

TABLE OF CONTENTS

March 11, 2016 Volume 40, Issue 11

PROPOSED RULES

CHIEF PROCUREMENT OFFICER FOR HIGHER EDUCATION

Chief Procurement Officer for Public Institutions of
Higher Education Standard Procurement

44 Ill. Adm. Code 4.....3529

HEALTH FACILITIES AND SERVICES REVIEW BOARD, ILLINOIS

Criteria and Procedure for Recognition of Areawide Health Planning
Organizations for Health Facilities Planning (Repealer)

77 Ill. Adm. Code 1170.....3540

Appropriateness Review (Repealer)

77 Ill. Adm. Code 1250.....3549

ADOPTED RULES

FINANCIAL AND PROFESSIONAL REGULATION, DEPARTMENT OF

Dietitian Nutritionist Practice Act

68 Ill. Adm. Code 1245.....3658

Illinois Public Accounting Act

68 Ill. Adm. Code 1420.....3692

Public Accounting Act (Professional Conduct) (Repealer)

68 Ill. Adm. Code 1430.....3735

HUMAN SERVICES, DEPARTMENT OF

Electronic Prescription Monitoring Program

77 Ill. Adm. Code 2080.....3737

NATURAL RESOURCES, DEPARTMENT OF

Falconry and the Captive Propagation of Raptors

17 Ill. Adm. Code 1590.....3743

RACING BOARD, ILLINOIS

Racing Rules

11 Ill. Adm. Code 1318.....3757

STATE TOLL HIGHWAY AUTHORITY, ILLINOIS

State Toll Highway Rules

92 Ill. Adm. Code 2520.....3762

EMERGENCY RULES

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

State Universities Civil Service System

80 Ill. Adm. Code 250.....3772

JOINT COMMITTEE ON ADMINISTRATIVE RULES AGENDA

JOINT COMMITTEE ON ADMINISTRATIVE RULES

March Agenda.....3805

SECOND NOTICES RECEIVED

JOINT COMMITTEE ON ADMINISTRATIVE RULES

Second Notices Received.....	3810
EXECUTIVE ORDERS AND PROCLAMATIONS	
PROCLAMATIONS	
Illinois Flag Display Act - Deputy Adam Conrad	
2016-17.....	3812
Illinois Nurse Anesthetists Week	
2016-18.....	3812
Congenital Heart Defect Awareness Week	
2016-19.....	3813
Four Chaplains Sunday	
2016-20.....	3814
Our Veterans Now and Forever Day	
2016-21.....	3815
Religious Freedom Day	
2016-22.....	3816
USO Week	
2016-23.....	3817
SADD Shines Day	
2016-24.....	3818
Financial Aid Awareness Month	
2016-25.....	3818
Illinois Legal Aid Online Day	
2016-26.....	3820
National Black HIV/AIDS Awareness Day Illinois	
2016-27.....	3821
National Court Reporting & Captioning Week	
2016-28.....	3822
National FBLA-PBL Week	
2016-29.....	3822
Oaktober-Oak Awareness Month	
2016-30.....	3823
Grain Bin Safety Week	
2016-31.....	3824
African American History Month	
2016-32.....	3825
African American Military Service Member Day	
2016-33.....	3826
EXECUTIVE ORDERS	
Executive Order Updating and Stengthening	
Administrative Order 6 (2003)	
2016-4.....	3827

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 preemptory 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 2016

Issue#	Rules Due Date	Date of Issue
1	December 21, 2015	January 4, 2016
2	December 28, 2015	January 8, 2016
3	January 4, 2016	January 15, 2016
4	January 11, 2016	January 22, 2016
5	January 19, 2016	January 29, 2016
6	January 25, 2016	February 5, 2016
7	February 1, 2016	February 16, 2016
8	February 8, 2016	February 19, 2016
9	February 16, 2016	February 26, 2016
10	February 22, 2016	March 4, 2016
11	February 29, 2016	March 11, 2016
12	March 7, 2016	March 18, 2016
13	March 14, 2016	March 25, 2016
14	March 21, 2016	April 1, 2016
15	March 28, 2016	April 8, 2016
16	April 4, 2016	April 15, 2016
17	April 11, 2016	April 22, 2016
18	April 18, 2016	April 29, 2016
19	April 25, 2016	May 6, 2016
20	May 2, 2016	May 13, 2016
21	May 9, 2016	May 20, 2016
22	May 16, 2016	May 27, 2016

23	May 23, 2016	June 3, 2016
24	May 31, 2016	June 10, 2016
25	June 6, 2016	June 17, 2016
26	June 13, 2016	June 24, 2016
27	June 20, 2016	July 1, 2016
28	June 27, 2016	July 8, 2016
29	July 5, 2016	July 15, 2016
30	July 11, 2016	July 22, 2016
31	July 18, 2016	July 29, 2016
32	July 25, 2016	August 5, 2016
33	August 1, 2016	August 12, 2016
34	August 8, 2016	August 19, 2016
35	August 15, 2016	August 26, 2016
36	August 22, 2016	September 2, 2016
37	August 29, 2016	September 9, 2016
38	September 6, 2016	September 16, 2016
39	September 12, 2016	September 23, 2016
40	September 19, 2016	September 30, 2016
41	September 26, 2016	October 7, 2016
42	October 3, 2016	October 14, 2016
43	October 11, 2016	October 21, 2016
44	October 17, 2016	October 28, 2016
45	October 24, 2016	November 4, 2016
46	October 31, 2016	November 14, 2016
47	November 7, 2016	November 18, 2016
48	November 14, 2016	November 28, 2016
49	November 21, 2016	December 2, 2016
50	November 28, 2016	December 9, 2016
51	December 5, 2016	December 16, 2016
52	December 12, 2016	December 27, 2016
53	December 19, 2016	December 30, 2016

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Chief Procurement Officer for Public Institutions of Higher Education Standard Procurement
- 2) Code Citation: 44 Ill. Adm. Code 4
- 3) Section Number: 4.2020 Proposed Action: Amendment
- 4) Statutory Authority: The Illinois Procurement Code [30 ILCS 500]
- 5) A Complete Description of the Subjects and Issues Involved: The proposed amendment implements the changes to the small purchase threshold as recommended by the Procurement Policy Board at their December 2, 2015 meeting. The amendment raises the small purchase threshold for supplies and services from \$50,000 (currently \$55,800 as adjusted by CPI increases) to \$80,000 and the threshold for construction from \$70,000 (currently \$78,300 as adjusted by CPI increases) to \$100,000.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: The Chief Procurement Officer for Public Institutions of Higher Education relied on 30 ILCS 500/20-20 to compose the rulemaking. This section authorizes the small purchase maximum to be modified by rule when recommended by the Procurement Policy Board. A copy of the Board's recommendation is available for review with the Chief Procurement Officer for Public Institutions of Higher Education at 401 S. Spring, Room 522 Stratton Office Building Springfield IL 62706.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect or create or expand a State mandate under the State Mandates Act.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: The Chief Procurement Officer for Public Institutions of Higher Education

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

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]. Written comments may be submitted within 45 days after the date of publication in the *Illinois Register* to:

Shirley Webb
Deputy Chief Procurement Officer
Chief Procurement Office for Public Institutions of Higher Education
401 S. Spring Street
Room 513 Stratton Office Building
Springfield IL 62706

217/558-2247
shirley.j.webb@illinois.gov

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: The proposed amendment may have an impact on small businesses as defined in Sections 1-75 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75]. These entities may submit comments in writing to the Chief Procurement Officer for Public Institutions of Higher Education at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-20]. These entities shall indicate their status as a small business as part of any written comments they submit to the Chief Procurement Officer for Public Institutions of Higher Education.
- B) Reporting, bookkeeping or other procedures required for compliance: Universities conducting small purchases may be required to retain additional documentation of the process used to conduct each small purchase.
- C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: January 2016

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

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

TITLE 44: GOVERNMENT CONTRACTS, GRANTMAKING, PROCUREMENT
AND PROPERTY MANAGEMENT

SUBTITLE A: PROCUREMENT AND CONTRACT PROVISIONS

CHAPTER II: CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

PART 4

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION STANDARD PROCUREMENT

SUBPART A: GENERAL

Section

4.1	Title
4.3	Authority
4.5	Policy
4.8	Implementation of This Part
4.10	Application
4.13	Additional Exemptions Applicable to Higher Education (Repealed)
4.14	Certification, Hearing and Registration Waivers Applicable to Higher Education (Repealed)
4.15	Definition of Terms Used in This Part
4.25	Property Rights

SUBPART B: PROCUREMENT RULES, POLICIES AND PROCEDURES

Section

4.525	Rules
4.530	Policies and Procedures

SUBPART C: PROCUREMENT AUTHORITY

Section

4.1005	Procurement Authority
4.1010	Appointment of State Purchasing Officers (Repealed)
4.1011	Procurement Authority of the CPO (Repealed)
4.1030	Other Procurement Authority of the Universities (Repealed)
4.1060	Delegation

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

4.1080 Illinois Mathematics and Science Academy (Repealed)

SUBPART D: PUBLICIZING PROCUREMENT ACTIONS

Section

4.1501 Illinois Procurement Bulletin – Higher Education
4.1510 Publication of Higher Education Bulletin
4.1515 Registration
4.1525 Bulletin Content
4.1535 Vendor Portal
4.1545 Supplemental Notice (Repealed)
4.1550 Error in Notice
4.1560 Alternate and Supplemental Notice
4.1580 Direct Solicitation
4.1585 Notice Time
4.1595 Availability of Solicitation Document

SUBPART E: SOURCE SELECTION AND CONTRACT FORMATION

Section

4.2005 General Provisions
4.2010 Competitive Sealed Bidding
4.2012 Multi-Step Sealed Bidding
4.2013 Reverse Auctions
4.2015 Competitive Sealed Proposals
4.2020 Small Purchases
4.2025 Sole Source and Sole Economically Feasible Source Procurement
4.2030 Emergency Procurements
4.2035 Competitive Selection Procedures for Professional and Artistic Services
4.2036 Other Methods of Source Selection
4.2037 Tie Bids and Proposals
4.2038 Modification or Withdrawal of Bids or Proposals
4.2039 Mistakes
4.2040 Cancellation of Solicitations; Rejection of Bids or Proposals

SUBPART F: SUPPLIERS, PREQUALIFICATION AND RESPONSIBILITY

Section

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

- 4.2043 Suppliers
- 4.2044 Vendor List
- 4.2045 Vendor Prequalification
- 4.2046 Responsibility

SUBPART G: BID, PROPOSAL AND PERFORMANCE SECURITY

- Section
4.2047 Security Requirements

SUBPART H: SPECIFICATIONS AND SAMPLES

- Section
4.2050 Specifications and Samples

SUBPART I: CONTRACTS

- Section
4.2055 Types of Contracts
- 4.2060 Duration of Contracts – General
- 4.2065 Cancellation of Contracts
- 4.2067 Contract Amendments and Change Orders

SUBPART J: PROCUREMENT FILES

- Section
4.2080 Public Procurement File
- 4.2084 Record Retention
- 4.2086 Filing with the Comptroller

SUBPART K: WORKING CONDITIONS

- Section
4.2560 Prevailing Wage
- 4.2570 Equal Employment Opportunity; Affirmative Action

SUBPART L: CONSTRUCTION AND
CONSTRUCTION RELATED PROFESSIONAL SERVICES

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

Section

4.3005 Construction and Construction Related Professional Services

SUBPART M: REAL PROPERTY LEASES AND CAPITAL IMPROVEMENT LEASES

Section

4.4005 Real Property Leases and Capital Improvement Leases
4.4010 Authority
4.4015 Method of Source Selection
4.4020 RFI-RPL Process
4.4025 Lease Requirements
4.4030 Purchase Option
4.4035 Rent Without Occupancy
4.4040 Local Site Preferences
4.4042 Historic Area Preference
4.4044 Emergency Lease Procurement

SUBPART N: PREFERENCES

Section

4.4505 Procurement Preferences
4.4510 Resident Bidder Preference
4.4515 Soybean Oil-Based Ink
4.4520 Recycled Materials
4.4525 Recyclable Paper
4.4526 Environmentally Preferable Procurement
4.4530 Correctional Industries
4.4535 Qualified Not-for-Profit Agencies for Persons with Severe Disabilities
4.4540 Gas Mileage, Flex-Fuel, Biodiesel and Hybrid Requirements
4.4545 Small Business
4.4550 Illinois Agricultural Products
4.4555 Corn-Based Plastics
4.4557 Veterans and Service-Disabled Veterans
4.4570 Contracting with Businesses Owned and Controlled by Minorities, Females and
Persons with Disabilities
4.4575 Domestic Products
4.4578 Bio-Based Products

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

4.4579 Notice of Preferences (Repealed)

SUBPART O: ETHICS

Section

4.5002 Continuing Disclosures; False Certification
4.5005 Bribery
4.5009 Felons
4.5010 Prohibited Bidders and Contractors
4.5011 Debt Delinquency
4.5012 Collection and Remittance of Illinois Use Tax
4.5013 Conflicts of Interest Prohibited by the Code
4.5014 Environmental Protection Act Violations
4.5015 Lead Poisoning Prevention Act Violations
4.5016 Negotiations for Future Employment
4.5020 Exemptions
4.5021 Bond Issuances
4.5023 Other Conflicts of Interest
4.5030 Revolving Door Prohibition
4.5035 Disclosure of Financial Interests and Potential Conflicts of Interest
4.5036 Disclosure of Business in Iran
4.5037 Vendor Registration, Certification and Prohibition on Political Contributions
4.5038 Lobbying Restrictions
4.5039 Procurement Communication Reporting Requirement
4.5055 Supply Inventory

SUBPART P: CONCESSIONS

Section

4.5325 Concessions

SUBPART Q: COOPERATIVE PURCHASING

Section

4.5400 General
4.5420 Governmental Joint Purchasing Act Contracts
4.5440 Other Joint Purchasing
4.5460 No Agency Relationship

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

SUBPART R: PROTESTS

Section	
4.5520	Suspension (Repealed)
4.5530	Cancellation of Contracts (Repealed)
4.5540	Violation of Statute or Rule (Repealed)
4.5550	Protests

SUBPART S: SUSPENSION AND DEBARMENT

Section	
4.5560	Suspension and Debarment

SUBPART T: VIOLATION OF STATUTE OR RULE

Section	
4.5620	Violation of Statute or Rule

SUBPART U: HEARING PROCEDURES

Section	
4.5700	General
4.5710	Informal Process
4.5720	Hearing Officers
4.5730	Notice of Hearing
4.5740	Written Comments and Oral Testimony
4.6500	General (Repealed)
4.6510	No Agency Relationship (Repealed)

SUBPART V: MISCELLANEOUS PROVISIONS OF GENERAL APPLICABILITY

Section	
4.7000	Severability
4.7005	Supply Inventory (Repealed)
4.7010	University Furnished Property
4.7015	Inspections
4.7020	Taxes, Licenses, Assessments and Royalties

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

4.7030 No Waiver of Sovereign Immunity

AUTHORITY: Implementing and authorized by Section 5-25 of the Illinois Procurement Code [30 ILCS 500].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 13905, effective July 1, 1998, for a maximum of 150 days; amended by emergency rulemaking at 22 Ill. Reg. 19096, effective October 1, 1998, for a period to expire November 27, 1998; adopted at 22 Ill. Reg. 20964, effective November 20, 1998; amended at 32 Ill. Reg. 16388, effective September 24, 2008; recodified, pursuant to PA 96-795, from 44 Ill. Adm. Code 526 to 44 Ill. Adm. Code 4 at 35 Ill. Reg. 10151; amended at 36 Ill. Reg. 10951, effective August 6, 2012; recodified Title heading at 39 Ill. Adm. Code 5903; amended at 40 Ill. Reg. 456, effective January 15, 2016; amended at 40 Ill. Reg. _____, effective _____.

SUBPART E: SOURCE SELECTION AND CONTRACT FORMATION

Section 4.2020 Small Purchases

- a) Each university shall prepare and submit to the CPO-HE for approval, by July 1 of each year, small purchase procurement practices that ensure maximum reasonable competition and promote small businesses, diversity, transparency and other statutory policies. Documentation of each purchase shall be maintained in the procurement file.
- b) Application
 - 1) Individual procurements of ~~\$80,000~~\$50,000 or less for supplies or services, other than professional and artistic, may be made without the notice or level of competition otherwise required of competitive sealed solicitations. These small purchase maximums shall be subject to the annual cost of living increases set forth in subsection (b)(3).
 - 2) Procurements for construction and construction-related services of ~~\$100,000~~\$70,000 or less may be made without the notice or level of competition otherwise required of competitive sealed solicitations. These small purchase maximums shall be subject to the annual cost of living increases set forth in subsection (b)(3).

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

- 3) The CPO-HE shall announce any change identified by the United States Department of Labor in the Consumer Price Index for All Urban Consumers for the period ending each December 31. That percentage change shall be used to recalculate the small purchase maximums applicable for the fiscal year beginning July 1. The CPO-HE shall publish on the Bulletin the current small purchase maximums.
 - 4) Procurements of less than \$20,000 for professional and artistic services and that have a non-renewable term of one year or less may be made without the prior notice or level of competition otherwise required of competitive sealed solicitations. Notice of award of these small professional and artistic service contracts must be published in the Bulletin within 14 days after contract execution, and shall include the name of the SPO, reason for the exception, description of the procurement, name of the university decision maker, contract reference number and contract price.
- c) Determination of Small Purchase Status
- 1) In determining whether a contract is under the small purchase limit, the stated value of the supplies or services, plus any optional supplies and services, and the value of any renewals, determined in good faith, shall be utilized. When the value is calculated month-to-month or in a similar fashion, the amount shall be calculated for a 12 month period.
 - 2) If only a unit price or hourly rate is known, the contract shall be considered small and shall have a not-to-exceed limit applicable to the type of procurement (see subsection (a)).
 - 3) If, after signing the contract, the actual cost of completing the contract is determined to exceed the small purchase amount, and the SPO determines that a supplemental procurement is not economically feasible or practicable because of the immediacy of the agency's needs or other circumstances, the SPO must follow the procedures for sole source or emergency procurement, whichever is applicable, to complete the contract.
- d) Repetitive Need
- If there is a repetitive need for small procurements of the same type (which may

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENT

be evidenced by a pattern of small purchases, as determined by the university or the SPO), the university shall consult with the SPO to consider whether issuing a competitive sealed bid or proposal for procurement of those needs is in the best interests of the State.

(Source: Amended at 40 Ill. Reg. _____, effective _____)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) Heading of the Part: Criteria and Procedure for Recognition of Areawide Health Planning Organizations for Health Facilities Planning
- 2) Code Citation: 77 Ill. Adm. Code 1170
- 3)

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
1170.10	Repealed
1170.20	Repealed
1170.30	Repealed
1170.40	Repealed
1170.50	Repealed
1170.60	Repealed
1170.70	Repealed
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being repealed because the Board no longer uses Areawide Health Planning Organizations.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this repealer replace any emergency rule 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 rulemakings pending on this Part: No
- 11) Statement of Statewide Policy Objective: This rulemaking will not affect 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:

Jeannie Mitchell
Assistant General Counsel

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Health Facilities and Services Review Board
69 West Washington Street, Suite 3501
Chicago IL 60602

312/814-6226
e-mail: Jeannie.Mitchell@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking will not affect small businesses, small municipalities or not-for-profit corporations.
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2016

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES PLANNING BOARD
SUBCHAPTER b: OTHER BOARD RULES

PART 1170

CRITERIA AND PROCEDURE FOR RECOGNITION OF AREAWIDE HEALTH
PLANNING ORGANIZATIONS FOR HEALTH FACILITIES PLANNING (REPEALED)

Section

1170.10	Authority
1170.20	Definitions
1170.30	Responsibilities of the Areawide Health Planning Agencies and the Local Health Planning Organizations
1170.40	Application for a Certificate of Recognition for an Areawide Health Planning Organization for Health Facilities Planning
1170.50	Criteria for Recognition for Areawide Health Planning Organizations
1170.60	Responsibilities of the Recognized Areawide Health Planning Organization
1170.70	Maintenance of Status as a Recognized Areawide Health Planning Organization

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1981, ch. 111 1/2, pars. 1151 et seq.).

SOURCE: Emergency rules adopted effective March 31, 1975; Second Edition adopted at 3 Ill. Reg. 17, p. 1, effective April 27, 1979; amended at 4 Ill. Reg. 4, p. 248, effective January 11, 1980; amended at 5 Ill. Reg. 7117, effective June 23, 1981; codified at 8 Ill. Reg. 15480; repealed at 40 Ill. Reg. _____, effective _____.

Section 1170.10 Authority

- a) **Statutory Authority:**
This Part is prepared and promulgated by authority granted to the Illinois Department of Public Health (Agency) and to the Illinois Health Facilities Planning Board (State Board) under Section 12 of the Illinois Health Facilities Planning Act (The Act) (Ill. Rev. Stat. 1979, ch. 111½, par. 1162).
- b) **Public Hearings and Effective Date:**
Public Hearings on this Part were held in accordance with the provisions of Section 12 of the Act. The Executive Secretary maintains a record of the Public Hearings on this Edition and of any Rule revisions. Copies of the Public Hearing

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

records are available for inspection at the Official Headquarters of the State Board at 525 West Jefferson Street - 5th Floor, Springfield, Illinois 62761.

Section 1170.20 Definitions

Areawide Health Planning Organization or Comprehensive Health Planning Organization means the health systems agency designated by the Secretary, Department of Health, Education, and Welfare, pursuant to federal Public Law 93-641 (42 U.S.C.A. 300k et seq.), or any successor agency.

Local Health Planning Organization means those local health planning organizations that are designated as such by the areawide health planning organization of the appropriate area. It shall include designated sub-region, sub-area, or other component health planning organizations within the geographic area of the areawide health planning organization. Designation shall be evidenced by letters or agreement as referred to hereinafter.

Agency means the Illinois Department of Public Health.

Section 1170.30 Responsibilities of the Areawide Health Planning Agencies and the Local Health Planning Organizations

- a) Responsibilities of the Areawide Health Planning Agencies:
 - 1) The responsibility of areawide health planning organizations in relation to administration of the Act is to review applications for permit to establish, construct, or modify a health care facility within its delineated geographic area of jurisdiction and to make its findings and recommendations thereon to the State Board.
 - 2) An areawide health planning organization may choose to review applications for permit when the applicant facility or service is within a contiguous geographic area. A public hearing is not required to be held by the contiguous areawide health planning organization conducting the review.
- b) Review by Local Health Planning Organizations:

Upon its receipt of an application, the areawide health planning organization or the Agency, as the case may be, may submit a copy of such application to the

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

federally-recognized professional standards review organization, if any, existing in the area where the proposed establishment, construction or modification of a health care facility is to occur. Such organizations may review the application for a permit and submit, within 30 days from the receipt of the application, a finding to the Agency or to the areawide health planning organization, as the case may be. A review and finding by a federally-recognized professional standards review organization must be relevant to the activities for which such organization is recognized, and shall be considered by the Agency or the areawide health planning organization, as the case may be, in its review of the application.

Section 1170.40 Application for a Certificate of Recognition for an Areawide Health Planning Organization for Health Facilities Planning

Procedure for Application:

- a) *An application for a certificate of recognition for an areawide health planning organization for health facilities planning shall be made to the State Board upon forms provided by it and shall contain evidence that standards, criteria, and plans of need have been adopted and approved by the organization for health care facilities planning for the area which the applicant intends to serve and such other information as may reasonably be required. All such applications for a certificate of recognition shall be submitted to the State Board and evaluated by the Agency. The Agency shall conduct a public hearing pursuant to each application for a certificate of recognition. This hearing shall be in accord with the provisions delineated in Section 9 of the Act. If the Agency finds that the applicant for a certificate of recognition for health facilities planning meets the criteria established under the Act, it will submit its recommendation of approval to the State Board. The areawide health planning organization will be informed of the Agency's recommendation prior to the State Board Meeting. The State Board shall consider all testimony submitted by the Agency pursuant to the public hearing in conjunction with the recommendation of the Agency for approval, denial or revocation of the certificate of recognition.*
- b) *If the Agency finds that certain criteria (as outlined in Section 1170.50) are not met or are incomplete, the deficiencies shall be reported to the State Board. The areawide health planning organization will be informed of the Agency's recommendation prior to the State Board Meeting.*
- c) *A certificate of recognition shall be approved by the State Board and shall be*

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

valid for such period as the State Board, upon its findings, determines that the recognized areawide health planning organization continues to comply with the criteria for recognition. The State Board shall annually review the certificate of recognition and afford an opportunity for public comment in order to determine that the recognized areawide health planning organization continues to comply with the criteria for recognition. The areawide health planning organization shall continue to maintain its status as a recognized areawide health planning organization if the provisions outlined in Section 1170.70 of this Part continue to be met. If an areawide health planning organization does not fulfill its responsibilities pursuant to review of applications for permit, as is mandated in this Part and the Act, the State Board may vote an intent to revoke that certificate. Upon such a vote the areawide health planning organization shall receive written notification of the reasons for this intent of revocation. The State Agency shall conduct a public hearing on the intended action. The hearing shall be in accord with the provisions delineated in Section 9 of the Act. The areawide health planning organization will have opportunity for appeal and hearing as provided in Section 10 of the Act. In the event that the State Board votes to revoke an organization's certificate of recognition, the organization may exercise its right to an appeal under the provisions of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, pars. 1010-5 et seq.). An applicant or areawide health planning organization who has exhausted all available administrative remedies and who is aggrieved by a final decision in a contested case, may have such decision judicially reviewed. Upon loss of recognition, funds awarded to the areawide health planning organization by the Agency pursuant to the Act, shall be terminated.

Section 1170.50 Criteria for Recognition for Areawide Health Planning Organizations

Prescribed Criteria (Outlined): The Agency is empowered by the Act to prescribe with the prior approval of the State Board, criteria for recognition for areawide health planning organizations. The criteria are as follows:

- a) *Current federal approval as a Health Systems Agency under P.L. 93-641.*
- b) In the case that local health planning organizations, sub-regional groups, sub-area groups or task forces participate in the project review process, a detailed description of the interrelationships between these groups is required. This description should include the composition of these groups, the process they employ in review of projects, time frames involved, and delineation of

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

geographical areas of such organizations.

- c) Filing of the standards, criteria and plans of need for services, facilities, and beds which have been approved and adopted by the organization's governing board or council; such standards, criteria and plans – being subject to evaluation, negotiation, and approval by the State Board for use in the review of an application for permit. The organization's plan must meet the following minimum requirements:
 - 1) Service areas, if not coterminous with the service areas delineated in the state health facilities plan, must be justified.
 - 2) To the extent that the organization intends to review proposed projects involving beds for a particular clinical service, the organization's plan must include an inventory of beds for that service; however, the State Board cannot accept the organization's review on the need for any services other than those services for which needs have been determined in the state health facilities plan.
 - 3) The need for beds in each clinical service must be computed in a manner approved by the State Board.
- d) Provision for a health care facility project review body having at least a majority of consumer members and a review methodology which includes provisions for final decision making by the agency's governing Body or an executive group thereof empowered to make decisions for the full Body, such body having at least a majority of consumer members.
- e) Provision for a review procedure including a public hearing which is held according to the provisions delineated in Section 8 of the Act.
- f) Provision for assuring reasonable access for inspection and copying to all planning information created or received by the areawide health planning organizations in the execution of their responsibilities under the Act. Such provisions shall comply and be consistent with Section 12 of the Act.
- g) Provision for the health care facility project review body members and Council or Executive Group to declare a conflict of interest in those particular situations when, in execution of their responsibilities under the Act, the application for a

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

permit of a particular health care facility is filed by individuals, organizations, or agencies with whom the member has a direct business relationship. In such instances, the member shall declare the situation and refrain from voting on any matter relating to the particular situation.

- h) Provision for a management system for receiving and processing the applications of health care facilities for permits; including provisions for the areawide health planning agency to provide the applicant with written notification of the organization's findings and recommendations within 10 working days of its decision.

Section 1170.60 Responsibilities of the Recognized Areawide Health Planning Organization

Additional Responsibilities of Recognized Areawide Health Planning Organization: In addition to the responsibilities detailed in Section 1170.30(a), the Recognized areawide health planning organization shall:

- a) be afforded an opportunity to participate in project review at all State Board Meetings;
- b) participate in completeness review;
- c) submit certified findings on the review of an application for permit;
- d) participate as representatives on special ad hoc committees;
- e) carry out the provisions of 77 Ill. Adm. Code 1200 (on behalf of the Agency);
- f) carry out the provisions of 77 Ill. Adm. Code 1210; and
- g) perform local planning studies for adjusting statewide needs, based upon local situations (Such studies when adopted by the State Board shall constitute the State's plan of need for the area).

Section 1170.70 Maintenance of Status as a Recognized Areawide Health Planning Organization

Annual Review of Continued Compliance: The State Board shall annually review the certificate

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

of recognition for each recognized areawide health planning organization. Each areawide health planning organization shall continue to maintain their status as a recognized areawide health planning organization if there has been no significant adverse testimony or other evidence to suggest that the areawide health planning organization does not:

- a) Continue to comply with the criteria for recognition set forth in Section 1170.50 of this Part; and
- b) Continue to perform the responsibilities of a recognized areawide Health Planning Agency as set forth in Section 1170.60 of this Part.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) Heading of the Part: Appropriateness Review
- 2) Code Citation: 77 Ill. Adm. Code 1250
- 3)

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
1250.110	Repealed
1250.120	Repealed
1250.210	Repealed
1250.310	Repealed
1250.320	Repealed
1250.330	Repealed
1250.410	Repealed
1250.420	Repealed
1250.430	Repealed
1250.510	Repealed
1250.520	Repealed
1250.610	Repealed
1250.710	Repealed
1250.720	Repealed
1250.730	Repealed
1250.740	Repealed
1250.750	Repealed
1250.810	Repealed
1250.820	Repealed
1250.830	Repealed
1250.840	Repealed
1250.910	Repealed
1250.920	Repealed
1250.1010	Repealed
1250.1020	Repealed
1250.1110	Repealed
1250.1120	Repealed
1250.1210	Repealed
1250.1220	Repealed
1250.1310	Repealed
1250.1320	Repealed
1250.1330	Repealed
1250.1410	Repealed
1250.1420	Repealed

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

1250.1430	Repealed
1250.1440	Repealed
1250.1450	Repealed
1250.1460	Repealed
1250.1470	Repealed
1250.1510	Repealed
1250.1520	Repealed
1250.1530	Repealed
1250.1540	Repealed
1250.1550	Repealed
1250.1560	Repealed
1250.1570	Repealed
1250.1610	Repealed
1250.1620	Repealed
1250.1630	Repealed
1250.1640	Repealed
1250.1650	Repealed
1250.1660	Repealed
1250.1670	Repealed
1250.1710	Repealed
1250.1720	Repealed
1250.1730	Repealed
1250.1740	Repealed
1250.1750	Repealed
1250.1760	Repealed
1250.1810	Repealed
1250.1820	Repealed
1250.1830	Repealed
1250.1840	Repealed
1250.1850	Repealed
1250.1860	Repealed
1250.1870	Repealed
1250.1910	Repealed
1250.1920	Repealed
1250.1930	Repealed
1250.1940	Repealed
1250.1950	Repealed
1250.1960	Repealed
1250.1970	Repealed

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

1250.2010	Repealed
1250.2020	Repealed
1250.2030	Repealed
1250.2040	Repealed
1250.2050	Repealed
1250.2060	Repealed
1250.2110	Repealed
1250.2120	Repealed
1250.2130	Repealed
1250.2140	Repealed
1250.2150	Repealed
1250.2160	Repealed
1250.2210	Repealed
1250.2220	Repealed
1250.2230	Repealed
1250.2240	Repealed
1250.2250	Repealed
1250.2260	Repealed
1250.2270	Repealed
1250.2310	Repealed
1250.2320	Repealed
1250.2330	Repealed
1250.2340	Repealed
1250.2350	Repealed
1250.2360	Repealed

- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being repealed because the Board no longer conducts an appropriateness review. The types of review that the Board conducts are set forth in other Parts, including 77 Ill. Adm. Code 1100 and 77 Ill. Adm. Code 1110.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this repealer replace any emergency rule currently in effect: No
- 8) Does this repealer contain an automatic repeal date: No

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 9) Does this repealer contain incorporations by reference: No
- 10) Are there any other rulemakings pending on this Part: No
- 11) Statement of Statewide Policy Objective: This rulemaking will not affect 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:

Jeannie Mitchell
Assistant General Counsel
Health Facilities and Services Review Board
69 West Washington Street, Suite 3501
Chicago IL 60602

312/814-6226
e-mail: Jeannie.Mitchell@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking will not affect small businesses, small municipalities or not-for-profit corporations.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2016

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES PLANNING BOARD
SUBCHAPTER b: OTHER BOARD RULES

PART 1250
APPROPRIATENESS REVIEW (REPEALED)

SUBPART A: INTRODUCTION TO APPROPRIATENESS REVIEW

- Section
1250.110 Program Introduction
1250.120 Open Access

SUBPART B: AUTHORITY

- Section
1250.210 Statutory Authority

SUBPART C: DEFINITIONS

- Section
1250.310 Introduction
1250.320 General Definitions
1250.330 Institutional Health Services Definitions (Categories of Service)

SUBPART D: SCOPE OF PROGRAM

- Section
1250.410 Introduction
1250.420 Applicability
1250.430 Length of Review

SUBPART E: RELATIONSHIP OF PART TO STATE AGENCY WORK PROGRAM

- Section
1250.510 Introduction
1250.520 Procedures

SUBPART F: RELATIONSHIP OF APPROPRIATENESS REVIEW TO STATE HEALTH

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

PLAN

Section
1250.610 Relationship

SUBPART G: NOTIFICATION AND PROCEDURES

Section
1250.710 Beginning of State Agency Review: Notification to Affected Parties
1250.720 Status of Review
1250.730 State Agency Findings
1250.740 Recommendations for Remedial Action
1250.750 Annual Report

SUBPART H: PROCEDURES FOR THE PROVISION OF DATA

Section
1250.810 Collection Authority
1250.820 Information Sources
1250.830 Identification of Data Needed to Complete Reviews
1250.840 Collection of Data

SUBPART I: TYPES OF REVIEW

Section
1250.910 Level of Review
1250.920 Level of Findings

SUBPART J: HSA RECOMMENDATIONS TO STATE AGENCY

Section
1250.1010 Content of Recommendations
1250.1020 Submission of Standards and Criteria

SUBPART K: PUBLIC HEARING PROCEDURE/RECONSIDERATION HEARINGS

Section
1250.1110 Procedures for Public Hearing Upon Completion of a State Agency Review
1250.1120 Reconsideration Hearings on State Agency Findings

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

SUBPART L: STATE AGENCY FINDINGS

Section

- 1250.1210 Written Findings
- 1250.1220 Relationship to HSP and AIP of Health Systems Agency

SUBPART M: CRITERIA FOR STATE AGENCY REVIEW

Section

- 1250.1310 Format of Criteria and Standards Sections
- 1250.1320 Basic Considerations
- 1250.1330 General Review Criteria

SUBPART N: CRITERIA AND STANDARDS – THERAPEUTIC RADIOLOGY

Section

- 1250.1410 Introduction
- 1250.1420 Need
- 1250.1430 Availability of Service
- 1250.1440 Accessibility of Service
- 1250.1450 Cost Effectiveness
- 1250.1460 Financial Viability
- 1250.1470 Quality Considerations

SUBPART O: CRITERIA AND STANDARDS – END STAGE RENAL DISEASE

Section

- 1250.1510 Introduction
- 1250.1520 Need
- 1250.1530 Availability of Service
- 1250.1540 Accessibility of Service
- 1250.1550 Cost Effectiveness
- 1250.1560 Financial Viability
- 1250.1570 Quality

SUBPART P: CRITERIA AND STANDARDS –
COMPUTERIZED TOMOGRAPHIC SCANNING

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section

1250.1610	Introduction
1250.1620	Need
1250.1630	Availability of Service
1250.1640	Accessibility of Service
1250.1650	Cost Effectiveness
1250.1660	Financial Viability
1250.1670	Quality

SUBPART Q: CRITERIA AND STANDARDS –
CARDIOVASCULAR SURGERY

Section

1250.1710	Introduction
1250.1720	Need
1250.1730	Availability of Service
1250.1740	Accessibility of Service
1250.1750	Financial Viability
1250.1760	Quality

SUBPART R: CRITERIA AND STANDARDS – CARDIAC CATHETERIZATION

Section

1250.1810	Introduction
1250.1820	Need
1250.1830	Availability of Service
1250.1840	Accessibility of Service
1250.1850	Cost Effectiveness
1250.1860	Financial Viability
1250.1870	Quality

SUBPART S: CRITERIA AND STANDARDS – BURN TREATMENT

Section

1250.1910	Introduction
1250.1920	Need
1250.1930	Availability of Service
1250.1940	Accessibility of Service
1250.1950	Cost Effectiveness

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1250.1960 Financial Viability
- 1250.1970 Quality

SUBPART T: CRITERIA AND STANDARDS –
ALCOHOLISM TREATMENT SERVICES

Section

- 1250.2010 Introduction
- 1250.2020 Need and Availability
- 1250.2030 Accessibility
- 1250.2040 Cost Effectiveness
- 1250.2050 Financial Viability
- 1250.2060 Quality

SUBPART U: CRITERIA AND STANDARDS –
REHABILITATION SERVICES

Section

- 1250.2110 Introduction
- 1250.2120 Need
- 1250.2130 Accessibility
- 1250.2140 Cost Effectiveness
- 1250.2150 Financial Viability
- 1250.2160 Quality

SUBPART V: CRITERIA AND STANDARDS – ACUTE MENTAL
ILLNESS TREATMENT SERVICES

Section

- 1250.2210 Introduction
- 1250.2220 Need
- 1250.2230 Availability
- 1250.2240 Accessibility
- 1250.2250 Cost Effectiveness
- 1250.2260 Financial Viability
- 1250.2270 Quality

SUBPART W: CRITERIA AND STANDARDS – CHRONIC
MENTAL ILLNESS (M.I.)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section

1250.2310	Introduction
1250.2320	Availability
1250.2330	Accessibility
1250.2340	Cost Effectiveness
1250.2350	Financial Viability
1250.2360	Quality

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1983, ch. 111 1/2, pars. 1151 et seq.).

SOURCE: Adopted at 4 Ill. Reg. 28, p. 451, effective July 1, 1980; amended at 5 Ill. Reg. 3214, effective March 18, 1981; codified at 8 Ill. Reg. 18506; recodified at 20 Ill. Reg. 2595, effective January 26, 1996; repealed at 40 Ill. Reg. _____, effective _____.

SUBPART A: INTRODUCTION TO APPROPRIATENESS REVIEW

Section 1250.110 Program Introduction

- a) Appropriateness Review of institutional health services is mandated by the National Health Planning and Resources Development Act of 1974 (P.L. 93-641) as amended. Section 1523 (a)(6) of that Act requires each State Agency to review on a periodic basis (but not less often than every five years) all institutional health services being offered in the State and make findings relative to the appropriateness of each service. Appropriateness, in this context, is an evaluation or finding that the service meets the needs of the population. Appropriateness findings will be based on criteria and standards for review which will be a component of this Part.
- b) The responsibility for implementing Appropriateness Review in Illinois is with the Illinois Health Facilities Planning Board. This Part shall serve as the basis for all procedural and review activities which are undertaken by the Illinois Health Facilities Planning Board to implement appropriateness review in Illinois.

Section 1250.120 Open Access

All material utilized in Appropriateness Review is available for inspection at 525 West Jefferson Street-Fifth Floor, Springfield, Illinois 62761 within the Division of Planning and Conformance.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

SUBPART B: AUTHORITY

Section 1250.210 Statutory Authority

a) State Authority

- 1) This Part is prepared and promulgated by authority granted to the Illinois Department of Public Health (Agency) and the Illinois Health Facilities Planning Board (State Board) under Section 12 of the Illinois Health Facilities Planning Act (The Act) (Ill. Rev. Stat. 1979, ch. 111½, par. 1162)
- 2) The Specific Section of the Act which provides the basis for appropriateness review reads as follows:
(10) "In addition to all powers and duties required of the Agency and the State Board pertaining to applications for a permit for the construction or modification of health care facilities, the Agency shall prescribe, with the prior approval of the State Board and in consultation with the recognized areawide health planning organizations, procedures for review, standards and criteria which the State Board, upon adoption thereof, shall utilize to make periodic areawide reviews and determinations of the appropriateness of any existing health services being rendered by health care facilities subject to the Act. The State Board shall consider recommendations of the areawide health planning organization and the Agency in making its determinations."

b) Federal Authority

- 1) Appropriateness review is a federally mandated activity under P.L. 93-641, "The National Health Planning and Resources Development Act" of 1974 as amended (42 U.S.C.A. 300 K et seq.).
- 2) The specific sections of that Act which establish the basis for review read as follows:
 - A) Section 1513(g)(1) states *"except as provided in paragraph (2), each health systems agency shall review on a periodic basis (but at least every five years) at least those institutional and home health*

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

services which are offered in the health service area of the agency with respect to which goals have been established in the State health plan and shall make recommendations to the state health planning and development agency designated under Section 1521 for each state in which the health systems agency's health service area is located respecting the appropriateness in the area of such services."

- B) Section 1513(g)(2) states *"a health systems agency shall complete its initial review of existing institutional health services within three years after the date of the agency's designation under Section 1515(c)."*
 - C) Section 1513(g)(3) states *"in making the appropriateness review required by paragraph (1) of the health service, each health systems agency shall at least consider the need for the service, its accessibility and availability, financial viability, cost effectiveness, and the quality of service provided."*
 - D) Section 1523(a)(6) of the Act states the state agency shall *"review on a periodic basis (but not less often than every five years) all institutional and home health services which are offered in the State and with respect to which goals have been established in the State health plan and, after a consideration of recommendations submitted by health systems agencies under Section 1513(g) respecting the appropriateness of such services, make public its findings. In making the appropriateness review request by this paragraph of a health service, the State Agency shall at least consider the need for the service, its accessibility and availability, financial viability, cost effectiveness, and the quality of service provided."*
 - E) Section 1523(b)(3) states *"a state agency shall complete its findings with respect to the appropriateness of any existing institutional health service within one year after the date a health systems agency (HSA) has made its recommendation under Section 1513(g) with respect to the appropriateness of the service."*
- c) Furthermore, P.L. 93-641 requires that the mandated review of appropriateness be

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

conducted in accord with procedures and criteria which are consistent with the general requirements of Section 1532(a), (b) and (c). This portion of the Act specifies minimum steps that must be taken by the HSA and the State agency in carrying out reviews under the Act.

SUBPART C: DEFINITIONS

Section 1250.310 Introduction

All definitions related to this Part are listed below. Where there is disagreement on the applicability of the definitions, the Executive Secretary shall decide the matter. The decision may be appealed to the Chairman of the State Board.

Section 1250.320 General Definitions

"Affected Persons" means at a minimum, the person(s) whose service is being reviewed, the State Agency for each State in which all or any part of the agency's health service area is located, health systems agencies serving contiguous health service areas, health care facilities and Health Maintenance Organizations (HMO's) located in the health service area which provide institutional health services, any agency which establishes rates for health care facilities or HMO's and those members of the public who are to be served by the service subject to review.

"Appropriateness" means a finding that the service meets the needs of a population in accordance with the criteria developed and published as it relates to the factors in State Agency review.

State Agency findings will be based on criteria and standards promulgated by the State Board, in accordance with all administrative requirements for the purpose of Appropriateness Review.

"Areawide Finding" means the review of a specific institutional health service as delivered by all the institutions providing the service in a health service area or State which culminates in findings regarding the appropriateness of that service over the entire health service area or State.

"Existing Institutional Health Services" means institutional health services:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

being offered in the State at the time of review for appropriateness, or

offered at any time in the 12 months prior to the review and also planned to be offered at any time in the 12 months following the review, or

which will be offered during the 12 months following the review having received a Certificate of Need to offer such services.

"Health Services" means clinically related i.e. diagnostic, treatment, maintenance, or rehabilitative services and includes alcohol, drug abuse, mental health and home health services.

"Health Systems Agency" *means the areawide health planning organization designated by the Secretary, Department of Health, Education, and Welfare, pursuant to Federal Public Law 93-641, as amended, or any successor agency.*

"Institutional Health Services" means health services provided in or through facilities subject to review under the Act (P.A. 78-1156) and which entail annual operating costs of at least \$75,000 annually. For purposes of this Part, such services shall be recognized as "Categories of Service".

"Institutional Master Plan" means a three year projection of proposed capital expenditures and related financial and program development information (required by Section 232 of the Social Security Act) as detailed by the Illinois Health Facilities Planning Board.

"Institution Specific Findings" means the review of a specific institutional health service as provided by each institution in a health service area of the State which culminates in findings and recommendations regarding the appropriateness of that service in each such institution.

"State Health Planning and Development Agency (State Agency)" means the Illinois Department of Public Health which is the agency designated to implement the State Administrative Program as required for State Agency designation under regulations implementing Title XV of the Public Health Service Act.

"State Board" means the Illinois Health Facilities Planning Board established under P.A. 78-1156. In the performance of appropriateness review the State Board shall be considered a component of the State Agency.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section 1250.330 Institutional Health Services Definitions (Categories of Service)

"Acute Mental Illness Treatment Service" means a category of service which provides a program of care for those persons suffering from acute mental illness. Such services are provided in a highly structured setting in a psychiatric unit of a general hospital, in a private psychiatric hospital, or in a state-operated facility to individuals who are severely mentally ill and in a state of acute crisis in an effort to stabilize the individual and either effect his quick placement in a less restrictive setting or to reach a determination that extended treatment is needed. Acute mental illness means a crisis state or an acute phase of one or more specific psychiatric disorders in which a person displays one or more specific psychiatric symptoms of such severity as to prohibit effective functioning in any non-hospital community setting.

"Alcoholism Treatment Service" means a category of service which provides inpatient detoxication and rehabilitation care for a person who suffers from alcoholism in an alcoholism unit of a or facility. Such unit or facility shall be an impatient bed unit or units providing both detoxification and residential alcoholism rehabilitation.

Substance abuse and chemical dependency may also occur in combination with the treatment of alcoholism.

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

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

Moderate Uncomplicated Burn Injury – Second degree burns of 15-25% BSA in adults (10-20% in children) with less than 10% third degree burn and which does not involve eyes, ears, face, hands, feet, perineum. Excludes electrical injury, complicated injury (fractures), inhalation injury and all poor risk patients (extremes of age, intercurrent disease, etc.).

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Minor Burn Injury – Second degree burns of less than 15% BSA in adults (10% in children) with less than 2% third degree, not involving eyes, ears, face, hands, feet, perineum. Excludes electrical injury, inhalation injury, complicated injury (fractures), and all poor risk patients (extremes of age, intercurrent disease, etc.).

Such services are to be provided in a "Burn Treatment Center" which is defined as a facility or distinct part of a facility which is a specially designated physical area (or areas) set aside exclusively for the physical management of burn patients in all phases of treatment, staffed by individuals trained specifically to provide necessary care.

"Cardiac Catheterization Service" means the offering of cardiac catheterization examinations in either a dedicated cardiac catheterization/angiographic laboratory or a special procedures laboratory.

"Cardiovascular Surgical Services" means the program, equipment and staff dealing with the surgery of the heart, coronary arteries and great vessels.

"Chronic Mental Illness (M.I.) Category of Service" means levels of care provided to severely mentally ill clients in a structured setting in a psychiatric unit of a general hospital, in a private psychiatric hospital, or in a state-operated facility primarily in order to facilitate the improvement of their functioning level, to prevent further deterioration of their functioning level, or, in some instances, to maintain their current level of functioning within an inpatient setting on a long-term basis. For purposes of this Part, the "Chronic Mental Illness (M.I.) Category of Service" is recognized as being provided only in State-Operated facilities.

"Community Living Category of Service." means a level of long-term care which is provided for a resident needing an intermediate transitional type of living arrangement instead of the controlled environment of institutional life and independent living and which provides training programs to meet the individual needs of the residents.

"End Stage Renal Disease Treatment" means categories of service relating to the care or services furnished to an End Stage Renal Disease patient such as transplantation service and dialysis service (chronic maintenance dialysis, inpatient dialysis, self-care dialysis training).

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

End Stage Renal Disease is that stage of renal impairment which is virtually always irreversible and permanent, and requires dialysis or kidney transplantation to ameliorate uremic symptoms and maintain life.

"General Long-Term Care" means categories of service which provide inpatient levels of care either nursing or sheltered primarily for convalescent or chronic disease adult patients/residents who do not require specialized long-term care services. Specialized long-term care services are defined as the following categories of service; community living, chronic mental illness, long-term medical care for children, ICF/DD for both adults and children.

"Intensive Care Service" means a category of service providing the coordinated delivery of treatment to the critically ill patient or to patients requiring continuous care due to special diagnostic considerations requiring extensive monitoring of vital signs through mechanical means and through direct nursing supervision. This service is given at the direction of a physician in behalf of patients by physicians, dentists, nurses, and other professional and technical personnel.

"Long-Term Medical Care for Children Category of Service" means long-term medical services which are provided to those patients/residents ages 0-18 years and which provide for residents suffering from chronic medical disabilities.

"Long-Term Care for the Developmentally Disabled (Adult) Category of Service" means levels of care for Developmentally Disabled adults (including those facilities licensed as ICF/DD or Intermediate Care Facilities for the Developmentally Disabled) which provide an integrated, individually-tailored program of services for developmentally disabled adults and which provide an active, aggressive, and organized program of services directed toward achieving measurable behavioral and learning objectives.

Developmental Disabilities (D.D.) is defined as a disability attributable to mental retardation, cerebral palsy, epilepsy or another neurological condition of an individual, which is closely related to mental retardation or similar disability, originating in childhood, and likely to continue and constitute a substantial handicap to the individual.

