifying manner, the purchaser will be liable to the Department for the tax. Equipment that is initially used primarily in a qualifying manner and, having been so used for less than one-half of its useful life, is converted to nonqualified uses, will become subject to tax at the time of conversion. Replacement parts purchased initially for use in a qualifying manner and used in a nonqualifying use will become subject to tax at the time of use.

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Organization, Public Information, Procedures, and Rulemaking

2) Code Citation: 2 Ill. Adm. Code 3500

3)

Section Numbers:	Proposed Action:
3500.210	Amend
3500.310	Amend
3500.320	Amend
3500.330	Amend
3500.340	Amend
3500.350	Amend
3500.360	Amend
3500.370	Repeal
3500.375	Amend
3500.385	Amend
3500.386	New Section
3500.390	Amend

4) Statutory Authority: 775 ILCS 40

5) A Complete Description of the Subjects and Issues Involved: The composition of the Torture Inquiry and Relief Commission and its staff; a description of the Commission records; the process for filing a claim of torture and making a decision on the claim; notification of the crime victim; and the annual Commission reports to the General Assembly and the Governor.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].

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

Illinois Torture Inquiry and Relief Commission,
c/o Staff Attorney Rob Olmstead
100 West Randolph Street, Ste 5-100
Chicago, Illinois 60601

312/814-1094

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: This rulemaking was not included on either of the 2 most recent agendas because this rulemaking was not anticipated at those times, nor can implementation of the rules be postponed until the next agenda due to operational needs.

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE E: MISCELLANEOUS STATE AGENCIES
CHAPTER LXV: TORTURE INQUIRY AND RELIEF COMMISSION

PART 3500
ORGANIZATION, PUBLIC INFORMATION, PROCEDURES AND RULEMAKING

SUBPART A: ORGANIZATION

Section
3500.10 Commission Members
3500.20 Chair of the Commission
3500.30 Terms of Members
3500.40 Compensation and Expenses
3500.50 Director
3500.60 Other Staff

SUBPART B: PUBLIC INFORMATION

Section
3500.210 Commission Records

SUBPART C: PROCEDURES

Section
3500.310 Meetings
3500.320 Quorum
3500.330 Claim of Torture
3500.340 Initial Screening of Claim Form
3500.350 Wavier of Convicted Person's Procedural Safeguards and Privileges
3500.360 Informal Inquiry and Summary Dismissal
3500.370 Summary Referral (Repealed)
3500.375 Formal Inquiry
3500.380 Evidentiary Proceedings Before the Commission
3500.385 Decisions
3500.386 Factors Considered in Decisions
3500.390 Notification of Crime Victim
3500.395 Commission Reports to General Assembly and Governor

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

SUBPART D: RULEMAKING

Section
3500.410 Adoption of Rules

AUTHORITY: Implementing and authorized by the Illinois Torture Inquiry and Relief Commission Act [775 ILCS 40].

SOURCE: Adopted at 35 Ill. Reg. 15125, effective August 25, 2011; amended at 38 Ill. Reg. _____, effective _____.

SUBPART B: PUBLIC INFORMATION

Section 3500.210 Commission Records

a) The official record in every claim filed with the Commission consists of the Claim Form ~~(see 20 Ill. Adm. Code 2000.Appendix B)~~ and all subsequent pleadings, notices, subpoenas, evidence received, photographs, waiver forms, computer disks, transcripts, briefs, reports, memoranda, orders, findings of fact and decisions and amendments to these documents.

b) The official record is confidential and not subject to public disclosure until after the Commission's final decision in the case, except as otherwise provided in this Part, the Freedom of Information Act [5 ILCS 140], or the Open Meetings Act [5 ILCS 120].

c) After the Commission's final decision on the claim, the official record shall be available for public inspection upon making appropriate arrangements with the Director.

d) The Commission shall maintain the official record in its office during the full period the claim is active and for an additional period of two 2~~years~~ from the date of the Commission's final decision. Final decisions shall be retained as part of the permanent record of the Commission.

e) Inspection of any records that are available for that purpose shall be permitted only at the Commission's office. Inspection appointments shall take place only during normal business hours, which are 8:30 a.m. to 5:00 p.m. Monday through Friday, exclusive of State holidays. Persons inspecting records shall not be

permitted to take briefcases, folders, or similar materials into the room where inspection takes place. A Commission employee may be present during inspection. Records to be copied will be identified and segregated during the course of the inspection.

f) When a person requests a copy of a record maintained in an electronic format, the Commission shall furnish it in the electronic format specified by the person. If it is not feasible to furnish the record in the specified electronic format, then the Commission shall furnish it in the format in which it is maintained by the Commission, or in paper format, at the option of the person making the request.

g) Copying Fees:

1) The~~Unless a fee is otherwise fixed by statute, the~~ Commission will provide copies of records and certification of records in accordance with the maximum fee allowed under the Illinois Freedom of Information Act~~schedule set forth in 20 Ill. Adm. Code 2000.Appendix F~~ [5 ILCS 140/6].

2) Copies of records will be provided only after payment of any fees due. Payment must be by certified or cashier's check, or by money order, payable to "Treasurer, State of Illinois".

3) The Commission will provide copies of records without charge to federal, State, county and municipal agencies, Constitutional officers and members of the General Assembly~~, and not-for-profit organizations providing evidence of good standing with the Secretary of State's Office~~. The Commission reserves the right to waive fees at the discretion of the Chair.

4) Except to the extent that the General Assembly expressly provides, statutory fees applicable to copies of records when furnished in a paper format will not apply to those records when furnished in an electronic format.

h) The official record described in this Section is distinct from the administrative record that the Commission is required to file with the Circuit Court under Section 45 of the Act and 20 Ill. Adm. Code 2000.60. The administrative record

is compiled for purposes of facilitating judicial review after the Commission renders a decision in its cases.

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

SUBPART C: PROCEDURES

Section 3500.310 Meetings

a) The Commission meets a minimum of once every 6 months and may also meet more often at the call of the Chair. The Commission meets at such time and place as designated by the Chair, in accordance with the provisions of the Open Meetings Act. Notice of the meetings is given on the Commission's website, www.Illinois.gov/ihrc, in accordance with the provisions of the Open Meetings Act. [775 ILCS 40/20(b)]

b) The Commission meets in an area provided by the Illinois Human Rights Commission or another State agency.

c) At the conclusion of the business portion of each Commission meeting that is open to the public pursuant to the Open Meetings Act, the Commission shall set aside a period of time for public comment. Any person desiring to address the Commission shall be allowed up to 3~~three~~ minutes for comments or questions. Only one person may speak on behalf of any organization.

d) Because of time demands on the Commission, the total time for presentations by the public at any meeting shall be limited to 30 minutes unless a Commissioner moves for, and the Commission approves, a longer period. Any person wishing to address the Commission but unable or not allowed to do so may submit a written statement to the Commission.

e) The victim in each case has the *right to present his or her views and concerns throughout the Commission's investigation.* [775 ILCS 40/40(c)] This right includes both the right to present written materials to the Commission and its staff and the right to address the Commission at a public meeting. Because of time demands on the Commission, the total time for oral presentations by each victim at each meeting shall be limited to 5 minutes. The Commission will also permit an additional 3 minutes to each family member of the victim, up to a total time

limit for the victim and family members in each case of 15 minutes, unless the Chair alters these limits.

f~~e~~) Personal attacks, use of profane language, and social and/or ethnic slurs will not be tolerated. Speakers are strongly encouraged to refrain from rude, derogatory and abusive comments and personal attacks.

g~~f~~) Speakers making rude, profane or slanderous remarks, or who become boisterous while addressing or while attending the meeting, may be requested to leave by the presiding Chair.

h~~g~~) Any person may record by tape, film or other means the meetings of the Commission or its committees that are open to the public pursuant to the Open Meetings Act. However, if the recording process interferes with the overall decorum and proceeding of a meeting, the recording will be discontinued at the discretion of the presiding Chair.

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

Section 3500.320 Quorum

A majority of the voting members constitutes a quorum. All Commission votes are by a majority vote of the appointed voting members~~.~~ [775 ILCS 40/20(b)], except for votes to refer cases to the Circuit Court, which require 5 affirmative votes (see 775 ILCS 40/45(c)).

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

Section 3500.330 Claim of Torture

A request for a formal inquiry into a claim of torture is accomplished by filing a Claim Form ~~(see 20 Ill. Adm. Code 2000.Appendix B)~~:

a) Any individual, court or agency may complete and file a Claim Form on behalf of a living person asserting a claim of torture.

b) Any person may call or write the Commission to request that a Claim Form be mailed or faxed to that person in order to file a claim. The Commission also

maintains a website (www.Illinois.gov/ihrc) from which a Claim Form may be printed or downloaded.

c) A completed Claim Form may be filed by either mailing it to the Illinois Torture Inquiry and Relief Commission~~, 160 N. LaSalle Street, Room N506, Chicago IL 60601,~~ or by faxing it to the Commission's office~~(312)814-4598~~.

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

Section 3500.340 Initial Screening of Claim Form

a) Upon receipt of the Claim Form, the Director, or his or her designee, will conduct an initial screening of the Claim Form to determine whether it satisfies the following minimum criteria required for the Commission to consider a claim of torture:

1) The Claim Form is properly completed; and

2) The claim meets the definitions contained in 20 Ill. Adm. Code 2000.10(d).

b) If the Claim Form is not properly completed, the Director shall return it to the person who submitted it, indicating why the Form has not been filed and giving the opportunity to resubmit it.

c) If the Claim Form is properly completed, the claim will be filed and assigned a claim number.

d) If the claim meets the definitions contained in 20 Ill. Adm. Code 2000.10(d), the claim shall proceed to the Waiver of Convicted Person's Procedural Safeguards and Privileges under 2 Ill. Adm. Code 3500.350. The claim shall be set for investigation, in the manner and priority to be determined by the Director, subject to Section 35(2) and Section 3500.375(c) of this Part, and any direction by the Commission

e) If the claim does not meet the definitions contained in 20 Ill. Adm. Code 2000.10(d) solely because none of the police officers involved served under Jon Burge, the Director shall send a letter to the claimant informing him or her that

the matter will not be given priority by the Commission, and that further action may not be taken until it is determined that the Commission has jurisdiction over claims that do not involve officers who served under Jon Burge.

f) If the Claim~~However, if the~~ Form demonstrates that the claim does not meet the definitions contained in 20 Ill. Adm. Code 2000.10(d), the Director shall recommend in a written report to the Commission that the claim be denied for the reasons specified in the report.

1~~d~~) The Commission shall vote to accept or to reject the Director's recommendation by majority vote of the voting members appointed~~present~~. At least 4 votes are required to accept a recommendation to deny a claim.

2~~e~~) If the Commission accepts the recommendation to deny the claim, the Director shall notify the convicted person, and the person filing the claim if other than the convicted person, in writing that the claim was denied and the reasons for the denial.

~~f) All other claims will proceed to the Waiver of Convicted Person's Procedural Safeguards and Privileges under Section 3500.350.~~

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

Section 3500.350 Waiver of Convicted Person's Procedural Safeguards and Privileges

a) If the Director determines that the Claim Form satisfies the requirements of the initial screening, the Director, or his or her designee, will obtain a properly signed and witnessed Waiver Form ~~(see 20 Ill. Adm. Code 2000.Appendix C)~~ from the convicted person before proceeding further.

b) The *convicted person* must sign *a* written waiver in *which the convicted person waives the right against self-incrimination under the United States Constitution and the Constitution of the State of Illinois only* as it pertains to the offense for which the person was convicted and with respect to which the person is claiming torture. The convicted person must also agree *to cooperate fully with the Commission and agree to provide full disclosure regarding the* torture *inquiry.*

[775 ILCS 40/40] The waiver does not apply to matters unrelated to a convicted person's claim of torture.

c) *The convicted person has the right to advice of counsel* before *the execution of the* waiver and, *if a formal inquiry is* initiated, *throughout the* duration of the *formal inquiry. If counsel represents the convicted person, the convicted person's counsel must be present at the signing of the* waiver. [775 ILCS 40/40]

d) If the convicted person is not represented by counsel, *the Commission Chair shall determine if the person is indigent and, if so, enter an order providing for the appointment of counsel for the purpose of advising on the* waiver and representing the convicted person throughout the remainder of the proceedings upon the claim. [775 ILCS 40/40] The determination of indigency shall be made by having the convicted person complete and send to the Director an~~the~~ Application ~~and Order~~ for Appointed Counsel Based Upon Indigency~~ contained in 20 Ill. Adm. Code 2000.Appendix G~~. The Director shall furnish an Application to the convicted person upon request. The Director shall forward a properly completed Application to the Chair for purpose of making the decision regarding indigency.

e) If the convicted person refuses to sign the Waiver Form, the Director shall recommend to the Commission that the claim of torture be dismissed. The Commission shall vote to accept or reject the Director's recommendation by majority vote of the voting members appointed~~present~~. At least 4 votes are required to accept a recommendation to dismiss a claim.

f) If the Director determines that the Waiver Form has been properly signed and witnessed, the claim shall proceed to Informal Inquiry under Section 3500.360.

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

Section 3500.360 Informal Inquiry and Summary Dismissal

a) After the completed Claim Form and Waiver Form have been received, an informal inquiry shall be performed by the Director or his or her designee, consisting of taking all reasonable steps to interview the convicted person, interview any witnesses identified by the convicted person, and review any documents provided by the convicted person.

b) The Director or his or her designee may issue, serve and enforce subpoenas pursuant to Section 3500.375(a)(1) and (a)(5) to compel the production of evidence as part of an informal inquiry for purposes including, but not being limited to, obtaining documents relating to claims, determining whether a formal inquiry is warranted, and obtaining victim notification information.

c~~b~~) If, after completion of the informal inquiry, the Director finds that there appears to be no reasonable possibility that the claim is credible, the Director shall recommend to the Commission that the claim be summarily dismissed. A written report will be prepared documenting this finding and will be presented to the Commission for its review.

d~~c~~) The Commission shall vote to accept or reject the Director's recommendation by majority vote of the voting members present. At least 4 members must vote to accept the recommendation for the claim to be dismissed.

e~~d~~) If the Commission accepts the Director's recommendation, the convicted person, and the person filing the Claim Form if other than the convicted person, shall be notified in writing that the claim has been summarily dismissed and the reasons for the dismissal.

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

Section 3500.370 Summary Referral (Repealed)

~~a) If the Director's informal inquiry under Section 3500.360 demonstrates that the claim satisfies each of the four conditions listed in this subsection (a), and the other available evidence demonstrates that the claim of torture is credible and the case merits judicial review, the Director may recommend that the Commission forego a formal inquiry, as defined in Section 3500.375, and instead refer the case directly to the Chief Judge of the Circuit Court of Cook County for appropriate relief:~~

~~1) The person has consistently claimed to have been tortured;~~

~~2) The claim is strikingly similar to other claims of torture contained in the Reports of the Chicago Police Department's Office of Professional~~

~~Standards, and the Report of the Special State's Attorney, regarding their investigations of Jon Burge and police officers under his command;~~

~~3) The officers accused are identified in other cases alleging torture; and~~

~~4) The claim of torture is consistent with the Office of Professional Standards' findings of systematic and methodical torture at Area 2 under Jon Burge.~~

~~b) The Director's recommendation shall be presented to the Commission in a written report documenting the finding and the reasons for the finding.~~

~~c) The Commission shall vote to accept or reject the Director's recommendation by majority vote of the voting members present.~~

~~d) If the Commission accepts the Director's recommendation, the convicted person, and the individual filing the Claim Form if other than the convicted person, shall be notified in writing by the Director that the claim has been referred to the Chief Judge of the Circuit Court of Cook County for appropriate relief.~~

~~e) Nothing in this Section shall be construed to preclude the Commission from exercising any of the powers listed in Section 3500.375(a) in making the determination to summarily refer the claim.~~

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

Section 3500.375 Formal Inquiry

a) If the claim~~Claim~~ is not summarily dismissed~~ or summarily referred~~, ~~then~~ a formal inquiry will be initiated by the *Commission under the auspices of the Director*. *In conducting the formal inquiry, any measure contained in the Code of Civil Procedure* [735 ILCS 5] *and the Code of Criminal Procedure of 1963* [725 ILCS 5] may be used to obtain *information necessary to the inquiry*, including but not limited to:

1) Issuing and serving *subpoenas* ~~(see 20 Ill. Adm. Code 2000.Appendices D and E)~~ *or other process to compel the attendance of witnesses and the production of evidence*;

2) Administering oaths;

3) Issuing written interrogatories;

4) Conducting oral depositions;

5) Petitioning the *appropriate Circuit Court for enforcement of process or for other relief*, such as contempt; [775 ILCS 40/40(d)]

6) Conducting physical and/or psychological examinations of the convicted person to ascertain evidence of torture;

7) Hiring experts or other specialists as needed to assist the Commission in the inquiry; and

8) Conducting on-site visits to detention centers or other locations where torture is alleged to have taken place.

b) *All State discovery and disclosure statutes in effect at the time of the formal inquiry shall be enforceable as if the convicted person were currently being tried for the charge for which the convicted person is claiming torture*. [775 ILCS 40/40(f)]

c) In conducting the formal *inquiries, priority will be given to those cases in which the convicted person is currently incarcerated solely for the crime to which the convicted person claims torture by Jon Burge or officers under his command, or both*. [775 ILCS 40/35(2)]

d) *All records of the Commission are confidential until the proceedings before the Commission are concluded and a final decision has been made by the Commission*. [775 ILCS 40/45(e)]

e) Any person who is a witness appearing voluntarily or pursuant to subpoena, shall be advised of the right against self-incrimination under the United States Constitution and the Constitution of the State of Illinois. However, the witness shall also be advised that the Commission may draw an adverse inference from the refusal of the witness to answer questions.

f) If a witness is represented by counsel, counsel may be present at proceedings requiring the presence of the witness, but counsel shall not be permitted to participate in the proceedings in any way.

g) *If, at any point during an inquiry, the convicted person refuses to comply with requests of the Commission or is otherwise deemed uncooperative by the Commission, the Commission shall discontinue the inquiry*. [775 ILCS 40/40(g)] The Director may recommend that the inquiry be terminated. The Commission shall vote to accept or reject the Director's recommendation by majority vote of the voting members appointed~~present~~. At least 4 votes are required to accept a recommendation to terminate a claim.

h) Whenever any person knowingly fails or refuses to comply with a subpoena served in accordance with this Section, the Commission will petition the appropriate Circuit Court for an order enforcing the subpoena.

i) *If a formal inquiry regarding a claim of torture is granted, the Director shall use all due diligence to notify the victim in the case and explain the* formal *inquiry process. The Commission shall give the victim notice that the victim has the right to present his or her views and concerns throughout the Commission's investigation.* [775 ILCS 40/40(c)] A victim shall have the right to present his or her views and concerns in writing throughout the Commission's investigation. A victim shall also have the right to present oral comments during the Commission's public comment period, and will, at the discretion of the Chair, ordinarily be permitted to speak before other persons make public comments. At any meeting at which a claim is scheduled for decision by the Commission, a victim, if present, shall be permitted to present oral comments before the Commission decides the claim. The victim shall abide by the rules applicable to comments set forth in Section 3500.310(e).

j~~i~~) At the completion of the formal inquiry, the Director shall report the results and his or her recommendation to the full Commission. The written report will summarize all the relevant evidence, include the reasons for the recommendation, and present any other matters necessary for the Commission to make an informed decision regarding the claim. Following transmission of the Director's report and recommendation, the Commission may elect to receive additional evidence in the form of an evidentiary proceeding under Section 3500.380. In all other cases, the

Commission shall vote to decide the disposition of the claim as set forth in Section 3500.385.

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

Section 3500.385 Decisions

a) *All 8 voting members of the Commission, including alternate members if necessary, shall participate in the vote.*

b) *If at least 5 voting members of the Commission decide by a preponderance of the evidence that there is sufficient evidence of torture to conclude* that the claim is credible and *merits judicial review* for appropriate relief, *the case shall be referred to the Chief Judge of the Circuit Court of Cook County by filing with the Clerk of the Court the written decision* of the Commission, accompanied by any findings of fact and the administrative record in support of the written decision. Any written dissents from the decision by a member of the Commission shall also be filed. A copy of these materials shall be served on the State's Attorney.

1) Given the statutory standard (Section 45(b) of the Act), the Commission may find that there is significant evidence of torture that is sufficient for it to conclude that a claim merits judicial review without the Commission also finding that it is more likely than not that any particular fact occurred.

2) The Commission may, but is not required to, find that it is more likely than not that one or more particular facts occurred. If it does so, it shall so state in its decision.

c) *If fewer than 5 of the voting members decide by a preponderance of the evidence that there is sufficient evidence of torture* to conclude that the claim is credible, *the Commission shall determine that the claim of torture does not merit judicial review for appropriate relief. The Commission shall document that* determination in a written decision, *along with supporting findings of fact, and file those documents*, ~~*and*~~ *supporting materials*, and the administrative record *with the Court Clerk in the circuit of original jurisdiction, with a copy to the State's Attorney and the Chief Judge.* [775 ILCS 40/45(c)] Any written dissents from the decision by a member of the Commission shall also be filed. ~~[775 ILCS 40/45(c)]~~

d) The Director shall notify both the convicted person and the victim in writing of the Commission's decision regarding the claim, and furnish them with a copy of the written decision. This notice shall be given as promptly as reasonably practicable and, absent exceptional circumstances, shall be given no later than 10 business~~within 30~~ days after the written decision is issued by the Commission.

e) The absence, incapacity or failure to appoint one or more of the voting members shall not prevent the Commission from rendering a decision if at least 5 voting members, including alternate members, of the Commission who are present decide that there is sufficient evidence of torture to merit judicial review pursuant to subsection (b), or if at least 4 voting members, including alternate members, who are present decide that there is not sufficient evidence to merit judicial review pursuant to subsection (c). If there are insufficient votes under either provision to render a decision, the claim shall be tabled and brought before the Commission again at a subsequent meeting.

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

Section 3500.386 Factors Considered in Decisions

a) The Commission will consider all relevant factors in making its decision. These factors may include:

1) Whether the person has consistently claimed to have been tortured;

2) Whether the claim was first made shortly after the incident in question;

3) Whether the claim is corroborated by medical evidence;

4) Whether the claim is corroborated by observations made by others of the physical and emotional condition of the claimant shortly after the alleged torture;

5) Whether the claim is strikingly similar to other claims of torture contained in the Reports of the Chicago Police Department's Office of Professional Standards, and the Report of the Special State's Attorney, regarding their investigations of Jon Burge and police officers under his command, and/or to evidence introduced at the criminal trial of Jon Burge;

6) Whether the officers accused are identified in other cases alleging torture;

7) Whether the claim of torture is consistent with the Office of Professional Standards' findings of systematic and methodical torture at Area 2 under Jon Burge;

8) The length of time, if any, since the accused officer had served under Jon Burge;

9) Whether the strength of the evidence against the claimant, in a particular case, could bear on a possible motive for having coerced a confession.

b) None of the factors listed in subsection (a) are dispositive, and the Commission has the right to weigh factors as it sees fit in any individual case.

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

Section 3500.390 Notification of Crime Victim

a) If a formal inquiry is initiated, the Commission, through its Director, shall use all due diligence to give written notification to the victim in the case, explaining the inquiry process and notifying the victim of the right to present the victim's views and concerns throughout the inquiry.~~*If a formal inquiry is initiated, the Director shall use all due diligence to give written notification to the victim in the case, explaining the inquiry process* and notifying the victim of the *right to present* to the Director in writing *the victim's views and concerns throughout the inquiry*. [775 ILCS 40/40(c)]~~

b) *The Director shall use all due diligence to notify the victim* in writing *at least 30 days* before~~*before*~~ *any proceedings of the full Commission held in regard to the case* involving the victim. The victim shall also be notified that *the victim is permitted to attend proceedings* of the full Commission *otherwise closed to the public, subject to any limitations imposed by* the *Act and subject to Section 2(c)(14) of the Open Meetings Act. If the victim plans to attend proceedings otherwise closed to the public, the victim* must~~*must*~~ *notify the* Director in writing *at least 10 days in advance of the proceedings of his or her intent to attend.* [775 ILCS 40/45(b)]

c) Notwithstanding the requirements of subsection (b~~d~~), *the Commission may close any portion of the proceedings to the victim, if the victim is to testify and the Commission determines that the victim's testimony would be materially affected if the victim hears other testimony at the proceeding.* [775 ILCS 40/45(b)]

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Policy, Hearings, and Forms

2) Code Citation: 20 Ill. Adm. Code 2000

3)

Section Numbers:	Proposed Action
2000.10	Amend
2000.20	Amend
2000.40	Amend
2000.60	Amend
2000.Appendix B	Repeal
2000.Appendix C	Repeal
2000.Appendix D	Repeal
2000.Appendix E	Repeal
2000.Appendix F	Repeal
2000.Appendix G	Repeal

4) Statutory Authority: 775 ILCS 40/1

5) A Complete Description of the Subjects and Issues Involved: A definition of terms used in the proposed Rules, a description of the duties and powers of the Torture Inquiry and Relief Commission, a description of the nature of Commission investigations, the procedure for issuance and service of subpoenas, a description of the available relief, the procedure for review of Commission decisions, and an examples of a staff confidentiality form. The majority of forms are being removed from this Part.

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 Objective: This rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)]

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

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

Illinois Torture Inquiry and Relief Commission
c/o Staff Attorney Rob Olmstead
100 West Randolph St., Ste 5-100
Chicago, Illinois 60601

312/814-1094

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: This rulemaking was not included on either of the 2 most recent regulatory agendas because: this rulemaking was not anticipated at those times, nor can implementation of the rules be postponed until the next agenda due to operational needs.

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER VIII: TORTURE INQUIRY AND RELIEF COMMISSION

PART 2000
POLICY, HEARINGS AND FORMS

Section
2000.10 Definition of Terms
2000.20 Duties and Powers of Commission
2000.30 Nature of Investigations
2000.40 Subpoenas
2000.50 Relief
2000.60 Review of Decisions
2000.APPENDIX A Employee Confidentiality Agreement
2000.APPENDIX B Form to File Claim of Torture (Repealed)
2000.APPENDIX C TIRC Waiver Form (Repealed)
2000.APPENDIX D Subpoena and Certificate of Service (Repealed)
2000.APPENDIX E Subpoena Duces Tecum and Certificate of Service (Repealed)
2000.APPENDIX F Fee Schedule for Duplication and Certification of Records (Repealed)
2000.APPENDIX G Application and Order for Appointed Counsel Based Upon Indigency (Repealed)

AUTHORITY: Implementing and authorized by the Illinois Torture Inquiry and Relief Commission Act [775 ILCS 40].

SOURCE: Adopted at 35 Ill. Reg. 15142, effective August 25, 2011; amended at 38 Ill. Reg. _____, effective _____

Section 2000.10 Definition of Terms

"Act" means the Illinois Torture Inquiry and Relief Commission Act [775 ILCS 40].

"Alternate member" means an individual appointed by the Governor to serve in the stead of a Commission member who cannot participate in a Commission vote due to scheduling conflicts, conflict of interest, disability or other disqualifications (see 2 Ill. Adm. 3500.10(c)).

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

"Chair" means the chair of the Commission, who is the retired judge appointed to the Commission by the Governor.

"Claim of torture" means a claim on behalf of a living person convicted of a felony in Illinois asserting that the person was tortured into confessing to the crime for which the person was convicted, the tortured confession was used to obtain the conviction, and for which there is some credible evidence related to ~~the~~ allegations of torture committed by Commander Jon Burge or any officer under the supervision of Jon Burge. [775 ILCS 40/5(1)]

"Commission" or "TIRC" *means the Illinois Torture Inquiry and Relief Commission*. [775 ILCS 40/5(2)]

"Convicted person" means the person asserting *a claim of torture under* the *Act*. [775 ILCS 40/5(3)]

"Director" means the Director of the Commission, *who is an attorney licensed to practice in Illinois. The Director* assists *the Commission in developing rules and standards for cases accepted for review, coordinating investigation of cases accepted for review, maintaining records for all case investigation, preparing reports outlining Commission investigations and recommendations to the trial court, and applying for and accepting on behalf of the Commission any funds that may become available from government grants, private gifts, donations, or bequests from any source*. [775 ILCS 40/30]

"Related to allegations of torture committed by Commander Jon Burge or any officer under the supervision of Jon Burge" means that the claim or allegations involved are similar to allegations of torture discussed in:

the November 2, 1990 Office of Professional Standards report on allegations against Burge;

the July 19, 2006 Cook County Special Prosecutor's Report; and/or

testimony in the 2010 federal criminal trial of Jon Burge; and

that the allegations involve:

Commander Burge himself;

one or more officers who were, at the time of the interrogation (or other incident) in question, under the supervision of Burge; and/or

one or more officers who had previously been under the supervision of Burge.

"Tortured confession" includes any incriminating statement, vocalization or gesture made by a convicted person as a result of torture. (See 775 ILCS 40/5(1).)

"Torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for the purpose of obtaining from that person a confession to a crime.

"Victim" means the victim of the crime of which the person claiming torture has been convicted, including*, if that person is deceased, the next of kin of that person, which shall be the parent, spouse, child, or sibling of the deceased.* [775 ILCS 40/5(5)]

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

Section 2000.20 Duties and Powers of Commission

a) The Commission is an independent commission created by statute to implement an extraordinary procedure to investigate and determine factual claims related to certain allegations of torture.

b) The Commission has the duty and power to:

1) *Establish the criteria and screening process to be used to determine which cases shall be accepted for review;*

2) *Conduct inquiries into claims of torture*~~, as that term is defined in Section 2000.10(d)~~;

3) *Coordinate the investigation of cases accepted for review;*

4) *Maintain records for all case investigations;*

5) *Prepare written reports outlining Commission investigations and recommendations to the trial court at the completion of each inquiry;* ~~*and*~~

6) *Apply for and accept any funds that may become available for the Commission's work from government grants, private gifts, donations or bequests from any source*~~.~~ [775 ILCS 40/35]; and

7) Create, amend and utilize such forms and subpoenas as may be necessary to perform its duties and exercise its powers.

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

Section 2000.40 Subpoenas

a) A subpoena ~~in the form specified in Appendix D~~ may be issued to compel the attendance of witnesses.

b) A subpoena duces tecum~~, in the form specified in Appendix E,~~ may be issued to compel the production of records, correspondence or other documents.

c) Witness and mileage fees shall be the same as are paid witnesses in the Circuit Courts of the State of Illinois, as set forth in Section 4.3 of the Circuit Courts Act [705 ILCS 35/4.3].

d) Service on the subpoenaed person shall be by personal service, certified mail or facsimile, or by leaving a copy at the principal office or place of business of a subpoenaed corporation or partnership. A subpoena shall be served reasonably in advance of its return date.

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

Section 2000.60 Review of Decisions

a) *The decisions of the Commission are final and are subject to review as final decisions under the Administrative Review Law* [735 ILCS 5/Art. III] *pursuant to*

which the decision may be overturned only if the court finds that it is against the manifest weight of the evidence. [775 ILCS 40/55(a)]

b) To facilitate judicial review by the Court, the Director shall file an administrative record. The administrative record filed with the Court shall consist of:

1) A decision stating the Commission's findings;

2) Any transcripts, statements, testimony or other evidentiary material presented to all of the Commissioners when the Commissioners reviewed the case;

3) A copy of an audio recording of the Commission's deliberations about the case or, if that is not available, the portion of the minutes of the meeting or meetings describing the Commission's discussion and votes about the case.

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 2000.APPENDIX B Form to File Claim of Torture (Repealed)

~~FORM TO FILE CLAIM OF TORTURE WITH TIRC~~

~~1. Name and current address of person claiming to have been tortured:~~

_____

_____

_____

~~2. Name and current address of person signing this form (if different than No. 1 above):~~

_____

_____

_____

~~3. Details of claimant's felony conviction based upon allegedly tortured confession:~~

~~a. Circuit Court:~~ _____

~~b. Year:~~ _____

~~c. Crimes of Conviction:~~ _____

~~d. Sentence:~~ _____

~~e. Case Number (if known):~~ _____

~~4. Details of alleged torture:~~

~~a. Law enforcement agency:~~ _____

~~b. Dates:~~ _____

~~c. Names of persons committing alleged torture:~~ _____

_____

_____

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

~~d. Brief description of alleged torture:~~ _____

_____

_____

_____

_____

_____

~~5. As a result of the torture described above, did you confess to the offense of which you were convicted?~~ ☐ ~~Yes~~ ☐ ~~No~~

~~6. If you did confess, was that confession used against you to obtain the conviction?~~ ☐ ~~Yes~~ ☐ ~~No~~

~~7. Names and current addresses of persons who could support your claim:~~

~~a.~~ _____

~~b.~~ _____

~~c.~~ _____

~~d.~~ _____

~~e.~~ _____

~~8. Location of documentation supporting your claim:~~ _____

_____

_____

_____

_____ _____

~~Claimant or Person Signing on Claimant's Behalf~~ ~~Date~~

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 2000.APPENDIX C TIRC Waiver Form (Repealed)

~~TIRC WAIVER FORM~~

~~I, _____, was born on _____. I have not consumed any drugs or alcohol in the last 24 hours, other than prescription medication consisting of _____ _____, and I am not under the influence of drugs or alcohol at the present time. I am otherwise of sound mind and body.~~

~~I have filed, or caused to be filed on my behalf a Claim of Torture with the Illinois Torture Inquiry and Relief Commission (TIRC). I am represented by counsel, _____, who is present or has stated in writing (attached to this Waiver) that she/he cannot be present. I have discussed this Waiver thoroughly with my counsel, and I am satisfied with the advice I have received. If my counsel is not present, I am comfortable proceeding in counsel's absence.~~

~~It is my understanding that the TIRC, by statute, cannot investigate my Claim if I refuse to sign this Waiver, and that is the reason I am voluntarily signing it. No promises or threats have been made to induce me to sign the Waiver, other than the fact that the TIRC will agree to investigate my Claim, in accordance with its rules and procedures. No promises have been made to me by anyone as to what the outcome of that investigation will be.~~

~~It is also my understanding that, by signing this Waiver, I am giving up my right not to incriminate myself under the United States Constitution and the Constitution of the State of Illinois, pertaining only to the offense of conviction regarding which I am claiming torture. Anything I say pertaining to that offense that might incriminate me can and will be used against me in the investigation and/or a court of law. This waiver does not apply to matters unrelated to my claim of torture.~~

~~Finally, it is my understanding that I must continue to cooperate with the TIRC throughout the investigation into my claim of torture and that, if I refuse to cooperate at any time, the TIRC may terminate the investigation. I also realize that the TIRC has no power to award any money to me for any reason.~~

~~By signing this Waiver, I acknowledge that I have read this Waiver and discussed the terms of it with my counsel, and that is my free and voluntary decision to sign it. A copy of this signed Waiver will be provided to me.~~

~~Claimant~~	~~Date~~
~~Witness~~	~~Date~~

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 2000.APPENDIX D Subpoena and Certificate of Service (Repealed)

~~ILLINOIS TORTURE INQUIRY AND RELIEF COMMISSION~~
~~160 North LaSalle Street, Room N506~~
~~Chicago, Illinois 60601~~
~~312/814-4608~~

~~SUBPOENA~~

~~To:~~ ~~Subpoena No.: 20__-00 _____~~
~~Case No.:____- _____~~

~~WE COMMAND YOU, pursuant to the Illinois Torture Inquiry and Relief Commission Act, to appear at the Office of the Commission, 160 N. LaSalle Street, Room N506, Chicago IL 60601 on _____, 2011, at the hour of _____ a.m. / p.m.~~

~~Personal appearance in answer to this subpoena is required. Failure to respond may result in punishment as required by law.~~

~~By Order of the Illinois Torture Inquiry and Relief Commission~~

_____
~~Director~~

~~At Chicago, Illinois this ____ day of _____, 20__~~

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

~~**ILLINOIS TORTURE INQUIRY AND RELIEF COMMISSION**~~
~~**CERTIFICATE OF SERVICE**~~

~~I,~~ _____~~, hereby certify that, on the~~ _____~~day of~~

_____~~, 2011, I served the attached subpoena on~~

_____~~, the person named or the agency identified, by~~

~~furnishing that person the subpoena at~~ _____

_____ ~~(address).~~

~~The subpoena was served by~~ _____ ~~.~~
~~(Indicate personal service, certified mail or facsimile.)~~

_____ _____
~~Signature~~ ~~Date~~

_____
~~Notary Public~~

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 2000.APPENDIX E Subpoena Duces Tecum and Certificate of Service (Repealed)

~~**ILLINOIS TORTURE INQUIRY AND RELIEF COMMISSION**~~
~~160 North LaSalle Street, Room N506~~
~~Chicago, Illinois 60601~~
~~312/814-4608~~

~~SUBPOENA DUCES TECUM~~

~~To:~~

~~Subpoena No.: 20__-00 _____~~
~~Case No.:____- _____~~

~~WE COMMAND YOU, pursuant to the Illinois Torture Inquiry and Relief Commission Act, to provide the Commission Office, 160 N. LaSalle Street, Room N506, Chicago IL 60601 on or before (two weeks after signature date) with all the following books, records, electronic data and papers that are in your possession, custody or control:~~

~~Personal appearance in answer to this subpoena is not required. Information may be submitted by mail to the Commission Office at the above address. Failure to respond may result in punishment as provided by law.~~

~~By Order of the Illinois Torture Inquiry and Relief Commission~~

_____

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

~~Director~~

~~Dated at Chicago, Illinois this _____ day of _____, 20__~~

~~**ILLINOIS TORTURE INQUIRY AND RELIEF COMMISSION**~~
~~**CERTIFICATE OF SERVICE**~~

~~I,~~ _____~~, hereby certify that, on the~~ _____~~day of~~

_____~~, 20__, I served the attached subpoena duces tecum on~~

_____~~, the person named or the agency identified, by~~

~~furnishing that person the subpoena duces tecum at~~ _____

_____ ~~(address). The~~

~~subpoena duces tecum was served by~~ _____ ~~.~~
~~(Indicate personal service, certified mail or facsimile.)~~

_____ _____
~~Signature~~ ~~Date~~

_____
~~Notary Public~~

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 2000.APPENDIX F Fee Schedule for Duplication and Certification of Records (Repealed)

~~TYPE OF DUPLICATION~~	~~FEE (per copy)~~
~~Paper copy from original, up to and including 50 copies of black and white, letter or legal sized copies~~	~~No Charge~~
~~Paper copy from original, in excess of 50 copies of black and white, letter or legal sized copies~~	~~$.15/page~~
~~Paper copy from microfilm original~~	~~$.15/page~~
~~Microfilm diazo from original~~	~~$.50/diazo~~
~~VHS video copy of tape~~	~~Actual cost of the reproduction~~
~~Audio tape- copy of tape~~	~~Actual cost of the reproduction~~
~~CD ROM disk~~	~~Actual cost of the reproduction~~
~~Photograph from negative~~	~~Actual cost of the reproduction~~
~~Blueprints/oversized prints~~	~~Actual cost of the reproduction~~
~~Paper copies in color or in a size other than letter or legal~~	~~Actual cost of the reproduction~~
~~CERTIFICATION FEE~~	~~$1.00/record~~

~~NOTE: Expense for delivery other than by First Class U.S. Mail must be borne by requester.~~

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

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 2000.APPENDIX G Application and Order for Appointed Counsel Based Upon Indigency (Repealed)

~~IN RE: TIRC Claim No.:~~

~~APPLICATION FOR APPOINTED COUNSEL BASED UPON INDIGENCY~~

~~I,~~ _____ ~~, on oath state:~~

~~1. I am employed as a(n)~~ _____
~~by~~ _____.

