

2011


ILLINOIS

REGISTER

RULES
OF GOVERNMENTAL
AGENCIES



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INTRODUCTION

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

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

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

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2011

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 20, 2010	January 3, 2011
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5	January 18, 2011	January 28, 2011
6	January 24, 2011	February 4, 2011
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51	December 5, 2011	December 16, 2011
52	December 12, 2011	December 27, 2011
53	December 19, 2011	December 30, 2011

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Program Definitions
- 2) Code Citation: 89 Ill. Adm. Code 521
- 3) Section Numbers: 521.20 Proposed Action:
Amendment
- 4) Statutory Authority: Implementing and authorized by Section 3(a), (b), and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3(a), (b), and (k)]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking pertains to the Vocational Rehabilitation Program. It revises and adds definitions of terms commonly used in the program. In addition, the proposed rulemaking removes the definition of Residency due to the Dept. of Education, Rehabilitation Services Administration (RSA) directing the Division to remove proof of residency, since this is a federal program and is available in all states.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days of the date of this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services

DEPARTMENT OF HUMAN SERVICES

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100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/557-1544

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2010

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: VOCATIONAL REHABILITATIONPART 521
PROGRAM DEFINITIONS

Section

521.10	Purpose
521.20	Definitions

AUTHORITY: Implementing and authorized by Section 3(a), (b) and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3(a), (b) and (k)].

SOURCE: Adopted at 32 Ill. Reg. 10054, effective June 26, 2008; amended at 35 Ill. Reg. _____, effective _____.

Section 521.20 Definitions

"Act" means the Disabled Persons Rehabilitation Act [20 ILCS 2405].

"Advocacy" means pleading an individual's cause or speaking or writing in support of an individual that may include representation before public ~~and/or~~ private entities on the behalf of one's self, another individual, or a group of individuals.

"Assistive Technology" means any item, piece of equipment, product or system, whether modified, customized or acquired commercially from the manufacturer or off the shelf, that is used to increase, maintain or improve the functional capabilities of an individual with a disability.

"Auxiliary Services" means services that reasonably accommodate a person with a disability and ensure equal access to service delivery (e.g., readers, interpreters, note-takers, computer assisted realtime captioning (CART), etc.). Auxiliary services may be necessary to assist a customer with the completion of a substantial service.

"Center for Independent Living" or "CIL" means a consumer-controlled, community based, cross-disability, nonresidential, private not-for-profit agency

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that is designed and operated within a local community by individuals with disabilities and that provides an array of independent living services.

"Client Assistance Program" or "CAP" means a program funded ~~underby~~ the federal Rehabilitation Act of 1973 (VR Act) (29 USC 701 et seq.) to provide assistance in informing and advising all customers and applicants of all available benefits under the VR Act and upon request of such a customer to assist in the customer's relationship with projects, programs and services provided by the VR Act. ~~CAP may also serve customers of the Home Services Program.~~ CAP services can include assistance and advocacy in pursuing legal, administrative or other appropriate remedies to ensure the protection of the customer's rights under the Act. CAP may also serve customers of the Home Services Program.

"Comparable Benefit" means a service that is available at the time the service is needed by a customer and is used to determine eligibility (see 89 Ill. Adm. Code 553) or to achieve the vocational goal and objectives specified in the customer's Individualized Plan for Employment (IPE) (see 89 Ill. Adm. Code 572) that, when provided to DHS-DRS customers by a public or private agency or agencies other than DHS-DRS, offset costs that would otherwise be paid by DHS-DRS or the customer.

"Competitive Employment Outcome" means full-time or part-time work in the competitive labor market in an integrated setting, for which the customer is compensated with the customary wage and level of benefits, but not less than the minimum wage.

"Confidential Information" means all closed, active and future records and conversations (including Teletypewriter/Telecommunication Devices for the Deaf (TTY) and Nextalk) kept by DHS-DRS concerning the customer's program of services. Printouts from TTY conversations must be destroyed upon completion and documentation of the call.