"Long-Term Care for the Developmentally Disabled (Children) Category of Service" means levels of care for Developmentally Disabled Children and is

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

limited to those residents ages 0-18 years and whose condition meets the definition of "Developmental Disabilities" (as defined above).

"Medical-Surgical Service" means a category of service pertaining to the medical-surgical care performed at the direction of a physician in behalf of patients by physicians, dentists, nurses and other professional and technical personnel.

"Non-Hospital Based Ambulatory Surgery" means a category of service relating to surgery that is performed by ambulatory surgical treatment centers on patients who arrive and are discharged the same day.

Ambulatory surgery as the provision of surgical services may require anesthesia or a period of postoperative observation or both on a patient whose inpatient stay is not anticipated as being medically necessary.

"Obstetric Service" means a category of service pertaining to the medical or surgical care of maternity and newborn patients or medical or surgical cases which may be admitted to a postpartum unit.

"Open Heart Surgery" means any form of cardiac surgery which requires the use of extracorporeal (outside the body) circulation and oxygenation. This technique is used when the heart must be slowed down to perform the necessary surgery to correct whatever problem exists. During the grafting or corrective procedure, a heart/lung "pump" performs the work of the heart and lungs. The use of the pump during the procedure distinguishes "open heart" from "closed heart" surgery.

"Pediatric Service" means a category of service for the delivery of treatment pertaining to the non-intensive medical-surgical care of a pediatric patient (0-14 years in age) performed at the direction of a physician in behalf of the patient by physicians, dentists, nurses, and other professional and technical personnel.

"Perinatal High Risk Service" means a category of service pertaining to the treatment of medical or surgical problems occurring during pregnancy in the mother and/or fetus, treatment or reproductive related diseases of the mother during puerperium (42 days), or treatment of the infant for problems identified in the neonatal period which would warrant intensive care; or which requires close and frequent supervision.

"Rehabilitation Service" means a category of service providing the coordinated

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

multi-disciplinary approach to physical disability under a qualified physician who directs a plan of management of one or more of the classes of chronic disabling disease or injury. That approach may include, if required, several or all of the following services: skilled rehabilitation nursing care, physical therapy, occupational therapy, speech therapy, prosthetic and orthopedic devices and services, social, recreational, psychological, vocational and work evaluation services. Rehabilitation means the most definite measures which are directed toward lessening the sequela of a permanent disability.

Physical Rehabilitation Services are divided into three levels:

Basic Restorative Services – This level must be provided by all hospitals and includes at least restorative nursing, medical management and proper administrative services.

Basic Physical Rehabilitation Services – In addition to Basic Restorative Services, this level must include the provision of at least physical therapy, occupational therapy, speech therapy and social services.

Comprehensive Physical Rehabilitation Service – This level of services must be provided in a distinct, clearly defined, special unit or program of acute care, or in a special referral hospital. This scope of services provided must include, but is not limited to, the services of physicians, rehabilitation nursing, physical therapy, occupational therapy, speech therapy, social services, psychology, vocational counseling and nutritional counseling.

AGENCY NOTE: If inpatient beds are designated as solely intended for rehabilitation patients the facility must offer all components of a comprehensive physical rehabilitation service.

"Therapeutic Radiology or Radiation Therapy" means a category of service which involves the delivery of a precisely controlled and monitored dose of radiation to a well defined volume of tumor bearing tissue within a patient. The radiation dose may be delivered by the use of radioactive implants in the tumor region for a prescribed period of time, or by directing a beam of ionizing radiation, from an external source, through the patient's skin toward the tumor region.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

"Therapeutic Radiology – Classification of Facilities"

The State Board recommends that hospitals providing external beam/teletherapy therapeutic radiology service be classified as Type 1, Type 2 and Type 3 (A or B) based upon the following guidelines:

Type 1 Facility – Such a facility provides limited therapeutic services and acts as a referral point for patients to Type 2 and Type 3 facilities for other types of therapeutic services not provided. These facilities usually have superficial/orthovoltage equipment and may have low energy megavoltage equipment. Facilities which provide only brachytherapy are not considered Type 1 facilities.

Type 2 Facility – Such a facility provides a wide range of therapeutic services including brachytherapy and external beam/teletherapy by employing superficial/orthovoltage and/or megavoltage equipment. The facility may conduct clinical research, training programs for various radiation specialties, and its megavoltage equipment must have an optimum caseload of 7500 treatments per year.

Type 3 Facility – A type 3 facility may be subdivided into Class 3A or 3B, based upon the following guidelines:

Type 3A - Such a facility provides a full range of therapeutic radiology services and as one of its primary functions conducts teaching and training programs for such specialties as radiologists, radiation therapists, radiation biologists, radiation physicists and associated technical staff. A Type 3A facility must conduct clinical research and should provide all types of diagnostic and therapeutic radiology and its megavoltage equipment must have an optimum caseload of 12,500 treatments per year.

Type 3B - Such a facility provides a full range of diagnostic and therapeutic radiology services and as one of its primary functions conducts teaching and training programs for such

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

specialities as radiologists, radiation therapists, radiation biologists, radiation physicists and associated technical staff. A Type 3B facility must conduct basic and clinical research and provide all types of diagnostic and therapeutic radiology.

"Transmission Computerized Tomographic Scanning" means a service which uses transmission computerized scanning equipment to scan conditions of the body. TCT scanning equipment can be either fixed or mobile and can be designed to only scan conditions of the head.

SUBPART D: SCOPE OF PROGRAM

Section 1250.410 Introduction

As mandated under the National Health Planning and Resources Development Act (P.L. 93-641) the State of Illinois must periodically review all institutional health services as defined, within the state, and make findings considering the appropriateness of such services. Each of the eleven health systems agencies in Illinois is required to conduct a similar review and present recommendations as to the appropriateness of such services to the State Agency. The State Agency has up to 12 months after the submission of health system agency recommendations to develop and publish State Agency findings on the service under review and to the extent practical remedial actions.

Section 1250.420 Applicability

The following types of institutions are subject to appropriateness review:

- a) hospitals subject to licensing pursuant to "The Hospital Licensing Act" or operated in accordance with such Act. (Ill. Rev. Stat. 1979, ch. 111½, pars, 142 et seq. as amended);
- b) long-term care facilities subject to licensure under the "Nursing Home Care Reform Act of 1979", as amended, (Ill. Rev. Stat. 1979, ch. 111½, pars. 4151-101 et seq.;
- c) ambulatory surgical facilities subject to licensure under the "Ambulatory Surgical Treatment Center Act" as amended. (Ill. Rev. Stat. 1979, ch. 111½, pars. 157-81 et seq.);

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- d) kidney disease treatment facilities; including free-standing dialysis facilities;
- e) health maintenance organizations; and
- f) facilities owned and/or operated by the state which if privately owned would be subject to licensing requirements for the type of services offered.

Section 1250.430 Length of Review

The review and promulgation of findings on the appropriateness of an institutional health service shall not exceed 180 days to complete. The 180 day period is initiated upon notification of affected parties that a review on a particular institutional health service has started.

SUBPART E: RELATIONSHIP OF PART TO STATE AGENCY WORK PROGRAM

Section 1250.510 Introduction

The State Agency shall develop and promulgate a work program (attached as Appendix A of this Part) in accord with the requirements of the December 11, 1979 Department of Health and Human Service (HHS) rules and regulations on appropriateness review (42 CFR 122 and 123). The work program shall contain a schedule for the review of all institutional health services which will apply to the performance of reviews and promulgation of recommendations or findings by both the Health Systems Agencies and the State Agency.

Section 1250.520 Procedures

All procedures for the appropriateness review of an institutional health service by the State Agency shall be contained in this Part. The work program shall establish the process for input by affected parties into the development of this Part.

SUBPART F: RELATIONSHIP OF APPROPRIATENESS REVIEW TO
STATE HEALTH PLAN**Section 1250.610 Relationship**

- a) The end product of a State Agency review is a finding relative to the appropriateness of a given institutional health service.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- b) The State Health Plan, which is mandated under P.L. 93-641 "The National Health Planning and Resources Development Act," as amended, establishes a series of goals and objectives which constitute the health policy within the State. Also, contained within the State Health Plan, are a series of recommended actions designed to reflect those actions which should occur to accomplish stated objectives. Objectives must be quantifiable so that the impact of recommended actions can be measured when they occur.
- c) The State Agency findings provide a basis or rationale for the establishment of objectives to meet a State Health Plan goal relative to institutional health services.
- d) Goals and objectives in the State Health Plan and appropriateness review findings should be consistent. If appropriateness findings are inconsistent with current State Health Plan objectives those objectives should be re-evaluated to insure consistency.

SUBPART G: NOTIFICATION AND PROCEDURES

Section 1250.710 Beginning of State Agency Review: Notification to Affected Parties

The State Agency shall notify, in writing, all affected parties that an appropriateness review of a given institutional health service has been started. This notice initiates the 180 day review period. Affected parties are defined in Section 1250.320. Notice to the general public shall constitute publication in a newspaper of general circulation in each Health Service Area a notice detailing the beginning of a review by the State Agency.

Section 1250.720 Status of Review

The State Agency shall provide on a monthly basis the status of all reviews and status of any findings that have been made on an institutional health service.

Section 1250.730 State Agency Findings

The State Agency shall provide to providers of health services and other persons subject to review upon completion of a review, any findings made on the appropriateness of the service as currently offered and all other appropriate information respecting the review.

Section 1250.740 Recommendations for Remedial Action

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

The State Agency shall notify and provide to all providers of health services and other persons subject to review any recommendations for remedial action which are adopted by the State Board upon completion of a review.

Section 1250.750 Annual Report

The State Agency shall publish an annual report in accordance with the procedures for an annual report contained in 2 Ill. Adm. Code 1925 "Rules of Organization of the Illinois Health Facilities Planning Board."

SUBPART H: PROCEDURES FOR THE PROVISION OF DATA

Section 1250.810 Collection Authority

- a) Data required for appropriateness review in Illinois will be collected under a basic mandate established in PA 78-1156 "The Illinois Health Facilities Planning Act."
- b) Health care facilities are responsible for providing such data needed for planning. Section 13 of the Act provides for requiring all health care facilities operating in Illinois *to provide such reasonable reports at such times and containing such information as is needed to carry out the purposes and provisions of the Act*, including the data needed to perform appropriateness reviews.
- c) Failure to submit all requested and required information within a reasonable time limitation will result in the application of one or both of the following sanctions as authorized in Section 13 of the Act:
 - 1) *Health facilities not complying with this requirement shall be reported to the appropriate licensing, accrediting and certifying agencies, both State and Federal.*
 - 2) *Health facilities not complying with this requirement shall be reported to the appropriate third-party payors and other payment agencies; State, Federal and private.*

Section 1250.820 Information Sources

Reviews to establish the appropriateness of existing institutional health services in the State of Illinois will utilize the following information sources:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- a) An annual hospital questionnaire.
- b) Physical plant inventories and evaluations.
- c) Institutional master plans.
- d) Licensure files, when allowable.
- e) Long-term care resident census and movement reports.
- f) Special studies prepared by the HSAs, State Agency or other agencies/individuals.
- g) Service-specific institutional surveys which prescribe information required of the institution in addition to data already available to conduct reviews.
- h) State Center for Health Statistics.

Section 1250.830 Identification of Data Needed to Complete Reviews

The State Agency shall promulgate as a component of this Part the data needed to complete an areawide review of an institutional health service. The State Agency cannot mandate collection of any data that has not been identified in this Part as needed to perform the review of a service. The State Agency, to the extent possible, will utilize existing sources of data to perform its reviews of appropriateness.

Section 1250.840 Collection of Data

The State Agency shall collect, or have collected by agreement, all necessary data to perform appropriateness reviews.

SUBPART I: TYPES OF REVIEW

Section 1250.910 Level of Review

All reviews performed by the State Agency shall be of an areawide nature. This type of review shall be based on:

- a) an analysis of areawide characteristics related to sociographic and demographic

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

characteristics of the area; and

- b) an analysis of how the service is provided in facilities which have existing the institutional health service under review. This material shall be utilized to evaluate the delivery system in the context of an areawide analysis.

Section 1250.920 Level of Findings

- a) All reviews performed by the State Agency are areawide. The State Agency shall make areawide findings and may make institution specific findings on the appropriateness of an institutional health service. The State Agency will promulgate only areawide findings during the first five year review cycle.
- b) Areawide findings as defined in Section 1250.320 reflect the appropriateness of a specific institutional health service as offered over the entire health service area or state. Institution specific findings as defined in Section 1250.320 reflect the appropriateness of a specific institutional health service at a given facility.

SUBPART J: HSA RECOMMENDATIONS TO STATE AGENCY

Section 1250.1010 Content of Recommendations

The Health Systems Agency (HSA) must submit to the State Agency upon completion of an institutional health service review a recommendation relative to the appropriateness of the service as it is currently provided. The recommendations made must relate to standards and criteria utilized in the review.

Section 1250.1020 Submission of Standards and Criteria

The Health Systems Agency must provide to the State Agency all criteria and standards utilized by the Health Systems Agency in its review of a given institutional health service if different from criteria and standards adopted by the State Agency. Such material should be included with the HSA recommendations.

SUBPART K: PUBLIC HEARING PROCEDURE/RECONSIDERATION HEARINGS

Section 1250.1110 Procedures for Public Hearing Upon Completion of a State Agency Review

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- a) Content and Distribution of Notice of Public Hearing on Service Upon Completion of State Agency Review.
Upon completion of the State Agency review but prior to promulgation of findings a public hearing shall be scheduled to receive comments on material presented in the review. The content of the public notice shall consist of at least the following elements:
 - 1) Identification of the subject to be heard;
 - 2) Identification of the law under which it is being heard;
 - 3) Identification of the Agency conducting the hearing;
 - 4) Announcement that the hearing is an open public meeting at which an opportunity will be afforded all parties at interest to present written and/or verbal comments relevant to the issues; and
 - 5) Announcement of the time, date and location of the hearing.
- b) Hearing Notice
Notice of such hearing (as prepared in accordance with Subsection (a) above shall be made promptly to all affected parties, as defined in Section 1250.320, and within 10 days of the hearing, by publication in a newspaper of general circulation.
- c) General Public Notification
Notice to members of the general public who are served by the institutional health service providers under review shall be deemed to have been given by publication of the notice in a newspaper of general circulation (as outlined in Subsection (a) above).
- d) Procedures for Public Hearings
The public hearing shall be held utilizing hearing procedures for public hearings as detailed in 77 Ill. Adm. Code 1210.50(a) Second Edition; "Procedure for Public Notice of Opportunity For Public Hearing and Public Hearing Procedures."
- e) Distribution of State Agency Review
 - 1) Upon completion of the State Agency review copies shall be provided to

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

any affected party upon request.

- 2) Such request must be submitted to the Executive Secretary of the Illinois Health Facilities Planning Board (Illinois Department of Public Health, 525 West Jefferson – 5th Floor, Springfield, Illinois 62761).

Section 1250.1120 Reconsideration Hearings on State Agency Findings

- a) The Right to Reconsideration Hearing
 - 1) The Right to a Reconsideration Hearing by Affected Persons Excluding HSAs and Providers of the Service Under Review

Any affected person as defined in Section 1250.320 excluding HSA's or providers of the service under review, may, for "good cause" shown, request in writing a hearing for purposes of reconsideration of a State Board finding. Such request must be submitted in writing to the Executive Secretary of the Illinois Health Facilities Planning Board (Illinois Department of Public Health, 525 West Jefferson Street – 5th Floor, Springfield, Illinois 62761) no later than 30 days from the date of the State Board findings. The request must detail the basis for requesting the hearing. If no request for a reconsideration hearing is received within 30 days from the State Board publication of findings, the right to reconsideration hearing shall be considered to be waived.
 - 2) The Right to a Reconsideration Hearing by a Health Systems Agency
 - A) A health systems agency may, for "good cause" shown or when the State Board findings are inconsistent with the recommendations of the health systems agency on the appropriateness of the service under review, request in writing a hearing for purposes of reconsideration of a State Board finding. Such request must be submitted in writing to the Executive Secretary of the Illinois Health Facilities Planning Board (Illinois Department of Public Health, 525 West Jefferson Street - 5th Floor, Springfield, Illinois 62761) no later than 30 days from the date of the State Board Findings. The request must detail the basis for requesting the hearing.
 - B) If no request for a reconsideration hearing is received within 30

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

days from the date of State Board findings, the right to reconsideration hearing shall be considered to be waived.

- 3) The Right to a Reconsideration Hearing by a Provider of the Service Under Review
 - A) Any provider of a service which is subject to review, may, for "good cause" shown or when the State Board findings reflect an institution specific finding of inappropriateness in their facility, request in writing a hearing for purposes of reconsideration of a State Board finding. Such request must be submitted in writing to the Executive Secretary of the Illinois Health Facilities Planning Board (Illinois Department of Public Health, 525 West Jefferson Street – 5th Floor, Springfield, Illinois 62761) no later than 30 days from the date of the State Board findings. The request must detail the basis for requesting the hearing.
 - B) If no request for a reconsideration hearing is received within 30 days from the date of State Board findings, the right to reconsideration hearing shall be considered to be waived.
- b) Procedures for Reconsideration Hearing
 - 1) Good Cause Definition
For purposes of this Part, "good cause" shall be deemed to be shown if the request for reconsideration hearing:
 - A) Presents significant, relevant information not previously considered by the State Board; and/or
 - B) Demonstrates that there have been significant changes in factors or circumstances relied upon by the State Board in reaching its decision; and/or
 - C) Demonstrates that the State Board has materially failed to follow its adopted standards and procedures in reaching its decision.
 - 2) Request for Reconsideration Hearing
Within 15 days from the receipt of a request for a reconsideration hearing,

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

the Executive Secretary shall transmit a copy of the request to the Chairman of the State Board, who – acting for the State Board – shall review the request and determine if "good cause" is indeed shown. If the Chairman finds that the request does not show "good cause" the person requesting the hearing shall be notified in writing and may appeal the decision of the Chairman at the next scheduled State Board Meeting.

- 3) Notification of Hearing
Notification of the reconsideration hearing shall be sent prior to the date of the hearing. Such notification shall be forwarded to the following:
 - A) The person requesting the hearing;
 - B) The affected HSA and all providers of the service within the service area; and
 - C) Any other affected persons upon request.
- 4) Schedule for Reconsideration Hearing by Affected Persons Excluding HSA's and Providers of the Service Under Review.
 - A) If it is determined that a request for reconsideration hearing demonstrates "good cause", the State Board, at the next practicable State Board Meeting, shall convene the reconsideration hearing before the State Board.
 - B) The State Board shall make written findings which state the reasons for its decision within 45 days after the conclusion of the reconsideration hearing. The State Board shall either affirm the original findings or amend the findings on the basis of the hearing.
- 5) Schedule and Procedures for Reconsideration Hearings by Health Systems Agencies and Providers of the Service Under Review.
If it is determined that a request for a reconsideration hearing is justified under subsection (c)(1)(A or B) above, such a hearing shall be convened in accord with the applicable sections of 77 Ill. Adm. Code 1180" Practice and Procedures in Administrative Hearings."

SUBPART L: STATE AGENCY FINDINGS

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section 1250.1210 Written Findings

Upon completion of a review, the State Board shall in writing promulgate findings regarding the appropriateness of the service under review.

Section 1250.1220 Relationship to HSP and AIP of Health Systems Agency

If the State Board makes a finding regarding an existing institutional health service which is not consistent with the goals of a the applicable health systems plan (HSP) or the priorities of the applicable annual implementation plan (AIP) the State Agency shall submit to the appropriate health systems agency a detailed statement of the reasons for the inconsistency.

SUBPART M: CRITERIA FOR STATE AGENCY REVIEW

Section 1250.1310 Format of Criteria and Standards Sections

Each section which details specific institutional service criteria and standards will be organized in the following manner:

- a) An introduction section which will detail procedure items and a determination of the settings which must be reviewed in the consideration of the delivery system. The introduction shall also detail the goals and purpose of the section as it relates to appropriateness review.
- b) Specific criteria, standards and data factors as they relate to the need, availability, accessibility, cost effectiveness, financial viability and quality characteristics of the service under review.

Section 1250.1320 Basic Considerations

- a) The State Agency in its performance of Appropriateness Review will utilize specific standards and criteria developed in this Part. The service specific standards and criteria will establish the basis for evaluation of compliance with basic review considerations mandated to be addressed under P.L. 93-641, "The National Health Planning and Resources Development Act." These basic considerations are as follows:
 - 1) Cost Effectiveness – The total economic value of resources required to

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

provide services, including all financial expenditures, especially expenditures for capital and operating requirements in relation to the provision and quality of services.

- 2) Availability – A measure of the appropriate supply and mix of health services and the capacity of resources for providing care.
 - 3) Accessibility – A measure of the degree to which the system inhibits or facilitates the ability of an individual or group to gain entry and receive appropriate services, including geographic, architectural, transportation, social, time and financial considerations.
 - 4) Quality – A measure of the degree to which health services delivered, regardless of by whom or in what setting, meet established professional standards and judgements of value to the consumer. Quality is frequently described as having three dimensions: quality of input resources, (e.g., certification and/or training of providers); quality of the process of service delivery; and quality of outcome of service use (actual improvement in condition or reduction of harmful effects).
 - 5) Need – A measure of the degree to which health services delivered meet the needs of the area's population for such services.
 - 6) Financial Viability – A measure of the ability of institutions to provide health services in a financially sound and appropriate manner.
- b) If in its findings the State Agency does not address any of the basic considerations the reason for not doing so will be reflected in the findings.

Section 1250.1330 General Review Criteria

In measuring or relating findings to the basic considerations in Section 1250.1320 the State Agency at a minimum must address the general conditions stated below in each appropriateness review:

- a) The relationship of the health services being reviewed to the applicable health systems plans, annual implementation plans, and State health plan.
- b) The relationship of the services reviewed to the institution's master plan (if

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

required) of the person providing the services.

- c) The current and future need the population served has for the services, and the extent to which low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups have access to those services.
- d) The availability of less costly or more effective alternative methods of providing the services.
- e) The relationship of the services reviewed to the existing health care system of the area in which the services are provided including the impact of and the need for multi-institutional arrangements.
- f) The availability of resources (including health manpower, management personnel, and funds for capital and operating needs) for the provision of the services reviewed and the availability of alternative uses of these resources for the provision of other health services.
- g) The special needs and circumstances of those entities which provide a substantial portion of their services or resources or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas. These entities may include medical and other health profession schools, multidisciplinary clinics, and specialty centers.
- h) The special needs and circumstances of HMOs. In the case of areawide reviews which result in institution-specific findings regarding services provided by or through an HMO, the needs and circumstances shall be limited to:
 - 1) The needs of enrolled members and reasonably anticipated new members of the HMO for the existing institutional health services provided by the organization.
 - 2) Whether the services could be obtained from non-HMO, or other HMO, providers in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO.
 - 3) Any other factors which the State Agency may propose and the Secretary may, in accordance with paragraph (c) of this section, find to be consistent with the purpose of Title XIII of the Act.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- i) The special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages.
- j) The contribution of the existing institutional health services in meeting the health related needs of members of medically underserved groups and groups which have traditionally experienced difficulties in obtaining equal access to health services (for example: low income persons, racial and ethnic minorities, women, handicapped persons) particularly those needs identified in the applicable health systems plan and annual implementation plan as deserving of priority.
- k) The special circumstances of health service institutions with respect to the need for conserving energy.
- l) In accordance with Section 1502(b) of the National Health Planning and Resources Development Act, the effect of competition on the supply of the health services being reviewed.
- m) Improvements or innovations in the financing and delivery of health services which foster competition, in accordance with Section 1502(b) of the National Health Planning and Resources Development Act, and serve to promote quality assurance and cost effectiveness.
- n) The quality of care provided by the services or facilities in the past.
- o) The number of years the service has been provided and the impact of start-up time on the appropriateness of the service.
- p) The geographic area in which the service is located, including travel-time distance factors, and population density.

SUBPART N: CRITERIA AND STANDARDS--THERAPEUTIC RADIOLOGY

Section 1250.1410 Introduction

Therapeutic radiology shall be reviewed as an acute care service offered in an acute service setting. Criteria and standards established in this section provide the basis for evaluating the projected need for the service in relation to the ability of the system to meet those needs in a cost

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

effective quality setting.

Section 1250.1420 Need

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There is adequate capability to treat all patients requiring therapeutic radiology. The capability of existing equipment should be sufficient to treat the volume of patients projected requiring treatment.
- c) Data Factors:
 - 1) Projected community need
 - 2) Historical volume
 - 3) Time Function Analysis Factors
 - A) Volume
 - B) Average time per treatment
 - C) Operation schedule
 - 4) Demographics of area including age mix, poverty level and income of residents.
 - 5) Projected number of cancer patients requiring therapeutic radiology.
- d) Standard #2: Each program providing the service should have a minimum of 300 new cancer cases annually requiring treatment to support the program.
- e) Data Factors:
 - 1) Existing referral patterns.
 - 2) Projected cancer cases by population characteristics.
 - 3) Projected number of cancer patients by type within service area.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 4) Actual number of new cancer treatment courses started in Illinois programs.
 - 5) Actual number of new cancer treatment courses started on residents of each HSA.
 - 6) Cancer patients requiring therapeutic radiology.
 - 7) The actual volume of new cancer cases treated by facility.
 - 8) The actual hours of operation of equipment (time per procedure).
 - 9) The projected treatment time based on projected incidence of cancer patients requiring treatment.
- f) Standard #3: Each piece of megavoltage therapeutic radiology equipment should operate at an optimum utilization of 7500 treatments annually.
- g) Data Factors: Historical utilization volume per piece of equipment.

Section 1250.1430 Availability of Service

- a) Criteria #1: Does required equipment and staff exist within the area?
- b) Standard #1: There is the appropriate mix of treatment modalities available to all patients requiring treatment.
- c) Data Factors:
 - 1) Existing referral patterns for patient treatment by source of referral.
 - 2) Teaching vs non-teaching programs.
 - 3) Number and type of available equipment.
 - 4) Age of equipment.
 - 5) Downtime of equipment.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

d) Standard #2: There exists appropriate staff available in such number to operate the programs. (The staffing standards detailed in this Section shall be utilized for review unless licensure standards are adopted and promulgated by the Agency in accordance with the "Illinois Administrative Procedure Act" (Ill. Rev. Stat. 1991, ch. 127, pars. 1001-1 et seq.) for this service in which case those standards shall be utilized.)

1)	Type 3 Facility	
	Personnel	Availability
	Radiation Oncologist	Full-time
	Physicist	Full-time
	Radiation Therapy Technologist (at least one per megavoltage unit)	Full-time

In addition, the facility must have available the following personnel as needed: nurse, dosimetrist, radiobiologist, machinist and mold technician.

2)	Type 2 Facility	
	Personnel	Availability
	Radiation Oncologist	Full-time
	Physicist	Full-time
	Radiation Therapy Technologist (at least one per megavoltage unit)	Full-time

In addition, the facility must have available the following personnel as needed: dosimetrist, machinist and mold technician or equivalent.

3)	Type 1 Facility	
	Personnel	Availability
	Radiologist (part-time devoted to radiation oncology)	Part-time
	Physicist	Consultant
	Radiation Therapy Technologist	Part-time

Data Factors: 1. Number and type of staff.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

2. Qualifications of staff.

Section 1250.1440 Accessibility of Service

- a) Criteria #1: Are the locations of existing programs accessible relative to required travel time for patients?
- b) Standard #1: Services should be available to 90% of residents of the health service area within 45 minutes travel time under normal driving conditions.
- c) Data Factors:
 - 1) Location of programs.
 - 2) Transportation patterns.
 - 3) Travel time to programs.
- d) Standard #2: Facilities providing such services should have referral agreements with other facilities to provide consultation and service to patients in need of treatment.
- e) Data Factors:
 - 1) Referral agreements for service.
 - 2) Admission policies of facilities providing service.
- f) Criteria #2: Is the service accessible relative to hours of operation and required patient scheduling?
- g) Standard #3: Facilities providing such services should be capable of treating all patients requiring service in a timely manner.
- h) Data Factors:
 - 1) Actual hours of operation of each program.
 - 2) Volume of patients seen.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 3) Operation factors based on budget, staffing or volume of patients treated.
- 4) Waiting lists for treatment.

Section 1250.1450 Cost Effectiveness

- a) Criteria #1: Are less costly delivery alternatives available?
- b) Standard #1: Scheduling, staffing patterns and hours of operation should be such to allow for efficient operation of the program.
- c) Data Factors:
 - 1) Hours of operation.
 - 2) Average number of patients seen per day.
 - 3) Staffing.

Section 1250.1460 Financial Viability

- a) Criteria #1: Do all facilities providing the service have the caseload to operate a financially viable program?
- b) Standard #1: Reimbursement should offset the cost of operating the program.
- c) Data Factors:
 - 1) Fixed and variable costs of operation.
 - 2) Revenue from program.
- d) Standard #2: Changes for service should be such that operation costs are covered.
- e) Data Factors:
 - 1) Volume of patients seen.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Number of treatments.
- 3) Treatment charges.
- 4) Policy on providing charge information to patients.
- f) Standard #3: Reimbursement programs are available and appropriate.
- g) Data Factors: Patient service reimbursement by type and amount.

Section 1250.1470 Quality Considerations

- a) Criteria #1: Is there an adequate patient care and utilization review process?
- b) Standard #1: Existence of acceptable peer review programs.
- c) Data Factors: Peer review programs.
- d) Criteria #2: Are patient records available and accessible?
- e) Standard #1: Policies should be in place relative to the use and release of medical records.
- f) Data Factors: Medical Record Release policies.
- g) Standard #2: Facilities providing such services should participate in a tumor registry.
- h) Data Factors: Existence of tumor registry and organization of its contents.
- i) Criteria #3: Are essential patient care support services available?
- j) Standard #1: Necessary support services are available.
Facilities should provide a multidisciplinary management approach for the treatment of cancer and provide for such services as oncologic diagnostic radiology, chemotherapy, surgery, rehabilitation and appropriate psychological and social support service.
- k) Data Factors:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) Required support services.
- 2) Availability of support services.

SUBPART O: CRITERIA AND STANDARDS--END STAGE RENAL DISEASE

Section 1250.1510 Introduction

- a) End stage renal disease services shall be reviewed in the following settings:
 - 1) Renal Transplantation Center – a hospital unit which furnishes directly transplantation and other medical and surgical specialty services required for the care of the end stage renal disease transplant patient, including inpatient dialysis furnished directly or under arrangement. A Renal Transplantation Center must be a Renal Dialysis Center. Centers provide a full range of services to patients with End Stage Renal Disease, and are part of or affiliated with a full service hospital, and serve a large population base.
 - 2) Renal Dialysis Center – a hospital unit which furnishes the full spectrum of diagnostic, therapeutic (including inpatient dialysis furnished directly or under arrangement), and rehabilitative services, except renal transplantation, required for the care of end stage renal disease dialysis patients.
 - 3) Renal Dialysis Facility – a unit which furnishes dialysis service(s) to end stage renal disease patients. Such types of services are: self-dialysis, training in self-dialysis, dialysis performed by trained professional staff and chronic maintenance dialysis. It functions as an intermediate source between home and hospital dialysis and sometimes is called a self-care unit, satellite unit, or a limited care facility. A unit or center of this type is free-standing in that while it may be owned or operated by a hospital, the unit or center is not located within the operating hospital. A unit or center may also be privately owned and operated.
- b) Criteria and standards established in this Section provide the basis for evaluating population need for service (considering prevalence and incidence factors) in relation to the ability of the system to meet those needs in a cost effective and

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

quality setting.

Section 1250.1520 Need

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There should be adequate capability to treat all patients requiring service. The volume of patients projected requiring chronic dialysis treatment should not exceed the capability of area equipment at a utilization rate of six-hundred and twenty six procedures per operating station per year. (Assumes two shifts per day with one patient seen per shift over six day work week). Adjustment to this standard shall be made for facilities providing peritoneal dialysis.
- c) Data Factors:
 - 1) Demographics of area including age mix.
 - 2) Projected incidence.
 - 3) Projected volume of residents seeking service.
 - 4) Facilities providing service
 - A) Location
 - B) Number of stations
 - C) Hours of operation
 - D) Historical utilization
 - 5) Patient origin.
- d) Standard #2: The number of patients requiring chronic end stage renal services should be sufficient to support existing programs at a utilization of 80% occupancy annually. (Assumes 626 procedures per operating station per year equals 100% occupancy.)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- e) Data Factors:
 - 1) Historical annual patient volume.
 - 2) Projected annual patient volume.
 - 3) Number of stations per facility.
- f) Standard #3: Any facility performing kidney transplants should perform a minimum number of kidney transplants annually consistent with the requirements of the Health Care Financing Administration.
- g) Data Factors:
 - 1) Location of transplant centers.
 - 2) Volume of transplants by age of patients.
 - 3) Length of stay.

Section 1250.1530 Availability of Service

- a) Criteria #1: Do all facilities comply with Federal standards?
- b) Standard #1: Facilities providing chronic dialysis services or kidney transplantation should be in compliance with sections 405.2163 and 405.2171 of Federal Regulations Renal Disease Service Providers effective September 1976 as amended.
- c) Data Factors:
 - 1) Federal criteria.
 - 2) Input from ESRD networks.

Section 1250.1540 Accessibility of Service

- a) Criteria #1: Do facilities providing end stage renal disease services have appropriate agreements?

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- b) Standard #1: Any renal dialysis facility should have referral agreements for the transfer of patients for inpatient stay when required.
- c) Standard #2: Any renal dialysis facility should have referral agreements for the transfer of patients for emergency treatment.
- d) Data Factors: Referral agreements.
- e) Standard #3: Any facility providing dialysis services should have affiliation agreement(s) with another dialysis facility or facilities for the provision of self-care dialysis, self-care instruction and home dialysis training if not available on site.
- f) Data Factors: Affiliation agreements
- g) Standard #4: Any facility or center providing dialysis services should have the capability of maintaining communication throughout the operating schedule of the facility with facilities providing acute care support for the purpose of consultation, advice and coordination of activities and services.
- h) Data Factors: Communication policies and support agreements.
- i) Criteria #2: Access to services should be available relative to optimal travel time.
- j) Standard #1: Ninety percent of residents of the health service area should not be forced to travel more than 45 minutes under normal driving conditions to receive chronic dialysis services. Additional facilities shall be developed to meet the needs of this population in accordance with need criteria established for new service development.
- k) Standard #2: A self-care training program should be available within 90 minutes travel time under normal driving conditions of 90 percent of health service area residents.
- l) Standard #3: Training in home dialysis should be available within 90 minutes travel time under normal driving conditions of 90 percent of health service area residents.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- m) Data Factors:
 - 1) Location of facilities and programs.
 - 2) Time-travel factors.

Section 1250.1550 Cost Effectiveness

- a) Criteria #1: Are less costly delivery alternatives available?
- b) Standard #1: The percentage of patients participating in home dialysis programs should be consistent with national norms for home dialysis patient participation adjusting for the number of patients in Illinois who are capable and willing to participate in such programs.
- c) Data Factors:
 - 1) Number of patients in home dialysis programs.
 - 2) National norms.
 - 3) Patients willing to participate.
 - 4) Total patient volume.
 - 5) Volume of patients participating in alternative programs.
 - A) C.A.P.D.
 - B) Home dialysis
 - C) Self dialysis
 - 6) Costs of delivery of alternative modalities.

Section 1250.1560 Financial Viability

- a) Criteria #1: Are costs of the provider offset by reimbursement?

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- b) Standard #1: The costs for providing the service should be offset by reimbursement.
- c) Data Factors:
 - 1) Charges for service.
 - 2) Annual revenue.
 - 3) Fixed and variable costs for providing the service.

Section 1250.1570 Quality

- a) Criteria #1: Are essential patient care support services available?
- b) Standard #1: All necessary supportive services are available.
 - 1) Renal Transplantation Center

The following services must be available on the facility's premises: laboratory services, social services, dietetic services and self-care dialysis support services, inpatient dialysis services, pharmacy, and the participation of the center in a recipient registry. The following services must be available: specialized blood facilities (including tissue typing).
 - 2) Renal Dialysis Center or Facility

The following services must be available: clinical and pathological laboratory services, blood bank, nutrition, rehabilitation, psychiatric and social services, self-care dialysis support services.
- c) Data Factors: Required support service availability.
- d) Criteria #3: All facilities performing kidney transplants and dialysis services have established an acceptable data system which meets all federal and state criteria.
- e) Standard #1: Data systems should be established and functioning.
- f) Data Factors:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) Federal and State data requirements.
- 2) Data system information.
- g) Criteria #4: Are medical review boards in existence at all facilities providing such services?
- h) Standard #1: Medical review boards should exist in all facilities providing such services and comply with required functions for such boards. All facilities providing a renal dialysis or renal transplantation category of service shall have a medical review board which is responsible for
 - 1) establishing criteria for acceptance of patients into the program and ruling on the eligibility of applicants;
 - 2) formulation of an individual plan for the most effective treatment for each patient;
 - 3) at least twice a year reassess the plan of therapy as to its effectiveness and appropriateness; and
 - 4) at least twice a year have medical care evaluations to appraise the quality of care provided.
- i) Data Factors:
 - 1) Existence of review boards.
 - 2) Policies of review boards.

SUBPART P: CRITERIA AND STANDARDS --
COMPUTERIZED TOMOGRAPHIC SCANNING

Section 1250.1610 Introduction

- a) Computerized tomography can be provided in settings outside an acute care facility. Scanners of this type shall be inventoried and analyzed for their impact on the delivery system.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- b) Criteria and standards established in this Section provide the basis for evaluating the projected need for the service in relation to the ability of the system to meet those needs in a cost effective and quality setting.

Section 1250.1620 Need

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There should be adequate capability to examine all patients requiring service. The volume of patients requiring examination should not exceed the equipment capability at 100% annual utilization as determined in the following manner.
- 1) # proce. x time per proce. = % use of equipment
total time equip. is available
- A) Total time equipment is available = 55 hours/week x 52 weeks x 60 minutes = 171,600 minutes
- B) Scan time as follows per procedure:
- i) Head scanner = 53 minutes
- ii) Body scanner
Head Scan = 46 minutes
Body Scan = 66 minutes
- 2) As no accurate method for projecting TCT caseload exists capability will be based on previous year utilization.
- c) Data Factors:
- 1) Number of scanners.
- 2) Previous year scanning totals by type of scan and type of equipment.
- d) Standard #2:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) Existing TCT equipment should operate at an optimum level of utilization.
- 2) Optimum utilization shall be defined as a utilization rate of 3,000 procedures annually based upon the HECT weighted allocation formula approach.

Annual HECT Volume

Type of Scan		Yearly No. Patients	Conversion Factors	= HECTS
Head w/o contrast	X	_____	1.00	= _____
Head w/o contrast	X	_____	1.25	= _____
Head w/o & w cont.	X	_____	1.75	= _____
Body w/o contrast	X	_____	1.50	= _____
Body w/contrast	X	_____	1.75	= _____
Body w/o & w cont.	X	_____	2.75	= _____
			Total	_____

- e) Data Factors: 1. Number of scans performed by type of scan.

Section 1250.1630 Availability of Service

- a) Criteria #1: Is needed staff available at all facilities providing such services?
- b) Standard #1:
 - 1) There should be appropriate staff utilizing the equipment.
 - 2) (The staffing standards detailed in this Section shall be utilized for review unless licensure standards are adopted and promulgated by the Agency in accordance with the "Illinois Administrative Procedure Act" (Ill. Rev. Stat. 1991, ch. 127, pars. 1001-1 et seq.) for this service in which case those standards shall be utilized.)
 - A) TCT Head Scanner – Membership of a neurologist or neurosurgeon on the hospital's active staff.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- B) TCT Body Scanner – In addition to the staffing requirements for a TCT head scanner institutions must have on staff board certified or board eligible physicians in the following specialties: surgery, thoracic surgery and internal medicine.
 - C) All TCT scanners – a radiation physicist, biomedical engineer and a computer expert available on staff or as consultants.
- c) Data Factors: Staff available on staff and consultant contract.
 - d) Criteria #2: Are scanning services available on an emergency basis?
 - e) Standard #1: All facilities providing the service should be able to perform scanning services on an emergency basis. (24 hour)
 - f) Data Factors:
 - 1) Operation schedule.
 - 2) Staff availability.
 - 3) Emergency scan volume.

Section 1250.1640 Accessibility of Service

- a) Criteria #1: Do residents of the area have access to service within reasonable travel times?
- b) Standard #1: Ninety percent of all residents of the health service area shall be within 45 minutes travel time under normal driving conditions of TCT scanning services.
- c) Data Factors:
 - 1) Location of equipment.
 - 2) Travel consideration.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- d) Criteria #2: Do appropriate policies exist for the transfer of patients?
- e) Standard #1: Administrative policies should be in existence for the referral of patients for CT scans.
- f) Data Factors: Referral agreements.
- g) Criteria #3: Are scanning services accessible to outpatients and referral patients.
- h) Standard #1: All scanning services shall be accessible to outpatients and referral patients.
- i) Data Factors:
 - 1) Referral and outpatient patient volume.
 - 2) Scheduling policies and practices on delivery of services.
- j) Standard #2: Outpatients referred for service by licensed doctors of medicine or osteopaths (whether such persons are or are not members of the hospital's medical staff) will be processed uniformly in terms of scheduling and waiting periods.
- k) Data Factors:
 - 1) Waiting times.
 - 2) Administrative policies on who has responsibility and on what basis referrals are accepted.

Section 1250.1650 Cost Effectiveness

- a) Criteria #1: Are costs to the patient for transportation to receive TCT scanning on a referral basis acceptable?
- b) Standard #1: Transportation costs for referral patients should not be such that acquisition of a scanner by the referral facility is a more cost effective means of providing the service.
- c) Data Factors:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) Number of patients referred for service.
- 2) Transportation charges.

Section 1250.1660 Financial Viability

- a) Criteria #1: Are costs of the provider offset by reimbursement?
- b) Standard #1: The costs for providing the service (including cost of acquisition of equipment) should be offset by reimbursement.
- c) Data Factors:
 - 1) Fixed and variable costs of operation.
 - 2) Annual revenue.
 - 3) Patient volume.
 - 4) Charges per examination.
- d) Standard #2: Are reimbursement programs available and appropriate?
- e) Data Factors:
 - 1) Current reimbursement by patient volume.
 - 2) Projected reimbursement by patient volume.
 - 3) Reimbursement for service.

Section 1250.1670 Quality

- a) Criteria #1: Does equipment in existence operate in an acceptable manner?
- b) Standard #1: All equipment should be modern and not result in excessive duplication of scans or inordinate down time due to needed repair.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- c) Data Factors:
 - 1) Down time of equipment.
 - 2) Age of equipment.
 - 3) Repair costs.
 - 4) Compliance with applicable state safety regulations.
- d) Criteria #2: Does CT scanning exist as a component of a diagnostic service offering alternative and back-up test capabilities?
- e) Standard #1: All CT scanners should exist as a component of a comprehensive diagnostic program which has the capability of providing EEG, EMG and electronystomography.
- f) Data Factors: Means of providing required tests.
- g) Criteria #3: Are patient records available and accessible?
- h) Standard #1: Policies should be in place relative to the use and release of medical records.
- i) Data Factors: Medical record policies.

SUBPART Q: CRITERIA AND STANDARDS--CARDIOVASCULAR SURGERY

Section 1250.1710 Introduction

- a) Criteria and standards within this Section shall be utilized to evaluate open heart surgery requiring extracorporeal circulation and oxygenation in acute care settings.
- b) Criteria and standards established provide the basis for evaluating the projected need for the service in relation to the ability of the system to meet those needs in cost effective and quality settings.

Section 1250.1720 Need

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There should be adequate capability to treat all patients requiring treatment in that each open heart surgery team should at a maximum perform 300 open heart surgery procedures annually.
- c) Data Factors:
 - 1) Existing referral patterns.
 - 2) Existing surgical programs.
 - 3) Patient volume by program.
 - 4) Patient volume by surgical team.
 - 5) Projected caseload.
 - 6) Actual caseload.
 - 7) Demographic characteristics of area population.
- d) Standard #2: The projected number of patients requiring coronary surgery should be sufficient to support programs as follows:
 - 1) A minimum of 200 open heart adult procedures performed annually in each facility within three years of initiation of service.
 - 2) A minimum of 100 pediatric heart operations performed annually in each facility which performs pediatric open heart surgery, of which 75 should be open heart surgery, within three years of initiation of service.
 - 3) Each open heart surgery team should perform a minimum of 75 open heart procedures in each facility in which they perform surgery of this type.
- e) Data Factors:
 - 1) Demographics of area including age mix, income levels and incidence

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

rates by population.

- 2) Projected number of patients seeking service.
- 3) Actual number of patients receiving service over last 5 years.

Section 1250.1730 Availability of Service

- a) Criteria #1: Is the proper staff available to perform such surgery?
- b) Standard #1: There should be the following staff performing open heart surgery:
 - 1) Cardiac Surgeons (1 certified by the American Board of Thoracic Surgery and 1 qualified by the American Board of Thoracic Surgery) with special competence in cardiology, including cardiopulmonary anatomy, physiology, pathology, and pharmacology; extracorporeal perfusion technique; and interpretation of catheterization - angiographic data).
 - 2) Operating room nurse personnel (RN, LPN, Surgical Technician). The nurse to patient ratio for the recovery module of open heart surgery patient care should be no less than one nurse per one patient in the immediate recovery phase and one nurse per 2 patients thereafter.
 - 3) Anesthesiologists (Board certified by the American Board of Anesthesiology).
 - 4) Adult Cardiologists (Board certified by the American Board of Internal Medicine with subspecialty certification in cardiology).
 - 5) Physician who is Board certified in anatomic and clinical pathology, with special expertise in microbiology, bloodbanking, lab aspects of blood coagulation, blood gases, and electrolytes.
 - 6) Pump technician, or operator of the extracorporeal pump oxygenator, who should have in-depth experience on an active cardiac surgical service that includes perfusion physiology, mechanics of pump operation, sterile technique, and use of monitoring equipment, whether he/she be a physician, nurse or technician.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 7) Radiologic Technologist experienced in angiographic principles and catheterization procedure techniques who is experienced in the usage, operation and care of all catheterization equipment. (The staffing standards detailed in this Section shall be utilized for review unless licensure standards are adopted and promulgated by the agency in accordance with the "Illinois Administrative Procedure Act" for this service in which case those standards shall be utilized).
- c) Criteria #2: Does all staff have access to continuing education programs?
- d) Standard #1: Staff should be aware of continuing education opportunities and have access to such programs.
- e) Data Factors: Programs available.
- f) Criteria #3: Do all staff members have training in CPR and advanced life support?
- g) Data Factors: Staff training.

Section 1250.1740 Accessibility of Service

- a) Criteria #1: Do appropriate referral agreements exist?
- b) Standard #1: Referral agreements should exist with facilities only providing catheterization to surgical centers.
- c) Data Factors:
 - 1) Existing referral agreements.
 - 2) Location of facilities.
- d) Criteria #2: Residents of an area should not have to travel excessive distances to receive the service.
- e) Standard #1: Open heart surgery programs should exist within 90 minutes travel time under normal driving conditions of all residents of an area having a population of 500,000 people.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- f) Data Factors:
 - 1) Location of programs.
 - 2) Time-Travel considerations.

Section 1250.1750 Financial Viability

- a) Criteria #1: Are costs of the provider offset by reimbursement?
- b) Standard #1: The costs for providing the service should be offset by reimbursement.
- c) Data Factors:
 - 1) Fixed and variable costs.
 - 2) Annual revenue.
 - 3) Patient volume.
 - 4) Charges for service.
- d) Standard #2: Are reimbursement programs available and appropriate.
- e) Data Factors:
 - 1) Current percentage reimbursement by type.
 - 2) Probable or projected reimbursement.
 - 3) Reimbursement rates.

Section 1250.1760 Quality

- a) Criteria #1: Does the delivery of the service prove beneficial to both patients and the community?

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- b) Standard #1: The mortality rate of patients treated should not significantly (95% confidence level) exceed national and state mortality rates based upon the types of patients treated.
- c) Data Factors:
 - 1) Patients treated - volume.
 - 2) Mortality rate.
 - 3) Deaths by cause.
 - 4) National and state mortality rates.
 - 5) Characteristics of patients.
- d) Criteria #2: Is there an adequate patient care and utilization review process?
- e) Standard #1: Existence of acceptable peer review programs.
- f) Data Factors: Peer review programs.
- g) Standard #2:
 - 1) All necessary support services are available.
 - A) Surgical and cardiological team appropriate for age group served.
 - B) Cardiac surgical intensive care unit.
 - C) Emergency room with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care unit.
 - D) Cardiac catheterization-angiographics laboratory services in house.
 - E) Nuclear medicine laboratory.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- F) Cardiographics laboratory, electrocardiography including exercise stress testing, continuous ECG monitoring and phonocardiography.
 - G) Echocardiography service. This may or may not be a part of the cardiographics laboratory.
 - H) Hematology laboratory.
 - I) Microbiology laboratory.
 - J) Blood gas and electrolyte laboratory with microtechniques for pediatric patients.
 - K) Electrocardiographic laboratory.
 - L) Blood bank and coagulation laboratory.
 - M) Pulmonary function unit.
 - N) Installations of pacemakers.
 - O) Organized cardiopulmonary resuscitation team or capability.
 - P) Preventive maintenance program for all biomedical, electrical devices.
 - Q) Renal Dialysis.
- 2) It is not essential that all of these services, units and laboratories be available on an inpatient basis in the facility. What must be documented is how such services can be immediately mobilized for emergencies at all times.
- h) Data Factors: Required support service availability.
 - i) Criteria #3: Do appropriate referral agreements exist for the transfer and acceptance of catheterization studies from free standing laboratories?
 - j) Standard #1: Agreements with free standing laboratories should be in existence

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

including an administrative policy relative to acceptance of catheterization studies by referral facilities.