~~2. My other sources of income (including spouse's income) or support are:~~ _____
_____.

~~3. The amount of income that I expect for this year is $~~ _____.

~~4. My income for the previous year was~~
~~$~~ _____.

~~5. The persons dependent on me for support~~
~~are~~ _____.

~~6. My other sources of income are: ☐ SSI ☐ Public Aid ☐ SNAP Benefits ☐ Family Assistance ☐ Foster Care ☐ Aid to Aged, Blind and Disabled ☐ Temporary Assistance for Needy Families ☐ General Assistance ☐ State Transitional Assistance ☐ State Children and Family Services ☐ Other:~~ _____
_____ ~~$~~ _____ ~~(per month).~~

~~7. The nature and value of property I own includes: ☐ Real Estate (Describe property, specify address, present value and mortgage liens outstanding.)~~ _____
_____
_____

~~☐ Cash, Bank Accounts, etc. $~~ _____ ~~☐ Clothing and Jewelry $~~ _____
~~☐ Motor Vehicle – Model~~ _____ ~~Year~~ _____ ~~Value $~~ _____

~~8. My monthly living expenses, including payments of debts and child support, are $~~

~~9. I am unable to pay the cost of counsel for this claim and to do so would cause a substantial hardship on me and my family.~~

~~Under penalties of perjury and/or contempt, the undersigned certifies that the statements set forth in this Application are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.~~

~~Signature of Applicant~~

TORTURE INQUIRY AND RELIEF COMMISSION

NOTICE OF PROPOSED AMENDMENTS

~~**ILLINOIS TORTURE INQUIRY AND RELIEF COMMISSION**~~

~~**ORDER**~~

~~IN RE: TIRC Claim No. :~~

☐ ~~The Claimant, having demonstrated indigency, is appointed counsel for the limited purpose of advising Claimant regarding the Waiver procedure set forth in 2 Ill. Adm. Code 3500.350, and, if a Formal Inquiry is initiated pursuant to 2 Ill. Adm. Code 3500.375, regarding the Formal Inquiry as long as the Claim is pending before the Torture Inquiry and Relief Commission. Counsel is appointed to advise Claimant only with regard to Claimant's pending Claim before the Commission, and not about any other legal matters Claimant may have.~~

☐ ~~The Claimant's Application for appointed counsel is denied because the Application fails to demonstrate indigency.~~

_____ _____

~~Date~~ ~~TIRC Chair~~

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Processing, Classification Policies and Review Criteria

2) Code Citation: 77 Ill. Adm. Code 1110

3)

Section Numbers:	Adopted Action:
1110.10	Amend
1110.40	Amend
1110.130	Amend
1110.210	Amend
1110.230	Amend
1110.530	Amend
1110.630	Amend
1110.730	Amend
1110.1430	Amend
1110.1510	Repeal
1110.1520	Repeal
1110.1530	Amend
1110.1535	New
1110.1540	Amend
1110.2330	Amend
1110.2430	Amend
1110.2510	Amend
1110.2540	Amend
1110.2610	Amend
1110.2640	Amend
1110.2710	Repeal
1110.2730	Repeal
1110.2740	Repeal
1110.2750	Repeal
1110.2930	Amend
1110.3030	Amend
1110.APPENDIX A	Amend

4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]

5) Effective Date of Rule: April 15, 2014

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

7) Does this rulemaking contain incorporations by reference? No

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

9) Notice of Proposed Amendments published in the *Illinois Register*: 37 Ill. Reg. 3982; April 5, 2013

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:

In Sections 1110.530(b); 1110.630(b)(3); 1110.730(b)(3); 1110.1430(b)(3); 1110.1540(b)(3); 1110.2330(b)(3); 1110.2430(b)(3); 1110.2930(b)(3); and 1110.3030(b)(3), the requirement to produce expunged records was eliminated.

In Section 1110.1540, new language states that Pregnancy Termination Specialty Centers are exempt from CON review.

In Section 1110.1535, new language states that an ASTC is able to submit a copy of the data submitted as part of the ASTC Survey showing when the procedure in question was performed, or a copy of the CON permit letter which identifies the services included in the permit approval.

In Sections 1110.530; 1110.630; 1110.730; 1110.1430; 1110.2330; 1110.2430; 1110.2930; and 1110.3030, new language was added as follows:

"The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.".

In Section 1110.1540(c), the proposed definition of a "Geographic Service Area" was eliminated;

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

In Section 1110.1535(a); 1110.1535(a)(1);1110.1535(a)(2); 1110.1535(b)(1); 1110.1535(c)(1); and 1110.1535(c)(2), "the effective date of this Section" was changed to "January 1, 2014".

In Section 1110.1535(c)(3), "January 1" was changed to "April 15".

In Section 1130.1540(a), the following subsection is added, following subsection (4):

"5) Transition Period for Meeting Section 1110.1540 Requirements

A) Multi-specialty ASTCs that provided at least three of the ASTC services listed in Appendix A prior to April 15, 2014, except those ASTCs described in subsection (a)(5)(C), shall be exempt from this Section's CON application requirements for adding additional ASTC services until January 1, 2018.

B) Effective April 15, 2014, multi-specialty ASTCs adding new services shall notify HFSRB of what services are being added and the effective date of those services. The notification of each new service added shall be submitted to HFSRB within 30 days after the service addition. Beginning January 1, 2018, multi-specialty ASTCs seeking to add additional ASTC services shall apply for a CON permit pursuant to the provisions of this Section.

C) Multi-specialty ASTCs that, as a condition of CON permit issuance, agreed to apply for CON permits when adding services shall continue to apply for CON permits when adding new services.

6) Sanctions and Penalties
Noncompliance with the requirements of Sections 1110.1535 through 1110.1540 shall be considered a violation and shall be subject to the sanctions and penalties in the Act (see 20 ILCS 3960/14.1) and in 77 Ill. Adm. Code 1130.790.".

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

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

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

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

15) Summary and Purpose of Rulemaking:

- Section 1110.40(b) – "Non-Substantive Review Classification": The definition of "non-substantive" is revised.
- Section 1110.40(c) – "Substantive Review Classification": Substantive projects are listed, per the definition in the Illinois Health Facilities Planning Act [20 ILCS 3960/8].
- Section 1110.210(a)(1) – "Introduction": "Safety Net Impact Statement" is added to the list of "Information Requirements" contained in Subpart C.
- Section 1110.230(a) – "Background of the Applicant - Information Requirements": This subsection was deleted as " information requirements" and has been relocated as one of the review criteria for each category of service, as contained in Subpart 77 Ill. Adm. Code 1110.
- Section 1110.230(b) – "Safety Net Impact Statement – Information Requirements": Added new Section, as mandated in the Illinois Health Facilities Planning Act.[20 ILCS 3960/5.4(h]
- "Background of the Applicant" is added as a review criterion. (Relocated from Section 1110.230(a) – "Information Requirements") to the following Sections: 1110.530(a) & (b); 1110.630(a) & (b); 1110.730; 1110.1430; 1110.1540(b); 1110.2330; 1110.2430; 1110.2930; and 1110.3030.
- Section 1110.1535 – "Recognition of Non-hospital Based Ambulatory Surgical Treatment Center (ASTC) Services": Establishes a procedure for HFSRB recognition of certain ASTC services as having existed prior to April 15, 2014.
- Section 1110.1540(a) –ASTCs– Review Criteria – Introduction":

    - This subsection (a) establishes that ASTCs are healthcare facilities subject to the requirements of the Act and HFSRB rules.
    - The amendments eliminate the categories of "Limited" and "Multi",
    - The amendments require all applicants for ASTC services to obtain a CON permit prior to: adding an ASTC service to an existing ASTC;

establishing a new ASTC facility; or modernizing an ASTC when estimated project costs exceed the capital expenditure minimum; or discontinuing an ASTC.

- ° Multi ASTCs existing prior to January 1, 2014 are allowed to add new ASTC services without a CON permit until January 1, 2018, at which time all ASTCs will be required to obtain a permit prior to adding new ASTC services.
- ° The applicant is required to identify the existing and proposed ASTC services and surgical/treatment rooms.

- Section 1110.1540(c) – ASTC "Geographic Service Area Need - Review Criterion": Requires documentation that the proposed ASTC services and number of surgical/treatment rooms are necessary to serve the needs of the service area's population.
- Section 1110.1540(d) − "Service Demand – Establishment of ASTC Facilities or Additional Specialty": Requires documentation that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals.
- Section 1110.1540(e) – ASTC "Service Demand – Expansion of Existing Specialty": Requires documentation that the number of treatment/operating rooms to be added (at an existing facility) is necessary to reduce the facility's experienced high utilization and to meet a projected service demand.
- Section 1110.1540)f) – ASTC "Treatment Room Need Assessment" – Maintains existing minimum annual utilization standard of 1,500 hours of use per surgical/treatment room; and requires utilization data for each ASTC service, as well as the methodology used.
- Section 1110.1540(g) – ASTC "Service Accessibility": Requires documentation showing that the proposed ASTC services being established or added are necessary to improve access for residents of the GSA.
- Section 1110.1540(h) – ASTC "Unnecessary Duplication/Maldistribution – Review Criterion" − The applicant must document that the project will not result in an unnecessary duplication or maldistribution of services.
- Section 1110.1540(i) – ASTC "Staffing" - requires documentation of staffing availability and recommends a Board-certified Medical Director for the ASTC.
- Section 1110.1540(j) – ASTC "Charge Commitment": Same as the existing rule.
- Section 1110.1540(k) – ASTC "Assurances" − Requires a peer review program, and documentation that in the second year of operation after the project

completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

- Sections 1110.2730, 1110.2740 and 1110.2750 concerning "Children's Community Based Health Care Centers Alternative Health Care Models" were repealed to reflect the revisions to the Health Facilities Planning Act [20 ILCS 3960/3]
- 1110.APPENDIX A – Changes content of this Section from "Medical Specialty Eligibility/Certification Boards" to "ASTC Services".

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

Claire Burman
Rules Coordinator
Health Facilities and Services Review Board
122 S. Michigan Avenue, Suite 700
Chicago IL 60603

312/814-8814
e-mail: Claire.Burman@illinois.gov

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES AND SERVICES REVIEW BOARD
SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1110
PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

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

SUBPART B: REVIEW CRITERIA – DISCONTINUATION

Section
1110.110 Introduction (Repealed)
1110.120 Discontinuation – Definition (Repealed)
1110.130 Discontinuation – Review Criteria

SUBPART C: GENERAL PURPOSE~~, MASTER DESIGN,~~ AND FACILITY CONVERSION − INFORMATION REQUIREMENTS AND REVIEW CRITERIA

Section
1110.210 Introduction
1110.220 Definitions – General Review Criteria (Repealed)
1110.230 Purpose of Project, Safety Net Impact Statement~~Project Purpose, Background~~ and Alternatives – Information Requirements
1110.234 Project Scope and Size, Utilization and Unfinished/Shell Space – Review Criteria
1110.235 Additional General Review Criteria for Master Design and Related Projects Only
1110.240 Changes of Ownership, Mergers and Consolidations

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

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

Section
1110.310 Introduction (Repealed)
1110.320 Bed Related Review Criteria (Repealed)

SUBPART E: MODERNIZATION REVIEW CRITERIA

Section
1110.410 Introduction (Repealed)
1110.420 Modernization Review Criteria (Repealed)

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

Section
1110.510 Introduction (Repealed)
1110.520 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Definitions (Repealed)
1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria

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

Section
1110.610 Introduction (Repealed)
1110.620 Comprehensive Physical Rehabilitation – Definitions (Repealed)
1110.630 Comprehensive Physical Rehabilitation – Review Criteria

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

Section
1110.710 Introduction (Repealed)
1110.720 Acute Mental Illness – Definitions (Repealed)
1110.730 Acute Mental Illness and Chronic Mental Illness – Review Criteria

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

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

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

Section
1110.910 Introduction
1110.920 Neonatal Intensive Care – Definitions
1110.930 Neonatal Intensive Care – Review Criterion

SUBPART K: CATEGORY OF SERVICE REVIEW CRITERIA – BURN TREATMENT

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

SUBPART L: CATEGORY OF SERVICE REVIEW CRITERIA – THERAPEUTIC RADIOLOGY

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

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

Section
1110.1210 Introduction

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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1110.1220 Open Heart Surgery – Definitions
1110.1230 Open Heart Surgery – Review Criteria

SUBPART N: CATEGORY OF SERVICE REVIEW CRITERIA – CARDIAC CATHETERIZATION

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

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA – IN-CENTER HEMODIALYSIS

Section
1110.1410 Introduction (Repealed)
1110.1420 Chronic Renal Dialysis – Definitions (Repealed)
1110.1430 In-Center Hemodialysis Projects – Review Criteria

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA – NON-HOSPITAL BASED AMBULATORY SURGICAL TREATMENT CENTER SERVICES~~SURGERY~~

Section
1110.1510 Introduction (Repealed)
1110.1520 Non-Hospital Based Ambulatory Surgery – Definitions (Repealed)
1110.1530 Non-Hospital Based Ambulatory Surgical Treatment Center Services~~Surgery~~ – Projects Not Subject to This Part
1110.1535 Recognition of Non-Hospital Based Ambulatory Surgical Treatment Center (ASTC) Services
1110.1540 Non-Hospital Based Ambulatory Surgical Treatment Center Services~~Surgery~~ – Review Criteria

SUBPART Q: CATEGORY OF SERVICE REVIEW CRITERIA – COMPUTER SYSTEMS

Section
1110.1610 Introduction (Repealed)

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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1110.1620 Computer Systems – Definitions (Repealed)
1110.1630 Computer Systems – Review Criteria (Repealed)

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

Section
1110.1710 Introduction (Repealed)
1110.1720 General Long Term Care – Definitions (Repealed)
1110.1730 General Long Term Care – Review Criteria (Repealed)

SUBPART S: CATEGORY OF SERVICE REVIEW CRITERIA – SPECIALIZED LONG-TERM CARE

Section
1110.1810 Introduction (Repealed)
1110.1820 Specialized Long-Term Care – Definitions (Repealed)
1110.1830 Specialized Long-Term Care – Review Criteria (Repealed)

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

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

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

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

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

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

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

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

Section
1110.2310 Introduction (Repealed)
1110.2320 Selected Organ Transplantation – Definitions (Repealed)
1110.2330 Selected Organ Transplantation – Review Criteria

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA – KIDNEY TRANSPLANTATION

Section
1110.2410 Introduction (Repealed)
1110.2420 Kidney Transplantation – Definitions (Repealed)
1110.2430 Kidney Transplantation – Review Criteria

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

Section
1110.2510 Introduction
1110.2520 Subacute Care Hospital Model – Definitions (Repealed)
1110.2530 Subacute Care Hospital Model – Review Criteria
1110.2540 Subacute Care Hospital Model – HFSRB~~HFPB~~ Review
1110.2550 Subacute Care Hospital Model – Project Completion

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

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1110.2620 Postsurgical Recovery Care Center Alternative Health Care Model – Definitions (Repealed)
1110.2630 Postsurgical Recovery Care Center Alternative Health Care Model – Review Criteria
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1110.2650 Postsurgical Recovery Care Center Alternative Health Care Model – Project Completion

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Section
1110.2710 Introduction (Repealed)
1110.2720 Children's Respite Care Center Alternative Health Care Model – Definitions (Repealed)
1110.2730 Children's Community-Based Health Care Center Alternative Health Care Model – Review Criteria (Repealed)
1110.2740 Children's Community-Based Health Care Center Alternative Health Care Model – HFPB Review (Repealed)
1110.2750 Children's Community-Based Health Care Center Alternative Health Care Model – Project Completion (Repealed)

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

Section
1110.2810 Introduction
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1110.2840 Community-Based Residential Rehabilitation Center Alternative Health Care Model – State Board Review
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SUBPART AD: CATEGORY OF SERVICE REVIEW CRITERIA − LONG TERM ACUTE CARE HOSPITAL BED PROJECTS

Section
1110.2930 Long Term Acute Care Hospital Bed Projects − Review Criteria

SUBPART AE: CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE – REVIEW CRITERIA

Section
1110.3030 Clinical Service Areas Other Than Categories of Service – Review Criteria

SUBPART AF: CATEGORY OF SERVICE REVIEW CRITERIA − BIRTH CENTER − ALTERNATIVE HEALTH CARE MODEL

Section
1110.3110 Introduction
1110.3130 Birth Center − Alternative Health Care Model – Review Criteria

SUBPART AG: CATEGORY OF SERVICE REVIEW CRITERIA −

Section
1110.3210 Introduction
1110.3230 Freestanding Emergency Center Medical Services − Review Criteria

1110.APPENDIX A ASTC Services~~Medical Specialty Eligibility/Certification Boards~~
1110.APPENDIX B State Guidelines − Square Footage and Utilization
1110.APPENDIX C Statutory Citations for All State and Federal Laws and Regulations Referenced in Chapter 3

AUTHORITY: Authorized by Section 12 of, and implementing, the Illinois Health Facilities

Planning Act [20 ILCS 3960].

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987; amended at 12 Ill. Reg. 16099, effective September 21, 1988; amended at 13 Ill. Reg. 16078, effective September 29, 1989; emergency amendments at 16 Ill. Reg. 13159, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 16 Ill. Reg. 16108, effective October 2, 1992; amended at 17 Ill. Reg. 4453, effective March 24, 1993; amended at 18 Ill. Reg. 2993, effective February 10, 1994; amended at 18 Ill. Reg. 8455, effective July 1, 1994; amended at 19 Ill. Reg. 2991, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 7981, effective May 31, 1995, for a maximum of 150 days; emergency expired October 27, 1995; emergency amendment at 19 Ill. Reg. 15273, effective October 20, 1995, for a maximum of 150 days; recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill. Reg. 2600; amended at 20 Ill. Reg. 4734, effective March 22, 1996; amended at 20 Ill. Reg. 14785, effective November 15, 1996; amended at 23 Ill. Reg. 2987, effective March 15, 1999; amended at 24 Ill. Reg. 6075, effective April 7, 2000; amended at 25 Ill. Reg. 10806, effective August 24, 2001; amended at 27 Ill. Reg. 2916, effective February 21, 2003; amended at 32 Ill. Reg. 12332, effective July 18, 2008; amended at 33 Ill. Reg. 3312, effective February 6, 2009; amended at 34 Ill. Reg. 6121, effective April 13, 2010; amended at 35 Ill. Reg. 16989, effective October 7, 2011; amended at 36 Ill. Reg. 2569, effective January 31, 2012; amended at 38 Ill. Reg. 8861, effective April 15, 2014.

SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

Section 1110.10 Introduction and Applicability

An application for permit *shall be made to* *the* Health Facilities and Services Review Board (HFSRB)~~*HFPB*~~ and shall *contain such information as* HFSRB~~*HFPB*~~ *deems necessary* [20 ILCS 3960/6]. The applicant is responsible for addressing all pertinent review criteria that relate to the scope of a construction or modification project or to a project for the acquisition of major medical equipment. Applicable review criteria may include, but are not limited to, general review criteria, discontinuation, ~~modernization,~~ category of service criteria, and financial and

economic feasibility criteria. Applications for permit shall be processed, classified and reviewed in accordance with all applicable HFSRB~~HFPB~~ rules. HFSRB~~HFPB~~ shall consider a project's conformance with all applicable review criteria in evaluating applications and in determining whether a permit should be issued. Definitions pertaining to this Part are contained in the Act and in 77 Ill. Adm. Code 1100 and 1130. HFSRB's operational~~HFPB's procedural~~ rules relating to the processing and review of applications for permit are contained in 77 Ill. Adm. Code 1130.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.40 Classification of Projects~~ and Applicable Review Criteria~~

When an application for permit has been received by HFSRB~~HFPB~~, the Administrator~~Executive Secretary~~ shall classify the project into one of the following classifications:

a) Emergency Review Classification

1) An emergency review classification applies only to those construction or modification projects that affect the inpatient or outpatient operation of a health care facility and are necessary because one or more of the following conditions exist:

A) An imminent threat to the structural integrity of the building; or

B) An imminent threat to the safe operation and functioning of the mechanical, electrical or comparable systems of the building.

2) Applications classified as emergency will be reviewed for conformance with the following review criteria:

A) Documentation has been provided that verifies the existence of one or both of the conditions specified in subsection (a)(1)(A) or (B); and

B) Failure to proceed immediately with the project would result in closure or impairment of the inpatient operation of the facility; and

C) The emergency conditions did not exist longer than 30 days prior to the receipt of the application for permit.

3) Further detail concerning the process for emergency applications is provided in 77 Ill. Adm. Code 1130.610.

b) Non-Substantive Review Classification

Non-substantive projects are those construction or modification projects that are not classified as substantive or emergency~~solely and entirely limited in scope to the type of project detailed in the following table~~. Applications classified as non-substantive will be reviewed for conformance with the applicable review criteria in this Part~~detailed in the following table for the type of project specified~~.

~~Type of Project~~	~~Applicable Review Criteria~~
~~Discontinuation of category of service or facility~~	~~Section 1110.130 and 77 Ill. Adm. Code 1120~~
~~Facility conversion (e.g., change of ownership, merger or consolidation)~~	~~Sections 1110.230, 1110.240, and 77 Ill. Adm. Code 1120~~
~~Long-term care for the Developmentally Disabled (Adults and Children) Categories of Service~~	~~Sections 1110.230, 1110.234, 1110.1830, and 77 Ill. Adm. Code 1120~~
~~Acute Care Beds Certified for Extended Care Category of Service as defined by the Centers for Medicare and Medicaid Services (42 CFR 405.471 (1987))~~	~~Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120~~
~~In-Center Hemodialysis Category of Service~~	~~Sections 1110.230, 1110.234, 1110.1430, and 77 Ill. Adm. Code 1120~~
~~Projects intended solely to provide care to patients suffering from Acquired Immunodeficiency Syndrome (AIDS) or related disorders~~	~~Sections 1110.230, 234, and 77 Ill. Adm. Code 1120~~
~~Master design projects~~	~~Sections 1110.230, 1110.234,~~

	~~1110.235, 77 Ill. Adm. Code 1120 and Sections pertaining to any category of service proposed in the Master Plan Projects~~
~~Outpatient clinical service areas~~	~~Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120~~
~~Fitness centers~~	~~Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120~~
~~Community-Based Residential Rehabilitation Center Alternative Health Care Model~~	~~Section 1110.2830~~

c) Substantive Review Classification

1) *Substantive projects shall include no more than the following:*

A) *Projects to construct:*

i) *A new or replacement facility located on a new site; or*

ii) *A replacement facility located on the same site as the original facility and the cost of the replacement facility exceeds the capital expenditure minimum, which shall be reviewed by the Board within 120 days;*

B) Projects proposing:

i) Establishment of a category of *service within an existing healthcare facility; or*

ii) *Discontinuation of a* category of *service within an existing healthcare facility* or discontinuation of a healthcare facility;

C) Projects that involve *more than 20 beds, or more than 10% of total bed capacity that (as defined by* HFSRB*, whichever is less, over a 2-year period)* and propose a change in the bed capacity of a health care facility by:

i) *An increase in the total number of beds; or*

ii) *A redistribution of beds among various categories of service; or*

iii) *A relocation of beds from one physical facility or site to another.* [20 ILCS 3960/12(8)]~~Substantive projects are those projects that are not classified as either emergency or non-substantive.~~

2) Applications classified as substantive will be reviewed for conformance with all applicable review criteria contained in this Part.

d) Classification Appeal
Appeal of any classification may be made to HFSRB~~HFPB~~ at the next scheduled meeting following the date of the Administrator's~~Executive Secretary's~~ determination.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

SUBPART B: REVIEW CRITERIA – DISCONTINUATION

Section 1110.130 Discontinuation – Review Criteria

These criteria pertain to categories of service and facilities, as referenced in 77 Ill. Adm. Code 1130.

a) Information Requirements − Review Criterion
The applicant shall provide at least the following information:

1) Identification of the categories of service and the number of beds, if any, that are to be discontinued;

2) Identification of all other clinical services that are to be discontinued;

3) The anticipated date of discontinuation for each identified service or for the entire facility;

4) The anticipated use of the physical plant and equipment after discontinuation occurs;

5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;

6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB~~HFPB~~ or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

b) Reasons for Discontinuation − Review Criterion
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

1) Insufficient volume or demand for the service;

2) Lack of sufficient staff to adequately provide the service;

3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;

4) The facility or the service is not in compliance with licensing or certification standards.

c) Impact on Access − Review Criterion
The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of

the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

1) The service will no longer exist within 45 minutes travel time of the applicant facility;

2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's~~HFPB's~~ website;

3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

HFSRB~~HFPB~~ NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time. The applicant shall~~must~~ document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those proposed for discontinuation) located within 45 minutes travel time of the applicant facility. The request for an impact statement must be received by the facilities at least 30 days prior to submission of the application for permit. The applicant's request for an impact statement must include at least the following: the anticipated date of discontinuation of the service; the total number of patients that have received care or the number of treatments that have been provided (as applicable) for the latest 24 month period; whether the facility being contacted has or will have available capacity to accommodate a portion or all of the applicant's experienced caseload; and whether any restrictions or limitations preclude providing service to residents of the applicant's market area. The request shall allow 15 days after receipt for a written response from the contacted facility. Failure by an existing or approved facility to respond to the applicant's request for an impact statement within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for that facility.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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SUBPART C: GENERAL PURPOSE~~, MASTER DESIGN,~~ AND
FACILITY CONVERSION − INFORMATION REQUIREMENTS AND REVIEW CRITERIA

Section 1110.210 Introduction

a) This Subpart contains all Information Requirements and Review Criteria that apply in total or in part to all projects, (with the exception of projects solely involving "Discontinuation"), including:

1) Purpose of Project, Safety Net Impact Statement~~Project Purpose, Background of Applicant~~ and Alternatives − Information Requirements;

2) Project Scope and Size, Utilization and Unfinished/Shell Space Review Criteria; and

3) ~~Additional General Review Criteria for Master Design and Related Projects Only; and 4)~~Conversions (Changes of Ownership, Mergers~~,~~ and Consolidations).

b) Each required point of information is intended to provide HFSRB~~HFPB~~ with an overview of the need for a proposed project. HFSRB~~HFPB~~ shall consider a project's conformance with the applicable information requirements contained in this Subpart, as well as a project's conformance with all applicable review criteria indicated in subsection (c), to determine whether sufficient project need has been documented to issue a Certificate of Need (CON) permit.

c) The review criteria to be addressed (as required) are contained in the following Parts and Subparts:

1) Subpart C, Section 1110.232 contains review criteria concerning "Project Scope and Size", "Utilization" and "Unfinished Shell Space", and Section 1110.3030 contains review criteria concerning "Clinical Service Areas Other Than Categories of Service";

2) Subparts F through AE of this Part contain service specific review criteria that shall be addressed, as applicable, to the Category of Service included in a proposed project;

3) 77 Ill. Adm. Code 1120 contains review criteria pertaining to financial and economic feasibility;

4) 77 Ill. Adm. Code 1130 contains the CON operational~~procedural~~ requirements that may be applicable to a proposed project; and

5) *An application for a permit or exemption shall be made to* HFSRB~~*HFPB*~~ *upon forms provided by* HFSRB~~*HFPB*~~*. This application shall contain such information as* HFSRB~~*HFPB*~~ *deems necessary*. [20 ILCS 3960/6] ~~The application shall include affirmative evidence on which the Director may make the findings required under this Section and upon which HFPB may make its decision on the approval or denial of the permit or exemption.~~

d) Definitions for Subpart C and Subparts F through AE (service specific) are contained in the Act and in 77 Ill. Adm. Code 1100.220.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.230 Purpose of Project, Safety Net Impact Statement~~Project Purpose, Background~~ and Alternatives − Information Requirements

The information requirements contained in this Section are applicable to all projects except projects that are solely for discontinuation. An applicant shall document the *qualifications, background, character and financial resources to adequately provide a proper service for the community* and also demonstrate that the project promotes the *orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities* or service. [20 ILCS 3960/2]

a) ~~Background of Applicant – Information Requirements~~

~~1)~~ ~~An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character, to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the~~

~~applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").~~

~~2)~~ ~~Examples of facilities owned or operated by an applicant include:~~

~~A)~~ ~~The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.~~

~~B)~~ ~~The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.~~

~~C)~~ ~~Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.~~

~~D)~~ ~~Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.~~

~~3)~~ ~~The applicant shall submit the following information:~~

~~A)~~ ~~A listing of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, as applicable;~~

~~B)~~ ~~A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;~~

~~C)~~ ~~Authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFPB.~~

~~4)~~ ~~If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.~~

~~b)~~ Purpose of the Project – Information Requirements
The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of such information include:

A) The area's demographics or characteristics (e.g., rapid area growth rate, increased aging population, higher or lower fertility rates) that may affect the need for services in the future;

B) The population's morbidity or mortality rates;

C) The incidence of various diseases in the area;

D) The population's financial ability to access health care (e.g., financial hardship, increased number of charity care patients, changes in the area population's insurance or managed care status);

E) The physical accessibility to necessary health care (e.g., new highways, other changes in roadways, changes in bus/train routes or changes in housing developments).

2) The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other health assessment studies from governmental or academic and/or other independent sources).

3) The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.

4) For projects involving modernization, the applicant shall describe the conditions being upgraded. For facility projects, the applicant shall include statements of age and condition and any regulatory citations. For equipment being replaced, the applicant shall also include repair and maintenance records.

b) Safety Net Impact Statement – Information Requirements
All health care facilities, with the exception of skilled and intermediate long-term care facilities licensed under the Nursing Home Act [210 ILCS 45], *shall provide a safety net impact statement, which shall be filed with an application for a*

substantive project (see Section 1110.40). *Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation*. [20 ILCS 3960/5.4]

1) A safety net impact statement shall describe, if reasonably known by the applicant, all of the following information:

A) *The project's material impact, if any, on essential safety net services in the community;*

B) *The project's impact on the ability of another provider or health care system to cross-subsidize safety net services;* and

C) *How the discontinuation of a facility or service might impact the remaining safety net providers in a given community.*

2) A safety net impact statement shall also include all of the following:

A) Certification describing the amount of charity care provided by the applicant for the three fiscal years prior to submission of the application. *The amount calculated by hospital applicants shall be in accordance with the reporting requirements in the Illinois Community Benefits Act* [210 ILCS 76]. *Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.* (See 77 Ill. Adm. Code 1120.20(c).)

B) Certification describing the amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application. Hospital and non-hospital applicants shall provide Medicaid information consistent with data reported in IDPH's "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Revenue by Payor Source".

C) *Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.* [20 ILCS 3960/5.4(d)(3)]

3) Safety Net Impact Statement Response

A) *Any person, community organization, provider or health system or other entity wishing to comment upon or oppose the application may file a safety net impact statement response with the Board, which shall provide additional information concerning a project's impact on the safety net services in the community.* [20 ILCS 3960/5.4(f)]

B) *Applicants shall be provided an opportunity to submit a reply to any safety net impact statement response.* [20 ILCS 3960/5.4(g)]

4) HFSRB Staff Report
The HFSRB staff report shall indicate:

A) Whether a safety net impact statement was filed by the applicant;

B) Whether the safety net impact statement included information on *charity care, the amount of care provided to Medicaid patients, and information on teaching research, or any other service provided by the applicant that is directly relevant to safety net services* [20 ILCS 3960/5.4(h)]; and

C) *Names of the parties submitting responses and the number of responses and replies, if any, that were filed* [20 ILCS 3960/5.4(h)].

c) Alternatives to the Proposed Project – Information Requirements
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

1) Alternative options shall be addressed. Examples of alternative options include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Other considerations.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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

Section 1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria

a) Introduction

1) This Section applies to projects involving the following categories of hospital bed services: Medical/Surgical; Obstetrics; Pediatrics; and Intensive Care. Applicants proposing to establish, expand or modernize a category of hospital bed service shall comply with the applicable subsections of this Section, as follows:

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PROJECT TYPE	REQUIRED REVIEW CRITERIA		
Establishment of Services or Facility	(b)(1) & (3)	–	Background of the Applicant
	(c~~b~~)(1)	–	Planning Area Need – 77 Ill. Adm. Code - 1100 (formula calculation)
	(c~~b~~)(2)	–	Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(3)	–	Planning Area Need – Service Demand – Establishment of Category of Service
	(c~~b~~)(5)	–	Planning Area Need – Service Accessibility
	(d~~c~~)(1)	–	Unnecessary Duplication of Services
	(d~~c~~(2)	–	Maldistribution
	(d~~c~~)(3)	–	Impact of Project on Other Area Providers
	(f)~~e)(1)~~	–	Staffing Availability
	(g~~f~~)	–	Performance Requirements
	(h~~g~~)	–	Assurances
Expansion of Existing Services	(b)(1) & (3)	–	Background of the Applicant
	(c~~b~~)(2)	–	Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(4)	–	Planning Area Need – Service Demand – Expansion of Existing Category of Service
	(f)~~e)(1)~~	–	Staffing Availability
	(g~~f~~) –	–	Performance Requirements
	(h~~g~~)	–	Assurances
Category of Service Modernization	(b)(1) & (3)	–	Background of the Applicant
	(e~~d~~)(1) & (2) & (3)	–	Deteriorated Facilities

	(e~~d~~)(4)	–	Occupancy
	(g~~f~~)	–	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c~~b~~) Planning Area Need − Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of Bed Category of Service
The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c~~b~~)(3)(A) and either subsection (c~~b~~)(3)(B) or (C):

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Project Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths, and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

4) Service Demand – Expansion of Existing Category of Service
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c~~b~~)(4)(A) and either subsection (c~~b~~)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and

name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share within a 24-month period after project completion;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth:
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist; and

vii) Most recently published IDPH Hospital Questionnaire.

d~~c~~) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e~~d~~) Category of Service Modernization

1) If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bedrooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports; and

B) Joint Commission~~ on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

fe) Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

gf) Performance Requirements − Bed Capacity Minimum

1) Medical-Surgical
The minimum bed capacity for a new medical-surgical category of servicewithin a Metropolitan Statistical Area (MSA) is 100 beds.

2) Obstetrics

A) The minimum unit size for a new obstetric unit within an MSA is 20 beds.

B) The minimum unit size for a new obstetric unit outside an MSA is 4 beds.

3) Intensive Care
The minimum unit size for an intensive care unit is 4 beds.

4) Pediatrics
The minimum size for a pediatric unit within an MSA is 4 beds.

hg) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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

Section 1110.630 Comprehensive Physical Rehabilitation Beds − Review Criteria

a) Introduction

1) This Section applies to projects involving the Comprehensive Physical Rehabilitation (CPR) category of service. Applicants proposing to establish, expand or modernize CPR shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA		
Establishment of Services or Facility	(b)(1) & (3)	−	Background of the Applicant
	(c~~b~~)(1)	−	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(c~~b~~)(2)	−	Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(3)	−	Planning Area Need – Service Demand − Establishment of CPR
	(c~~b~~)(5)	−	Planning Area Need − Service Accessibility
	(d~~c~~)(1)	−	Unnecessary Duplication of Services
	(d~~c~~)(2)	−	Maldistribution

	(d~~e~~)(3)	–	Impact of Project on Other Area Providers
	(f~~e~~)(1)	–	Staffing Availability
	(g~~f~~)	–	Performance Requirements
	(h~~g~~)	–	Assurances
Expansion of Existing Services	(b)(1) & (3)	–	Background of the Applicant
	(c~~b~~)(2)	–	Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(4)	–	Planning Area Need – Service Demand – Expansion of CPR
	(f~~e~~)(1)	–	Staffing – Availability
	(g~~f~~)	–	Performance Requirements
	(h~~g~~)	–	Assurances
Comprehensive Physical Rehabilitation Modernization	(b)(1) & (3)	–	Background of the Applicant
	(e~~d~~)(1)	–	Deteriorated Facilities
	(e~~d~~)(2) & (3)	–	Documentation
	(e~~d~~)(4)	–	Occupancy
	(g~~f~~)	–	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service on-site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Comprehensive Physical Rehabilitation Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (on-site or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest

two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit

amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c~~b~~) Planning Area Need − Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing CPR service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing CPR service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of Comprehensive Physical Rehabilitation
The number of beds proposed to establish CPR service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c~~b~~)(3)(A) and either subsection (c~~b~~)(3)(B) or (C).

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital bed service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish CPR or to establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for services is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

4) Service Demand – Expansion of Comprehensive Physical Rehabilitation
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c~~b~~)(4)(A) and either subsection (c~~b~~)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify

the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist; and

vii) Most recently published IDPH Hospital Questionnaire.

d)~~c)~~ Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e)~~d)~~ Comprehensive Physical Rehabilitation Modernization

1) If the project involves modernization of a CPR service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f)~~e)~~ Staffing

1) Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission~~JCAHO~~ staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed

applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

2) Personnel Qualifications
The applicant shall document that personnel possessing proper credentials in the following categories are available to staff the service:

A) Medical Director – Medical direction of the facility shall be vested in a physician who is a doctor of medicine licensed to practice in all of its branches and who has had three years of post-graduate specialty training in the medical management of inpatients requiring rehabilitation services.

B) Rehabilitation Nursing – Supervisors, for all nurses participating as part of the rehabilitation team, must be available on staff and shall have documented education in rehabilitation nursing and at least one year of rehabilitation nursing experience.