"Customer" means a person who has requested, been referred for, is receiving, or has received any DHS-DRS services, including a student at a DHS-DRS school.

"Customer Financial Analysis" means a calculation using form IL 488-0265, developed by DHS-DRS to determine the customer and family financial participation.

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"Customer Financial Participation" means the amount of money, as determined by the completion of the Customer Financial Analysis, that a customer ~~and~~/or the customer's family must contribute to the cost of services and the amount of any voluntary contributions the customer ~~and~~/or his or her family ~~wishes~~wish to contribute to the cost of services.

"Dependent" means an individual who receives half or more of his or her normal living expenses~~support~~ from his or her family. When a dependent customer is receiving training services at a post-secondary institution, the customer may retain dependent status up to the age of 24.~~;however, the dependency of an individual receiving training service at an institution that participates in the federal assistance program shall be verified by information contained in the Free Application for Federal Student Aid (FAFSA).~~

"DHS" means the Illinois Department of Human Services.

"DHS-DRS" means the Illinois Department of Human Services-Division of Rehabilitation Services.

"Director" means the Director of the Division of Rehabilitation Services.

"Employee" means any person employed by DHS-DRS to participate in the delivery of DHS-DRS programs. The term shall also include supervisory level personnel and others in management positions.

"Extended Period of Time" means a period of at least six months or longer.

"Extended Services" means services that are needed over an extended period of time to maintain a customer with a most significant disability who had participated in the Supported Employment Program. Extended services include both paid and unpaid services.

"Family", for purposes of identifying individuals included in the family when completing the Customer Financial Analysis, shall include the customer and all other family members. A family member is anyone who resides in the same household and is related to the customer by blood or marriage or has a close interpersonal relationship with the customer.

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"Financial Contribution" means the amount of ~~DHS-DRS~~' payment for services that are needed to determine eligibility or to assist in achieving an employment outcome.

"Financial Participation" means the amount of money, as determined by the completion of the Customer Financial Analysis, that a customer ~~and~~/or the customer's family must contribute to the cost of services, and the amount of any voluntary contributions the customer ~~and~~/or the customer's family wishes to contribute to the cost of services.

"Grievant" means any customer, or licensed vendor as specified in 89 Ill. Adm. Code 650 (Vending ~~Facility~~~~Facilities~~ Program for the Blind), who has been aggrieved by any action or inaction by DHS-DRS.

"Guardian" means the person appointed by a court as the guardian of the person of a minor or an adult.

"Hearing" means an administrative hearing of the appeal of the grievant as set forth in 89 Ill. Adm. Code 510.105 and presided over by an Impartial Hearing Officer.

"Hearings Coordinator" means the DHS Chief, Bureau of Administrative Hearings, who is responsible for communicating with the grievant about the appeal requests, docketing and scheduling hearings, and coordinating the appointment of Impartial Hearing Officers.

"Impartial Hearing Officer" means the individual appointed to conduct the hearing (see 89 Ill. Adm. Code 510.90).

"Inaction" means the failure of DHS-DRS to act within the time lines specified by the program rules.

"Income" means all earned and other income from all sources, including all types of public support; wages, tips, disability payments, Worker's Compensation, interest or dividends from investments, savings, trust funds, certificates of deposit, etc.; child support, spousal support, income from rental and leased property; and private sources. The value of readily available assets (i.e., cash-on-hand, checking accounts, savings accounts, certificates of deposit, stocks, bonds, accessible trust funds) shall not be considered as income for the purpose of

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completion of the Customer Financial Analysis, unless those assets have been established for the support or training of the customer. Income from all family members, 19 and older, will be included in the completion of the customer financial analysis.

"Independent Living Core Services" means the minimum services an organization must provide to be considered a CIL. These services are information and referral services, independent living skills training, peer counseling, including cross-disability peer counseling, and individual and system advocacy.