- k) Data Factors:
 - 1) Agreements.
 - 2) Policy on acceptance.
- l) Criteria #4: Are patient records available and accessible?
- m) Standard #1: Policies should be in place relative to the use and release of medical records.
- n) Data Factors: Medical records policies.
- o) Criteria #5: Does a heart disease data system exist in all facilities providing the service?
- p) Standard #1:
 - 1) A heart disease data system should exist in all facilities providing the service.
 - 2) All facilities offering open heart surgery should have a data system reflective of patient morbidity and mortality, type of cases performed (congenital, valvular, acquired, etc.) and the average time for such procedures. The data system should also include the number and composition of cardiac surgery teams and procedure volume performed by each team annually.
- q) Data Factors: Data system description.

SUBPART R: CRITERIA AND STANDARDS--CARDIAC CATHETERIZATION

Section 1250.1810 Introduction

Cardiac catheterization is a service in acute care settings. The criteria and standards established in this Subpart provide the basis for evaluating the projected need for the service in relation to

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

the ability of the system to meet those needs in a cost effective and quality setting.

Section 1250.1820 Need

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There should be adequate capability to treat all patients requiring service. Patients should be serviced within the area without excessive delay in receiving treatment.
- c) Data Factors:
 - 1) Existing referral patterns for patient treatment.
 - 2) Cardiac surgery programs.
 - 3) Number and type of programs available.
 - 4) Projected caseload.
 - 5) Actual caseload generated by area residents.
 - 6) Waiting times.
- d) Standard #2: The projected number of patients requiring coronary angiography should be sufficient to support existing programs. The program caseload should be sufficient to warrant operation of the program based upon:
 - 1) A minimum of 300 cardiac catheterizations in dedicated cardiac angiographic laboratories.
 - 2) A minimum of 100 cardiac catheterizations in angiographic catheterization laboratories or in special procedure rooms where angiographic catheterization is performed.
- e) Data Factors:
 - 1) Patient volume by procedure.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Type of laboratory where service performed.

Section 1250.1830 Availability of Service

- a) Criteria #1: Is the proper staff available to operate such programs?
- b) Standard #1:
 - 1) There exists staff available in such numbers to operate the programs in existence as needed. The following staffing is required to be available:
 - A) Lab director board-certified in internal medicine, pediatrics or radiology with subspecialty training in cardiology or cardiovascular radiology.
 - B) a physician with training in cardiology and/or radiology present during examination with extra physician backup personnel available.
 - C) nurse specially trained in critical care of cardiac patients, knowledge of cardiovascular medication, and understanding of catheterization equipment.
 - D) radiologic technologist highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization instrumentation, and thorough knowledge of the anatomy and physiology of the cardiovascular system.
 - E) cardiopulmonary technician for patient observation, handling blood samples and performing blood gas evaluation calculations.
 - F) monitoring and recording technician for monitoring physiologic data and alerting physician to any changes.
 - G) electronic radiologic repair technician to perform systematic tests and routine maintenance; must be immediately available in the event of equipment failure during a procedure.
 - H) darkroom technician well trained in photographic processing and

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

in the operation of automatic processors used for both sheet and cine film.

- 2) (The staffing standards detailed in this Section shall be utilized for review unless licensure standards are adopted and promulgated by the agency in accordance with the "Illinois Administrative Procedure Act" for this service in which case those standards shall be utilized.)
- c) Data Factors:
 - 1) Number of teams.
 - 2) Number and type of staff.
 - 3) Qualifications of staff.
 - 4) Administrative approach to service delivery.
 - A) who performs – cardiologist or radiologist;
 - B) does radiologist assist;
 - C) nursing staff required.

Section 1250.1840 Accessibility of Service

- a) Criteria #1: Do facilities providing the service have referral agreements with facilities which do not provide the service?
- b) Standard #1: Facilities providing cardiac catheterization should have referral agreements with area hospitals not offering such services.
- c) Data Factors: Referral Agreements.
- d) Criteria #2: Do facilities providing such services have referral agreements for the transfer of patients for cardiac surgery if such is not available on site?
- e) Standard #1: All facilities performing cardiac catheterization which do not perform cardiac surgery (open heart) must have referral agreements and policies

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

for the transfer of patients requiring such surgery.

- f) Data Factors:
 - 1) Existing referral patterns.
 - 2) Location of Cardiac Catheterization services.
 - 3) Location of Cardiac Surgery (open heart) programs.
 - 4) Existing referral agreements.
 - 5) Acceptance of results of catheterization from referral institution.

Section 1250.1850 Cost Effectiveness

- a) Criteria #1: Are less costly delivery alternatives available?
- b) Standard #1: All dedicated cardiac catheterization laboratories should operate at 300 cardiac catheterizations annually.
- c) Data Factors: Catheterization volume.

Section 1250.1860 Financial Viability

- a) Criteria #1: Are costs of the provider offset by reimbursement?
- b) Standard #1: The costs of providing the service (including cost of acquisition of equipment) should be offset by reimbursement.
- c) Data Factors:
 - 1) Procedure charges.
 - 2) Total annual patient volume.
 - 3) Total annual revenue.
 - 4) Fixed and variable costs of operation.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 5) Administrative policies on testing. (When are tests duplicated?).
- d) Standard #2: Are reimbursement programs available and appropriate?
- e) Data Factors:
 - 1) Percentage of patients being reimbursed in what manner.
 - 2) Probable or projected reimbursement.

Section 1250.1870 Quality

- a) Criteria #1: Does the delivery of the service prove beneficial to both patients and the community?
- b) Standard #1: The mortality rate of patients treated should not significantly (95% confidence level) exceed national and state mortality rates based upon the types of patients treated.
- c) Data Factors:
 - 1) Patients treated – volume.
 - 2) Mortality rate.
 - 3) Deaths by cause of death.
 - 4) National and State mortality rates.
- d) Criteria #2: Is there an adequate patient care and utilization review process?
- e) Standard #1: Existence of acceptable peer review programs.
- f) Data Factors: Peer review programs.
- g) Criteria #3: Are essential patient care support services available?
- h) Standard #1:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) All necessary support services are available.
- 2) A dedicated cardiac catheterization laboratory must document the availability of the following support services:
 - A) Nuclear medicine laboratory;
 - B) Echocardiography service;
 - C) Electrocardiography laboratory and services, including stress testing and continuous cardiogram monitoring;
 - D) Pulmonary Function Unit;
 - E) Blood bank;
 - F) Hematology laboratory/coagulation laboratory;
 - G) Microbiology laboratory;
 - H) Blood Gas laboratory;
 - J) Clinical pathology laboratory with facilities for blood chemistry.
- 3) These support services need not be in operation on a 24 hour basis but must be available when needed.
 - i) Data Factors: Required support services availability.
 - j) Criteria #4: Are patient records available and accessible?
 - k) Standard #1: Policies should be in place relative to the use and release of medical records.
 - l) Data Factors: Medical records policies.

SUBPART S: CRITERIA AND STANDARDS--BURN TREATMENT

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section 1250.1910 Introduction

- a) Criteria and standards within this Section shall be utilized to evaluate Burn Treatment within a "Burn Treatment Center."
- b) Criteria and standards established provide the basis for evaluating the projected need for the service in relation to the ability of the system to meet those needs in a cost effective and quality setting.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.1920 Need

- a) Criteria #1:
 - 1) What is the projected Service Area need for the service?
 - 2) Service Areas for "Burn Treatment" service are based upon HSA or combinations of HSA boundaries and are established as follows:
 - A) HSA 1;
 - B) HSAs 2 and 10;
 - C) HSAs 3 and 4;
 - D) HSAs 5 and 11;
 - E) HSAs 6, 7, 8, and 9
- b) Standard #1: There should be adequate capability to treat all patients requiring "Burn Treatment." A standard estimate is that one in every 5,283 persons annually will have a burn accident requiring hospitalization and treatment in a burn care center/unit (as per 77 Ill. Adm. Code 1150.140(b)(2), as amended). The number of burn victims requiring hospitalization can be determined by calculating the number of annual burn admissions in a Service Area by dividing the total Service Area population by 5,283. The HSA may adjust this estimate based on local planning studies reflective of incidence and occupational considerations.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- c) Data Factors:
- 1) Existing burn treatment programs.
 - 2) Patient volume by program.
 - 3) Projected caseload.
 - 4) Actual caseload.
 - 5) Demographic characteristics of area population.
- d) Standard #2: Each "Burn Treatment Center" should provide an appropriate mix of services for those patients requiring "Burn Treatment." Such mix of services should include treatment capability for the following 3 Classifications of Burn Injuries:
- 1) Major Burn Injury – Second degree burns of greater than 25% Body Surface Area (BSA) in adults (20% in children), all third degree burns involving hands, face, eyes, ears, feet, perineum, all inhalation injury, electrical burns and complicated burn injury involving fractures, or other major trauma and all poor risk patients.
 - 2) Moderate Uncomplicated Burn Injury – Second degree burns of 15-15% BSA in adults (10-20% in children) with less than 10% third degree burn and which does not involve eyes, ears, face, hands, feet, perineum. Excludes electrical injury, complicated injury (fractures), inhalation injury and all poor risk patients (extremes of age, intercurrent disease, etc.).
 - 3) Minor Burn Injury – Second degree burns of less than 15% BSA in adults (10% in children) with less than 2% third degree, not involving eyes, ears, face, hands, feet, perineum. Excludes electrical injury, inhalation injury, complicated injury (fractures), and all poor risk patients (extremes of age, intercurrent disease, etc.)
- e) Data Factors:
- 1) Historical annual patient volume (for the last 5 years) by burn injury

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

classification.

- 2) Projected annual patient volume by burn injury classification.
- 3) Number of existing beds for "Burn Treatment."

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.1930 Availability of Service

- a) Criteria #1: Is the proper and sufficient staff available to provide treatment?
- b) Standard #1: There should be the following staff expertise available:
 - 1) Director – a physician (general surgeon) with at least one year of experience in a recognized Burn Center/Unit.
 - 2) Clinical Nurse Specialist – a registered professional nurse possessing a Master's Degree in medical-surgical nursing with experience in Burn Care.
 - 3) Burn Specialist – a registered professional nurse who possesses experience in general nursing and experience in and/or knowledge of intensive nursing care and Burn Treatment Care.
 - 4) Burn Care Technician – a licensed practical nurse or an operating room technician or corpsman; or a high school graduate with basic nurse aide training who has received special education or experience in Burn Treatment Care.
 - 5) Support Staff – an anesthetist or anesthesiologist, dietician, registered respiratory therapist, microbiologist, occupational therapist, pharmacist and physical therapist.
 - 6) Specialists – a physiatrist, psychiatrist, plastic surgeon, orthopedic surgeon, internist, ophthalmologist, social worker, special education teacher, pathologist, chaplain, and pediatrician.
- c) Criteria #2: Does all staff have access to continuing education programs?

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- d) Standard #1: Each provider of "Burn Treatment" Services should provide its staff opportunities for continuing education and provide access to such programs.
- e) Data Factors: Programs available.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.1940 Accessibility of Service

- a) Criteria #1: Referral agreements should exist in order to provide a full range of "Burn Treatment" Services.
- b) Standard #1: All "Burn Treatment Centers" should have written referral agreements with other general hospitals in the area to provide a full range of "Burn Treatment" Services.
- c) Data Factors:
 - 1) Existing written referral agreements.
 - 2) Location of facilities.
 - 3) Referral pattern.
 - 4) Patient Origin Information.
- d) Criteria #2: Residents of an area should not have to travel excessive distances to receive the Service.
- e) Standard #1: Emergency transport of burn victims should be a maximum of 60 minutes by air transport, and existing or proposed centers should give consideration to providing a helicopter landing space, either directly on the hospital grounds or within a relatively short and direct distance by hospital ambulance. Such transportation should be integrated into the EMS network.
- f) Data Factors:
 - 1) Location of units.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Time-Travel considerations.
- 3) Transportation facilities (EMS System).

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.1950 Cost Effectiveness

- a) Criteria #1: A reasonable and consistent relationship should exist between costs and charges.
- b) Standard #1: Facilities offering the service shall provide full written documentation on direct and indirect costs of providing the service as computed in accordance with generally accepted accounting principles, and shall demonstrate a reasonable and consistent relationship between costs of providing the service and the charges for the service.
- c) Data Factors:
 - 1) Total, direct and indirect costs of the service.
 - 2) Detailed charges for the service.
 - 3) Admissions.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.1960 Financial Viability

- a) Criteria #1: Provision of the service should not adversely affect the financial viability of the institutions offering the service.
- b) Standard #1: Revenue received for the service should be reasonably related to the cost of providing the service such that total service revenue approximates total service costs.
- c) Data Factors:
 - 1) Total revenue received in the provision of the service.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Total service costs.
- d) Criteria #2: Relationship of third-party reimbursement rates to the cost of providing the service.
- e) Standard #1: Providers of the service should seek reimbursement from third-party payors for the full reasonable cost of providing the service.
- f) Data Factors:
 - 1) Percentage of total revenue received by payment source.
 - 2) Percentage of total service costs reimbursed by third-party payor.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.1970 Quality

- a) Criteria #1: The delivery of the service should prove beneficial to both patients and the community.
- b) Standard #1: The average inpatient length of stay of patients receiving "Burn Treatment" in the "Burn Treatment Center" should not exceed a recommended average of 18 days unless documentation exists that a different length of stay is appropriate.
- c) Data Factors: Length of stay (Admissions Patient Days).
- d) Criteria #2: There should exist Quality Assurance Programs.
- e) Standard #1: All burn treatment settings should participate in Burn Registry(ies).
- f) Data Factors:
 - 1) Name of Burn Registry that the facility is in participation with.
 - 2) Documentation of participation.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 3) Data collected in the Registry(ies).

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

SUBPART T: CRITERIA AND STANDARDS--ALCOHOLISM TREATMENT SERVICES

Section 1250.2010 Introduction

The criteria and standards established in this Section provide the basis for evaluating Alcoholism Treatment Services in settings as defined in Section 1250.330, in relation to the ability of the system to meet the needs for those services in the most cost effective and quality manner.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2020 Need and Availability

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There is adequate capability to treat all patients requiring inpatient Alcoholism Residential Treatment Services.
- c) Data Factors:
 - 1) Inpatient Days;
 - A) Detox,
 - B) Rehabilitation.
 - 2) Admissions;
 - A) Detox,
 - B) Rehabilitation.
 - 3) Patient Origin,
 - 4) Location of Existing Services.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2030 Accessibility

- a) Criteria #1: Residential Alcoholism Rehabilitation Services in institutional health facilities should be accessible within sixty (60) minutes travel time under normal driving conditions to all Illinois residents.
- b) Standard #1: The entire geographic area of Cook County should be covered when circles with a radius of twenty (20) miles are drawn with the location of each Residential Alcoholism Rehabilitation Service at the center of a circle.
- c) Data Factors:
 - 1) The location of all inpatient Alcoholism Rehabilitation Services.
 - 2) Location of all supportive alcoholism services.
- d) Standard #2: The entire geographic area of State of Illinois, outside of Cook County, should be covered when circles with a radius of forty-five (45) miles are drawn with the location of each Residential Alcoholism Rehabilitation Service at the center of a circle.
- e) Data Factors:
 - 1) The location of all inpatient Alcoholism Rehabilitation Service.
 - 2) Location of all supportive alcoholism services.
- f) Criteria #2: Alcoholism Treatment Services should be financially accessible to all Illinois residents.
- g) Standard #1: Each Alcoholism Treatment Service within a health service area should accept payments from patients, private third party payors and public third party payors.
- h) Data Factors:
 - 1) Total revenue.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Revenue by reimbursement type.
- i) Standard #2: Each Alcoholism Treatment unit or facility within a health service area should provide available Alcoholism Treatment Services services to the medically indigent.
- j) Data Factors: Annual number of medically indigent discharges.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2040 Cost Effectiveness

- a) Criteria #1: Alcoholism Treatment Services should operate at an efficient level of utilization.
- b) Standard #1: There should be an average annual occupancy rate of 80% for dedicated Residential Alcoholism Rehabilitation units with a bed capacity of 20 beds or less.
- c) Data Factors:
 - 1) Number of Residential Alcoholism Rehabilitation Services beds.
 - 2) Utilization data (Number of Residential Alcoholism Rehabilitation Services Patient Days by age groups).
- d) Standard #2: There should be an average annual occupancy rate of 85% for dedicated Residential Alcoholism Rehabilitation units with a bed capacity of 21 beds or more.
- e) Data Factors:
 - 1) Number of Residential Alcoholism Rehabilitation Services beds.
 - 2) Utilization data (Number of Residential Alcoholism Rehabilitation Services Patient Days by age groups).
- f) Standard #3: There should be an average annual occupancy rate of 65% for

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

dedicated Detoxication units (operated as dedicated units) with a bed capacity of 10 beds or less.

- g) Data Factors:
 - 1) Number of Detoxication beds.
 - 2) Utilization data (Number of Detoxication Patient Days by Age groups).
- h) Standard #4: There should be an average annual occupancy rate of 70% for dedicated Detoxication units (operated as dedicated units) with a bed capacity of 11 beds or more.
- i) Data Factors:
 - 1) Number of Detoxication beds.
 - 2) Utilization data (Number of Detoxication Patient Days by age groups).
- j) Criteria #2: Inpatient Alcoholism Residential Treatment Services should be provided only to individuals who cannot be served in ambulatory settings.
- k) Standard #1: One hundred percent (100%) of Residential Alcoholism Treatment programs should utilize specific admission criteria and procedures which ensure that each potential patient is assessed to determine whether the patient could be served in ambulatory programs or non-hospital residential programs.
- l) Data Factors: Written admission criteria and procedures.
- m) Standard #2: One hundred percent (100%) of Residential Alcoholism Treatment Services should utilize specific admission criteria and procedures which identify the explicit patient assessment characteristics which result in admission to the service.
- n) Data Factors: Written patient assessment characteristics applied to each patient prior to admission.
- o) Criteria #3: A reasonable and consistent relationship should exist between costs and charges.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- p) Standard #1: Facilities offering Alcoholism Treatment Services shall provide full written documentation on direct and indirect costs of providing the service as computed in accordance with generally accepted accounting principles, and shall demonstrate a reasonable and consistent relationship between costs of providing the service and the charges for the service.
- q) Data Factors:
- 1) Cost information.
 - 2) Schedule of charges.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2050 Financial Viability

- a) Criteria #1: The cost of providing Alcoholism Treatment Services should be offset by reimbursement.
- b) Standard #2: All facilities providing Alcoholism Treatment Services should be eligible for different forms of reimbursement.
- c) Data Factors: #3:
- 1) Percentage of total service costs reimbursed by classification. (private, insurance, government, uncompensated)
 - 2) Any policy limitations imposed by third party payors on reimbursement for Alcoholism Treatment Services.
 - 3) Accreditation status.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2060 Quality

- a) Criteria #1: Residential Alcoholism Rehabilitation units should be of sufficient size to ensure that a full and separate program and staff complement will be

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

provided to patients.

- b) Standard #1: Residential Alcoholism Rehabilitation units should have a minimum bed capacity of twelve (12) beds.
- c) Data Factors: The Number of Residential Alcoholism Rehabilitation beds by facility.
- d) Inpatient Residential Alcoholism Rehabilitation units should not exceed a maximum program size necessary to ensure individualized program services.
- e) Standard #1: Inpatient Residential Alcoholism Rehabilitation units should not exceed a bed capacity of thirty (30) beds. Inpatient Residential Alcoholism Rehabilitation units with a total bed capacity in excess of 30 beds should organize the service into separate program units with a bed capacity of 12 to 30 beds each.
- f) Data Factors: The number of Inpatient Residential Alcoholism Rehabilitation beds by facility.
- g) Criteria #3: Residential Alcoholism Rehabilitation Services should be responsive to the needs of special underserved populations.
- h) Standard #1: Facilities providing Inpatient Residential Alcoholism Rehabilitation Services should have the programmatic capacity to communicate with clients and their families. The program may meet this standard by either having staff who are bi-lingual; by developing arrangements with persons or groups in the community to provide translation services or by utilizing pre-printed or audio-visual aids. Facilities should be cognizant of the existence of special population groups (Hispanic, etc.) within their service area and, at a minimum, meet the standard for these groups.
- i) Data Factors:
 - 1) The ethnic composition of the population within the service area of the facility (census data from Illinois Bureau of the Budget).
 - 2) The ability of staff to communicate on a multi-lingual basis either through translation or through the use of pre-printed materials or audio-visual aids.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 3) The existence of written agreements with individuals or groups within the community for provision of translation services.
- j) Criteria #4: Facilities providing Residential Alcoholism Rehabilitation Services should have formal agreements with providers so that follow-up ambulatory services (aftercare services) are available to patients upon discharge.
- k) Standard #1: One hundred percent (100%) of facilities providing Residential Alcoholism Rehabilitation Services should provide the following:
- 1) A specific procedure for linking patients to needed aftercare services;
 - 2) A specific procedure for the exchange of information concerning the patient;
 - 3) Designated staff members or points of contact between the facilities and/or professionals;
 - 4) A process and structure for monitoring the success of the agreement and periodically revising the agreement; and
 - 5) A specific procedure for providing consultation to the family of the patient.
- l) Data Factors:
- 1) The manner in which all indicated services are provided.
 - 2) The content of all formal agreements for the provision of these elements where appropriate.
- m) Criteria #5: All providers of Alcoholism Treatment Services should have appropriate and adequate staff.
- n) Standard #1: The following staff should be available for dedicated medical Detoxication Services units:
- 1) A physician who shall serve as Medical Director who shall have at least the following responsibilities:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- A) overall coordination of medical care to assure adequacy and appropriateness of client care, and
 - B) establishment of written protocols for nursing staff for admission screening, medical care during detoxication, and management of emergencies;
- 2) A registered nurse on duty 24 hours a day;
 - 3) An experienced registered nurse who has been appointed to direct the nursing function of the program; and
 - 4) At least one experienced alcoholism counselor.
- o) Data Factors:
 - 1) Numbers and type of staff.
 - 2) Medical Director's written protocol for nursing staff.
 - 3) Staffing patterns.
- p) Standard #2: The following staff should be available for facilities providing Inpatient Residential Alcoholism Rehabilitation Services:
 - 1) At least one trained alcoholism counselor available to the clients;
 - 2) One staff member assigned responsibility for medications supervision; and
 - 3) At least one responsible staff member on duty at all times.
- q) Data Factors:
 - 1) Numbers and type of staff.
 - 2) Staffing patterns.
- r) Criteria #6: There should be an adequate patient care and utilization review

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

process.

- s) Standard #1: There should exist, acceptable utilization review programs.
- t) Data Factors: Utilization review programs.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

SUBPART U: CRITERIA AND STANDARDS--REHABILITATION SERVICES

Section 1250.2110 Introduction

- a) The criteria and standards established in this Section provide the basis for the evaluation of Rehabilitation Services in relation to the ability of the system to meet the needs for those services in the most cost effective and quality setting.
- b) Application of the criteria and standards are applicable to only comprehensive physical rehabilitation services provided in dedicated facilities or units as defined in Section 1250.330.

(Source: Added at 5Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2120 Need

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There is adequate capability to treat all patients requiring Comprehensive Physical Rehabilitation (CPR) services.
- c) Data Factors:
 - 1) The projected community need for comprehensive physical rehabilitation services shall be based on the incidence/prevalence of such conditions which would require CPR services.
 - 2) The average length of stay in Comprehensive Physical Rehabilitation facilities as established by diagnosis.
 - 3) Location and number of inpatient beds in Comprehensive Physical

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Rehabilitation facilities (CPRF's).

- 4) Patient origin information.
- d) Standard #2: Each facility providing Comprehensive Physical Rehabilitation services should operate at an optimum utilization of 85% annual occupancy.
- e) Data Factors: Historical utilization for each facility. (Inpatient day, Admissions)

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2130 Accessibility

- a) Criteria #1: Do residents of each HSA have access to CPRF's within reasonable travel times?
- b) Standard #1: Ninety percent of all residents of a health service area shall be within 60 minutes travel time (under normal driving conditions) of a CPRF.
- c) Data Factors:
 - 1) Location of CPRF's.
 - 2) Distribution of populations in each HSA relative to CPRF locations.
- d) Standard #2: CPRF's should be located within 60 minutes of 70 to 75% of the community hospital beds in the HSA.
- e) Data Factors:
 - 1) Location of CPRF's.
 - 2) Location and distribution of all community hospital beds within each HSA.
- f) Criteria #2: Is the service financially accessible to residents of the area?
- g) Standard #1: CPRF's should be eligible for all appropriate third-party payors reimbursement.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- h) Data Factors: CPRF's eligibility for reimbursement by third-party payors.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2140 Cost Effectiveness

- a) Criteria #1: Provision of the service should represent a cost efficient use of physical plant and equipment.
- b) Standard #1: Provision of the service should be at least at minimum utilization level as specified in criteria and standards established for need.
- c) Data Factors: Experienced utilization.
- d) Criteria #2: A reasonable and consistent relationship should exist between costs and charges.
- e) Standard #1: Facilities offering the service shall provide full written documentation on direct and indirect costs of providing the service as computed in accordance with generally accepted accounting principles, and shall demonstrate a reasonable and consistent relationship between costs of providing the service and the charges for the service.
- f) Data Factors:
- 1) Cost information.
 - 2) Schedule of Charges.
- g) Criteria #3: Are less costly delivery alternatives available?
- h) Standard #1: Outpatient Physical Rehabilitation services should be offered by all facilities which provide comprehensive physical rehabilitation services.
- i) Data Factors:
- 1) Outpatient utilization volume.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Outpatient operating days and hours.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2150 Financial Viability

- a) Criteria #1: Provision of the service should not adversely affect the financial viability of the institutions offering the service.
- b) Standard #1: Revenue received for the service should be reasonably related to the cost of providing the service such that total service revenue approximates total service costs.
- c) Data Factors:
 - 1) Total Service Revenue.
 - 2) Total Service Cost.
- d) Criteria #2: Relationship of third-party reimbursement rates to the cost of providing the service.
- e) Standard #1: Providers of the service should seek reimbursement service from third-party payors for the full reasonable cost of providing the service.
- f) Data Factors:
 - 1) Third party reimbursement rates.
 - 2) Reimbursement by type and level at institutions.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2160 Quality

- a) Criteria #1: Are there established mechanisms for preadmission review/evaluation, utilization review and patient care review?
- b) Standard #1: CPRF's should have a system for preadmission review which

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

includes referrals for those declared ineligible for the program.

- c) Data Factors:
 - 1) Review policies and procedures.
 - 2) Eligibility criteria.
 - 3) Intake and referral policies.
 - 4) Casefinding procedures for rehabilitation units in acute care hospitals.
 - 5) Procedures for referral for those not eligible for the program.
- d) Standard #2: Peer review programs and quality assurance programs should exist in all rehabilitation facilities.
- f) Data Factors:
 - 1) Peer review programs.
 - 2) Retrospective audit programs.
- f) Standard #3: Utilization review programs should exist in all rehabilitation facilities.
- g) Data Factors: Utilization review system.
- h) Criteria #2: Are patient records available and accessible to the patient and authorized reviewing bodies?
- i) Standard #1: Policies should be in place assuring the legitimate use and release of medical records.
- j) Data Factors: Medical records policies.
- k) Criteria #3: Is the required staff available in the area?
- l) Standard #1: Each rehabilitation facility should have available the necessary staff

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

in sufficient numbers to accommodate the volume and case mix of its patients. These staffing standards will be utilized unless licensure standards are adopted and promulgated by Illinois Department of Public Health in accordance with the Illinois Administrative Procedure Act. In that case, those standards will be utilized.

- 1) Physicians
 - A) Medical direction of the facility shall be vested in a member of the active medical staff with a specialty in Rehabilitation or a specialty related to rehabilitation.
 - B) The following types of physicians should be available on staff or through affiliation agreements:
 - i) Psychiatrist and/or Orthopedist.
 - ii) Internist.
 - C) The facility should also have available the following physician specialists on at least a consulting basis:
 - i) Cardiologist;
 - ii) General Surgeon;
 - iii) Neurologist;
 - iv) Ophthalmologist;
 - v) Orthopedic Surgeon;
 - vi) Pediatrician (if the facility treats children or adolescents);
 - vii) Plastic Surgeon;
 - viii) Psychiatrist;
 - ix) Radiologist;

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- x) Urologist;
 - xi) Neurosurgeon;
 - xii) Otolaryngologist;
 - xiii) Obstetrician/Gynecologist.
- 2) The following personnel shall be available on the facility staff or through affiliation agreements:
- A) Rehabilitation Nurses – Supervisors of all nurses participating as part of the rehabilitation team shall have documented education in rehabilitation nursing and at least one year of rehabilitation nursing experience. These persons must be on the staff of a CPRF.
 - B) Physical Therapists – Graduates of a program in physical therapy approved by the U.S. Office of Education or the Council on Postsecondary Accreditation. Also, the physical therapist should be licensed or registered by the state. These persons must be on the staff of a CPRF.
 - C) Occupational Therapist – Registered by the American Occupational Therapy Association or should be graduates of an approved educational program, with the experience needed for registration. 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 individual should also meet any legal requirements of the State.
 - D) Speech Pathologist – Should meet the academic and experience standards of the American Speech and Hearing Association for the Certification of Clinical Competence in Speech Pathology and fulfill any applicable legal requirements set by the state.
 - E) Social Worker – Should have a Master's Degree from a school of

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

social work approved by the Council of Social Work Education and meet applicable legal requirements.

- F) Psychologist – Should meet any applicable legal requirements, have a Master's Degree in psychology, and be eligible for membership in, or be a member of, the American Psychological Association.
- G) Vocational Counselors or Specialist – Should have a Master's Degree in vocational rehabilitation counseling, vocational guidance, or a related field, or should be members of, of the following organizations:
 - i) National Rehabilitation Counseling Association;
 - ii) National Vocational Guidance Association;
 - iii) American Psychological Association.
- H) Dietician – Should be registered by the American Dietetic Association or has met the association's standards for qualifications.
- F) Pharmacist – Should be a graduate of a college of pharmacy accredited by the American Council on Pharmaceutical Education or have completed a hospital pharmacy residency program accredited by the American Society of Hospital Pharmacists and meet appropriate licensure or registration requirements. Dependent on caseload composition, facilities offering Comprehensive Physical Rehabilitation Services should have available the following personnel on at least a consulting basis:
 - J) Audiologist – Should meet the academic and experience standards of the American Speech and Hearing Association for the Certification of Clinical Competence in Audiology and fulfill any applicable legal requirements set by the state.
 - k) Educational Specialist - Should be certified by the state department of education. Teaching specialists include individuals with

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

degrees in primary school education, or industrial education.

- L) Prosthetists and Orthotist - Should meet the academic and experience standards of the American Orthotic and Prosthetic Association and must fulfill any applicable legal requirements set by the state; and
 - M) Dentists.
- m) Data Factors:
- 1) Numbers and type of staff.
 - 2) Staff qualifications.
 - 3) Staff's relationship with facility (i.e., staff, through affiliation agreements or as consultants).
 - 4) Physician coverage plans.
- n) Criteria #4: Are mechanisms for continuing education programs available to staff?
- o) Standard #1: Rehabilitation facilities should provide in-service training programs at regular intervals.
- p) Data Factors:
- 1) Statement that in-service training is provided.
 - 2) Frequency of programs.
 - 3) Description of programs.
 - 4) Title of person responsible for the program.
 - 5) Records of in-service training.
- q) Standard #2: All staff of area rehabilitation facilities should participate in

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

continuing education programs.

- r) Data Factors:
 - 1) Number and type of staff participating in continuing education programs in the latest 12 month period.
 - 2) Facility participation in university internship programs for medical and allied health.
 - 3) Formal teaching relationships for allied health students.
 - 4) Annual continuing education budget.
- s) Criteria #5: Do rehabilitation facilities have mechanisms to assure coordinated delivery of rehabilitation services through a multi-disciplinary approach?
- t) Standard #1: Services should be provided utilizing a multi-disciplinary team approach.
- u) Data Factors:
 - 1) Description of rehabilitation team system including team composition, leadership and role of patient.
 - 2) Existence and frequency of case conferences.
 - 3) Attendance policy for case conferences.
 - 4) Written staff communication mechanisms.
- v) Standard #2: Each patient should have one member of the rehabilitation team designated as his/her comprehensive case manager.
- w) Data Factors:
 - 1) Title of person responsible for designating case manager.
 - 2) Responsibilities of case manager.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- x) Standard #3: Free-standing rehabilitation facilities shall have transfer agreements with acute care facilities for acute and emergency care.
- y) Data Factors:
 - 1) Transfer agreements.
 - 2) Location of facilities.
 - 3) Plan for transportation of patients.
- z) Criteria #6: Do all rehabilitation facilities have procedures to promote continuity of care?
- aa) Standard #1: All rehabilitation facilities shall involve the patient's family and/or significant others in the patient's program.
- bb) Data Factors:
 - 1) Existence of family orientation and education programs.
 - 2) Policies for family participation in the patients care and program design.
 - 3) Procedures for family assessment in preadmission review.
 - 4) Existence of psychological and other support services for family.
 - 5) Procedures for family preparation for post discharge care.
 - 6) Availability of bilingual staff members, interpreters, or pre-printed materials or visual aids, for patients and families who cannot communicate.
- cc) Standard #2: Discharge planning services should be provided to all patients. This process should:
 - 1) Begin early in the treatment phase and involve patient and family;

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Have a designated person responsible for it whenever possible;
 - 3) Allow for a trial discharge whenever appropriate; and
 - 4) assure that all aftercare referral arrangements are completed prior to discharge.
- dd) Data Factors:
- 1) Discharge planning policies and procedures.
 - 2) Title of responsible staff.
 - 3) Existence of referral agreements with home care and social service agencies.
 - 4) Referral procedure to the Illinois Department of Rehabilitation Services.
 - 5) Existence of written mechanisms for communication of aftercare instruction to physicians or other professionals providing follow-up care.
 - 6) Existence of community resource file.
- ee) Standard #3: Rehabilitation facilities should conduct post discharge patient follow-up to monitor compliance with prescribed regimen, to perform patient reassessment and to modify the treatment plan when necessary.
- ff) Data Factors:
- 1) Existence of follow-up procedures.
 - 2) Frequency of follow-up procedures.
 - 3) Percentage of total inpatients in the latest 12 month period for which data is available, who received follow-up.
- gg) Criteria #7: Are rehabilitation services delivered in a way which promotes realization of the patient's potential for independent functioning?

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- hh) Standard #1: An individual treatment plan should be developed for each inpatient. This plan should:
 - 1) Specify goals and measurable objectives;
 - 2) Provide for periodic inpatient and post discharge interdisciplinary assessment to monitor patient progress and identify when a revision of the patient's goals and treatment plan is necessary; and
 - 3) Include input from the patient and his family.
- ii) Data Factors:
 - 1) Treatment plan format.
 - 2) Responsible staff.
 - 3) Existence of assessment instruments.
 - 4) Reassessment schedule.
 - 5) Procedures for patient and family participation in plan formulation.
- jj) Standard #2: All facilities should have a statement of patient rights and responsibilities.
- kk) Data Factors: Existence of statement.
- ll) Standard #3: Rehabilitation facilities shall have a mechanism for evaluation of each patient which includes evaluation of change of patients status from initiation of treatment to discharge to a follow-up period after discharge.
- mm) Data Factors:
 - 1) Responsible staff.
 - 2) Existence of a management information system for data collection.
- nn) Criteria #8: Do rehabilitation facilities have systems for on-going program

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

evaluation?

oo) Standard #1:

1) All rehabilitation facilities shall conduct program evaluation. The evaluation scheme shall include measurable goals and objectives and preestablished levels of acceptable and non-acceptable conformance. The program evaluation should address the following components:

- A) Program objectives;
- B) Organization;
- C) Staff;
- D) Communication procedures;
- E) Case conference procedures;
- F) Administration and utilization of service;
- G) Service and treatment criteria; and
- H) Discharge and transfer criteria.

2) The evaluation system should be structured so that the following can be determined:

- A) The utilization of services by various categories of patients;
- B) The degree to which existing services fall short of or surpass demand for service; and
- C) The level of unmet need for services which are not presently provided in the facility.

pp) Data Factors:

1) Description of program evaluation system.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Responsible staff.
- 3) Report of facility evaluation for the latest 12 month period for which information is available.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

SUBPART V: CRITERIA AND STANDARDS--ACUTE MENTAL ILLNESS TREATMENT SERVICES

Section 1250.2210 Introduction

- a) The criteria and standards established in this Section provide the basis for evaluating Acute Mental Illness Treatment Services in relation to the ability of the system to meet the needs for those services in the most cost effective and quality setting.
- b) Only those facilities providing such service in a dedicated facility or unit are subject to review under those criteria and standards.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2220 Need

- a) Criteria #1: What is the projected community need for the service?
- b) Standard #1: There is adequate capability to treat all patients requiring Acute Mental Illness Treatment Services.
- c) Data Factors:
 - 1) Need shall be determined separately for children/adolescents (under 18) and for adults. The need equation shall reflect a population allocation based on patient migration, and a statewide use rate ceiling and an optimal occupancy range of 75% to 95%.
 - 2) Population Estimates by Age.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 3) Patient Origin Data by Age.
- 4) Patient Days by Age Group.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2230 Availability

- a) Criteria #1: Acute Mental Illness Treatment Services in each Health Service Area should be viewed as only a single component of a comprehensive system of available mental health services.
- b) Standard #1: Each provider of Acute Mental Illness Treatment Services shall have specified in writing the types of services available and address the facility's role within the total mental health delivery system (through consultation with the HSA or any other planning organization) including such elements as target population, relationship to providers of appropriate alternate services, procedures for replacement of inappropriate referrals.
- c) Data Factors:
 - 1) Each provider of Acute Mental Illness Treatment Services must submit a written document specifying the functions (s) of its Acute Mental Illness Treatment Service.
 - 2) A written statement of the providers' role in the comprehensive mental health delivery system within its HSA.
- d) Criteria #2: Acute Mental Illness Treatment Services should be available when needed by the resident/client.
- e) Standard #1: Each provider of Acute Mental Illness Treatment Services should have evaluation and admittance services available on a 24 hours per day, 7 days per week basis.
- f) Data Factor: A copy of the admission policies and evaluation policies of each provider of Acute Mental Illness Treatment Services.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section 1250.2240 Accessibility

- a) Criteria #1: Acute Mental Illness Treatment Services should be accessible to all clients regardless of their ability to pay and without discrimination.
- b) Standard #1: Each provider of Acute Mental Illness Treatment Services in each Health Service Area should not deny admission to any client, based upon the client's source of reimbursement.
- c) Data Factor: An explicit written statement of Board policy from each provider of Acute Mental Illness Treatment Services.
- d) Standard #2: Each provider of Acute Mental Illness Treatment Services should not deny admission to any client on the basis of race, creed or sex.
- e) Data Factor: A copy of the facility's anti-discrimination policy.
- f) Criteria #2: Acute Mental Illness Treatment Services should be geographically accessible to all residents/clients requiring treatment for such services within each Health Service Area.
- g) Standard #1: Acute Mental Illness Treatment Services should be available within 60 minutes travel time under normal driving conditions to 90% of the population of each Health Service Area. The entire geographic area of the State should be covered when circles are drawn with a radius of:
 - 1) Twenty (20) miles in the geographic area of Cook County, with the location of each facility providing Acute Mental Illness Treatment Services at the center of a circle.
 - 2) Forty-five (45) miles in the remainder of the State (excluding Cook County), with the location of each facility providing Acute Mental Illness Treatment Services at the center of a circle.
- h) Data Factor: The location of all facilities providing Acute Mental Illness Treatment Services.
- i) Criteria #3: Each provider of Acute Mental Illness Treatment Services shall be

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

responsive to the needs of special underserved populations.

- j) Standard #1: Each facility providing Acute Mental Illness Treatment Services shall be in compliance with all applicable federal, state and local standards which address the elimination of architectural barriers to the handicapped.
- k) Data Factor: A copy of the most recent, applicable licensure or accreditation survey for each provider of Acute Mental Illness Treatment Services.
- l) Standard #2: Each provider of Acute Mental Illness Treatment Services shall make evaluations and admissions without respect to the client's status under the Illinois Mental Health and Developmental Disabilities Code. (Ill. Rev. Stat. 1981, ch. 81½, pars. 1-100 et. seq.)
- m) Data Factors:
 - 1) The number of INVOLUNTARY admissions per facility (for the last 12 month period for which data is available).
 - 2) A copy of each provider's admission policies for admission and evaluation of Involuntary patients.
- n) Criteria #4: All facilities providing Acute Mental Illness Treatment Services should be accessible to any cultural and/or linguistic minority population(s) within the facility's Service Area (or Health Service Area).
- o) Standard #1: Facilities providing Acute Mental Illness Treatment Services should have the programmatic capacity to communicate with clients and their families who are not able to communicate. The program may meet this standard by either having staff who are bi-lingual; by developing arrangements with persons or groups in the community to provide translation services or by utilizing pre-printed materials or audio-visual aids. Facilities should be cognizant of the existence of special population groups (Hispanic, etc.) within their service area and, at a minimum, meet the standards for these groups.
- p) Data Factors:
 - 1) The ethnic composition of the population within the service area of the facility (census data from Illinois Bureau of the Budget).

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) The ability of staff to communicate on a multi-lingual basis either thru translation or thru the use of pre-printed materials or audio-visual aids.
- 3) The existence of written agreements with individuals or groups within the community for provision of translation services.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2250 Cost Effectiveness

- a) Criteria #1: Acute Mental Illness Treatment Services should operate at an efficient level of utilization.
- b) Standard #1: Each Acute Mental Illness unit within a facility should have a minimum bed capacity of twelve beds and should not exceed a maximum bed capacity of 30 beds. The State Board recognizes that existing units, however, may exceed the established maximum of 30 beds.
- c) Data Factor: The number of Acute Mental Illness Treatment beds by unit, by facility.
- d) Standard #2: Each Mental Illness Treatment unit of 20 beds or less should have a minimum average annual occupancy rate of 75%.
- e) Data Factors:
 - 1) The number of Acute Mental Illness Treatment beds by unit, by facility.
 - 2) Utilization data (Number of Acute Mental Illness Treatment Patient Days for the latest 12 months by unit, by facility).
- f) Standard #3: Each Acute Mental Illness unit of 21 to 40 beds should have a minimum average annual occupancy rate of 80%.
- g) Data Factors:
 - 1) The number of Acute Mental Illness Treatment beds by unit, by facility.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Utilization data (Number of Acute Mental Illness Treatment Patient Days for the latest 12 months by unit, by facility).
- h) Standard #4: Each Acute Mental Illness unit of 41 beds and over should have a minimum average annual occupancy rate of 85%.
- i) Data Factors:
- 1) The number of Acute Mental Illness Treatment beds by unit, by facility.
 - 2) Utilization data (Number of Acute Mental Illness Treatment Patient Days for the latest 12 months by unit, by facility).
- j) Criteria #2: Acute treatment services should be provided only to persons who cannot be served effectively in less restrictive and less costly settings.
- k) Standard #1: All acute services should utilize specific admission criteria and procedures which insure that each potential client is screened to determine whether they could be served in an ambulatory or alternative community-based residential program.
- l) Data Factors:
- 1) Compliance with the American Psychiatric Association's recommended admission criteria stipulated in PSRO guidelines.
 - 2) A copy of each provider's admission policies for admission and evaluation of clients.
- m) Standard #2: All facilities providing acute mental illness services should utilize admission procedures and criteria that specify those patient characteristics necessary for admission to the service.
- n) Data Factors:
- 1) Compliance with the American Psychiatric Association's recommended admission criteria stipulated in PSRO guidelines.
 - 2) A copy of each provider's admission policies for admission and evaluation

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

of clients.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2260 Financial Viability

- a) Criteria #1: The costs of providing Acute Mental Illness Treatment Services should be offset by reimbursement.
- b) Standard #1: Revenue received for Acute Mental Illness Treatment Services should be reasonably related to the cost of providing the service in that the total service revenue received approximates the total service costs.
- c) Data Factors:
 - 1) Fixed and variable costs of operation.
 - 2) Annual revenue.
 - 3) Patient volume.
 - 4) Charges for the services.
- d) Standard #2: Reimbursement programs should be available and appropriate.
- e) Data Factors:
 - 1) Current reimbursement by patient volume.
 - 2) Projected reimbursement by patient volume.
 - 3) Each facility's eligibility under all forms of reimbursement.
 - 4) Any policy limitations on reimbursement eligibility imposed by 3rd party payors.
 - 5) Current source of funding for program operations.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

Section 1250.2270 Quality

- a) **Criteria #1:** Each provider of Acute Mental Illness Treatment Services should:
 - 1) Encourage a minimum length of stay in accordance with each client's clinical readiness for discharge or transfer; and
 - 2) Establish or have established policies and procedures for the arrangement of adequate aftercare or extended care services.
- b) **Standard #1:** Each provider of Acute Mental Illness Treatment Services shall have explicit, written policies and/or procedures requiring that discharge planning be initiated for all clients within the first week of stay in the setting.
- c) **Data Factor:** Each provider shall submit a copy of such a document.
- d) **Standard #2:** All providers of Acute Mental Illness Treatment Services should have written interagency linkage agreements, procedures for referral and information exchanges, and a mechanism for follow-up of referral completion.
- e) **Data Factors:**
 - 1) Each provider shall submit such documents where developed.
 - 2) If such agreements have not been developed, a plan for implementation of such agreements.
- f) **Standard #3:** Annual adult (18 years of age and older) discharges from providers of Acute Mental Illness Treatment Services shall have an average length of stay of 30 days or less.
- g) **Data Factors:**
 - 1) The total number of adult (18 years of age and older) discharges per unit per facility (for the latest 12 month period for which data is available).
 - 2) The number of beds designated for Acute Mental Illness Treatment Services for adults (18 years of age and older) by unit, by facility.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 3) Utilization data for Acute Mental Illness Treatment Services for adults (18 years of age and older) by unit, by facility.
- h) Standard #4: Annual children/adolescent (0-17 years of age) discharges from providers of Acute Mental Illness Treatment Services shall have an average length of stay of 120 days or less.
 - i) Data Factors:
 - 1) The total number of children/adolescent (0 thru 17 years of age) discharges per unit, per facility (for the latest 12 month period for which data is available).
 - 2) The number of beds designated for Acute Mental Illness Treatment Services for children/adolescents (0 thru 17 years of age), by unit, by facility.
 - 3) Utilization data for Acute Mental Illness Treatment Services for children/adolescents (0 thru 17 years of age) by unit, by facility.
 - j) Criteria #2: Proper medical and professional staff should be available.
 - k) Standard #1: All staff required by licensing (for those facilities licensed pursuant to the Hospital licensing Act) or certification requirements (for those State-Operated facilities certified by J.C.A.H.) should be available.
 - l) Data Factors:
 - 1) Number and type of staff.
 - 2) Staffing patterns.
 - m) Criteria #3: Proper Support Services should be available.
 - n) Standard #1: the following support services or consultative resources services should be available:
 - 1) Clinical psychological services;

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) Social work services; and
 - 3) Occupational and recreational therapy services.
- o) Data Factors:
- 1) Number and type of staff.
 - 2) Staffing patterns.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

SUBPART W: CRITERIA AND STANDARDS--CHRONIC MENTAL ILLNESS (M.I.)

Section 1250.2310 Introduction

The criteria and standards established in this Section provide the basis for evaluating inpatient Chronic Mental Illness (M.I.) Treatment Services as currently recognized as being provided in State-Operated facilities in relation to the ability of the entire system to meet the needs for those services in the most cost effective and quality setting.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2320 Availability

- a) **Criteria #1:** All persons requiring treatment for Chronic Mental Illness (M.I.) should be referred to facilities and/or community based programs providing the appropriate intensity of medical/psychiatric treatment, supervision, rehabilitation and other necessary services in the least restrictive setting.
- b) **Standard #1:** A full range of services for treatment of Chronic Mental Illness (M.I.) should exist within each Health Service Area, including facilities and community-based programs such as nursing homes (which will admit Chronic Mental Illness residents) and non-licensed sheltered settings and residential alternatives to hospitalization.
- c) **Data Factors:**

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 1) A listing of all facilities providing Chronic Mental Illness (M.I.) Treatment Services by HSA.
 - 2) A listing of all long-term care facilities within each HSA which will accept residents requiring continuing care for the Chronic Mentally Ill.
 - 3) A listing of all other non-licensed sheltered settings for residents requiring continuing care for Chronic Mental Illness within each HSA.
- d) Criteria #2: Psycho-social rehabilitative services, such as living skills training, sheltered employment, etc., should be available for residents requiring Chronic Mental Illness (M.I.) Treatment Services in a recognized unit or facility.
 - e) Standard #1: All facilities providing care for the Chronic Mentally Ill should have formal procedures for providing psycho-social rehabilitation opportunities to clients, either in the facility or, preferably, in a community setting.
 - f) Data Factors: Each provider shall provide written program descriptions of facility-based psycho-social rehabilitation services and/or linkage agreements with other agencies or facilities providing these services.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2330 Accessibility

- a) Criteria #1: Chronic Mental Illness (M.I.) Treatment Services should be accessible to clients regardless of ability to pay and without discrimination.
- b) Standard #1: Each provider of Chronic Mental Illness (M.I.) Treatment Services in each HSA should not deny admission to any client based upon the client's source of reimbursement.
- c) Data Factors: An explicit, written statement of Board policy from each provider of Chronic Mental Illness (M.I.) Treatment Services.
- d) Standard #2: Each provider of Chronic Mental Illness (M.I.) Treatment Services, should not deny admission to any client on the basis of race, creed or sex.
- e) Data Factors: A copy of the facility's anti-discrimination policy.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- f) Criteria #2: Chronic Mental Illness (M.I.) Treatment Services should be geographically accessible to all residents/clients requiring treatment for such services within each Health Service Area.
- g) Standard #1: Chronic Mental Illness (M.I.) Treatment Services should be available within 2 hours travel time under normal driving conditions to 90% of the population of each Health Service Area which is an accepted travel-time for relatives and friends. The entire geographic area of the State should be covered when circles with a radius of:
 - 1) Forty (40) miles are drawn, in the geographic area of Cook County, with the location of each facility providing Chronic Mental Illness (M.I.) Treatment Services at the center of a circle; and
 - 2) Ninety (90) miles are drawn, in the remainder of the State (excluding Cook County), with the location of each facility providing Chronic Mental Illness (M.I.) Treatment Services at the center of a circle.
- h) Data Factors: The location of all facilities providing Chronic Mental Illness (M.I.) Treatment Services.
- i) Criteria #3: All facilities providing Chronic Mental Illness (M.I.) Treatment Services should be accessible to any cultural and/or linguistic minority populations within the facility's Service Area (or Health Service Area).
- j) Standard #1: Facilities providing Chronic Mental Illness (M.I.) Treatment Services should have the programmatic capacity to communicate with clients and their families who are not able to communicate. The program may meet this standard by either having staff who are bi-lingual; by developing arrangements with persons or groups in the community to provide translation services or by utilizing pre-printed materials or audio-visual aids. Facilities should be cognizant of the existence of special population groups (Hispanic, etc.) within their service area and, at a minimum, meet the standard for these groups.
- k) Data Factors:
 - 1) the ethnic composition of the population within the service area of the facility (census data from Illinois Bureau of the Budget).