C) Allied Health – The following allied health specialists shall be available on staff:

i) Physical Therapist – Graduate of a program in physical therapy approved by the American Physical Therapy Association is licensed to practice in the State of Illinois.

ii) Occupational Therapist – Registered by the American Occupational Therapy Association or graduate of an approved educational program, with the experience needed for registration. Educational programs are approved by the American Medical Association's Council on Medical Education in collaboration with the American Occupational Therapy Association. The therapist shall be licensed to practice in the State of Illinois.

iii) Social Worker − The individual responsible for social services shall have a Master's of Social Work and meet the State of Illinois requirements (~~see 225 ILCS 20,~~ the

Clinical Social Work and Social Work Practice Act [225 ILCS 20]).

D) Other Specialties – The following personnel shall be available on staff or on a consulting basis:

i) Speech Pathologist;

ii) Psychologist;

iii) Vocational Counselor or Specialist;

iv) Dietitian;

v) Pharmacist;

vi) Audiologist; and

vii) Prosthetist and Orthotist.

E) Documentation shall consist of:

i) Medical Director
Curriculum Vitae of Medical Director

ii) Other Personnel

- Letters of interest from potential employees
- Applications filed with the applicant for a position
- Signed contracts with required staff
- Narrative explanation of how other positions will be filled

g)~~f)~~ Performance Requirements − Bed Capacity Minimums

1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.

2) The minimum hospital unit size for comprehensive physical rehabilitation is 16 beds.

h)~~g)~~ Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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

Section 1110.730 Acute Mental Illness – Review Criteria

a) Introduction

1) This Section applies to projects involving Acute Mental Illness (AMI) and Chronic Mental Illness (CMI). Applicants proposing to establish, expand or modernize AMI and CMI categories of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	(b)(1) & (3) – Background of the Applicant
	(c)~~(b)~~(1) – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(c)~~(b)~~(2) – Planning Area Need – Service to Planning Area Residents

	(c)~~(b)~~(3)	–	Planning Area Need – Service Demand – Establishment of AMI and/or CMI
	(c)~~(b)~~(5)	–	Planning Area Need – Service Accessibility
	(d)~~(c)~~(1)	–	Unnecessary Duplication of Services
	(d)~~(c)~~(2)	–	Maldistribution
	(d)~~(c)~~(3)	–	Impact of Project on Other Area Providers
	(f)~~(e)~~	–	Staffing Availability
	(g)~~(f)~~	–	Performance Requirements
	(h)~~(g)~~	–	Assurances
Expansion of Existing Services	(b)(1) & (3)	–	Background of the Applicant
	(c)~~(b)~~(2)	–	Planning Area Need – Service to Planning Area Residents
	(c)~~(b)~~(4)	–	Planning Area Need – Service Demand – Expansion of AMI and/or CMI
	(f)~~(e)~~	–	Staffing Availability
	(g)~~(f)~~	–	Performance Requirements
	(h)~~(g)~~	–	Assurances
Category of Service Modernization	(b)(1) & (3)	–	Background of the Applicant
	(e)~~(d)~~(1)	–	Deteriorated Facilities
	(d)(2) & (3)	–	Documentation
	(e)~~(d)~~(4)	–	Occupancy
	(g)~~(f)~~	–	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "AMI and/or CMI Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service offsite, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter

Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

1) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

2) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c)~~b)~~ Planning Area Need − Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing AMI and/or CMI service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing AMI and/or CMI service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of AMI and/or CMI
The number of beds proposed to establish a new AMI and/or CMI service is necessary to accommodate the service demand experienced by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c~~b~~)(3)(A) and subsection (c~~b~~)(3)(B) or (C).

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital bed service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish a new AMI and/or CMI service or establish a new hospital shall submit the following:

i) Physician referral and/or DHS-funded mental health provider (59 Ill. Adm. Code 132) letters that attest to the total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician and/or DHS-funded mental health provider will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's and/or mental health provider's documented historical caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract. Applicants proposing to use zip code data to define the project market area shall indicate the sources of that information;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projection shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

D) Patient Type
The applicant shall identify the type of patients that will be served by the project by providing the clinical conditions anticipated (e.g., eating disorder, borderline personality disorder, dementia) and age groups (e.g., childhood, adolescent, geriatric) targeted.

4) Service Demand – Expansion of AMI and/or CMI Service
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c)~~(b)~~(4)(A) and either subsection (c)~~(b)~~(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and

name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) an estimated number of patients the physician will refer to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

d)~~c)~~ Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, bed and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e)~~d)~~ AMI and/or CMI Modernization

1) If the project involves modernization of an AMI and/or CMI service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f)~~e)~~ Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission~~JCAHO~~ staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

g)~~f)~~ Performance Requirements − Bed Capacity Minimums

1) The minimum unit size for a new AMI unit within an MSA is 20 beds.

2) The minimum unit size for a new AMI unit outside an MSA is 10 beds.

h)~~g)~~ Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA – IN-CENTER HEMODIALYSIS

Section 1110.1430 In-Center Hemodialysis Projects – Review Criteria

a) Introduction

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

1) This Section applies to projects involving the In-Center Hemodialysis category of service. Applicants proposing to establish, expand or modernize this category of service shall comply with the applicable subsections of this Section as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	(b)(1) & (3) – Background of the Applicant
	(c)~~(b)~~(1) – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(c)~~(b)~~(2) – Planning Area Need – Service to Planning Area Residents
	(c)~~(b)~~(3) – Planning Area Need – Service Demand – Establishment of In-Center Hemodialysis
	(c)~~(b)~~(5) – Planning Area Need – Service Accessibility
	(d)~~(c)~~(1) – Unnecessary Duplication of Services
	(d)~~(c)~~(2) – Maldistribution
	(d)~~(c)~~(3) – Impact of Project on Other Area Providers
	(f)~~(e)~~ – Staffing
	(g)~~(f)~~ – Support Services
	(h)~~(g)~~ – Minimum Number of Stations
	(i)~~(h)~~ – Continuity of Care
	(j) – Relocation (if applicable)
	(k)~~(j)~~ – Assurances
Expansion of Existing Services	(b)(1) & (3) – Background of the Applicant
	(c)~~(b)~~(2) – Planning Area Need – Service to Planning Area Residents

	(c)~~(b)~~(4)	–	Planning Area Need – Service Demand – Expansion of In-Center Hemodialysis
	(f)~~(e)~~(1)	–	Staffing – Availability
	(g)~~(f)~~	–	Support Services
	(k)~~(j)~~	–	Assurances
In-Center Hemodialysis Modernization	(e)~~(d)~~(1)	–	Deteriorated Facilities
	(e)~~(d)~~(2) & (3)	–	Documentation
	(g)~~(f)~~	–	Support Services

2) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements listed in subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and subsection (j~~i~~) (Relocation of Facilities).

3) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of stations being replaced shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional stations can be justified per the criteria for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the

stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

1) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

2) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any

duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In such instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c)~~b)~~ Planning Area Need − Review Criterion
The applicant shall document that the number of stations to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)

A) The number of stations to be established for in-center hemodialysis is in conformance with the projected station deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of stations proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the utilization standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add stations shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add stations to an existing in-center hemodialysis service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing in-center hemodialysis service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of In-Center Hemodialysis Service
The number of stations proposed to establish a new in-center hemodialysis service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new facility, the applicant shall submit projected referrals The applicant shall document subsection (c~~b~~)(3)(A) and either subsection (c~~b~~)(3)(B) or (C).

A) Historical Referrals

i) If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years.

ii) Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient facility.

B) Projected Referrals
The applicant shall provide physician referral letters that attest to:

i) The physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter;

ii) The number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year;

iii) An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iv) An estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health status (e.g., the patients received kidney transplants or expired);

v) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;

vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services; and

vii) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

4) Service Demand – Expansion of In-Center Hemodialysis Service
The number of stations to be added for each category of service is necessary to reduce the facility's experienced high utilization and to meet a projected demand for service. The applicant shall document subsection (c~~b~~)(4)(A) and either (c~~b~~)(4)(B) or (C):

A) Historical Service Demand

i) An average annual utilization rate that has equaled or exceeded utilization standards for in-center hemodialysis service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject service, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient facility, for each of the latest two years.

B) Projected Referrals

i) The applicant shall provide physician letters that attest to:

- the physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the

most recent three years and the end of the most recent quarter;

- the number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year;

- an estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

ii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;

iii) The physician shall verify that the patient referrals have not been used to support another pending or approved CON application for the subject services; and

iv) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

5) Service Accessibility
The number of stations being established or added for the subject category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(5) only, all services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

d)~~e)~~ Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of station service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, stations and services characterized by such factors as, but not limited to:

A) A ratio of stations to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the utilization standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e)~~d)~~ Category of Service Modernization

1) If the project involves modernization of an in-center hemodialysis service, the applicant shall document that the areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the relocation or modernization of in-center hemodialysis or a facility shall meet or exceed the utilization standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f)~~e)~~ Staffing

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission~~JCAHO~~ staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

1) Qualifications

A) Medical Director – Medical direction of the facility shall be vested in a physician who has completed a board-approved training program in nephrology and has at least 12 months experience providing care to patients receiving dialysis.

B) Registered Nurse – The nurse responsible for nursing services in the unit shall be a registered nurse (RN) who meets the practice requirements of the State of Illinois and has at least 12 months experience in providing nursing care to patients on maintenance dialysis.

C) Dialysis Technician – This individual shall meet all applicable State of Illinois requirements (see ~~210 ILCS 62,~~ the End Stage Renal Disease Facility Act [210 ILCS 62]). In addition, the

applicant shall document its requirements for training and continuing education.

D) Dietitian – This individual shall be a registered dietitian with the Commission on Dietetic Registration, meet the practice requirements of the State of Illinois (see the Dietetic and Nutrition Services Practice Act [225 ILCS 30]) and have a minimum of one year of professional work experience in clinical nutrition as a registered dietitian.

E) Social Worker – The individual responsible for social services shall have a Master's of Social Work and meet the State of Illinois requirements (see ~~225 ILCS 20,~~ the Clinical Social Work and Social Work Practice Act [225 ILCS 20]).

2) Documentation shall consist of:

A) Medical Director
Curriculum vitae of Medical Director, including a list of all in-center hemodialysis facilities where the position of Medical Director is held.

B) All Other Personnel

i) Letters of interest from potential employees;

ii) Applications filed with the applicant for a position;

iii) Signed contracts with required staff; or

iv) A narrative explanation of how other positions will be filled.

3) Training
The applicant proposing to establish an in-center hemodialysis category of service shall document that an ongoing program of training in dialysis techniques for nurses and technicians will be provided at the facility.

4) Staffing Plan
The applicant proposing to establish an in-center hemodialysis category of service shall document that at least one RN will be on duty when the unit is in operation and will maintain a ratio of at least one direct patient care provider to every four patients.

5) Medical Staff
The applicant shall provide a letter certifying whether the facility will or will not maintain an open medical staff.

g)~~f)~~ Support Services – Review Criterion
An applicant proposing to establish an in-center hemodialysis category of service must submit a certification from an authorized representative that attests to each of the following:

1) Participation in a dialysis data system;

2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and

3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility, or the existence of a signed, written agreement for provision of these services with another facility.

h)~~g)~~ Minimum Number of Stations
The minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is:

1) Four dialysis stations for facilities outside an MSA;

2) Eight dialysis stations for a facility within an MSA.

i)~~h)~~ Continuity of Care
An applicant proposing to establish an in-center hemodialysis category of service shall document that a signed, written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services. Documentation shall consist of copies of all such agreements.

j)~~i)~~ Relocation of Facilities – Review Criterion
This criterion may only be used to justify the relocation of a facility from one location in the planning area to another in the same planning area and may not be used to justify any additional stations. A request for relocation of a facility requires the discontinuation of the current category of service at the existing site and the establishment of a new category of service at the proposed location. The applicant shall document the following:

1) That the existing facility has met the utilization targets detailed in 77 Ill. Adm. Code 1100.630 for the latest 12-month period for which data is available; and

2) That the proposed facility will improve access for care to the existing patient population.

k)~~j)~~ Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal; and

2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:

≥ 85% of hemodialysis patient population achieves urea~~area~~ reduction ratio (URR) ≥ 65% and ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II ~~,~~1.2.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA – NON-HOSPITAL BASED AMBULATORY SURGICAL TREATMENT CENTER

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

SERVICES~~SURGERY~~

Section 1110.1510 Introduction (Repealed)

~~Subpart P contains Review Criteria which pertain to the Non-Hospital Based Ambulatory Surgery category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.1520 Non-Hospital Based Ambulatory Surgery – Definitions (Repealed)

~~"Ambulatory Surgical Treatment Center" means any institution, place or building required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5].~~

~~"Non-Hospital Based Ambulatory Surgery" means a category of service relating to surgery that is performed at ambulatory surgical treatment centers on patients that arrive and are discharged the same day. Ambulatory surgery as the provision of surgical services may require anesthesia or a period of post-operative observation or both on a patient whose inpatient stay is not anticipated as being medically necessary.~~

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.1530 Non-Hospital Based Ambulatory Surgical Treatment Services~~Surgery~~ – Projects Not Subject to This Part

The specific criteria of this Subpart~~Part~~ will not apply to hospital projects that will provide ambulatory surgical service and that will be operated in accordance with the provisions of the Hospital Licensing Act.

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.1535 Recognition of Non-Hospital Based Ambulatory Surgical Treatment Center (ASTC) Services

a) Due to revisions in Section 1110.1540, HFSRB shall recognize the existence of the non-hospital based ASTC services for licensed facilities that are able to verify the existence of these ASTC services prior to January 1, 2014. The following documentation shall be submitted to HFSRB to substantiate the claim that the ASTC services existed prior to that date:

1) verification that identified outpatient surgical procedures have been performed at the facility prior to January 1, 2014; and

2) verification that the facility has obtained a license as an ASTC prior January 1. 2014;

b) Documentation shall be in the form of a letter from IDPH's licensure program confirming that an ASTC license was obtained and a copy of the most recent HFSRB Ambulatory Surgical Treatment Center Data Profile for the subject facility. Documentation for an ASTC service that has not been performed during the most recent year shall include:

1) a letter from IDPH's licensure program confirming that an ASTC license was obtained prior to January 1, 2014; and

2) either:

A) a copy of the "Annual Ambulatory Surgical Treatment Center Data Profile" showing when the procedure in question was performed; or

B) a copy of the CON permit letter that identifies the services included in the permit approval.

c) Recognition by HFSRB of the non-hospital based ASTC services exempts the facility from the requirement of obtaining a permit for establishment of a health care facility and establishment of the identified and verified ASTC services. The exemption shall be valid and remain in effect provided that the following requirements are met:

1) the procedures and scope of services provided at the facility remain restricted to the ASTC services (e.g., podiatry, ophthalmology, plastic surgery) in operation on or before January 1, 2014; and

2) the facility has obtained a license from IDPH on or before January 1, 2014; and

3) the facility has petitioned HFSRB for recognition of the service no more than 90 days after April 15, 2014.

d) The ASTC shall be subject to the provisions of 77 Ill. Adm. Code 1100.640 and Sections 1110.1530 and 1110.1540 of this Part regarding subsequent transactions that require a permit. Failure to comply with any of the requirements of this Part or subsequent discontinuation of the facility shall:

1) void the recognition of the verified ASTC services and their subsequent exemption; and

2) subject the facility to the sanctions and penalties provided by Section 14.1 of the Act and 77 Ill. Adm. Code 1130.790; and

3) require a permit to:

A) establish an ASTC or ASTC service; or

B) change ownership; or

C) expand an existing ASTC; or

D) modernize an existing ASTC when the estimated total project cost exceeds the capital expenditure minimum. The current threshold is determined under 77 Ill. Adm. Code 1130.Appendix A and posted on HFSRB's website (www.hfsrb.illinois.gov); or

E) discontinue an ASTC.

(Source: Added at 38 Ill. Reg. 8861, effective April 15, 2014)

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

Section 1110.1540 Non-Hospital Based Ambulatory Surgical Treatment Center Services – Review Criteria~~Surgery – Review Criteria~~

a) Introduction

1) *Ambulatory Surgical Treatment Centers required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act* [210 ILCS 5] are defined as healthcare facilities subject to the requirements of the Health Facilities Planning Act [20 ILCS 3960/3] and HFSRB rules (77 Ill. Adm. Code 1100, 1110, 1120 and 1130). Facilities licensed as PSTCs under the ASTC Act are not subject to HFSRB rules related to Non-Hospital Based ASTCs.

2) A permit is required for:

A) the establishment of a new non-hospital based ambulatory surgical treatment center (ASTC); or

B) the addition or establishment of a new ASTC service to an existing non-hospital based ASTC; or

C) the increase or expansion of the number of surgical/treatment rooms for an existing ASTC service in a non-hospital based ASTC, if the total estimated project cost exceeds the capital expenditures minimum. The current threshold is posted on HFSRB's website (www.hfsrb.illinois.gov); or

D) any action with a total estimated project cost that exceeds the capital expenditures minimum. The current threshold is determined under 77 Ill. Adm. Code 1130.Appendix A and posted on HFSRB's website (www.hfsrb.illinois.gov).

3) Applicants proposing to establish an ASTC or add or expand an ASTC service in an existing ASTC facility shall describe how the proposed project will address the following indicators of need, as presented in the following table:

PROJECT TYPE	REQUIRED REVIEW CRITERIA		
Establishment of ASTC Facility or Additional ASTC Service	(a)(5)(A) & (B)	–	Introduction – Identification of ASTC Service and # of Surgical/Treatment Rooms
	(b)(1) through (4)	–	Background of the Applicant
	(c)(2)(A) & (B)	–	Service to GSA Residents
	(d)(1) & (2) or (3)	–	Service Demand – Establishment
	(f) (1) & (2)	–	Treatment Room Need Assessment
	(g)	–	Service Accessibility
	(h)(1) through (3)	–	Unnecessary Duplication/Maldistribution
	(i)(1) & (2)	–	Staffing
	(j)	–	Charge Commitment
	(k)(1) & (2)	–	Assurances
Expansion of Existing ASTC Service	(a)(5)(A) & (B)	–	Introduction – Identification of ASTC Service and # of Surgical/Treatment Rooms
	(b)(1) through (4)	–	Background of the Applicant
	(c)(2)(A) & (B)	–	Service to GSA Residents
	(e)(1) through (3)	–	Service Demand – Expansion
	(f) (1) & (2)	–	Treatment Room Need Assessment
	(i)(1) & (2)	–	Staffing
	(j)	–	Charge Commitment
	(k)(1) & (2)	–	Assurances

4) In addition to addressing the applicable criteria listed in the chart in subsection (a)(4), the applicant shall indicate:

A) The existing and the proposed ASTC services as specified in Appendix A;

B) The existing and the proposed number of surgical/treatment rooms for each ASTC service as specified in Appendix A;

C) If an ASTC service is not specified in Appendix A, the applicant shall indicate the existing and proposed ASTC services, the existing and proposed number of surgical/treatment rooms, and the professional standards applicable to the proposed ASTC services.

5) Transition Period for Meeting Section 1110.1540 Requirements

A) Multi-specialty ASTCs that provided at least three of the ASTC services listed in Appendix A prior to April 15, 2014, except those ASTCs described in subsection (a)(5)(C), shall be exempt from this Section's CON application requirements for adding additional ASTC services until January 1, 2018.

B) Effective April 15, 2014, multi-specialty ASTCs adding new services shall notify HFSRB of what services are being added and the effective date of those services. The notification of each new service added shall be submitted to HFSRB within 30 days after the service addition. Beginning January 1, 2018, multi-specialty ASTCs seeking to add additional ASTC services shall apply for a CON permit pursuant to the provisions of this Section.

C) Multi-specialty ASTCs that, as a condition of CON permit issuance, agreed to apply for CON permits when adding services shall continue to apply for CON permits when adding new services.

6) Sanctions and Penalties
Noncompliance with the requirements of Sections 1110.1535 through 1110.1540 shall be considered a violation and shall be subject to the

sanctions and penalties in the Act (see 20 ILCS 3960/14.1) and in 77 Ill. Adm. Code 1130.790.

b) Background of the Applicant – Review Criterion
The information requirements contained in this Section are applicable to all projects except projects that are solely for discontinuation. An applicant shall document the *qualifications, background, character and financial resources to adequately provide a proper service for the community* and also demonstrate that the project promotes the *orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities* or service. [20 ILCS 3960/2]

1) An applicant shall demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community with particular regard to the qualification, background and character of the applicant* [20 ILCS 3960/6(d)]. In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter

Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH-access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c) Geographic Service Area Need − Review Criterion
The applicant shall document that the ASTC services and the number of surgical/treatment rooms to be established, added or expanded are necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation)

As stated in 77 Ill. Adm. Code 1100, "No formula need determination for the number of ASTCs and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be established pursuant to the applicable review criteria of 77 Ill. Adm. Code 1110."

2) Service to Geographic Service Area Residents
The applicant shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

A) The applicant shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all zip code areas that are located within 45 minutes multi-directional travel time (under normal driving conditions) of the project's site.

B) The applicant shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin information shall be based upon the patient's legal residence (other than a health care facility) for the last six months immediately prior to admission.

d) Service Demand – Establishment of an ASTC Facility or Additional ASTC Service
The applicant shall document that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals. The applicant shall document the information required by subsection (d)(1) and either subsection (d)(2) or (3):

1) Historical Referrals
The applicant shall provide physician referral letters that attest to the physician's total number of treatments (for each ASTC service that has been referred to existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12-month period prior to submission of the application. The documentation of physician referrals shall include the following information:

A) patient origin by zip code of residence;

B) name and specialty of referring physician;

C) name and location of the recipient hospital or ASTC; and

D) number of referrals to other facilities for each proposed ASTC service for each of the latest two years.

2) Projected Service Demand
The applicant shall provide the following documentation:

A) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at

existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12-month period prior to submission of the application;

B) Documentation demonstrating that the projected patient volume, as evidenced by the physician referral letters, is from within the GSA defined under subsection (c)(2);

C) An estimated number of treatments the physician will refer annually to the applicant facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of projected referrals used to justify the proposed establishment cannot exceed the historical percentage of applicant market share within a 24-month period after project completion;

D) Referrals to health care providers other than IDPH-licensed ASTCs or hospitals will not be included in determining projected patient volume;

E) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address, and the specialty of the physician; and

F) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

3) Projected Service Demand − Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

A) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

B) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county,

incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

C) Projections shall be for a maximum period of five years from the date the application is submitted;

D) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

E) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

F) Projections shall be for total population and specified age groups or the applicant's market area, as defined by HFSRB, for each specialty in the application;

G) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted; and

H) The applicant shall estimate the future demand for the number of treatments or procedures based upon population growth and no change in the facility's market share.

e) Service Demand − Expansion of Existing ASTC Service
The number of surgical/treatment rooms to be added at an existing facility is necessary to reduce the facility's experienced high utilization and to meet a projected demand for service. The applicant shall document the information required by subsections (e)(1)(A) and (B) and either subsections (e)(2)(A) and (B) or (e)(3):

1) Historical Service Demand

A) The applicant shall document an average utilization rate that has equaled or exceeded the standards specified in 77 Ill. Adm. Code 1100 for existing surgical/treatment rooms for each of the latest two years.

B) If patients have been referred to other IDPH-licensed facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code of residence; name and specialty of referring physician; and the name and location of the recipient hospital or ASTC, for each of the latest two years.

2) Projected Service Demand − Projected Referrals

A) The applicant shall provide physician referral letters that attest to the physician's total number of patients (by zip code of residence) that have received treatments at existing IDPH-licensed facilities located in the GSA during the 12-month period prior to submission of the application, and an estimate of the number of patients that will be referred by the physician to the applicant's facility.

B) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address and the specialty of the physician. The anticipated number of referrals cannot exceed the physician's experienced caseload.

3) Projected Service Demand − Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in subsection (d)(3).

f) Treatment Room Need Assessment – Review Criterion

1) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based upon an annual minimum utilization of 1,500 hours of use per room, as established in 77 Ill. Adm. Code 1100.

2) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the

average time per patient treatment/session (e.g., experienced historical caseload data, industry norms or special studies).

g) Service Accessibility
The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The applicant shall document that at least one of the following conditions exists in the GSA:

1) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;

2) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;

3) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;

4) The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:

A) The existing hospital is currently providing outpatient services to the population of the subject GSA;

B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;

C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and

D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

h) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(A):

A) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and

B) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

A) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average;

B) historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or

C) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and

B) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

i) Staffing

1) Staffing Availability
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and the Joint Commission or other nationally recognized accrediting bodies can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

2) Medical Director
It is recommended that the procedures to be performed for each ASTC service are under the direction of a physician who is board certified or board eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that category of service.

j) Charge Commitment
In order to meet the objectives of the Act, which are *to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process* [20 ILCS 3960/2], the applicant shall submit the following:

1) a statement of all charges, except for any professional fee (physician charge); and

2) a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

k) Assurances

1) The applicant shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

2) The applicant shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures that would increase utilization.

~~a) "Scope of Services Provided" - Review Criterion~~
~~Any applicant proposing to establish a non-hospital based ambulatory surgical category of service must detail the surgical specialties that will be provided by the proposed project and whether the project will result in a limited specialty or multi-specialty ambulatory surgical treatment center (ASTC).~~

~~1) The applicant must indicate which of the following surgical specialties will be provided at the proposed facility:~~

~~A) Cardiovascular~~

~~B) Dermatology~~

~~C) Gastroenterology~~

~~D) General/Other (includes any procedure that is not included in the other specialties)~~

~~E) Neurological~~

~~F) Obstetrics/Gynecology~~

~~G) Ophthalmology~~

~~H) Oral/Maxillofacial~~

~~I) Orthopaedic~~

~~J) Otolaryngology~~

~~K) Plastic~~

~~L) Podiatry~~

~~M) Thoracic~~

~~N) Urology~~

~~2) The applicant must indicate which of the following type of ASTC will result from the proposed project:~~

~~A) Limited specialty ASTC, which provides one or two of the surgical specialties listed in this Section; or~~

~~B) Multi-specialty ASTC, which provides at least three of the surgical specialties listed in this Section. In order to be approved as a multi-specialty ASTC, the applicant must document that at least 250 procedures will be performed in each of at least three of the surgical specialties listed in this Section.~~

~~AGENCY NOTE: A permit is required for the addition of a surgical specialty by a limited specialty ASTC. Pursuant to information on file with the Agency's licensing program on March 1, 1995, the~~

~~State Board has classified all existing and approved ASTCs as either limited specialty or multi-specialty..~~

~~b)~~ ~~"Target Population" – Review Criterion~~
~~Because of the nature of ambulatory surgical treatment, the State Board has not established geographic services areas for assessing need. Therefore, an applicant must define its intended geographic service area and target population. However, the intended geographic service area shall be no less than 30 minutes and no greater than 60 minutes travel time (under normal driving conditions) from the facility's site.~~

~~c)~~ ~~"Projected Patient Volume" – Review Criterion~~

~~1)~~ ~~The applicant must provide documentation of the projected patient volume for each specialty to be offered at the proposed facility. Documentation must include physician referral letters which contain the following information:~~

~~A)~~ ~~the number of referrals anticipated annually for each specialty;~~

~~B)~~ ~~for the past 12 months, the name and location of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility;~~

~~C)~~ ~~a statement by the physician that the information contained in the referral letter is true and correct to the best of his/her information and belief; and~~

~~D)~~ ~~the typed or printed name and address of the physician, his/her specialty and his/her notarized signature.~~

~~2)~~ ~~Referrals to health care providers other than ambulatory surgical treatment centers (ASTC) or hospitals will not be included in determining projected patient volume. The applicant shall provide documentation demonstrating that the projected patient volume as evidenced by the physician referral letters is from within the geographic service area defined under subsection (b).~~

~~d) "Treatment Room Need Assessment" – Review Criterion~~

~~1) Each applicant proposing to establish or modernize a non-hospital based ambulatory surgery category of service must document that the proposed number of operating rooms are needed to serve the projected patient volume. Documentation must include the average time per procedure for the target population including an explanation as to how this average time per procedure was developed. The following formula can be applied in determining treatment room need:~~

$$\text{Required Treatment Rooms} = \frac{\text{Hrs. of Surgery/Yr.*}}{\text{250 Days/Yr. x 7.5 Hrs./Day x .80**}}$$

~~(*Hours of surgery includes cleanup and setup time and will be based on the projected volume)~~
~~(**80% is the desired occupancy rate)~~

~~2) There must be a need documented for at least one fully utilized (1,500 hours) treatment room for a new facility to be established. Also, utilizing the formula the application must document the need for each treatment room proposed.~~

~~e) "Impact on Other Facilities" – Review Criterion~~
~~An applicant proposing to change the specialties offered at an existing ASTC or proposing to establish an ASTC must document the impact the proposal will have on the outpatient surgical capacity of all other existing ASTCs and hospitals within the intended geographic service area and that the proposed project will not result in an unnecessary duplication of services or facilities. Documentation shall include any correspondence from such existing facilities regarding the impact of the proposed project, and correspondence from physicians intending to refer patients to the proposed facility. Outpatient surgical capacity will be determined by the Agency, utilizing the latest available data from the Agency's annual questionnaires, and will be the number of surgery rooms for ASTCs and the number of equivalent outpatient surgery rooms for hospitals. Equivalent outpatient surgery rooms for hospitals are determined by dividing the total hours of a hospital's outpatient surgery by 1,500 hours.~~
~~In addition to documentation submitted by the applicant, the State Agency shall~~

~~review utilization data from annual questionnaires submitted by such health care facilities and data received directly from health facilities located within the intended geographic service area, including public hearing testimony.~~

~~f) Establishment of New Facilities – Review Criterion~~
~~Any applicant proposing to establish an ambulatory surgical treatment center will be approved only if one of the following conditions exists:~~

~~1) There are no other ASTCs within the intended geographic service area of the proposed project under normal driving conditions; or~~

~~2) All of the other ASTCs and hospital equivalent outpatient surgery rooms within the intended geographic service area are utilized at or above the 80% occupancy target; or~~

~~3) The applicant can document that the facility is necessary to improve access to care. Documentation shall consist of evidence that the facility will be providing services which are not currently available in the geographic service area, or that existing underutilized services in the geographic service area have restrictive admission policies; or~~

~~4) The proposed project is a co-operative venture sponsored by two or more persons at least one of which operates an existing hospital. The applicant must document:~~

~~A) that the existing hospital is currently providing outpatient surgery services to the target population of the geographic service area;~~

~~B) that the existing hospital has sufficient historical workload to justify the number of operating rooms at the existing hospital and at the proposed ASTC based upon the Treatment Room Need Assessment methodology of subsection (d) of this Section;~~

~~C) that the existing hospital agrees not to increase its operating room capacity until such time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and~~

~~D) that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.~~

~~g) Charge Commitment – Review Criterion~~
~~In order to meet the purposes of the Act which are to *improve the financial ability of the public to obtain necessary health services and to establish a procedure designed to reverse the trends of increasing costs of health care*, the applicant shall include all charges except for any professional fee (physician charge). [20 ILCS 3960/2] The applicant must provide a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).~~

~~h) Change in Scope of Service – Review Criterion~~
~~Any applicant proposing to change the surgical specialties currently being provided by adding one or more of the surgical specialties listed under subsection (a) of this Section must document one of the following:~~

~~1) that there are no other facilities (existing ASTCs or hospitals with outpatient surgical capacity) within the intended geographic service area which provide the proposed new specialty; or~~

~~2) that the existing facilities (existing ASTCs or hospitals with outpatient surgical capacity) within the intended geographic service area of the applicant facility are operating at or above the 80% occupancy target; or~~

~~3) that the existing programs are not accessible to the general population of the geographic service area in which the applicant facility is located.~~

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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

Section 1110.2330 Selected Organ Transplantation – Review Criteria

a) Introduction

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

1) This Section applies to projects involving the following category of service: Selected Organ Transplantation. Applicants proposing to establish or modernize this category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA		
Establishment of Services or Facility	(b)(1) through (4)	–	Background of the Applicant
	(b)(1)	–	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2)	–	Planning Area Need – Service to Planning Area Residents
	(b)(3)	–	Planning Area Need – Service Demand − Establishment of Category of Service
	(b)(4)	–	Planning Area Need − Service Accessibility
	(c)(1)	–	Unnecessary Duplication of Services
	(c)(2)	–	Maldistribution
	(c)(3)	–	Impact of Project on Other Area Providers
	(e)	–	Staffing Availability
	(f)	–	Surgical Staff
	(g)	–	Collaborative Support
	(h)	–	Support Services
	(i)	–	Performance Requirements
	(j)	–	Assurances
Category of Service Modernization	(b)(1) through (4)	–	Background of the Applicant
	(d)(1)	–	Deteriorated Facilities
	(d)(2) & 3	–	Documentation
	(d)(4)	–	Utilization
	(i)	–	Performance Requirements
	(j)	–	Assurances

2) If the proposed project involves the replacement of a facility or service on site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (j) (Assurances).

3) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and Section 1110.1430(i) (Relocation of Facilities).

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of key rooms being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years.

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home

under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested,

taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states,

when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c)~~b)~~ Planning Area Need − Review Criterion
The applicant shall document that the proposed category of service is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)
No formula need for this category of service has been established.

2) Service to Planning Area Residents
Applicants proposing to establish this category of service shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable) for each category of service included in the project.

3) Service Demand – Establishment of Category of Service
The establishment of this category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected

referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals.

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for this category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish this category of service shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

4) Service Accessibility
The establishment of this category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(4) only, all services within the three-hour normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable to cited restrictions, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

d)~~e)~~ Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within three hours normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within three hours normal travel time from the project site that provide this category of service.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

B) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e)~~d)~~ Category of Service Modernization

1) If the project involves modernization of this category of service, the applicant shall document that the inpatient areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission~~ on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the utilization standards for the category of service, as specified in 77 Ill. Adm. Code 1100.

f)~~e)~~ Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission~~JCAHO~~ staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

g)~~f)~~ Surgical Staff – Review Criterion
The applicant shall document that the facility has at least one transplant surgeon certified in the applicable specialty on staff and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of curricula vitae of transplant surgeons on staff and certification by an authorized representative that the personnel with the appropriate certification and experience are on the hospital staff.

h)~~g)~~ Collaborative Support – Review Criterion
The applicant shall document collaboration with experts in the fields of hepatology, cardiology, pediatrics, infectious disease, nephrology with dialysis capability, pulmonary medicine with respiratory therapy support, pathology, immunology, anesthesiology, physical therapy and rehabilitation medicine. Documentation of collaborate involvement shall include, but not be limited to, a

plan of operation detailing the interaction of the transplant program and the stated specialty areas.

i)~~h)~~ Support Services – Review Criterion
An applicant shall submit a certification from an authorized representative that attests to each of the following:

1) Availability of on-site access to microbiology, clinical chemistry, radiology, blood bank and resources required to monitor use of immunosuppressive drugs;

2) Access to tissue typing services; and

3) Ability to provide psychiatric and social counseling for the transplant recipients and for their families.

j)~~i)~~ Performance Requirements

1) The applicant shall document that the proposed category of service will be provided at a teaching institution.

2) The applicant shall document that the proposed category of service will be performed in conjunction with graduate medical education.

3) The applicant shall provide proof of membership in the Organ Procurement and Transplantation Network (OPTN) and a federally designated organ procurement organization (OPO).

k)~~j)~~ Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA –

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

KIDNEY TRANSPLANTATION

Section 1110.2430 Kidney Transplantation – Review Criteria

a) Introduction

1) This Section applies to projects involving the following category of service: Kidney Transplantation. Applicants proposing to establish or modernize this category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA		
Establishment of Services or Facility	(b)(1) & (3)	_	Background of the Applicant
	(c~~b~~)(1)	–	Planning Area Need – 77 Ill. Adm. Code 1100 (Formula Calculation ~~formula calculation~~)
	(c~~b~~)(2)	–	Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(3)	–	Planning Area Need – Service Demand – Establishment of Category of Service
	(c~~b~~)(4)	–	Planning Area Need – Service Accessibility
	(d~~c~~)(1)	_	Unnecessary Duplication of Services
	(d~~c~~)(2)	–	Maldistribution
	(d~~c~~)(3)	–	Impact of Project on Other Area Providers
	(f~~e~~)	–	Staffing Availability
	(g~~f~~)	–	Surgical Staff
	(h~~g~~)	–	Support Services
	(i~~h~~)	–	Performance Requirements
	(j~~i~~)	–	Assurances
Category of Service Modernization	(b)(1) & (3)	_	Background of the Applicant

	(e~~d~~)(1)	–	Deteriorated Facilities
	(e~~d~~)(2) & 3	–	Documentation
	(e~~d~~)(4)	–	Occupancy
	(i~~h~~)	–	Performance Requirements

2) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1~~i~~) for "Category of Service Modernization" plus subsection (j~~i~~) (Assurances).

3) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and Section 1110.1430(j~~i~~) (Relocation of Facilities).

4) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of beds shall be replaced on a 1:1 basis. If the applicant proposes to add beds to the replacement service or facility, the applicant shall also comply with the requirements listed in subsection (a)(1) for "Expansion of Existing Services".

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill.

Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or

directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c)~~b~~) Planning Area Need − Review Criterion
The applicant shall document that the proposed category of service is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)
No formula need for this category of service has been established.

2) Service to Planning Area Residents
Applicants proposing to establish this category of service shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be

physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

3) Service Demand – Establishment of Category of Service
The establishment of this category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals.