"Independent Living Plan" or "ILP" means a written plan that outlines the Independent Living Services that are to be provided to a customer determined eligible to receive Independent Living Services. The ILP must be jointly developed by the CIL and the customer, who will receive Independent Living Services. An ILP must be developed for each customer who receives Independent Living Services unless the customer specifically signs a statement waiving his or her rights to have an ILP.

"Independent Living Services" means services in addition to the Independent Living Core Services provided by a CIL that DHS would take into consideration when approving funding or continued funding for a CIL.

"Industry Recognized Credential" means a certificate, license or other documentation indicating that an individual has completed training that allows him or her to engage in a particular occupation.

"Informal Resolution Conference" means an attempt to informally resolve an appeal by the grievant and DHS-DRS, as set forth in 89 Ill. Adm. Code 510.100.

"Informed Choice" means an interactive process between DHS-DRS and the customer that provides sufficient, objective information and options that are designed to empower the customer in selecting services, providers and outcomes.

"Integrated Setting" means a setting typically found in the community in which customers interact with non-disabled individuals other than individuals who are providing service to the customer. With respect to an employment outcome, an integrated setting means a setting typically found in the community in which the customer interacts with non-disabled individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

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"Job Coaching" means a method of providing ongoing support services through the use of a worker known as a "job coach" who is present with the customer at the job site. These workers provide a variety of training, monitoring and support functions to customers receiving supported employment services.

"Mediator" means an individual who is qualified in mediation and knowledgeable of the laws and regulations relating to the provision of vocational rehabilitation services.

"Natural Supports" mean unpaid assistance provided in the work setting to a customer receiving supported employment services.

"Normal Living Expenses" means housing, food that is purchased for preparation and consumption at home, clothing and utilities.

"On-the-Job Evaluation" means the methods and determinations used to evaluate whether a customer has the capabilities to perform work tasks relevant to their ability to achieve an employment outcome.

"On-the-Job Training" means specific skills training provided at an employment site to a customer who has demonstrated the ability to perform the duties associated with the specific job title.

"Ongoing Support Services" means support services that are provided over a time-limited period that are designed to assist a customer with a most significant disability to maintain employment in a supported employment setting. Ongoing support services are provided in accordance with a support reduction schedule as described in the customer's IPE.

"Order of Selection" means the process that determines the priority in which customers are served, based on the categories listed in 89 Ill. Adm. Code 553.130.

"Parent" means either a natural or adoptive parent, except those whose parental rights have been terminated voluntarily or by order of a court, or otherwise restricted by order of a court.

"Personal Assistant" or "PA" means an individual employed to assist an individual with a disability to perform daily living activities that the individual

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would typically perform without assistance if the individual did not have a disability.

"Personal Representative" means an attorney, CAP representative or other individual designated by a grievant to act on the grievant's behalf in the proceedings of a hearing.

"Physical & Mental Restoration" means medical or medically related rehabilitation and therapeutic services that are likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment.

"Placement" means services necessary to assist a customer in obtaining employment in his or her chosen occupational area. Placement services shall include, but not be limited to: interviewing skills training; resume preparation; interview preparation; referral to other agencies and prospective employers; and identification of prospective employers.

"Post-employment Services" means a VR service provided to a customer, not lasting more than 6 months, to maintain, regain or advance in employment.

"Post-school Activities" means vocationally oriented activities undertaken by a ~~customer or client~~ student after he or she leaves the secondary education system. These activities may include: post-secondary education; vocational training; integrated employment, including supported employment; continuing and adult education; VR services; and community participation.

"Proof of Income" means the portion of the most recent tax return that contains the adjusted gross income and the signature of the person submitting the return. Proof of income must be provided for each individual included in the ~~definitions~~ definition of "family" and "income" in this Section. An estimated annual income will be calculated based on current wage records if an annual federal tax return has not yet been completed or if the financial status has significantly changed since the last submitted tax return.

"Rehabilitation Closure" means a closure taken on a customer's case when he or she was provided substantial services over an extended period of time that enabled the customer to achieve a successful employment outcome.