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 2) the ability of staff to communicate on a multi-lingual basis either thru translation or thru the use of pre-printed materials or audio-visual aids.
 - 3) the existence of written agreements with individuals or groups within the community for provision of translation services.
- l) Criteria #4: Each provider of Chronic Mental Illness (M.I.) Treatment Services shall be responsive to the needs of the physically handicapped.
 - m) Standard #1: Each facility providing Chronic Mental Illness (M.I.) Treatment Services shall be in compliance with all applicable federal, state and local standards which address the elimination of architectural barriers to the handicapped.
 - n) Data Factors: A copy of the most recent, applicable licensure or accreditation survey for each provider of Chronic Mental Illness Treatment Services.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2340 Cost Effectiveness

- a) Criteria #1: Patient volume for Chronic Mental Illness (M.I.) Treatment Services should operate at an efficient level of utilization.
- b) Standard #1: Each Chronic Mental Illness (M.I.) Treatment unit of 19 beds or less should have a minimum average annual occupancy rate of 70%.
- c) Data Factors:
 - 1) The number of Chronic Mental Illness, (M.I.) Treatment beds by unit, by facility.
 - 2) Utilization data (Number of Chronic Mental Illness, Admission and Patient Days for the latest 12 months by unit, by facility).
 - 3) Current patient census.
- d) Standard #2: Each Chronic Mental Illness (M.I.) Treatment unit of 20 to 49 beds

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

should have a minimum average annual occupancy rate of 75%.

- e) Data Factors:
 - 1) The number of Chronic Mental Illness (M.I.) Treatment beds by unit, by facility.
 - 2) Utilization data (Number of Chronic Mental Illness Patient Days for the latest 12 months by unit, by facility).
- f) Standard #3: Each Chronic Mental Illness (M.I.) Treatment unit of 50 beds or more should have an average annual occupancy rate of 80%.
- g) Data Factors:
 - 1) The number of Chronic Mental Illness (M.I.) Treatment beds by unit, by facility.
 - 2) Utilization data (Number of Chronic Mental Illness Patient Days for the latest 12 months by unit, by facility).

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2350 Financial Viability

- a) Criteria #1: The costs of providing Chronic Mental Illness (M.I.) Treatment Services should be offset by reimbursement.
- b) Standard #1: Revenue received for Chronic Mental Illness (M.I.) should be reasonably related to the cost of providing the service in that the total service revenue received approximates total service costs.
- c) Data Factors:
 - 1) Fixed and variable costs of operation.
 - 2) Annual revenue.
 - 3) Patient volume.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PROPOSED REPEALER

- 4) Charges for the services.
- d) Standard #2: Reimbursement programs should be available and appropriate.
 - e) Data Factors:
 - 1) Current reimbursement by patient volume.
 - 2) Projected reimbursement by patient volume.
 - 3) Each facility's eligibility under all forms of reimbursement.
 - 4) Any policy limitations on reimbursement eligibility imposed by 3rd party payors.

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

Section 1250.2360 Quality

- a) Criteria #1: All facilities offering Chronic Mental Illness (M.I.) Treatment Services shall meet applicable licensure standards (for those facilities licensed pursuant to the Hospital Licensing Act) and Certification standards (for those State-Operated facilities certified by J.C.A.H.).
- b) Standard #1: Each facility providing Chronic Mental Illness (M.I.) Treatment Services shall comply with the (NFPA) National Fire Protection Agency Life safety Code requirements.
- c) Data Factors: Each provider of such services shall provide a letter from the Illinois State Fire Marshall that such facility is in compliance with all applicable "Fire Safety Codes."

(Source: Added at 5 Ill. Reg. 3214, effective March 18, 1981)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Dietitian Nutritionist Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1245
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
1245.10	Amendment
1245.110	Amendment
1245.120	Amendment
1245.130	Amendment
1245.140	Amendment
1245.150	Amendment
1245.160	Amendment
1245.300	Amendment
1245.305	Amendment
1245.310	Amendment
1245.320	Amendment
1245.325	New Section
1245.330	Amendment
- 4) Statutory Authority: Implementing the Dietitian Nutritionist Practice Act [225 ILCS 30] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) Effective Date of Rules: March 11, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 14775; November 13, 2015
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposal and Final Version: A few technical corrections were made to the proposed version but no substantive changes were made.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This adopted rulemaking implements provisions in PA 98-148, which provided that enteral and parenteral nutrition therapy and developing and managing food service operations whose chief function is nutrition care shall only be performed by individuals licensed under the Act. Various non-substantive changes, including changing references throughout the entire Part from "Department" to "Division" to reflect the consolidation of agencies into the Department of Financial and Professional Regulation and the creation of the Division of Professional Regulation were made.
- 16) Information and questions regarding these adopted rules shall be directed to:

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

217/785-0813
fax: 217/557-4451

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1245

DIETITIAN NUTRITIONIST~~DIETETIC AND NUTRITION SERVICES~~ PRACTICE ACT

SUBPART A: DEFINITIONS

Section
1245.10 Definitions

SUBPART B: DIETITIAN NUTRITIONIST

Section
1245.100 Application for Licensure as a Dietitian Under Section 60(a) of the Act
(Grandfather) (Repealed)
1245.110 Application for Examination/Licensure
1245.120 Examinations~~Examination~~
1245.130 Approved Schools or Programs in Dietetics and Nutrition
1245.140 Practice Experience
1245.150 Endorsement
1245.160 Restoration

SUBPART C: NUTRITION COUNSELOR

Section
1245.200 Application for Licensure as a Nutrition Counselor Under Section 60(b) of the
Act (Grandfather) (Repealed)
1245.210 Application for Examination/Licensure (Repealed)
1245.220 Examination (Repealed)
1245.230 Approved Programs of Nutrition Counselors (Repealed)
1245.240 Experience (Repealed)
1245.250 Endorsement (Repealed)
1245.260 Restoration (Repealed)

SUBPART D: GENERAL

Section

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1245.300	Renewal
1245.305	Fees
1245.310	Continuing Education
1245.320	Inactive Status
1245.325	Supervision Under Section 20(m) of the Act
1245.330	Unprofessional Conduct
1245.340	Granting Variances

AUTHORITY: Implementing the Dietitian Nutritionist Practice Act [225 ILCS 30] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 19 Ill. Reg. 7598, effective May 26, 1995; expedited correction at 19 Ill. Reg. 11678, effective May 26, 1995; amended at 22 Ill. Reg. 8445, effective May 4, 1998; amended at 22 Ill. Reg. 19856, effective October 30, 1998; amended at 24 Ill. Reg. 518, effective December 31, 1999; emergency amendment at 27 Ill. Reg. 3121, effective February 19, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 10228, effective June 26, 2003; amended at 28 Ill. Reg. 4867, effective March 5, 2004; amended at 40 Ill. Reg. 3657, effective March 11, 2016.

SUBPART A: DEFINITIONS

Section 1245.10 Definitions

"Act" means the [Dietitian Nutritionist](#)~~Dietetic and Nutrition Services~~ Practice Act [225 ILCS 30].

"Board" means the Dietitian Nutritionist Practice Board [appointed by the Secretary](#).

["Certified clinical nutritionist" means an individual certified by the Clinical Nutrition Certification Board.](#)

["Certified nutrition specialist" means an individual certified by the Board for Certification of Nutrition Specialists.](#)

"Department" means the Department of [Financial and](#) Professional Regulation.

["Diplomate of the American Clinical Board of Nutrition" means an individual certified by the American Clinical Board of Nutrition.](#)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

"Director" means the Director of the ~~Division~~Department of Professional Regulation, with the authority delegated by the Secretary.

"Direct ~~supervision~~Supervision" means supervision by a licensed dietitian nutritionist or other appropriate supervisor as defined in ~~Section~~Sections 1245.140 and ~~1245.240 of this Part.~~ The supervisor shall:

Meet at regularly scheduled sessions with the supervisee a minimum of one hour ~~per average~~each week;

Be responsible for the standard of work performed by the ~~supervisee~~individual under supervision; and

Have knowledge of patients/clients and the case information.

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

"Licensed dietitian nutritionist" means a person ~~who, beginning November 1, 2003, pursuant to P.A. 92-0642, is~~ licensed ~~under the Act~~ to practice dietetics and nutrition services, as set forth in the Act~~including medical nutrition therapy.~~ Activities of a licensed dietitian nutritionist do not include the medical differential diagnosis of the health status of an individual.

~~"Medical nutrition therapy " means the component of nutrition care that deals with interpreting and recommending nutrient needs relative to medically prescribed diets, including, but not limited to, tube feedings, specialized intravenous solutions and specialized oral feedings; food and prescription drug interactions; and developing and managing food service operations whose chief function is nutrition care and providing medically prescribed diets.~~

"Nutrition assessment" means the evaluation of the nutrition needs of individuals or groups using appropriate data to determine nutrient needs or status and make appropriate nutrition recommendations. The mere collection of nutrition and health data is not nutrition assessment and does not require licensure under the Act, unless activities include an evaluation of nutrition needs and nutrition recommendations.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

"Nutrition care" means a dietary intervention whose primary function is to improve an individual's nutrition status and involves modification to meet individual needs. Provision of food for general sustenance of being is not construed as nutrition care and not subject to regulation under the Act and this Part.

"Nutrition counseling" means advising and assisting individuals or groups on appropriate nutrition information by integrating information from the nutrition assessment. The distribution by an individual of written nutrition educational material prepared by or approved in writing by a licensee is not nutrition counseling or nutrition education and any person distributing such written material need not be licensed under this Act.

"Nutrition education" means a planned nutrition program based on learning objectives with expected outcomes.

"Nutrition information" is oral or written factual data that includes:

Food sources of vitamins, minerals and nutrients;

Nutrient analysis of food, food items, recipes and menus;

Reporting the results of published scientific studies as long as the source is cited and recommendations are general in nature and are limited to those included in the published study;

Instruction and uses of food, dietary supplements and food material consistent with State and federal laws (i.e., Federal Food and Drug Administration, Department of Public Health); and

The display or distribution of printed, audio or video nutrition education information developed by a licensee, an entity of any federal, state or local government, or any nonprofit organization as outlined in Section 20(g) of the Act.

All health claims shall be consistent with the Federal Food and Drug Administration regulations.

Individuals are not required to be licensed to provide nutrition information;

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

however, the evaluation of an individual's or group's dietary intake and/or recommendation for dietary changes is considered nutrition services and a license would be required to perform these activities.

"Registered dietitian" and/or "registered dietitian nutritionist" means a person registered with the Commission on Dietetic Registration, the credentialing body of the Academy of Nutrition and Dietetics, formerly known as the American Dietetic Association.

"Restorative care to attainment of optimal health" relates to the use of foods, nutrients and/or dietary supplements for individuals or groups who may or may not have a diagnosed disease or medical condition, as long as it is not medical nutrition therapy. ~~If a person has a diagnosed disease or medical condition and is on a medically prescribed diet, a licensed nutrition counselor shall be limited to use of foods, nutrients and/or dietary supplements so as to indirectly impact or not contraindicate the diagnosed disease or medical condition of the individual or group.~~

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

~~"Supervision" means supervision by a licensed dietitian nutritionist or other appropriate supervisor as defined in Sections 1245.140 and 1245.240. The supervisor shall:~~

~~Meet at regularly scheduled sessions with the supervisee a minimum of one hour per month;~~

~~Be responsible for the standard of work performed by the individual under supervision; and~~

~~Have knowledge of patients/clients and the case information.~~

~~"Treatment Program" is any nutrition intervention designed for an individual or group with a specific medical diagnosis, using foods, nutrients and/or dietary supplements so as to directly and specifically impact the medical condition and health status of the individual or group.~~

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: DIETITIAN NUTRITIONIST

Section 1245.110 Application for Examination/Licensure

- a) An applicant for examination to obtain licensure as a dietitian nutritionist shall file an application, on forms provided by the Department, at least 90 days prior to the examination date. The application shall include:
- 1) Certification of education and an official transcript indicating the applicant holds one of the following:
 - A) A baccalaureate degree or post-baccalaureate degree in human nutrition, foods and nutrition, dietetics, food systems management, ~~or~~ nutrition education, nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, or nutrition and integrative health from a school or program accredited by a regional accrediting agency recognized by the Council on Higher Education Accreditation and the U.S. Department of Education (CHEA); or
 - B) A baccalaureate degree or post-baccalaureate degree in an equivalent major course of study recommended by the Board and approved by the Department in accordance with Section 1245.130 of this Part;
 - 2) Verification of 900 hours of practice experience, on forms provided by the Department; and:
 - A) ~~Prior to July 1, 1995, an applicant shall document 900 hours of employment as a dietitian nutritionist;~~
 - B) ~~Experience earned after July 1, 1995, shall be supervised experience as defined in Section 1245.140 of this Part;~~
 - 3) ~~A complete work history;~~
 - 3)4) The required fee set forth in Section 1245.305; ~~and~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 5) ~~Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant is currently licensed, if applicable, stating:~~
- A) ~~The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;~~
 - B) ~~A description of the examination in that jurisdiction; and~~
 - C) ~~Whether the file on the applicant contains any record of disciplinary actions taken or pending.~~
- b) In lieu of the documents in subsections (a)(1) and (2), an applicant for licensure as a dietitian nutritionist who, at the time of application, is a certified clinical nutritionist, certified nutrition specialist, diplomate of the American Clinical Board of Nutrition, has maintained a "registered dietitian or registered dietitian nutritionist" designation from the Commission on Dietetic Registration shall submit a copy of his or her current registration or certification ~~from the Commission~~. The applicant will not be required to take an ~~the~~ examination set forth in Section 1245.120.
- e) ~~If an applicant for licensure is not a registered dietitian but has taken and passed the dietetic examination given through the Commission on Dietetic Registration within 12 months before applying for licensure, the applicant shall not be required to retake the exam. The examination scores shall be submitted to the Department directly from the testing entity.~~
- c) ~~d)~~ When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure may ~~shall~~ be requested to:
- 1) Provide such information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain the ~~such~~ relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

in information.

- d)e) An applicant who has filed a completed application with the Department may work under direct supervision, as defined in Section 1245.10, until the earliest of the following:~~this Part.~~
- 1) 6 months after the filing of his or her written application with the Department;
 - 2) Upon the withdrawal of the application for licensure under the Act;
 - 3) The denial of the application by the Department; or
 - 4) Upon delivery of a notice of intent to deny the application from the Department.
- e)f) Upon receipt of his or her examination score, an applicant shall direct the testing entity to submit his or her examination score to the Department.~~Pursuant to P.A. 92-0642, the Department will no longer issue a separate license as a dietitian after October 31, 2003. All individuals will be issued a dietitian nutritionist license.~~

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.120 Examinations~~Examination~~

- a) The ~~examinations~~examination for licensed dietitian nutritionists shall ~~include~~be the ~~examinations~~dietetic examination given through:
- 1) the Commission on Dietetic Registration;
 - 2) the American Clinical Board of Nutrition;
 - 3) the Board for Certification of Nutrition Specialists; and
 - 4) the Clinical Nutrition Certification Board.
- b) The passing score on ~~an~~the examination shall be the passing score of the testing entity.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- c) Applicants who fail ~~an~~the examination 3 times in Illinois or any other jurisdiction shall be required to submit proof to the Department of the completion of 6 semester hours of dietetic or nutrition course work as set forth in Section 1245.130(a)~~(5)(6)~~ prior to sitting for ~~an~~the examination a fourth time. ~~An individual who has failed the examination 3 times shall be allowed to work under the direct supervision of a licensed dietitian nutritionist or other appropriate supervisor as defined in Section 1245.140.~~
- d) If an applicant is not a certified clinical nutritionist, certified nutrition specialist, diplomate of the American Clinical Board of Nutrition, registered dietitian or registered dietitian nutritionist, but has taken and passed an examination set forth in subsection (a) within the 12 months prior to applying for licensure, the applicant shall not be required to retake the examination. The examination scores shall be submitted to the Department directly by the testing entity.

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.130 Approved Schools or Programs in Dietetics and Nutrition

- a) The education requirements are as follows~~Department of Professional Regulation shall approve a program if it meets the following minimum criteria:~~
- 1) The school or program is~~Is~~ accredited by a regional accrediting agency recognized by the Council on Higher Education Accreditation ~~(CHEA)~~, or is a foreign school or program that has been validated by an accrediting agency approved by the U.S. Department of Education as offering a degree equivalent to the baccalaureate or post baccalaureate degree conferred by a regionally accredited college or university in the United States;
 - 2) The school or program has~~Has~~ a sufficient number of full-time instructors to assure that educational obligations to the student are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their areas of teaching from professional colleges or institutions;
 - 3) The school or program has~~Has~~ a designated program director;
 - 4) The school or program maintains~~Maintains~~ permanent student records

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~that~~which summarize the credentials for admission, attendance, grades and other records of performance; and

- 5) ~~The applicant holds one of the following:~~Grants a baccalaureate or post baccalaureate degree in human nutrition, foods and nutrition, dietetics, food systems management or nutrition education; or
- A) A baccalaureate or post-baccalaureate degree in human nutrition, foods and nutrition, dietetics, food systems management, nutrition education, nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, or nutrition and integrative health; or
- B)~~6)~~ A baccalaureate or post-baccalaureate degree with a major course of study that includes the following:~~Offers a baccalaureate or post baccalaureate degree with a major course of study that includes all of the following course work:~~
- i)~~A)~~ 18 semester hours of clinical or life science, comprised of the following:~~Biological Sciences—9 semester hours (must include human anatomy and physiology or the equivalent, and microbiology or the equivalent);~~
- 3 semester hours of anatomy and/or physiology;
 - 3 semester hours of counseling and/or behavioral sciences;
 - 12 hours of other clinical and/or life science, including but not limited to the following: medicine, organic chemistry, biology, microbiology, molecular biology, biotechnology, botany, nutrition science, neuroscience, environmental science, immunotherapy, pathology, research methods and applied statistics, biostatistics, epidemiology, genetics, genomics and/or pharmacology; and

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- ~~ii)B)~~ 18 semester hours of nutrition and/or metabolism, comprised of the following:
- 6 semester hours of biochemistry;
 - 12 other hours of nutrition and/or metabolism, including but not limited to the following: micronutrients, macronutrients, vitamins and minerals, nutrition education, nutrition counseling, nutrition through the life cycle, endocrinology, therapeutic nutrition, nutritional aspects of disease, pathophysiology basis of metabolic disease, functional medicine nutrition, molecular metabolism and/or developmental nutrition. Chemistry—6 semester hours (must include biochemistry or the equivalent);
- C) ~~Behavioral Sciences—6 semester hours (such as psychology, sociology, counseling or educational psychology);~~
- D) ~~Management—6 semester hours (must include food service management, institutional management or the equivalent); and~~
- E) ~~Foods and Nutrition—25 semester hours (must include):~~
- ~~i) Diet therapy, medical dietetics, clinical nutrition or the equivalent;~~
 - ~~ii) Nutrition through the life cycle, applied human nutrition, advanced human nutrition or the equivalent; and~~
 - ~~iii) Food science or the equivalent.~~
- b) The Department, ~~upon recommendation of the Board,~~ has determined that dietetic and nutrition schools and programs authorized by the following are approved: ~~by the~~
- 1) Accreditation Council for Education in Nutrition and Dietetics;

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 2) Academy of Nutrition and Dietetics;
 - 3) American Clinical Board of Nutrition;
 - 4) Board for Certification of Nutrition Specialists; and
 - 5) Clinical Nutrition Certification Board~~Commission on Dietetic Registration~~
~~are approved.~~
- c) Individuals who are deficient in any of the courses set forth in subsection (a)~~(5)(6)~~ above may complete those courses in an approved school or program.

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.140 Practice Experience

- a) Pursuant to Section 45 of the Act, applicants for licensure are required to demonstrate successful completion, within a 5 year time frame, of a~~A~~ minimum of 900 hours of practice experience in dietetics or nutrition, as defined in Section 10 of the Act~~completed within 5 years is required for licensure as a dietitian nutritionist under Section 45 of the Act.~~
- b) The practice experience shall have been received from a supervisor who, at the time direct supervision took place, had at least 3 years of experience in dietetics or nutrition and was one of the following:
- 1) ~~A "registered dietitian" with the Commission on Dietetic Registration;~~
 - 1)2) An individual who holds an active license under the Act or an actively licensed resident of another jurisdiction if the jurisdiction in which the supervisor practices requires licensure~~A licensed dietitian nutritionist;~~
 - 2)3) A licensed practitioner (such as, but not limited to, a licensed physician or registered nurse) whose license includes nutrition care;
 - 3)4) An individual with a doctoral degree conferred by a U.S. regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics or food systems management, nutrition, nutrition science, clinical nutrition, applied clinical

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

nutrition, nutrition counseling, nutrition and functional medicine, or nutrition and integrative health;~~or~~

- 4) A registered dietitian or registered dietitian nutritionist of the Commission on Dietetic Registration;
- 5) A certified clinical nutritionist of the Clinical Nutrition Certification Board;
- 6) A certified nutrition specialist of the Board of Certification of Nutrition Specialists;
- 7) A diplomate of the Academy of Nutrition and Dietetics; or
- 8)5) A supervisor approved by the Department.~~An individual who obtained a doctoral degree outside the U.S. and its territories must have the degree validated as equivalent to the doctoral degree conferred by a U.S. regionally accredited college or university.~~
- b) ~~After January 1, 1996, an individual shall have at least 3 years of experience in dietetics in order to supervise practice experience.~~
- c) ~~Practice~~Supervised practice experience must be completed in the United States or its territories.
- d) The supervisor shall observe, supervise and assess the applicant through contact or meetings with the supervisee. Supervision may be individual or group.
- e) The practice experience must be under direct supervision as defined in Section 1245.10 and documented by the supervisor as satisfactory or better.
- f) The practicesupervised experience may be obtained ~~prior to~~, concurrently with or following the completion of the education requirements.
- g) ~~The experience shall be completed prior to filing an application with the Department for licensure/examination.~~
- g)h) Internships~~The Department, upon recommendation of the Board, has determined that internships approved by the following~~American Dietetic Association meet the

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

experience requirements set forth in this Section:-

- 1) [Accreditation Council for Education in Nutrition and Dietetics;](#)
- 2) [American Clinical Board of Nutrition;](#)
- 3) [Board for Certification of Nutrition Specialists; and](#)
- 4) [Clinical Nutrition Certification Board.](#)

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.150 Endorsement

- a) An applicant who is licensed, [certified or](#) /registered under the laws of another state or territory of the United States or of a foreign country and who wishes to be licensed in Illinois as a dietitian nutritionist shall file an application with the Department, on forms provided by the Department, ~~that~~[which](#) includes:
 - 1) Certification of education and an official transcript from a baccalaureate or post baccalaureate degree program in human nutrition, foods and nutrition, dietetics, food systems management, ~~or~~ nutrition education, [nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, or nutrition and integrative health](#) from a school or program accredited by a regional accrediting agency recognized by the Council on Higher Education Accreditation (~~CHEA~~), or ~~in~~ an equivalent major course of study recommended by the Board and approved by the Department in accordance with Section 1245.130(a) ~~of this Part~~;
 - 2) Certification of at least 900 hours of ~~practices supervised or internship~~ experience as set forth in Section 1245.140 ~~of this Part~~;
 - 3) Certification from the state or territory of the United States or the foreign country in which the applicant was originally licensed, [certified or](#) /registered and any location in which the applicant predominantly practices and is currently licensed, [certified or](#) /registered, stating:
 - A) The time during which the applicant was originally licensed,

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

certified or registered;

- B) Whether the file of the applicant contains any record of disciplinary actions taken or pending; and
- C) Examinations taken and examination scores received;
- 4) Proof of successful completion of an examination in accordance with Section 1245.120A complete work history since graduation from a baccalaureate or post baccalaureate program; and
- 5) The required fee as set forth in Section 1245.305.
- b) In lieu of the documents in subsections (a)(1), ~~and (2)~~ and (4), anthe applicant for licensure as a dietitian nutritionist may submit a copy of any of the following current designations:~~current registration as a "~~
- 1) registered dietitian or registered dietitian nutritionist of" ~~from~~ the Commission on Dietetic Registration;
 - 2) certified clinical nutritionist of the Clinical Nutrition Certification Board;
 - 3) certified nutrition specialist of the Board for Certification of Nutrition Specialists; or
 - 4) diplomate of the Academy of Nutrition and Dietetics.
- c) An applicant for licensure as a dietitian nutritionist who is ~~registered~~/licensed, certified or registered under the laws of another state or territory of the United States or of a foreign country or is a registered dietitian or registered dietitian nutritionist, certified clinical nutritionist, certified nutrition specialist or diplomate of the American Clinical Board of Nutrition may practice dietetics in this State ~~until:~~
- 1) Until~~The expiration of~~ 6 months after the filing of his or her~~the~~ written application to the Department;
 - 2) Upon the~~The~~ withdrawal of the application for licensure under the Act; ~~or~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 3) ~~Until the~~The denial of the application by the Department; ~~or-~~
- 4) Upon delivery of a notice of intent to deny the application from the Department.
- d) ~~The applicant shall have the license issued or be notified in writing of the reason for denying the application.~~

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.160 Restoration

- a) Any dietitian nutritionist whose license has expired or has been placed on inactive status for 5 years or less may have the license restored by paying the fees required by Section 1245.305 and providing proof of meeting ~~the CE continuing education~~ requirements of Section ~~1245.310~~1245.190 of this Part during the 2 years prior to restoration.
- b) Any person seeking restoration of a license that has been expired or placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, ~~for review by the Board,~~ together with the fee required by Section 1245.305 and proof of meeting ~~the CE continuing education~~ requirements of Section ~~1245.310~~1245.190 of this Part during the 2 years prior to restoration. The applicant shall also submit:
 - 1) Sworn evidence of active practice in another jurisdiction. ~~That~~Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice;
 - 2) An affidavit attesting to military service as provided in Section ~~7065~~ of the Act;
 - 3) Proof of passage of the ~~Commision on Dietetic Registration~~ADA/CDR examination for dietitian nutritionists during the period the license was lapsed or on inactive status; or
 - 4) Evidence of current status as a registered dietitian or registered dietitian nutritionist, certified clinical nutritionist, certified nutrition specialist, or

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~diplomat of the American Clinical Board of Nutrition~~ ~~Current "Registered Dietitian" status from the Commission on Dietetic Registration.~~

- c) Any person seeking restoration of a license within 2 years after honorable termination~~discharge~~ from military service pursuant to Section 7065 of the Act will be required to pay only the current renewal fee and will not be required to submit proof of meeting the CE~~continuing education~~ requirements.
- d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee seeking restoration may~~shall~~ be requested to:
- 1) Provide such information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- e) ~~Upon the recommendation of the Board and approval of the Director, an applicant shall have the license restored or be notified in writing of the reason for denying the application.~~

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

SUBPART D: GENERAL

Section 1245.300 Renewal

- a) Every license issued under the Act shall expire on October 31 of each odd-numbered year. In order to renew a license, a licensee shall be required to complete 30 hours of CE~~continuing education~~ in accordance with Section 1245.310 ~~of this Part~~. The holder of a license may renew such license during the month preceding the expiration date by paying the required fee.
- b) ~~In order for licensed nutrition counselors to renew their licenses for the October 31, 2003 renewal, the licensees will be required to complete and submit proof to the Department of 30 hours of continuing education, of which 24 hours shall be in~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~medical nutrition therapy, that includes diet therapy, medical dietetics, clinical nutrition or the equivalent.~~

- 1) ~~"Medical nutrition therapy" means the component of nutrition care that deals with interpreting and recommending nutrient needs relative to medically prescribed diets, including, but not limited to, tube feedings, specialized intravenous solutions and specialized oral feedings; food and prescription drug interactions; and developing and managing food service operations whose chief function is nutrition care and providing medically prescribed diets.~~
- 2) ~~Courses or programs in medical nutrition therapy shall be provided by a continuing education sponsor approved pursuant to Section 1245.310(c) and may only be earned in the following manner:~~
 - A) ~~Verified attendance at or participation in a medical nutrition therapy program or course that is offered or sponsored by the sponsor; or~~
 - B) ~~Verified completion of a postgraduate training program (e.g., extern, residency or fellowship programs) or completion of a medical nutrition therapy course that is a part of the curriculum of a regionally accredited college or university.~~

~~No self study courses will be accepted.~~
- 3) ~~Proof of continuing education shall be in the form of a certificate of attendance or certificate of completion from an approval sponsor or a transcript from a college or university.~~

~~e) All individuals will be issued a dietitian nutritionist license at the time to renewal.~~

~~b)d) It is the responsibility of each licensee to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee or to renew one's license.~~

~~c) Practicing or attempting to practice without a valid license or while a license is not active shall be considered unlicensed practice and shall be grounds for discipline in accordance with Section 15.5 of the Act.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.305 Fees

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

a) Application Fees-

- 1) The fee for application for a license as a dietitian nutritionist is \$100. In addition, applicants for an examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing ~~an~~the examination. Failure to appear for ~~an~~the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.
- 2) The fee for application as a ~~CE~~continuing education sponsor is \$500. State colleges ~~and~~, universities, and State agencies are exempt from payment of this fee.

b) Renewal Fees-

- 1) The fee for the renewal of a license shall be calculated at the rate of \$50 per year.
- 2) The fee for renewal of ~~CE~~continuing education sponsor approval is \$250 for the renewal period ~~(see Section 1245.310(e)(7))~~.

c) General Fees-

- 1) The fee for the restoration of a license other than from inactive status is \$20 plus payment of all lapsed renewal fees, but not to exceed \$300.
- 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed, or for the issuance of a license with a change of name or address, other than during the renewal period, is \$20. No fee is required for name and address changes on Department records when no duplicate license is issued.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 3) The fee for certification of a licensee's record for any purpose is \$20.
- 4) ~~The fee to have the scoring of an examination authorized by the Department reviewed and verified is \$20 plus any fees charged by the applicable testing service.~~
- 4)5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.
- 5)6) The fee for a roster of persons licensed as dietitian nutritionists in this State shall be the actual cost of producing the roster.

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.310 Continuing Education

- a) Continuing Education Hours Requirements
 - 1) ~~In~~For the October 31, 1999 renewal, a licensee will be required to complete 15 hours of continuing education. Beginning with the October 31, 2001 renewal and every renewal thereafter, in order to renew a license, a licensee shall be required to complete 30 hours of CE during the renewal period~~continuing education~~.
 - 2) A renewal~~prerenewal~~ period is the 24 months preceding October 31 of each odd-numbered year.
 - 3) One CE hour shall equal one clock hour. After completion of the initial CE hour, credit may be give in one-half hour increments.
 - 4) Courses that are part of the curriculum of a regionally accredited university or, college ~~or other educational institution~~ shall be allotted CE credit at the rate of 15 CE hours for each semester hour, 14 CE hours for each trimester hour and 10 CE hours for each quarter hour of school credit awarded.
 - 5) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 6) Dietitian nutritionists licensed in Illinois but residing and practicing in other states shall comply with the CE requirements set forth in this Section.
 - 7) ~~CE~~Continuing education credit hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois.
- b) Approved Continuing Education
- 1) ~~CE~~Continuing education hours shall be earned by verified attendance (e.g., certificate of attendance or certificate of completion) at or participation in a program or course (~~program~~) that is offered or sponsored by an approved ~~CE~~continuing education sponsor who meets the requirements set forth in subsection (c), except for those activities provided in subsections (b)(2), (3), and (4) ~~and (5)~~.
 - 2) CE credit may be earned through postgraduate training programs (e.g., extern, residency or fellowship programs) or completion of dietetic and/or nutrition services related courses that are a part of the curriculum of a college or university.
 - 3) CE credit may be earned for verified teaching in a regionally accredited college, university or graduate school of dietetics and nutrition services approved in accordance with Section 1245.130 ~~or nutrition services approved in accordance with Section 1245.230 and/or~~ as an instructor of ~~CE~~continuing education programs given by approved sponsors. Credit will be applied at the rate of 1.5 hours for every clock hour taught and only for the first presentation of the program (i.e., credit shall not be allowed for repetitious presentations). A person may earn a maximum of up to 10 hours per renewal period.
 - 4) ~~CE credit may be earned for community education in the field of dietetics or nutrition services. A total of 6 hours of credit may be obtained during one renewal period.~~
 - ~~4)5)~~ CE credit may be earned for authoring papers, publications or books and for preparing presentations and exhibits. The preparation of each

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

published paper, book chapter or audio-visual presentation dealing with dietetics ~~and/or~~ nutrition services may be claimed as 5 hours of credit per renewal period. A presentation must be before an audience of dietitian nutritionists. Five credit hours may be claimed for only the first time the information is published or presented.

- c) Approved CE Sponsors and Programs
- 1) Sponsor, as used in this Section, shall mean one of the following:
 - A) Academy of Nutrition and Dietetics~~American Dietetic Association (ADA)~~, branch associations, or organizations approved as sponsors of CE~~continuing education~~ by the Commission on Dietetic Registration~~(CDR)~~;
 - B) Certification Board for Certification of Nutrition Specialists~~(CBNS)~~, branch associations, or organizations approved as sponsors of CE~~continuing education~~ by the Board for Certification of Nutrition Specialists~~CBNS~~;
 - C) American Clinical Board of Nutrition, branch associations, or organizations approved as sponsors of CE by the American Clinical Board of Nutrition;
 - D) Clinical Nutrition Certification Board, branch associations, or organizations approved as sponsors of CE by the Clinical Nutrition Certification Board;
 - E)~~E)~~ Colleges and universities accredited by a regional accrediting agency recognized by the Council on Higher Education Accreditation~~Regionally accredited colleges, universities~~;
 - F) Employers licensed under the Hospital Licensing Act [210 ILCS 85];
 - G) Illinois State agencies;
 - H) Providers approved by another state's board of dietitian nutritionist practice; or

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~1)D)~~ A person, firm, association, corporation or any other group that applies pursuant to subsection (c)(2) and has been approved and authorized by the Department ~~upon recommendation of the Board~~ to coordinate and present ~~CE~~~~continuing education~~ courses and programs.

2) An entity seeking approval as a CE sponsor shall submit an application, on forms supplied by the Department, along with the required fee as set forth in Section 1245.305. (State agencies, State colleges and State universities in Illinois shall be exempt from paying this fee.) The application shall include:

A) Certification ~~that~~:

- i) ~~All~~~~That all~~ programs offered by the sponsor for CE credit shall comply with the criteria in ~~subsection (e)(3) and all other criteria in~~ this Section;
- ii) ~~The~~~~That the~~ sponsor shall be responsible for verifying attendance at each program and provide a certificate of attendance to the participant as set forth in subsection (c)~~(7)~~~~(9)~~;
- iii) ~~Upon~~~~That upon~~ request by the Department, the sponsor ~~will~~~~shall~~ submit evidence (e.g., certificate of attendance or course material) as is necessary to establish compliance with this Section. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Act and this Part and that this information is necessary to ensure compliance; ~~and~~
- iv) ~~That each sponsor shall submit to the Department written notice of program offerings, including program offerings of subcontractors, 30 days prior to course dates. Notice shall include the description, location, date and time of the program to be offered;~~

B) A copy of a 3 hour sample program with faculty, course materials

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

and syllabi.

- 3) All programs shall:
 - A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of dietetics ~~and/or~~ nutrition services;
 - B) Foster the enhancement of general or specialized work in the practice of dietetics ~~and/or~~ nutrition services;
 - C) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - D) Specify the course objectives, course content and teaching methods to be used; and
 - E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for renewal of a license.
- 4) Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail or electronically. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.
- 5) An approved sponsor may subcontract with individuals and organizations to provide approved programs. All advertising, promotional materials and certificates of attendance must identify the licensed sponsor and the sponsor's license number. The presenter of the program may also be identified, but should be identified as a presenter. When a licensed sponsor subcontracts with a presenter, the licensed sponsor retains all responsibility for monitoring attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.
- 6) All programs given by approved sponsors shall be open to all dietitian

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

nutritionists and not be limited to members of a single organization or group.

- ~~7)~~ ~~To maintain approval as a sponsor, each sponsor shall submit to the Department by October 31 of each odd-numbered year a renewal application, the fee required in Section 1245.305 and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given.~~
- ~~7)8)~~ Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:
- A) The name, address and license number of the sponsor;
 - B) The name and address of the participant;
 - C) A brief statement of the subject matter;
 - D) The number of hours attended in each program;
 - E) The date and place of the program; and
 - F) The signature of the sponsor.
- ~~8)9)~~ The sponsor shall maintain attendance records for not less than 5 years.
- ~~9)10)~~ The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.
- ~~10)11)~~ Upon the failure of a sponsor to comply with any one of the ~~foregoing~~ requirements of this subsection (c), the Department, after notice to the sponsor and hearing before ~~the Department and recommendation by the Board (see 68 Ill. Adm. Code 1110)~~, shall thereafter refuse to accept for CE credit attendance at or participation in any of that sponsor's CE programs until ~~such time as~~ the Department receives assurances of compliance with requirements of this Section.
- ~~11)12)~~ Notwithstanding any other provision of this Section, the Department or

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with requirements of this Section.

- d) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in this Section~~subsections (a) and (b)~~.
 - 2) The Department may require additional evidence demonstrating compliance with the CE requirements (e.g., certificate of attendance). ~~This additional evidence shall be required in the context of the Department's random audit.~~ It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.
 - 3) The Department may conduct a random audit to verify compliance with the CE requirements.
 - ~~4)~~3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing ~~and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].~~
- e) Continuing Education Earned in Other Jurisdictions
- 1) If a licensee has earned CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the ~~licensee~~applicant shall submit an individual program approval request form, along with a \$20 processing fee, within 90 days prior to expiration of the license. The Board shall review and recommend approval or disapproval of the program using criteria set forth in subsection (c)(3) of this Section. ~~Licensees~~Applicants may seek individual program approval prior to participating in the program.
 - 2) If a licensee fails to submit an out of state CE approval form within the required time frame, late approval may be obtained by submitting the approval request form with the \$20 processing fee plus a \$10 per hour late

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

fee not to exceed \$150. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in this Section.

~~f) Restoration of Nonrenewed License. Upon satisfactory evidence of compliance with CE requirements, the Department shall restore the license upon payment of the required fee as provided in Section 1245.305.~~

~~f)g) Waiver of CE Requirements~~

- 1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Department a renewal application along with the required fee set forth in Section 1245.305, a statement setting forth the facts concerning noncompliance and request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Department, ~~upon the written recommendation of the Board,~~ finds, from ~~ansuch~~ affidavit or any other evidence submitted, that extreme hardship has been shown for granting a waiver, the Department shall waive enforcement of CE requirements for the renewal period for which the applicant has applied.
- 2) Extreme hardship shall be determined on an individual basis ~~by the Board~~ and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;
 - B) An incapacitating illness documented by a statement from a currently licensed physician; ~~or~~
 - ~~C) A physical inability to travel to the sites of approved programs documented by a currently licensed physician; and~~
 - ~~C)D) Any other similar extenuating circumstance.~~
- 3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

final decision on the application is made by the Department.

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.320 Inactive Status

- a) A licensed dietitian nutritionist who notifies the Department, on forms provided by the Department, may place the license on inactive status and shall be excused from paying renewal fees until he or /she notifies the Department in writing of the intention to resume active practice.
- b) Any dietitian nutritionist whose license is on inactive status shall not practice dietetics and nutrition services and shall not use the title "dietitian nutritionist", "dietitian", "licensed nutritionist", or "nutrition counselor" or the letters "L.D.N." "~~licensed dietitian nutritionist~~" in the State of Illinois. Any person violating this subsection shall be considered to be practicing without a license and shall be subject to the disciplinary provisions of the Act.
- c) Any licensee seeking restoration from inactive status shall do so in accordance with Section 1245.160~~Any dietitian or nutrition counselor whose license was on inactive status as of November 1, 2003 will be restored as a dietitian nutritionist. A nutrition counselor will be required to restore in accordance with Section 1245.260.~~

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.325 Supervision Under Section 20(m) of the Act

Under Section 20(m) of the Act, "supervision", when referring to a dietary technical support person working in a hospital setting or a regulated Department of Public Health or Department on Aging facility or program who has been trained and is supervised while engaged in the practice of dietetics by a licensed dietitian nutritionist, means supervision by a licensed dietitian nutritionist or other appropriate supervisor. The supervisor shall:

- a) Meet at regularly scheduled sessions with the supervisee a minimum of one hour per month;
- b) Be responsible for the standard of work performed by the supervisee; and

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

c) Have knowledge of patients, clients and case information.

(Source: Added at 40 Ill. Reg. 3657, effective March 11, 2016)

Section 1245.330 Unprofessional Conduct

- a) The Department may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its finding of "unethical, unauthorized, or unprofessional conduct" within the meaning of Section 95 of the Act, which is interpreted to include, but is not limited to, the following acts or practices:
- 1) Discriminating against clients on the basis of race, gender, religion, age, national origin, political affiliation, social or economic status, choice of lifestyle or sexual orientation;
 - 2) Promoting or endorsing products in a manner that is not true or is misleading;
 - 3) Permitting the use of his or /her name to certify that professional services have been rendered when the licensee has not provided or supervised those services. When providing supervision the licensee shall assume responsibility for the actions of any person under their supervision;
 - 4) Making gross or deliberate misrepresentations or misleading claims as to his or /her professional qualifications or of the efficacy or value of his or /her nutrition services, or those of another practitioner;
 - 5) Submission of fraudulent claims for services to any health insurance company or health service plan or third party payor;
 - 6) Refusing to divulge to the Department techniques or procedures used in his or /her professional activities upon request;
 - 7) Practicing or offering to practice beyond one's competency (for example, providing services and techniques for which one is not qualified by education, training and experience);
 - 8) Directly or indirectly giving to or receiving from any person, firm or

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

corporation any fee, commission, rebate or other form of compensation for any professional services not actually rendered;:-

- 9) Making false or misleading statements designed to induce a client to purchase services, goods, appliances or drugs as to exploit the client for the financial gain of the licensee or of a third party;
- 10) Failing to make available to a client, upon request, copies of documents in the possession or under the control of the licensee that have been prepared for and paid for by the client;
- 11) Revealing of personally identifiable facts, data or information obtained in a professional capacity without the prior consent of the client, except as authorized or required by law;
- 12) Delegating professional responsibilities to a person when the licensee delegating those responsibilities knows or has reason to know that the person is not qualified, by training, by experience or by licensure, to perform them;
- 13) Performing professional services that have not been duly authorized by the client or his or her legal representative;
- 14) Failing to comply with the following applicable designation:
 - A) the 2009 American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues, published July 22, 2009 by the Academy of Nutrition and Dietetics, 120 S. Riverside Plaza, Suite 2000, Chicago, Illinois, are hereby incorporated by reference with no later amendments or editions;
 - B) the 2004 American Clinical Board of Nutrition Certification Agreement, published December 1, 2005 by the American Clinical Board of Nutrition Certification, 6855 Browntown Road, Front Royal, Virginia 22630, are hereby incorporated by reference with no later amendments or editions;
 - C) the Certified Clinical Nutritionist Code of Professional Ethics and

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Responsibility, published December 15, 1991 by the Clinical Nutrition Certification Board, 15280 Addison Road, Suite 130, Addison, Texas 75001, are hereby incorporated by reference with no later amendments or editions; or

D) the Board for Certification of Nutrition Specialists 2013 Code of Ethics and Professional Conduct, effective July 23, 2013, published by the Board for Certification of Nutrition Specialists, 4707 Willow Springs Road, Suite 207, La Grange, Illinois 60525, are hereby incorporated by reference with no later amendments or editions.

- b) A dietitian nutritionist shall not advertise in any way that is fraudulent, false, deceptive or misleading. Any advertising shall be considered fraudulent, false, deceptive or misleading if it:
- 1) Contains a misrepresentation of facts;
 - 2) Makes only a partial disclosure of relevant, material facts;
 - 3) Represents that professional services can or will be completely performed for a stated fee when this is not the case, or makes representations with respect to fees for professional services that do not disclose all variables affecting the fees that will in fact be charged;
 - 4) Represents the licensee in a deceptive or misleading manner with respect to the profession or professional status of the licensee;
 - 5) Contains any representation of a special area of practice by the licensee ~~that~~which implies that the licensee requires a superior license or formal recognition by the Department other than a licensed ~~dietitian~~dietician nutritionist;
 - 6) Makes false, unproven or misleading claims about the validity, safety, or effectiveness of any dietetic or nutrition related service, product or test;
 - 7) Fails to conspicuously identify the licensee by name in the advertisement;
or-

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 8) Makes a guarantee of success.

(Source: Amended at 40 Ill. Reg. 3657, effective March 11, 2016)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Illinois Public Accounting Act
- 2) Code Citation: 68 Ill. Adm. Code 1420
- 3)

<u>Section Numbers</u> :	<u>Adopted Actions</u> :
1420.5	New Section
1420.10	Amendment
1420.20	Amendment
1420.25	Repealed
1420.30	Amendment
1420.35	Repealed
1420.40	Amendment
1420.50	Amendment
1420.60	Amendment
1420.70	Amendment
1420.72	New Section
1420.75	Amendment
1420.80	Amendment
1420.85	New Section
1420.90	Repealed
1420.200	New Section
- 4) Statutory Authority: Implementing the Illinois Public Accounting Act [225 ILCS 450] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) Effective Date of Rules: March 11, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes. Please see Sections 1420.72(b)(3)(A), 1420.75(b) and 1420.200.
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 13889; October 23, 2015

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: Section 1420.10 was amended in the adopted version to clarify the timing for when a CPA applicant may initiate the experience requirement. This was per a suggestion in the public comments as it will assist in clarification for applicants and employers.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemakings: PA 98-254 was the sunset reauthorization of the Act. The sunset required changes regarding the following: the qualifications required for CPA firm licensure as outlined in Section 1420.30; peer review requirements as outlined in Section 1420.75; inactive status for licenses as outlined in the newly created Section 1420.85; and the definition of "accountancy activities" which is referenced throughout the entirety of the Part.

PA 98-730 provides that any individual who is the holder of a CPA of any state who has applied to Department may perform accountancy activities and Section 1420.50 was amended to permit this practice and PA 95-386 repealed Section 9.1 of the Act that allowed a temporary permit to practice; accordingly, Section 1420.35 (Temporary Practice) has been repealed.

All provisions referencing licensure for registered CPAs were amended to reflect that a registration as a CPA is no longer available for new applicants as of July 1, 2012 pursuant to Section 4(d) of the Act. This included repealing Section 1420.25 which allowed application for new registered CPA applicants, striking the fee for new registered CPA applicants in Section 1420.40, and the provision for application as a new registered CPA by endorsement in Section 1420.50.

Section 1420.5 (Definitions) was added to clarify meaning of commonly used words in the Part. Section 1420.10 (Experience) was amended to accurately reflect the Department's longstanding policies in analyzing the experience requirement for licensure. Section 1420.20 (Application for Licensure as a CPA) was also amended to allow a provision addressing "foreign accountants" pursuant to Section 5.1 of the Act. Section

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1420.70 has been reorganized to increase clarity and transparency regarding continuing professional education requirements. Section 1420.72 (Continuing Professional Education Sponsors) has been added, which was taken from 1420.70, in order to delineate the responsibilities of CPAs versus Continuing Professional Education Sponsors. Section 1420.90 (Annual Report of the Committee) has been repealed as the Act only requires the Illinois Board of Examiners to submit an annual report, not the Public Accountant Registration Committee.

The professional conduct rules set forth in 68 Ill. Adm. Code 1430 are no longer current. In light of this, Section 1420.200 has been added to incorporate the American Institute of Certified Public Accountants Code of Professional Conduct as the State's minimum standards for professional conduct, and 68 Ill. Adm. Code 1430 has been repealed to ensure that the State of Illinois is adequately protected against unprofessional conduct within the accountancy profession.