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for this category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish this category of service shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

4) Service Accessibility
The establishment of this category of service is necessary to improve access for planning area residents. The applicant shall document subsection (c~~b~~)(4)(A) and either subsection (c~~b~~)(4)(B) or (C):

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(4) only, all services within the three-hour normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

d)~~e)~~ Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within three hours normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved health care facilities located within three hours normal travel time from the project site that provide this category of service.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified

area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

B) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e)~~d)~~ Category of Service Modernization

1) If the project involves modernization of this category of service, the applicant shall document that the areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission~~ on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f)~~e)~~ Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission~~JCAHO~~ staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

g)~~f)~~ Surgical Staff – Review Criterion
The applicant shall document that the facility has at least one kidney transplant surgeon certified in the applicable specialty on staff and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long-term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of curricula vitae of transplant surgeons on staff and certification by an authorized representative that the personnel with the appropriate certification and experience are on the hospital staff.

h)~~g)~~ Support Services – Review Criterion
The applicant must document that the following are available on premises: laboratory services, social services, dietetic services, self-care dialysis support services, inpatient dialysis services, pharmacy and specialized blood facilities (including tissue typing). The applicant must also document participation of the center in a recipient registry. Documentation shall consist of a certification as to the availability of such services and participation in a recipient registry.

i)~~h)~~ Performance Requirements
The applicant shall document that:

1) The proposed category of service will be provided at a teaching institution;

2) The proposed category of service will be performed in conjunction with graduate medical education;

3) The applicant renal transplantation center has membership in the Organ Procurement and Transplantation Network (OPTN) and a federally designated organ procurement organization (OPO); and

4) The subject renal transplantation center is performing 25 or more transplants per year.

j)~~i)~~ Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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

Section 1110.2510 Introduction

a) Subpart Z of this Part contains review criteria that pertain to the subacute care hospital model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The subacute care hospital model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act ~~[210 ILCS 3]~~. These subacute care hospital model review criteria are utilized in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120. This Subpart also contains the methodology the State Board shall utilize in evaluating competing applications, if any, for the establishment of any subacute care hospital models.

b) A facility at any time may be caring for subacute patients. A permit must be obtained to establish a subacute care hospital model. Existing hospitals and long-term care facilities providing subacute care are not required to obtain a permit *provided, however, that the facilities shall not hold themselves out to the public as subacute care hospitals* (Section 15 of the Alternative Health Care Delivery Act ~~[210 ILCS 3/15]~~). Establishment of a subacute care hospital model category of service occurs when a facility holds itself out to the general public as a subacute care hospital. In such instances failure to obtain a permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act ~~[20 ILCS 3960]~~.

c) As the purpose of the demonstration project is to evaluate the subacute care hospital model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness.

d) Applications received for the subacute care hospital model shall be deemed complete upon receipt by HFSRB~~IDPH~~. Due to the comparative nature of the subacute care hospital model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process. The application as submitted to HFSRB~~IDPH~~ shall serve as the basis for all standard and prioritization evaluation.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.2540 Subacute Care Hospital Model – HFSRB~~HFPB~~ Review

a) HFSRB~~State Board~~ Evaluation. HFSRB~~The State Board~~ shall evaluate each application for the subacute care hospital model category of service based upon compliance with the conditions set forth in subsections (b), (c) and (d) of this Section.

b) HFSRB~~State Board~~ Prioritization of Hospital Applications

1) All hospital applications for each planning area shall be rank ordered based on points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C – 10 Points.

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model – Review Criteria~~Standards~~) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.

D) In rural areas an applicant shall be awarded 25 Points if documentation is provided that the subacute care hospital model will provide the necessary financial support for the facility to provide continued acute care services. The documentation shall consist of:

i) Factors within the facility or area will prevent the facility from complying with the minimum financial ratios established in 77 Ill. Adm. Code 1120 within the next two years; and

ii) Historical documentation that the facility has failed to comply with the minimum financial ratios in each of the last three calendar years; and

iii) Projected revenue from the:

- subacute hospital care model and the positive

impact of that revenue on the financial position of the applicant facility. The applicant must explain how the revenue will impact the facility's financial position such that the facility will comply with the financial viability ratios of 77 Ill. Adm. Code 1120; or

- subacute hospital model will be sufficient to operate the subacute care hospital care model in compliance with the financial viability ratios of 77 Ill. Adm. Code 1120, or that the applicant facility has entered into a binding agreement with another institution that guarantees the financial viability of the subacute hospital care model in accordance with the ratios established in 77 Ill. Adm. Code 1120 for a period of at least five years, regardless of the financial ratios of the applicant facility.

E) Location in a medically underserved area (as defined by the Department of Health and Human Services (Section 332 of the Public Health Service Act) (42 USC 254E) as a health professional shortage area) – 3 Points.

F) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for the system. A multi-institutional system consists of a network of licensed hospitals and long-term care facilities located within the planning area and within 60 minutes travel time of the applicant that are inter-related by contractual agreement that provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means that the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will be transferred only to the applicant facility – 1 Point per each additional facility in the multi-institutional system, to a maximum of 10 Points.

G) The existence of Medicare and Medicaid certification at the

applicant facility and historic volume at the applicant facility. The following point allocation will be applied:

i) In the last calendar or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility patient days – 2 Points.

ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 26% and 50% of total facility patient days – 4 Points.

iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days – 6 Points.

H) If, in each of the last five calendar years, the applicant facility documents a case mix consisting of: ventilator cases, head trauma cases, rehabilitation patients including spinal cord injuries, amputees and patients with orthopaedic problems requiring subacute care or patients with multiple complex diagnoses that included physiological monitoring on a continual basis, of such magnitude that if placed in the proposed subacute facility these patients would have constituted an annual occupancy exceeding 75% in each past year. If a multi-institutional system, as defined in subsection (b)(1)(F)~~ of this Section~~, has an exclusive best efforts agreement, then each of the cases listed in this subsection (b)(1)(H) from such signatory facilities may be counted in computing the 75% annual occupancy threshold – 5 Points.

I) The applicant institution has documented that, during the last calendar year, at least 25% of all patient days of the applicant facility were reimbursed through contractual relationships with preferred provider organizations or HMOs – 3 Points.

J) If the applicant institution, over the last five calendar year period, has been issued a notice of revocation of license from IDPH or has been decertified from the federal Title XVIII or XIX programs – Loss of 25 Points.

K) The applicant institution is accredited by the Joint Commission on Accreditation of Healthcare Organizations – 3 Points and 1 additional Point if accreditation is "with commendation".

L) Staff support for the subacute care hospital model:

i) Full time Medical Director exclusively for the model – 1 Point.~~,~~

ii) Physical therapist, 2 full-time equivalents (FTEs) or more – 1 Point.~~,~~

iii) Occupational therapist, 1 FTE or more – 1 Point.~~,~~

iv) Speech therapist, 1 FTE or more – 1 Point.

M) In areas where competing applications have been filed, 3 Points will be allocated to the applicant with the lowest positive mean net margin over the last three fiscal years. Each applicant must submit copies of the audited financial reports of the applicant facility for the latest three fiscal years.

2) Required Point Totals – Hospital Applications
A hospital application for the development of a subacute care hospital model must obtain a minimum of 50 points for approval. The applicant within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been exceeded. In the case of tie scores, HFSRB~~HFPB~~ shall base its decision on considerations relating to location, scope of service and access.

c) State Board Prioritization – Long-term Care Facilities

1) All long-term care applications for each planning area shall be rank ordered based on points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C – 10 Points.

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model – Review Criteria) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.

D) The applicant has had an Exceptional Care Contract with the Illinois Department of Healthcare and Family Services for at least two years in the past four years – 3 Points.

E) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (section~~Section~~ 332 of the Public Health Service Act~~)~~ (42 USC 254E)) as a health professional shortage area) – 3 Points.

F) The existence of Medicare and Medicaid certification at the applicant facility and historic volume at the facility. The following point allocation will be applied:

i) In the last calendar year or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility patient days – 3 Points.

ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 26% and 50% of total facility patient days – 6 Points.

iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days – 9 Points.

G) If in each of the last two calendar years the applicant institution documents a casemix consisting of: ventilator cases, head trauma cases, rehabilitation patients including stroke cases, spinal cord injury, amputees and patients with orthopaedic problems requiring subacute care or patients with multiple complex diagnoses that included physiological monitoring on a continual basis, of such

magnitude that, if placed in the proposed subacute facility, these patients would have constituted an annual occupancy exceeding 50% in each past year. If a multi-institutional system, as defined in subsection (c)(1)(M)~~ of this Section~~, has an exclusive best efforts agreement, then each of the cases listed in this subsection (c)(1)(G) from such signatory facilities may be counted in computing the 50% annual occupancy threshold – 5 Points

H) The applicant has documented that, during the last calendar year, at least 20% of all patient days of the applicant facility were reimbursed through contractual relationships with preferred provider organizations or HMOs – 3 Points

I) If the applicant, over the last five year period, has been issued a notice of revocation of license from IDPH or decertified from the federal Title XVIII or XIX programs – Loss of 25 Points

J) Staff support for the subacute care hospital model:

i) Full time Medical Director exclusively for the model – 1 Point

ii) Physical therapist, 2 FTEs or more – 1 Point

iii) Occupational therapist, 1 FTE or more – 1 Point

iv) Speech therapist, 1 FTE or more – 1 Point

K) In areas where competing applications have been filed, 3 Points will be allocated to the application with the lowest positive mean net margin over the last three fiscal years. Each applicant must submit copies of the audited financial reports of the applicant facility for the latest three fiscal years.

L) The applicant institution is accredited by the Joint Commission ~~on Accreditation of Healthcare Organizations~~ – 3 Points and 1 additional Point if accreditation is "with commendation".

M) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for the system. A multi-institutional system consists of a network of licensed hospitals and long-term care facilities located within the planning area and within 60 minutes travel time of the applicant that are inter-related by contractual agreement that provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility~~.~~ – 1 Point per each additional facility in the multi-institutional system to a maximum of 10 Points.

2) A long-term application for the development of a subacute care hospital model must obtain a minimum of 50 Points for approval. The applicant within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been exceeded. In the case of tie scores, HFSRB~~HFPB~~ shall base its selection on considerations relating to location, scope of service and access.

d) HFSRB~~HFPB~~ Prioritization of Previously Licensed Hospital Applications in Chicago

1) All applications for sites previously licensed as hospitals in Chicago shall be rank ordered based upon points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C – 10 Points.

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model – Review Criteria~~Standards~~) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.

D) Documentation that the proposed number of beds will be utilized at

an occupancy rate of 75% or more within two years after permit approval. Documentation shall consist of historical subacute caseload from one or more referral facilities where such caseload would in the future be transferred to the subacute model for care, anticipated caseload from physician referrals to the unit and demographic studies projecting the need for subacute service within the primary market of the proposed subacute hospital care model – 10 Points.

2) Required Point Totals – Previously Licensed Hospitals
The applicant within the planning area receiving the most points shall be granted the permit for the category of service. In the case of tie scores, HFSRB~~HFPB~~ shall base its selection on considerations relating to location, scope of service and access.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

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

Section 1110.2610 Introduction

a) This Subpart AA of this Part contains review criteria that pertain to the postsurgical recovery care center alternative health care model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The postsurgical recovery care center alternative health care model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act. These postsurgical recovery care center alternative health care model review criteria are utilized in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120. This Subpart also contains the methodology HFSRB~~HFPB~~ shall utilize in evaluating competing applications, if any, for the establishment of any postsurgical recovery care center alternative health care models.

b) A postsurgical recovery care center alternative health care model must obtain a CON permit to establish the category of service prior to receiving a license for the

service. Failure to obtain a permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act ~~[20 ILCS 3960]~~.

c) As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care cost, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. All data requests of this type shall be a component of the semi-annual progress reports required of all permit holders. Data collected shall be provided to IDPH and the Illinois State Board of Health for use in their evaluation of the model.

d) Applications received for the postsurgical recovery care center alternative health care model shall be deemed complete upon receipt by HFSRB~~IDPH~~. All postsurgical recovery care center alternative health care models for the purposes of review shall be considered the establishment of a category of service rather than an addition of beds. Due to the comparative nature of the postsurgical recovery care center alternative health care model review applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFSRB~~HFPB~~ decision. The application, as submitted to HFSRB~~IDPH~~, shall serve as the basis for all standard and prioritization evaluation.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.2640 Postsurgical Recovery Care Center Alternative Health Care Model – HFSRB~~HFPB~~ Review

a) HFSRB~~HFPB~~ Evaluation
HFSRB~~HFPB~~ shall evaluate each application for the postsurgical recovery care center alternative health care model category of service (refer to 77 Ill. Adm. Code 1100.750(c) for development restrictions) based upon compliance with the conditions set forth in subsection (b).

b) HFSRB~~HFPB~~ Prioritization

1) An application for the category of service must meet the development restrictions specified in 77 Ill. Adm. Code 1100.750(c).

2) All applications for each planning area shall be rank ordered based on points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C – 10 Points.

B) Compliance with all review criteria of Section 1110.2630 (Postsurgical Recovery Care Center Alternative Health Care Model – Review Criteria~~Standards~~) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.

D) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (section~~Section~~ 332 of the Public Health Service Act) as a health professional shortage area) – 3 Points.

E) To ensure that the model evaluates a wide range of surgical cases, an applicant shall be awarded an additional point for each designated surgical specialty area beyond the required three areas from which patients are referred to the postsurgical recovery care center.

F) Historical Medicare and Medicaid surgical revenue at the surgical referral sites:~~.~~ 10% to 25% – 3 Points, 26% to 50% – 6 Points and over 50% – 9 Points.

G) Accreditation of the applicant facility or facilities by the Joint Commission~~Committee on Accreditation of Healthcare Organizations (JCAHO)~~ or the Accreditation Association for Ambulatory Healthcare (AAAHC) – 3 Points.

3) A postsurgical recovery care center alternative health care model must obtain a minimum of 30 Points to be considered for approval. Competing applications within a planning area that have obtained the points necessary for permit consideration shall be evaluated by the HFSRB~~HFPB~~ to determine which application best implements the goals of the Health

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Facilities Planning Act and the Alternative Health Care Delivery Act.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

SUBPART AB: CATEGORY OF SERVICE REVIEW CRITERIA – CHILDREN'S COMMUNITY-BASED HEALTH CARE CENTER ALTERNATIVE HEALTH CARE MODEL

Section 1110.2710 Introduction (Repealed)

~~a)~~ ~~Subpart AB of this Part contains review criteria that pertain to the Children's Community-Based Health Care Center Alternative Health Care Model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The Children's Community-Based Health Care Center Alternative Health Care Model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act. These Children's Community-Based Health Care Center Alternative Health Care Model review criteria are utilized in addition to the General Review Criteria contained in Subpart C of this Part and in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120. This Subpart also contains the methodology HFPB shall utilize in evaluating competing applications, if any, for the establishment of any Children's Respite Care Alternative Health Care Models.~~ ~~*The provisions of the Act concerning children's respite care centers shall not apply to any facility licensed under the Hospital Licensing Act, the Nursing Home Care Act, or the University of Illinois Hospital Act that provides respite care services to children*~~ ~~(Section 15 of the Alternative Health Care Delivery Act [210 ILCS 3/15]).~~

~~b)~~ ~~A Children's Community-Based Health Care Center Alternative Health Care Model must obtain a certificate of need permit to establish the category of service prior to receiving a license for the service. Failure to obtain a permit will result in the application of sanctions as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960].~~

~~c)~~ ~~As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for~~

~~evaluating the model's effectiveness. Data collected shall be provided to IDPH and the Illinois State Board of Health for use in their evaluation of the model.~~

~~d)~~ ~~Applications received for the Children's Community-Based Health Care Center Alternative Health Care Model shall be deemed complete upon receipt by HFPB. All Children's Community-Based Health Care Center Alternative Health Care Models for purposes of review shall be considered the establishment of a category of service rather than the addition of beds. Due to the comparative nature of the Children's Community-Based Health Care Center Alternative Health Care Model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFPB decision. The application, as submitted to HFPB, shall serve as the basis for all standard and prioritization evaluations.~~

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.2730 Children's Community-Based Health Care Center Alternative Health Care Model – Review Criteria (Repealed)

~~a)~~ ~~Admission Policies – Review Criterion~~
~~The applicant shall document that the Children's Community-Based Health Care Center Alternative Health Care Model will not restrict admissions due to age, race, diagnosis, or source of payment. Documentation shall consist of copies of all admission policies to be in effect at the facility and a signed statement that no restrictions on admissions due to these factors will occur.~~

~~b)~~ ~~Staffing – Review Criterion~~
~~The applicant shall document that the children's community-based health care center will have a Medical Director who has expertise in chronic diseases of children. The applicant must also provide a staffing plan that will provide for nursing coverage as required by licensure. Documentation shall consist of: identification of the number and type of staff positions dedicated to the model; how special staffing circumstances will be handled; and identification of the facility Medical Director and a description of his or her responsibilities.~~

~~c)~~ ~~Mandated Services – Review Criterion~~
~~The applicant shall document that the children's community-based health care center has the capability of providing the minimum range of services required~~

~~under the Act, as referenced in Section 1110.2720(b). Documentation shall consist of a narrative explaining how services will be provided.~~

~~d)~~ ~~Acute Care Backup – Review Criterion~~
~~The applicant shall document that an agreement has been signed with an acute care facility for the referral of emergency patients. The acute care facility shall be located within 15 minutes travel time of the children's community-based health care center and have an organized pediatric department.~~

~~e)~~ ~~Patient Screening/Emergency Care – Review Criterion~~
~~The applicant shall document that an admission protocol will be established for the screening of potential residents for the severity of medical conditions associated with the required care for the child. Facilities of this type are not intended to provide diagnosis or treatment or care to the chronic child whose medical condition would warrant placement in a facility when more sophisticated medical intervention is required. Documentation shall include a narrative description of all protocols developed for the medical screening of potential admissions. The applicant shall also document that, for each child admitted, a care plan has been developed that identifies the medical needs of the child and identifies a physician who can be contacted in case of emergency. The applicant shall submit a copy of the facility's protocols dealing with the required components of individual care plans and how emergency situations will be handled.~~

~~f)~~ ~~Education – Review Criterion~~
~~The applicant shall document that children who participate in educational programs will continue to receive services during their stay at the facility. Documentation shall detail who has the responsibility for maintaining these services and how services will be provided.~~

~~g)~~ ~~Age Specific Needs – Review Criterion~~
~~The needs of the medically frail child differ due to medical condition and to the age of the patient. The applicant shall document that, if the center will admit children of all age groups, the appropriate staff expertise exists to deal with the care needs of all age groups admitted to the facility. Documentation shall consist of a narrative description of staff expertise as it pertains to the specific care needs required of the various age groups that will be admitted.~~

~~h) Project Costs – Review Criterion~~
~~An applicant shall document that the project cost to establish a model will not exceed $800,000. Documentation shall be based on 77 Ill. Adm. Code 1120 data submissions that detail the itemized costs of the project.~~

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.2740 Children's Community-Based Health Care Center Alternative Health Care Model – HFPB Review (Repealed)

~~a) HFPB Evaluation~~
~~HFPB shall evaluate each application for the Children's Community-Based Health Care Center Alternative Health Care Model category of service (refer to 77 Ill. Adm. Code 1100.760(c) for development restrictions) based upon compliance with the conditions set forth in subsection (b).~~

~~b) HFPB Prioritization~~

~~1) An application for the category of service shall meet the development restrictions specified in 77 Ill. Adm. Code 1100.760(c).~~

~~2) All applications for each planning area shall be evaluated by HFPB and awarded points as follows:~~

~~A) Compliance with all applicable review criteria of Subpart C – 10 Points~~

~~B) Compliance with all review criteria of Section 1110.2730 (Children's Community-Based Health Care Center Alternative Health Care Model Review Criteria) – 10 Points~~

~~C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points~~

~~D) Location of the proposed model in a residential community under single family or group home zoning requirements – 5 Points~~

~~E) Location in a health professional shortage area (as defined by the~~

~~federal Department of Health and Human Services (Section 332 of the Public Health Service Act (42 USC 254(e))) – 3 Points~~

~~3)~~ ~~A proposed Children's Community-Based Health Care Center Alternative Health Care Model shall comply with the development restrictions specified in 77 Ill. Adm. Code 1100.760(c) and shall obtain a minimum of 20 Points to be considered for approval. Competing applications within a planning area that have obtained the points necessary for permit consideration shall be evaluated by HFPB to determine which application best implements the goals of the Health Facilities Planning Act and the Alternative Health Care Delivery Act, including the extent to which the model will provide care in a home-like environment and be located in a residential community.~~

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

Section 1110.2750 Children's Community-Based Health Care Center Alternative Health Care Model – Project Completion (Repealed)

~~a)~~ ~~Since the purpose for establishment of this category of service is to evaluate the alternative delivery model for effectiveness, such projects are not complete until such time as the model is evaluated and the decision made to adopt or not adopt the model as an ongoing licensed level of service separate from an alternative delivery model. A permit will not be required of a Children's Respite Care Alternative Health Care Model which proposes to cease participation in the demonstration program. If the facility proposes to discontinue the model, written notice containing the reasons for the discontinuation must be received by HFPB at least 90 days prior to the anticipated discontinuation. The project shall be considered abandoned as of the date IDPH receives notice of the actual discontinuation or the date the last patient is discharged, whichever is later and the facility should be removed from the inventory.~~

~~b)~~ ~~All assurances for service presented in the application shall be in effect until the demonstration program has been completed, unless altered pursuant to the approval of HFPB.~~

(Source: Repealed at 38 Ill. Reg. 8861, effective April 15, 2014)

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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SUBPART AD: CATEGORY OF SERVICE REVIEW CRITERIA – LONG TERM ACUTE CARE HOSPITAL BED PROJECTS

Section 1110.2930 Long Term Acute Care Hospital Bed Projects – Review Criteria

a) Introduction

1) This Section applies to projects involving Long Term Acute Care Hospital (LTACH) services. Applicants proposing to establish, expand or modernize an LTACH category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	(b)(1) & (3) – Background of the Applicant
	(c~~b~~)(1) – Planning Area Need – 77 Ill. Adm. Code 1100 (Formula Calculation ~~formula calculation~~)
	(c~~b~~)(2) – Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(3) – Planning Area Need – Service Demand – Establishment of Category of Service
	(c~~b~~)(5) – Planning Area Need – Service Accessibility
	(d~~c~~)(1) – Unnecessary Duplication of Services
	(d~~c~~)(2) – Maldistribution
	(d~~c~~)(3) – Impact of Project on Other Area Providers
	(f~~e~~) – Staffing Availability
	(g~~f~~) – Performance Requirements
	(h~~g~~) – Assurances
Expansion of Existing Services	(b)(1) & (3) – Background of the Applicant

	(c~~b~~)(2)	–	Planning Area Need – Service to Planning Area Residents
	(c~~b~~)(4)	–	Planning Area Need – Service Demand – Expansion of Category of Service
	(f~~e~~)	–	Staffing Availability
	(g~~f~~)	–	Performance Requirements
	(h~~g~~)	–	Assurances
Category of Service Modernization	(e~~d~~)(1)	–	Deteriorated ~~Deteroriated~~ Facilities
	(e~~d~~)(2) & (3)	–	Documentation
	(e~~d~~)(4)	–	Occupancy
	(g~~f~~)	–	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service on-site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (h~~g~~) (Assurances).

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of ASTC~~Services or~~ Facility or Additional ASTC Service".

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

5) If the proposed project involves the conversion of existing acute care beds to LTACH services, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of ASTC~~Services or~~ Facility or Additional ASTC Service", as well as requirements in subsection (c~~b~~)(6) (Conversion of Existing General Acute Care Beds).

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c)~~b)~~ Planning Area Need − Review Criterion
The applicant shall document that the number of LTACH beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (Formula Calculation~~formula calculation~~)

A) The number of LTACH beds to be established is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of LTACH beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing LTACH service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 75% of admissions were residents of the area. For all other projects, applicants shall document that at least 75% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing LTACH service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of LTACH Service
The number of beds proposed to establish a new category of hospital bed service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (c~~b~~)(3)(A) and either subsection (c~~b~~)(3)(B) or (C).

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital service, for each of the latest two years. Documentation of the referrals shall include patient origin by zip code, name and specialty of referring physician, and name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing LTACH facilities located in the area or had a length of stay of over 25 days in a general acute care hospital and were considered to be LTACH candidates, annually over the latest two year period prior to submission of the application; and an estimate as to the number of patients that will be referred to the applicant's facility;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of

referrals cannot exceed the physician's documented historical caseload;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

D) Type of Patients
The applicant shall identify the type of patients that will be served by the project by providing the anticipated diagnosis (by DRG classification) for anticipated admissions to the facility. The applicant shall also indicate the types of service (e.g., ventilator care, etc.) to be provided by the project.

4) Service Demand – Expansion of Bed Category of Service
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c~~b~~)(4)(A) and either subsection (c~~b~~)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) Physician referral letters that attest to the number of patients (by zip code of residence) that have received care at existing LTACH facilities located in the area or had a length of stay of over 25 days in a general acute care hospital and were considered to be LTACH candidates, during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year,

for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB~~HFPB~~, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB~~HFPB~~.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care

coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (c~~b~~)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

6) Conversion of Existing General Acute Care Beds – Review Criterion
An applicant proposing to establish a Long-Term Acute Care Hospital category of service through the conversion of existing general acute care beds shall:

A) Address Section 1110.130 for discontinuation of categories of service;

B) Identify modifications in scope of services or elimination of clinical service areas, not covered in Section 1110.130 (e.g., Emergency Department Classification, Surgical Services, Outpatient Services, etc.);

C) Submit a statement as to whether the following clinical service areas are to be available to the general population (non-LTACH): operating rooms, surgical procedure rooms, diagnostic services, therapy services (physical, occupational, speech, respiratory) and other outpatient services; and

D) Document that changes in clinical service areas will not have an adverse impact upon the health care delivery system. An applicant shall document that a written request for information on any adverse impact was received by all hospitals within the 45-minute normal travel time, and that the request included a statement that a written response be provided to the applicant no later than 15 days after receipt. Failure by an existing facility to respond to the applicant's request for information within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the existing facility will not be adversely impacted.

d)~~e)~~ Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 45 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 45 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

e)~~d)~~ LTACH Modernization

1) If the project involves modernization of an LTACH category of service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

f)~~e)~~ Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint

CommissionJCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

g)f) Performance Requirements

1) Bed Capacity Minimum
An applicant shall document that the project will result in a facility capacity of at least 50 Long Term Acute Care Hospital beds located in an MSA and 25 Long Term Acute Care Hospital beds in a non-MSA.

2) Length of Stay

A) An applicant proposing to add beds to an existing service shall document that the average length of stay (ALOS) for the subject service is consistent with the planning area's 3-year ALOS.

B) Documentation shall consist of the 3-year ALOS for all hospitals within the planning area (as reported in the Annual Hospital Questionnaire).

C) An applicant whose existing services have an ALOS exceeding 125% of the ALOS for area providers shall document that the severity or type of illness treated at the applicant facility is significantly higher than the planning area average. Documentation shall be provided from CMMS or other objective records.

D) An applicant whose existing services have an ALOS lower than the planning area ALOS shall submit an explanation as to the reasons for the divergence.

3) Be certified by Medicare as a Long-Term Acute Care Hospital within 12 months after the date of project completion.

h)g) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, within 30 months of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

SUBPART AE: CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE – REVIEW CRITERIA

Section 1110.3030 – Clinical Service Areas Other Than Categories of Service − Review Criteria

a) Introduction

1) These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Appendix B, including:

A) Surgery

B) Emergency Services and/or Trauma

C) Ambulatory Care Services (organized as a service)

D) Diagnostic and Interventional Radiology/Imaging (by modality)

E) Therapeutic Radiology

F) Laboratory

G) Pharmacy

H) Occupational Therapy/Physical Therapy

I) Major Medical Equipment

2) The applicant shall also comply with requirements of the review criterion in Section 1110.234(a) (Size of Project – Review Criteria), as well as all other applicable requirements in this Part and 77 Ill. Adm. Code 1100~~,~~ ~~1110~~ and 1130. Applicants proposing to establish, expand or modernize CSAs shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
New Services or Facility or Equipment	(b)(1) & (3) – Background of the Applicant (c~~b~~) – Need Determination – Establishment
Service Modernization	(b)(1) & (3) – Background of the Applicant (d~~c~~)(1) – Deteriorated Facilities and/or (d~~c~~)(2) – Necessary Expansion PLUS (d~~c~~)(3)(A) – Utilization – Major Medical Equipment or (d~~c~~)(3)(B) – Utilization – Service or Facility

3) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(2) for "Service Modernization".

4) If the proposed project involves the replacement of a facility or service on a new site, the applicant shall comply with the requirements of subsection (a)(2) for "New Services or Facility or Equipment".

5) Projects involving the replacement of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B.

6) The number of key rooms proposed in a replacement or modernization project shall be justified by the historical utilization for each of the latest two years, per utilization standards cited in Appendix B.

b) Background of Applicant – Review Criterion

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;

C) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

i) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or

ii) has been the subject of any juvenile delinquency or youthful offender proceeding;

E) Unless convictions have been expunged, all convictions shall be detailed in writing and any police or court records regarding any matters disclosed shall be submitted for HFSRB's consideration;

F) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has been charged with fraudulent conduct or any act involving moral turpitude. Any such matter shall be disclosed in detail;

G) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who has any unsatisfied judgments against him or her;

H) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility. Any matter shall be discussed in detail;

I) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. Any matter shall be discussed in detail;

J) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. Any fees paid will be forfeited.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior

applications may be utilized to fulfill the requirements of this subsection (b). In these instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

5) The documentation for the "Background of the Applicant" is required one time per application, regardless of the number of categories of service involved in a proposed project.

c)~~b)~~ Need Determination − Establishment
The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to the Planning Area Residents

A) Either:

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

2) Service Demand

To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (c~~b~~)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base
For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum two-year historical and two-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals
For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers
If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence
The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

3) Impact of the Proposed Project on Other Area Providers
The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization

standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4) Utilization
Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

d)~~e)~~ Service Modernization
The applicant shall document that the proposed project meets one of the following:

1) Deteriorated Equipment or Facilities
The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

2) Necessary Expansion
The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall consist of, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

3) Utilization

A) Major Medical Equipment
Proposed projects for the acquisition of major medical equipment shall document that the equipment will achieve or exceed any

applicable target utilization levels specified in Appendix B within 12 months after acquisition.

B) Service or Facility
Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B. The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional key rooms can be justified per subsection (d~~e~~)(2) (Necessary Expansion).

C) If no utilization standards exist, the applicant shall document in detail its anticipated utilization in terms of incidence of disease or conditions, or population use rates.

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

Section 1110.APPENDIX A ASTC Services~~Medical Specialty Eligibility/Certification Boards~~

The following is a list of ASTC services for Non-Hospital Based Ambulatory Surgical Treatment Centers (ASTC):

1. Cardiovascular
2. Colon and Rectal Surgery
3. Dermatology
4. General Dentistry
5. General Surgery
6. Gastroenterology
7. Neurological Surgery
8. Nuclear Medicine
9. Obstetrics/Gynecology
10. Ophthalmology
11. Oral/Maxillofacial Surgery
12. Orthopaedic Surgery
13. Otolaryngology
14. Pain Management
15. Physical Medicine and Rehabilitation
16. Plastic Surgery

17. Podiatric Surgery

18. Radiology

19. Thoracic Surgery

20. Urology

Other ASTC services will be considered on a case-by-case basis.

~~The following is a listing of the "Medical Specialty" boards currently providing "certification of competence" in special fields. Such certification is a function of the primary boards listed, assisted by subspecialty boards or committees (if any).~~

~~1. American Board of Allergy and Immunology.~~

~~2. American Board of Anesthesiology.~~

~~3. American Board of Colon and Rectal Surgery.~~

~~4. American Board of Dermatology.~~

~~5. American Board of Emergency Medicine.~~

~~6. American Board of Family Practice.~~

~~7. American Board of Internal Medicine.~~
~~Subspecialty Boards:~~

~~(A) Cardiovascular Disease (Subspecialty Board);~~

~~(B) Subspecialty Committee on Endocrinology and Metabolism;~~

~~(C) Subspecialty Board on Gastroenterology;~~

~~(D) Subspecialty Committee on Hematology;~~

~~(E) Subspecialty Committee Infectious Disease;~~

~~(F) Subspecialty Committee on Medical Oncology;~~

~~(G) Subspecialty Committee on Nephrology;~~

~~(H) Subspecialty Board on Pulmonary Disease; and~~

~~(I) Subspecialty Committee on Rheumatology.~~

~~8. American Board of Neurological Surgery.~~

~~9. American Board of Nuclear Medicine (Conjoint Board of the American Boards of Internal Medicine, Pathology and Radiology, and sponsored by the Society of Nuclear Medicine).~~

~~10. American Board of Obstetrics and Gynecology.~~

~~11. American Board of Opthamology.~~

~~12. American Board of Orthopaedic Surgery.~~

~~13. American Board of Otolaryngology.~~

~~14. American Board of Pathology (Special Certification in Blood Banking offered since 1972).~~

~~15. American Board of Pediatrics.~~
~~Subspecialty Boards:~~

~~(A) Sub-Board of Pediatric Cardiology;~~

~~(B) Subspecialty Committee of Pediatric Endocrinology;~~

~~(C) Sub-Board of Pediatric Hematology-Oncology;~~

~~(D) Sub-Board of Neonatal-Perinatal Medicine; and~~

~~(E) Sub-Board of Pediatric Nephrology.~~

~~16. American Board of Physical Medicine and Rehabilitation.~~

~~17. American Board of Plastic Surgery.~~

~~18. American Board of Preventive Medicine.~~

~~19. American Board of Psychiatry and Neurology (Special Certification offered in Psychiatry; Neurology; Child Psychiatry; and Neurology with Special Competence in Child Neurology).~~

~~20. American Board of Radiology.~~

~~21. American Board of Surgery.~~

~~22. American Board of Thoracic Surgery.~~

~~23. American Board of Urology.~~

~~An excellent source document containing the Eligibility Requirements for certification by each of these boards, as well as a listing of certified M.D.'s (Diplomates) by state, is the "Directory of Medical Specialists" (complied for the American Board of Medical Specialties by Marquis Who's Who, Inc. of Chicago, Illinois). This two volume set not only lists the certification requirements and Diplomates, but includes the following items by specialty: Board Officers; Historical Review; Purpose and Functions; General Requirements; Training Requirements; Operative Experience Criteria; Criteria for Credit; Credit for Foreign Education; Applications; Exams Written/Oral; Re-Exams; Fees; Appeals; Certification; Recertifications; Revocation of Certification; and Rules and Regulations for Examination Qualifications.~~

(Source: Amended at 38 Ill. Reg. 8861, effective April 15, 2014)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Commercial Fishing and Musseling in Certain Waters of the State

2) Code Citation: 17 Ill. Adm. Code 830

3) Section Number: 830.80 Adopted Action: Amend

4) Statutory Authority: Implementing and authorized by Sections 1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35 and 25-5 of the Fish and Aquatic Life Code [515 ILCS 5/1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35 and 25-5]

5) Effective Date of Rule: April 14, 2014

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rulemaking, including all material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.

9) Notice of Proposal published in the *Illinois Register*: January 24, 2014; 38 Ill. Reg. 2713

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

11) Differences between Proposal and Final Version: None

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

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

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

15) Summary and Purpose of Rulemaking: An explanation for the need to issue additional permits is presented for each water body below:

Rend Lake – The maximum number of permits allowed under 17 Ill. Adm. Code

830.80(i) was issued during the last harvest season (February 1, 2013 – March 31, 2013). Removal efforts were successful with a total of 457,060 pounds of buffalo harvested. Daily catches remained high right up to the end of the season indicating that the population of buffalo in Rend Lake is still high and will continue to hamper sport fish management objectives in the lake. In an effort to increase participation and total buffalo harvest, the Department is increasing the permit quota from 10 to 25.

Carlyle Lake – The maximum number of permits allowed under 17 Ill. Adm. Code 830.80(i) was issued during the last harvest season (February 1, 2013 – March 31, 2013). Removal efforts were moderately successful with a total of 86,684 pounds of buffalo harvested. Harvest was lower than desired due in part to lack of effort from the crews fishing Carlyle Lake. Buffalo continue to impede sport fish management efforts in the lake. Several fishermen that obtained special use permits for Carlyle Lake spent the majority of their time at Rend Lake. In an effort to increase participation and total buffalo harvest, the Department is increasing the permit quota from 10 to 25.

Mississippi River Fish and Wildlife Area – Due to drought conditions this area was essentially dry therefore there was little interest in fish removal during the permit period last year. This resulted in only one of the potential five special use permits being issued. The spring of 2013 brought extensive flooding to all of the water bodies at this site. This flooding resulted in a huge influx of Asian carp and necessitates issuance of additional special use permits. In an effort to increase harvest of Asian carp, the Department is increasing the quota from 5 to 15 special use permits.

Anderson Lake – Similarly to the Mississippi River Fish and Wildlife Area, Anderson Lake experienced extensive flooding resulting in a huge influx of Asian Carp into the site. In an effort to increase harvest of Asian carp, the Department is increasing the quota from 5 to 15 special use permits.

Kaskaskia River – Despite issuing the allotted number of special use permits (10), harvest remained low during the commercial fish removal effort on the Kaskaskia River last season. A total of 19,894 pounds of fish were reported, of which only 7,040 were Asian carp. Asian carp continue to impede sport fish management efforts on the Kaskaskia River. Therefore in an effort to increase the harvest of Asian carp, the Department is increasing from 10 to 20 special use permits.

Saline River – Due to low water levels there was little commercial fish removal conducted on the Saline River last season. Only one of the three available permits was

issued, resulting in the harvest of 14,712 pounds of fish, of which 13,484 were Asian carp. Fisheries sampling conducted by the Department indicate that excessive populations of commercial fishes continue to persist in the Saline River. Management goals for rivers such as the Saline are catch rates of 20kg/hour of electrofishing or less for commercial fish species. The most recent electrofishing survey resulted in a catch rate of 38kg/hour. Therefore, in an effort to help meet sportfish management objectives, the Department is increasing from 3 to 6 special use permits.

Sangamon River – Due to low water levels there was no commercial fish removal conducted on the Sangamon River last season. Based on the low catches observed on the Saline and Kaskaskia Rivers, the allotted quota of 5 permits would not achieve the desired management objectives of 20kg/hour. The most recent survey resulted in a catch rate of 47kg/hour, almost three times the management objective. Therefore, the Department is increasing from 5 to 15 special use permits.

Big Muddy River – Due to low water levels, there was no commercial fish removal conducted on the Big Muddy River last season. The most recent survey conducted on the Big Muddy showed an alarming increase in commercial fish species, with a catch rate of 250kg/hour. This was due primarily to an explosion of Asian carp populations in this river. In an effort to restore some semblance of balance to this fish population, the Department is increasing from 3 to 10 special use permits.

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

Nick San Diego, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENT

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFE

PART 830
COMMERCIAL FISHING AND MUSSELING IN CERTAIN WATERS OF THE STATE

Section
830.5 Definitions
830.10 Waters Open to Commercial Harvest of Fish
830.13 Special Regulations for the Commercial Harvest of Roe-Bearing Species
830.15 Waters Open to Commercial Harvest of Crayfish
830.20 Waters Open to Commercial Harvest of Mussels and Seasons
830.30 Special Regulations
830.40 Devices
830.50 Permission
830.60 Species
830.70 Size Limit
830.80 Commercial Fishing and Musseling in Additional Waters
830.90 Revocation and Suspension of Commercial Fishing and Musseling Privileges, Hearings and Appeals and Reporting Requirements

AUTHORITY: Implementing and authorized by Sections 1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35, and 25-5 of the Fish and Aquatic Life Code [515 ILCS 5/1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35, and 25-5].