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

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

217/785-0813
fax: 217/557-4451

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1420

ILLINOIS PUBLIC ACCOUNTING ACT

Section

1420.5	Definitions
1420.10	Experience
1420.20	Application for Licensure as a Certified Public Accountant
1420.25	Application for Licensure as a Registered Certified Public Accountant (Repealed)
1420.30	Application for Licensure as a Certified Public Accounting Firm
1420.35	Temporary Practice (Repealed)
1420.40	Fees for the Administration of the Act
1420.50	Endorsement
1420.60	Restoration
1420.70	Continuing Professional Education
1420.72	Continuing Professional Education Sponsors
1420.75	Peer Review
1420.80	Renewals
1420.85	Inactive Status
1420.90	Annual Report of the Committee (Repealed)
1420.100	Conduct of Hearings (Repealed)
1420.110	Granting Variances
1420.200	Unprofessional Conduct

AUTHORITY: Implementing the Illinois Public Accounting Act [225 ILCS 450] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Rules and Regulations for the Administration and Enforcement of the Provisions of the Illinois Public Accounting Act, effective June 30, 1975; codified at 5 Ill. Reg. 11058; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7748, effective June 15, 1982; emergency amendment at 7 Ill. Reg. 14548, effective October 13, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 6179, effective April 25, 1984; amended at 9 Ill. Reg. 5708, effective April 15, 1985; amended at 9 Ill. Reg. 8738, effective May 28, 1985; amended at 9 Ill. Reg. 13360, effective August 21, 1985; amended at 10 Ill. Reg. 20739, effective December 1, 1986; amended at 11 Ill. Reg. 18276, effective October 27, 1987;

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

transferred from Chapter I, 68 Ill. Adm. Code 420 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1420 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2944; amended at 19 Ill. Reg. 16258, effective November 28, 1995; amended at 21 Ill. Reg. 15255, effective November 17, 1997; amended at 24 Ill. Reg. 14005, effective August 31, 2000; amended at 29 Ill. Reg. 9853, effective August 1, 2005; emergency amendment at 30 Ill. Reg. 16435, effective September 29, 2006; amended at 31 Ill. Reg. 3475, effective February 15, 2007; amended at 35 Ill. Reg. 1957, effective January 20, 2011; amended at 36 Ill. Reg. 14689, effective October 5, 2012; amended at 40 Ill. Reg. 3691, effective March 11, 2016.

Section 1420.5 Definitions

"Act" means the Illinois Public Accounting Act [225 ILCS 450].

"AICPA" means the American Institute of Certified Public Accountants.

"Board" means the Board of Examiners established under Section 2 of the Act.

"Client" means the person or entity that retains a CPA or CPA firm for the performance of accountancy activities.

"Committee" means the Public Accountant Registration and Licensure Committee appointed by the Secretary.

"CPA" means a certified public accountant who holds a license or registration issued by the Department or an individual authorized to use the CPA title under Section 5.2 of the Act.

"CPA Firm" means a sole proprietorship, corporation, registered limited liability partnership, limited liability company, partnership, professional service corporation, or any other form of organization issued a license in accordance with the Act.

"CPE" means continuing professional education.

"CPE Sponsor" means a continuing professional education sponsor as set forth in Section 1420.72.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

"Department" means the Illinois Department of Financial and Professional Regulation.

"Director" means the Director of the Department of Financial and Professional Regulation-Division of Professional Regulation.

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

"NASBA" means the National Association of State Boards of Accountancy.

"PRRC" means a Peer Review Report Committee.

"Society" means the Illinois CPA Society.

(Source: Added at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.10 Experience

- a) The ~~Department of Financial and Professional Regulation-Division of Professional Regulation (Division)~~ shall license individuals who have received CPA certificates issued by the Board (see 23 Ill. Adm. Code 1400), not been subject to discipline under Section 20.01 of the Act and Section 1420.200 of this Part, and ~~certified public accountants~~ individuals who have had at least one year of full-time experience, or its equivalent, providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills that may be gained through employment in government, industry, academia, or public practice. Applicants may only receive experience after completing 120 hours of undergraduate education and having obtained a baccalaureate degree with an accounting concentration or equivalent.
- b) The term "year" shall be 12 months with an average of at least 20 work days per month during which the applicant was engaged in full-time employment equal to 1500 hours or more annually.
- c) If an individual works part-time for more than one year, but less than four years, and gains 2000 hours of experience, the individual has met the equivalent of "one year of full-time experience" required by subsection (a).

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- d) Verification of the experience required by this Section shall be completed and signed by an applicant's designated supervisor or the authorized agent of the employer.

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.20 Application for Licensure as a Certified Public Accountant

- a) An applicant for licensure as a CPA certified public accountant shall submit file an application with the Division that shall include the following to the Division:
- 1) A completed and signed application on forms provided by the Division;
 - 2)a) Certification of the issuance of a valid and unrevoked Illinois CPA certificate~~Certified Public Accountant (C.P.A.) Certificate~~, issued by the Illinois Board of Examiners; ~~a similar CPA certification from another jurisdiction~~; or current registration as a CPA certified public accountant with the Division;
 - 3)b) Proof of the experience required by~~pursuant to~~ Section 1420.10 ~~of this Part~~;
- e) ~~A complete work history since receipt of either the Certified Public Accountant Certificate or registration as a certified public accountant with the Division;~~
- 4d) The required fee set forth,~~specified~~ in Section 1420.40; and
 - 5e) If the applicant's CPA certificate from the Board was issued more than 4 years prior to the application for a license as a licensed CPA under this Section, the applicant shall submit proof~~Proof~~ acceptable to the Division of having completed not less than 90 hours of verifiable CPE, including 4 hours covering the subject of professional ethics~~continuing education, as defined in (see Section 1420.70) within of this Part~~, in the 3 years immediately preceding the application, ~~if more than 4 years have elapsed since the applicant has been awarded the C.P.A. certificate required by subsection (a); and~~
- b) As set forth in Section 5.1 of the Act, foreign accountants shall comply with this Section. A certification of licensure from another jurisdiction, if applicable,

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~stating:~~

- ~~1) The date of issuance of the applicant's license;~~
- ~~2) Whether the records of the licensing authority contain any record of disciplinary action taken or pending.~~

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.25 Application for Licensure as a Registered Certified Public Accountant
(Repealed)

- ~~a) Any person seeking a license as a registered certified public accountant pursuant to Section 4 (Transitional Language) of the Act shall file an application with the Division postmarked no later than June 30, 2010 on forms provided by the Division. The application shall include the following:
 - ~~1) Proof of a Certified Public Accountant certificate issued by the Illinois Board of Examiners or proof of similar certification from another jurisdiction with equivalent educational requirements and examination standards. The Division may rely on the determinations of the National Qualification Appraisal Service of the National Association of State Boards of Accountancy or any other qualification appraisal service, as it deems appropriate; and~~
 - ~~2) The required fee specified in Section 1420.40.~~~~
- ~~b) Individuals providing professional services on a temporary basis, other than those services constituting the practice of public accounting as defined in Section 8 of the Act, shall not be required to obtain registration as a registered certified public accountant so long as practice is conducted in accordance with Section 1420.35(b).~~

(Source: Repealed at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.30 Application for Licensure as a Certified Public Accounting Firm

- ~~a) For purposes of this Section:~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) "Applicant Firm" or "Firm" shall include:
 - A) A sole proprietorship, corporation, registered limited liability partnership, limited liability company, partnership, professional service corporation, partnership, corporation, limited liability company or any other form of ~~business~~ organization determined by the Division or other regulatory authority to be authorized or entitled to conduct business in this State and meeting requirements of the Act relating to the performance of accountancy activities~~practice of public accounting~~ in this State;
 - B) A public accounting unit consisting of an individual licensee operating under an assumed~~a business~~ name other than the licensee's own name, including but not limited to a business name that contains such words as "and Company", "and Associates" or similar words indicating that others take part in the conduct of the business.
- 2) "Member" includes a partner in a partnership, officer or shareholder in a corporation, member of a limited liability company and any other person (natural or otherwise) who or ~~that which~~ is the owner of an interest in an applicant a firm and who has responsibility for accountancy activities in this State as set forth in Section 14.4 of the Act.
- b) An applicant~~A~~ firm seeking licensure shall submit:
 - 1) A completed and signed~~a~~ application on forms provided by~~to~~ the Division;
 - 2) The~~with the~~ required fee set forth in Section 1420.40; and;
 - 3) Along with one affidavit stating:
 - A)1) The name, address and license number of each member personally engaged in Illinois in the performance of accountancy activities~~practice of public accounting~~;
 - B)2) The name, address and license number of each person who shall be responsible for the proper licensure~~in charge~~ of an office of the

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

firm in Illinois; and.

- C)e) ~~The~~A majority of the ownership of the firm, in terms of financial ~~interests~~interest and voting rights of all partners, officers, shareholders or; members ~~or managers~~, belongs to persons licensed or registered in some state, and that the partners, officers, shareholders or; members ~~or managers~~ whose ~~principal~~principle place of business is in this State and who perform accountancy activities~~practice public accounting~~ in this State ~~shall~~ hold a valid license issued by this State.
- c)d) Every CPA firm licensed under the Act shall notify the Division of any change in members at the time of renewal.
- d) An individual exercising the practice privilege afforded under Section 5.2 of the Act who performs services for which a CPA firm license is required under Section 5.2(d) of the Act shall not be required to obtain an individual CPA license.
- e) Effective December 31, 2016, any professional service corporation applying for licensure to practice accountancy activities in Illinois shall be issued a CPA firm license, so long as all requirements set forth in the Act and this Section are met.
- f) Effective December 31, 2018, all actively licensed professional service corporations practicing accountancy activities in Illinois shall be issued a CPA firm license under the Act, so long as all requirements of the Act and this Section are met.

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.35 Temporary Practice (Repealed)

- a) ~~Any person temporarily practicing public accounting (as defined in Section 8 of the Act) pursuant to this Section shall, within 30 days after commencing practice, file a notice with the Division, on forms prescribed by the Division, that shall include a self-certification stating the date the applicant's license was issued and the date of expiration, along with the fee required by Section 1420.40. This temporary permit shall be deemed a license and shall be valid for a period of one year.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- b) ~~Incidental Practice~~
- 1) ~~Individuals providing professional services, other than those services constituting the practice of public accounting as defined in Section 8 of the Act, shall not be required to obtain this temporary practice permit or obtain registration as a registered certified public accountant so long as:~~
- A) ~~the individual is lawfully practicing in another state;~~
- B) ~~the professional services provided in this State are incidental to practice in another state; and~~
- C) ~~the individual does not solicit Illinois clients, maintain a physical presence in Illinois, or maintain clients in Illinois that are not incidental to practice in another state.~~
- 2) ~~Practice in this State is "incidental" to practice in another state if it is a continuation or extension of an engagement or client relationship originating in another state.~~

(Source: Repealed at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.40 Fees ~~For the Administration of the Act~~

~~The following fees shall be paid to the Division for the functions performed by the Division under the Act and shall be non-refundable:~~

- a) The fee for application as a licensed CPA ~~certified public accountant~~ is \$120;
- b) ~~The fee for application as a registered certified public accountant is \$90;~~
- be) The fee for renewal of a license as a licensed CPA ~~certified public accountant~~ is \$40 per year;
- cd) The fee for renewal of a license as a registered CPA ~~certified public accountant~~ is \$30 per year;
- de) The fee for a license as a CPA firm ~~engaged in public accounting~~ is \$120;

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- ~~ef)~~ The fee for renewal of a license as a CPA firm ~~engaged in public accounting~~ is \$40 per year;
- ~~fg)~~ The fee for restoration of a license from inactive status is the current renewal fee;
- ~~gh)~~ The fee for restoration of a license as a licensed CPA, registered CPA, CPA firm, or CPE sponsor, other than from inactive status, is \$50 plus all lapsed renewal fees, not to exceed \$260;
- ~~hi)~~ The fee for certification of a licensee's record is \$20;
- ~~ij)~~ The fee for a duplicate or replacement license is \$20;
- ~~jk)~~ The fee for a wall certificate is the cost of production;
- ~~kl)~~ The fee for change of name or address on a licensee's record, other than during renewal, is \$20;
- ~~m)~~ ~~The processing fee for temporary registration to practice public accounting within Illinois is \$50 for one year;~~
- ~~ln)~~ The fee for a roster of licensed and/or registered CPA ~~certified public accountants~~ shall be the actual cost of producing such a roster. ~~Actual roster cost shall equal (total number of licensees in list requested) times the multiplier (cost of paper), plus fixed costs (such as personnel, handling and forms);~~
- ~~me)~~ The fee for application to be a CPE sponsor ~~is of approved continuing education courses shall be~~ \$150. Publicly supported colleges, universities and governmental agencies located in Illinois are exempt from payment of fees for CPE ~~continuing education~~ sponsor application ~~registration~~ and renewal;
- ~~np)~~ The renewal fee for CPE sponsors ~~of CPE~~ shall be \$150 per year.;
- ~~q)~~ ~~Upon request, one copy of the Act and Rules will be provided free of charge. Additional copies may be obtained for one dollar per copy.~~

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Section 1420.50 Endorsement

- a) Any person currently licensed in another jurisdiction who desires to obtain a license as a licensed ~~CPA certified public accountant~~ by endorsement shall ~~submit; file an~~
- 1) ~~A completed and signed~~ application ~~on forms provided by~~ with the Division; ~~together with:~~
 - 2) ~~+~~ Certification from the jurisdiction of original licensure of the issuance of ~~an a valid and~~ unrevoked license ~~or permit~~ showing the applicant possesses qualifications substantially equivalent to this State's current licensing requirements ~~and whether the records of the licensing authority contain any record of disciplinary action taken or pending~~. If the qualifications by which an individual was licensed were not substantially equivalent, after passing the examination upon which ~~the his or her~~ license ~~or other permit~~ to practice was based, an applicant shall have not less than 4 years of experience in the ~~performance of accountancy activities~~ ~~practice of public accounting~~ within the 10 years immediately preceding the date of application;
 - 3) ~~2)~~ ~~Certification~~ ~~A certification~~ from the jurisdiction of current licensure ~~in which he/she is licensed~~ stating:
 - A) The date of issuance of the applicant's license;
 - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending; ~~and~~
 - 3) ~~A complete work history since obtaining original licensure or other permit to practice; and~~
 - 4) The required fee ~~set forth~~ ~~specified~~ in Section 1420.40.
- b) ~~Any person currently certified or licensed in another jurisdiction who desires to obtain a license as a registered certified public accountant by endorsement shall file an application with the Division, together with:~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) ~~Certification from the jurisdiction of original certification or licensure of the issuance of a valid and unrevoked license or permit showing the applicant possesses qualifications substantially equivalent to the State's current licensing requirements;~~
 - 2) ~~A certification from the jurisdiction in which he/she is currently licensed stating:~~
 - A) ~~The date of issuance of the applicant's license;~~
 - B) ~~Whether the records of the licensing authority contain any record of disciplinary action taken or pending;~~
 - 3) ~~The required fee specified in Section 1420.40.~~
- b)e) In determining the substantial equivalency of any state's requirements to Illinois' requirements, the Division may rely on the determinations of ~~NASBA~~the National Qualification Appraisal Service of the National Association of State Boards of Accountancy or such other qualification appraisal service as it deems appropriate.
- c) Letter of Authorization
- 1) In accordance with Section 14.2(d) of the Act, a letter of authorization may be issued to the applicant upon receipt of the following:
 - A) A completed and signed application on forms provided by the Division;
 - B) The required fee set forth in Section 1420.40; and
 - C) Certification from a jurisdiction of current licensure stating the date of issuance of the applicant's license and whether the records of the licensing authority contain any record of disciplinary action taken or pending.
 - 2) The letter of authorization shall allow the applicant to perform accountancy activities as set forth in Section 8.05 of the Act for no longer than 6 months, or until denial of the application by the Department if sooner. Any individual performing accountancy activities under this

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

subsection (c) shall be subject to discipline as if fully licensed under the Act.

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.60 Restoration

- a) A person seeking restoration of a license as a registered CPA, certified public accountant, after it has expired or been placed on inactive status for 5 years or more, shall submit; file
- 1) a completed and signed an application for restoration on forms provided by with the Division; and, together with
 - 2) the required fee set forth specified in Section 1420.40 of this Part.
- b) A person seeking restoration of a license as a licensed CPA, certified public accountant, after it has expired or been placed on inactive status for 5 years or more, shall submit; file
- 1) a completed and signed an application on forms provided by with the Division; together with
 - 2) the required fee set forth specified in Section 1420.40; of this Part and
 - 3) proof of required CPE 120 hours of continuing education as set forth defined in Section 1420.70 of this Part in the 3 years immediately preceding the application for restoration; and. Not less than 4 hours of the 120 hours shall be courses covering the subject of professional ethics.
 - 4) One ~~The applicant shall also submit one~~ of the following:
 - A) 1) Verification ~~One verification~~ of employment completed by an employer, co-worker or client; ~~or~~
 - 2) Proof of active practice in another jurisdiction. Such evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- ~~B)3)~~ Verification of employment and certification~~Certification~~ of licensure from the licensing authority, stating the dates of licensure and whether the records of the licensing authority contain any record of disciplinary action taken or pending; ~~or~~
- ~~C)4)~~ Verification~~One verification~~ of employment attesting to the applicant's performance of accountancy activities~~practice of public accounting~~ in a jurisdiction where licensure is not required; ~~or~~
- ~~D)5)~~ An affidavit attesting to military service as provided in Section 17.1 of the Act; or
- ~~E)6)~~ Other proof acceptable to the Division of the applicant's fitness to have the license restored.
- c) Individuals who held a license in Illinois as a certified public accountant less than 3 years are not required to complete the minimum 4 hours in professional ethics.
- d) A person seeking restoration of a license that has expired or been placed on inactive status for less than 5 years shall have the license restored upon payment of the required fee set forth~~as specified~~ in Section 1420.40. A licensed CPA~~certified public accountant~~ must also submit proof of completion~~120 hours of CPE continuing education~~ as set forth~~defined~~ in Section 1420.70 ~~of this Part~~. The CPE hours must have been obtained within the 3 years immediately preceding application for restoration. However, any licensee whose license expired while in military service as set forth~~provided~~ in Section 17.1 of the Act shall be excused from the payment of any lapsed renewal fees if application for restoration is made within 2 years after~~of~~ termination of that~~such~~ service.
- e) Any person seeking restoration of a license within 2 years after honorable discharge from military service as set forth ~~in~~ pursuant to Section 17.1 of the Act will be required to pay only the current renewal fee and will not be required to submit proof of meeting the CPE~~continuing education~~ requirements.
- f) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division because of lack of information, discrepancies, ~~or~~ conflicts in information given, or a need for clarification, the licensee seeking restoration of a license will be

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

requested to: ~~1) provide such information as may be necessary; and/or 2) appear for an interview before the Committee to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.~~

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.70 Continuing Professional Education

- a) Continuing Professional Education Hour Requirements
- 1) In order to renew a license as a licensed CPA, a licensed CPA shall complete 120 hours of CPE every 3 year renewal period. Of the 120 hours, at least 4 hours shall be courses covering the subject of professional ethics. A licensed CPA is exempt from CPE requirements for the first renewal following the original issuance of the license. Licensees shall maintain CPE records for not less than 6 years.
 - 2) A registered CPA is exempt from CPE requirements.
 - 3) Credit Hours
Each approved CPE course, program or activity shall be measured by program length, with one 50 minute period equal to one CPE credit. One-half CPE credits (equal to 25 minutes) are permitted after the first credit has been earned in a given learning activity. Courses that are part of the curriculum of a university, college or other educational institution shall be awarded CPE course credit at the rate of 15 credit hours for each semester hour, or 10 credit hours for each quarter hour of school credit awarded.
 - 4) CPE credit will be allowed for programs or courses taken toward the satisfaction of CPE requirements in other states. ~~Approved continuing professional education (CPE) course, program or activity, as used in this Part, shall mean a professional development activity that complies with subsection (d) of this Section. In addition, courses sponsored or approved by other states or other state CPA societies shall be considered approved.~~
- b) Approved CPE
- 1) CPE is professional development activities that are formal and informal learning opportunities contributing directly to a CPA's knowledge, ability

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

or competence to perform professional responsibilities. CPE may be verifiable or nonverifiable, as set forth in subsections (b)(3) and (4). Recognized educational or professional sponsor (sponsor), as used in this Part, shall mean:

- ~~1) The American Institute of Certified Public Accountants (AICPA);~~
 - ~~2) The Illinois CPA Society/Foundation (ICPAS/F);~~
 - ~~3) A university or college approved by its governing board in the State of Illinois, or equivalent public authority governing board if in another jurisdiction, to award accounting degrees; or~~
 - ~~4) The National Association of State Boards of Accountancy (NASBA) and persons, firms, associations, corporations or other groups that are members of NASBA's National Registry of CPE Sponsors or Quality Assurance Service (QAS) Program.~~
- e) ~~Any other person, firm, association, corporation or other group responsible for coordination and presentation of a CPE course or program that wishes to become a recognized sponsor shall comply with subsection (1).~~
- d) ~~Professional development activities are formal and informal learning opportunities that contribute directly to a certified public accountant's knowledge, ability or competence to perform his/her professional responsibilities. These activities may be verifiable or non-verifiable. Verifiable activities, as used in this Part, shall mean learning opportunities that comply with subsection (f). Non-verifiable activities, as used in this Part, shall mean learning opportunities that comply with subsection (h).~~
- 2)e) CPE Selection of professional development activities should address a licensee's the CPA's current and future work environment, current knowledge and skills level, and desired or needed additional competencies to meet future opportunities and/or professional responsibilities. Courses, programs or activities shall include as their subject matter one or more of the following fields of study:
- A)1) Accounting

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- ~~B)2)~~ Accounting (Governmental)
- ~~C)3)~~ Administrative Practice
- ~~D)4)~~ Auditing
- ~~E)5)~~ Auditing (Governmental)
- ~~F)6)~~ Behavioral Ethics
- ~~G)7)~~ Business Law
- ~~H)8)~~ Business Management & Organization (including practice development)
- ~~I)9)~~ Communications
- ~~J)10)~~ Computer Science
- ~~K)11)~~ Economics
- ~~L)12)~~ Finance
- ~~M)13)~~ Management Advisory Services
- ~~N)14)~~ Marketing
- ~~O)15)~~ Mathematics
- ~~P)16)~~ Personal Development (e.g., principle-centered leadership, career planning, time management)
- ~~Q)17)~~ Personnel/HR
- ~~R)18)~~ Production
- ~~S)19)~~ Regulatory Ethics
- ~~T)20)~~ Social Environment of Business

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~U)21)~~ Specialized Knowledge and Applications

~~V)22)~~ Statistics

~~W)23)~~ Taxes

3) Verifiable CPE is objectively confirmed by a CPE sponsor, including, but not limited to, attending, developing, teaching or presenting CPE.

A) Verifiable CPE shall:

- i) be developed and presented by persons with education and/or experience in the subject matter of the CPE to ensure compliance with the standards stated in this Section and Section 1420.72;
- ii) include some mechanism by which the participants evaluate the quality of the program;
- iii) specify the course objectives, level of knowledge necessary for, and prerequisites to, enrollment, if any, course content, any necessary advance preparation, teaching methods to be used, and the number of CPE hours that will be earned;
- iv) provide each participant with a certificate or other proof of attendance that must include the name, address and authorized signature of the approved sponsor, the name and address of the participant, the title of the course, the number of hours actually attended in each topic, and the date the CPE was given. CPE sponsors shall also provide each participant with an outline of the subject matter. If the CPE sponsor is a CPA firm licensed under the Act, and the CPE is given in a CPA firm, the sponsor will not be required to provide certificates of attendance to the employees of the CPA firm attending the CPE, but must maintain an attendance log containing an authorized signature of the CPA firm; and

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- v) include the following self-study CPE:
- Interactive self-study CPE using interactive learning methodologies that simulate the classroom learning process by employing computer software, other technology or administrative systems that provide significant, ongoing, interactive feedback to the learner regarding the learning process. Interactive self-study CPE shall qualify for full credit. Internet-based live programs (concurrent simulcasts of group live programs or webcasts) are treated as "live" programs and not interactive self-study CPE.
 - Noninteractive self-study CPE that does not employ interactive features. Examples include videos, books and audiotapes for which the participant must complete and submit an examination for grading without knowledge of which questions are answered incorrectly or why. Credit hours for noninteractive self-study CPE shall be allowed on the basis of one-half of the average completion time determined by the sponsor. Noninteractive self-study CPE shall qualify if it meets all other requirements of this Section and Section 1420.72, it indicates average completion time on the course material, and it provides some mechanism or process by which to provide evidence of satisfactory completion by the licensee beyond certification by the licensee. In no case shall credit for noninteractive self-study CPE be given for more than 60 hours during any renewal period. Additionally, not more than 80 hours during any renewal period may consist of a combination of interactive and noninteractive self-study CPE.
- B) A licensee who serves as an instructor, speaker or discussion leader of an approved provider will be allowed CPE credit for actual presentation time, plus actual preparation time of up to 2 hours for each hour of presentation. Time shall not be allowed for

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

repetitious presentations of the same CPE. In no case shall credit for actual time of presentation and preparation be given for more than 60 hours during any renewal period.

- C) CPE credit will be allowed for actual authorship of published articles and books, provided the subject matter of the article or book complies with this Section and Section 1420.72. CPE credit shall be allowed for actual time spent in writing or researching, but in no case shall credit for authorship of published articles or books be given for more than 30 hours during any renewal period.
- D) Acceptable evidence of completion of verifiable CPE includes:
- i) For live group CPE or real time internet-based CPE (such as webinars), other than in-firm CPE, a certificate or other verification supplied by the CPE sponsor.
 - ii) For self-study CPE, a certificate supplied by the CPE sponsor after satisfactory completion of an examination.
 - iii) For instruction credit, a certificate or other verification supplied by the CPE sponsor.
 - iv) For a university or college course that is successfully completed for credit, a record or transcript of the grade the participant received.
 - v) For a university or college noncredit course, a certificate of attendance issued by a representative of the university or college.
 - vi) For published articles, books or development/review of CPE, a copy of the publication (or in the case of a CPE program, course development documentation) that names the writer or author or contributor, a statement from the writer supporting the number of CPE hours claimed, and the name and contact information of the independent reviewers or publisher.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 4) Nonverifiable CPE is independent or informal learning activities that may not be independently confirmed by a CPE sponsor.
- A) Nonverifiable CPE includes the following:
- i) Attendance at CPE coordinated and presented by a person, CPA firm, association, corporation or group, other than a recognized CPE sponsor;
 - ii) Participation and work on technical committees of an international, national or state professional association or member organization;
 - iii) Professional reading of published materials that does not provide a certificate of completion or an assessment process; or
 - iv) Consultation with outside experts or research in a subject area new to the licensee (e.g., how to report discontinued operations) or when regulations or standards have changed (e.g., accounting for leases). Credit may not be claimed for repeat consultations or research in the same subject area when regulations or standards have not changed significantly.
- B) Acceptable evidence for completion of nonverifiable CPE shall include all of the following:
- i) For CPE coordinated and presented by a person, CPA firm, association, corporation or group, other than a recognized CPE sponsor, acceptable evidence shall include a certificate or other verification if supplied by the program sponsor. Acceptable evidence must include copies of the course agenda, program materials or other documents attributable to the learning activity.
 - ii) For CPE listed in subsections (b)(4)(A)(ii) through (iv), acceptable evidence must include all of the following:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- The nature of the CPE (e.g., research topic or specific new competency acquired) and the source;
- The dates on which the CPE was undertaken;
- The number of hours attributed to the CPE;
- Details of the relevance of the CPE to the participant's current or future professional development; and
- Copies of consultation memorandums, minutes or other documents attributed to the CPE.

C) Not more than 10 hours shall be claimed for each of the nonverifiable activities listed in subsections (b)(4)(A)(ii) through (iv) during any renewal period. Not more than 60 hours during any renewal period may consist of a combination of all nonverifiable activities defined in subsection (b)(4).

5) Not more than 24 hours during any renewal period may consist of personal development CPE.

c) Licensees with an address of record outside of Illinois who are actively licensed as a CPA by the state in their address of record shall be considered compliant with the CPE requirements of this Section if the licensee has complied with the CPE renewal requirements of the state in their address of record, so long as the licensee has completed 120 hours of CPE during the Illinois renewal cycle.

d) The Division may periodically audit CPE course information submitted by licensees. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of CPE compliance.

e) Waiver of CPE Requirements

1) Any renewal applicant seeking renewal of a license without having fully complied with these CPE requirements shall submit to the Division a renewal application, the required fee set forth in Section 1420.40, a statement setting forth the facts concerning noncompliance and a request

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

for waiver of the CPE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division finds from such affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Division shall waive enforcement of CPE requirements for the renewal period for which the applicant has applied.

- 2) Extreme hardship shall be determined on an individual basis and is defined as an inability to devote sufficient hours to fulfilling the CPE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;
 - B) An incapacitating illness documented by a statement from a currently licensed physician; or
 - C) Any other similar extenuating circumstances.
- 3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, as set forth in this Section and Section 1420.72, shall be deemed to be in good standing until the final decision on the application is made by the Division.
- f) ~~Verifiable activities are learning opportunities that can be objectively confirmed by a program sponsor, including, but not limited to, attending, developing, teaching or presenting formal programs or courses. These activities will qualify if they meet the following minimum requirements:~~
 - 1) ~~All courses and programs shall be developed and presented by persons with education and/or experience in the subject matter of the program to ensure compliance with the standards stated in this Section.~~
 - 2) ~~All programs must include some mechanism by which the participants evaluate the over-all quality of the program.~~
 - 3) ~~All courses and programs shall specify the course objectives, level of knowledge necessary for, and prerequisites to enrollment, if any, course~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~content, any necessary advance preparation, teaching methods to be used, and the number of CPE hours that will be earned.~~

- 4) ~~An interactive self-study course or program is a program that uses interactive learning methodologies that simulate the classroom learning process by employing computer software, other technology or administrative systems that provide significant, ongoing, interactive feedback to the learner regarding his or her learning process. Interactive self-study courses or programs shall qualify for full credit.~~
 - 5) ~~A non-interactive self-study course or program is a program that does not employ interactive features. Examples include videos, books and audiotapes for which the participant must complete and submit an examination for grading without knowledge of which questions are answered incorrectly or why. Credit hours for non-interactive self-study courses or programs shall be allowed on the basis of one-half of the average completion time determined by the sponsor.~~
 - 6) ~~The sponsors of all courses and programs shall provide each participant with a certificate or other proof of attendance that must include the name and address of the sponsor, the name and address of the participant, the title of the course, the number of hours actually attended in each topic, and the date the course or program was given. The sponsors shall also provide each participant with an outline of the course subject matter. If the sponsor is a public accounting firm licensed under the Act, and the course is given in-firm, the sponsor will not be required to provide certificates of attendance to the employees of the firm attending the course.~~
- g) ~~Acceptable evidence of completion of verifiable activities shall include the following:~~
- 1) ~~For live group programs or live internet-based programs, other than in-firm courses or programs, a certificate or other verification supplied by the program sponsor.~~
 - 2) ~~For self-study programs, a certificate supplied by the program sponsor after satisfactory completion of an examination.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 3) ~~For instruction credit, a certificate or other verification supplied by the program sponsor.~~
- 4) ~~For a university or college course that is successfully completed for credit, a record or transcript of the grade the participant received.~~
- 5) ~~For a university or college non-credit course, a certificate of attendance issued by a representative of the university or college.~~
- 6) ~~For published articles, books or development/review of CPE programs:~~
 - A) ~~a copy of the publication (or in the case of a CPE program, course development documentation) that names the writer or author or contributor;~~
 - B) ~~a statement from the writer supporting the number of CPE hours claimed; and~~
 - C) ~~the name and contact information of the independent reviewers or publisher.~~
- h) ~~Non-verifiable activities are independent or informal learning activities that may not be independently confirmed by a recognized educational or professional sponsor. The following non-verifiable activities shall qualify for CPE credit:~~
 - 1) ~~Attendance at programs or courses coordinated and presented by a person, firm, association, corporation or group, other than a recognized educational or professional sponsor.~~
 - 2) ~~Participation and work on technical committees of an international, national or state professional association or member organization.~~
 - 3) ~~Professional reading of published materials that does not provide a certificate of completion or an assessment process.~~
 - 4) ~~Consultation with outside experts or research in a subject area new to the licensee (e.g., how to report discontinued operations) or when regulations or standards have changed (e.g., accounting for leases). Credit may not be~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~claimed for repeat consultations or research in the same subject area when regulations or standards have not changed significantly.~~

- i) ~~Acceptable evidence for completion of non-verifiable activities shall include the following:~~
- 1) ~~For programs or courses coordinated and presented by a person, firm, association, corporation or group, other than a recognized educational or professional sponsor, acceptable evidence may include a certificate of other verification supplied by the program sponsor. If a certificate or other verification is not available, acceptable evidence shall include copies of the course agenda, program materials, or other documents attributable to the learning activity.~~
 - 2) ~~For activities listed in subsections (h)(2) through (h)(4), acceptable evidence shall include the following:~~
 - A) ~~The nature of the activity (e.g., research topic or specific new competency acquired) and the source.~~
 - B) ~~The dates on which the learning activity was undertaken.~~
 - C) ~~The number of hours attributed to the learning activity.~~
 - D) ~~Details of the relevance of the learning activity to the participant's current or future professional development.~~
 - E) ~~Copies of consultation memorandums, minutes or other documents attributed to the learning activity.~~
- j) ~~Credit Hours — Each approved CPE course, program, or activity shall be measured by program length, with one 50 minute period equal to one CPE credit. One half CPE credits (equal to 25 minutes) are permitted after the first credit has been earned in a given learning activity. Courses that are part of the curriculum of a university, college or other educational institution shall be awarded CPE course credit at the rate of 15 credit hours for each semester hour, or 10 credit hours for each quarter hour of school credit awarded.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) ~~A licensee who serves as an instructor, speaker or discussion leader of an approved course will be allowed CPE course credit for actual presentation time, plus actual preparation time of up to 2 hours for each hour of presentation. Preparation time shall not be allowed for repetitious presentations of the same course, and will only be allowed for additional study or research. In no case shall credit for actual time of presentation and preparation be given for more than 60 hours during any renewal period.~~
- 2) ~~CPE course credit will be allowed for actual authorship of published articles, books and development/review of CPE programs, provided the subject matter of the article, book or development/review of CPE program complies with this Section. CPE course credit shall be allowed for actual time spent in writing or researching, but in no case shall credit for authorship of published articles, books or development/review of CPE programs be given for more than 30 hours during any renewal period.~~
- 3) ~~A non-interactive self-study course or program shall qualify if it meets all other requirements of this Section, it indicates average completion time on the course material, and it provides some mechanism or process by which to provide evidence of satisfactory completion by the licensee beyond certification by the licensee. In no case shall credit for non-interactive self-study courses or programs be given for more than 60 hours during any renewal period.~~
- 4) ~~In addition to the limitations stated in subsection (j)(3), not more than 80 hours during any renewal period may consist of a combination of interactive and non-interactive self-study courses or programs.~~
- 5) ~~Not more than 10 hours shall be claimed for each of the non-verifiable activities listed in subsections (h)(2) through (h)(4) during any renewal period.~~
- 6) ~~In addition to the limitations stated in subsection (j)(5), not more than 60 hours during any renewal period may consist of a combination of all non-verifiable activities defined in subsection (h).~~
- 7) ~~In no case shall credit from personal development courses or programs be given for more than 24 hours during any renewal period.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 8) ~~CPE course credit will be allowed for programs or courses taken toward the satisfaction of continuing education requirements in other states.~~
- k) ~~Recognized educational or professional sponsors, as specified in subsection (b), shall be approved upon filing a sponsor application with the Division and payment of the required fee set forth in Section 1420.40. Such filing shall not prevent the Division from requiring additional information to ensure full and continued compliance with the statute and this Part. The Division will require the added information when it has reason to believe that there is not full and continued compliance with the statute and this Part and the additional information is necessary to ensure compliance.~~
- l) ~~All other sponsors shall be approved upon application to the Division, payment of the required fee set forth in Section 1420.40 and submission to the Division of the following additional certification:~~
- 1) ~~That all courses and programs offered by the sponsor for CPE course credit will comply with this Section;~~
 - 2) ~~That the sponsor will be responsible for verifying attendance at each course or program and will maintain attendance records for not less than five years; and~~
 - 3) ~~That, upon request by the Division, the sponsor will submit evidence necessary to establish compliance with the requirements of this Section. That evidence will be requested when the Division has reason to believe that there is not full and continued compliance with the statute and this Part and that the information is necessary to ensure compliance.~~
- m) ~~Upon failure of any sponsor to comply with the requirements of this Section, the Division shall issue a written notification to the sponsor that it must remedy its non-compliance prior to providing further approved courses.~~
- n) ~~All sponsor approvals shall expire December 31 of each year and may be renewed by submitting a renewal application and the required fee set forth in Section 1420.40.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- ⊖) ~~The Division shall periodically audit CPE course information submitted by applicants to verify the information, and shall verify the information upon receipt of a written complaint or allegation that a particular applicant or group of applicants has not fully complied with the requirements of the Act or this Part.~~
- Ⓟ) ~~Any approved sponsor's courses shall be disapproved if the sponsor fails or refuses to provide information to the Division for ascertaining compliance with this Part as specified in subsections (k) and (l).~~

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.72 Continuing Professional Education Sponsors

- a) CPE may be earned for verified attendance at or participation in any course or program given or approved by one of the following:
 - 1) AICPA;
 - 2) Illinois CPA Society/Foundation;
 - 3) A university or college approved by its governing board in the State of Illinois, or equivalent public authority governing board if in another jurisdiction, to award accounting degrees;
 - 4) CPE sponsored by, or approved by, other states or other state CPA societies;
 - 5) A person, CPA firm, association, corporation or any other group that applies pursuant to subsection (b) and has been licensed and authorized by the Division to coordinate and present CPE; or
 - 6) NASBA and persons, CPA firms, associations, corporations or other groups that are members of NASBA's National Registry of CPE Sponsors or Quality Assurance Service Program.
- b) An entity seeking a CPE sponsor license, including those set forth in subsections (a)(1) through (5), shall submit:
 - 1) A completed and signed application on forms provided by the Division;

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 2) The required fee set forth in Section 1420.40, with the exception of CPE sponsors set forth in subsection (a)(3);
- 3) Certification that:
 - A) All CPE offered by the sponsor for CPE credit will comply with this Section and Section 1420.70;
 - B) The CPE sponsor will verify attendance at all CPE and will maintain attendance records for not less than five years; and
 - C) Upon request by the Division, the sponsor will submit evidence necessary to establish compliance with the requirements of Section 1420.70 and this Section.
- c) Upon failure of any CPE sponsor to comply with the requirements of Section 1420.70 and this Section, the Division shall issue a written notification to the CPE sponsor that it must remedy its noncompliance prior to providing further CPE.
- d) CPE sponsors' CPE may be disapproved if the CPE sponsor fails to provide information to the Division.

(Source: Added at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.75 Peer Review

- a) Establishment of Peer Review Program
 - 1) Pursuant to Section 16(e) of the ~~Illinois Public Accounting Act (Act)~~, the Division establishes a Peer Review Program to monitor a CPA firm's and sole practitioner's compliance with applicable accounting, auditing and other attestation standards adopted by generally recognized standard-setting bodies. The program may include education, remediation, disciplinary sanctions or other corrective action in which performance does not comply with professional or regulatory standards.
 - 2) The Division shall not require any CPA firm or sole practitioner to become a member of any Peer Review Administrator.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- b) Standards for Peer Reviews
The Division adopts the ~~American Institute of Certified Public Accountants (AICPA)~~ Standards for Performing and Reporting on Peer Reviews (~~20152009~~, no later amendments or editions apply) and related Interpretations (~~20152009~~, no later amendments or editions apply), 1211 Avenue of the Americas, New York NY 10036-~~8775~~, for reviews commencing on or after January 1, 2009, and, for public company audit firms, the firm inspection standards required under the Sarbanes-Oxley Act of 2002 (SOX) (~~18 USC 7201 et seq.~~), as its minimum standards for review.
- c) Peer Review Administrators
- 1) The Division, upon recommendation of the ~~Public Accountant Registration Committee (Committee)~~, approves the following ~~asa~~ Qualified Peer Review ~~Administrators~~:
- A) the AICPA;~~;~~
 - B) the AICPA National Peer Review Committee;~~;~~
 - C) the Society;~~;~~
 - D) other state CPA societies; ~~and~~
 - E) other organizations that are fully involved in the administration of the AICPA Peer Review Program;~~;~~
 - F) the National Conference of CPA Practitioners (NCCPAP); ~~and~~
 - G) the Public Company Accounting Oversight Board (PCAOB).
- 2) A Peer Review Administrator not listed in subsection (c)(1) shall ~~submit~~~~make~~ an application to the Division, on forms ~~provided~~~~prepared~~ by the Division, to receive authorization to act as a Peer Review Administrator.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 3) To qualify as a Peer Review Administrator, an entity must annually submit a peer review plan of administration to the Division for review and approval. The plan of administration must:
 - A) establish a ~~Peer Review Report Committee (PRRC)~~, and subcommittees as needed, and provide professional staff as needed for the operation of the peer review program;
 - B) establish a program to communicate to CPA firms and sole practitioners participating in the peer review program the latest developments in peer review standards and the most common findings in the peer reviews conducted by the Peer Review Administrator;
 - C) establish procedures for resolving any disagreement that may arise out of the performance of a peer review;
 - D) establish procedures to resolve matters that may lead to the dismissal of a CPA firm or sole practitioner from the peer review program;
 - E) establish procedures to evaluate and document the performance of each reviewer, which may lead to the disqualification of a reviewer who does not meet the AICPA standards;
 - F) require the maintenance of records of peer reviews conducted under the program in accordance with the record retention rules of the AICPA; and
 - G) provide reports on the results of the peer review program to the Division upon request.
- 4) A Peer Review Administrator shall submit its plan of administration on forms ~~provided~~prepared by the Division. Peer Review Administrators set forth~~listed~~ in subsection (c)(1) are exempt from the plan of administration submission requirements.
- 5) A Peer Review Administrator is subject to oversight by the Division for the purpose of carrying out the provisions of the Act.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- d) Enrollment and Participation
- 1) For renewals on or after July 1, 2012, satisfactory completion of a peer review is required as a condition for renewal of a license for each CPA firm or sole practitioner who performs accountancy activities outlined in Section 8.05(a)(1)~~provides services requiring a license under Section 8~~ of the Act. For purposes of this Section, satisfactory completion shall be defined as follows:
 - A) Peer reviews of CPA firms and sole practitioners that are accepted by the PRRC without remedial or corrective actions shall be considered completed when accepted.
 - B) Peer reviews of CPA firms and sole practitioners that are accepted by the PRRC subject to any identified remedial or correction actions shall be considered accepted on the date the CPA firm or sole practitioner signs an acceptance letter from the PRRC agreeing to complete the remedial or corrective actions and shall be considered completed when the CPA firm or sole practitioner completes the remedial or corrective actions to the satisfaction of the PRRC. The Division may grant renewal of a CPA firm's or sole practitioner's license upon the acceptance of its peer review, rather than upon the completion of its peer review.
 - C) Pursuant to Section 16(g) of the Act, the Division may hold a hearing for any CPA firm or sole practitioner that fails to satisfactorily complete a peer review or comply with any remedial or corrective actions determined necessary by the PRRC.
 - 2) Each CPA firm or sole practitioner required to participate under Section 16(e) of the Act shall enroll in the program of an approved Peer Review Administrator and shall comply with the review due date assigned by an approved Peer Review Administrator. It is the responsibility of the CPA firm or sole practitioner required to complete a peer review to schedule and satisfactorily complete a peer review prior to the expiration date set for renewal. Failure to schedule a peer review with an approved Peer Review Administrator in sufficient time to enable the Peer Review Administrator to accept the review, as determined by the Peer Review

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Administrator, by the renewal date shall not constitute an excuse for failure to satisfactorily complete the peer review required for renewal.

- 3) The Division may accept extensions granted by the Peer Review Administrator to complete a review, ~~provided the Division is notified by the firm or sole practitioner within 20 days after the date that an extension is granted.~~ Extensions exceeding 3 months beyond the original due date established by the Peer Review Administrator must be approved by the Division and only for reasonable cause. Reasonable cause shall be determined on an individual basis by the Division and be defined as an inability to fulfill the peer review requirements during the applicable prerenewal period due to:
 - A) full-time service by a sole practitioner in the ~~Armed Forces~~~~armed forees~~ of the United States of America during a substantial part of the prerenewal period;
 - B) a temporary incapacitating illness of a sole practitioner documented by a statement from a currently licensed physician;
 - C) undue hardship (prolonged hospitalization, family illness, CPA firm dissolution or reorganization); or
 - D) any other similar extenuating circumstances.
- 4) A CPA firm or sole practitioner may choose from among the list of Qualified Peer Review Administrators in subsection (c) to administer its peer review; but must comply with all requirements of the Peer Review Administrator with which it is enrolled.
- 5) A CPA firm or sole practitioner choosing to change to another Peer Review Administrator may do so provided that the CPA firm or sole practitioner authorizes the previous Peer Review Administrator to communicate to the succeeding Peer Review Administrator any outstanding corrective actions related to the CPA firm's or sole practitioner's most recent review. Any outstanding actions must be cleared and the peer review satisfactorily completed in accordance with subsections (d)(1)(A) and (B) prior to transfer between Peer Review Administrators.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 6) An out-of-state CPA firm practicing in this State pursuant to a practice privilege provided for in Section 5.2(d) of the Act must comply with the peer review program of the state in which the CPA firm is licensed.
 - 7) An out-of-state CPA firm practicing in this State pursuant to a practice privilege provided for in Section 5.2(d) of the Act from a state without a peer review program must comply with the peer review requirements set forth in Section 16(e) of the Act.
 - 8) An out-of-state CPA firm practicing in this State pursuant to a practice privilege provided for in Section 5.2(d) of the Act must submit proof of satisfactory completion of a peer review (or equivalent) ~~and the out-of-state firm shall submit documentation of the satisfactory completion of a peer review~~ at the request of the Division.
 - 9) In the event a CPA firm's or sole practitioner's practice is sold, dissolved or merged with the practice of one or more CPA firms or sole practitioners, determination of successor or predecessor CPA firms, peer review year-end and peer review due date, if any, will be determined by the Peer Review Administrator.
- e) Effect of Successive Substandard Reviews
- 1) CPA firms and sole practitioners enrolled in a Peer Review Program are required under the AICPA Standards for Performing and Reporting on Peer Reviews to cooperate with the Peer Reviewer, Peer Review Administrator and PRRC in all matters related to the review that could impact the CPA firm's or sole practitioner's enrollment in the program.
 - 2) If a CPAA firm or sole practitioner receives a system or engagement review with a peer review rating of pass with deficiencies or fail, or its successor, may have an accelerated review as required by the Peer Review Administrator shall send notification to the CPA firm or sole practitioner, or its successor, via certified mail, or other delivery method providing proof of receipt, that failure to receive a report rating of pass on its next system or engagement review may be deemed failure to cooperate under subsections (e)(3) and (4) if it receives two consecutive system or

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~engagement reviews with a peer review rating of pass with deficiencies (formerly "modified").~~

- 32) ~~If a CPAA firm or sole practitioner, or its successor, receives two consecutive system or engagement reviews with a peer review rating of pass with deficiencies or fail, shall have an accelerated review as required by the Peer Review Committee shall assess whether the CPA firm or sole practitioner, or its successor, has failed to cooperate in all matters related to the review Administrator if it receives two consecutive system or engagement reviews with a peer review rating of fail (formerly "adverse") or if it receives a rating of fail and a rating of pass with deficiencies within 2 consecutive system or engagement reviews.~~
- 4) If a CPA firm or sole practitioner, or its successor, is deemed to have failed to cooperate, the Peer Review Committee may refer the CPA firm or sole practitioner, or its successor, to the AICPA Peer Review Board, or its equivalent, to consider whether a hearing should be held regarding the CPA firm's or sole practitioner's, or its successor's, termination from the Peer Review Program.
- 5) If a CPA firm or sole practitioner, or its successor, is deemed to have cooperated in all matters related to the review, the CPA firm or sole practitioner, or its successor, shall have an accelerated review.
- 6)3) If any accelerated review results in a peer review rating of pass with deficiencies or fail:
- A) the CPA firm or sole practitioner may complete attest engagements for which field work has already begun only if it engages a third party reviewer acceptable to the Division; and
- B) the CPA firm or sole practitioner shall not perform any other service requiring a license under Section 8.05 of the Act until given permission by the Division to resume practice. The Division may impose disciplinary or nondisciplinary guidelines and conditions for continued practice.
- 7)4) The Division₂ in its discretion₂ may require any CPA firm or sole practitioner that has received a report with a peer review rating of pass

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

with deficiencies or fail to be subject to remedial action as determined by the Division.

- f) PRRC~~Peer Review Report Committee~~ Qualifications and Responsibilities
- 1) PRRC~~Peer Review Report Committee~~ members are subject to the qualifications and have the responsibilities outlined in the AICPA Standards for Performing and Reporting on Peer Reviews and related guidance.
 - 2) Each PRRC member must comply with the confidentiality requirements of Section 16(f)(2) of the Act. The Peer Review Administrator may annually require its PRRC members to sign a statement acknowledging their appointments and the responsibilities and obligations of their appointments.
- g) Division Access to Results of CPA Firm's or Sole Practitioner's Peer Reviews
- 1) The Division may request from a CPA firm or a sole practitioner any of the following peer review documents:
 - A) peer review report;
 - B) letter of response, if applicable;
 - C) acceptance letter;
 - D) letter signed by the reviewed CPA firm accepting the peer review documents with the understanding that the CPA firm agrees to take certain actions, if applicable;
 - E) letter notifying the reviewed CPA firm that certain required actions have been completed, if applicable.
 - 2) To comply with the Division's request in subsection (g)(1), the CPA firm or sole practitioner must submit the requested documents to the Division within 45 days after the request, either by mail or electronically (e.g., by fax or email). In addition, the submission requirement may be met by allowing the documents to be made available to the Division via a state

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

board access only website by the Peer Review Administrator ~~(when that process is available)~~.

- h) The Division may consider the recommendation of the Public Accountant Registration and Licensure Committee regarding peer review in the State of Illinois.

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.80 Renewals

- a) Individuals
Every license issued to an individual under the Act shall expire on September 30 every three years. The holder of a license may renew the license during the 2 months preceding the expiration date ~~thereof~~ by ~~submitting~~ paying the ~~required~~ fee required by Section 1420.40 and meeting the CPE requirements set forth in Section 1420.70. No carryover of CPE hours is allowed from one prerenewal period to another. Licensed certified public accountants shall complete 120 hours of CPE in accordance with Section 1420.70 of this Part. Of the 120 hours, not less than 4 hours shall be courses covering the subject of professional ethics. A registered certified public accountant is exempt from CPE requirements.
- b) CPA Firms
Every license for a CPA firm shall expire on November 30 every 3 years. CPA firms ~~Firms~~ may renew their license during the 2 months preceding the expiration date ~~thereof~~ by submitting the ~~required~~ fee required by Section 1420.40, notification of any change in members residing in Illinois, and verification that the CPA firm continues to meet the qualifications set forth in Section 14 of the Act.
- c) CPE Sponsors
Every license for a CPE sponsor shall expire on December 31 every year. CPE sponsors may renew their license during the 2 months preceding the expiration date by submitting the fee required by Section 1420.40 and verification that the CPE sponsor continues to meet the qualifications set forth in Section 1420.72. A licensed certified public accountant is exempt from CPE requirements for the first renewal.
- d) It is the responsibility of each licensee to notify the Division of any change of

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to renew.

- e) ~~Practicing or offering to practice on a license that has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 9 of the Act, except as set forth in Section 17.2 of the Act. A licensee may file an application for renewal without having fully complied with the continuing education requirements by requesting a waiver of such requirements. The request shall include an affidavit setting forth the facts upon which the request for waiver is based. If the Division finds from the affidavit or any other evidence submitted that good cause has been shown for non-compliance, the Division shall waive enforcement, extend the time within which the applicant shall comply, or establish a particular program or schedule of continuing education for the renewal period for which the applicant has applied. At that time, the renewal applicant will be requested to submit the required renewal fee. Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CPE course requirements during the applicable period because of:~~
- 1) ~~Full time service in the armed forces of the United States of America during a substantial part of such period; or~~
 - 2) ~~Extreme hardship, which shall be determined on an individual basis by the Committee and shall be limited to documentation of:~~
 - A) ~~An incapacitating illness,~~
 - B) ~~A physical inability to travel to the sites of approved programs, or~~
 - C) ~~Any other similar extenuating circumstances.~~
- f) ~~An interview before the Committee with respect to a request for waiver or other action shall be granted if the interview is requested at the time the request for waiver is filed with the Division. The renewal applicant requesting waiver shall be given at least 20 days' written notice of the date, time and place of the interview, by certified mail, return receipt requested.~~
- g) ~~A renewal applicant who fails to include evidence of completion of the requisite number of CPE course hours shall be referred to the Committee for recommendation for further action by the Division.~~

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- h) ~~No carry over of continuing education hours is allowed from one prerenewal period to another.~~

(Source: Amended at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.85 Inactive Status

- a) A licensed or registered CPA who notifies the Department, on forms provided by the Department, may place the license or registration on inactive status and shall be excused from paying renewal fees until he or she notifies the Department in writing of the intention to resume active practice.
- b) Any person violating Section 17.2(d), (e) or (f) of the Act shall be considered to be practicing without a license or registration and shall be subject to the disciplinary provisions of the Act.

(Source: Added at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.90 Annual Report of the Committee (Repealed)

~~The Public Accountant Registration Committee shall submit a written report, on an annual basis, to the Director in which it shall evaluate its own and the Division's performance, inform the Division of practice developments within the public accounting profession and provide recommendations for statutory or regulatory program changes.~~

(Source: Repealed at 40 Ill. Reg. 3691, effective March 11, 2016)

Section 1420.200 Unprofessional Conduct

- a) Pursuant to Section 20.01(a)(12) of the Act, unprofessional conduct in the practice of accountancy activities shall include, but not be limited to:
- 1) Knowingly misrepresenting facts and, when engaged in accountancy activities, including the rendering of tax and management advisory services;
 - 2) Undertaking any engagement that a licensee cannot reasonably expect to complete with professional competence;

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 3) Permitting his, her or its name to be used in conjunction with any forecast of future transactions in a manner that may lead to the belief that the licensee vouches for the achievability of the forecast;
 - 4) Committing an act that violates public policy or is discreditable to the public accounting profession;
 - 5) Failure to disclose a referral fee to a client for recommending or referring any service of a CPA to any entity or who pays a referral fee to obtain a client;
 - 6) Engaging in any business or occupation that impairs the objectivity of a licensee's judgment in connection with the rendering of professional services;
 - 7) Practicing accountancy activities in a form of organization not permitted by Illinois law or regulation;
 - 8) Practicing under a CPA firm name that is misleading. For the purposes of Section 1400.200, an owner surviving the death or withdrawal of all other owners may continue to practice under a name that includes the name of past owners for up to two years after becoming a sole practitioner;
 - 9) Discriminating against clients on the basis of race, gender, religion, age, national origin, political affiliation, social or economic status, choice of lifestyle, or sexual orientation; and
 - 10) Directly or indirectly giving to or receiving from any person any fee, commission, rebate or other form of compensation for any professional services not actually rendered.
- b) The Division hereby incorporates by reference the AICPA Code of Professional Conduct (2015, no later editions or amendments included), 1211 Avenue of the Americas, New York NY 10036-8775, as its minimum standards for professional conduct.

(Source: Added at 40 Ill. Reg. 3691, effective March 11, 2016)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Public Accounting Act (Professional Conduct)
- 2) Code Citation: 68 Ill. Adm. Code 1430
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
1430.300	Repealed
1430.500	Repealed
1430.800	Repealed
1430.1010	Repealed
1430.1020	Repealed
1430.1030	Repealed
1430.2010	Repealed
1430.2020	Repealed
1430.2030	Repealed
1430.2040	Repealed
1430.3010	Repealed
1430.3020	Repealed
1430.4010	Repealed
1430.5010	Repealed
1430.5030	Repealed
1430.5040	Repealed
1430.5050	Repealed
1430.6010	Repealed
1430.6020	Repealed
1430.6030	Repealed
1430.APPENDIX A	Repealed
1430.APPENDIX B	Repealed
- 4) Statutory Authority: Implementing Section 19 of the Illinois Public Accounting Act [225 ILCS 450/19] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) Effective Date of Repealer: March 11, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED REPEALER

- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposed Repealer published in the *Illinois Register*: 39 Ill. Reg. 13345; October 9, 2015
- 10) Has JCAR issued a Statement of Objection to this repealer? 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 agreement letter issued by JCAR? No changes were requested.
- 13) Will this repealer replace any emergency rule currently in effect? No
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Repealer: The professional conduct rules set forth in 68 Ill. Adm. Code 1430 are no longer current. The Department has amended 68 Ill. Adm. Code 1420 by adding 68 Ill. Adm. Code 1420.200 to incorporate the American Institute of Certified Public Accountants Code of Professional Conduct as the State's minimum standards for professional conduct. In light of this, 68 Ill. Adm. Code 1430 has been repealed to ensure that the State of Illinois is adequately protected against unprofessional conduct with the accountancy profession.
- 16) Information and questions regarding this adopted repealer shall be directed to:

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

217/785-0813
fax: 217/557-4451

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Electronic Prescription Monitoring Program
- 2) Code Citation: 77 Ill. Adm. Code 2080
- 3) Section Number: 2080.100 Adopted Action:
Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 316, 317, 318, 319, 320 and 321 of Article III of the Illinois Controlled Substances Act [720 ILCS 570/316, 317, 318, 319, 320 and 321]
- 5) Effective Date of Rule: February 29, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted rule, including any material incorporated, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 14212; November 6, 2015
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: None
- 12) Have all 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 an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking affects the Electronic Prescription Monitoring Program (PMP) which is designed to control the abuse of Schedule II, III, IV and V retail dispensed drugs. The proposed amendment changes the requirement that dispensers report to the central repository each time a Schedule II, III, IV or V drug or other selected drugs (see 77 Ill. Adm. Code 2080.230) is dispensed from

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

not more than seven days after dispensing to no later than the next business day after dispensing; or, if no drugs are dispensed then a zero report is required. The amendment will result in more frequent reporting and will improve the use of the PMP in identifying patients exhibiting prescription seeking behavior.

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

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

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER X: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER e: CONTROLLED SUBSTANCES ACTIVITIESPART 2080
ELECTRONIC PRESCRIPTION MONITORING PROGRAM

Section	
2080.10	Authority
2080.20	Incorporation by Reference and Definitions
2080.30	General Description
2080.40	Official Triplicate Prescription Blanks (Repealed)
2080.50	Authorized Prescribers
2080.60	Application (Repealed)
2080.70	Schedule II, III, IV and V Drug Prescription Requirements
2080.80	Prohibited use of the Official Triplicate Prescription Blank (Repealed)
2080.90	Dispensing a Schedule II, III, IV or V Drug
2080.100	Dispenser Responsibility
2080.110	Partial filling of prescriptions (Repealed)
2080.120	Emergency situations (Repealed)
2080.130	Prescriptions from out-of-state prescribers and exempt Federal practitioners (Repealed)
2080.140	Exemptions for prescribers in hospitals and institutions (Repealed)
2080.150	Exemptions for long term care and home infusion services (Repealed)
2080.160	Exemptions for narcotic treatment programs (Repealed)
2080.170	Exemptions for research (Repealed)
2080.180	Investigatory and regulatory referrals (Repealed)
2080.190	Reports
2080.200	Prescriber and Dispenser Inquiry System
2080.210	Access to the Prescription Information Library (PIL)
2080.211	Other State Prescription Monitoring Authority Access
2080.220	Error Reporting
2080.230	Designated Controlled Substances
2080.240	Mid-Level Practitioners Prescriptive Authority Reporting
2080.250	Mailing of Controlled Substances

AUTHORITY: Implementing and authorized by Sections 316, 317, 318, 319, 320 and 321 of Article III of the Illinois Controlled Substances Act [720 ILCS 570/316, 317, 318, 319, 320 and 321].

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

SOURCE: Adopted at 10 Ill. Reg. 4497, effective March 3, 1986; amended at 17 Ill. Reg. 11424, effective July 6, 1993; amended at 20 Ill. Reg. 3107, effective February 2, 1996; recodified from the Department of Alcoholism and Substance Abuse to the Department of Human Services at 21 Ill. Reg. 9319; amended at 26 Ill. Reg. 3975, effective March 4, 2002; amended at 33 Ill. Reg. 17333, effective December 9, 2009; amended at 39 Ill. Reg. 6421, effective April 22, 2015; amended at 40 Ill. Reg. 3737, effective February 29, 2016.

Section 2080.100 Dispenser Responsibility

- a) Each time a Schedule II, III, IV or V drug or other selected drugs, as described in Section 2080.230, is dispensed, the dispenser must transmit, no later than the next business day~~not more than 7 days~~ after dispensing, to the central repository the following data, or any other data deemed necessary by the PMPAC:
- 1) Dispenser DEA number.
 - 2) Dispenser full name and address.
 - 3) Recipient's (or animal and owner's) name and address.
 - 4) NDC identification number of the Schedule II, III, IV or V drug dispensed.
 - 5) Quantity of the Schedule II, III, IV or V drug dispensed.
 - 6) Date prescription filled.
 - 7) Date prescription written.
 - 8) Prescriber DEA number.
 - 9) Prescriber full name.
 - 10) Patient ID.
 - 11) Patient sex (M for male, F for female or U for unknown).
 - 12) Patient birth date (yyyymmdd – year, month, day).

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

- 13) Date dispensed.
 - 14) Payment type (i.e., Medicaid, cash, third-party insurance).
 - 15) Patient location code (i.e., home, nursing home, outpatient, etc.).
 - 16) Days' supply (based on dispensed quantity).
- b) If no Schedule II, III, IV or V drug or other selected drugs, as described in Section 2080.230, is dispensed, the dispenser must transmit a zero report, as set forth in American Society of Automation in Pharmacy (ASAP) Prescription Monitoring Program Standard Version 4.2 (2011), to the central repository, no later than the next business day. The incorporation by reference includes no later amendments or editions.
- ~~cb)~~ For hospitals licensed under the Hospital Licensing Act [210 ILCS 85], any discharge or outpatient prescription exceeding a 72 hour quantity must be reported to the PMP central repository no later than the next business day~~within 7 days~~ after dispensing (~~may be reported more frequently~~). The report shall contain the following data or any other data deemed necessary by the PMPAC:
- 1) Dispenser DEA number.
 - 2) Dispenser name and address.
 - 3) Recipient's (or animal and owner's) name and address.
 - 4) NDC identification number of the Schedule II, III, IV or V drug dispensed.
 - 5) Quantity of the Schedule II, III, IV or V drug dispensed.
 - 6) Date prescription filled.
 - 7) Date prescription written.
 - 8) Prescriber DEA number.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

- 9) Prescriber name and address.
 - 10) Patient ID.
 - 11) Patient sex (M for male, F for female or U for unknown).
 - 12) Patient birth (yyyymmdd – year, month, day).
 - 13) Date dispensed.
 - 14) Payment type (i.e., Medicaid, cash, third-party insurance).
 - 15) Patient location code (i.e., home, nursing home, outpatient, etc.).
 - 16) Days' supply (based on dispensed quantity).
- de) The Department shall impose a civil fine of \$100 per day for willful failure to comply with statutory reporting requirements. Assessment of the fine begins on the day after the report was required to be submitted and ends on the day the failure to report is remedied. Fines shall be payable to the Prescription Monitoring Program.

(Source: Amended at 40 Ill. Reg. 3737, effective February 29, 2016)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Falconry and the Captive Propagation of Raptors
- 2) Code Citation: 17 Ill. Adm. Code 1590
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
1590.90	Amendment
1590.120	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 2.1, 2.2, 2.4, 2.6, 2.7, 2.13, 2.18, 2.20, 2.27, 2.28, 2.29, 2.30, 3.5 and 3.36 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 2.1, 2.2, 2.4, 2.6, 2.7, 2.13, 2.18, 2.20, 2.27, 2.28, 2.29, 2.30, 3.5 and 3.36] and Section 5 of the Illinois Endangered Species Protection Act [520 ILCS 10/5]
- 5) Effective Date of Rules: February 24, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including 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*: 39 Ill. Reg. 14116; October 30, 2015
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version:

Section 1590.90(o), "authorization to take" has been changed to "a permit to capture" and "(peregrine permit)" has been added after "falcon"; and, a comma has been added after "apply".

Section 1590.90(o)(2) has been changed to read:

- "2) Those wanting a peregrine permit shall, by August 31 annually, submit an application and any applicable permit fee (see subsection (o)(4)) to the Department at the address cited in Section 1590.60(a). The Department will

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

review and determine the completeness and eligibility of each permit application. Applicants deemed eligible by the Department will be placed in one of two lotteries (one for residents, followed by one for non-residents if any permits remain available after the resident lottery) to fill the permits allocated to Illinois by the U.S. Fish and Wildlife Service (FWS). Lottery winners will receive a permit, and any applicable fees paid by unsuccessful applicants will be refunded."

Section 1590.90(o)(2) has been relabeled to "(o)(3)"; "a" has been changed to "the separate non-resident".

Section 1590.90(o)(3) has been relabeled to "(o)(4)"; "Persons must apply for authorization to capture peregrine falcons by August 31. Permits will be allocated by lottery and will become valid upon receipt of payment by the Department." has been deleted; "Illinois Capture Permit" has been changed to "permit issued under Section 1590.90 (raptor permit)"; "Illinois Capture Permit fee will be required" has been changed to "raptor permit fee required by Section 1590.90(a)(5) will be charged."

Section 1590.90(o)(4) has been relabeled to "(o)(5)"; "Capture" has been changed to "Peregrine", ", Peregrine" has been changed to ", but peregrine"; "Permits" has been changed to "Each permit"; and ", and no applicant shall receive more than one peregrine permit. Any peregrine falcon captured under a peregrine permit shall be counted as a raptor captured under a raptor capture permit (see Section 1590.90(a) for the current raptor capture limit) and counted as possessed under the master class falconer permit (see Section 1590.80(c)(2) for the current possession limits)." has been added at the end of the sentence.

Section 1590.90(o)(5) has been relabeled to "(o)(7)"; "Authorized persons" has been changed to "Holders of peregrine permits"; and "US Fish and Wildlife Service" has been changed to "FWS".

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part has been amended to allow capture of peregrine falcons by Master class falconers, allocate permits via lottery; set permit fees;

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

establish a capture season; establish reporting requirements and change the regulations governing the use of raptors in nuisance wildlife abatement to bring State regulations up to date with proposed federal regulation changes.

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

Anne Mergen, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER d: FORESTRYPART 1590
FALCONRY AND THE CAPTIVE PROPAGATION OF RAPTORS

Section

1590.10	Establishment of Rules and Regulations
1590.20	Definitions
1590.30	Provisions of Rules and Regulations (Repealed)
1590.40	Violation of Rules (Repealed)
1590.50	Permit and License Requirements
1590.60	Examination and Application Procedures
1590.70	Inspection of Facilities, Facility Requirements, Care of Raptors and Equipment
1590.80	Falconry Permits – Classes and Standards
1590.82	Banding Requirements – Falconry Raptors
1590.85	Captive Propagation – Regulations
1590.90	Capturing of Raptors – Regulations
1590.100	Transfer, Change in Status, Release, Acquisition and Reporting Requirements
1590.110	Hunting Seasons for Falconers
1590.120	Additional Provisions
1590.130	Violation of Rules

1590.APPENDIX A Migratory Bird Acquisition and Disposition Report (Repealed)

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.1, 2.2, 2.4, 2.6, 2.7, 2.13, 2.18, 2.20, 2.27, 2.28, 2.29, 2.30, 3.5 and 3.36 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 2.1, 2.2, 2.4, 2.6, 2.7, 2.13, 2.18, 2.20, 2.27, 2.28, 2.29, 2.30, 3.5 and 3.36] and Section 5 of the Illinois Endangered Species Protection Act [520 ILCS 10/5].

SOURCE: Amendment filed November 17, 1977, effective January 1, 1978; emergency amendment at 5 Ill. Reg. 9161, effective September 1, 1981, for a maximum of 150 days; amended at 6 Ill. Reg. 6207, effective May 14, 1982; amended at 10 Ill. Reg. 16627, effective September 24, 1986; amended at 11 Ill. Reg. 11350, effective June 9, 1987; amended at 12 Ill. Reg. 12807, effective July 26, 1988; amended at 13 Ill. Reg. 10567, effective June 16, 1989; amended at 14 Ill. Reg. 6088, effective April 17, 1990; amended at 15 Ill. Reg. 32, effective December 24, 1990; amended at 15 Ill. Reg. 16681, effective October 31, 1991; amended at 16 Ill. Reg. 11052, effective June 30, 1992; amended at 18 Ill. Reg. 14700, effective September 19,

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

1994; 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. 2218, effective February 3, 1997; amended at 38 Ill. Reg. 895, effective January 1, 2014; amended at 40 Ill. Reg. 3743, effective February 24, 2016.

Section 1590.90 Capturing of Raptors – Regulations

- a) No permittee may capture any raptor without an appropriate permit from the Department. A permittee in possession of a valid capture permit may capture raptors of a non-prohibited species or subspecies. A person shall hold a valid falconry permit in Illinois or another state to be eligible for a capture permit. The Department will authorize up to 250 capture permits annually. Requests for capture permits in excess of 250 will be considered first in following years.
 - 1) A capture permittee may only intentionally capture a raptor species that he or she is allowed to possess. A permittee that captures a raptor that he or she may not possess shall immediately release the bird.
 - 2) Immature passage raptors may be captured from September 1 until March 1.
 - 3) Haggard American kestrels (*Falco sparverius*) and great horned owls may be captured between September 1 and January 1.
 - 4) The capture or taking of any eyass raptor in Illinois shall be permitted between February 1 and August 1. When eyasses are captured, at least one eyass shall be left in the nest.
 - 5) The fee for a raptor capture permit for a resident of the State of Illinois is \$50 per year. The fee for a non-resident raptor capture permit is \$100 per year.
 - 6) A capture permit shall expire on March 1 of each year and shall authorize the permittee to take up to his or her legal limit of raptors for possession and/or replacement, but no more than 2 raptors shall be taken from the wild per calendar year. All raptors shall be captured in a humane manner. Marked raptors that escape or are lost may be recaptured at any time without a capture permit and do not count as a bird taken from the wild.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

- 7) The take of raptors from the wild must be reported by entering the required information into the electronic database at <http://permits.fws.gov/186A> or submitting a paper form 3-186A to the Department at the capturer's first opportunity to do so, but no later than 10 days after the capture of the raptor.
- b) A raptor taken from the wild is always considered to be a wild raptor no matter how long it is held in captivity or whether it is transferred to another person. However, it is only considered to be taken from the wild by the person who captured it. The raptor is not considered to be taken from the wild by any subsequent permittee to whom it is legally transferred.
- c) Wild raptors listed as endangered or threatened by the U.S. Fish and Wildlife Service (50 CFR 17) and golden eagles may not be captured in Illinois for falconry purposes. This prohibition shall not prevent a master class permittee from obtaining a wild raptor listed as threatened by FWS at 50 CFR 17, or a golden eagle, provided listed raptors are captured legally in another state or country, or transferred from another falconer in accordance with federal regulations (50 CFR 21.29), this Part and the laws of the jurisdiction in which the raptors are obtained.
- d) No wild raptor listed as endangered or threatened by the Illinois Endangered Species Protection Board (17 Ill. Adm. Code 1010) but not by FWS (50 CFR 17) may be captured in Illinois for falconry purposes. This prohibition shall not prevent a permittee from obtaining a raptor of any listed species, provided that it is captured legally in another state or country or transferred from another falconer in accordance with federal regulations (50 CFR 21.29), this Part, and the laws of the jurisdiction in which the raptor was obtained.
- e) Except as provided for in Section 1590.50(a)(2) and (d), any unmarked raptors imported into Illinois must be identified with a marker provided by the Department, and the State's copy of FWS electronic form 3-186A must be sent to the Department within 5 days after marking, as determined by the postmark.
- f) A raptor taken under a depredation (or special purpose) permit may be used for falconry by general or master falconers in compliance with federal regulations (50 CFR 21.29).

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

- g) A capture permittee who is present at the capture site and immediately receives a captured raptor from another permittee is considered to be the person who removed the raptor from the wild. The capture permittee receiving the raptor is responsible for submitting a form 3-186A reporting take of the raptor from the wild. This would occur, for example, if another person climbs a tree or rappels down a cliff and takes a nestling for the permittee and gives it to the permittee at the tree or cliff.
- h) If the capture permittee is not at the immediate location where the raptor is taken from the wild, then the person who takes it must be a general or master falconer, have a valid capture permit, and report take of the raptor. If the falconer capturing the raptor then transfers the raptor to the first capture permittee, the permittee capturing the raptor and the permittee receiving the raptor both must submit a 3-186A form reporting the transaction at the first opportunity to do so, but no later than 10 days after the transfer. The raptor will count as one of the two raptors the falconer who took it from the wild is allowed to capture in any year. The raptor will not count as a raptor taken from the wild by the capture permittee who received the raptor. The falconer who takes the raptor from the wild shall report the take even if he or she promptly transfers it.
- i) If a capture permittee has a long-term or permanent physical impairment that prevents attending the capture of a species that is permitted for that permittee's use in falconry, then a general or master falconer holding a valid capture permit may capture the raptor for the permittee. The capture permittee receiving the raptor is then responsible for submitting a 3-186A form reporting take of the raptor from the wild and the raptor will count against the capture permittee's take of wild raptors allowed in any year.
- j) Any raptor unintentionally captured shall be promptly released.
- k) If a capture permittee transfers a raptor taken from the wild to a falconry permittee in the same year it was captured, the raptor will count as one of the raptors allowed to be taken from the wild in that year, but it will not count as a capture by the recipient, though it will always be considered a wild bird for purposes of bird counts and permits.
- l) A raptor wearing falconry equipment or a captive-bred raptor may be recaptured at any time, even if the permittee is not allowed to possess the species. The raptor will not count against the capture permittee's possession limit, nor will its take

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

from the wild count against the permittee's take limit. The recapture must be reported to the Department no more than 5 working days after the recapture by submitting a form 3-186A. A recaptured falconry raptor must be returned to the person who lost it, if that person may legally possess it. Disposition of a raptor whose legal possession cannot be determined will be at the discretion of the Department.

- m) A raptor banded with an aluminum federal band issued by the federal Bird Banding Laboratory may be taken from the wild, except that a banded peregrine falcon may not be taken.
- 1) If a captured raptor (including a peregrine falcon) is marked with a seamless metal band, a transmitter, or any other item identifying it as a falconry raptor, it shall be reported to the Department by submitting a form 3-186A within 5 working days after the capture. A recaptured falconry raptor shall be returned to the person who lost it. Disposition of a raptor whose legal possession cannot be determined will be at the discretion of the Department. While a bird is temporarily held for the purpose of returning it to the person who lost it, it will not count against the possession limit or the limit of take from the wild if it has been reported to the Department.
 - 2) If a peregrine falcon having a research band (such as a colored band with alphanumeric codes) or a research marking attached to it is captured, then it shall immediately be released unless the falcon has a transmitter attached to it, in which case it may be held for up to 30 days if the researcher is contacted to determine if it would like to replace the batteries and the capture is reported to the Department by submitting a form 3-186A within 5 working days after capture. If the researcher wishes to replace the batteries or remove the transmitter, then the researcher or its designee can make the change or allow the captor to do so before the falcon is released. If the researcher does not wish to keep the transmitter on the falcon, then the peregrine falcon may be kept for falconry purposes only if the species is not on the Illinois list of endangered and threatened species.
 - 3) If a captured raptor has any other band, research marking or transmitter attached to it, the band numbers and all other relevant information must be

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

promptly reported to the federal Bird Banding Laboratory at 1-800-327-2263.

- A) If the raptor has a transmitter attached to it, then it may be held for up to 30 days if the researcher is contacted to determine if it would like to replace the transmitter and the capture is reported to the Department by submitting a form 3-186A within 5 working days after capture. If the researcher wishes to replace the transmitter, then the researcher or its designee can make the change or allow the captor to do so before the raptor is released. Disposition of the raptor will be at the discretion of the researcher and the Department.
 - B) A temporarily possessed raptor having a transmitter attached will not count against the raptor possession limit for falconry raptors.
- n) A capture permittee is responsible for the costs of care and rehabilitation for any raptor that is injured as a result of the permittee's trapping efforts and the permittee may either:
- 1) place the raptor on the capture permittee's falconry permit. Take of the raptor shall be reported by entering the required information into the electronic database at <http://permits.fws.gov/186A> and by submitting a paper form 3-186A to the Department no more than 10 days after capture. The raptor must then be treated by a veterinarian or licensed wildlife rehabilitator. The raptor will count against the permittee's possession limit; or
 - 2) the raptor may be given directly to a veterinarian or permitted wildlife rehabilitator or an appropriate Department employee. The raptor will then not count against the permittee's allowed take or possession limit.
- o) [In order to receive a permit to capture passage peregrine falcons \(peregrine permit\) in Illinois for falconry purposes, the following regulations apply, in addition to subsections \(a\) through \(n\).](#)
- 1) [Applicants must possess a valid master class falconry permit.](#)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

- 2) Those wanting a peregrine permit shall, by August 31 annually, submit an application and any applicable permit fee (see subsection (o)(4)) to the Department at the address cited in Section 1590.60(a). The Department will review and determine the completeness and eligibility of each permit application. Applicants deemed eligible by the Department will be placed in one of two lotteries (one for residents, followed by one for non-residents if any permits remain available after the resident lottery) to fill the permits allocated to Illinois by the U.S. Fish and Wildlife Service (FWS). Lottery winners will receive a permit, and any applicable fees paid by unsuccessful applicants will be refunded.
- 3) Preference for receiving a permit to capture a peregrine falcon will be given to Illinois residents. After all permit applications received from Illinois residents have been filled, remaining permits will be allocated to non-resident applicants via the separate non-resident lottery.
- 4) The fee for the permit for Illinois residents will be \$50. The fee for non-residents will be \$100. If the applicant possesses a valid permit issued under Section 1590.90 (raptor permit), no fee in addition to the raptor permit fee required by Section 1590.90(a)(5) will be charged.
- 5) Peregrine permits expire on March 1 annually, but peregrine falcons may only be captured between September 20 and October 20. Each permit will be valid for the capture of one peregrine falcon, and no applicant shall receive more than one peregrine permit. Any peregrine falcon captured under a peregrine permit shall be counted as a raptor captured under a raptor capture permit (see Section 1590.90(a) for the current raptor capture limit) and counted as possessed under the master class falconer permit (see Section 1590.80(c)(2) for the current possession limits).
- 6) Permittees must report successful captures of peregrine falcons within 48 hours after capture using the electronic reporting system or by phone to the Department's representative.
- 7) HOLDERS of peregrine permits may be required to provide feathers or other samples as directed by the Department and/or FWS.

(Source: Amended at 40 Ill. Reg. 3743, effective February 24, 2016)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

Section 1590.120 Additional Provisions

- a) Molted and salvaged feathers from falconry raptors held in captivity may be retained and received from other falconry permittees and licensed wildlife rehabilitators for imping purposes only. Feathers from raptors other than golden eagles may also be left where they fell, destroyed or donated as provided for in this subsection [\(a\)](#). Buying, selling or bartering the feathers is prohibited.
 - 1) Feathers from a falconry bird, except golden eagle feathers, may be donated to a person or institution that is authorized by the U.S. Department of Agriculture, FWS or DNR to possess them.
 - 2) Molted primary and secondary flight feathers and retrices from a golden eagle that are not kept for imping must be sent to the National Golden Eagle Repository, Rocky Mountain Arsenal, Bldg. 128, Commerce City, CO 80022; phone number 303-287-2110. All other feathers from a golden eagle, including body feathers, should also be sent to the National Eagle Depository.
 - 3) Persons whose falconry permit is expired or revoked must donate the feathers of any species of falconry raptor, except a golden eagle, to any person who is authorized by the U.S. Department of Agriculture, FWS or DNR to possess them or burn, bury or otherwise destroy them.
- b) Any person convicted of illegal possession of raptors shall have his or her permit revoked and his or her raptors confiscated by the Department. The Department shall dispose of any confiscated raptors by transferring them to another permittee or permittees, releasing them to the wild, or destroying them if they are unsuitable to be transferred or released.
- c) Convictions of violating any Section of this Part shall result in a period of suspension or revocation by the Department of the permittee's falconry privileges for up to 5 years, pursuant to 17 Ill. Adm. Code 2530.
- d) A permittee who possesses a lawfully acquired raptor on which a marker is attached and is listed as endangered by the Illinois Endangered Species Protection Board (17 Ill. Adm. Code 1010) and not by the Fish and Wildlife Service (50 CFR 17), and if the raptor was acquired prior to the enactment of these regulations or prior to listing of the bird in the Endangered Species List of Illinois

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

or the United States, legally acquired out of State (see Section 1590.90(c)), or is the progeny of 2 legally held birds (see Section 1590.85(a) and Section 1590.100 (d)), shall be allowed to possess the raptor as part of the permittee's falconry permit class.

- e) Nothing in this Part shall prohibit public educational presentations and other educational uses of raptors held on a falconry permit in accordance with Federal regulations (50 CFR 21.29).
- f) Falconers may use other acceptable falconry practices, such as, but not limited to, the use of creance (tethered) flying, lures, balloons or kites in training or conditioning falconry raptors. Permittees in possession of an Illinois game breeders permit may train raptors by using or killing pen reared game at any time.
- g) Hacking of falconry raptors is an allowed method of conditioning raptors, but only by general or master class falconers under the following conditions:
 - 1) any raptor that is being hacked counts against the falconer's possession limit and must be a species that is authorized to be possessed;
 - 2) any hybrid that is hacked must have 2 attached functioning radio transmitters during hacking; and
 - 3) a falconry raptor may not be hacked near a nesting area of a State or federally endangered or threatened species that might be disturbed or taken by the falconry raptor. Falconers should contact the Department for information to ensure that this does not occur.
- h) A general or master falconer may assist a permitted migratory bird rehabilitator to condition raptors in preparation for their release to the wild in accordance with federal regulations (50 CFR 21.29). A raptor held for rehabilitation may be held in the falconer's facilities.
- i) A master falconer may use [an authorized raptor species](#)~~a falconry bird~~ to scare away protected species that are causing property damage or a risk to human health or safety in accordance with 17 Ill. Adm. Code 525 and federal regulations (50 CFR 21). A master falconer may use [an authorized raptor species](#)~~a falconry bird~~ to kill protected species that are causing property damage or a risk to human health or safety on the land of another for a fee, only if he or she has the

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

appropriate class of nuisance wildlife control permit from the Department (17 Ill. Adm. Code 525) and the appropriate Fish and Wildlife Service permit (50 CFR 21).

- j) Falconry birds that die must be disposed of under the following conditions:
- 1) The entire body of a golden eagle held for falconry, including all feathers, talons and other parts, must be donated to the National Eagle Depository.
 - 2) The entire body or feathers of any other species of falconry raptor may be donated to any person or educational institution authorized by the U.S. Department of Agriculture, FWS or DNR to possess the raptor or feathers.
 - 3) The entire body of a raptor, except a golden eagle, that was banded or microchipped prior to death may be kept so that the feathers are available for imping. The body of captive-bred raptors may be mounted by a taxidermist. Taxidermy mounts may be used in giving conservation education programs. The bird band and microchip must be left in place.
 - 4) The flight feathers from dead raptors not donated or mounted by a taxidermist may be kept for as long as the falconer possessing them has a valid falconry permit. The flight feathers may not be bought, sold or bartered. All paperwork documenting the acquisition of the raptor must be retained.
 - 5) Falconry raptors not otherwise disposed of as provided in this subsection (j) shall be burned, buried or otherwise destroyed as approved by the Department within 10 days after the death of the raptor or after final examination by a veterinarian to determine cause of death. Euthanized falconry raptors could pose a risk of secondary poisoning to other animals. Appropriate precautions must be taken to avoid such poisonings.
- k) An unintentional prey item taken by a falconry raptor may be fed upon by the raptor but not be possessed by the falconer.
- l) Falconers must ensure that State and federally listed endangered and threatened species are not taken by falconry raptors. Take, for the purposes of this Section, includes to harm, hunt, shoot, pursue, lure, wound, kill, destroy, harass, gig, spear, ensnare, trap, capture or collect, or to attempt to engage in this conduct.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

Falconers must report unintentional take of State listed species to the Department's endangered species program manager in addition to reporting the take of federally listed species to the Ecological Services Field Office for the location where the take occurred.

- m) When flown free, a hybrid raptor must have attached at least 2 functioning radio transmitters to assist in locating the raptor.

(Source: Amended at 40 Ill. Reg. 3743, effective February 24, 2016)

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Racing Rules
- 2) Code Citation: 11 Ill. Adm. Code 1318
- 3) Section Number: 1318.90 Adopted Action:
Amendment
- 4) Statutory Authority: 230 ILCS 5/9(b)
- 5) Effective Date of Rule: March 1, 2016
- 6) Does this rulemaking 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 central office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 7408; May 29, 2015
- 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 letter issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any other rulemakings pending in this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking helps ensure to the welfare of the horse and promote the safety of the racing participants. Harness drivers shall keep a line in each hand from the start of the race until the beginning of the open stretch. One-handed whipping from the beginning of the open stretch to the finish of the race is restricted to elbow and wrist action only. The whipping arm shall not be raised above shoulder height or behind the driver. This proposed rulemaking also increases existing penalties for violations of the whip rule.

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENT

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

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 5-700
Chicago IL 60601

312/814-5017

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

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, ~~AND~~ LOTTERY, AND VIDEO GAMING

SUBTITLE B: HORSE RACING

CHAPTER I: ILLINOIS RACING BOARD

SUBCHAPTER f: RULES AND REGULATIONS OF HARNESS RACING

PART 1318
RACING RULES

Section

1318.10	Racing Conduct
1318.20	Complaints
1318.30	Disqualification of Entries
1318.40	Penalties
1318.50	Unsatisfactory Driving
1318.60	Driver Substitution
1318.70	Failure to Finish
1318.80	Improper Conduct
1318.90	Use of the Whip
1318.100	Goaded Devices (Repealed)
1318.110	Accidents
1318.120	Use of Hopples
1318.130	Breaking
1318.140	Breaking on Purpose
1318.150	Call Out Breaks
1318.160	Right of Course
1318.170	Penalties
1318.180	Harness Tracks Without a Continuous Hub Rail
1318.190	Open Stretch Racing

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Published in Rules and Regulations of Harness Racing (original date not cited in publication); adopted December 22, 1977, filed December 30, 1977; codified at 5 Ill. Reg. 10945; amended at 5 Ill. Reg. 13719, effective December 2, 1981; emergency amendment at 15 Ill. Reg. 15610, effective October 10, 1991, for a maximum of 150 days; emergency expired March 8, 1992; amended at 16 Ill. Reg. 7489, effective April 27, 1992; amended at 17 Ill. Reg. 19303, effective October 25, 1993; amended at 22 Ill. Reg. 7049, effective May 1, 1998; amended at 28 Ill. Reg. 14658, effective November 1, 2004; amended at 29 Ill. Reg. 14043,

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENT

effective September 1, 2005; amended at 30 Ill. Reg. 9188, effective May 1, 2006; amended at 34 Ill. Reg. 2324, effective January 27, 2010; amended at 35 Ill. Reg. 8500, effective May 23, 2011; amended at 40 Ill. Reg. 3757, effective March 1, 2016.

Section 1318.90 Use of the Whip

- a) Drivers will be allowed whips not to exceed 4 feet in total length plus a snapper not longer than 6 inches. All whips are subject to inspection and measurement by the Board. Whips shall not be modified and snappers shall not be knotted. ~~Alteration of whips, in any manner, shall be considered a violation of this Section.~~
- b) Whipping below the shafts, including but not limited to the stifle area, is prohibited.
- c) The following actions shall be considered as ~~include, but not limited to,~~ excessive and/or abusive:
 - 1) Whipping a horse during a post parade, scoring down, or after the finish of a race, except when necessary to control the horse;
 - 2) Use of the ~~butt end of the~~ whip as a poking or goading device;
 - 3) Striking any part of the horse under the tail ~~and/or~~ between the legs;
 - 4) Whipping a horse that is not advancing or is out of contention ~~no longer in contention and showing no response to the whip;~~
 - 5) Causing visible injury; ~~or~~ and
 - 6) Use of any object or stimulating device ~~and/or application.~~
- d) Whipping a horse during the race, when it is necessary to control the horse, shall not be considered excessive and/or abusive.
- e) Drivers shall keep a line in each hand from the start of the race until the beginning of the open stretch or the 7/8 mile pole, as applicable. One handed whipping from the beginning of the open stretch or the 7/8 mile pole to the finish of the race is restricted to elbow and wrist action only. The whipping arm shall not be raised

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENT

above shoulder height or behind the driver. One-handed whipping shall be prohibited entering the stretch the first time on a ½ mile racetrack.

fd) Penalties

~~1~~) Penalties for violation of any of the provisions of this Section are as follows:

1A) 1st offense – minimum fine of \$200 to a maximum fine of \$500~~\$100 fine~~;

2B) 2nd offense within a 365 day period after the 1st offense – minimum fine of \$400 to a maximum fine of \$1,000~~\$300 fine~~;

3C) 3rd offense within a 365 day period after the 1st offense – minimum fine of \$1,000~~\$500 fine~~ and a 73 day suspension;

4D) For a 4th or subsequent offense within a 365 day period after the 1st offense – minimum fine of \$2,000~~\$1,000 fine~~ and a 105 day suspension.

~~2~~) ~~Subsequent offenses shall be referred to the Board for determination of penalties.~~

(Source: Amended at 40 Ill. Reg. 3757, effective March 1, 2016)

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: State Toll Highway Rules
- 2) Code Citation: 92 Ill. Adm. Code 2520
- 3) Section Number: 2520.750 Adopted Action: Amendment
- 4) Statutory Authority: 605 ILCS 10/3, 605 ILCS 10/10.
- 5) Effective Date of Rule: February 25, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 14128; October 30, 2015.
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposal and Final Version: There are no differences between the proposal and final version.
- 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.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? Yes

Section Numbers:

2520.410

2520.420

Proposed Actions:

Amendment

Amendment

Illinois Register Citations:

40 Ill.Reg. 2440; February 5, 2016

40 Ill.Reg. 2440; February 5, 2016

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

- 15) Summary and Purpose of Rulemaking: The rulemaking is intended to avoid the imposition of an unnecessarily large fine on a potential customer who drives the length of the Elgin/O'Hare Tollway and fails to pay the required toll/fine.
- 16) Information and questions regarding this adopted rule shall be directed to:

Robert T. Lane
Senior Assistant Attorney General
2700 Ogden Avenue
Downers Grove IL 60515

630/241-6800 x1530
fax: 630/ 271-7559

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

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER IV: ILLINOIS STATE TOLL HIGHWAY AUTHORITYPART 2520
STATE TOLL HIGHWAY RULES

SUBPART A: AUTHORITY AND DEFINITIONS

Section

2520.100	Authority
2520.110	Authority Rulemaking
2520.120	Related Statutes
2520.130	Definitions

SUBPART B: GENERAL TRAFFIC RULES AND REGULATIONS

Section

2520.200	Illinois Vehicle Code
2520.203	Use of Tollway Prohibited or Restricted
2520.206	Vehicles Excepted from Provisions of Section 2520.203
2520.209	Transportation of Hazardous Materials
2520.212	Special Usage Toll
2520.215	Loading or Unloading of Vehicles
2520.218	Full Stop at All Toll Plazas
2520.221	Entering and Leaving the Tollway
2520.224	"U" Turns, Etc.
2520.227	Backing Up of Vehicles
2520.230	Parking, Standing or Stopping
2520.233	Relocating of Vehicles
2520.236	Pushing or Towing of Vehicles
2520.239	Stopping or Halting Vehicles by the Authority
2520.242	Destruction of Authority Property
2520.245	Picnics
2520.248	Aircraft
2520.251	Sale of Goods and Services
2520.254	Solicitation of Rides
2520.257	Loitering or Interfering with Traffic
2520.260	Approaching/Departing a Toll Plaza

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

2520.263	Compliance with Orders or Directions of State Troopers, Etc.
2520.266	Duty Upon Striking Fixtures, Structures or Other Property on Tollway
2520.269	Payment of Tolls
2520.272	I-Pass Registration
2520.275	Prohibited and Restricted Lanes
2520.278	Traffic Control Devices
2520.281	Penalty for Violation

SUBPART C: TRESPASS

Section	
2520.300	Authority
2520.310	Restriction of Vehicles Using the Tollway
2520.320	Restriction on Nature of Use of Tollway
2520.340	Persons and Vehicles Excepted from the Requirements of Subpart C
2520.350	Penalties

SUBPART D: SPEED RESTRICTIONS

Section	
2520.410	Maximum Speed Limits for Passenger Cars
2520.420	Maximum Speed Limits for Trucks, Buses, Passenger Cars Towing Trailers, House Trailers and Campers
2520.430	Maximum Speed Limits for Designated I-Pass Lanes, Service Areas, Parking Areas, Access Roads and Ramps, and Barrier Toll Plaza Approaches
2520.440	Road Hazards and Construction Zones
2520.450	Special Road Conditions
2520.460	Minimum Speed Limits

SUBPART E: FINES AND PENALTIES

Section	
2520.510	Violations
2520.520	Littering – Penalty
2520.530	Spurious or Counterfeit Tickets, Coupons or Tokens – Penalty
2520.540	Toll Collection Devices – Penalty for Breaking
2520.550	I-PASS Customer – Penalties

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

SUBPART F: TOLL VIOLATIONS – ADMINISTRATIVE ADJUDICATION SYSTEM

Section

2520.700	Authority
2520.705	Notice of Violation to Respondent
2520.710	Effective Date of Notices
2520.715	Establishment of the Toll-Free Telephone Number
2520.720	Timely Request for Hearing
2520.725	Hearing Officers – Appointment, Disqualification, Powers and Duties
2520.730	Discovery
2520.735	Continuance
2520.740	Hearings Format
2520.745	Failure to Respond to Notice of Violation – Default
2520.750	Penalties
2520.755	Liability of Lessor
2520.760	Liability of Registered Owner
2520.765	Enforcement of Final Order
2520.770	Judicial Review

SUBPART G: EMPLOYMENT

Section

2520.800	Tollway Employees
2520.APPENDIX A	Rules and Regulations for Overweight and Overdimension Vehicles and Loads

AUTHORITY: Implementing and authorized by the Toll Highway Act [605 ILCS 10].

SOURCE: Filed January 3, 1973; effective February 1, 1973; codified at 8 Ill. Reg. 19884; Part repealed, new Part adopted at 17 Ill. Reg. 8539, effective May 27, 1993; amended at 20 Ill. Reg. 10200, effective July 12, 1996; emergency amendment at 24 Ill. Reg. 2737, effective February 4, 2000, for a maximum of 150 days; emergency expired July 2, 2000; emergency amendment at 24 Ill. Reg. 4234, effective February 29, 2000, for a maximum of 150 days; emergency expired July 27, 2000; amended at 24 Ill. Reg. 16078, effective October 11, 2000; emergency amendment at 26 Ill. Reg. 16325, effective October 31, 2002, for a maximum of 150 days; amended at 27 Ill. Reg. 6325, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 18238, effective November 6, 2003, for a maximum of 150 days; emergency expired April 5, 2004; emergency

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

amendment at 28 Ill. Reg. 1780, effective January 14, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 6911, effective April 23, 2004; emergency amendment at 28 Ill. Reg. 7688, effective May 24, 2004, for a maximum of 150 days; emergency expired October 20, 2004; amended at 28 Ill. Reg. 14530, effective October 25, 2004; old Part repealed at 30 Ill. Reg. 11261 and new Part adopted at 30 Ill. Reg. 11264, effective June 9, 2006; amended at 35 Ill. Reg. 535, effective December 27, 2010; emergency amendment at 38 Ill. Reg. 2433, effective January 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4037, effective January 27, 2014; amended at 38 Ill. Reg. 11369, effective May 9, 2014; amended at 38 Ill. Reg. 19780, effective September 25, 2014; amended at 39 Ill. Reg. 12640, effective August 28, 2015; amended at 40 Ill. Reg. 3762, effective February 25, 2016.

SUBPART F: TOLL VIOLATIONS – ADMINISTRATIVE ADJUDICATION SYSTEM

Section 2520.750 Penalties

The Authority shall assess the registered owner of any vehicle driven through a toll plaza without the payment of the proper toll the following penalties:

- a) Upon a finding of liability, the registered owner of the vehicle shall be liable for the outstanding toll, a \$10 fine for each toll violation occurring on the Elgin-O'Hare Tollway and a \$20 fine for each per-violation occurring on the remainder of the Tollway. and all applicable fees.
- b) Additional Fine
 - 1) Upon the failure of the registered owner to pay the toll, fine and/or fee to the Authority within 30 days after notice of a final order of liability, the Authority shall assess the registered owner an additional fine of \$25 for violations occurring on the Elgin-O'Hare Tollway and \$50 for violations occurring on the remainder of the Tollway. This additional fine shall apply to for each violation without further notice or order.
 - 2) Pilot Program
Notwithstanding the requirement of subsection (a), the Authority Board may establish by Resolution a temporary program under which the \$50 additional fine for any or all classes of vehicles is suspended for the time period specified in the Resolution. After that period, the Board will determine whether the additional fine policy will be discontinued,

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

modified or continued and this Section will be amended to reflect that decision.

- c) Upon failure of a registered owner of a vehicle to satisfy any toll, fine or fee resulting from a final order or orders of liability relating to 5 or more toll violations, the Authority shall notify the Secretary of State to suspend the registered owner's vehicle registration and/or driver's license.
- 1) A prerequisite to the suspension of vehicle registration and/or driver's license by the Secretary of State, under 625 ILCS 5/3-704.2 or 6-306.7, shall be the submission to the Secretary of State, by the Authority, of a Certified Report containing the following information:
- A) The name, last known address as recorded with the Secretary of State or, for a lessee of a cited vehicle, at the last address known to the lessor of the cited vehicle at the time of the lease, and the driver's license number of the person who failed to satisfy the final order of liability and the registration number of any vehicle known to be registered in this State to the person.
- B) A statement that the Authority sent a notice of impending suspension of the person's driver's license, vehicle registration, or both, to the person named in the report at the address recorded with the Secretary of State, the date on which the notice was sent, and the address to which the notice was sent.
- 2) The person to whom the notice of impending suspension was sent may challenge the accuracy of the information contained in the Certified Report by submitting his/her challenges, within 30 days after the date of the notice, in writing, to:

The Illinois State Toll Highway Authority
ATTN: Violation Administration Center
2700 Ogden Avenue
Downers Grove, Illinois 60515

Challenges to the accuracy of the information contained in the Certified Report shall be limited to the following:

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

- A) The person who received the notice was not the registered owner of the vehicle in question at the time of the alleged violations.
 - B) The person who received the notice has already paid the fine and any fees.
- 3) The Authority shall notify the Secretary of State whenever a person named in the Certified Report has satisfied the previously reported fines or penalties or whenever the Authority determines that the original report was in error. Upon receipt of the Authority's notification, the Secretary of State shall terminate the suspension. (See 625 ILCS 5/6-306.7.)
- 4) In addition to any tolls, fines or fees assessed by the Authority for toll violations, the registered owner of the vehicle involved in the toll violations at issue shall be required to reimburse the Authority for all fees paid to the Illinois Secretary of State for the enforcement of this Section.
- d) Upon failure of a registered owner of a vehicle to satisfy any toll, fine or fee resulting from a final order issued by the Authority relating directly or indirectly to 5 or more toll violations, any and all vehicles registered to the registered owner shall be subject to immobilization, towing and/or impoundment.
- 1) If the vehicle was immobilized, a sticker shall be affixed to the vehicle in a conspicuous space. The sticker shall state:
 - A) that the vehicle has been immobilized pursuant to Section 10(a-5) of the Toll Highway Act for non-payment of 5 or more toll violations;
 - B) that all immobilized vehicles are subject to immediate tow and impoundment;
 - C) the procedures for making payment to obtain release of the immobilization;
 - D) the procedures for contesting the immobilization; and

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

- E) that any unauthorized attempt to remove the immobilizing device shall constitute a petty offense.
- 2) If the vehicle was towed and/or impounded, the Tollway shall notify the registered owner of the vehicle by First Class Mail or other means provided by law at the registered owner's address of record as recorded with the Secretary of State's vehicle registration records. The notification shall state:
- A) that the vehicle has been towed and/or impounded pursuant to Section 10(a-5) of the Toll Highway Act for non-payment of 5 or more toll violations;
- B) the entity that is currently storing the vehicle;
- C) the procedures for making payment to obtain release of the towed and/or impounded vehicle;
- D) the procedures for contesting the tow and/or impoundment; and
- E) that the vehicle may be sold or otherwise disposed of in accordance with Section 4-208 of the Vehicle Code if the vehicle is not retrieved within 30 days after the date of the notification.
- 3) The registered owner may challenge the immobilization, tow and/or impoundment within 30 days after the date of the notification specified in subsection (d)(1) or (d)(2), in writing, to:
- The Illinois State Toll Highway Authority
ATTN: Violation Administration Center
2700 Ogden Avenue
Downers Grove, Illinois 60515
- 4) Challenges to the immobilization, tow and/or impoundment of a vehicle shall follow the procedures set forth in this Subpart F.
- 5) If a hearing officer determines that the registered owner was not the registered owner of the vehicle in question at the time of the alleged

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

NOTICE OF ADOPTED AMENDMENT

violations or the registered owner has already paid the outstanding fines and fees, the hearing officer shall order the Authority to release the vehicle without any costs to the registered owner.