SOURCE: Adopted at 5 Ill. Reg. 6809, effective June 16, 1981; codified at 5 Ill. Reg. 10648; emergency amendment at 6 Ill. Reg. 6468, effective May 18, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 10680, effective August 20, 1982; amended at 7 Ill. Reg. 2707, effective March 2, 1983; amended at 10 Ill. Reg. 6926, effective April 15, 1986; amended at 11 Ill. Reg. 9513, effective May 5, 1987; amended at 12 Ill. Reg. 11714, effective June 30, 1988; amended at 15 Ill. Reg. 8544, effective May 24, 1991; amended at 16 Ill. Reg. 5257, effective March 20, 1992; amended at 17 Ill. Reg. 3177, effective March 2, 1993; emergency amendments at 18 Ill. Reg. 4671, effective March 14, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 9985, effective June 21, 1994; amended at 19 Ill. Reg. 5250, effective March 27, 1995; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 21 Ill. Reg. 4700, effective April 1, 1997; amended at 22 Ill. Reg. 6697, effective March 30, 1998; amended at 24 Ill. Reg. 4945, effective March 13,

2000; amended at 29 Ill. Reg. 6277, effective April 25, 2005; amended at 31 Ill. Reg. 13187, effective August 30, 2007; amended at 34 Ill. Reg. 2938, effective February 19, 2010; emergency amendment at 34 Ill. Reg. 15884, effective October 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 4187, effective February 22, 2011; amended at 36 Ill. Reg. 11161, effective July 3, 2012; amended at 36 Ill. Reg. 12120, effective July 16, 2012; emergency amendment at 37 Ill. Reg. 19912, effective December 2, 2013, for a maximum of 150 days; amended at 38 Ill. Reg. 9043, effective April 14, 2014.

Section 830.80 Commercial Fishing and Musseling in Additional Waters

a) Additional waters may be open to targeted commercial fishing or musseling by a Special Use Permit. Any licensed commercial fisherman or musseler who wishes to fish in any water not listed under Section 830.10 or 830.20 must request permission from the Division of Fisheries. The Division will determine whether the fish, crayfish or mussel resource can support such activity and whether the activity is in the best interests of the general public. If so, the Department shall issue a Special Use Permit for targeted removal specifying the type of gear, season, species of fish, crayfish or mussel that shall be removed, and any other regulations as shall be necessary to protect the resource.

b) The standards for determining whether or not an additional fishery will be open to targeted commercial fishing or musseling shall include: a biological sampling of the commercial fish, crayfish or mussel population to determine the relative abundance of the species present; an assessment of the impact of commercial fishing or musseling gear on sport fish, crayfish or mussel populations; a determination of the potential impact of commercial fishing or musseling activities on other water-based recreation; a determination of whether the fish are safe for public consumption (U.S. Food and Drug Administration standards are followed (USFDA 21, CFR 109.30, 2004) (no incorporation in this Part includes later amendments or editions)); and a fair and equitable allocation of commercial fishing or musseling opportunities.

c) For commercial musseling, in addition to the criteria listed in subsection (b), both of the specific criteria listed below must be met for areas to be open or remain open to commercial harvest of selected mussel species:

1) sub-legal to legal mussel (same species) ratio equal to or exceeding 2:1; and

2) catch rate (CPUE) of individual specimens of a given species, as measured by a timed diver sample equal to or exceeding 60 per hour.

d) For commercial fishing, in addition to the criteria listed in subsection (b), the specific criteria that must be met for areas to be open or remain open to commercial harvest of selected fish includes: the results of a biological survey of the fish population present that indicates the total biomass of fish species listed in Section 830.60(a), with the exception of catfish, paddlefish and shovelnose sturgeon, is more than the combined biomass of the sport fishes listed in subsection (e).

e) The following fishes shall be considered "sport fishes" for the purposes of determining whether a body of water meets the criteria established under subsection (d):

1) The following members of the sunfish family (*Centrarchidae*):

black crappie − *Pomoxis nigromaculatus*

bluegill − *Lepomis macrochirus*

largemouth bass − *Micropterus salmoides*

rock bass − *Ambloplites rupestris*

redear sunfish − *Lepomis microlophus*

smallmouth bass − *Micropterus dolomieu*

spotted bass − *Micropterus punctulatus*

white crappie − *Pomoxis annularis*

2) The following members of the catfish family *(Ictaluridae)*:

blue catfish − *Ictalurus furcatus*

brown bullhead − *Ameiurus nebulosus*

black bullhead − *Ameiurus melas*

channel catfish − *Ictalurus punctatus*

flathead catfish − *Pylodictis olivaris*

yellow bullhead − *Ameiurus natalis*

3) The following members of the pike family *(Esocidae)*:

muskellunge − *Esox masquinongy*

northern pike − *Esox lucius*

4) The following members of the perch family *(Percidae)*:

sauger − *Sander canadensis*

walleye − *Sander vitreus*

yellow perch − *Perca flavescens*

5) The following members of the temperate bass family *(Moronidae)*:

Striped bass − *Morone saxatilis*

Striped bass X white bass hybrid − *M. Saxatilis X M. chrysops*

White bass − *Morone chrysops*

f) Commercial fishing or musseling Special Use Permits will not be issued:

1) for non-commercial purposes; or

2) if an individual has been found guilty of a violation of a State Fish and Aquatic Life Code law or this Part during the past 12 months.

g) Commercial fishing Special Use Permits may be issued for private bodies of water if all of the following conditions have been satisfied:

1) The body of water is completely encompassed by land that is owned by an individual, leased by a tenant residing upon it, or controlled by ownership or lease by a private club or association.

2) The commercial fisherman has obtained permission in writing from the owner, tenant or private club who controls the property; and either:

A) None of the commercially-harvested fish are offered for barter or sale; or

B) If commercially-harvested fish are offered for barter or sale, it has been determined that the fish are safe for public consumption (U.S. Food and Drug Administration (FDA) standards are followed (21 CFR 109.30 (2004)).

h) Application procedures for targeted commercial fish removal Special Use Permits:

1) Illinois resident and non-resident commercial fishermen can submit an application for a Special Use Permit from June 1 through 15 of each year for any of the waters designated in subsection (i) or (j). Legally licensed Illinois resident commercial fishermen and non-resident commercial fishermen from states who share reciprocal waters (with commercial fishing reciprocal agreements, including the states of Iowa, Indiana, Missouri and Kentucky) who were under a commercial fish removal contractor or held a Special Use Permit in the previous year and provided a complete monthly report to the Department of their catch each month are eligible to obtain a Special Use Permit in the first lottery drawing. In addition to the previously stated qualifications, to be eligible for this drawing, fishermen must provide the following information to the Department: name, current address, date of birth, choice of water body (see subsections (i) and (j)). If there are more applications than permits

available, a drawing will be conducted on July 1 to allocate available permits.

2) Non-resident or resident commercial fishermen who did not obtain a permit in the first drawing or who desire an additional Special Use Permit can submit an application on July 1 through 15 of each year for any of the waters designated in subsection (i) or (j) for any remaining permits. If there are more applications than permits available, a drawing will be conducted on July 31 to allocate available permits.

3) Any permits remaining after the first two allocations will be issued on a first come-first served basis.

i) The following water bodies will be open to commercial removal of selected fish species under a Special Use Permit to be allocated pursuant to subsection (h) and subject to subsection (d):

1) Rock River – divided into 6 sections with one Special Use Permit allocated per section

2) Rend Lake – maximum of 25~~10~~ Special Use Permits

3) Carlyle Lake – maximum of 25~~10~~ Special Use Permits

4) Mississippi River State Fish and Wildlife Area – maximum of 15~~5~~ Special Use Permits

5) Anderson Lake State Fish and Wildlife Area – maximum of 15~~5~~ Special Use Permits

6) Otter Creek in Green County (from the Route 100 crossing downstream to the Illinois River) – maximum of 1 Special Use Permit

7) Macoupin Creek in Jersey and Green Counties (from the Reddish Ford Bridge downstream to the Illinois River) – maximum of 1 Special Use Permit

8) Quincy Bay – maximum of 1 Special Use Permit

j) The following water bodies, all currently open to commercial fishing under Section 830.10, will be open to commercial removal of selected fish species with the use of trammel and gill nets under a Special Use Permit to be allocated pursuant to subsection (h) and subject to subsection (d):

1) Kaskaskia River – maximum of 20~~10~~ Special Use Permits

2) Sangamon River – maximum of 15~~5~~ Special Use Permits

3) Big Muddy River – maximum of 10~~3~~ Special Use Permits

4) Saline River – maximum of 6~~3~~ Special Use Permits

k) For any U.S. Fish and Wildlife Service (USFWS) special use permit issued to commercial fisherman for commercial harvest of selected fish species within USFWS National Wildlife Refuge areas, a Special Use Permit pursuant to subsection (a) must be obtained from the Department. All Illinois laws and regulations apply.

(Source: Amended at 38 Ill. Reg. 9043, effective April 14, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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)

Section Numbers:	Adopted Action:
515.150	Amend
515.165	New
515.170	Amend
515.190	Renumbered/Amended
515.430	Repeal
515.460	Amend
515.590	Amend
515.620	Renumbered
515.630	Amend
515.800	Amend

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective Date of Rule: April 9, 2014

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

7) Does this rulemaking contain incorporation 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*: December 27, 2013; 37 Ill. Reg. 20601

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

11) Differences between Proposal and Final Version: No changes were made

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

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

Section Numbers:	Proposed Action:	*Illinois Register* Citation:
515.100	Amend	38 Ill. Reg. 7490; April 4, 2014
515.125	Amend	38 Ill. Reg. 7490; April 4, 2014
515.500	Amend	38 Ill. Reg. 7490; April 4, 2014
515.510	Amend	38 Ill. Reg. 7490; April 4, 2014
515.520	Amend	38 Ill. Reg. 7490; April 4, 2014
515.700	Amend	38 Ill. Reg. 7490; April 4, 2014
515.900	Amend	38 Ill. Reg. 7490; April 4, 2014
515.910	Amend	38 Ill. Reg. 7490; April 4, 2014
515.920	Amend	38 Ill. Reg. 7490; April 4, 2014
515.930	Amend	38 Ill. Reg. 7490; April 4, 2014
515.935	Amend	38 Ill. Reg. 7490; April 4, 2014
515.940	Amend	38 Ill. Reg. 7490; April 4, 2014
515.945	Amend	38 Ill. Reg. 7490; April 4, 2014
515.950	Amend	38 Ill. Reg. 7490; April 4, 2014
515.955	Amend	38 Ill. Reg. 7490; April 4, 2014
515.960	Amend	38 Ill. Reg. 7490; April 4, 2014
515.963	New	38 Ill. Reg. 7490; April 4, 2014

15) Summary and Purpose of Rulemaking: Section 515.150 is being amended to define the length of a waiver approved by the Department. In addition, this Section clarifies the information needed to explain why the applicant is requesting a waiver from the Department. Updates were also made to the U.S General Services Administration's Specifications for Ambulances.

Section 515.165 is being added to implement PA 96-1469, which expanded the requirements for suspension, revocation and denial of licensure to all licensees, not just EMTs. PA 96-1469 also allows the Director, after providing notice and hearing, to deny, suspend or revoke a license or refuse to relicense any EMT-B, EMT or EMT-P if he or she has been convicted (or entered a plea of guilty or nolo-contendere) by a court of a Class X, Class 1 or Class 2 felony in this State or any out-of-state equivalent offense.

Section 515.170 is being amended to implement PA 96-1469, which requires employers to verify that the employee possesses a license to perform the service required by the employer.

Section 515.620 is being renumbered as Section 515.190 to include felony conviction requirements under the General Subpart of the rules, since these requirements are for all licenses issued by the Division of EMS and Highway Safety.

Section 515.430 is being repealed. Suspension, revocation and denial of EMS licensure will be covered in Section 515.165.

Section 515.460 implements portions of PA 98-53 and PA 97-509 that allow the Department to waive fees for an EMT who is a member of the Illinois National Guard, an Illinois State Trooper or exclusively serves as a volunteer for units of local government with a population of less than 5,000 or as a volunteer for a not-for-profit organization that serves a service area with a population base of less than 5,000. First Responders who exclusively serve in those volunteer positions may also apply for fee waivers. The waiver must be applied for and approved by the Department prior to examination, certification or renewal. No fees will be refunded.

Section 515.590 is being amended to implement a portion of PA 98-0053 that decreases continuing education hours for the EMT-P, EMT-I, Advance EMT and EMT-B. The amendment also allows continuing education (CE) hours to consist of EMS System-approved in-services, Department-recognized college health care courses and online CE courses.

Section 515.630 is being amended to implement a portion of PA 98-53 to allow the Department to recognize military emergency medical training, emergency medical curriculum completed, and clinical experience for an honorably discharged member of the United States armed forces when he or she applies for any level of Emergency Medical Technician.

Section 515.800 is being amended to implement PA 98-452, which provides for renewal of licensed vehicles operated by Vehicle Service Providers to be every four years (instead of annual renewals). The Act also provides for annual inspection and for a vehicle service provider fee to continue to be charged yearly.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield IL 62761
217/782-2043
e-mail: dph.rules@illinois.gov

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, PRIMARY STROKE CENTER AND EMERGENT STROKE READY HOSPITAL CODE

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Section
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515.125 Incorporated and Referenced Materials
515.150 Waiver Provisions
515.160 Facility, System and Equipment Violations, Hearings and Fines
515.165 Suspension, Revocation and Denial of Licensure
515.170 Employer Responsibility
515.180 Administrative Hearings
515.190~~515.620~~ Felony Convictions

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515.200 Emergency Medical Services Regions
515.210 EMS Regional Plan Development
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SUBPART C: EMS SYSTEMS

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515.350 Data Collection and Submission
515.360 Approval of Additional Drugs and Equipment
515.370 Automated Defibrillation (Repealed)
515.380 Do Not Resuscitate (DNR) Policy
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 (Repealed)
515.440 State Emergency Medical Services Disciplinary Review Board
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515.520 Emergency Medical Technician-Paramedic Training
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515.550 Scope of Practice – Licensed EMT
515.560 EMT-B Continuing Education
515.570 EMT-I Continuing Education
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515.590 EMT License Renewals
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515.610 EMT Reciprocity
515.620 Felony Convictions (Renumbered)
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
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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515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
515.825 Alternate Response Vehicle
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515.835 Stretcher Van Provider Licensing Requirements
515.840 Stretcher Van Requirements
515.845 Operation of Stretcher Vans
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SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section
515.900 Licensure of SEMSV Programs – General
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515.920 SEMSV Program Licensure Requirements for All Vehicles
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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

515.950 Aircraft Medical Equipment and Drugs
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SUBPART H: TRAUMA CENTERS

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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
515.2035 Level I Pediatric Trauma Center
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
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515.2100 Pediatric Care (Renumbered)
515.2200 Suspension Policy for Trauma Nurse Specialist Certification

SUBPART I: EMS ASSISTANCE FUND

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SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

SUBPART K: PRIMARY STROKE CENTERS AND EMERGENT STROKE READY HOSPITALS

515.5000 Definitions
515.5010 Stroke Care – Restricted Practices
515.5020 Primary Stroke Center (PSC) Designation
515.5030 Request for Primary Stroke Center Designation
515.5040 Suspension and Revocation of Primary Stroke Center Designation
515.5050 Emergent Stroke Ready Hospital (ESRH) Designation
515.5060 Emergent Stroke Ready Hospital Designation Criteria
515.5070 Request for Emergent Stroke Ready Hospital Designation
515.5080 Suspension and Revocation of Emergent Stroke Ready Hospital Designation
515.5090 Data Collection and Submission
515.5100 Statewide Stroke Assessment Tool

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

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; amended at 38 Ill. Reg. 9053, effective April 9, 2014.

SUBPART A: GENERAL PROVISIONS

Section 515.150 Waiver Provisions

a) *The Department may grant a waiver to any provision of the Act or* this Part *for a specified period of time determined appropriate by the Department. The Department may grant a waiver when it can be demonstrated that there will be no reduction in standards of medical care as determined by the EMS Medical Director or the Department.* (Section 3.185 of the Act) Waivers shall be valid only for the length of time determined by the Department (see subsection (f)). For either a single or multiple waiver request, the burden of proof as to the factual basis supporting any waiver shall be on the applicant.

b) *Any entity may apply in writing to the Department for a waiver to specific requirements or standards for which it considers compliance to be a hardship.* (Section 3.185 of the Act) The application shall contain the following information:

1) The applicant's name, address, and license number (if applicable);

2) The Section of the Act or this Part for which the waiver is being sought;

3) An explanation of why the applicant considers compliance with the Section to be a unique hardship, including:

A) A~~a~~ description of how the applicant has attempted to comply with the Section;

B) The reasons for non-compliance; and

C) A detailed plan for achieving compliance. The detailed plan shall include specific timetables.

4) The period of time for which the waiver is being sought;

5) An explanation of how the waiver will not reduce the quality of medical care established by the Act and this Part; and

6) If the applicant is a System Participant, the applicant's EMS MD~~EMS Medical Director~~ shall state in writing whether he/she recommends or

opposes the application for waiver, the reason for the~~such~~ recommendation or opposition, and how the waiver will or will not reduce the quality of medical care established by the Act and this Part. The applicant shall submit the EMS MD's~~EMSMD's~~ statements along with the application for waiver.~~ If the EMSMD does not provide written statements within 30 days of the applicant's request, the application may be submitted to the Department and the EMSMD will be determined to be in support of the waiver.~~

c) An EMS MD~~Medical Director~~ may apply to the Department for a waiver on behalf of a System Participant by submitting an application that contains all of the information required by subsection (b)~~ of this Section~~, along with a statement signed by the System Participant requesting or authorizing the EMS MD~~EMSMD~~ to make the~~such~~ application.

d) The Department will~~shall~~ grant the requested waiver if it finds the following:

1) The waiver will not reduce the quality of medical care established by the Act and this Part;

2) Full compliance with the statutory or regulatory requirment~~regulation~~ at issue is or would be a unique hardship on the applicant;

3) For an EMT seeking a waiver to extend a relicensure date in order to complete relicensure requirements:

A) The EMT has previously received no more than one extension since his or her last relicensure; and

B) The EMT has not established a pattern of seeking extensions (e.g., waivers sought based on the same type of hardship in two or more previous license periods);

4) For an applicant other than an EMT:

A) The applicant has previously received no more than one waiver of the same statutory or regulatory requirement~~regulation~~ during the current license or designation period~~year~~;

B) The applicant has not established a pattern of seeking waivers of the same statutory or regulatory requirement~~regulation~~ during previous license or designation period~~years~~; and

C) The Department finds that the hardship preventing compliance with the particular statutory or regulatory requirement~~regulation~~ is unique and not of an ongoing nature;

5) For a hospital requesting a waiver to participate in a System other than that in which the hospital is geographically located:

A) Documentation that transfer patterns support the request; and

B) Historic patterns of patient referrals support the request.

e) When granting a waiver, the Department will~~shall~~ specify the statutory or regulatory requirement~~regulation or portion thereof~~ that is being waived, any alternate requirement that the waiver applicant shall meet, and any procedures or timetable that the waiver applicant shall follow to achieve compliance with the waived requirement~~regulation~~.

f) The Department will~~shall~~ determine the length of any waiver that it grants, based on the nature and extent of the hardship and will consider the medical needs of the community or areas in which the waiver applicant functions.

g) The Department will~~shall~~ grant a waiver of Section 515.830(a)(1)~~ of this Part~~ for a vehicle that changes ownership ~~after April 1, 1997,~~ if the vehicle meets the requirements of the U.S. General Services Administration's "Specifications for Ambulance" (KKK-A-1822D)~~(KKK-A-1822C)~~.

(Source: Amended at 38 Ill. Reg. 9053, effective April 9, 2014)

Section 515.165 Suspension, Revocation and Denial of Licensure

In accordance with Section 515.160, the Director, after providing notice and an opportunity for an administrative hearing to the applicant or licensee, shall *suspend, revoke or refuse to issue or renew the license of any licensee where the preponderance of the evidence shows one or more of*

the following:

a) *The licensee has not met continuing education or relicensure requirements as prescribed by the Department* in this Part (Section 3.50(d)(8)(A) of the Act);

b) *The licensee has failed to maintain proficiency in the level of skills for which he or she is licensed* (Section 3.50(b)(8)(B) of the Act);

c) *The licensee, during the provision of medical services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public* (Section 3.50(d)(8)(C) of the Act) (e.g., use of alcohol or illegal drugs while on duty, verbal or physical abuse of a patient, or misrepresentation of licensure status);

d) *The licensee has failed to maintain or has violated standards of performance and conduct as prescribed by the Department in* this Part *or his or her EMS System's Program Plan* (Section 3.50(d)(8)(D) of the Act);

e) *The licensee is physically impaired to the extent that he or she cannot physically perform the skills and functions for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to* this Part (Section 3.50(d)(8)(E) of the Act);

f) *The licensee is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the functions for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to* this Part (Section 3.50(d)(8)(F) of the Act);

g) *The licensee has violated* the *Act* or this Part (Section 3.50(d)(8)(G) of the Act);

h) *The licensee has been convicted (or entered a plea of guilty or nolo contendere) by a court of competent jurisdiction of a Class X, Class 1, or Class 2 felony in this State or an out-of-state equivalent offense* (Section 3.50(d)(8)(H) of the Act);

i) The licensee has demonstrated medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence, in the provision of emergency care; or

j) The licensee's license has been revoked, denied or suspended by the Department.

(Source: Added at 38 Ill. Reg. 9053, effective April 9, 2014)

Section 515.170 Employer Responsibility

a) *No employer shall permit any employee to perform any services for which a license, certificate, or other authorization is required under* the *Act, unless the employer first makes a good faith attempt to verify that the employee possesses all necessary and valid licenses, certificates, and authorizations required under* the *Act.* (Section 3.160(a-5) of the Act)~~*No employer shall employ or permit any employee to perform any services for which a license, certificate or other authorization is required by* the *Act or* this Part *unless and until the person so employed possesses all licenses, certificates or authorizations that are so required.* (Section 3.160(a) of the Act) The employer shall examine a valid, original license for compliance with this subsection (a).~~

b) *Any person or entity that employs or supervises a person's activities as a First Responder or Emergency Medical Dispatcher shall cooperate with the Department's efforts to monitor and enforce compliance by those individuals with the requirements of* the *Act* or this Part. (Section 3.160(b) of the Act)

(Source: Amended at 38 Ill. Reg. 9053, effective April 9, 2014)

Section 515.190~~620~~ Felony Convictions

a) Applicants and licensees convicted of an Illinois *Class X, Class 1 or Class 2 felony or an out-of-state equivalent offense* shall be subject to adverse licensure actions under Section 3.50(d)(8) of the Act. In determining whether an applicant or licensee has been convicted of *an out-of-state equivalent offense* under Section 3.50(d)(8)(H) of the Act, the Department shall look to the essential elements of the out-of-state offense to determine whether that conviction is substantially equivalent to an Illinois Class X, Class 1 or Class 2 felony. The fact that the out-of-state offense may be named or classified differently by another state, territory or country shall not be considered in determining whether the out-of-state offense is equivalent. The controlling factor shall be whether the essential elements of the out-of-state offense are substantially equivalent to the essential elements of an Illinois Class X, Class 1 or Class 2 felony (Section 3.50(d) of the Act).

b) All applicants for any license, permit or certification under the Act shall fully disclose any and all felony convictions in writing to the Department at the time of initial application or renewal. Failure to disclose all felony convictions on an application submitted to the Department shall be grounds for license denial or revocation (see Section 515.430).

c) All licensees and certificate and permit holders under the Act shall report all new felony convictions to the Department within seven days after conviction. Convictions shall be reported by means of a letter to the Department.

d) For applicants with a *Class X, Class 1 or Class 2 felony or an out-of-state equivalent offense* (Section 3.50(d) of the Act), the Department shall have the authority to require that the applicant sign an authorization permitting the Department to obtain a criminal history report from the Illinois State Police or other law enforcement agency at the applicant's cost. The failure or refusal of any felony applicant to provide the authorization and fee required by the applicable law enforcement agency shall be grounds for denial of licensure, including renewal.

e) In deciding whether to issue any license to a person with a felony conviction under Section 3.50(d) of the Act, the Department shall consider the degree to which the applicant's criminal history suggests that the applicant may present a risk to patients. Factors to be considered shall include, but not be limited to:

1) The length of time since the conviction and the severity of the penalty imposed;

2) Whether the conviction involved theft, deception or infliction of intentional, unjustified harm to others;

3) Whether there are repeat or multiple convictions or whether the convictions suggest a particular pattern of overall disregard for the safety or property of others;

4) Whether the conviction suggests a propensity that may pose a threat to the public in stressful situations commonly confronted by EMS providers and First Responders;

5) The degree to which the applicant provided full, complete and accurate information upon written request of the Department; and

6) Other unusual facts and circumstances that strongly suggest that the applicant should not be granted a license.

f) The Department may request and the applicant shall provide all additional information relevant to the applicant's history and the factors listed in subsection (e). The Department shall deny any application when the applicant fails or refuses to provide additional relevant information requested by the Department, including, but not limited to, providing the written authorization and fee for a police criminal background check.

(Source: Section 515.190 renumbered from Section 515.620 at 38 Ill. Reg. 9053, effective April 9, 2014)

SUBPART C: EMS SYSTEMS

Section 515.430 Suspension, Revocation and Denial of Licensure of EMTs (Repealed)

~~In accordance with Section 515.160 of this Part, the Director, after providing notice and an opportunity for an administrative hearing to the applicant or licensee, shall deny, suspend or revoke a license or refuse to relicense any person as an EMT-B, EMT-I or EMT-P in any case in which he or she finds that there has been a substantial failure to comply with the provisions of the Act or this Part. Such findings must show one or more of the following:~~

~~a) *The EMT has not met continuing education or relicensure requirements as prescribed by the Department* in this Part (Section 3.50(d)(8)(A) of the Act);~~

~~b) *The EMT has failed to maintain proficiency in the level of skills for which he or she is licensed* (Section 3.50(b)(8)(B) of the Act);~~

~~c) *The EMT, during the provision of medical services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public* (Section 3.50(d)(8)(C) of the Act) (e.g., use of alcohol or illegal drugs while on duty, verbal or physical abuse of a patient, or misrepresentation of licensure status);~~

~~d) *The EMT has failed to maintain or has violated standards of performance and conduct as prescribed by the Department in* this Part *or his or her EMS System's Program Plan* (Section 3.50(d)(8)(D) of the Act);~~

~~e) *The EMT is physically impaired to the extent that he or she cannot physically perform the skills and functions for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to* this Part (Section 3.50(d)(8)(E) of the Act);~~

~~f) *The EMT is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the functions for which he or she is licensed, as verified by a physician, unless the person is an* EMT-I or EMT-P *on inactive status pursuant to* this Part (Section 3.50(d)(8)(F) of the Act);~~

~~g) *The EMT has violated* the *Act* or this Part (Section 3.50(d)(8)(G) of the Act);~~

~~h) The EMT has demonstrated medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care; or~~

~~i) The EMT's license has been revoked, denied or suspended by the Department.~~

(Source: Repealed at 38 Ill. Reg. 9053, effective April 9, 2014)

Section 515.460 Fees

a) The following fees shall be submitted to the Department at the time of application for examination, initial licensure ~~or certification~~, licensure ~~or certification~~ renewal, duplicate license, or reciprocity:

1) EMT-B licensure: $45

2) EMT-B renewal: $20

3) EMT-B examination: $20

4) EMT-I licensure: $45

5) EMT-I renewal: $30

6) EMT-I examination: $30

7) EMT-P licensure: $60

8) EMT-P renewal: $40

9) EMT-P examination: $40

10) Trauma Nurse Specialist licensure: $50

11) Trauma Nurse Specialist renewal: $25

12) Trauma Nurse Specialist examination: $25 (see Section 515.750(f))

13) Emergency Communications Registered Nurse licensure: $55

14) Emergency Communications Registered Nurse renewal: $20

15) Emergency Medical Dispatcher licensure: $30

16) Emergency Medical Dispatcher renewal: $20

17) Pre-Hospital RN licensure: $30

18) Pre-Hospital RN renewal: $20

19) Lead Instructor licensure: $40

20) Lead Instructor renewal: $20

21) First Responder licensure: $55

22) First Responder renewal: $20

23) Duplicate license: $10

24) Reciprocity: $50

25) Fees for reinstatement of a license ~~or certification~~ will be equal to the amount of the initial license ~~or certification~~ fee.

b) *An EMT who is a member of the Illinois National Guard, an Illinois State Trooper, or exclusively serves as a volunteer for units of local government ~~or a not-for-profit organization that serves a service area~~ with a population base of less than 5,000 or as a volunteer for a not-for-profit organization that serves a service area with a population base of less than 5,000* in this State *may submit an application to the Department for a waiver of the~~these~~ fees* for EMT examination, licensure and license renewal *on a form prescribed by the Department.* (Section 3.50(d)(9) of the Act) The fee waiver application shall be submitted to the Department and approved prior to examination, licensure or renewal. No fees will be refunded.

c) *A First Responder who exclusively serves as a volunteer for units of local government or a not-for-profit organization that serves a service area with a population base of less than 5,000 may submit an application to the Department for a waiver of these fees on a form prescribed by the Department.* (Section 3.60(b)(7) of the Act)

d) Fees shall be paid by certified check or money order made payable to the Department. Personal checks or cash will not be accepted.

e) If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.

f) All fees submitted for licensure examinations are not refundable.

(Source: Amended at 38 Ill. Reg. 9053, effective April 9, 2014)

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.590 EMT License Renewals

a) To be relicensed as an EMT:

1) The licensee shall file an application for renewal with the Department on a form prescribed by the Department at least 30 days prior to the license expiration date.

A) If an EMS MD has recommended a licensee for relicensure, the~~The~~ submission of a transaction card (Form No. IL 482-0837) by the EMS MD~~Medical Director~~ will satisfy the renewal application requirement. ~~for a licensee who has been recommended for relicensure by the EMS Medical Director.~~

B) A licensee who has not been recommended for relicensure by the EMS MD shall~~Medical Director must~~ independently submit an application for renewal to the Department~~ an application for renewal~~. The EMS MD~~Medical Director~~ shall provide the licensee with a copy of the appropriate form to be completed.

2) A written recommendation signed by the EMS MD~~Medical Director~~ must be provided to the Department regarding completion of the following minimum requirements:

A) Paramedics shall have 100 approved continuing education hours. EMT-Is shall have 80 approved continuing education hours. Advanced EMTs (AEMTs) shall have 80 approved continuing education hours. EMT-Bs shall have 60 approved continuing education hours.

B)~~A)~~ Continuing education hours shall consist of EMS System-approved in-services, Department-recognized college health care courses, online continuing education courses,~~One hundred twenty hours of continuing education,~~ seminars and workshops, addressing both adult and pediatric care. The System shall define in the Program Plan the number of continuing education hours to be accrued each year for relicensure. No more than 25 percent of those hours may be in the same subject.

C)~~B)~~ Any System continuing education requirements for an EMT approved to operate an automated defibrillator shall be included in

the required ~~120~~ continuing education hours.

D)~~C)~~ The licensee shall have a~~A~~ current CPR for Healthcare Providers card that covers:

i) Adult one-rescuer CPR,

ii) Adult foreign body airway obstruction management,

iii) Pediatric one-rescuer CPR,

iv) Pediatric foreign body airway obstruction management,

v) Adult two-rescuer CPR, and

vi) AED.

E)~~D)~~ The licensee shall be functioning~~Functioning~~ within a State-approved EMS System providing the licensed level of life support services as verified by that System's EMS MD~~Medical Director~~.

b) The content~~Composition~~ of continuing education programs and qualifications of instructors shall be submitted to the Department for approval not less than 60 days prior to the scheduled event. Program approval will be granted provided that ~~the~~ program is conducted in accordance with guidelines of the Department of Transportation's National Standard Curriculum for EMTs and contains material relevant to that level of licensure. Qualifications of instructors shall be consistent with Section 515.700.

c) EMT-Is and EMT-Ps shall complete a transition program for all sections of the National Standard Curriculum that are not currently in place in their System. This course may be completed as continuing education and shall be completed within the four-year licensing period.

d) If the EMS MD~~Medical Director~~ does not recommend relicensure, he/she shall submit all reasons for denial in writing to the EMT and the Department.

e) The license of an EMT who has failed to file an application for renewal shall

terminate on the day following the expiration date shown on the license.

f) At any time prior to the expiration of the current license, an EMT-I or EMT-P may revert to the EMT-B status for the remainder of the license period. The EMT-I or EMT-P shall~~must~~ make this request in writing to the Department. To relicense at the EMT-B level, the individual must meet the EMT-B requirements for relicensure.

g) An EMT-I or EMT-P who has reverted to EMT-B status may be subsequently relicensed as an EMT-I or EMT-P~~,~~ upon the recommendation of an EMS MD~~Medical Director~~ who has verified that the individual's knowledge and clinical skills are at an active EMT-I or EMT-P level, and that the individual has completed any retraining, education or testing deemed necessary by the EMS MD~~EMSMD~~ for resuming EMT-I or EMT-P activities.

h) Any EMT whose license has expired for a period of more than 60 days shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure (see subsection (i)~~ below~~).

i) The Department *shall require the licensee to certify on the renewal application form, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order*. (Section 10-65(c) of the Illinois Administrative Procedure Act~~ [5 ILCS 100/10-65(c)]~~)

j) An EMT whose license has expired may, within 60 days after licensure expiration, submit all relicensure material as required in this Part and a fee of $50 in the form of a certified check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the EMT, the Department will relicense the EMT.

k) At any time prior to the expiration of the current license, an EMT may revert to First Responder status for the remainder of the license period. The EMT shall~~must~~ make this request in writing to the Department. To re-register as a First Responder, the individual shall~~must~~ meet the requirements for First Responder registration.

(Source: Amended at 38 Ill. Reg. 9053, effective April 9, 2014)

Section 515.620 Felony Convictions (Renumbered)

(Source: Section 515.620 renumbered to Section 515.190 at 38 Ill. Reg. 9053, effective April 9, 2014)

Section 515.630 Evaluation and Recognition of Military Experience and Education

a) *In prescribing licensure testing requirements for honorably discharged members of the armed forces of the United States under this* Part, *the Department shall ensure that a candidate's military emergency medical training, emergency medical curriculum completed, and clinical experience, as described in* this Section, *are recognized.*

b)~~a)~~ The Department will *review applications for EMT licensure from honorably discharged members of the armed forces of the United States with military emergency medical training*. (Section 3.50(d)(2.5) of the Act)

c)~~b)~~ The Department will provide application forms. Applications *shall be filed with the Department within one year after military discharge and shall contain* the following:

1) Documentation that the application is being filed *within one year after military discharge*;

2) *Proof of successful completion of military emergency medical training;*

3) *A detailed description of the emergency medical curriculum completed,* including official documentation demonstrating basic coursework and curriculum*; and*

4) *A detailed description* and official documentation *of the applicant's clinical experience*. (Section 3.50(d)(2.5) of the Act)

d)~~c)~~ *The Department may request additional and clarifying information* and supporting documentation, if necessary, to verify the information provided in subsection (c~~b~~). (Section 3.50(d)(2.5) of the Act)

e)~~d)~~ *The Department shall evaluate the application, including the applicant's training and experience, consistent with the standards set forth under Section 3.10(a), (b), (c) or (d)* of the Act and~~or~~ the requirements of this Part to determine if the applicant qualifies for the licensure level applied for. (Section 3.50(d)(2.5) of the Act)

f)~~e)~~ *If the application clearly demonstrates that the training and experience meet* the *standards* of subsection (e~~d~~), *the Department shall offer the applicant the opportunity to successfully complete a Department-approved EMT examination for which the applicant is qualified*, in accordance with Section 515.530 of this Part. (Section 3.50(d)(2.5) of the Act)

g)~~f)~~ *Upon* the applicant's *passage of an examination* and having paid all required fees, as set forth in Sections 515.530 and 515.460~~ of this Part~~, *the Department shall issue a license, which shall be subject to all provisions of* the *Act* and this Part *that are otherwise applicable to the class of EMT license issued*, as set forth in Section 515.590. (Section 3.50(d)(2.5) of the Act)

(Source: Amended at 38 Ill. Reg. 9053, effective April 9, 2014)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.800 Vehicle Service Provider Licensure

a) An application for a Vehicle Service Provider license shall be submitted on a form prescribed by the Department. The application shall include, but not be limited to, licensee name, address and telephone number; and, for each vehicle to be covered by the license, make, model, year, vehicle identification number (VIN), State vehicle license number and level of service (BLS, ILS or ALS).

b) Each~~The~~ application shall be accompanied by a fee of $25 for each vehicle included in the initial license application and due at the time of each annual inspection for up to 100 individual vehicles. A fee of $2500 shall be submitted for initial applications and due at annual inspections for providers with 100 or more vehicles.

c) An application for license renewal shall be submitted to the Department in accordance with subsections (a) and (b) at least 60 days but no more than 90 days

prior to license expiration.

d) The Department shall issue a license valid for four years. The license will remain valid~~one year~~ if, after annual inspection, all fee requirements are paid and~~,~~ the Department finds that the vehicle service provider is in full compliance with the Act and this Part. If the Department finds that the vehicle service provider is not in full compliance, in addition to all other actions authorized by the Act and this Part, the Department may issue a license for a shorter interval.

e) The Department shall have the right to make inspections and investigations as necessary to determine compliance with the Act and this Part. Pursuant to any inspection or investigation, a licensee shall allow the Department access to all records, equipment and vehicles relating to activities addressed by the Act and this Part.

f) Each license is issued to the licensee for the vehicles identified in the application. The licensee shall notify the Department, in writing, within 10 days after any changes in the information on the application. Additional vehicles shall not be put in service until an application is submitted with the proper fee and an inspection is conducted. The licensee shall notify the Department, in accordance with subsection (g), to~~To~~ change a vehicle's level of service~~, notification shall be made in accordance with subsection (g)~~.

g) The Department will approve each~~Each~~ vehicle covered by an ambulance service provider license~~ shall be approved by the Department~~ to operate at a specific level of service (BLS, ILS or ALS). To change the level of service for a specific vehicle:

1) The licensee shall submit a written request to the EMS MD~~Medical Director~~.

2) The EMS MD~~Medical Director~~ shall submit a copy of that request to the Department, along with written verification that the licensee meets the equipment and staffing requirements of this Part and the EMS System Plan for the requested level of service.

3) The Department will then amend the provider license and vehicle certificate to reflect the new level of service.

h) *All Vehicle Service Providers* shall *function within an EMS System*. (Section 3.85(b)(1) of the Act)

i) *A Vehicle Service Provider utilizing ambulances* shall *have a primary affiliation with an EMS System within the EMS Region in which its Primary Service Area is located.* This does not *apply to Vehicle Service Providers* that~~*which*~~ *exclusively utilize Limited Operation Vehicles.* (Section 3.85(b)(2) of the Act)

j) *A Vehicle Service Provider* is prohibited *from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the Provider's type and level of vehicles, location, primary service area, response times, level of personnel, licensure status or System participation.* (Section 3.85(b)(10) of the Act)

k) *A vehicle service provider, whether municipal, private, or hospital owned*, is prohibited *from advertising itself as a critical care transport provider unless it participates in a Department-approved EMS System critical care transport plan* and provides critical care transport services at a Tier II or Tier III level of care. (Section 3.85(b)(10.5) of the Act)

(Source: Amended at 38 Ill. Reg. 9053, effective April 9, 2014)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3) Section Number: 310.Appendix A Table X
Emergency Action: Amendment

4) Statutory Authority: Authorized by Sections 8, 8a and 9(7) of the Personnel Code [20 ILCS 415/8, 20 ILCS 415/8a and 20 ILCS 415/9(7)]

5) Effective Date of Amendments: April 11, 2014

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency amendment is not to expire prior to the end of the 150-day period unless the accompanying, identical proposed amendments are adopted prior to the end of the 150-day period.

7) Date filed with the Index Department: April 11, 2014

8) This and other Pay Plan amendments are on file and available in the Division of Technical Services and Agency Training and Development of the Bureau of Personnel.

9) Reasons for Emergency: The reason for the emergency is the Illinois Labor Relations Board (ILRB) Revocation of Certification of the Senior Public Service Administrator (SPSA) title Option 8E positions (Case Nos. S-RC-09-038 and S-RC-09-060) effective January 24, 2014. Effective January 24, 2014, the employees appointed to the SPSA title Option 8E, Engineer (Professional) positions and their positions are subject to the jurisdiction of the Merit Compensation System, are assigned to the SPSA broadband salary range, and receive no salary change (Section 310.495(f)).

The ILRB revoked the Certification of Representative of the SPSA title Option 8E positions, with position number 40070-12-60-000-00-01 excluded, to the American Federation of State, County and Municipal Employees (AFSCME) RC-063 bargaining unit effective December 2, 2010. Effective December 2, 2010 through January 23, 2014, the SPSA title Option 8E positions were assigned to the RC-063-26 pay grade by the MOU signed June 30, 2011 and the employees received pay treatment based on the MOU and subsequent RC-063 bargaining unit agreements. The SPSA title Option 8E positions are not assigned to the RC-063-26 pay grade effective January 24, 2014.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

Several past rulemakings involved the SPSA title Option 8E positions. The rulemakings are the peremptory amendment at 33 Ill. Reg. 11082 effective July 10, 2009, the emergency amendments at 34 Ill. Reg. 12240 effective August 9, 2010, the adoption of permanent proposed amendments at 35 Ill. Reg. 765 effective December 30, 2010, and the peremptory amendments at 35 Ill. Reg. 13966 effective July 29, 2011. The results were that effective June 1, 2009 through July 12, 2010, the SPSA title Option 8E positions were assigned to the RC-063-26 pay grade by a MOU signed June 22, 2009 and the employees received pay treatment based on the MOU and subsequent RC-063 bargaining unit agreements.

10) A Complete Description of the Subjects and Issues Involved: In Section 310.Appendix A Table X, the SPSA title's Option 8E is removed from the title table. The SPSA title Option 8E is removed from the Note immediately following the title table.

11) Are there any proposed amendments to this Part pending? Yes

Section Numbers:	Proposed Action:	Ill. Reg. Citation:
310.47	Amendment	38 Ill. Reg. 196, January 3, 2014
310.100	Amendment	38 Ill. Reg. 196, January 3, 2014
310.410	Amendment	38 Ill. Reg. 196, January 3, 2014
310.460	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE B	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE C	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE D	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE E	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE F	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE G	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE H	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE I	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE J	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE K	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE N	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE O	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE P	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Q	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE R	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE S	Amendment	38 Ill. Reg. 196, January 3, 2014

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

310.APPENDIX A TABLE V	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE W	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE X	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Y	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Z	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE AA	Amendment	38 Ill. Reg. 196, January 3, 2014
310.50	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.100	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.130	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.260	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.500	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE A	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE B	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE C	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE D	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE E	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE F	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE G	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE H	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE I	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE J	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE K	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE M	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE N	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE O	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE P	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Q	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE R	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE S	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE V	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE W	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE X	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Y	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Z	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AC	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AD	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AE	Amendment	38 Ill. Reg. 6751, March 28, 2014

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

12) Statement of Statewide Policy Objectives: These amendments to the Pay Plan affect only the employees subject to the Personnel Code and do not set out any guidelines that affect local or other jurisdictions in the State.

13) Information and questions regarding this emergency rulemaking shall be directed to:

Mr. Jason Doggett
Manager
Compensation Section
Division of Technical Services and Agency Training and Development
Bureau of Personnel
Department of Central Management Services
504 William G. Stratton Building
Springfield IL 62706

Telephone: 217/782-7964
Fax: 217/524-4570
CMS.PayPlan@Illinois.gov

14) Does this amendment require the review of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code? [30 ILCS 500/5-25] No

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN
SUBPART A: NARRATIVE

Section
310.20 Policy and Responsibilities
310.30 Jurisdiction
310.40 Pay Schedules
310.45 Comparison of Pay Grades or Salary Ranges Assigned to Classifications
310.47 In-Hire Rate
310.50 Definitions
310.60 Conversion of Base Salary to Pay Period Units
310.70 Conversion of Base Salary to Daily or Hourly Equivalents
310.80 Increases in Pay
310.90 Decreases in Pay
310.100 Other Pay Provisions
310.110 Implementation of Pay Plan Changes (Repealed)
310.120 Interpretation and Application of Pay Plan
310.130 Effective Date
310.140 Reinstitution of Within Grade Salary Increases (Repealed)
310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section
310.205 Introduction
310.210 Prevailing Rate
310.220 Negotiated Rate
310.230 Part-Time Daily or Hourly Special Services Rate (Repealed)
310.240 Daily or Hourly Rate Conversion
310.250 Member, Patient and Inmate Rate
310.260 Trainee Rate
310.270 Legislated Rate
310.280 Designated Rate

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

310.290 Out-of-State Rate (Repealed)
310.295 Foreign Service Rate (Repealed)
310.300 Educator Schedule for RC-063 and HR-010
310.310 Physician Specialist Rate
310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections (Repealed)
310.330 Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

Section
310.410 Jurisdiction
310.415 Merit Compensation Salary Range Assignments
310.420 Objectives
310.430 Responsibilities
310.440 Merit Compensation Salary Schedule
310.450 Procedures for Determining Annual Merit Increases and Bonuses
310.455 Intermittent Merit Increase (Repealed)
310.456 Merit Zone (Repealed)
310.460 Other Pay Increases
310.470 Adjustment
310.480 Decreases in Pay
310.490 Other Pay Provisions
310.495 Broad-Band Pay Range Classes
310.500 Definitions
310.510 Conversion of Base Salary to Pay Period Units (Repealed)
310.520 Conversion of Base Salary to Daily or Hourly Equivalents
310.530 Implementation
310.540 Annual Merit Increase and Bonus Guidechart
310.550 Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

SUBPART D: FROZEN NEGOTIATED-RATES-OF-PAY DUE TO FISCAL YEAR APPROPRIATIONS AND EXPIRED SALARY SCHEDULES IN COLLECTIVE BARGAINING UNIT AGREEMENTS

Section
310.600 Jurisdiction (Repealed)
310.610 Pay Schedules (Repealed)
310.620 In-Hiring Rate (Repealed)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

310.630 Definitions (Repealed)
310.640 Increases in Pay (Repealed)
310.650 Other Pay Provisions (Repealed)
310.660 Effective Date (Repealed)
310.670 Negotiated Rate (Repealed)
310.680 Trainee Rate (Repealed)
310.690 Educator Schedule for Frozen RC-063 and Frozen HR-010 (Repealed)

310.APPENDIX A Negotiated Rates of Pay

310.TABLE A	RC-104 (Conservation Police Supervisors, Illinois Fraternal Order of Police Labor Council)
310.TABLE B	VR-706 (Assistant Automotive Shop Supervisors, Automotive Shop Supervisors and Meat and Poultry Inspector Supervisors, Laborers' – ISEA Local #2002)
310.TABLE C	RC-056 (Site Superintendents and Departments of Veterans' Affairs, Natural Resources, Human Services and Agriculture and Historic Preservation Agency Managers, IFPE)
310.TABLE D	HR-001 (Teamsters Local #700)
310.TABLE E	RC-020 (Teamsters Local #330)
310.TABLE F	RC-019 (Teamsters Local #25)
310.TABLE G	RC-045 (Automotive Mechanics, IFPE)
310.TABLE H	RC-006 (Corrections Employees, AFSCME)
310.TABLE I	RC-009 (Institutional Employees, AFSCME)
310.TABLE J	RC-014 (Clerical Employees, AFSCME)
310.TABLE K	RC-023 (Registered Nurses, INA)
310.TABLE L	RC-008 (Boilermakers)
310.TABLE M	RC-110 (Conservation Police Lodge)
310.TABLE N	RC-010 (Professional Legal Unit, AFSCME)
310.TABLE O	RC-028 (Paraprofessional Human Services Employees, AFSCME)
310.TABLE P	RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
310.TABLE Q	RC-033 (Meat Inspectors, IFPE)
310.TABLE R	RC-042 (Residual Maintenance Workers, AFSCME)
310.TABLE S	VR-704 (Departments of Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002)
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310.TABLE V CU-500 (Corrections Meet and Confer Employees)
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310.TABLE P Frozen RC-029-Rates-of-Pay (Paraprofessional Investigatory and Law Enforcement Employees, IFPE) (Repealed)
310.TABLE R Frozen RC-042-Rates-of-Pay (Residual Maintenance Workers,

AFSCME) (Repealed)
310.TABLE S Frozen VR-704-Rates-of-Pay (Departments of Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002) (Repealed)
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310.TABLE W Frozen RC-062-Rates-of-Pay (Technical Employees, AFSCME) (Repealed)
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AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

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Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239,

effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24,

1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; peremptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; peremptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; peremptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; peremptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999; amended at 23 Ill. Reg. 13053, effective September 27, 1999; peremptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; peremptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; emergency expired November 27, 2000; peremptory

amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; peremptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; peremptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; peremptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; peremptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; peremptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; peremptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; peremptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; peremptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; emergency expired March 22, 2003; peremptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. 3261, effective February 11, 2003; expedited correction at 28 Ill. Reg. 6151, effective February 11, 2003; amended at 27 Ill. Reg. 8855, effective May 15, 2003; amended at 27 Ill. Reg. 9114, effective May 27, 2003; emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days; emergency expired November 27, 2003; peremptory amendment at 27 Ill. Reg. 17433, effective November 7, 2003; amended at 27 Ill. Reg. 18560, effective December 1, 2003; peremptory amendment at 28 Ill. Reg. 1441, effective January 9, 2004; amended at 28 Ill. Reg. 2684, effective January 22, 2004; amended at 28 Ill. Reg. 6879, effective April 30, 2004; peremptory amendment at 28 Ill. Reg. 7323, effective May 10, 2004; amended at 28 Ill. Reg. 8842, effective June 11, 2004; peremptory amendment at 28 Ill. Reg. 9717, effective June 28, 2004; amended at 28 Ill. Reg. 12585, effective August 27, 2004; peremptory amendment at 28 Ill. Reg. 13011, effective September 8, 2004; peremptory amendment at 28 Ill. Reg. 13247, effective September 20, 2004; peremptory amendment at 28 Ill. Reg. 13656, effective September

27, 2004; emergency amendment at 28 Ill. Reg. 14174, effective October 15, 2004, for a maximum of 150 days; emergency expired March 13, 2005; peremptory amendment at 28 Ill. Reg. 14689, effective October 22, 2004; peremptory amendment at 28 Ill. Reg. 15336, effective November 15, 2004; peremptory amendment at 28 Ill. Reg. 16513, effective December 9, 2004; peremptory amendment at 29 Ill. Reg. 726, effective December 15, 2004; amended at 29 Ill. Reg. 1166, effective January 7, 2005; peremptory amendment at 29 Ill. Reg. 1385, effective January 4, 2005; peremptory amendment at 29 Ill. Reg. 1559, effective January 11, 2005; peremptory amendment at 29 Ill. Reg. 2050, effective January 19, 2005; peremptory amendment at 29 Ill. Reg. 4125, effective February 23, 2005; amended at 29 Ill. Reg. 5375, effective April 4, 2005; peremptory amendment at 29 Ill. Reg. 6105, effective April 14, 2005; peremptory amendment at 29 Ill. Reg. 7217, effective May 6, 2005; peremptory amendment at 29 Ill. Reg. 7840, effective May 10, 2005; amended at 29 Ill. Reg. 8110, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8214, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8418, effective June 1, 2005; amended at 29 Ill. Reg. 9319, effective July 1, 2005; peremptory amendment at 29 Ill. Reg. 12076, effective July 15, 2005; peremptory amendment at 29 Ill. Reg. 13265, effective August 11, 2005; amended at 29 Ill. Reg. 13540, effective August 22, 2005; peremptory amendment at 29 Ill. Reg. 14098, effective September 2, 2005; amended at 29 Ill. Reg. 14166, effective September 9, 2005; amended at 29 Ill. Reg. 19551, effective November 21, 2005; emergency amendment at 29 Ill. Reg. 20554, effective December 2, 2005, for a maximum of 150 days; peremptory amendment at 29 Ill. Reg. 20693, effective December 12, 2005; peremptory amendment at 30 Ill. Reg. 623, effective December 28, 2005; peremptory amendment at 30 Ill. Reg. 1382, effective January 13, 2006; amended at 30 Ill. Reg. 2289, effective February 6, 2006; peremptory amendment at 30 Ill. Reg. 4157, effective February 22, 2006; peremptory amendment at 30 Ill. Reg. 5687, effective March 7, 2006; peremptory amendment at 30 Ill. Reg. 6409, effective March 30, 2006; amended at 30 Ill. Reg. 7857, effective April 17, 2006; amended at 30 Ill. Reg. 9438, effective May 15, 2006; peremptory amendment at 30 Ill. Reg. 10153, effective May 18, 2006; peremptory amendment at 30 Ill. Reg. 10508, effective June 1, 2006; amended at 30 Ill. Reg. 11336, effective July 1, 2006; emergency amendment at 30 Ill. Reg. 12340, effective July 1, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 12418, effective July 1, 2006; amended at 30 Ill. Reg. 12761, effective July 17, 2006; peremptory amendment at 30 Ill. Reg. 13547, effective August 1, 2006; peremptory amendment at 30 Ill. Reg. 15059, effective September 5, 2006; peremptory amendment at 30 Ill. Reg. 16439, effective September 27, 2006; emergency amendment at 30 Ill. Reg. 16626, effective October 3, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 17603, effective October 20, 2006; amended at 30 Ill. Reg. 18610, effective November 20, 2006; peremptory amendment at 30 Ill. Reg. 18823, effective November 21, 2006; peremptory amendment at 31 Ill. Reg. 230, effective December 20, 2006; emergency amendment at 31 Ill. Reg. 1483, effective January 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 2485,

effective January 17, 2007; peremptory amendment at 31 Ill. Reg. 4445, effective February 28, 2007; amended at 31 Ill. Reg. 4982, effective March 15, 2007; peremptory amendment at 31 Ill. Reg. 7338, effective May 3, 2007; amended at 31 Ill. Reg. 8901, effective July 1, 2007; emergency amendment at 31 Ill. Reg. 10056, effective July 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 10496, effective July 6, 2007; peremptory amendment at 31 Ill. Reg. 12335, effective August 9, 2007; emergency amendment at 31 Ill. Reg. 12608, effective August 16, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 13220, effective August 30, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 13357, effective August 29, 2007; amended at 31 Ill. Reg. 13981, effective September 21, 2007; peremptory amendment at 31 Ill. Reg. 14331, effective October 1, 2007; amended at 31 Ill. Reg. 16094, effective November 20, 2007; amended at 31 Ill. Reg. 16792, effective December 13, 2007; peremptory amendment at 32 Ill. Reg. 598, effective December 27, 2007; amended at 32 Ill. Reg. 1082, effective January 11, 2008; peremptory amendment at 32 Ill. Reg. 3095, effective February 13, 2008; peremptory amendment at 32 Ill. Reg. 6097, effective March 25, 2008; peremptory amendment at 32 Ill. Reg. 7154, effective April 17, 2008; expedited correction at 32 Ill. Reg. 9747, effective April 17, 2008; peremptory amendment at 32 Ill. Reg. 9360, effective June 13, 2008; amended at 32 Ill. Reg. 9881, effective July 1, 2008; peremptory amendment at 32 Ill. Reg. 12065, effective July 9, 2008; peremptory amendment at 32 Ill. Reg. 13861, effective August 8, 2008; peremptory amendment at 32 Ill. Reg. 16591, effective September 24, 2008; peremptory amendment at 32 Ill. Reg. 16872, effective October 3, 2008; peremptory amendment at 32 Ill. Reg. 18324, effective November 14, 2008; peremptory amendment at 33 Ill. Reg. 98, effective December 19, 2008; amended at 33 Ill. Reg. 2148, effective January 26, 2009; peremptory amendment at 33 Ill. Reg. 3530, effective February 6, 2009; peremptory amendment at 33 Ill. Reg. 4202, effective February 26, 2009; peremptory amendment at 33 Ill. Reg. 5501, effective March 25, 2009; peremptory amendment at 33 Ill. Reg. 6354, effective April 15, 2009; peremptory amendment at 33 Ill. Reg. 6724, effective May 1, 2009; peremptory amendment at 33 Ill. Reg. 9138, effective June 12, 2009; emergency amendment at 33 Ill. Reg. 9432, effective July 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 10211, effective July 1, 2009; peremptory amendment at 33 Ill. Reg. 10823, effective July 2, 2009; peremptory amendment at 33 Ill. Reg. 11082, effective July 10, 2009; peremptory amendment at 33 Ill. Reg. 11698, effective July 23, 2009; peremptory amendment at 33 Ill. Reg. 11895, effective July 31, 2009; peremptory amendment at 33 Ill. Reg. 12872, effective September 3, 2009; amended at 33 Ill. Reg. 14944, effective October 26, 2009; peremptory amendment at 33 Ill. Reg. 16598, effective November 13, 2009; peremptory amendment at 34 Ill. Reg. 305, effective December 18, 2009; emergency amendment at 34 Ill. Reg. 957, effective January 1, 2010, for a maximum of 150 days; peremptory amendment at 34 Ill. Reg. 1425, effective January 5, 2010; peremptory amendment at 34 Ill. Reg. 3684, effective March 5, 2010; peremptory amendment at 34 Ill. Reg. 5776, effective April 2, 2010; peremptory amendment at

34 Ill. Reg. 6214, effective April 16, 2010; amended at 34 Ill. Reg. 6583, effective April 30, 2010; peremptory amendment at 34 Ill. Reg. 7528, effective May 14, 2010; amended at 34 Ill. Reg. 7645, effective May 24, 2010; peremptory amendment at 34 Ill. Reg. 7947, effective May 26, 2010; peremptory amendment at 34 Ill. Reg. 8633, effective June 18, 2010; amended at 34 Ill. Reg. 9759, effective July 1, 2010; peremptory amendment at 34 Ill. Reg. 10536, effective July 9, 2010; peremptory amendment at 34 Ill. Reg. 11864, effective July 30, 2010; emergency amendment at 34 Ill. Reg. 12240, effective August 9, 2010, for a maximum of 150 days; peremptory amendment at 34 Ill. Reg. 13204, effective August 26, 2010; peremptory amendment at 34 Ill. Reg. 13657, effective September 8, 2010; peremptory amendment at 34 Ill. Reg. 15897, effective September 30, 2010; peremptory amendment at 34 Ill. Reg. 18912, effective November 15, 2010; peremptory amendment at 34 Ill. Reg. 19582, effective December 3, 2010; amended at 35 Ill. Reg. 765, effective December 30, 2010; emergency amendment at 35 Ill. Reg. 1092, effective January 1, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 2465, effective January 19, 2011; peremptory amendment at 35 Ill. Reg. 3577, effective February 10, 2011; emergency amendment at 35 Ill. Reg. 4412, effective February 23, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 4803, effective March 11, 2011; emergency amendment at 35 Ill. Reg. 5633, effective March 15, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 5677, effective March 18, 2011; amended at 35 Ill. Reg. 8419, effective May 23, 2011; amended at 35 Ill. Reg. 11245, effective June 28, 2011; emergency amendment at 35 Ill. Reg. 11657, effective July 1, 2011, for a maximum of 150 days; emergency expired November 27, 2011; peremptory amendment at 35 Ill. Reg. 12119, effective June 29, 2011; peremptory amendment at 35 Ill. Reg. 13966, effective July 29, 2011; peremptory amendment at 35 Ill. Reg. 15178, effective August 29, 2011; emergency amendment at 35 Ill. Reg. 15605, effective September 16, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 15640, effective September 15, 2011; peremptory amendment at 35 Ill. Reg. 19707, effective November 23, 2011; amended at 35 Ill. Reg. 20144, effective December 6, 2011; amended at 36 Ill. Reg. 153, effective December 22, 2011; peremptory amendment at 36 Ill. Reg. 564, effective December 29, 2011; peremptory amendment at 36 Ill. Reg. 3957, effective February 24, 2012; peremptory amendment at 36 Ill. Reg. 4158, effective March 5, 2012; peremptory amendment at 36 Ill. Reg. 4437, effective March 9, 2012; amended at 36 Ill. Reg. 4707, effective March 19, 2012; amended at 36 Ill. Reg. 8460, effective May 24, 2012; peremptory amendment at 36 Ill. Reg. 10518, effective June 27, 2012; emergency amendment at 36 Ill. Reg. 11222, effective July 1, 2012, for a maximum of 150 days; peremptory amendment at 36 Ill. Reg. 13680, effective August 15, 2012; peremptory amendment at 36 Ill. Reg. 13973, effective August 22, 2012; peremptory amendment at 36 Ill. Reg. 15498, effective October 16, 2012; amended at 36 Ill. Reg. 16213, effective November 1, 2012; peremptory amendment at 36 Ill. Reg. 17138, effective November 20, 2012; peremptory amendment at 37 Ill. Reg. 3408, effective March 7, 2013; amended at 37 Ill. Reg. 4750, effective April 1, 2013; peremptory

amendment at 37 Ill. Reg. 5925, effective April 18, 2013; peremptory amendment at 37 Ill. Reg. 9563, effective June 19, 2013; amended at 37 Ill. Reg. 9939, effective July 1, 2013; emergency amendment at 37 Ill. Reg. 11395, effective July 1, 2013, for a maximum of 150 days; peremptory amendment at 37 Ill. Reg. 11524, effective July 3, 2013; peremptory amendment at 37 Ill. Reg. 12588, effective July 19, 2013; peremptory amendment at 37 Ill. Reg. 13762, effective August 8, 2013; peremptory amendment at 37 Ill. Reg. 14219, effective August 23, 2013; amended at 37 Ill. Reg. 16925, effective October 8, 2013; peremptory amendment at 37 Ill. Reg. 17164, effective October 18, 2013; peremptory amendment at 37 Ill. Reg. 20410, effective December 6, 2013; peremptory amendment at 38 Ill. Reg. 2974, effective January 9, 2014; amended at 38 Ill. Reg. 5250, effective February 4, 2014; peremptory amendment at 38 Ill. Reg. 6725, effective March 6, 2014; emergency amendment at 38 Ill. Reg. 9080, effective April 11, 2014, for a maximum of 150 days.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE X RC-063 (Professional Employees, AFSCME)
EMERGENCY

Title	Title Code	Bargaining Unit	Pay Grade
Actuary III	00203	RC-063	26
Architect	01440	RC-063	22
Chaplain I	06901	RC-063	16
Chaplain II	06902	RC-063	19
Child Welfare Administrative Case Reviewer	07190	RC-063	22
Child Welfare Advanced Specialist	07215	RC-063	19
Child Welfare Court Facilitator	07196	RC-063	22
Child Welfare Senior Specialist	07217	RC-063	22
Child Welfare Specialist	07218	RC-063	18
Civil Engineer I	07601	RC-063	15
Civil Engineer II	07602	RC-063	17
Civil Engineer III	07603	RC-063	19
Civil Engineer IV	07604	RC-063	22
Clinical Pharmacist	08235	RC-063	25
Clinical Psychologist	08250	RC-063	23
Clinical Psychology Associate	08255	RC-063	18
Day Care Licensing Representative II	11472	RC-063	18
Dentist I	11751	RC-063	23
Dentist II	11752	RC-063	26
Electrical Engineer, Department of Public Health	13180	RC-063	22
Environmental Engineer I	13751	RC-063	15
Environmental Engineer II	13752	RC-063	17
Environmental Engineer III	13753	RC-063	19
Environmental Engineer IV	13754	RC-063	22
Environmental Protection Engineer I	13791	RC-063	15
Environmental Protection Engineer II	13792	RC-063	17
Environmental Protection Engineer III	13793	RC-063	19
Environmental Protection Engineer IV	13794	RC-063	22
Environmental Protection Geologist I	13801	RC-063	15
Environmental Protection Geologist II	13802	RC-063	17
Environmental Protection Geologist III	13803	RC-063	19

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Geographic Information Specialist I	17271	RC-063	19
Geographic Information Specialist II	17272	RC-063	23
Geographic Information Trainee	17276	RC-063	15
Graduate Pharmacist	17345	RC-063	20
Hearing and Speech Advanced Specialist	18227	RC-063	22
Hearing and Speech Associate	18231	RC-063	18
Hearing and Speech Specialist	18233	RC-063	20
Historical Library Chief of Acquisitions	16987	RC-063	19
Information Services Intern	21160	RC-063	15
Information Services Specialist I	21161	RC-063	17
Information Services Specialist II	21162	RC-063	19
Information Systems Analyst I	21165	RC-063	21
Information Systems Analyst II	21166	RC-063	23
Information Systems Analyst III	21167	RC-063	25
Laboratory Research Scientist	23025	RC-063	23
Landscape Architect	23145	RC-063	22
Landscape Planner	23150	RC-063	19
Librarian I	23401	RC-063	16
Librarian II	23402	RC-063	18
Management Systems Specialist	25583	RC-063	21
Manuscripts Manager, Historic Preservation Agency	25610	RC-063	19
Mechanical Engineer I	26201	RC-063	15
Mechanical Engineer II	26202	RC-063	17
Mechanical Engineer III	26203	RC-063	19
Nutritionist	29820	RC-063	18
Occupational Therapist	29900	RC-063	17
Occupational Therapist Program Coordinator	29908	RC-063	19
Occupational Therapist Supervisor	29910	RC-063	21
Optometrist	30300	RC-063	14
Pharmacy Services Coordinator	32010	RC-063	25
Physical Therapist	32145	RC-063	17
Physical Therapist Program Coordinator	32153	RC-063	19
Podiatrist	32960	RC-063	14
Project Designer	34725	RC-063	19
Psychologist I	35611	RC-063	17
Psychologist II	35612	RC-063	20

Psychologist III	35613	RC-063	22
Psychologist Associate	35626	RC-063	15
Public Health Educator	36430	RC-063	19
Public Service Administrator, Option 8D	37015	RC-063	23
Public Service Administrator, Option 8P Department of Human Services	37015	RC-063	26
Public Service Administrator, Option 8U Department of Human Services	37015	RC-063	21
Public Service Administrator, Options 1, 3, 4, 6, 6E, 7 Criminal Justice Information Authority, 8A Department of Public Health, 8E, 8N, 8S Departments of Human Services and Veterans' Affairs and 8T	37015	RC-063	24
Public Service Administrator, Options 8H, 8I Department of Natural Resources and 9G	37015	RC-063	22
Rehabilitation/Mobility Instructor	38163	RC-063	19
Rehabilitation/Mobility Instructor Trainee	38167	RC-063	15
School Psychologist	39200	RC-063	19
Senior Public Service Administrator, Options 3, 4 Departments of Public Health, Human Services and Commerce and Economic Opportunity and Environmental Protection Agency~~, 8E~~ and 8H	40070	RC-063	26
Senior Public Service Administrator, Option 8P	40070	RC-063	27
Social Worker II	41412	RC-063	19
Social Worker III	41413	RC-063	20
Social Worker IV	41414	RC-063	22
Staff Pharmacist	41787	RC-063	24
Statistical Research Supervisor	42745	RC-063	20
Veterinarian I	47901	RC-063	18
Veterinarian II	47902	RC-063	20
Veterinarian III	47903	RC-063	21
Vision/Hearing Consultant I	47941	RC-063	16
Vision/Hearing Consultant II	47942	RC-063	20

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Vision/Hearing Consultant III	47943	RC-063	21

NOTE: The positions allocated to the Public Service Administrator title that are assigned to the negotiated RC-063 pay grade have the following options: 1; 3; 4; 6; 6E; 7; 8A; 8D; 8E; 8H; 8I; 8N; 8P; 8S; 8T; 8U; and 9G. The positions allocated to the Senior Public Service Administrator title that are assigned to a negotiated pay grade have the Options 3, ~~8E,~~ 8H and 8P. See the definition of option in Section 310.50.

Effective July 1, 2013, the Step 8 rate shall be increased by $25.00 per month to $75.00 a month for those employees who attain ten (10) years of continuous service and have three (3) or more years of creditable service on Step 8 in the same or higher pay grade on or before July 1, 2013. For those employees who attain fifteen (15) years of continuous service and have three (3) or more years of creditable service on Step 8 in the same or higher pay grade on or before July 1, 2013, the Step 8 rate shall be increased by $25.00 per month to $100.00 a month. Employees whose salaries are red-circled above the maximum Step rate continue to receive all applicable general increases and any other adjustments (except the longevity pay) provided for in the Agreement. For these employees, the longevity pay shall be limited to the amount that would increase the employee's salary to the amount that is equal to that of an employee on the maximum Step rate with the same number of years of continuous and creditable service. Employees receiving the longevity pay shall continue to receive the longevity pay as long as they remain in the same or successor classification as a result of a reclassification or reevaluation. Employees who are eligible for the increase provided for longevity pay on or before January 1, 2002, shall continue to receive longevity pay after being placed on Step 8 while they remain in the same or lower pay grade.

Effective July 1, 2012
Bargaining Unit: RC-063

Pay Grade	Pay Plan Code	STEPS 1	2	3	4	5	6	7	8
14	B	3852	3997	4153	4336	4493	4664	4937	5134
14	Q	4016	4168	4339	4526	4696	4876	5159	5364
14	S	4090	4250	4416	4607	4779	4959	5241	5448
15	B	4005	4182	4354	4524	4708	4884	5178	5383

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15	Q	4179	4362	4543	4727	4923	5104	5408	5626
15	S	4256	4443	4624	4810	5006	5186	5493	5712
16	B	4192	4379	4574	4762	4962	5160	5465	5683
16	Q	4374	4574	4781	4980	5185	5392	5713	5944
16	S	4458	4655	4864	5065	5268	5477	5793	6024
17	B	4392	4594	4805	5010	5213	5424	5747	5976
17	Q	4582	4802	5024	5232	5445	5669	6005	6248
17	S	4665	4887	5108	5319	5529	5750	6093	6335
18	B	4623	4845	5070	5302	5517	5739	6080	6325
18	Q	4828	5067	5301	5542	5768	5998	6358	6611
18	S	4908	5147	5383	5625	5852	6084	6437	6696
19	B	4871	5119	5361	5608	5847	6090	6461	6719
19	Q	5091	5352	5599	5866	6110	6367	6750	7021
19	S	5177	5436	5685	5949	6195	6450	6833	7106
20	B	5146	5407	5657	5927	6185	6441	6832	7105
20	Q	5378	5649	5916	6197	6463	6731	7143	7428
20	S	5464	5733	5998	6278	6545	6815	7223	7512
21	B	5435	5715	5991	6270	6555	6829	7255	7544
21	Q	5680	5973	6260	6552	6852	7139	7582	7885
21	S	5764	6054	6341	6638	6935	7220	7666	7971
22	B	5746	6046	6339	6640	6947	7236	7687	7995
22	Q	6003	6318	6628	6938	7259	7565	8033	8352
22	S	6090	6397	6711	7021	7344	7651	8117	8442
23	B	6095	6418	6747	7067	7391	7712	8200	8528
23	Q	6373	6709	7052	7383	7727	8062	8566	8908
23	S	6455	6790	7135	7468	7809	8145	8651	8994

24	B	6487	6831	7191	7533	7883	8237	8755	9104
24	Q	6780	7142	7513	7875	8234	8608	9149	9516
24	S	6865	7222	7594	7956	8321	8693	9231	9600
25	B	6915	7291	7677	8060	8442	8827	9393	9769
25	Q	7223	7620	8018	8425	8826	9225	9816	10210
25	S	7308	7703	8103	8505	8906	9305	9899	10298
26	B	7377	7782	8196	8609	9011	9416	10023	10423
26	Q	7734	8153	8584	9018	9440	9861	10500	10920
26	S	7805	8230	8668	9105	9529	9957	10604	11027
27	B	7876	8306	8743	9185	9617	10049	10697	11126
27	Q	8232	8680	9137	9604	10053	10504	11182	11630
28	B	8264	8711	9174	9639	10091	10543	11225	11676
29	B	8672	9143	9627	10115	10589	11064	11780	12250

Effective May 20, 2013
Bargaining Unit: RC-063

Pay Grade	Pay Plan Code	STEPS 1c	1b	1a	1	2	3	4	5	6	7	8
14	B	3505	3621	3736	3852	3997	4153	4336	4493	4664	4937	5134
14	Q	3655	3775	3896	4016	4168	4339	4526	4696	4876	5159	5364
14	S	3722	3845	3967	4090	4250	4416	4607	4779	4959	5241	5448
15	B	3645	3765	3885	4005	4182	4354	4524	4708	4884	5178	5383
15	Q	3803	3928	4054	4179	4362	4543	4727	4923	5104	5408	5626
15	S	3873	4001	4128	4256	4443	4624	4810	5006	5186	5493	5712

16	B	3815	3940	4066	4192	4379	4574	4762	4962	5160	5465	5683
16	Q	3980	4112	4243	4374	4574	4781	4980	5185	5392	5713	5944
16	S	4057	4191	4324	4458	4655	4864	5065	5268	5477	5793	6024
17	B	3997	4128	4260	4392	4594	4805	5010	5213	5424	5747	5976
17	Q	4170	4307	4445	4582	4802	5024	5232	5445	5669	6005	6248
17	S	4245	4385	4525	4665	4887	5108	5319	5529	5750	6093	6335
18	B	4207	4346	4484	4623	4845	5070	5302	5517	5739	6080	6325
18	Q	4393	4538	4683	4828	5067	5301	5542	5768	5998	6358	6611
18	S	4466	4614	4761	4908	5147	5383	5625	5852	6084	6437	6696
19	B	4433	4579	4725	4871	5119	5361	5608	5847	6090	6461	6719
19	Q	4633	4786	4938	5091	5352	5599	5866	6110	6367	6750	7021
19	S	4711	4866	5022	5177	5436	5685	5949	6195	6450	6833	7106
20	B	4683	4837	4992	5146	5407	5657	5927	6185	6441	6832	7105
20	Q	4894	5055	5217	5378	5649	5916	6197	6463	6731	7143	7428
20	S	4972	5136	5300	5464	5733	5998	6278	6545	6815	7223	7512
21	B	4946	5109	5272	5435	5715	5991	6270	6555	6829	7255	7544
21	Q	5169	5339	5510	5680	5973	6260	6552	6852	7139	7582	7885
21	S	5245	5418	5591	5764	6054	6341	6638	6935	7220	7666	7971
22	B	5229	5401	5574	5746	6046	6339	6640	6947	7236	7687	7995
22	Q	5463	5643	5823	6003	6318	6628	6938	7259	7565	8033	8352
22	S	5542	5725	5907	6090	6397	6711	7021	7344	7651	8117	8442
23	B	5546	5729	5912	6095	6418	6747	7067	7391	7712	8200	8528
23	Q	5799	5991	6182	6373	6709	7052	7383	7727	8062	8566	8908
23	S	5874	6068	6261	6455	6790	7135	7468	7809	8145	8651	8994
24	B	5903	6098	6292	6487	6831	7191	7533	7883	8237	8755	9104

24	Q	6170	6373	6577	6780	7142	7513	7875	8234	8608	9149	9516
24	S	6247	6453	6659	6865	7222	7594	7956	8321	8693	9231	9600
25	B	6293	6500	6708	6915	7291	7677	8060	8442	8827	9393	9769
25	Q	6573	6790	7006	7223	7620	8018	8425	8826	9225	9816	10210
25	S	6650	6870	7089	7308	7703	8103	8505	8906	9305	9899	10298
26	B	6713	6934	7156	7377	7782	8196	8609	9011	9416	10023	10423
26	Q	7038	7270	7502	7734	8153	8584	9018	9440	9861	10500	10920
26	S	7103	7337	7571	7805	8230	8668	9105	9529	9957	10604	11027
27	B	7167	7403	7640	7876	8306	8743	9185	9617	10049	10697	11126
27	Q	7491	7738	7985	8232	8680	9137	9604	10053	10504	11182	11630
28	B	7520	7768	8016	8264	8711	9174	9639	10091	10543	11225	11676
29	B	7892	8152	8412	8672	9143	9627	10115	10589	11064	11780	12250

Effective July 1, 2013
Bargaining Unit: RC-063

Pay Grade	Pay Plan Code	STEPS										
		1c	1b	1a	1	2	3	4	5	6	7	8
14	B	3575	3693	3811	3929	4077	4236	4423	4583	4757	5036	5237
14	Q	3728	3851	3974	4096	4251	4426	4617	4790	4974	5262	5471
14	S	3796	3922	4046	4172	4335	4504	4699	4875	5058	5346	5557
15	B	3718	3840	3963	4085	4266	4441	4614	4802	4982	5282	5491
15	Q	3879	4007	4135	4263	4449	4634	4822	5021	5206	5516	5739
15	S	3950	4081	4211	4341	4532	4716	4906	5106	5290	5603	5826
16	B	3891	4019	4147	4276	4467	4665	4857	5061	5263	5574	5797