- 6) If a hearing officer determines that the registered owner was not the registered owner of the vehicle in question at the time of the alleged violations or the registered owner has not already paid the fines and any fees, the hearing officer may order the Authority to release the vehicle only upon payment in full to the Authority of any and all outstanding final order judgment totals plus all fees paid by the Authority relating to the immobilization, tow, impoundment and/or storage of the registered owner's vehicle.
- 7) The Authority may contract with other public or private entities to carry out the provisions of this subsection (d). If the immobilization is performed by the State Police utilizing an Authority-owned immobilization device, an additional immobilization administrative release fee of \$50 shall be applied. If the immobilization, tow and/or impoundment is performed by another public or private entity, the additional administrative release, tow and/or storage fees shall be set by contract between the Authority and the public or private entity.
- 8) Judicial review of all final orders of the Authority with respect to immobilized, towed or impounded vehicles shall be conducted in accordance with the Administrative Review Law.

(Source: Amended at 40 Ill. Reg. 3762, effective February 25, 2016)

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: State Universities Civil Service System
- 2) Code Citation: 80 Ill. Adm. Code 250
- 3)

<u>Section Numbers:</u>	<u>Emergency Actions:</u>
250.110	Amendment
250.120	Amendment
- 4) Statutory Authority: Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70]
- 5) Effective Date of Rules: March 1, 2016
- 6) If these Emergency Rules are to expire before the end of the 150-day period, please specify the date on which they are to expire: This rulemaking will not expire before the end of the 150 day period.
- 7) Date Filed with the Index Department: February 23, 2016
- 8) A copy of the emergency rules, including any materials incorporated by reference are on file in the Agency's principal office and is available for public inspections
- 9) Reason for Emergency: Due to the lack of a State Budget, universities and agencies are experiencing financial difficulties. Enacting these emergency rules will allow the universities and agencies under our system an opportunity to provide an alternative to traditional layoff. A furlough will allow employees to maintain insurance benefits based on the designated maximum of 30 days within the fiscal year.
- 10) A Complete Description of the Subjects and Issues Involved: This emergency rule will allow universities and agencies under the State Universities Civil Service Act to have an alternative way to reduce staff by furloughing employees instead of a traditional layoff. When an employee is laid off, all benefits cease. A furlough will allow employees to maintain insurance coverage based on the designated maximum of 30 days during a fiscal year.
- 11) Are there any other rulemakings pending on this Part? Yes

Section Numbers: Proposed Actions: Illinois Register Citations:

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

250.30	Amendment	40 Ill. Reg. 345; January 8, 2016
250.50	Amendment	40 Ill. Reg. 345; January 8, 2016

- 12) Statement of Statewide Policy Objective: This emergency amendment will not create or expand a State mandate.
- 13) Information and questions regarding these emergency rules shall be directed to:

Jeff Brownfield
Executive Director
State Universities Civil Service System
1717 Philo Road, Suite 24
Urbana IL 61802

217/278-3150
email: jeffb@sucss.illinois.gov

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

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE A: MERIT EMPLOYMENT SYSTEMS
CHAPTER VI: STATE UNIVERSITIES CIVIL SERVICE SYSTEM

PART 250

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

Section

250.5	Definitions
250.10	Purpose, Adoption, and Amendment of Rules
250.20	The State Universities Civil Service System and its Divisions
250.30	The Classification Plan
250.40	Military Service Preference, Veterans Preference
250.50	Examinations
250.60	Eligible Registers
250.70	Nonstatus Appointments
250.80	Status Appointments
250.90	Probationary Period
250.100	Reassignments and Transfers
250.110	Separations and Demotions
<u>EMERGENCY</u>	
250.120	Seniority
<u>EMERGENCY</u>	
250.130	Review Procedures
250.140	Delegation of Authority and Responsibilities
250.150	Training
250.160	Suspension of Rules

AUTHORITY: Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70].

SOURCE: Rules: State Universities Civil Service System, approved January 16, 1952, effective January 1, 1952; amended at 3 Ill. Reg. 13, p. 68, effective April 1, 1979; amended at 4 Ill. Reg. 10, p. 262, effective February 25, 1980; amended at 6 Ill. Reg. 2620, effective February 22, 1982; amended at 6 Ill. Reg. 7236, effective June 3, 1982; amended at 8 Ill. Reg. 4948 and 4950, effective March 29, 1984; codified at 8 Ill. Reg. 12936; amended at 8 Ill. Reg. 24732, effective December 6, 1984; amended at 9 Ill. Reg. 17422, effective October 23, 1985; amended at 11 Ill. Reg. 8942, effective May 8, 1987; amended at 12 Ill. Reg. 3457, effective February 1, 1988;

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

amended at 12 Ill. Reg. 17079, effective October 7, 1988; amended at 13 Ill. Reg. 7324, effective May 1, 1989; amended at 13 Ill. Reg. 19427, effective February 6, 1990; amended at 18 Ill. Reg. 1901, effective January 21, 1994; amended at 20 Ill. Reg. 4440, effective February 29, 1996; amended at 30 Ill. Reg. 17384, effective October 23, 2006; amended at 31 Ill. Reg. 15848, effective November 13, 2007; amended at 32 Ill. Reg. 17268, effective October 16, 2008; amended at 33 Ill. Reg. 11644, effective July 22, 2009; amended at 36 Ill. Reg. 6014, effective April 6, 2012; amended at 37 Ill. Reg. 419, effective December 26, 2012; amended at 39 Ill. Reg. 13504, effective December 1, 2015; amended at 40 Ill. Reg. 3105, effective January 26, 2016; emergency amendment at 40 Ill. Reg. 3772, effective March 1, 2016, for a maximum of 150 days.

Section 250.110 Separations and Demotions**EMERGENCY**

- a) Resignation. An employee having a nonstatus or status appointment, as described in Sections 250.70 and 250.80, may resign by presenting a signed resignation to his/her employer or by demonstrating to the employer by other means his/her intent to separate from employment. Upon receipt of a signed resignation or other evidence of intent to separate from employment, the employee will be separated from employment. The Executive Director shall be notified promptly by the employer of all resignations.
- b) Leave of Absence
 - 1) Leave of Absence for Classification Changes. A status employee who accepts a position that represents a promotion in a class outside his/her promotional line shall be granted a leave of absence from a position of his/her former class for the duration of any intern appointment, provisional appointment, and/or probationary period in the new class.
 - 2) Leave of Absence for Disciplinary Actions. An employee placed on a Disciplinary Suspension or on a Suspension Pending Discharge shall be placed on a leave of absence from his/her position.
 - 3) Leave of Absence for Disability Leave
 - A) If an employee is no longer able to perform the duties and responsibilities of his/her position in the class due to a disability as

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

determined by the employer's medical and/or psychological evaluation procedures, and/or in accordance with State and federal law, the employee will be required to take disability leave in accordance with subsection (b)(3)(B).

- B) A status employee who becomes eligible for disability benefits to be paid by the employer or, as later determined, by the Illinois State retirement system to which the employee contributed, or becomes eligible for payment benefits as defined by the Workers' Compensation Act [820 ILCS 305], the Illinois Occupational Diseases Act [820 ILCS 310], or a State self-insurance program, shall be granted a disability leave. The disability leave shall be the period for which the employee applies for such benefits, until the time of the expiration of the benefits or a final administrative decision denying or terminating the benefits, including any gap in benefit payments between the expiration of institutional benefits and those available under the approving authority.
- C) The employer may require an employee to take a medical and/or psychological examination prior to returning to work after a disability leave. The examination shall be conducted by a licensed practitioner selected by the employer to determine the physical and/or mental capability to perform the essential duties of the employee's position. The employer may supply the examining practitioner with facts relating to the employee's difficulty or inability to perform the essential functions of the job and may supply additional information, including but not limited to physical and mental requirements of the employee's position, duty statement, job classification specification, and position description. The employee may also present an alternative opinion provided by a licensed practitioner to be selected and paid for by the employee. If there is a difference of opinion, a third outside practitioner shall be selected by the two physicians. The employer shall pay for all examinations, except those initiated by the employee.
- D) An employee's refusal to submit to an examination as described in subsection (b)(3)(C), the unexcused failure to appear for such an examination, or the refusal to release the results of the examination

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

may be deemed by the employer as an acknowledgement that the employee is not fit for duty and may subject the employee to termination actions as defined in subsection (c).

- E) A disability leave may be revoked by the employer upon evidence that the cause for granting the leave was misrepresented.
- F) At the expiration of all disability benefits, an employee shall be entitled to return to a position in his/her class without any loss of status due to the disability leave, providing that he/she returns upon the expiration of all disability benefits to which entitled.
- G) Reemployment
 - i) If an employee does not return to work at the expiration of all disability benefits and is terminated in accordance with subsection (c)(2), the employee may, within one year following the expiration of all disability benefits, request reinstatement and, upon approval of the Executive Director, the employee's name may be placed on the reemployment register in the class in which he/she was employed at the time the disability leave was granted and in accordance with total seniority earned.
 - ii) If, within one year following the expiration of all disability benefits, the employee requests reinstatement, but, because of his/her disability, is deemed unable to perform the duties in the class, the employee may be required to pass physical or other tests to determine employability under the University System.
- 4) Military Leave of Absence. An employee shall be granted a Military Leave of Absence in accordance with State and federal law and regulations.
- 5) Furloughs
 - A) A furlough is the placement of an employee in a temporary non-duty, non-pay status for a continuous or non-continuous period of

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

time due to a lack of funds. Employees on furlough are not permitted to use vacation, sick leave, personal leave, "floating" holidays, or any other compensable time or similar benefit.

- B) An employee who is furloughed shall not be at work, on standby or on-call, and shall not perform any work during this time. A furlough can be either voluntary or mandatory. A furlough is not considered a layoff or a reduction in force action, and therefore not subject to subsection (d) of this Part.
- C) Notwithstanding any other rule in this Part, or the fact that an employee's work hours or pay is reduced by the requirement to take furlough, all furlough time is considered creditable time for all purposes as if the furloughed employee was in pay status except benefits under the State Universities Retirement System or other similar retirement system or where otherwise prohibited by statute. Furloughed employees shall be entitled to the same benefits, such as continued accumulation of vacation and sick leave, holiday benefits under this Part, and as established by the Merit Board Policy Relating to Employee Benefits Policy as approved by the Merit Board and by the Governing Boards of the universities and agencies served by the University System, to which the employee was entitled on the paid workday immediately preceding the furlough. Such benefits shall continue as if the employee was in pay status for a maximum of 30 days in any fiscal year which runs from July 1 through June 30.
- D) A voluntary or mandatory furlough program may be inclusive of all employees within a university or agency, division, or program regardless of employment status, source of funds, or place of work. Employees in positions considered essential to the critical mission at a university or agency, such as those related to health, welfare, and safety, may be excluded from participation in a furlough program. Employees shall be notified as soon as possible of any mandatory furlough requirements.
- E) An employee on paid military leave or other unpaid leave shall not be scheduled for furlough during the leave and may be scheduled

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

for furlough upon return to work if a furlough program remains in effect.

- F) Uniform participation and selection criteria should be developed by the employer and consistently applied.
- G) A furlough program shall not be used when permanent shut-down is appropriate. A furlough shall not be used as a substitute for permanent part-time employment. Also, a furlough shall not be used as a disciplinary measure.
- H) Implementation of furloughs for employees covered under a collective bargaining agreement are subject to applicable state/federal labor laws, and regulations. The provisions contained in this section are not intended to circumvent or supersede other state/federal labor laws and/or regulations as applicable in this respect.
- I) An employer may institute a voluntary or mandatory furlough program upon notification to the Executive Director at least 5 calendar days prior to implementation of such furlough program. The employer shall indicate whether the furlough is for the entire place of employment or a designated division or program, what considerations have been contemplated or invoked to other employees, such as those listed in 36e of the State Universities civil Service Act [110 ILCS 70/36e], an explanation of the facts related to the temporary nature of the event causing the furlough, the funding deficit related to the affected work areas, and the beginning and ending dates of the furlough program.
- 65) The Executive Director shall be notified promptly by the employer of all leaves of absence, including military, disability, or any other leave otherwise granted. The notification shall include the beginning and ending dates of leaves that exceed 30 calendar days of non-pay status.

c) Termination

- 1) An employee having a non-status appointment, as described in Section

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

250.70 of this Part, may be terminated by his/her employer at any time during the training period and/or upon completion of the work assignment, except for those status employees eligible for a leave of absence as defined in subsection (b)(1).

- 2) An employee on disability leave, as defined in subsection (b)(3), who has exhausted all of his/her disability benefits and is unable to resume the duties and responsibilities of a position in his/her class may be terminated from employment, unless the employer and employee agree on employment in a more suitable classification. The alternative employment options shall be subject to standard civil service employment protocols.
- 3) An employee who fails to report for duty after a disability leave of absence has expired or has been denied, disapproved, revoked, or canceled by the approving authority, or any other failure to report for duty as scheduled after a disability leave of absence, may be terminated from employment.
- 4) This notification and review process shall only apply to subsection (c)(2) and (c)(3).
 - A) The employer shall notify the employee that he/she will be terminated from the employer's service to become effective 15 calendar days from the date of mailing of the notification to the employee. The notification must be sent, by certified mail or by overnight delivery service that requires signature upon receipt, to the most recent address of the employee as shown on the employer's records.
 - B) At any time prior to the effective date of termination, the employee shall have the opportunity to provide to the employer evidence of the reason for the unauthorized absence. The employer shall revoke the termination if the employee provides satisfactory evidence of the reason for the unauthorized absence. If the employer determines that the evidence is not satisfactory, the employer shall notify the employee that the termination will remain in effect.
 - C) Within 15 calendar days from the original date of notification of

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

termination, the employee may request a review of the termination decision pursuant to Section 250.130 of this Part. The review is limited to a determination of whether this Section has been properly applied and whether the employer's decision is deemed arbitrary or capricious. In the event a review is not requested within the allotted timeframe, the employee's termination from service shall be effective 15 days after the original notification.

- 5) The employer shall notify the Executive Director promptly of all terminations of employment, setting forth the reason for the termination.
- d) Layoff
- 1) A layoff is defined as a stoppage of work required by management, a discontinuance of employment, or the permanent termination of employment of an employee for business reasons, such as the decision that certain positions are no longer necessary or a business slow-down or interruption in work.
 - 2) The Executive Director shall be notified promptly of all employees on layoff status, together with the dates of the beginning of layoff and of return to employment from layoff status, when the layoff exceeds 30 consecutive work days. A status employee shall receive a written notice, at least 30 calendar days in advance of the effective date of layoff, when the layoff exceeds 30 consecutive work days; however, the effective date of layoff may be extended up to 15 days without the requirement of further notice.
 - 32) Whenever it becomes necessary to lay off one or more employees, except as provided in subsection (d)(4)(d)(3), the employee who has the least amount of service in the class shall be laid off first, and additional layoffs shall be made in the ascending order of the place of the employee on the service and seniority lists for that class.
 - 43) An employee who is the incumbent of a position for which the Executive Director has authorized specialized certification under Section 250.60(d)(9), or who is the incumbent of a position that has previously been identified as requiring specialized training or experience as required

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

by the position in accordance with minimum acceptable qualifications for the class, may not be bumped by another employee with greater seniority unless the employee with greater seniority possesses the special and identified qualifications authorized for the incumbent's position.

- 54) Whenever it becomes necessary to reemploy one or more employees in a class, the employee last laid off by seniority shall be reemployed first, and further reemployment shall be made in the order of seniority until the reemployment register for that class is exhausted. Work of short duration requiring reemployment of one or more employees will not require a new written 15 day advance notice of layoff if the work period is to be 5 consecutive working days or less and the work is emergent in nature.
 - 65) A status employee who is subject to layoff from a part-time position may bump an employee in a full-time status position, providing the part-time employee's equivalent full-time accrued seniority based on hours in pay status is greater than that of the least senior employee in a full-time position. A full-time status employee who is subject to layoff may bump the least senior full-time employee, who then may bump the part-time employee having the highest percent-time appointment, providing the full-time employee has more accrued seniority.
 - 76) Names of employees laid off during their probationary periods shall be returned to the register from which they were certified to their position in accordance with service in a status appointment earned as of the date of layoff.
- e) **Disciplinary Suspension.** An employer may suspend an employee as a disciplinary measure for not more than 30 calendar days.
- 1) The employer will discuss the specific problem pertaining to contemplated suspension with the employee and the Campus Human Resource Director or his/her designee before a suspension notice is served. The employee will be told at that time that suspension is being considered.
 - 2) In imposing a disciplinary suspension, the employer shall serve a written suspension notice on the employee showing reason for the suspension, and shall immediately report the suspension to the Executive Director and

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

shall send a copy of the notice served on the employee, along with proof of service, to the Executive Director.

- 3) Causes justifying suspension, not for discharge as provided for in subsection (f)(2), shall include, but are not limited to: unauthorized and unexcused absence; leaving work without authority; failure to ring in or out on time card; habitual lateness; punching other time cards; key duplication and/or unauthorized possession of keys; misrepresentation of absence; falsification of records; refusal to do work assigned; failure to follow work schedules; failure to follow time schedules; insolence; failure to adhere to departmental regulations of appearance; smoking in prohibited areas; disregard of safety regulations; careless workmanship resulting in spoilage, waste, or delay; unauthorized use of institutional property; gambling on institutional property; creating or contributing to unsanitary conditions; horseplay or scuffling; fighting; sleeping during working hours; unauthorized visiting; and "loafing on the job".

AGENCY NOTE: It is to be noted that an employee's allegation that a Disciplinary Suspension was unfairly imposed is subject to the grievance procedure established by the employing institution, but is not reviewable by the Civil Service System.

- f) Discharge Proceedings and Effective Date of Discharge
 - 1) Pre-discharge Proceedings
 - A) Prior to initiating any proceedings before the Merit Board for the discharge of an employee, the employer shall notify the employee in writing, served upon the employee in person if the employee is present on the job or, otherwise, by certified mail or by overnight delivery service that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, of the employer's intention to initiate the proceedings. The notification shall advise the employee of the substance of the charges proposed to be filed in sufficient detail to inform the employee of the nature of the conduct on which the proposed charges are based. The notification shall also advise the employee that either or both of the following options are available to the

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

employee:

- i) within 3 work days after service of the employer's notification, the employee may notify the employer of his/her decision to require the employer to hold a conference with the employee or his/her representative for the purposes of responding to the matters contained in the notification and of attempting to achieve a reconciliation or understanding; and
- ii) within 3 work days after service of notification, the employee may deliver to the employer a written response to the matters contained in the employer's notification; provided that, if the employee elects to require the conference identified in subsection (f)(1)(A)(i), at that conference the employee may request and receive an opportunity to respond further in writing within 3 work days after the conclusion of the conference.

B) Employer's Decision

- i) Within 7 work days after compliance with the provisions of subsection (f)(1)(A), the employer shall either:
 - notify the employee that no further action will be taken to initiate discharge proceedings with the Merit Board against the employee based solely on the matters contained in the employer's notification; or
 - initiate proceedings before the Merit Board under this subsection (f) seeking discharge of the employee based solely on the matters contained in the employer's notification.
- ii) The employer's election not to initiate discharge proceedings with the Merit Board shall not preclude the employer from imposing a suspension in accordance with

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

subsection (e) or some lesser penalty.

- C) An employee who has been served with an employer's notification as provided in subsection (f)(1)(A) may be placed on excused absence with pay during all or any part of the period covered by this subsection (f)(1) to provide the employer an opportunity to investigate serious charges.

2) Actual Discharge Proceedings

- A) Proceedings before the Merit Board seeking the discharge of an employee shall be initiated by the employer filing Written Charges for Discharge with the Merit Board setting forth the causes for discharge in sufficient detail to inform the employee of the nature of the conduct on which the charges are based. The Written Charges for Discharge shall be set forth in separately numbered charges. The Written Charges for Discharge shall contain the dates, names of persons, places, and facts necessary to properly allege cause for discharge. If a breach of duty, statute, or rule of the employer is alleged, the statute, law, or rule shall be cited in connection with the charge.
- B) The Written Charges for Discharge shall be accompanied with a certification by the employer that all procedures set forth in subsection (f)(1) have been followed and that there has been full compliance with any options elected by the employee. At the time the Written Charges for Discharge and the certification are filed with the Merit Board, the employer shall serve copies upon the employee in person if the employee is present on the job; otherwise, service shall be by certified mail or by overnight delivery that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, and the employer shall file a proof of the service with the Merit Board.
- C) At any time prior to commencement of the hearing, the Executive Director may direct or authorize the Written Charges for Discharge to be amended to correct technical defects or to set forth additional facts or allegations related to the subject matter of the original

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

charges. The amendments shall relate back to the original date of service of the Written Charges for Discharge. The employer shall serve copies of the Amended Written Charges for Discharge upon the employee in person if the employee is present on the job; otherwise, service shall be by certified mail or by overnight delivery that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, and the employer shall file a proof of the service with the Merit Board.

- D) An employee who has been served with Written Charges for Discharge in accordance with subsections (f)(2)(A) and (B) may be suspended without pay by the employer during all or any part of the period that the discharge proceeding is pending, and until final disposition, if the employer is of the opinion that the employee's presence on the job might constitute a substantial risk of injury to life or property, or might cause a disruptive effect on employer's operations. Any suspension without pay shall become effective on the date the employer serves the Suspension Notice Pending Discharge upon the employee, which may be served with the Written Charges for Discharge or on any date thereafter. Service shall be upon the employee in person if the employee is present on the job; otherwise, service shall be by certified mail or by overnight delivery that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, and the employer shall file with the Merit Board a copy of the Suspension Notice Pending Discharge and proof of service.

3) Hearing Request

- A) An employee who has been served with Written Charges for Discharge may request a hearing by filing a written request for hearing with the Secretary for the Merit Board within 15 calendar days after the date of personal delivery or mailing of the Written Charges for Discharge to the employee. The Secretary for the Merit Board shall immediately notify the employer of the filing of the written request by the employee. Thereafter, further proceedings shall be as provided in this subsection (f) and any discharge shall be effective on the date of the discharge order of

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

the Merit Board, unless otherwise expressly stated in the order.

- B) If the employee does not file a written request for hearing with the Secretary for the Merit Board within 15 calendar days, the employee's discharge shall become effective at the end of the 15-day period without further action by the Merit Board. The Secretary for the Merit Board shall promptly notify the employer of the employee's failure to file a timely written request for hearing.
- 4) Hearing Proceedings
- A) Upon receipt of the employee's written request for hearing on the Written Charges for Discharge, the Merit Board shall promptly appoint a Hearing Board or Hearing Officer to hear the charges and the employee's response. All hearings relating to discharge proceedings shall be convened by and conducted under the control of the Executive Director or his/her authorized representative. The Executive Director, the Hearing Board or Hearing Officer, the employee and the employer shall all make good faith efforts to commence the hearing within 10 calendar days after receipt of the employee's written request for hearing, but in no event shall the hearing commence later than 45 days after service of the Written Charges for Discharge, unless a continuance is granted pursuant to subsection (f)(19)(B). Dilatory tactics or actions will not be permitted and the Executive Director, the Hearing Board or Hearing Officer, the employee and the employer shall all make good faith efforts to conduct the hearings in no more than three hearing days, unless justice, due process, and fundamental fairness require otherwise. All hearings shall be open to the public unless, upon motion of either party, the Hearing Board or Hearing Officer finds it necessary to close the hearing or parts of the hearing in instances where personal safety is of concern or when confidential testimony/exhibits are to be referenced or revealed. There shall be a presumption that hearings will be closed only under extraordinary circumstances. A transcript of the hearing, including exhibits, shall be made and shall be filed with the Secretary for the Merit Board as soon as possible following conclusion of the

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

hearings.

- B) Within 15 calendar days after receipt of the transcript from the Secretary for the Merit Board, the Hearing Board or Hearing Officer shall file its findings of fact and any other recommendations with the Secretary for the Merit Board, unless that time is extended by the Executive Director for good cause shown. For the purpose of this Section, good cause shall include, but not be limited to: sickness, attendance at court proceedings, death, weather conditions that prevent the members from meeting. If by that time the findings of fact have not been received by the Secretary for the Merit Board, the Executive Director will either appoint another approved Hearing Board or Hearing Officer that will then review the record and submit findings of fact within 10 calendar days after the appointment, or the Executive Director will give written notice to all Hearing Board members or the Hearing Officer and to all parties to the proceeding that he or she will, within 10 calendar days, discontinue the hearing and commence a new hearing and the present Hearing Board or Hearing Officer will be dismissed without pay. Within this 10-day period following the Executive Director's notice, the Hearing Board or Hearing Officer can appeal to the Executive Director by showing cause why time should be extended.
- C) The Executive Director shall certify as the Hearing Record the Written Charges for Discharge, the Suspension Notice Pending Discharge, the employee's request for hearing, the transcript and exhibits, the Hearing Board's or Hearing Officer's findings of fact and other recommendations, and other documents that have been filed.
- D) Upon certification by the Executive Director, the Secretary for the Merit Board shall, by certified mail or by overnight delivery that requires signature upon receipt, immediately forward a copy of the Hearing Record, along with notice that the Hearing Record has been certified, to all parties of record. Any objections to the form or contents of the Hearing Record, or briefs, abstracts, or excerpts from the Hearing Record, or arguments, motions, or

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

recommendations, relating to the hearing proceedings or the Hearing Record, or requests for further hearing or for permission to supplement further the Hearing Record by other evidence, must be filed with the Secretary for the Merit Board within 14 calendar days after the date of the postmark of the certified mail notice or the mailing date of the overnight delivery that the Hearing Record has been certified, with proof of service on all parties. No answer or reply briefs and arguments in response to these filings will be permitted unless expressly authorized by the Executive Director or the Merit Board or its Chair.

- E) A party requesting oral argument before the Merit Board in cases of discharge must file an appropriate motion with the Secretary for the Merit Board with notice to all parties within 14 calendar days after the date of the postmark of the certified mail notice or the mailing date of the overnight delivery of the certified hearing record, with proof of service on all parties. The motion must specifically state the issues and any relevant law that will be the subject of argument. The Merit Board will grant or deny the motion at the Merit Board meeting at which oral argument is requested. Oral argument in cases of discharge will generally not be allowed unless novel or precedent setting questions of law or policy are at issue.

5) Conduct of Hearing

- A) Pre-hearing Conference. In all hearings, it is recommended that the Hearing Board or Hearing Officer hold a pre-hearing conference immediately preceding the hearing on the day of the hearing. The Hearing Board or Hearing Officer will give the parties an opportunity to discuss issues and share information at the pre-hearing conference that will allow them to present their cases in a fair, efficient, and timely manner. Generally, the Hearing Board or Hearing Officer will conduct the pre-hearing conference for the purpose of achieving one or more of the following points, as determined by the Hearing Board or Hearing Officer on a case by case basis:

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

- i) defining and simplification of the issues;
 - ii) negotiating admissions or stipulations of fact to avoid unnecessary proof;
 - iii) reviewing each party's witness and exhibit list;
 - iv) limiting redundant witness testimony or duplication of evidentiary material, if necessary;
 - v) determining the length of time each party will need to present its case;
 - vi) exchanging exhibits; and
 - vii) discussing any matter that may aid in the efficient and timely disposition of the case.
- B) Following the Pre-hearing Conference. The Hearing Board or Hearing Officer shall enter into the record any action taken and any agreements made by the parties as to the matters considered. The length and scope of the pre-hearing conference is at the discretion of the Hearing Board or Hearing Officer, but should generally be concluded within a one hour timeframe.
- 6) Order of Hearing
- A) The Executive Director, or authorized representative, shall open and convene the hearing.
 - B) The Executive Director, or authorized representative, shall request all persons who have been asked to serve as witnesses, other than a party or employer representative, to be excluded from the hearing room while the hearing is in process, except during their own testimony and cross-examination. Except as he/she might intervene, or be requested to intervene, the Executive Director, or authorized representative, shall empower the Hearing Board or Hearing Officer to proceed with the hearing in such a manner as to

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

provide the employer and the employee a full opportunity to present their positions to the Hearing Board or Hearing Officer.

- C) The parties may make a brief opening statement at the beginning of the hearing. The employer will proceed first, followed by the employee. Opening statements may be waived or may be reserved and presented at the commencement of the party's case-in-chief.
- D) The employer shall first present its case-in-chief, with an opportunity for the employee to cross-examine the employer's witnesses. The employee may be called as an adverse witness during the course of the hearing.
- E) The employee shall then present his/her case-in-chief, with an opportunity for the employer to cross-examine the employee's witnesses.
- F) Each party may call rebuttal witnesses if found to be necessary by the Hearing Board or Hearing Officer.
- G) At the conclusion of the hearing, each party may make an oral closing argument. The employer may be permitted a brief rebuttal at the end of the employee's closing argument.
- H) The hearing shall be closed when the employer and the employee have had a fair and reasonable opportunity to present their positions to the Hearing Board or Hearing Officer.
- I) In addition, each party may submit written arguments, summary statements, and/or briefs within 10 calendar days after conclusion of the hearing. A copy of the written closing arguments must be provided to all parties of record and filed with the Executive Director, with proof of service included. Only written materials submitted within the 10 calendar day timeframe will be forwarded with the transcript of evidence and considered by the Hearing Board or Hearing Officer, unless otherwise extended by the Executive Director.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

- 7) Evidence and Motions
- A) As a general matter, the rules of evidence and privilege as applied in civil cases in the circuit courts of the State of Illinois shall be followed. However, evidence not admissible under those rules may be admitted (except where precluded by statute) if it is of a type commonly relied upon by reasonably prudent persons in the investigation and conduct of serious matters of this nature. Irrelevant, immaterial, or unduly repetitious evidence shall be excluded.
 - B) All testimony shall be presented under oath or affirmation. Objections to testimony or evidentiary offers shall be noted in the record. Consistent with these requirements and in order to expedite the hearing, any part of the evidence may be received in written form, provided the interests of the parties are not jeopardized.
 - C) The standard of proof applied by the Hearing Board or Hearing Officer when evaluating the charges will be the preponderance of the evidence.
 - D) The Hearing Board or Hearing Officer may, on its own motion or upon motion of one of the parties, take notice of matters of which the circuit courts of the State of Illinois take judicial notice.
 - E) The Hearing Board or Hearing Officer has the authority to rule on all motions that do not dispose of the proceedings. Examples of motions that can be ruled on by the Hearing Board or Hearing Officer are motions in limine or motions to suppress evidence. Motions directed at the Hearing Board or Hearing Officer shall be presented at the pre-hearing conference, if possible, and actions taken by the Hearing Board or Hearing Officer shall be entered into the record.
 - F) Motions that dispose of the proceedings must be directed to the Merit Board. Examples of motions that are to be directed to the Merit Board are motions to dismiss, motions to decide a

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

proceeding on the merits, or motions claiming lack of jurisdiction. Motions must be filed with the Secretary for the Merit Board within 14 calendar days after the date of the postmark of the certified Hearing Record. Motions will be ruled on by the Merit Board at the Merit Board meeting in which the case is being considered. The filing of a motion of this nature shall not be allowed to cause any delay in the proceedings.

- G) Performance records of the employee or past disciplinary records are admissible and relevant for the purpose of mitigation or aggravation, except if otherwise excluded by a local employer policy or collective bargaining agreement.
- 8) Stipulations. Parties may agree by stipulation upon any facts involved in the hearing. The facts stipulated shall be considered as evidence in the hearing. It is the policy of the Merit Board to encourage stipulation of facts whenever practicable.
- 9) Evidence Depositions. Upon request to the Executive Director and upon good cause shown (which shall include, but is not restricted to, potential unavailability of a witness at the time the hearing is scheduled, scheduling or travel arrangement considerations, or agreement of the parties) any party may request a deposition of any witness to be taken for evidence in a hearing. If desired, subpoenas may be requested upon application to the Executive Director in a manner consistent with this Part. The deposition shall proceed in the manner provided by law for depositions in civil actions in the circuit courts of the State of Illinois.
- 10) Subpoenas. Requests for subpoenas shall be directed to the Executive Director at least five work days before the hearing, unless an exception is granted by the Executive Director. Subpoena requests may be granted if reasonably designed to produce or lead to the production of evidence related to the alleged charges and the terms of compliance are reasonable given the time frames and other circumstances. The party requesting the subpoenas shall be responsible for service and costs related to the subpoena of a witness. The fees of the witnesses for attendance and travel shall be the same as the fees of witnesses before the circuit courts of the State of Illinois. Subpoenas are effective throughout the course of the

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

proceedings. Requests for subpoenas must be submitted in writing and include the following:

- A) The name and address of the witnesses sought;
 - B) Any specific documents the witnesses will be required to bring; and
 - C) A brief statement of the relevant facts or testimony that the witnesses will be providing.
- 11) Request for Documents. Prior to the hearing, each party shall serve upon the other party and file a copy with the Secretary for the Merit Board, to be submitted to the Hearing Board or Hearing Officer, the following information, to the extent available at that time:
- A) A list of the names and addresses of the witnesses the party proposes to call; and
 - B) All documents the party proposes to offer in its case-in-chief.
- 12) Failure to Appear. Failure of a party to appear on the date set for hearing may result in findings of fact unfavorable to that party and may result in a loss of rights by default.
- 13) Disqualification of Assigned Hearing Board or Hearing Officer. A Hearing Board or Hearing Officer may be disqualified on grounds of bias or conflict of interest. An adverse ruling, or the fact that a Hearing Board or Hearing Officer has had contact with the University System, by itself, shall not constitute bias or conflict of interest. Whenever any party believes a Hearing Board or Hearing Officer should be disqualified from conducting an assigned proceeding, that party may file a request with the Executive Director to disqualify the Hearing Board or Hearing Officer, setting forth by affidavit the alleged grounds for disqualification, with proof of service on all parties. The Executive Director shall rule and make the final determination on all requests for disqualification.
- 14) Ex Parte Communications

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

- A) Except in the disposition of matters they are authorized by law to entertain or dispose of on an ex parte basis, the Merit Board, the Executive Director, employees of the University System Office, and the assigned Hearing Board or Hearing Officer shall not, after Notice of Convening of Hearing has been issued, communicate, directly or indirectly, with any party or the party's representative regarding any issue of fact or with any person or party in connection with any other issue regarding the case, except upon notice and opportunity for all parties to participate. However, the Merit Board, the Executive Director, employees of the University System, and the Hearing Board or Hearing Officer may communicate with each other. Also, members of the Merit Board and the Hearing Board or Hearing Officer may have the aid and advice of one or more personal assistants.
 - B) Communications regarding procedure, including interpretation and application of Section 360 of the Act, subsection (f), and related procedures, are not considered ex parte communications.
- 15) Role and Responsibilities of the Hearing Board or Hearing Officer. The Hearing Board or Hearing Officer shall be responsible for the following activities:
- A) Conduct the pre-hearing conference;
 - B) Facilitate the timely completion of the hearing process, taking necessary steps to avoid delay;
 - C) Establish reasonable limits on the duration of witness testimony;
 - D) Limit repetitive or cumulative testimony;
 - E) Rule on motions, objections or evidentiary questions;
 - F) Hear evidence as presented at the hearing by the employer and the employee on behalf of their respective positions (the evidence may

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

include matters in aggravation, mitigation and justification, which may pertain to the question of "just cause" for discharge);

- G) Direct questions to witnesses at any time, but restrict questioning to the clarification of the testimony already presented;
 - H) Prepare a signed findings of fact within 15 calendar days after receipt of the transcript of the hearing proceedings to be transmitted to the Merit Board. The findings of fact shall set forth each of the written charges alleged in the Written Charges for Discharge, including an evaluation of the facts presented by the employer and employee with respect to each charge, and based on this evaluation, a determination as to whether the charges are sufficiently supported by the evidence presented. The findings of fact shall be based exclusively on the evidence and on matters officially noticed. The findings of fact presented by the Hearing Board or Hearing Officer are advisory only to the Merit Board. It is not the role of the Hearing Board or Hearing Officer to determine whether just cause for discharge exists. The determination of just cause is the sole province of the Merit Board; and
 - I) Enter any order that further carries out the purpose of this Section.
- 16) Final Decision of the Merit Board. In the course of reaching its decision, the Merit Board may request the Executive Director to make recommendations that he/she deems appropriate with respect to the discharge proceedings. Nothing in subsections (f)(16)(A) and (B) is intended to eliminate or limit the Merit Board's discretion to determine the appropriate disposition on a case-by-case basis. The Merit Board shall enter findings of fact and shall order the following decision and order or any other decision and order it deems appropriate:
- A) Discharge, if just cause is found to exist. No employee shall be discharged except for just cause. Just cause is defined as some substantial shortcoming that renders the employee's continuance in his/her position in some way detrimental to the discipline and efficiency of the service and that the law and sound public opinion

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

recognize as good cause for the employee no longer holding the position; or

- B) Reinstatement, if just cause for discharge is found not to exist. An employee shall be reinstated as follows:
 - i) Reinstatement with no loss of compensation when none of the significant charges are proven.
 - ii) Reinstatement with a 60-day suspension when the proven charges do not rise to the level of just cause for discharge, but some disciplinary action is justified based on the severity of the proven charges. If the Merit Board orders reinstatement with a 60-day suspension, any time served while on suspension pending discharge will be applied towards the fulfillment of the 60-day suspension.
- 17) Final Decision and Order of the Merit Board. The Secretary for the Merit Board shall immediately forward copies of all Merit Board orders to the employer and the employee by certified mail or by overnight delivery that requires signature upon receipt.
- 18) Administrative Review. All final decisions of the Merit Board shall be subject to appeal by the parties to the proceedings under the Administrative Review Law [735 ILCS 5/Art. III]. A complaint for administrative review must be filed and summons issued within 35 days after the date that a copy of the final Merit Board decision has been served upon the party affected. A final decision of the Merit Board shall be deemed served either when personally delivered or when deposited in the United States mail in a sealed envelope or package, with postage paid, addressed to the party affected by the decision at his/her last known residence or place of business.
- 19) Time Period Proceedings
 - A) On the motion of either party with notice to the other party, or by independent action of the Chair of the Merit Board or the Executive Director communicated to both parties, any time period set forth in this subsection (f) may be extended by the Chair of the

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

Merit Board or by the Executive Director for good cause shown.

- B) No extension may be beyond a period established by statute, except for cases in which a written motion for continuance of a scheduled hearing is filed with the Secretary for the Merit Board at least 48 hours prior to the time scheduled for hearing, unless an exception is granted by the Executive Director. The moving party must set forth emergency grounds for a continuance, which are limited to unforeseen, unavoidable or uncontrollable circumstances, such as an Act of God; the sudden illness or death of the movant, a member of his or her immediate family, or his/her legal counsel; or if the movant is able to demonstrate some other real and compelling need for additional time. If there is an arrest or criminal indictment of any employee that resulted from an employee's conduct in the course of employment duties, the Executive Director, at the request of the employee, may grant a continuance of hearing pending some resolution of the criminal charges. Requests for continuances must be preceded by contacting the opposing party and asking for agreement to the continuance.
 - C) The time periods set forth in this subsection (f), except for the 15-day period set forth in subsection (f)(3)(B) and except for any time period provided for seeking administrative review of a final decision of the Merit Board, shall be deemed directory and not mandatory; and no failure to comply with any of the time periods set forth in this subsection (f), except for the 15-day period set forth in subsection (f)(3)(B) of this Section and except for any time period provided for seeking administrative review of a final decision of the Merit Board, shall cause the Merit Board to lose jurisdiction of any matter.
 - D) If the last date for filing falls on a weekend or legal holiday, the last date for filing is the first business day following that weekend or legal holiday.
- 20) Reason for Discharge. Causes justifying discharge and any suspension during the discharge proceedings shall include, but are not limited to: all

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

those listed as cause for suspension if they become recurring offenses; and, in addition, theft; drinking intoxicating liquors on institutional time or property; inability to perform satisfactorily assigned duties as a result of drinking alcoholic beverages; malicious damage to property, tools, or equipment; immoral or indecent conduct that violates common decency or morality; conviction of an offense involving moral turpitude; illegal or excessive use of drugs, narcotics, and/or intoxicants.

- 21) Hearing Expenses. All customary and reasonable court reporter and copying expenses incident to the preparation of the Hearing Record and providing copies to parties to the proceedings shall be paid by the employer. The Merit Board shall pay all expenses of the Hearing Board or Hearing Officer and any legal expenses incurred by a Hearing Board or Hearing Officer, to the extent that those expenses have been approved by the Merit Board or its Executive Director.

g) Demotion

- 1) Any of the actions described in this subsection (g)(1) is considered to be a demotion when that action has been initiated by the employer. A demotion may occur when a status employee:
- A) is subject to a reduction in salary in his/her current position, or in a position of the same class to which he/she has been reassigned, except when the reduction in pay results from an overall reduction in pay to persons employed in the same class and/or when the Merit Board, on the basis of supporting evidence, determines that the pay potential should be lowered for a class;
 - B) is subject to a reduction in percentage of time worked;
 - C) is appointed to a position in a lower class in a promotional line;
 - D) is appointed to a position in a class outside a promotional line with a lower pay potential;
 - E) is given a nonstatus appointment.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

- 2) None of the actions described in subsection (g)(1) are considered to be a demotion when the action has been initiated, or willingly accepted, by the employee.
 - A) Evidence of initiation by, or willing acceptance by, an employee shall be: a statement signed by the employee (to be filed by the employer with the notice of employment) indicating that the new appointment is at his/her request and/or is acceptable to him/her, or the employee applied for, and took, the Civil Service examination, upon the results of which the new appointment is based, after the date of certification to his/her most recent position.
 - B) Without the evidence indicated in subsection (g)(2)(A), the action will be considered to have been initiated by the employer and, therefore, will be considered to be a demotion.
- 3) Any classification plan changes authorized and implemented by the University System and/or the Merit Board that may result in a lower pay potential will not be considered a demotion.
- 4) An employer may effectuate a demotion by filing a Notice of Demotion with the Merit Board and serving a copy of the Notice of Demotion on the employee by certified mail, by overnight delivery that requires signature upon receipt, or by personally serving the employee. The Notice of Demotion shall designate the position and class to which the employee has been demoted and shall factually state the causes justifying demotion. The effective date of the demotion shall be the date of service of the Notice of Demotion upon the employee. A demotion shall be subject to the same hearing and review procedures as are provided an employee in the case of a discharge. (See subsection (f).) During any hearing and review proceedings, the employee shall be paid the approved rate for the class of the position to which he/she has been demoted, as set forth in the Notice of Demotion.
- 5) A status employee who is demoted to a position in a class in which he/she has never been employed on a status appointment may qualify for the position to which he/she is demoted, if his/her name is not already on an eligible register for that class, by taking the examination given to all other

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

applicants for this class as promptly as possible following demotion to the class. The employee must pass the examination as a condition to retaining his/her appointment.

- h) Dismissal
 - 1) An employer may dismiss an employee whose name has been certified and who has been subsequently employed in a status position at any time during the probationary period of employment in a class, if the employer determines, pursuant to conditions of Section 250.90(a), that the employee has failed to demonstrate the ability and the qualifications necessary to furnish satisfactory service.
 - 2) The employer shall notify the Executive Director promptly of dismissals, setting forth the reasons for the dismissal.

(Source: Amended by emergency rulemaking at 40 Ill. Reg. 3772, effective March 1, 2016, for a maximum of 150 days)

Section 250.120 Seniority**EMERGENCY**

- a) Accumulation of Seniority
 - 1) After the completion of the probationary period, the status employee's seniority shall date from the beginning of the probationary period. Seniority is accumulated on the basis of hours in a pay status exclusive of overtime. Seniority may be accumulated in certain types of non-pay status under specified conditions as provided for in subsections (f), (g), (h), (i) and (k)(j).
 - 2) Seniority, once earned in a class, is retained during any period of continuous employment:
 - A) Except as provided for in lesser units in accordance with subsection (1)(2)(k)(2).
 - B) Except an employee does not retain seniority in any class from

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

which he/she has been demoted because of unsatisfactory performance or for disciplinary reasons.

- b) Retention of Seniority. Seniority accrued in a class is retained for that class for purposes of retreat rights even though an employee accepts a position in another class outside of the promotional line.
- c) Seniority Lists. Each employer shall maintain a public and current seniority list that includes the names of all status employees in each class in order of their seniority.
- d) Ties in Seniority Lists
 - 1) If two or more employees have the same seniority, their names shall be placed on the seniority list in the order of their scores in the examination for the position; i.e., the person with the highest score shall be first, next highest second, and continuing in descending order of their scores. Seniority between employees who receive the same score on the examination shall be determined in accordance with years of service at the place of employment, then in accordance with date of application for employment.
 - 2) If two or more employees have the same seniority in the same lesser unit, subsection (d)(1) shall apply.
- e) Accumulation of Seniority, or Service, in Promotional Line. Seniority or service in a higher class in a promotional line may be added to seniority or service earned in a lower class in the same line to compute total seniority or service in the lower class. Seniority earned in a class shall be counted toward seniority in a lower class in the same promotional line even though the employee may not have served in the lower class. Seniority or service earned in a lower class in a promotional line may not be added to seniority or service earned in a higher class in the same line to compute total seniority or service in the higher class.
- f) Accumulation of Seniority during Disability. Subject to limitation imposed by subsection (h), employees accrue seniority while on leave of absence for disability, as defined in Section 250.110(b)(3) and for an occupational or work-related disability that becomes the subject of payment of income benefits as

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

defined by the Workers' Compensation Act [820 ILCS 305], the Workers' Occupational Diseases Act [820 ILCS 310], a State self-insurance program, or other appropriate authority.

- g) Accumulation of Seniority during Authorized Absence without Pay. An employee shall accrue seniority during approved leaves of absence without pay, not exceeding a total of 30 work days within any calendar year.
- h) Accumulation of Seniority during a Furlough Status. An employee shall continue to accrue seniority during any and all furloughs not exceeding a total of 30 work days within any fiscal year which runs from July 1 through June 30.
- ih) Accumulation of Seniority during Layoff Status. An employee continues to accrue seniority during layoff occasioned by a break in the academic calendar or during any other layoff period, not in excess of 30 consecutive work days.
- ji) Accumulation of Seniority during Suspension. Employees do not accrue seniority while on suspension.
- kj) Accumulation of Seniority during Military Service
 - 1) A status employee accrues seniority during leave for military service until the date of separation from active military service and for 90 calendar days after separation, if the separation is under conditions other than dishonorable.
 - 2) An employee whose name has been certified and who has not completed the probationary period at the time of approval for leave for military service shall continue to accrue seniority in his/ her classification for the entire time of leave for military service until the date of separation from active service and for 90 calendar days after separation, provided the employee meets the following conditions:
 - A) the separation from active military service is under conditions other than dishonorable;
 - B) reemployment occurs in a position of the same class in which employed at the time of leave for military service; and

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENTS

- C) the probationary period is satisfactorily completed in the class upon reemployment.

lk) Effect of Lesser Units on Seniority

- 1) Lesser units, for purposes of determining seniority, may be approved by the Merit Board, provided two-thirds of the status employees within the class involved in the approval of the lesser unit shall agree to the creation of the lesser unit. A lesser unit can be disestablished only by agreement (i.e., election) of two-thirds of all status employees in the class at the place of employment (subject to subsequent approval by the Merit Board).
- 2) A status employee who accepts a position in a different lesser unit relinquishes seniority acquired in the previous lesser unit, but cannot be required to serve another probationary period, providing there is no change in class.
- 3) An employee in a lesser unit who accepts a temporary assignment in another lesser unit during a period of layoff does not accrue seniority in the latter unit.

ml) Effect of Vacation Time on Seniority at Time of Separation. At the time of separation, seniority shall be accrued only through the period of actual service to the employer. Payment for earned vacation time shall not be included in the seniority computation.

nm) Restoration of Seniority after Retirement. If a retired employee is reemployed within 60 days after retirement, seniority earned up to the effective date of retirement shall be restored.

(Source: Amended by emergency rulemaking at 40 Ill. Reg. 3772, effective March 1, 2016, for a maximum of 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES

STRATTON OFFICE BUILDING
ROOM C-1
SPRINGFIELD, ILLINOIS
MARCH 8, 2016
10:30 A.M.