16	Q	4060	4194	4328	4461	4665	4877	5080	5289	5500	5827	6063
16	S	4138	4275	4410	4547	4748	4961	5166	5373	5587	5909	6144
17	B	4077	4211	4345	4480	4686	4901	5110	5317	5532	5862	6096
17	Q	4253	4393	4534	4674	4898	5124	5337	5554	5782	6125	6373
17	S	4330	4473	4616	4758	4985	5210	5425	5640	5865	6215	6462
18	B	4291	4433	4574	4715	4942	5171	5408	5627	5854	6202	6452
18	Q	4481	4629	4777	4925	5168	5407	5653	5883	6118	6485	6743
18	S	4555	4706	4856	5006	5250	5491	5738	5969	6206	6566	6830
19	B	4522	4671	4820	4968	5221	5468	5720	5964	6212	6590	6853
19	Q	4726	4882	5037	5193	5459	5711	5983	6232	6494	6885	7161
19	S	4805	4963	5122	5281	5545	5799	6068	6319	6579	6970	7248
20	B	4777	4934	5092	5249	5515	5770	6046	6309	6570	6969	7247
20	Q	4992	5156	5321	5486	5762	6034	6321	6592	6866	7286	7577
20	S	5071	5239	5406	5573	5848	6118	6404	6676	6951	7367	7662
21	B	5045	5211	5377	5544	5829	6111	6395	6686	6966	7400	7695
21	Q	5272	5446	5620	5794	6092	6385	6683	6989	7282	7734	8043
21	S	5350	5526	5703	5879	6175	6468	6771	7074	7364	7819	8130
22	B	5334	5509	5685	5861	6167	6466	6773	7086	7381	7841	8155
22	Q	5572	5756	5939	6123	6444	6761	7077	7404	7716	8194	8519
22	S	5653	5840	6025	6212	6525	6845	7161	7491	7804	8279	8611
23	B	5657	5844	6030	6217	6546	6882	7208	7539	7866	8364	8699
23	Q	5915	6111	6306	6500	6843	7193	7531	7882	8223	8737	9086
23	S	5991	6189	6386	6584	6926	7278	7617	7965	8308	8824	9174
24	B	6021	6220	6418	6617	6968	7335	7684	8041	8402	8930	9286
24	Q	6293	6500	6709	6916	7285	7663	8033	8399	8780	9332	9706
24	S	6372	6582	6792	7002	7366	7746	8115	8487	8867	9416	9792

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

25	B	6419	6630	6842	7053	7437	7831	8221	8611	9004	9581	9964
25	Q	6704	6926	7146	7367	7772	8178	8594	9003	9410	10012	10414
25	S	6783	7007	7231	7454	7857	8265	8675	9084	9491	10097	10504
26	B	6847	7073	7299	7525	7938	8360	8781	9191	9604	10223	10631
26	Q	7179	7415	7652	7889	8316	8756	9198	9629	10058	10710	11138
26	S	7245	7484	7722	7961	8395	8841	9287	9720	10156	10816	11248
27	B	7310	7551	7793	8034	8472	8918	9369	9809	10250	10911	11349
27	Q	7641	7893	8145	8397	8854	9320	9796	10254	10714	11406	11863
28	B	7670	7923	8176	8429	8885	9357	9832	10293	10754	11450	11910
29	B	8050	8315	8580	8845	9326	9820	10317	10801	11285	12016	12495

Effective July 1, 2014
Bargaining Unit: RC-063

Pay Grade	Pay Plan Code	STEPS										
		1c	1b	1a	1	2	3	4	5	6	7	8
14	B	3647	3767	3887	4008	4159	4321	4511	4675	4852	5137	5342
14	Q	3803	3928	4053	4178	4336	4515	4709	4886	5073	5367	5580
14	S	3872	4000	4127	4255	4422	4594	4793	4973	5159	5453	5668
15	B	3792	3917	4042	4167	4351	4530	4706	4898	5082	5388	5601
15	Q	3957	4087	4218	4348	4538	4727	4918	5121	5310	5626	5854
15	S	4029	4163	4295	4428	4623	4810	5004	5208	5396	5715	5943
16	B	3969	4099	4230	4362	4556	4758	4954	5162	5368	5685	5913
16	Q	4141	4278	4415	4550	4758	4975	5182	5395	5610	5944	6184
16	S	4221	4361	4498	4638	4843	5060	5269	5480	5699	6027	6267

17	B	4159	4295	4432	4570	4780	4999	5212	5423	5643	5979	6218
17	Q	4338	4481	4625	4767	4996	5226	5444	5665	5898	6248	6500
17	S	4417	4562	4708	4853	5085	5314	5534	5753	5982	6339	6591
18	B	4377	4522	4665	4809	5041	5274	5516	5740	5971	6326	6581
18	Q	4571	4722	4873	5024	5271	5515	5766	6001	6240	6615	6878
18	S	4646	4800	4953	5106	5355	5601	5853	6088	6330	6697	6967
19	B	4612	4764	4916	5067	5325	5577	5834	6083	6336	6722	6990
19	Q	4821	4980	5138	5297	5568	5825	6103	6357	6624	7023	7304
19	S	4901	5062	5224	5387	5656	5915	6189	6445	6711	7109	7393
20	B	4873	5033	5194	5354	5625	5885	6167	6435	6701	7108	7392
20	Q	5092	5259	5427	5596	5877	6155	6447	6724	7003	7432	7729
20	S	5172	5344	5514	5684	5965	6240	6532	6810	7090	7514	7815
21	B	5146	5315	5485	5655	5946	6233	6523	6820	7105	7548	7849
21	Q	5377	5555	5732	5910	6214	6513	6817	7129	7428	7889	8204
21	S	5457	5637	5817	5997	6299	6597	6906	7215	7511	7975	8293
22	B	5441	5619	5799	5978	6290	6595	6908	7228	7529	7998	8318
22	Q	5683	5871	6058	6245	6573	6896	7219	7552	7870	8358	8689
22	S	5766	5957	6146	6336	6656	6982	7304	7641	7960	8445	8783
23	B	5770	5961	6151	6341	6677	7020	7352	7690	8023	8531	8873
23	Q	6033	6233	6432	6630	6980	7337	7682	8040	8387	8912	9268
23	S	6111	6313	6514	6716	7065	7424	7769	8124	8474	9000	9357
24	B	6141	6344	6546	6749	7107	7482	7838	8202	8570	9109	9472
24	Q	6419	6630	6843	7054	7431	7816	8194	8567	8956	9519	9900
24	S	6499	6714	6928	7142	7513	7901	8277	8657	9044	9604	9988
25	B	6547	6763	6979	7194	7586	7988	8385	8783	9184	9773	10163

25	Q	6838	7065	7289	7514	7927	8342	8766	9183	9598	10212	10622
25	S	6919	7147	7376	7603	8014	8430	8849	9266	9681	10299	10714
26	B	6984	7214	7445	7676	8097	8527	8957	9375	9796	10427	10844
26	Q	7323	7563	7805	8047	8482	8931	9382	9822	10259	10924	11361
26	S	7390	7634	7876	8120	8563	9018	9473	9914	10359	11032	11473
27	B	7456	7702	7949	8195	8641	9096	9556	10005	10455	11129	11576
27	Q	7794	8051	8308	8565	9031	9506	9992	10459	10928	11634	12100
28	B	7823	8081	8340	8598	9063	9544	10029	10499	10969	11679	12148
29	B	8211	8481	8752	9022	9513	10016	10523	11017	11511	12256	12745

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9080, effective April 11, 2014, for a maximum of 150 days)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Children's Health Insurance Program

2) Code Citation: 89 Ill. Adm. Code 125

3)

Section Numbers:	Proposed Action:
125.110	Amendment
125.200	Amendment
125.220	Amendment
125.225	Amendment
125.250	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Article 7 of PA 98-104

5) Effective Date: April 15, 2014

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: None

7) Date Filed with the Index Department: April 11, 2014

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: PA 98-104 authorizes emergency rulemaking pursuant to 5 ILCS 100/5-45(q), which provides for the expeditious and timely implementation of the provisions of Article 7 of PA 98-104 as necessary for the public interest, safety, and welfare.

10) Complete Description of the Subjects and Issues Involved: The rulemaking implements Article 7 of PA 98-104 by establishing an effective date for consideration of the new financial eligibility methodology mandated by the Affordable Care Act (ACA) for the Children's Health Insurance Program and clarifying federal regulatory citations.

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

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any State mandate affecting units of local government.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

13) Information and questions regarding these emergency amendments shall be directed to:

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/782-1233
HFS.Rules@illinois.gov.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 125
CHILDREN'S HEALTH INSURANCE PROGRAM

SUBPART A: GENERAL PROVISIONS

Section
125.100 General Description
125.110 Definitions
EMERGENCY

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section
125.200 Eligibility for Children's Health Insurance Program
EMERGENCY
125.205 Eligibility Exclusions and Terminations
125.220 Application Process
EMERGENCY
125.225 Presumptive Eligibility for Children
EMERGENCY
125.230 Determination of Financial Eligibility Using Modified Adjusted Gross Income (MAGI)
125.240 Eligibility Determination and Enrollment Process
125.245 Appeals
125.250 Annual Renewals
EMERGENCY
125.260 Adding Children to the Program and Changes in Participation
125.265 Adding Eligible Adults to the Program and Changes in Participation (Repealed)

SUBPART C: ALL KIDS HEALTH PLAN

Section
125.300 Covered Services
125.305 Service Exclusions
125.310 Copayments

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

125.320 Premium Requirements
125.330 Non-payment of Premium
125.340 Provider Reimbursement

SUBPART D: ALL KIDS REBATE

Section
125.400 Minimum Coverage Requirements (Repealed)
125.420 Coverage Verification Process (Repealed)
125.430 Provision of Policyholder's Social Security Number (Repealed)
125.440 All Kids Rebate (Repealed)
125.445 Rebate Overpayments

AUTHORITY: Implementing and authorized by the Children's Health Insurance Program Act [215 ILCS 106] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 15706, effective August 12, 1998, for a maximum of 150 days; adopted at 23 Ill. Reg. 543, effective December 24, 1998; emergency amendment at 24 Ill. Reg. 4217, effective March 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11822, effective July 28, 2000; amended at 26 Ill. Reg. 12313, effective July 26, 2002; emergency amendment at 26 Ill. Reg. 15066, effective October 1, 2002, for a maximum of 150 days; amended at 27 Ill. Reg. 4723, effective February 25, 2003 emergency amendment at 27 Ill. Reg. 10807, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18623, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 7163, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13632, effective September 28, 2004; emergency amendment at 30 Ill. Reg. 535, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10328, effective May 26, 2006; emergency amendment at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5049, effective April 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 10253, effective June 27, 2013; emergency amendment at 37 Ill. Reg. 15997, effective October 1, 2013, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 1153, effective January 1, 2014, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 2943, effective January 10, 2014, for a maximum of 150 days; emergency amendment effective January 10, 2014 repealed by emergency rulemaking at 38 Ill. Reg. 8454, effective April 15, 2014, for the remainder of the 150 days; amended at 38 Ill. Reg. 6006, effective February 26, 2014; emergency amendment at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

SUBPART A: GENERAL PROVISIONS

Section 125.110 Definitions
EMERGENCY

For the purpose of this Part, the following terms shall be defined as follows:

"Act" means the Children's Health Insurance Program Act [215 ILCS 106].

"All Kids Health Plan" means the health benefits coverage containing cost sharing features that is available to eligible children under the Act and includes All Kids Share (no premium required) and All Kids Premium Level 1 (premium required).

"All Kids Rebate" means the program available under the Act until December 31, 2013, for which the Department, on behalf of an eligible child, made rebate payments to offset a family's cost of insuring that child under privately sponsored or employer-based health insurance.

"Caretaker Relative" means a relative as specified in this definition, with whom the child lives, who is providing care, supervision and a home for the child. Caretaker relatives include:

Blood or adoptive relatives within the fifth degree of kinship:

father and mother

brother and sister

grandmother and grandfather (including up to great-great-great)

uncle and aunt (including up to great-great)

nephew and niece (including up to great-great)

first cousin

first cousin once removed (child of first cousin)

second cousin (child of great-aunt/uncle)

Step relatives:

step-father and step-mother

step-brother and step-sister

A person who is or has been married to one of the above relatives.

"Department" means the Department of Healthcare and Family Services and any successor agencies.

"Family" means the child applying for the Program and the following individuals who live with the child:

The child's parents

The spouse of the child's parent

Children under 19 years of age of the parents or the parent's spouse

The spouse of the child

The children of the child

If any of the above is pregnant, the unborn children.

"FamilyCare Premium" means coverage of parents and caretaker relatives in families with income above 150% of FPL. The FamilyCare Premium program ceased effective June 30, 2012, but unpaid premiums may be relevant to children's eligibility under this Part.

"Federal Poverty Level" or "FPL" means the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services. These guidelines set poverty levels by family size.

"MAGI Methodology" means the method of determining income eligibility using

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Modified Adjusted Gross Income established at section 2102(b)(1)(v) of the Social Security Act (42 USC 1397bb(b)(1)(v)) and federal regulations at 42 CFR 457.315 (77 FR 17214, 2012).

"Medical Assistance" means the services and programs reimbursed under the Public Aid Code.

"Practitioner" means a physician (including a hospital billing a physician office visit), osteopath, podiatrist, optometrist, chiropractor, advanced practice nurse, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Encounter Rate Clinic (ERC).

"Program" means the program created under the Children's Health Insurance Program Act and this Part.

"REV" means the Recipient Eligibility Verification system through which medical providers can obtain eligibility and claim status information electronically.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days)

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section 125.200 Eligibility for Children's Health Insurance Program
EMERGENCY

Effective July 1, 2012, a child may be eligible under the Program provided that all of the following eligibility criteria are met:

a) The child is not eligible for Medical Assistance, including 89 Ill. Adm. Code 120.

b) The child is under 19 years of age.

c) Effective October 1, 2013, a~~A~~ child is a member of a family whose monthly countable income is above 133% of FPL and at or below 200% of FPL as determined using the MAGI methodology.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

d) The individual is a resident of the State of Illinois.

e) The individual is either a United States citizen or included in one of the following categories of non-citizens:

1) United States veterans honorably discharged or individuals on active military duty, or the spouse or unmarried dependent children of those persons.

2) Refugees under section 207 of the Immigration and Nationality Act (8 USC 1157).

3) Asylees under section 208 of the Immigration and Nationality Act.

4) Individuals for whom deportation has been withheld under section 243(h) of the Immigration and Nationality Act.

5) Individuals granted conditional entry under section 203(a)(7) of the Immigration and Nationality Act as in effect prior to April 1, 1980.

6) Individuals lawfully admitted for permanent residence under the Immigration and Nationality Act.

7) Parolees, for at least one year, under section 212(d)(5) of the Immigration and Nationality Act.

8) Nationals of Cuba or Haiti.

9) Individuals identified by the Federal Office of Refugee Resettlement (ORR) as victims of trafficking.

10) Amerasians from Vietnam.

11) Members of the Hmong or Highland Laotian tribe when the tribe helped United States personnel by taking part in military or rescue operations.

12) American Indians born in Canada.

13) Individuals who are a spouse, widow or child of a United States citizen or a spouse or a child or a legal permanent resident (LPR) who have been battered or subjected to extreme cruelty by the United States citizen or LPR or a member of that relative's family who lived with them, who no longer live with the abuser or plan to live separately within one month after assistance and whose need for assistance is due, at least in part, to the abuse.

f) The individual's Social Security Number (SSN) is provided to the Department or, if it has not been issued or is not known, proof that application has been made for an SSN is provided.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days)

Section 125.220 Application Process
EMERGENCY

a) An application may be made for the Program using any of the methods established at 89 Ill. Adm. Code 110.5.

b) The application will meet all requirements found at 89 Ill. Adm. Code 110.10.

c) Applicants are obligated to provide truthful and accurate information for determining eligibility and to report promptly to the Department any change in non-financial information provided on the application.

d) The Department may cease accepting or processing applications if enrollment in the Program is closed due to limited appropriations.

e) The Department shall send a notification of its determination within 45 calendar days after the date the application was received.

f) The 45 calendar days may be extended when a decision cannot be reached because:

1) information necessary for a determination is available only from a third party and the party fails to respond or delays his or her response to the

request for the information; or

2) additional information is needed from the applicant.

g) Notwithstanding any other provision of this Part, no application for All Kids Rebate shall be accepted after September 30, 2013.

h) Effective October 1, 2013, the~~The~~ application review process will comply with 89 Ill. Adm. Code 110.20 and 110.40.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days)

Section 125.225 Presumptive Eligibility for Children
EMERGENCY

a) A child younger than 19 years of age may be presumed eligible for an All Kids Health Plan under this Part if all of the following apply:

1) an application for medical benefits has been made on behalf of the child;

2) the child is a resident of Illinois;

3) the child is not an inmate of a public institution as described in Section 125.205(a)(1);

4) effective October 1, 2013, the child is a member of a family whose monthly countable income, as stated on the application, is above 133% of FPL and at or below 200% of FPL as determined using the MAGI methodology;

5) the State employee who registers the application has no information that the child is not a U.S. citizen or a qualified non-citizen as described in 89 Ill. Adm. Code 125.200(e) or 89 Ill. Adm. Code 118.500; and

6) the child has not been presumed eligible under this Part 125 or 89 Ill. Adm. Code 118 or 120 within the past 12 months.

b) Entities qualified to make a determination of presumptive eligibility include State employees involved in enrolling children in programs under this Part 125 or 89 Ill. Adm. Code 118 or 120.

c) The presumptive eligibility period begins on the date of application.

d) The presumptive eligibility period ends on the date the State's determination of the child's eligibility under this Part 125 or 89 Ill. Adm. Code 118 or 120 is updated in the data system.

e) No copayment or premium requirements apply during the period of presumptive eligibility.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days)

Section 125.250 Annual Renewals
EMERGENCY

a) Eligibility shall be reviewed by the Department, or its authorized agent, at least annually following the process set forth in Sections 11-5.1 through 11-5.3 of the Public Aid Code.

b) Annual renewals shall be subject to all eligibility requirements set forth in Sections 125.200 and 125.205.

c) MAGI methodology will be used to determine eligibility effective April 1, 2014, pursuant to 42 CFR 457.315 (77 FR 17214, 2012).

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days)

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Medication

2) Code Citation: 11 Ill. Adm. Code 603

3)

Section Numbers:	Emergency Action:
603.60	Amend
603.75	Amend
603.160	Amend

4) Statutory Authority: 230 ILCS 5/9(b)

5) Effective Date of Emergency Amendments: April 10, 2014

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire: The emergency rulemaking will expire at the end of the 150-day period, or upon adoption of permanent rules, whichever comes first.

7) Date filed with the Index Department: April 10, 2014

8) A copy of the emergency rules, including any material incorporated by reference, is on file in the Illinois Racing Board's central office and is available for public inspection.

9) Reason for Emergency: Oxyphenbutazone has been discontinued as a marketed drug and is no longer commercially available, so the threat of its use alone or in combination with phenylbutazone is essentially zero. Therefore, the need for a threshold for oxyphenbutazone no longer exists and, subsequently, the Association of Racing Commissioners International (ARCI) has removed the threshold for oxyphenbutazone from its model rules.

An emergency amendment is necessary in order for the Board's laboratory to stop reporting as positives, cases of oxyphenbutazone found in combination with phenylbutazone (phenylbutazone metabolizes into oxyphenbutazone), and to only report cases of oxyphenbutazone detected in the absence of phenylbutazone. If the rulemaking is not filed as an emergency, it could negatively affect horsemen and the equines under their care, by removing their ability to properly administer phenylbutazone as a permitted medication under the appropriate threshold level and more than 24 hours before the race.

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENTS

Emergency action is also needed to update Sections 603.60, 603.75, and 603.160 to reflect the most recent version of the ARCI drug guidelines, December 2013 version 6.00.

10) A Complete Description of the Subjects and Issues Involved: Oxyphenbutazone, a metabolite of phenylbutazone, is being removed from Section 603.60. There are no commercial manufacturers of oxyphenbutazone, so its use by compounders to produce a product for use in horses is highly unlikely. Therefore, the need for a threshold for oxyphenbutazone no longer exists. For this reason, the ARCI removed the threshold for oxyphenbutazone from its model rules. A finding of oxyphenbutazone by itself (i.e., no detectable phenylbutazone in the blood sample) will be treated as a rule violation because such a finding would suggest that oxyphenbutazone had been administered to the horse.

Scientists and regulators have learned more about the pharmacokinetics of oxyphenbutazone since the original threshold was adopted. A finding of oxyphenbutazone at a concentration greater than that of phenylbutazone is an expected finding in samples collected more than 24 hours after dose administration. Therefore, findings being reported by the Board's laboratory are entirely consistent with the administration of phenylbutazone 27-32 hours before sample collection. These findings were never intended to be considered rule violations, particularly because they are indicative of compliance with the rules regarding the timing of phenylbutazone administrations.

Sections 603.60, 603.75, and 603.160 are being amended to reflect the most recent version of the ARCI drug guidelines, December 2013 version 6.00.

11) Are there any proposed rulemakings pending on this Part: No

12) Statement of Statewide Policy Objectives: No local governmental units will be required to increase expenditures.

13) Information and questions regarding these emergency amendments shall be directed to:

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 5-700
Chicago, Illinois 60601

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENTS

312/814-5017

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

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING
SUBTITLE B: HORSE RACING
CHAPTER I: ILLINOIS RACING BOARD
SUBCHAPTER c: RULES APPLICABLE TO ALL OCCUPATION LICENSEES

PART 603
MEDICATION

Section
603.10 Pre-Race Saliva Tests
603.20 Racing Soundness Exam
603.30 Foreign Substances and Pharmaceutical Aids Banned
603.40 Twenty-four Hour Ban
603.50 Trainer Responsibility
603.55 Prima Facie Evidence
603.60 Permitted Use of Foreign Substances and Threshold Levels
EMERGENCY
603.70 Furosemide
603.75 Environmental Contaminants
EMERGENCY
603.80 Needles, Syringes and Injectables
603.90 Drugs, Chemicals and Prescription Items
603.100 Detention Barn
603.110 Test Samples
603.120 Referee Samples
603.130 Laboratory Findings and Reports
603.140 Distribution of Purses
603.150 Post Mortems
603.160 Penalties
EMERGENCY
603.170 Veterinarian's Records
603.180 Carbon Dioxide Tests
603.190 Erythropoietin and Darbepoietin Antibody Testing Program
603.200 Out of Competition Testing
603.210 Androgenic-Anabolic Steroids (AAS)

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENTS

SOURCE: Adopted at 21 Ill. Reg. 3232, effective March 4, 1997; amended at 22 Ill. Reg. 2217, effective January 1, 1998; amended at 22 Ill. Reg. 3594, effective February 1, 1998; amended at 25 Ill. Reg. 15611, effective December 1, 2001; amended at 26 Ill. Reg. 12360, effective August 1, 2002; amended at 27 Ill. Reg. 5027, effective March 7, 2003; amended at 27 Ill. Reg. 7331, effective April 15, 2003; amended at 28 Ill. Reg. 1374, effective January 19, 2004; amended at 28 Ill. Reg. 4751, effective March 1, 2004; emergency amendment at 28 Ill. Reg. 7565, effective May 11, 2004, for a maximum of 150 days; emergency expired October 7, 2004; amended at 28 Ill. Reg. 11250, effective August 1, 2004; amended at 28 Ill. Reg. 15790, effective December 1, 2004; emergency amendment at 29 Ill. Reg. 2779, effective February 22, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 4116, effective February 25, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 5726, effective April 8, 2005; amended at 29 Ill. Reg. 12265, effective July 24, 2005; amended at 29 Ill. Reg. 14038, effective September 1, 2005; emergency amendment at 30 Ill. Reg. 14371, effective August 21, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18729, effective November 20, 2006; amended at 31 Ill. Reg. 1478, effective January 1, 2007; emergency amendment at 31 Ill. Reg. 6680, effective April 23, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 12982, effective September 1, 2007; amended at 32 Ill. Reg. 7397, effective May 1, 2008; amended at 33 Ill. Reg. 12571, effective August 25, 2009; expedited correction at 34 Ill. Reg. 9551, effective August 25, 2009; emergency amendment at 35 Ill. Reg. 265, effective December 17, 2010, for a maximum of 150 days; emergency amendment at 35 Ill. Reg. 2810, effective February 1, 2011, for a maximum of 150 days; amended at 35 Ill. Reg. 7400, effective April 25, 2011; amended at 35 Ill. Reg. 8485, effective May 23, 2011; emergency amendment at 35 Ill. Reg. 15296, effective September 6, 2011, for a maximum of 150 days; emergency rule repealed by emergency amendment at 35 Ill. Reg. 18434, effective October 24, 2011, for the remainder of the 150 days; emergency amendment at 35 Ill. Reg. 18959, effective October 25, 2011, for a maximum of 150 days; amended at 36 Ill. Reg. 330, effective January 1, 2012; emergency amendment at 36 Ill. Reg. 3290, effective February 15, 2012, for a maximum of 150 days; emergency amendment at 36 Ill. Reg. 6057, effective April 6, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 8967, effective June 1, 2012; amended at 36 Ill. Reg. 12815, effective August 1, 2012; amended at 36 Ill. Reg. 17078, effective November 28, 2012; emergency amendment at 36 Ill. Reg. 17131, effective November 28, 2012, for a maximum of 150 days; amended at 37 Ill. Reg. 4993, effective April 1, 2013; emergency amendment at 38 Ill. Reg. 9121, effective April 10, 2014, for a maximum of 150 days.

Section 603.60 Permitted Use of Foreign Substances and Threshold Levels
EMERGENCY

a) Non-Steroidal Anti-Inflammatories (NSAID): Threshold Levels

1) Only one non-steroidal anti-inflammatory drug (NSAID) may be present in a horse's body while it is participating in a race. The presence of more than one NSAID, greater than the threshold level, is forbidden and will result in the purse being redistributed.

2) Subject to the prohibition contained in Section 603.40 (24 hour ban), the only foreign substances that now meet the criteria established in Section 603.80 are phenylbutazone ~~(or its metabolite oxyphenylbutazone)~~, flunixin, pyrilamine, isoxsuprine and ketoprofen.

3) The threshold level of phenylbutazone ~~or oxyphenylbutazone~~ is 2 micrograms (mcg) per milliliter (ml) of serum or plasma. The level of phenylbutazone ~~or oxyphenylbutazone~~ shall be less than 2 mcg/ml of serum or plasma.

A) In the event a post-race sample from a horse contains an amount of phenylbutazone ~~or oxyphenylbutazone~~ greater than or equal to 2 mcg/ml but less than 5 mcg/ml of serum or plasma, the trainer and any other responsible party shall be subject to the following penalties:

i) first offense within a 365 day period, minimum penalty of a written warning to a maximum fine of $500;

ii) second offense within a 365 day period, minimum penalty of a written warning to a maximum fine of $750 and the owner shall be notified;

iii) third or subsequent offense within a 365 day period, minimum fine of $500 to a maximum fine of $1,000 and the purse shall be redistributed.

B) In the event a post-race sample from a horse contains an amount of phenylbutazone ~~or oxyphenylbutazone~~ greater than or equal to 5 mcg/ml of serum or plasma, the trainer and any other responsible party shall be subject to the following penalties absent mitigating

circumstances:

i) first offense within a 365 day period, minimum fine of $1,000, and the purse shall be redistributed;

ii) second offense within a 365 day period, minimum fine of $1,500, a 15 day suspension and the purse shall be redistributed;

iii) third or subsequent offense within a 365 day period, minimum fine of $2,500, a 30 day suspension, the purse shall be redistributed and the owner shall be fined a minimum of $5,000.

C) A finding by the Board's laboratory of any amount of oxyphenbutazone in the absence of phenylbutazone shall be treated as a Class 4 drug, as defined in the Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances (ARCI, 1510 Newtown Pike, Suite 210, Lexington KY 40511; December 2013 version 6.00; this incorporation includes no later amendments or editions).

4) The threshold level of flunixin shall be less than 20 ng/ml of serum or plasma and the threshold level of ketoprofen shall be less than 10 ng/ml of serum or plasma. In the event a post-race sample from a horse contains an amount of:

A) flunixin greater than or equal to 20 ng/ml but less than 100 ng/ml or ketoprofen greater than or equal to 10 ng/ml but less than 50 ng/ml, the trainer shall be subject to the following penalties, absent mitigating circumstances:

i) first offense within a 365 day period, minimum penalty of a written warning to a maximum fine of $500;

ii) second offense within a 365 day period, minimum penalty of a written warning to a maximum fine of $750 and the owner shall be notified;

iii) third or subsequent offense within a 365 day period, minimum fine of $500 to a maximum fine of $1,000 and the purse shall be redistributed.

B) flunixin greater than or equal to 100 ng/ml or ketoprofen greater than or equal to 50 ng/ml, the trainer shall be subject to the following penalties, absent mitigating circumstances:

i) first offense within a 365 day period, minimum fine of $1,000 and the purse shall be redistributed;

ii) second offense within a 365 day period, minimum fine of $1,500, a 15 day suspension and the purse shall be redistributed;

iii) third or subsequent offense within a 365 day period, minimum fine of $2,500, a 30 day suspension, the purse shall be redistributed and the owner shall be fined a minimum of $5,000.

5) If the phenylbutazone, ~~oxyphenylbutazone,~~ flunixin or ketoprofen overage is due to the negligence of the veterinarian attending the horse, the veterinarian shall be subject to the same penalties as are set forth in subsections (a)(3)(A) and (B) and (a)(4)(A) and (B).

~~6)~~ ~~To help horsemen determine the test levels of phenylbutazone, oxyphenylbutazone, flunixin, pyrilamine, isoxsuprine and ketoprofen, the Board laboratory will test, for the actual cost of processing the sample, all equine serum or plasma samples submitted to it that are accompanied by an affidavit indicating time, method, and route of administration.~~

6~~7~~) Penalties for violations of this Section shall be based on the following criteria:

A) previous warnings and rulings for violations of this Section;

B) the age and experience of the violator;

C) whether the violator has ever been the subject of a medication ruling in this or any other racing jurisdiction;

D) what action, if any, was taken to avoid the violation;

E) the purse of the race.

b) The following foreign substances may be administered externally to a horse entered to a race: Leg paints and liniment that do not contain any "caine" derivatives, pharmacodynamic and/or chemotherapeutic agents, and that can be applied topically without penetrating the skin.

c) Subject to the prohibition contained in Section 603.40 (24-hour ban), the following foreign substances, commonly referred to as anti-bacterial, anti-fungal, anti-protozoal or anti-ulcer drugs, may be present in the body of a horse participating in a race.

1) Anti-Bacterials

Amikacin
Ampicillin
Ampicillin sodium
Azolsulfamide
Chloramphenicol
Doxycycline
Enrofloxacin (Baytril)
Erythromycin sulfate
Gentamicin sulfate
Kanamycin sulfate
Methenamine
Metronidazole
Neomycin sulfate
Nitrofurantoin
Oxytetracycline
Penicillin G. Benzathine
Penicillin G. Potassium
Sulfadimethozine

Sulfadimethoxine
Sulfamethoxazole
Sulfametranidazole
Sulfapyridine
Sulfathiazole
Tetracycline
Trimethoprim

2) Anti-Fungals

Amphotericin B
Griseofulvin
Neomycin Undecyclenate
Nystatin

3) Anti-Protozoals

Nitazoxanide (Navigator)
Ponazuril (Marquis)
Pyrimethamine (Daraprim)

4) Anti-Ulcers

Cimetidine (Tagamet)
Omeprazole (Prilosec or GastroGard)
Ranitidine (Zantac)

d) This listing of anti-bacterial, anti-fungal, anti-protozoal and anti-ulcer drugs is all inclusive and shall not include any other anti-bacterial, anti-fungal, anti-protozoal or anti-ulcer drug.

e) A foreign substance of accepted therapeutic value may be administered as prescribed by a veterinarian when threshold levels and guidelines for its use have been approved by the Board and this Part has been duly amended. The Board shall give due consideration to threshold levels and guidelines, when making additions to the permitted list, that have been established by the ~~Quality Assurance Program Committee of the~~ Association of Racing Commissioners International (ARCI, 1510 Newtown Pike, Suite 210, Lexington KY 40511;

December 2013~~2012~~ version 6.00~~5.00~~; this incorporation includes no later amendments or editions).

f) Official test samples may contain the following drug substance, or its metabolites, in an amount that does not exceed the threshold level:

1) The threshold level of isoxsuprine shall be less than 1,000 ng/ml in urine.

2) The threshold level of O-desmethyl pyrilamine shall be less than 50 ng/ml in urine.

g) The provisions of this Section shall be applied retroactively when substantively applicable, including all actions pending before the Board without regard to when the cause of action accrued; provided, however, that this subsection shall not operate to affect rights of individuals that have fully vested.

h) To help horsemen determine the test levels of substances contained in this Section, the Board laboratory will test, for the actual cost of processing the sample, all equine serum or plasma samples submitted to it that are accompanied by an affidavit indicating time, method, and route of administration.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9121, effective April 10, 2014, for a maximum of 150 days)

Section 603.75 Environmental Contaminants
EMERGENCY

The following drugs are recognized as substances that unavoidably become part of the food supply or environment of the horse.

a) Benzoylecgonine (a metabolite of cocaine):

1) Each time the laboratory reports benzoylecgonine less than 150 ng/ml, the Stewards shall conduct an inquiry. The presence of benzoylecgonine in the horse shall be considered reasonable cause to order a drug screen on the trainer, groom or any other licensed person who cares for the horse pursuant to Section 508.50.

2) Laboratory reports of benzoylecgonine, greater than or equal to 150 ng/ml, shall be treated as a Class 1 drug, as defined in the Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances (ARCI, 1510 Newtown Pike, Suite 210, Lexington KY 40511; December 2013~~2012~~ version 6.00~~5.00~~; this incorporation includes no later amendments or editions).

b) Dimethyl Sulfoxide (DMSO):
The test level of DMSO, greater than or equal to 500 mcg/ml, in urine shall be considered a violation of Section 603.50 and the trainer shall receive a fine of not less than $500 and the purse shall be redistributed.

c) Caffeine:
Laboratory reports of caffeine greater than or equal to 100 ng/ml in urine shall be treated as a Class 2 drug, as defined in the Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances (ARCI, 1510 Newtown Pike, Suite 210, Lexington KY 40511; December 2013~~2012~~ version 6.00~~5.00~~; this incorporation includes no later amendments or editions).

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9121, effective April 10, 2014, for a maximum of 150 days)

Section 603.160 Penalties
EMERGENCY

a) Any person who administers or conspires to administer any foreign substance to any horse in violation of this Part shall be subject to a fine and/or license suspension or revocation and the purse money won may be re-distributed.

b) Penalties for violations of this Part shall be based on the following criteria:

1) the nature of the foreign substance; e.g., cough medicine, steroid, narcotic, stimulant, depressant, etc.;

2) the accessibility of the drug; e.g., can be purchased over the counter, only with a prescription, only with a license for controlled substances, cannot be purchased in this country;

3) the age and experience of the violator;

4) whether the violator has ever been the subject of a medication ruling in this or any other racing jurisdiction;

5) what action, if any, was taken by the violator to avoid the violation;

6) the purse of the race.

c) Any person who violates any provision of this Part for which no specific penalty is provided may be penalized by the stewards or the Board in accordance with the provisions for penalties contained elsewhere in this Chapter or in the Illinois Horse Racing Act of 1975. When imposing penalties, the stewards or the Board shall consider all relevant factors including, but not limited to those specified in this Part.

d) In harness racing, any trainer suspended for a violation of this Part shall, upon notice of the violation, submit to the Stewards a current stable list on a form provided by the Board.

1) The horses on the stable list shall be placed on the Steward's List unless:

A) The owner of each horse on the stable list secures the services of a trainer approved by the Stewards; and

B) The approved trainer stables the horses on the stable list on the grounds of an organization licensee for the full term of the penalized trainer's suspension;

2) Horses on the stable list shall be permitted to leave to race in other racing jurisdictions or for medical reasons.

e) Penalties for Class 4 and 5 drug violations:

1) Class 4 as defined in the Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances (ARCI, 1510 Newtown Pike, Suite 210, Lexington KY 40511; December 2013~~2012~~ version 6.00~~5.00~~; this incorporation includes no later

amendments or editions). Except as provided in Sections 603.60 and 603.70 of this Part, upon finding of a Class 4 substance, the trainer shall be subject to a fine and/or license suspension or revocation and the purse money won may be re-distributed according to the criteria set forth in subsection (e)(3).

2) Class 5 as defined in the Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances. Except as provided in Sections 603.75 and 603.60(c) of this Part, upon finding of a Class 5 substance, the trainer shall be subject to a fine and/or license suspension or revocation and the purse money won may be re-distributed according to the criteria set forth in subsection (e)(3).

3) In determining a disqualification and purse redistribution under this subsection (e), the Stewards shall use the following criteria:

A) A recommendation by the Board veterinarian and/or Board chemist regarding the significance of the concentration of the drug or metabolite present and the estimated withdrawal time.

B) A recommendation by industry experts, including equine pharmacologists and equine physiologists, regarding the effect of the drug on the horse in the concentration found and/or estimated withdrawal times.

C) Repeat violations of these medication and prohibited substance rules by the same trainer or with respect to the same horse.

D) Prior violations of similar rules in other racing jurisdictions by the same trainer or with respect to the same horse.

E) The criteria set forth in subsection (b).

4) The provisions of this subsection (e) shall be applied retroactively when substantively applicable, including all actions pending before the Board, without regard to when the cause of action accrued; provided, however, that this subsection (e)(4) shall not operate to affect rights of individuals that have fully vested prior to April 23, 2007.

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENTS

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 9121, effective April 10, 2014, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3)

Section Numbers:	Peremptory Action:
310.210	Amendment
310.APPENDIX A TABLE L	Amendment

4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute which Requires this Peremptory Rulemaking: The Department of Central Management Services (CMS) is amending the Pay Plan (80 Ill. Adm. Code 310) Section 310.210 to reflect 12 agreements signed March 12, 2014. The agreements are between CMS and the Illinois State Bricklayers and Allied Workers; the International Association of Machinist and Aerospace Workers; the International Brotherhood of Electrical Workers; the International Union of Operating Engineers; the International Union of Painters and Allied Trades; the International Union of Bakery, Confectionary and Tobacco Workers; the International Union of United Food and Commercial Workers; the Laborer's International Union of North America; the Service Employees International Union Local 1 Fireman and Oilers Division; the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of U.S.A. and Canada; the United Brotherhood of Carpenters and Joiners of America on Behalf of Chicago Regional Council of Carpenters, Mid-Central Illinois Regional Council and St. Louis Missouri District Council; and the United Union Roofers, Waterproofers and Allied Workers.

The 12 agreements hold two provisions in common that are not currently in the Pay Plan. First, the new maximum security rate provision is that positions in maximum security institutions shall receive a $50 a month adjustment to the employee's monthly wages for all employees with seven or more years of continuous service with the Department of Corrections. Employees shall receive the adjustment as long as they remain employees at a maximum security facility. Second, the new in-hire rate provision is that the State shall provide to the union a listing of all vacancies in the bargaining unit for each agency by March 1, 2014 with a recommended prioritization in filling of the vacancies by June 1, 2014. If requested by the union, representatives of the State shall be available to meet with the union and to discuss and receive input related to the prioritization of filling of particular vacancies. New employees hired on or after December 1, 2013, shall be paid the appropriate prevailing rate. Between December 1, 2014 and June 30, 2015, the union can opt out of the rate for new employees if the State has not engaged in good faith discussions with the union as to prioritizing the filling of vacancies and hiring new

employees by mutual agreement. If the State does not meet the obligations and the union opts out, the State shall retroactively pay 4% above the prevailing rate back to the date the union notified the State of its intent to opt out.

CMS is seeking to amend Section 310.Appendix A Table L to reflect the Agreement between CMS and the International Brotherhood of Boiler Makers - Iron Shipbuilders, Blacksmiths, Forgers, and Helpers was signed March 12, 2014. The agreement states that the Illinois Department of Labor shall notify CMS of the Prevailing Rate. On March 21, 2014, the Illinois Department of Labor notified CMS that the Boiler Safety Specialist rate in the northern region remains the same effective January 1, 2014. On March 21, 2014, the Illinois Department of Labor notified CMS that the Boiler Safety Specialist rate in the southern region increases to $5,801.16 per month effective January 1, 2014. The contract agreement states that effective January 1, 2006 Boiler Safety Specialist title shall be paid an additional 4% above the prevailing rate of wages for the employees on the standard pension formula. Effective December 1, 2013, newly hired employees shall be paid the appropriate prevailing rate unless the union opts out because the State has not engaged in good faith vacancy-filling discussions and actions. If the State does not meet the obligations and the union opts out, the State shall retroactively pay 4% above the prevailing rate back to the date the union notified the State of its intent to opt out.

5) Statutory Authority: Authorized by Sections 8, 8a and 9(7) of the Personnel Code [20 ILCS 415/8, 20 ILCS 415/8a and 20 ILCS 415/9(7)], subsection (d) of Section 1-5 of the Illinois Administrative Procedure Act [5 ILCS 100/1-5(d)] and by Sections 4, 6, 15 and 21 of the Illinois Public Labor Relations Act [5 ILCS 315/4, 5 ILCS 315/6, 5 ILCS 315/15 and 5 ILCS 315/21]

6) Effective Date: April 11, 2014

7) A Complete Description of the Subjects and Issues Involved: In Section 310.210, the maximum security rate is added to subsection (b) and the other subsections are reordered. The in-hire rate provision is added to the new subsection (f).

In Section 310.Appendix A Table L, for the northern region the effective date of the rate assigned is updated and for the southern region the effective date of the rate is updated and rate increased.

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

9) Date filed with the Index Department: April 11, 2014

10) This and other Pay Plan amendments are available in the Division of Technical Services of the Bureau of Personnel.

11) Is this in compliance with Section 5-50 of the Illinois Administrative Procedure Act? Yes.

12) Are there any other proposed amendments pending on this Part? Yes.

Section Numbers:	Proposed Action:	Ill. Reg. Citation:
310.47	Amendment	38 Ill. Reg. 196, January 3, 2014
310.100	Amendment	38 Ill. Reg. 196, January 3, 2014
310.410	Amendment	38 Ill. Reg. 196, January 3, 2014
310.460	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE B	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE C	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE D	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE E	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE F	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE G	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE H	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE I	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE J	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE K	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE N	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE O	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE P	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Q	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE R	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE S	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE V	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE W	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE X	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Y	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE Z	Amendment	38 Ill. Reg. 196, January 3, 2014
310.APPENDIX A TABLE AA	Amendment	38 Ill. Reg. 196, January 3, 2014
310.50	Amendment	38 Ill. Reg. 6751, March 28, 2014

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

310.100	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.130	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.260	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.500	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE A	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE B	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE C	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE D	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE E	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE F	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE G	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE H	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE I	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE J	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE K	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE M	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE N	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE O	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE P	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Q	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE R	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE S	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE V	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE W	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE X	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Y	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE Z	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AC	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AD	Amendment	38 Ill. Reg. 6751, March 28, 2014
310.APPENDIX A TABLE AE	Amendment	38 Ill. Reg. 6751, March 28, 2014

13) Statement of Statewide Policy Objectives: The amendment to the Pay Plan affects only the employees subject to the Personnel Code and does not set out any guidelines that affect local or other jurisdictions in the State.

14) Information and questions regarding these peremptory amendments shall be directed to:

Mr. Jason Doggett

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Manager
Compensation Section
Division of Technical Services and Agency Training and Development
Bureau of Personnel
Department of Central Management Services
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The full text of the Peremptory Amendments begins on the next page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

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SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
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AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

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emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective

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May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20

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Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; peremptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; peremptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; peremptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; peremptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999; amended at 23 Ill. Reg. 13053, effective September 27, 1999; peremptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; peremptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; emergency expired November 27, 2000; peremptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective

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NOTICE OF PEREMPTORY AMENDMENTS

August 17, 2000; peremptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; peremptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; peremptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; peremptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; peremptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; peremptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; peremptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; peremptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; emergency expired March 22, 2003; peremptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. 3261, effective February 11, 2003; expedited correction at 28 Ill. Reg. 6151, effective February 11, 2003; amended at 27 Ill. Reg. 8855, effective May 15, 2003; amended at 27 Ill. Reg. 9114, effective May 27, 2003; emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days; emergency expired November 27, 2003; peremptory amendment at 27 Ill. Reg. 17433, effective November 7, 2003; amended at 27 Ill. Reg. 18560, effective December 1, 2003; peremptory amendment at 28 Ill. Reg. 1441, effective January 9, 2004; amended at 28 Ill. Reg. 2684, effective January 22, 2004; amended at 28 Ill. Reg. 6879, effective April 30, 2004; peremptory amendment at 28 Ill. Reg. 7323, effective May 10, 2004; amended at 28 Ill. Reg. 8842, effective June 11, 2004; peremptory amendment at 28 Ill. Reg. 9717, effective June 28, 2004; amended at 28 Ill. Reg. 12585, effective August 27, 2004; peremptory amendment at 28 Ill. Reg. 13011, effective September 8, 2004; peremptory amendment at 28 Ill. Reg. 13247, effective September 20, 2004; peremptory amendment at 28 Ill. Reg. 13656, effective September 27, 2004; emergency amendment at 28 Ill. Reg. 14174, effective October 15, 2004, for a

maximum of 150 days; emergency expired March 13, 2005; peremptory amendment at 28 Ill. Reg. 14689, effective October 22, 2004; peremptory amendment at 28 Ill. Reg. 15336, effective November 15, 2004; peremptory amendment at 28 Ill. Reg. 16513, effective December 9, 2004; peremptory amendment at 29 Ill. Reg. 726, effective December 15, 2004; amended at 29 Ill. Reg. 1166, effective January 7, 2005; peremptory amendment at 29 Ill. Reg. 1385, effective January 4, 2005; peremptory amendment at 29 Ill. Reg. 1559, effective January 11, 2005; peremptory amendment at 29 Ill. Reg. 2050, effective January 19, 2005; peremptory amendment at 29 Ill. Reg. 4125, effective February 23, 2005; amended at 29 Ill. Reg. 5375, effective April 4, 2005; peremptory amendment at 29 Ill. Reg. 6105, effective April 14, 2005; peremptory amendment at 29 Ill. Reg. 7217, effective May 6, 2005; peremptory amendment at 29 Ill. Reg. 7840, effective May 10, 2005; amended at 29 Ill. Reg. 8110, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8214, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8418, effective June 1, 2005; amended at 29 Ill. Reg. 9319, effective July 1, 2005; peremptory amendment at 29 Ill. Reg. 12076, effective July 15, 2005; peremptory amendment at 29 Ill. Reg. 13265, effective August 11, 2005; amended at 29 Ill. Reg. 13540, effective August 22, 2005; peremptory amendment at 29 Ill. Reg. 14098, effective September 2, 2005; amended at 29 Ill. Reg. 14166, effective September 9, 2005; amended at 29 Ill. Reg. 19551, effective November 21, 2005; emergency amendment at 29 Ill. Reg. 20554, effective December 2, 2005, for a maximum of 150 days; peremptory amendment at 29 Ill. Reg. 20693, effective December 12, 2005; peremptory amendment at 30 Ill. Reg. 623, effective December 28, 2005; peremptory amendment at 30 Ill. Reg. 1382, effective January 13, 2006; amended at 30 Ill. Reg. 2289, effective February 6, 2006; peremptory amendment at 30 Ill. Reg. 4157, effective February 22, 2006; peremptory amendment at 30 Ill. Reg. 5687, effective March 7, 2006; peremptory amendment at 30 Ill. Reg. 6409, effective March 30, 2006; amended at 30 Ill. Reg. 7857, effective April 17, 2006; amended at 30 Ill. Reg. 9438, effective May 15, 2006; peremptory amendment at 30 Ill. Reg. 10153, effective May 18, 2006; peremptory amendment at 30 Ill. Reg. 10508, effective June 1, 2006; amended at 30 Ill. Reg. 11336, effective July 1, 2006; emergency amendment at 30 Ill. Reg. 12340, effective July 1, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 12418, effective July 1, 2006; amended at 30 Ill. Reg. 12761, effective July 17, 2006; peremptory amendment at 30 Ill. Reg. 13547, effective August 1, 2006; peremptory amendment at 30 Ill. Reg. 15059, effective September 5, 2006; peremptory amendment at 30 Ill. Reg. 16439, effective September 27, 2006; emergency amendment at 30 Ill. Reg. 16626, effective October 3, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 17603, effective October 20, 2006; amended at 30 Ill. Reg. 18610, effective November 20, 2006; peremptory amendment at 30 Ill. Reg. 18823, effective November 21, 2006; peremptory amendment at 31 Ill. Reg. 230, effective December 20, 2006; emergency amendment at 31 Ill. Reg. 1483, effective January 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 2485, effective January 17, 2007; peremptory amendment at 31 Ill. Reg. 4445, effective February 28,

2007; amended at 31 Ill. Reg. 4982, effective March 15, 2007; peremptory amendment at 31 Ill. Reg. 7338, effective May 3, 2007; amended at 31 Ill. Reg. 8901, effective July 1, 2007; emergency amendment at 31 Ill. Reg. 10056, effective July 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 10496, effective July 6, 2007; peremptory amendment at 31 Ill. Reg. 12335, effective August 9, 2007; emergency amendment at 31 Ill. Reg. 12608, effective August 16, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 13220, effective August 30, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 13357, effective August 29, 2007; amended at 31 Ill. Reg. 13981, effective September 21, 2007; peremptory amendment at 31 Ill. Reg. 14331, effective October 1, 2007; amended at 31 Ill. Reg. 16094, effective November 20, 2007; amended at 31 Ill. Reg. 16792, effective December 13, 2007; peremptory amendment at 32 Ill. Reg. 598, effective December 27, 2007; amended at 32 Ill. Reg. 1082, effective January 11, 2008; peremptory amendment at 32 Ill. Reg. 3095, effective February 13, 2008; peremptory amendment at 32 Ill. Reg. 6097, effective March 25, 2008; peremptory amendment at 32 Ill. Reg. 7154, effective April 17, 2008; expedited correction at 32 Ill. Reg. 9747, effective April 17, 2008; peremptory amendment at 32 Ill. Reg. 9360, effective June 13, 2008; amended at 32 Ill. Reg. 9881, effective July 1, 2008; peremptory amendment at 32 Ill. Reg. 12065, effective July 9, 2008; peremptory amendment at 32 Ill. Reg. 13861, effective August 8, 2008; peremptory amendment at 32 Ill. Reg. 16591, effective September 24, 2008; peremptory amendment at 32 Ill. Reg. 16872, effective October 3, 2008; peremptory amendment at 32 Ill. Reg. 18324, effective November 14, 2008; peremptory amendment at 33 Ill. Reg. 98, effective December 19, 2008; amended at 33 Ill. Reg. 2148, effective January 26, 2009; peremptory amendment at 33 Ill. Reg. 3530, effective February 6, 2009; peremptory amendment at 33 Ill. Reg. 4202, effective February 26, 2009; peremptory amendment at 33 Ill. Reg. 5501, effective March 25, 2009; peremptory amendment at 33 Ill. Reg. 6354, effective April 15, 2009; peremptory amendment at 33 Ill. Reg. 6724, effective May 1, 2009; peremptory amendment at 33 Ill. Reg. 9138, effective June 12, 2009; emergency amendment at 33 Ill. Reg. 9432, effective July 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 10211, effective July 1, 2009; peremptory amendment at 33 Ill. Reg. 10823, effective July 2, 2009; peremptory amendment at 33 Ill. Reg. 11082, effective July 10, 2009; peremptory amendment at 33 Ill. Reg. 11698, effective July 23, 2009; peremptory amendment at 33 Ill. Reg. 11895, effective July 31, 2009; peremptory amendment at 33 Ill. Reg. 12872, effective September 3, 2009; amended at 33 Ill. Reg. 14944, effective October 26, 2009; peremptory amendment at 33 Ill. Reg. 16598, effective November 13, 2009; peremptory amendment at 34 Ill. Reg. 305, effective December 18, 2009; emergency amendment at 34 Ill. Reg. 957, effective January 1, 2010, for a maximum of 150 days; peremptory amendment at 34 Ill. Reg. 1425, effective January 5, 2010; peremptory amendment at 34 Ill. Reg. 3684, effective March 5, 2010; peremptory amendment at 34 Ill. Reg. 5776, effective April 2, 2010; peremptory amendment at 34 Ill. Reg. 6214, effective April 16, 2010; amended at 34 Ill. Reg. 6583, effective April 30,

2010; peremptory amendment at 34 Ill. Reg. 7528, effective May 14, 2010; amended at 34 Ill. Reg. 7645, effective May 24, 2010; peremptory amendment at 34 Ill. Reg. 7947, effective May 26, 2010; peremptory amendment at 34 Ill. Reg. 8633, effective June 18, 2010; amended at 34 Ill. Reg. 9759, effective July 1, 2010; peremptory amendment at 34 Ill. Reg. 10536, effective July 9, 2010; peremptory amendment at 34 Ill. Reg. 11864, effective July 30, 2010; emergency amendment at 34 Ill. Reg. 12240, effective August 9, 2010, for a maximum of 150 days; peremptory amendment at 34 Ill. Reg. 13204, effective August 26, 2010; peremptory amendment at 34 Ill. Reg. 13657, effective September 8, 2010; peremptory amendment at 34 Ill. Reg. 15897, effective September 30, 2010; peremptory amendment at 34 Ill. Reg. 18912, effective November 15, 2010; peremptory amendment at 34 Ill. Reg. 19582, effective December 3, 2010; amended at 35 Ill. Reg. 765, effective December 30, 2010; emergency amendment at 35 Ill. Reg. 1092, effective January 1, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 2465, effective January 19, 2011; peremptory amendment at 35 Ill. Reg. 3577, effective February 10, 2011; emergency amendment at 35 Ill. Reg. 4412, effective February 23, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 4803, effective March 11, 2011; emergency amendment at 35 Ill. Reg. 5633, effective March 15, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 5677, effective March 18, 2011; amended at 35 Ill. Reg. 8419, effective May 23, 2011; amended at 35 Ill. Reg. 11245, effective June 28, 2011; emergency amendment at 35 Ill. Reg. 11657, effective July 1, 2011, for a maximum of 150 days; emergency expired November 27, 2011; peremptory amendment at 35 Ill. Reg. 12119, effective June 29, 2011; peremptory amendment at 35 Ill. Reg. 13966, effective July 29, 2011; peremptory amendment at 35 Ill. Reg. 15178, effective August 29, 2011; emergency amendment at 35 Ill. Reg. 15605, effective September 16, 2011, for a maximum of 150 days; peremptory amendment at 35 Ill. Reg. 15640, effective September 15, 2011; peremptory amendment at 35 Ill. Reg. 19707, effective November 23, 2011; amended at 35 Ill. Reg. 20144, effective December 6, 2011; amended at 36 Ill. Reg. 153, effective December 22, 2011; peremptory amendment at 36 Ill. Reg. 564, effective December 29, 2011; peremptory amendment at 36 Ill. Reg. 3957, effective February 24, 2012; peremptory amendment at 36 Ill. Reg. 4158, effective March 5, 2012; peremptory amendment at 36 Ill. Reg. 4437, effective March 9, 2012; amended at 36 Ill. Reg. 4707, effective March 19, 2012; amended at 36 Ill. Reg. 8460, effective May 24, 2012; peremptory amendment at 36 Ill. Reg. 10518, effective June 27, 2012; emergency amendment at 36 Ill. Reg. 11222, effective July 1, 2012, for a maximum of 150 days; peremptory amendment at 36 Ill. Reg. 13680, effective August 15, 2012; peremptory amendment at 36 Ill. Reg. 13973, effective August 22, 2012; peremptory amendment at 36 Ill. Reg. 15498, effective October 16, 2012; amended at 36 Ill. Reg. 16213, effective November 1, 2012; peremptory amendment at 36 Ill. Reg. 17138, effective November 20, 2012; peremptory amendment at 37 Ill. Reg. 3408, effective March 7, 2013; amended at 37 Ill. Reg. 4750, effective April 1, 2013; peremptory amendment at 37 Ill. Reg. 5925, effective April 18, 2013; peremptory amendment at 37 Ill. Reg.

9563, effective June 19, 2013; amended at 37 Ill. Reg. 9939, effective July 1, 2013; emergency amendment at 37 Ill. Reg. 11395, effective July 1, 2013, for a maximum of 150 days; peremptory amendment at 37 Ill. Reg. 11524, effective July 3, 2013; peremptory amendment at 37 Ill. Reg. 12588, effective July 19, 2013; peremptory amendment at 37 Ill. Reg. 13762, effective August 8, 2013; peremptory amendment at 37 Ill. Reg. 14219, effective August 23, 2013; amended at 37 Ill. Reg. 16925, effective October 8, 2013; peremptory amendment at 37 Ill. Reg. 17164, effective October 18, 2013; peremptory amendment at 37 Ill. Reg. 20410, effective December 6, 2013; peremptory amendment at 38 Ill. Reg. 2974, effective January 9, 2014; amended at 38 Ill. Reg. 5250, effective February 4, 2014; peremptory amendment at 38 Ill. Reg. 6725, effective March 6, 2014; emergency amendment at 38 Ill. Reg. 9080, effective April 11, 2014, for a maximum of 150 days; peremptory amendment at 38 Ill. Reg. 9136, effective April 11, 2014.

SUBPART B: SCHEDULE OF RATES

Section 310.210 Prevailing Rate

a) Prevailing rate means the rate of pay for each class and locality certified as being correct by the Director of the Illinois Department of Labor and approved by the Director of Central Management Services or as established under the Prevailing Wage Act [820 ILCS 130]. The following are prevailing rate classes:

Baker
Barber
Beautician
Brickmason
Carpenter
Carpenter Foreman
Cement Finisher
Electrician
Highway Construction Equipment Operator
Laborer
Laborer (Building)
Laborer Foreman
Machinist
Maintenance Worker (Power Plant)
Painter
Plasterer
Roofer
Sewage Plant Operator
Sign Hanger
Sign Hanger Foreman
Sign Painter
Sign Painter Helper
Stationary Engineer
Stationary Engineer – Assistant Chief
Stationary Engineer – Chief
Stationary Fireman
Steamfitter
Teacher of Barbering
Teacher of Beauty Culture
Tinsmith
Trades Tender
Water Plant Operator

Plumber

b) Maximum Security Rates – Positions in maximum security institutions shall receive a $50 a month adjustment to the employee's monthly wages for all employees with seven or more years of continuous service with the Department of Corrections. Employees shall receive the adjustment as long as they remain employees at a maximum security facility.

c) Effective January 1, 2006, employees shall be paid an additional 4.00% above the prevailing rate of wages for employees on the standard pension formula and 5.5% above the prevailing rate of wages for employees on the alternative pension formula, minus the per hour costs of fringe benefits.

d~~c~~) Effective January 1, 2011, newly hired employees into positions at the Department of Human Services allocated to the Barber, Beautician, Brickmason, Carpenter, Carpenter Foreman, Cement Finisher, Electrician, Machinist, Maintenance Worker (Power Plant), Painter, Plasterer, Plumber, Sewage Plant Operator, Sign Hanger, Sign Hanger Foreman, Sign Painter, Sign Painter Helper, Stationary Engineer, Stationary Engineer – Assistant Chief, Stationary Engineer – Chief, Stationary Fireman, Steamfitter, Teacher of Barbering, Teacher of Beauty Culture, Tinsmith and Water Plant Operator titles shall be paid an additional 4.00% above the prevailing rate of wages, minus the per hour costs of fringe benefits. Newly hired employees are employees hired on or after January 1, 2011 who have never been a member of the State Employees' Retirement System (SERS) or any other reciprocal retirement system. Other reciprocal retirement systems are the Chicago Teachers' Pension Fund, County Employees' Annuity and Benefit Fund of Cook County, Forest Preserve District Employees' Annuity and Benefit Fund of Cook County, General Assembly Retirement System (GARS), Illinois Municipal Retirement Fund (IMRF), Judges Retirement System (JRS), Laborers' Annuity and Benefit Fund of Chicago, Metropolitan Water Reclamation District Retirement Fund, Municipal Employees Annuity and Benefit Fund of Chicago, State Universities Retirement System (SURS) and Teachers' Retirement System of the State of Illinois (TRS).

e~~d~~) Effective August 23, 2012, the Sign Hanger and Sign Hanger Foreman titles are not represented by the Sheet Metal Workers International Association or covered by the Agreement between the Department of Central Management Services of the State of Illinois and Sheet Metal Workers International Association signed

June 12, 2009. The employees shall not be paid the additional 4.00% above the prevailing rate of wages for employees on the standard pension formula and 5.5% above the prevailing rate of wages for employees on the alternative pension formula, minus the per hour costs of fringe benefits. All overtime and/or holiday pay shall be set by the Cook County Prevailing Wage Rates.

f) In-Hire Rates – The State shall provide to the union a listing of all vacancies in the bargaining unit for each agency by March 1, 2014 with a recommended prioritization in filling of the vacancies by June 1, 2014. If requested by the union, representatives of the State shall be available to meet with the union and to discuss and receive input related to the prioritization of filling of particular vacancies. New employees hired on or after December 1, 2013, shall be paid the appropriate prevailing rate. Between December 1, 2014 and June 30, 2015, the union can opt out of the rate for new employees if the State has not engaged in good faith discussions and actions, requested by and participated in by the union as to prioritizing the filling of vacancies, which results in the hiring of new employees where mutual need is agreed to by the State and union. If the State does not meet the obligations and the union opts out, the State shall retroactively pay 4% above the prevailing rate back to the date the union notified the State of its intent to opt out.

(Source: Amended by peremptory rulemaking at 38 Ill. Reg. 9136, effective April 11, 2014)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE L RC-008 (Boilermakers)

Title	Title Code	Region	Effective Date	Monthly Salary
Boiler Safety Specialist	04910	Northern	January 1, 2014 ~~July 1, 2013~~	8005.74
Boiler Safety Specialist	04910	Central	January 1, 2013	6514.56
Boiler Safety Specialist	04910	Southern	January 1, 2014 ~~January 1, 2013~~	5801.16~~5688.06~~

Northern Region: Boone, Cook, DeKalb, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will, and Winnebago Counties.

Central Region: Bureau, Carroll, Champaign, DeWitt, Ford, Fulton, Hancock, Henderson, Henry, Iroquois, JoDaviess, Knox, LaSalle, Lee, Livingston, Logan, Marshall, Mason, McDonough, McLean, Mercer, Ogle, Peoria, Putnam, Rock Island, Schuyler, Stark, Stephenson, Tazewell, Vermilion, Warren, Whiteside, and Woodford Counties.

Southern Region: Adams, Alexander, Bond, Brown, Calhoun, Cass, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Franklin, Gallatin, Greene, Hamilton, Hardin, Jackson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Macon, Macoupin, Madison, Marion, Massac, Menard, Monroe, Montgomery, Morgan, Moultrie, Perry, Piatt, Pike, Pope, Pulaski, Randolph, Richland, St. Clair, Saline, Sangamon, Scott, Shelby, Union, Wabash, Washington, Wayne, White, and Williamson Counties.

Effective January 1, 2011, employees newly hired into positions allocated to the Boiler Safety Specialist title at the Department of Human Services receive the negotiated regular pension formula rate for the State of Illinois. Employees newly hired are employees hired on or after January 1, 2011 who have never been a member of the State Employees' Retirement System (SERS) or any other reciprocal retirement system. Other reciprocal retirement systems are the Chicago Teachers' Pension Fund, County Employees' Annuity and Benefit Fund of Cook County, Forest Preserve District Employees' Annuity and Benefit Fund of Cook County, General Assembly Retirement System (GARS), Illinois Municipal Retirement Fund (IMRF), Judges Retirement System (JRS), Laborers' Annuity and Benefit Fund of Chicago, Metropolitan Water

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Reclamation District Retirement Fund, Municipal Employees Annuity and Benefit Fund of Chicago, State Universities Retirement System (SURS) and Teachers' Retirement System of the State of Illinois (TRS).

(Source: Amended by peremptory rulemaking at 38 Ill. Reg. 9136, effective April 11, 2014)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF CORRECTION TO NOTICE ONLY

1) Heading of the Part: Allocation of Water From Lake Michigan

2) Code Citation: 17 Ill. Adm. Code 3730

3) The Notice of Proposed Amendments being corrected appeared at: 38 Ill. Reg. 5754, March 7, 2014

4) The information being corrected is as follows:

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing until May 12, 2014 to:

Robert G. Mool, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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 April 1, 2014 through April 8, 2014. The rulemakings are scheduled for review at the Committee's May 20, 2014 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
5/22/14	Department of Central Management Services, Travel (80 Ill. Adm. Code 2800)	1/31/14 38 Ill. Reg. 3273	5/20/14
5/28/14	Department of Healthcare and Family Services, Medical Assistance Programs (89 Ill. Adm. Code 120)	8/2/13 37 Ill. Reg. 12302	5/20/14
5/24/14	Health Facilities and Services Review Board, Public Information, Rulemaking, and Organization (Repealer) (2 Ill. Adm. Code 1925)	2/7/14 38 Ill. Reg. 3424	5/20/14
5/24/14	Health Facilities and Services Review Board, Public Information Access, Rulemaking, and Organization (2 Ill. Adm. Code 1925)	2/7/14 38 Ill. Reg. 3442	5/20/14
5/24/14	Department of Public Health, Hospital Licensing Requirements (77 Ill. Adm. Code 250)	7/19/13 37 Ill. Reg. 11128	5/20/14

CHIEF PROCUREMENT OFFICER FOR HIGHER EDUCATION

NOTICE OF PUBLIC INFORMATION

NOTICE OF CAMPAIGN CONTRIBUTION VIOLATION OF PROCUREMENT CODE

1. Statutory Authority: Section 50-37 of the Illinois Procurement Code, 30 ILCS 500/50-37, prohibits business entities with contracts and solicitations worth in excess of $50,000 in combined annual value pending with a given officeholder responsible for awarding the contracts from making campaign contributions to campaign committees established to promote the candidacy of the officeholder or any other declared candidate for that office. The prohibition also extends to contributions made by various affiliated persons and businesses of a business entity that is subject to the prohibition. Section 50-37 requires that notice of violation of the prohibition and the penalty imposed is to be published in the Illinois Register.

2. Name of Contributor: Charles Poettker, President/CEO, Poettker Construction Company.

3. Date of Violation: December 12, 2013

4 Description of Violation: Charles Poettker, an affiliated person of the business entity Poettker Construction Company, made a contribution of $1,000 to the Dan Rutherford Campaign Committee, a campaign committee established to support the election of Dan Rutherford to Governor. At the time of the contribution, Dan Rutherford was a declared candidate for the office of Governor, and Poettker Construction Company had in place active contracts with the Capital Development Board and Southern Illinois University Edwardsville, the total annual combined value of which was in excess of $50,000.

5. Summary of Action Taken by the Agency: Section 50-37 provides that State contracts with a business entity that violates the campaign contribution prohibition are voidable at the discretion of the chief procurement officer. The Chief Procurement Officer for Higher Education has notified Charles Poettker of the apparent violation, reviewed responsive material provided by Charles Poettker, and has considered the value, status, and necessity of the contracts. In addition, the Chief Procurement Officer has taken into consideration the recognition by Charles Poettker of the violation and his understanding of the necessity to avoid such situations in the future. The Chief Procurement Officer finds that voiding affected contracts, bids or proposals would not be in the best interest of the State.

As required by Section 50-37(e) of the Procurement Code, the Dan Rutherford Campaign Committee is required to pay to the State an amount equal to the value of the contribution within 30 days of the publication of this notice.

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

2014 FIRST QUARTER INCOME TAX SUNSHINE INDEX

1. Statute requiring agency to publish information concerning Private Letter Rulings and General Information Letters in the Illinois Register:

   Name of Act: Illinois Department of Revenue Sunshine Act
   Citation: 20 ILCS 2515/1 et seq.

2. Summary of information: Index of Department of Revenue income tax Private Letter Rulings and General Information Letters issued for the 4th Quarter of 2013. Private letter rulings are issued by the Department in response to specific taxpayer inquiries concerning the application of a tax statute or rule to a particular fact situation. Private letter rulings are binding on the Department only as to the taxpayer who is the subject of the request for ruling. (See 2 Ill. Adm. Code 1200.110) General information letters are issued by the Department in response to written inquiries from taxpayers, taxpayer representatives, business, trade, industrial associations or similar groups. General information letters contain general discussions of tax principles or applications. General information letters are designed to provide general background information on topics of interest to taxpayers. General information letters do not constitute statements of agency policy that apply, interpret, or prescribe tax laws administered by the Department. *General information letters may not be relied upon by taxpayers in taking positions with reference to tax issues and create no rights for taxpayers under the Taxpayers' Bill of Rights Act.* (See 2 Ill. Adm. Code 1200.120)

   The letters are listed numerically, are identified as either a General Information Letter or a Private Letter Ruling and are summarized with a brief synopsis under the following subjects:

   Credit - Foreign Tax
   Other Rulings

   COMPENSATION

   Copies of the ruling letters themselves are available for inspection and may be purchased for a minimum of $1.00 per opinion plus 50 cents per page for each page over one. Copies of the ruling letters may be downloaded free of charge from the Department's World Wide Web site at www.tax.illinois.gov.

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

2014 FIRST QUARTER INCOME TAX SUNSHINE INDEX

The indexes of Income Tax letter rulings for 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011 and 2012 are available for $3.00. A cumulative Income Tax Sunshine Index of 1981 through 1989 letter rulings may be purchased for $4.00.

3. Name and address of person to contact concerning this information:

Rebecca Moore
Illinois Department of Revenue
Legal Services Office
101 West Jefferson Street
Springfield, Illinois 62794

Telephone: 217/782-7055

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

2014 FIRST QUARTER INCOME TAX SUNSHINE INDEX

CONSTRUCTION CONTRACTORS

ST-14-0003-GIL 03/03/2014 This letter discusses the tax liability of construction contractors. See 86 Ill. Adm. Code 130.1940.

ST-14-0007-GIL 03/07/2014 This letter discusses the rules regarding sales of tangible personal property to construction contractors for incorporation into real estate in an Illinois Enterprise Zone and the requirements for using "E" numbers. *See* 86 Ill. Adm. Code 130.1940, 35 ILCS 120/5k, and 86 Ill. Adm. Code 130.2075(d).

DELIVERY CHARGES

ST-14-0004-GIL 03/04/2014 Charges designated as delivery or transportation charges are not taxable if it can be shown that they are both agreed to separately from the selling price of the tangible personal property which is sold and that such charges are actually reflective of the costs of shipping. See 86 Ill. Adm. Code 130.415.

EXEMPT ORGANIZATIONS

ST-14-0010-GIL 03/10/2014 This letter discusses the rules regarding sales to exempt purchasers and certificates of resale. *See* 86 Ill. Adm. Code 130.210, 86 Ill. Adm. Code 130.1415, and 86 Ill. Adm. Code 130.2005

MANUFACTURING MACHINERY & EQUIPMENT

ST 14-0001-PLR 01/02/2014 The manufacturing machinery and equipment exemption includes chemicals or chemicals acting as catalysts but only if the chemicals or chemicals acting as catalysts effect a direct and immediate change upon a product being manufactured or assembled for sale or lease. See 86 Ill. Adm. Code 130.330(c)(6).

ST-14-0006-GIL 03/07/2014 This letter discusses the manufacturing, machinery & equipment exemption, the manufacturer's purchase credit, claims for credit,

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and the rules for obtaining E numbers. *See* 86 Ill. Adm. Code 130.330 and 86 Ill. Adm. Code 130.331. *See also* 86 Ill. Adm. Code 130.1501 and 86 Ill. Adm. Code 130.2007

MOTOR VEHICLES

ST-14-0005-GIL 03/04/2014 With regard to modifications to a motor vehicle for the purpose of rendering it usable by a disabled person, the tax is imposed at the rate of 1%. See 86 Ill. Adm. Code 130.311(f).

NEXUS

ST 14-0002-GIL 01/02/2014 This letter discusses nexus. *See Quill Corp. v. North Dakota*, 112 S.Ct. 1904 (1992).

SALE FOR RESALE

ST-14-0008-GIL 03/07/2014 This letter addresses the requirements for a certificate of resale. *See* 86 Ill. Adm. Code 130.1405

SERVICE OCCUPATION TAX

ST-14-0009-GIL 03/10/2014 Sellers of special order machines are considered to be engaged primarily in a service occupation, rather than being engaged in the business of selling tangible personal property, if the test set out in 86 Ill. Adm. Code 130.2115(b) is met. See 86 Ill. Adm. Code 130.2115.

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1. Statute requiring agency to publish information concerning Private Letter Rulings and General Information Letters in the Illinois Register:

Name of Act: Illinois Department of Revenue Sunshine Act
Citation: 20 ILCS 2515/1

2. Summary of information:

Index of Department of Revenue Sales and Miscellaneous Tax Private Letter Rulings and General Information Letters issued for the Third Quarter of 2013. Private letter rulings are issued by the Department in response to specific taxpayer inquiries concerning the application of a tax statute or rule to a particular fact situation. Private letter rulings are binding on the Department only as to the taxpayer who is the subject of the request for ruling. (See 2 Ill. Adm. Code 1200.110) General information letters are issued by the Department in response to written inquiries from taxpayers, taxpayer representatives, business, trade, industrial associations or similar groups. General information letters contain general discussions of tax principles or applications. General information letters are designed to provide general background information on topics of interest to taxpayers. General information letters do not constitute statements of agency policy that apply, interpret, or prescribe tax laws administered by the Department. *General information letters may not be relied upon by taxpayers in taking positions with reference to tax issues and create no rights for taxpayers under the Taxpayers' Bill of Rights Act.* (See 2 Ill. Adm. Code 1200.120)

The letters are listed numerically, are identified as either a General Information Letter or a Private Letter Ruling and are summarized with a brief synopsis under the following subjects:

Construction Contractors
Delivery Charges
Exempt Organizations
Manufacturing Machinery & Equipment
Motor Vehicles
Nexus
Sales For Resale
Service Occupation Tax

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Copies of the ruling letters themselves are available for inspection and may be purchased for a minimum of $1.00 per opinion plus 50¢ per page for each page over one. Copies of the ruling letters may be downloaded free of charge from the Department's World Wide Web site at www.tax.illinois.gov/.

The annual index of Sales and Excise Tax letter rulings (all four quarters) is available for $3.00.

3. Name and address of person to contact concerning this information:

Lisa Marcure
Illinois Department of Revenue
Legal Services Office
101 West Jefferson Street
Springfield, Illinois 62794

Telephone: 217/782-2844

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CREDIT – FOREIGN TAX

IT 14-0002 GIL	2/13/2014.	Compensation paid in Illinois under IITA Section 304(a)(2)(B) does not qualify for the credit taxes paid to other states.

OTHER RULINGS

IT 14-0001 GIL	1/24/2014	No Illinois withholding is required from wages paid to a nonresident employee who performs some of his multistate Services in Illinois, if the employee's vase of operations is outside Illinois or if the employee'sWages are exempt from withholding except by his state of residence under 49 U.S.C,§ 14503(a)(1).

PROCLAMATIONS

2014-102
Autism Awareness Month & World Autism Awareness Day (Revised)

WHEREAS, autism, a developmental disorder, is the third most common developmental disability in the United States, affecting nearly two million people; and,

WHEREAS, autism is a spectrum disorder where symptoms and characteristics may present themselves in a variety of combinations from mild to severe. This complex and lifelong developmental disability can result in significant impairment of an individual's ability to learn, develop healthy interactive behaviors, and understand verbal as well as nonverbal communication; and,

WHEREAS, the U.S. Centers for Disease Control and Prevention report that one in every 68 children born in the U.S. will be affected by an Autism Spectrum Disorder (ASD); and,

WHEREAS, in Illinois, more than 26,000 school-age children and their families will be affected by some form of autism; and,

WHEREAS, autism is the result of a neurological disorder that affects the normal functioning of the brain, and generally manifests during the first 3 years of life. The disorder is four times more likely in males than in females, but can affect anyone, regardless of race or ethnicity; and,

WHEREAS, although autism was first identified in 1943, it remains a relatively unknown disability. A majority of the public, including many professionals in the medical, educational, and vocational fields are still unaware of the best methods to diagnose and treat the disorder; and,

WHEREAS, although there is no cure for autism at this time, doctors, therapists, and educators can help children and adults with autism overcome or adjust to many difficulties. Accurate, early diagnosis and the resulting appropriate education and intervention are vital to the future growth and development of individuals afflicted with this disorder; and,

WHEREAS, Illinois is honored to take part in the annual observance of Autism Awareness Month and World Autism Awareness Day in the hope that it will lead to a better understanding of the disorder; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2014 as **AUTISM AWARENESS MONTH** and April 2, 2014 as **WORLD AUTISM**

AWARENESS DAY in Illinois, to raise public awareness of Autism Spectrum Disorders and the myriad of issues surrounding autism, as well to increase knowledge of the programs that have been and are being developed to support individuals with ASDs and their families.

Issued by the Governor March 3, 2014
Filed by the Secretary of State April 11, 2014

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 38, Issue 17 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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