***NOTICE:** It is the policy of the Committee to allow only representatives of State agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:*

*Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706*

RULEMAKINGS SCHEDULED FOR JCAR REVIEW

The following rulemakings are scheduled for review at this meeting. JCAR staff may be proposing action with respect to some of these rulemakings. JCAR members may have questions concerning, and may initiate action with respect to, any item scheduled for JCAR review and any other issues within the Committee's purview.

PROPOSED RULEMAKINGSCentral Management Services

80-310-15-15850 EMS

1. Pay Plan (80 Ill. Adm. Code 310)
 - First Notice Published: 39 Ill. Reg. 15850 – 12/18/15
 - Expiration of Second Notice: 3/17/16

Children and Family Services

89-300-15-07004 AC

2. Reports of Child Abuse and Neglect (89 Ill. Adm. Code 300)
 - First Notice Published: 39 Ill. Reg. 7004 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-301-15-07020 AC

3. Placement and Visitation Services (89 Ill. Adm. Code 301)
 - First Notice Published: 39 Ill. Reg. 7020 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-302-15-07038 AC

4. Services Delivered by the Department of Children and Family Services (89 Ill. Adm. Code 302)
 - First Notice Published: 39 Ill. Reg. 7038 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-304-15-07049 AC

5. Access to and Eligibility for Child Welfare Services (89 Ill. Adm. Code 304)
 - First Notice Published: 39 Ill. Reg. 7049 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-309-15-07061 AC

6. Adoption Services for Children for Whom the Department of Children and Family Services is Legally Responsible (89 Ill. Adm. Code 309)
 - First Notice Published: 39 Ill. Reg. 7061 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-315-15-07070 AC

7. Permanency Planning (89 Ill. Adm. Code 315)
 - First Notice Published: 39 Ill. Reg. 7070 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-316-15-07080 AC

8. Administrative Case Reviews and Court Hearings (89 Ill. Adm. Code 316)
 - First Notice Published: 39 Ill. Reg. 7080 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-328-15-07086 AC

9. Interstate Placement of Children (89 Ill. Adm. Code 328)
 - First Notice Published: 39 Ill. Reg. 7086 – 5/22/15
 - Expiration of Second Notice: 4/8/16

89-337-15-07092 AC

10. Service Appeal Process (89 Ill. Adm. Code 337)
 - First Notice Published: 39 Ill. Reg. 7092 – 5/22/15

-Expiration of Second Notice: 4/8/16

89-338-15-07102 AC

11. Appeal of Foster Family Home License Denials by Relative Caregivers (89 Ill. Adm. Code 338)

-First Notice Published: 39 Ill. Reg. 7102 – 5/22/15

-Expiration of Second Notice: 4/8/16

89-359-15-07109 AC

12. Authorized Child Care Payments (89 Ill. Adm. Code 359)

-First Notice Published: 39 Ill. Reg. 7109 – 5/22/15

-Expiration of Second Notice: 4/8/16

89-402-15-07114 AC

13. Licensing Standards for Foster Family Homes (89 Ill. Adm. Code 402)

-First Notice Published: 39 Ill. Reg. 7114 – 5/22/15

-Expiration of Second Notice: 4/8/16

Commerce Commission

83-465-15-06134 JE

14. Net Metering (83 Ill. Adm. Code 465)

-First Notice Published: 39 Ill. Reg. 6134 – 5/8/15

-Expiration of Second Notice: 4/17/16

Court of Claims

74-790-15-15649 MR

15. Court of Claims Regulations (74 Ill. Adm. Code 790)

-First Notice Published: 39 Ill. Reg. 15649 – 12/11/15

-Expiration of Second Notice: 3/26/16

Human Services

89-899-15-16381 EMS

16. Lekoteks (Repealer) (89 Ill. Adm. Code 899)

-First Notice Published: 39 Ill. Reg. 16381 – 12/28/15

-Expiration of Second Notice: 4/10/16

Natural Resources

17-810-15-15950 BT

17. Sport Fishing Regulations for the Waters of Illinois (17 Ill. Adm. Code 810)
-First Notice Published: 39 Ill. Reg. 15950 – 12/18/15
-Expiration of Second Notice: 3/20/16

17-1515-15-15664 BT

18. Conservation Reserve Enhancement Program (CREP) (17 Ill. Adm. Code 1515)
-First Notice Published: 39 Ill. Reg. 15664 – 12/11/15
-Expiration of Second Notice: 3/13/16

Pollution Control Board

35-309-15-15103 JE

19. Permits (35 Ill. Adm. Code 309)
-First Notice Published: 39 Ill. Reg. 15103 – 11/20/15
-Expiration of Second Notice: 3/12/16

35-601-15-14224 JE

20. Introduction (35 Ill. Adm. Code 601)
-First Notice Published: 39 Ill. Reg. 14224 – 11/6/15
-Expiration of Second Notice: 3/12/16

35-602-15-14239 JE

21. Permits (35 Ill. Adm. Code 602)
-First Notice Published: 39 Ill. Reg. 14239 – 11/6/15
-Expiration of Second Notice: 3/12/16

35-603-15-14289 JE

22. Ownership and Responsible Personnel (35 Ill. Adm. Code 603)
-First Notice Published: 39 Ill. Reg. 14289 – 11/6/15
-Expiration of Second Notice: 3/12/16

Revenue

86-130-15-11865 ES

23. Retailers' Occupation Tax (86 Ill. Adm. Code 130)
-First Notice Published: 39 Ill. Reg. 11865 – 8/28/15
-Expiration of Second Notice: 4/17/16

Secretary of State

92-1001-15-16073 LB

24. Procedures and Standards (92 Ill. Adm. Code 1001)
-First Notice Published: 39 Ill. Reg. 16073 – 12/18/15
-Expiration of Second Notice: 3/31/16

Transportation

44-650-15-15061 MR

25. Prequalification of Contractors, Authorization to Bid, and Subcontractor Registration (44 Ill. Adm. Code 650)
-First Notice Published: 39 Ill. Reg. 15061 – 11/20/15
-Expiration of Second Notice: 3/26/16

EMERGENCY RULEMAKINGRevenue

86-429-16-03305E ES

26. Medical Cannabis Cultivation Privilege Tax Law (86 Ill. Adm. Code 429)
-Notice Published: 40 Ill. Reg. 3305 – 2/19/16

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of February 23, 2016 through February 29, 2016. These rulemakings are scheduled for review at the Committee's March 8, 2016 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start of First Notice</u>	<u>JCAR Meeting</u>
4/8/16	<u>Department of Children and Family Services,</u> Access to and Eligibility for Child Welfare Services (89 Ill. Adm. Code 304)	5/22/15 39 Ill. Reg.7049	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Administrative Case Reviews and Court Hearings (89 Ill. Adm. Code 316)	5/22/15 39 Ill. Reg.7080	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Adoption Services for Children for Whom the Department of Children and Family Services is Legally Responsible (89 Ill. Adm. Code 309)	5/22/15 39 Ill. Reg.7061	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Appeal of Foster Family Home License Denials by Relative Caregivers (89 Ill. Adm. Code 338)	5/22/15 39 Ill. Reg.7102	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Authorized Child Care Payments (89 Ill. Adm. Code 359)	5/22/15 39 Ill. Reg.7109	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Interstate Placement of Children (89 Ill. Adm. Code 328)	5/22/15 39 Ill. Reg.7086	3/8/16

4/8/16	<u>Department of Children and Family Services,</u> Licensing Standards for Foster Family Homes (89 Ill. Adm. Code 402)	5/22/15 39 Ill. Reg. 7114	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Permanency Planning (89 Ill. Adm. Code 315)	5/22/15 39 Ill. Reg.7070	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Placement and Visitation Services (89 Ill. Adm. Code 301)	5/22/15 39 Ill. Reg.7020	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Reports of Child Abuse and Neglect (89 Ill. Adm. Code 300)	5/22/15 39 Ill. Reg.7004	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Service Appeal Process (89 Ill. Adm. Code 337)	5/22/15 39 Ill. Reg.7092	3/8/16
4/8/16	<u>Department of Children and Family Services,</u> Services Delivered by the Department of Children and Family Services (89 Ill. Adm. Code 302)	5/22/15 39 Ill. Reg.7038	3/8/16
4/10/16	<u>Department of Human Services, Lekoteks</u> (Repealer) (89 Ill. Adm. Code 899)	12/28/15 39 Ill. Reg.16381	3/8/16

PROCLAMATIONS

2016-17**Illinois Flag Display Act – Deputy Adam Conrad**

WHEREAS, all citizens owe a tremendous debt of gratitude to the men and women of law enforcement who selflessly serve to protect our lives and keep our families safe; and,

WHEREAS, every day, these men and women face great risks and in many cases put their safety on the line to perform their duties; and,

WHEREAS, on Wednesday, January 20, 2016, Marion County Sheriff's Deputy Adam Conrad died in the line of duty; and,

WHEREAS, Deputy Adam Conrad joined the Marion County Sheriff Department in 2014; and,

WHEREAS, Deputy Adam Conrad was a well-known member of the Marion County community and will always be remembered for the countless lives he impacted; and,

WHEREAS, throughout his career in law enforcement, Deputy Adam Conrad represented the State of Illinois admirably; and,

WHEREAS, a funeral service will be held on Sunday, January 24, 2016, at Rock Church for Deputy Adam Conrad;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff starting at sunrise on Friday, January 22, 2016, until sunset on Sunday, January 24, 2016, in honor and remembrance of Deputy Adam Conrad, whose selfless service and sacrifice is an inspiration to the residents of the Land of Lincoln.

Issued by the Governor January 22, 2016

Filed by the Secretary of State February 24, 2016

2016-18**Illinois Nurse Anesthetists Week**

WHEREAS, Certified Registered Nurse Anesthetists (CRNAs), who safely administer more than 33 million anesthetics to patients each year, are essential to America's healthcare system; and,

WHEREAS, CRNAs are the primary providers of anesthesia care in rural Illinois, enabling healthcare facilities in medically underserved areas to offer obstetrical, surgical and trauma

PROCLAMATIONS

stabilization services. In some states, CRNAs are the sole providers of anesthesia in nearly all rural hospitals; and,

WHEREAS, CRNAs practice in every setting requiring anesthesia: traditional hospital surgical suites; obstetrical delivery rooms; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; and U.S. Military, Public Health Services, and Veterans Affairs medical facilities; and,

WHEREAS, CRNAs have served as the main provider of anesthesia to U.S. military personnel on the front lines since World War I; and,

WHEREAS, since 1939, the Illinois Association of Nurse Anesthetists (IANA) has provided Illinois residents safe and cost-effective anesthesia care; and,

WHEREAS, IANA has a current membership of 1,600 CRNAs and is celebrating its 76th anniversary in 2015;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim the week of January 25-31, 2015 as ILLINOIS NURSE ANESTHETISTS WEEK, and urge all citizens to join me in recognizing these healthcare professionals for their contributions to the quality of life in our state.

Issued by the Governor January 22, 2016

Filed by the Secretary of State February 24, 2016

2016-19**Congenital Heart Defect Awareness Week**

WHEREAS, congenital heart defects are the most frequently occurring birth defect and the leading cause of birth defect related deaths worldwide; and,

WHEREAS, more than a million families across America are facing the challenges and hardships of raising children with congenital heart defects; and,

WHEREAS, every year approximately 40,000 babies are born in United States with congenital heart defects; and,

WHEREAS, some congenital heart defects are not diagnosed until months or years after a child is born; and,

PROCLAMATIONS

WHEREAS, newborns and young athletes are not routinely screened for congenital heart defects; and,

WHEREAS, there is a need for increased awareness of congenital heart defects to support for continued and increased research; and,

WHEREAS, Congenital Heart Defect Awareness Week provides an opportunity for families whose lives have been affected to come together to celebrate life, to remember loved ones lost, to honor dedicated health professionals, and know they have a strong network of support; and,

WHEREAS, Congenital Heart Defect Awareness Week will also provide the opportunity to share experience and information with the public to raise awareness about congenital heart defects; and,

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim February 7-14, 2016 as CONGENITAL HEART DEFECT AWARENESS WEEK in Illinois, in order to increase awareness of Congenital Heart Defects that affect thousands of children.

Issued by the Governor January 26, 2016

Filed by the Secretary of State February 24, 2016

2016-20
Four Chaplains Sunday

WHEREAS, on February 3, 1943, four United States Army Lieutenants and Chaplains in the United States Army sacrificed their lives in one of the most inspiring acts of heroism during the Second World War; and,

WHEREAS, the United States Army Transport ship Dorchester, a former luxury coastal liner, set sail with three escort ships on February 2 in route to an American base in Greenland; and,

WHEREAS, fewer than 150 miles from the coast of Greenland, the Dorchester was attacked by a German submarine shortly after midnight; and,

WHEREAS, panic and chaos set in aboard the Dorchester. The blast killed scores of men, and many more were seriously wounded. The captain, alerted the Dorchester was taking on water and sinking rapidly, gave the order to abandon ship; and,

WHEREAS, those who were capable made their way towards the deck through the darkness. Once topside, men jumped from the ship into lifeboats. Some lifeboats were overcrowded and capsized, others drifted away before soldiers and sailors could climb aboard; and,

PROCLAMATIONS

WHEREAS, through the turmoil, Reverend George L. Fox, Rabbi Alexander D. Goode, Reverend John P. Washington and Reverend Clark V. Poling spread out among the soldiers to calm the frightened, tend the wounded and guide the disoriented toward safety; and,

WHEREAS, Rabbi Goode gave his own gloves away to a comrade who was without his own. Shortly thereafter, the Chaplains opened a storage locker and began distributing lifejackets; and,

WHEREAS, when the chaplains ran out of lifejackets to distribute, each Chaplain removed his own and gave it to a frightened young soldier. A soldier, John Ladd, witnessed the sight saying, "It was the finest thing I have seen or hope to see this side of heaven;" and,

WHEREAS, as the ship went down, other survivors in nearby rafts saw the Chaplains with arms linked, braced against the slanting deck, offering prayers to those aboard; and,

WHEREAS, the Dorchester sank less than 27 minutes after it was hit. Of the 902 men aboard, 672 died, including all four Chaplains. When news reached American shores, the nation was stunned by the magnitude of the tragedy and heroic conduct of the Chaplains; and,

WHEREAS, all four Chaplains were posthumously awarded the Distinguished Service Cross and Purple Heart, as well as a Special Medal of Heroism specially authorized for them by Congress; and,

WHEREAS, every year, the Combined Veterans Association of Illinois sponsors a memorial service for the four Chaplains; and,

WHEREAS, this year's memorial will be hosted by the Catholic War Veterans of Illinois and will be held at the Main Chapel of the Edward Hines VA Medical Center in Hines, Illinois on February 7, 2016;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim February 7, 2016, as FOUR CHAPLAINS SUNDAY in Illinois, in honor and remembrance of the four brave and courageous Chaplains who selflessly made the ultimate sacrifice to save the lives of others.

Issued by the Governor January 26, 2016

Filed by the Secretary of State February 24, 2016

2016-21

Our Veterans Now and Forever Day

PROCLAMATIONS

WHEREAS, the Veterans of Foreign Wars Auxiliary is conducting its 102nd year of volunteer service to America,

WHEREAS, year after year the organization continues to honor those who have made the ultimate sacrifice in the name of freedom by maintaining memorials to their service and sharing their history with our nation's youth so that what our nation's veterans have done for America will not be forgotten,

WHEREAS, Veterans of Foreign Wars Auxiliary supports the troops currently deployed overseas,

WHEREAS, the 465,000 members represent the families of those who have served or are currently on foreign soil protecting our freedom,

WHEREAS, members volunteer nearly 1 million hours in Veterans Affairs Medical Centers and other hospitals throughout this country,

WHEREAS, the organization provides awards and scholarships to students based on their expressions of patriotism through art, speech, and volunteerism,

WHEREAS, the 2015-2016 National President, Francisca Guilford, is rallying VFW Auxiliary members behind her theme, "Our Veterans – Now and Forever"

THEREFORE, I, Governor Bruce Rauner, do hereby proclaim January 18, 2016 as OUR VETERANS NOW AND FOREVER DAY in honor of National President Francisca Guilford and all members of the VFW Auxiliary for their outstanding volunteer service to veterans and their families, the State of Illinois, and our great country.

Issued by the Governor January 29, 2016

Filed by the Secretary of State February 24, 2016

2016-22
Religious Freedom Day

WHEREAS, the right to religious freedom is a foundation of America's historical roots; and,

WHEREAS, our Founding Fathers knew the importance of freedom of religion, and the Constitution protects individuals' right to worship as they choose; and,

WHEREAS, January 16th celebrates the anniversary of the 1786 Virginia Statute on Religious Freedom; and,

PROCLAMATIONS

WHEREAS, this statute restrained the practice of taxing people to pay for the support of the local clergy and protected the civil rights of people to express their religious beliefs without suffering discrimination; and,

WHEREAS, this statute serves as the model for protecting religious freedom later enshrined in the First Amendment to the United States Constitution; and,

WHEREAS, each year the President of the United States declares January 16th to be "Religious Freedom Day", and calls upon Americans to "observe this day through appropriate events and activities in homes, schools, and places of worship";

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim January 16, 2016, as RELIGIOUS FREEDOM DAY in Illinois and encourage our citizens to reflect on our proud tradition of religious freedom so that it may be preserved for future generations.

Issued by the Governor January 29, 2016

Filed by the Secretary of State February 24, 2016

2016-23
USO Week

WHEREAS, throughout our nation's history, millions of men and women in the United States military have left their homes and families to protect our freedoms, rights and the American way; and,

WHEREAS, the United Service Organizations was established in 1941 as the nation prepared for World War II and has helped boost the morale of American service members since, keeping these brave men and women connected to family, home and country; and,

WHEREAS, the USO of Illinois supports more than 330,000 military members and their families annually entirely through the generosity of the American people, including local donors from the great state of Illinois; and,

WHEREAS, more than 700 Illinois citizens volunteer their time and energy to the USO of Illinois in recognition of the valor, sacrifice and commitment of our Soldiers, Airmen, Sailors, Marines, and Coast Guardsmen; and,

WHEREAS, during the first week of February 2016, the USO will celebrate 75 years of serving the needs of America's service members and their families; and,

PROCLAMATIONS

WHEREAS, the USO of Illinois is devoted to our military members and their families, and the citizens of Illinois should commend the accomplishments and patriotism of the USO of Illinois, its dedicated staff, and its legions of faithful and enthusiastic volunteers;

THEREFORE, I, Governor Bruce Rauner, Governor of the State of Illinois, do hereby proclaim the week of January 31, 2016, to February 6, 2016, as USO Week in Illinois in recognition of 75 years of service to our state and nation.

Issued by the Governor January 29, 2016

Filed by the Secretary of State February 24, 2016

2016-24
SADD Shines Day

WHEREAS, Students Against Drunk Driving was founded in 1981 and rebranded as Students Against Destructive Decisions (SADD) in 1997; and,

WHEREAS, SADD is the nation's leading youth-based peer-to-peer education, prevention and activism organization with 145 chapters across Illinois; and,

WHEREAS, for 33 years, SADD has promoted kids and teens to make the positive and right decisions around critical issues such as underage drinking, tobacco and other drug use, impaired and reckless driving, and teen violence and suicide; and,

WHEREAS, SADD shares the goal of this Office to keep youth safe and alive, and has made a difference in the lives of thousands of youth; and,

WHEREAS, SADD is celebrating this important milestone with a special event called "SADD Shines Day," involving students, teachers, parents, and other community members on Wednesday, February 3;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim February 3, 2016 to be SADD SHINES DAY to support and raise awareness of students making healthy life choices.

Issued by the Governor February 2, 2016

Filed by the Secretary of State February 24, 2016

2016-25
Financial Aid Awareness Month

PROCLAMATIONS

WHEREAS, college access contributes to a strong and resilient workforce that is ready to adapt to changing economic conditions and fill the jobs of the future; and,

WHEREAS, Illinoisans increasingly need post-secondary degrees and certificates to achieve their personal and professional goals; and,

WHEREAS, the state's goal is that at least 60 percent of Illinois adults will hold a post-secondary degree or credential of value by 2025; and,

WHEREAS, student financial aid programs such as the need-based Monetary Award Program (MAP) and federal Pell Grant program provide access to educational opportunities for hundreds of thousands of low-income Illinois students each year who might not otherwise attend; and,

WHEREAS, eligibility for those grant programs, as well as for loans and school-based grants, requires completion of the Free Application for Federal Student Aid (FAFSA); and,

WHEREAS, the mission of the Illinois Student Assistance Commission (ISAC) is to make college accessible and affordable for Illinois students, and the agency's Illinois Student Assistance Corps provides financial aid outreach to students in every region of the state; and,

WHEREAS, ISAC, the Illinois Association for College Admission Counseling, and the Illinois Association of Student Financial Aid Administrators, Inc., are dedicated to improving awareness about college admissions and financial aid resources and procedures among students, parents, and adult learners; and,

WHEREAS, the State's college admission community, financial aid community, and ISAC are collaborating to serve Illinois families through workshops on student financial assistance, including help in completing the FAFSA; and,

WHEREAS, free workshops will be presented in public venues around the State throughout the month of February 2016 to assist Illinoisans in applying for student assistance and reaching their educational and personal goals;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim February 2016 as FINANCIAL AID AWARENESS MONTH in Illinois and encourage students and families to take full advantage of the college preparation and planning resources available in their communities.

Issued by the Governor February 8, 2016

Filed by the Secretary of State February 24, 2016

PROCLAMATIONS

2016-26**Illinois Legal Aid Online Day**

WHEREAS, Illinois Legal Aid Online was founded 15 years ago, on March 8, 2001, in order to create and use innovative technology to help people throughout Illinois understand their legal options, make informed decisions and when necessary, represent themselves in court; and,

WHEREAS, Illinois Legal Aid Online has served Illinois' most vulnerable populations via www.IllinoisLegalAid.org for 15 years, including single parents trying to collect child support, parents advocating for a disabled child, domestic violence victims trying to escape an abusive relationship, and renters exploited by their landlords; and,

WHEREAS, Illinois Legal Aid Online is an indispensable safety net for 1 in 3 Illinoisans, or approximately 4 million low-income people who face critical legal problems but who cannot afford, and do not have access to a lawyer; and,

WHEREAS, Illinois Legal Aid Online helped establish and continues to support public access points for online legal information in courthouses and public libraries in all 102 Illinois counties; and,

WHEREAS, for less than 50 cents per visitor, Illinois Legal Aid Online provides essential online tools and services to people in need of civil legal assistance, including information on critical legal problems related to family, safety, housing, work, education, immigration, citizenship, health and public benefits; and,

WHEREAS, Illinois Legal Aid Online is an award-winning nonprofit organization and a nationally-recognized model for statewide legal aid technology centers, and is being replicated in other states; and,

WHEREAS, Illinois Legal Aid Online's service to millions of people throughout the State of Illinois has transformed how those in need of legal help learn about, understand and solve their civil legal problems;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim March 8, 2016, as ILLINOIS LEGAL AID ONLINE DAY in Illinois, and commend Illinois Legal Aid Online for the vital role it plays in our state justice system by putting the law within reach for all Illinoisans, regardless of income, education and geographic location.

Issued by the Governor February 8, 2016

Filed by the Secretary of State February 24, 2016

PROCLAMATIONS

2016-27**National Black HIV/AIDS Awareness Day Illinois**

WHEREAS, February 7, 2016, is the 16th year of commemoration and observance of National Black HIV/AIDS Awareness Day; and

WHEREAS, this observance is a nationwide effort to educate black communities about getting tested and treated for HIV/AIDS; and,

WHEREAS, National Black HIV/AIDS Awareness Day is directed, planned and overseen by a Strategic Leadership Council (SLC) made up of prominent organizations, including the Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA), to mobilize community-based organizations and stakeholders involved in HIV/AIDS prevention, care, and treatment; and,

WHEREAS, African Americans are the racial/ethnic group most affected by HIV, and account for half of all HIV infections in the United States, even though they make up only 14 percent of the population, and,

WHEREAS, 43,500 people in Illinois are living with HIV and half of those diagnosed are black even though black people make up only 15 percent of the state's population, and,

WHEREAS, black men have the highest number of HIV/AIDS cases among all racial/ethnic groups with 43 percent of diagnosed cases, and black women account for 66 percent of all Illinois females living with HIV, and,

WHEREAS, the Illinois Department of Public Health, Center for Minority Health Services and HIV/AIDS Section and our community partners are hosting community events throughout the State to recognize this day and its importance to blacks and all concerned citizens; and,

WHEREAS, it is fitting that we join with these local, national and international groups to express our strong support for National Black HIV/AIDS Awareness Day and the initiatives to prevent the spread of HIV/AIDS in Black communities and provide access to and utilization of HIV/AIDS prevention, treatment and support services to those affected by HIV/AIDS;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby designate February 7, 2016, as National Black HIV/AIDS Awareness Day Illinois, and encourage local residents to strongly support this day and participate in events planned to commemorate the occasion.

Issued by the Governor February 8, 2016

Filed by the Secretary of State February 24, 2016

PROCLAMATIONS

2016-28**National Court Reporting & Captioning Week**

WHEREAS, the National Court Reporters Association (NCRA) has designated February 14-20 as the 2016 National Court Reporting & Captioning Week; and,

WHEREAS, this week-long event is designed to celebrate the court reporting and captioning professions and to help raise public awareness about the growing number of employment opportunities these careers offers; and,

WHEREAS, Stenograph, with its headquarters in suburban Elmhurst, is encouraging its customers to engage in a grassroots effort to promote the professions and educate local communities about the value stenographic skills bring to today's marketplace; and,

WHEREAS, court reporters, captioners, CART providers, state court reporter associations, and court reporting schools around the country will participate in the week-long event by hosting an array of activities such as visits to high schools to showcase the profession, open houses, Veterans History Project interviews, and more; and,

WHEREAS, stenographic skills translate into a multitude of career options, including court reporting, live-event captioning for the deaf and hard-of-hearing community, captioning for broadcast and specialized videography; and,

WHEREAS, the strong marketplace demand means court reporting offers an abundance of long-term career opportunities, with the Bureau of Labor Statistics, noting a 14 percent growth in the court reporting profession is expected by 2020;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim February 14-20, 2016, as NATIONAL COURT REPORTING & CAPTIONING WEEK in Illinois.

Issued by the Governor February 8, 2016

Filed by the Secretary of State February 24, 2016

2016-29**National FBLA-PBL Week**

WHEREAS, Future Business Leaders of America-Phi Beta Lambda (FBLA-PBL) is a non-profit educational organization whose first chapter was established in Johnson City, Tennessee, in 1942; and,

PROCLAMATIONS

WHEREAS, the organization has grown to more than 250,000 members and advisers nationwide in middle schools, high schools, colleges, universities, career and technical schools, and private business schools; and,

WHEREAS, FBLA-PBL is a professional business organization dedicated to bringing business and education together through innovative leadership and career development programs; and,

WHEREAS, members perform community service activities and strive to build a student's understanding of the realities of the modern business world; and,

WHEREAS, FBLA teaches high school students basic business and leadership principles; and PBL helps university, college, technical, and business school students to make the transition from school to work;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim February 8-14 2016, as NATIONAL FBLA-PBL WEEK in the State of Illinois.

Issued by the Governor February 8, 2016

Filed by the Secretary of State February 24, 2016

2016-30**"Oaktober" – Oak Awareness Month**

WHEREAS, oak ecosystems have been a significant part of the Illinois landscape for more than 5,000 years and are now in a state of decline across the entire State of Illinois; and,

WHEREAS, the state tree of Illinois is the White Oak; and,

WHEREAS, Illinois forest, woodland and savannas have been greatly reduced statewide and the oak ecosystems are declining in health due to the decline of oak dominance; and,

WHEREAS, these threats and declines are due to lack of public awareness, impacts of invasive species, poor management practices, and reduced resources; and,

WHEREAS, oak ecosystems in Illinois provide needed food and support for native insects and wildlife, while significantly contributing to the native biological diversity; and,

WHEREAS, research has shown that oak trees and forests improve our air and water quality, human health, social, and economic well-being, provide jobs and revenue; and improve the overall quality of life for all citizens across all neighborhoods and community boundaries; and,

PROCLAMATIONS

WHEREAS, the Illinois Statewide Forest Resource Assessment and Strategy identifies the loss of oak ecosystems as a critical issue for the health of forest resources; and,

WHEREAS, the Illinois Wildlife Action Plan identifies the quality of wooded habitats in Illinois a "major concern" and the need to understand and manage oak decline in the state; and,

WHEREAS, awareness of the threats and impacts to oak ecosystems is an important first step towards behavioral change and an opportunity to engage citizens to protect and improve the health and services of our oak ecosystems and natural resources overall; and,

WHEREAS, Oak Awareness Month is an opportunity for government to join forces with business, industry, conservation groups, recreational groups, community organizations, and citizens to take action to support our native oak ecosystem;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim the month of October as "OAKTOBER" – OAK AWARENESS MONTH in Illinois.

Issued by the Governor February 8, 2016

Filed by the Secretary of State February 24, 2016

2016-31
Grain Bin Safety Week

WHEREAS, grain bin entrapment poses a serious risk to farm owners and workers, and can result in fatal accidents; and,

WHEREAS, these entrapments are most common in the grain belt states such as Illinois, where grain may be stored in a bin for up to one year, and which may require maintenance via farmers or commercial grain handlers entering the storage bin; and,

WHEREAS, grain bin hazards are not limited to entrapment or engulfment, and can include other equally hazardous situations such as toxic atmospheres, augers and power take-offs, bin collapses, fires and explosions, electrical components, and even ladders; and,

WHEREAS, Grain Bin Safety Week is a collaborative effort by industry leaders and agricultural professionals working together to raise awareness of the hazards and work-safety practices and procedures regarding grain storage; and,

WHEREAS, Grain Bin Safety Week will also highlight the life-saving methods of rescuing those who become entrapped or engulfed; and,

PROCLAMATIONS

WHEREAS, the only safe manner to remove a trapped person from a grain bin is by using a grain rescue tube; however, many fire departments lack this crucial tool; and,

WHEREAS, Grain Bin Safety Week started in 2014 to promote grain bin safety on farms and commercial grain-handling facilities;

THEREFORE, I, Bruce Rauner, Governor of Illinois, do hereby proclaim February 21-27, 2016, as GRAIN BIN SAFETY WEEK in Illinois to raise awareness of proper grain bin safety protocol and encourage all industry workers to become educated on important safety procedures in order to reduce the number of preventable grain bin entrapments and deaths.

Issued by the Governor February 18, 2016

Filed by the Secretary of State February 24, 2016

2016-32**African American History Month**

WHEREAS, the first celebration of African American history was declared on the second week of February in 1926 by Illinois citizen Carter G. Woodson; and,

WHEREAS, in 1976 President Gerald R. Ford approved a joint resolution designating February as National African American History Month, calling upon the public to "seize the opportunity to honor the too-often neglected accomplishments of black Americans in every area of endeavor throughout our history"; and,

WHEREAS, National African American History Month is celebrated in February to encompass the birthdays of two great Americans who played a prominent role in shaping black history, namely Abraham Lincoln and Frederick Douglass, whose birthdays are the 12th and the 14th, respectively; and,

WHEREAS, Illinois has long been home to many trailblazing African American leaders and history makers, including Oscar De Priest, a Representative from Illinois who was the first African American from the north elected to Congress; and,

WHEREAS, in February 2012, seeing a need to preserve history, community residents created the Springfield and Central Illinois African American History Museum to chronicle the history and legacy of African Americans through the collection and preservation of first-person oral histories; and,

WHEREAS, the Springfield and Central Illinois African American History Museum will be celebrating a relocation and grand opening on March 3, 2016; and,

PROCLAMATIONS

WHEREAS, Illinoisans are grateful for the lasting historical contributions of African Americans and wish to celebrate their legacy;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois, do hereby proclaim the month of February 2016, as AFRICAN AMERICAN HISTORY MONTH in the State of Illinois and encourage all Illinoisans to celebrate and learn more about the historical legacy of Illinois's African Americans.

Issued by the Governor February 19, 2016

Filed by the Secretary of State February 24, 2016

2016-33**African American Military Service Member Day**

WHEREAS, on February 19, 2016 the Illinois Department of Veterans' Affairs will host a "Salute to African-American Veterans in Illinois" at the James R. Thompson Center in Chicago; and,

WHEREAS, the Illinois Department of Veterans' Affairs honors the Tuskegee Airmen and their amazing contributions during World War II and their impact creating an integrated United States Military; and,

WHEREAS, the first African-American combat unit in the Army Air Corps, the Tuskegee Airmen helped shatter stereotypes by fighting for freedom both abroad and here at home; and,

WHEREAS, through their heroism, the Airmen demonstrated that African-Americans could be effective members of the military by completing more than 1,200 missions over North Africa and Europe; and,

WHEREAS, today we recognize their individual and collective acts of patriotism and the contributions of all African American men and women who served and are currently serving in the United State Military;

THEREFORE, I, Bruce Rauner, Governor of the State of Illinois do hereby proclaim February 19, 2016 as AFRICAN AMERICAN MILITARY SERVICE MEMBER DAY recognizing the contributions of all African-American men and women who served and are currently serving in the United State Military.

Issued by the Governor February 19, 2016

Filed by the Secretary of State February 24, 2016

EXECUTIVE ORDER

2016-4
EXECUTIVE ORDER UPDATING AND STRENGTHENING
ADMINISTRATIVE ORDER 6 (2003)

WHEREAS, the Governor has the constitutional authority, pursuant to Section 2 of Article XIII of the Illinois Constitution, to establish and enforce ethical standards for the executive branch; and

WHEREAS, the Governor's authority under Section 2 of Article XIII of the Illinois Constitution allows the Governor to establish and enforce ethical standards above and beyond those already provided by legislation, regulation, or any employment contract (*see Illinois State Employees Association v. Walker*, 57 Ill. 2d 512 (1974)); and

WHEREAS, the Governor's enforcement power under Section 2 of Article XIII of the Illinois Constitution includes without limitation the ability to impose appropriate discipline on employees properly found to have engaged in misconduct; and

WHEREAS, the State Officials and Employees Ethics Act (5 ILCS 430) (the "Ethics Act") established the Office of Executive Inspector General for the Agencies of the Illinois Governor ("OEIG") to investigate misconduct in agencies, boards, and commissions under the jurisdiction of the Governor; and

WHEREAS, the Department of State Police Law (20 ILCS 2605/2605-50) established the Illinois State Police, Division of Internal Investigation ("ISP DII") to initiate internal State Police investigations and to investigate allegations of criminal misconduct in agencies, boards, and commissions under the jurisdiction of Governor; and

WHEREAS, Administrative Order 6 (2003) purported to clarify the duties and responsibilities of the OEIG and the ISP DII, and to set forth procedures for investigating and reporting allegations of misconduct by State officeholders, appointees, employees, and vendors, as well as incidents at State facilities; and

WHEREAS, upon reviewing the policies and procedures set forth in Administrative Order 6 (2003), the Office of the Governor and the OEIG concluded that those policies and procedures must be updated and strengthened to ensure that the OEIG, ISP DII, and agency inspectors general have the tools needed to investigate unethical conduct and corruption and enforce ethical standards in the executive branch;

THEREFORE, I, Bruce Rauner, Governor of Illinois, by virtue of the executive authority vested in me by Section 2 of Article XIII and Section 8 of Article V of the Constitution of the State of Illinois, do hereby order as follows:

EXECUTIVE ORDER

I. DEFINITIONS

"Agency Head" means, with respect to a State Agency, the head of that State Agency, whether titled Director, Secretary, or otherwise.

"Agency Inspector General" means each inspector general of a State Agency, other than the OEIG, including without limitation each of the inspectors general of the Department of Child and Family Services, the Department of Healthcare and Family Services, the Department of Human Services, the Illinois State Toll Highway Authority, and any other statutorily-created inspector general of a State Agency.

"CMS" means the Department of Central Management Services.

"Ethics Officer" means, with respect to a State Agency, the ethics officer designated for that State Agency pursuant to Section 20-23 of the Ethics Act.

"Executive Inspector General" means the Executive Inspector General appointed by the Governor pursuant to Section 20-10 of the Ethics Act.

"Misconduct" or "misconduct" means any fraud, waste, abuse, mismanagement, misconduct, nonfeasance, misfeasance, malfeasance, or violation of law, rules, regulations, or court orders, including without limitation violations of the Ethics Act and/or the Criminal Code of 2012 (720 ILCS 5).

"State Agency" means any officer, department, agency, board, commission, or authority of the Executive Branch of the State of Illinois under the jurisdiction of the Governor for the purposes of Section 20-10(c) of the Ethics Act.

"State Employee" means any officer, employee (including without limitation full-time, part-time, and contractual employees), appointee (including without limitation paid and unpaid appointees), or person holding a similar position in any State Agency.

II. REVOCATION OF ADMINISTRATIVE ORDER 6 (2003)

Administrative Order 6 (2003) is revoked and rescinded. All policies and procedures set forth in Administrative Order 6 (2003) are replaced in their entirety by the policies and procedures set forth in this Executive Order.

III. RETALIATION IS NOT TOLERATED

The State of Illinois does not tolerate retaliation against State Employees who raise genuine concerns about unethical, inappropriate, or illegal behavior. No State Employee shall retaliate

EXECUTIVE ORDER

against, punish, or penalize any person for complaining to, cooperating with, or assisting with an investigation or inquiry by a State Agency, the OEIG, ISP DII, or law enforcement. Any State Employee who violates this provision shall be subject to disciplinary action, up to and including discharge.

IV. ADOPTION OF A CODE OF PERSONAL CONDUCT

Pursuant to my authority under Section 2, Article XIII of the Illinois Constitution and Section 5-5(a)(i) of the Ethics Act, I direct CMS to adopt and implement a Code of Personal Conduct for all State Employees. I further authorize CMS, on my behalf, to file such Code of Personal Conduct with the Executive Ethics Commissions pursuant to Section 5-5(b) of the Ethics Act within 100 days of this Executive Order. Any State Employee who knowingly violates the Code of Personal Conduct, with the intent to defraud the State of Illinois, violates the Ethics Act and shall be subject to disciplinary action under the Ethics Act as set forth without limitation in Sections 20-15, 20-20, 20-50, 20-55, 50-5 and 50-10 of the Ethics Act and Title 2, Sections 1620.1100 and 1620.1110 of the Illinois Administrative Code.

V. STATE AGENCIES AND EMPLOYEES HAVE THE RESPONSIBILITY TO REPORT AND INVESTIGATE MISCONDUCT

Administrative Order 6 (2003) stated that State Employees must report alleged misconduct to the OEIG and must cooperate in OEIG investigations. However, that order also stated that only the OEIG had the authority to conduct internal State Agency investigations. This restriction led on many occasions to State Agencies failing to conduct their own investigatory and discipline processes when there were allegations of serious and often ongoing wrongdoing, allowing unethical behavior and other misconduct to thrive in State government without State Agencies or the Governor taking appropriate remedial action.

To ensure that allegations of misconduct that may be causing harm to taxpayers, State Employees, or recipients of State services are being addressed quickly and fairly, all State Agencies and State Employees must adhere to the following procedures:

- 1) **Reporting of Information:** In addition to all other statutory and State Agency reporting requirements, each State Employee shall report promptly to the OEIG and/or their Ethics Officer any information concerning alleged misconduct by a State Employee or vendor. The knowing failure of any State Employee to so report shall be cause for discipline, up to and including discharge. The knowing provision of false information to the OEIG and/or Ethics Officer by any State Employee shall be cause for discipline, up to and including discharge.

EXECUTIVE ORDER

- 2) Duty to Cooperate: Each State Agency and State Employee shall cooperate with, and provide assistance to, the OEIG in the performance of any investigation. In particular, each State Agency shall make its premises, equipment, personnel, books, records, and papers readily available to the OEIG. OEIG staff may enter the premises of any State Agency at any time, without prior announcement, if necessary for the successful completion of an investigation. In the course of an investigation, OEIG staff may question any State Employee serving in, and any other person transacting business with, a State Agency, and may inspect and copy any books, records, or papers in the possession of a State Agency, including without limitation those made confidential by law, taking care to preserve the confidentiality of information that is made confidential by law and is contained in any response to questions or in any book, record, or paper. Consistent with these duties, State Agencies shall consider the OEIG to be a "law enforcement agency." The OEIG may compel any State Employee to truthfully answer questions concerning any matter related to the performance of his or her official duties. If so compelled, no statement or other evidence derived therefrom may be used against such State Employee in any subsequent criminal prosecution other than for charges of perjury or contempt arising from such testimony. The refusal of any State Employee to answer questions if compelled to do so shall be cause for discipline, up to and including discharge.
- 3) Responsibilities of Ethics Officers: Each Ethics Officer shall act as his or her State Agency's primary liaison to the OEIG. Each Ethics Officer must promptly notify the OEIG of any allegations of misconduct after receiving such information. The notification should include all information known about the allegations and identities of potential witnesses. In addition, each Ethics Officer shall ensure that his or her current contact information, as well as the contact information for any other State Employee at the State Agency whose primary responsibility involves conducting or overseeing internal investigations, is provided to the OEIG.
- 4) Internal Agency Investigations: After referring an allegation to the OEIG in the manner set forth above, a State Agency shall take whatever further investigative or disciplinary action it deems appropriate, unless the OEIG has specifically requested, in writing, that the State Agency refrain from taking further action. In certain circumstances, the OEIG may request that a State Agency conduct an internal investigation into allegations referred to the State Agency by the OEIG. In such cases, the Agency Head and the Ethics Officer shall immediately refer the allegations to a designated person or unit within the State Agency to investigate. The OEIG may require a written response regarding the State Agency's internal investigation and outcome. The State Agency must respond to these requests for a response in a timely manner. If the State Agency's internal inquiry develops information suggesting that the conduct alleged is more serious, widespread, or in any way different than originally reported, the State Agency shall contact the OEIG before continuing the investigation.

EXECUTIVE ORDER

VI. OEIG AUTHORITY TO REVIEW HIRING AND EMPLOYMENT FILES

Pursuant to Section 20-20(9) of the Ethics Act, the OEIG has the authority to review hiring and employment files of each State Agency within its jurisdiction. Pursuant to this authority, the OEIG initiated a unit dedicated to the review of hiring and employment files: The Division of Hiring and Employment Monitoring. Each State Agency and every State Employee shall cooperate with, and provide assistance to, this division of the OEIG in the performance of any hiring and/or employment review. In particular, each State Agency shall make its premises, equipment, personnel, books, records, and papers readily available to the OEIG. In the course of a hiring and/or employment review, OEIG staff may, without prior announcement, request background and/or procedural information from any State Employee serving in, and any other person transacting business with, a State Agency, and may inspect and copy any books, records, or papers in the possession of a State Agency, including without limitation those made confidential by law, taking care to preserve the confidentiality of information that is made confidential by law and is contained in responses to questions or in books, records, or papers. OEIG staff may also monitor the interview and/or selection processes utilized by or within each State Agency.

VII. PROCEDURES FOR CERTAIN CRIMINAL CONDUCT AND EMERGENCY SITUATIONS

Certain incidents involving potential criminal conduct and other emergency situations must be reported immediately to the appropriate law enforcement agencies. In the event of an emergency situation requiring an immediate police response, the Illinois State Police, county, or municipal police agency that can provide the fastest response should be contacted. Examples of such emergency criminal situations include illegal use or unlawful possession of a weapon, bodily injury or immediate threat of bodily injury, narcotics-related activity, criminal sexual assault, or death. In the event of an emergency criminal situation, State Agencies and State Employees must adhere to the following procedures:

1. Report to ISP DII: If another police agency was contacted in an emergency criminal situation, the ISP DII also should be contacted promptly.
2. Preservation of Evidence: The State Agency shall ensure the preservation of the scene of the incident, the security of the evidence, the maintenance of accurate records relating to the condition of the victim, and other relevant information. Each State Agency facility shall adopt and maintain procedures that guarantee the preservation of evidence. Non-law enforcement State Employees shall be advised not to disturb the scene until law enforcement personnel arrive. Non-law enforcement State Employees shall not take or initiate any investigation or action unless directed to do so by law enforcement officers. If

EXECUTIVE ORDER

any law enforcement official asks non-law enforcement State Employees of a facility to take action, the non-law enforcement State Employees shall promptly document investigative activity and retain any physical evidence gathered as a result of the inquiry.

3. Reports and Records: The State Agency shall maintain all relevant documents and attachments related to the incident. Any written record shall be confined to a concise summary of the facts, and shall not contain conclusions or opinions. The State Agency shall maintain related records in compliance with the State Records Act (5 ILCS 160) and for a period of at least five years after the close of the incident investigation.
4. Special Procedures for Allegations of Physical Abuse: All suspected patient/resident/inmate abuse, criminal sexual abuse or other incidents involving physical abuse for which State Employees are allegedly responsible, or in which State Employee negligence could have been a factor, shall be reported immediately to the respective Agency Head or designated administrative personnel. Any initial action taken should be limited to assessing whether the conduct described has occurred. If an incident has, or appears to have occurred the matter should be treated as follows:
 - a. Patient/Resident/Inmate Abuse or Neglect: Upon receiving notification of alleged abuse to a patient, resident, or inmate in a State Agency facility by State Employees, the administrator of the relevant facility shall immediately:
 - i. Have a physician examine and treat the patient, resident, or inmate and document his or her physical condition.
 - ii. Conduct a preliminary inquiry to establish that an incident of abuse has or appears to have occurred, and preserve all evidence and the integrity of the scene of the incident.
 - iii. Notify the Illinois State Police or other law enforcement agency if the need for immediate response by law enforcement is necessary. If the Illinois State Police was not notified in the first instance, the ISP DII shall be notified promptly.
 - iv. Conduct further inquiry into the incident if requested to do so.
 - v. Report any incident of patient, resident, or inmate abuse involving a person under the age of 18 years old in accordance with the Abused and Neglected Child Reporting Act (325 ILCS 5) to the Department of Children and Family Services within 24 hours after learning of such incident.

EXECUTIVE ORDER

inspectors general shall otherwise continue to operate and function as set forth in relevant sections of the Illinois Compiled Statutes and the Illinois Administrative Code."

Coordination among Agency Inspectors General and the OEIG ensures efficiency and effectiveness through cooperation in investigatory efforts and the sharing of resources and information. Although this reporting system has been in place for over 13 years, the efficiency and effectiveness of the Agency Inspectors General and the OEIG continue to be limited by disconnects in communication, redundant functions, and "siloed" operations.

2. Restatement and Strengthening of Administrative Order 6 (2003)

In State Agencies with an Agency Inspector General, the Agency Inspector General shall report to the OEIG. Because State Agencies with Agency Inspectors General benefit from receiving inspector general services that are specific to that State Agency, State Agencies with Agency Inspectors General shall continue to employ their respective Agency Inspector General and related staff, and shall continue to be responsible for all costs associated with the operations and activities of their respective Agency Inspector General and related staff. Except as set forth herein, Agency Inspectors General shall otherwise continue to operate and function as set forth in relevant sections of the Illinois Compiled Statutes and the Illinois Administrative Code.

To strengthen the reporting by the Agency Inspectors General to the OEIG that has been in place since 2003, and to ensure greater effectiveness of, and coordination between, the OEIG and the Agency Inspectors General, beginning on the date of this Executive Order:

- a. The Executive Inspector General and the Agency Inspectors General shall meet bimonthly at a place and time set forth by the Executive Inspector General in order for the Agency Inspectors General to report to the Executive Inspector General on investigations and for the Executive Inspector General and the Agency Inspectors General to coordinate investigatory efforts.
- b. The Executive Inspector General and the Agency Inspectors General shall share resources and coordinate investigations to reduce costs and operate more efficiently.
- c. The Executive Inspector General shall review and approve the allocation of Agency Inspectors General staff and resources to ensure that investigations are conducted in an effective and impartial manner.
- d. Agency Inspectors General shall report to and consult with the Executive Inspector General on all investigative reports that include findings of misconduct

EXECUTIVE ORDER

or other wrongdoing and the recommended corrective action contained in such reports before a report is finalized.

- e. The Executive Inspector General shall set forth other reporting policies and procedures that she deems appropriate, and the Agency Inspectors General and their respective staffs shall follow such policies and procedures in accordance with this Executive Order.

IX. SAVINGS CLAUSE

This Executive Order does not contravene, and shall not be construed to contravene, any federal law, State statute, or collective bargaining agreement.

X. PRIOR EXECUTIVE ORDERS

This Executive Order supersedes any contrary provision of any other prior Executive Order.

XI. SEVERABILITY CLAUSE

If any part of this Executive Order is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. The provisions of this Executive Order are severable.

Issued by Governor: February 26, 2016

Filed with Secretary of State: February 26, 2016

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 40, Issue 11 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.

PROPOSED RULES

44 - 4	3529
77 - 1170	3540
77 - 1250	3549

ADOPTED RULES

68 - 1245	3/11/2016	3658
68 - 1420	3/11/2016	3692
68 - 1430	3/11/2016	3735
77 - 2080	2/29/2016	3737
17 - 1590	2/24/2016	3743
11 - 1318	3/1/2016	3757
92 - 2520	2/25/2016	3762

EMERGENCY RULES

80 - 250	3/1/2016	3772
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**EXECUTIVE ORDERS AND
PROCLAMATIONS**

16 - 17	1/22/2016	3812
16 - 18	1/22/2016	3812
16 - 19	1/26/2016	3813
16 - 20	1/26/2016	3814
16 - 21	1/29/2016	3815
16 - 22	1/29/2016	3816
16 - 23	1/29/2016	3817
16 - 24	2/2/2016	3818
16 - 25	2/8/2016	3818
16 - 26	2/8/2016	3820
16 - 27	2/8/2016	3821
16 - 28	2/8/2016	3822
16 - 29	2/8/2016	3822
16 - 30	2/8/2016	3823
16 - 31	2/18/2016	3824
16 - 32	2/19/2016	3825
16 - 33	2/19/2016	3826
16 - 4	2/26/2016	3827

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