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"Rehabilitation Services Administration" or "RSA" is a division under the U.S. Department of Education that administers the federal VR program.

"Rehabilitation Technology" means systematic application of technologies, devices and services to meet the needs of people with disabilities and to address the barriers confronted by them.

"Representative" means an attorney, CAP representative or other individual designated by the customer who is authorized to act on the customer's behalf.

~~"Residency" means proof of residency as identified under 89 Ill. Adm. Code 557.15. Eligible individuals who are a resident of the State of Illinois must be available to plan, discuss and implement services through an IPE. Individuals from other states who are attending training programs in Illinois are considered residents of their home state.~~

"Schools" means the three State Schools operated by DHS-DRS: the Illinois Center for Rehabilitation and Education-Roosevelt, the Illinois School for the Deaf, and the Illinois School for the Visually Impaired.

"Secondary Transitional Experience Program" or "STEP" means a program of transition services provided through cooperative agreement of DHS-DRS and a Local Educational Agency (LEA).

"Self-employment" means a customer working for himself or herself in a business selling goods or services for the purpose of making a profit that will allow the customer to achieve an employment outcome.

"Services" means the services provided by and through DHS-DRS to customers of the Vocational Rehabilitation program ~~and~~ as described in 89 Ill. Adm. Code 590 (Services).

"Standard Budget Allowance" or "SBA" means a figure equal to 70% of the State Median Income established by the Office of Community Programs of the U.S. Department of Health and Human Services that are published annually in the Federal Register.

"State Plan for Independent Living" means the plan jointly developed by DHS and the Statewide Independent Living Council (SILC) (see 89 Ill. Adm. Code

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515) and approved by the Director and the Chairperson of SILC, which is submitted for review and approval by RSA. The State Plan includes outlines for services, goals and objectives of the DHS-DRS Independent Living Program, as well as the plan for Independent Living Services throughout the State, and is the basis for Part B Funds received from RSA.

"Statewide Independent Living Council" or "SILC" means the council established pursuant to the VR Act and the Disabled Persons Rehabilitation Act [20 ILCS 2405/12a] and governed by 89 Ill. Adm. Code 515.

"Substantial Services" means services such as training, restoration and/or placement that, when provided in the context of the counseling relationship, collectively and significantly contribute to the achievement of an employment outcome consistent with the informed choice of the individual.

"Successful Outcome" means, with respect to a customer:

entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market;

satisfying the vocational outcome of supported employment; or

satisfying any other vocational outcome recognized by RSA.

"Support Reduction Schedule" means a planned method of gradual reduction in the amount of ongoing support services provided to a customer receiving supported employment services. The purpose of the support reduction schedule is to reduce reliance on supports during the course of the customer's participation in supported employment services to the greatest degree possible while maintaining the customer in employment, and to assist the customer in making a transition to extended services.

"Support Services" means non-disability related services (e.g., tutors, transportation, books and supplies, etc.) needed to assist in the completion of a substantial service required to obtain the employment outcome.

"Supported Employment" means competitive employment in an integrated setting with ongoing support services for customers with the most significant disabilities:

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for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of their disability; and

who, because of the nature of their disabilities, need intensive supported employment services in order to perform this work.

"Supported Employment Services" means ongoing services needed to support and maintain an individual with the most significant disability in supported employment. These services are provided for a period of time not to exceed 18 months, unless, under special circumstances, the time is extended to achieve the rehabilitation objectives identified in the IPE.

"Time-limited Services", in the context of supported employment services, means services that are provided for a period of no more than 18 months in accordance with a support reduction schedule. Under special circumstances this time period may be extended with the agreement of the customer and the counselor when an extension is needed to achieve the employment outcome.

"Transition" means a coordinated set of services for a customer or student, usually enrolled at the secondary education level, designed to promote movement from school to employment.

"Transitional Employment" means a series of temporary job placements in competitive work, in an integrated work setting with ongoing support services for individuals with the most severe disabilities due to mental illness.

"Un-served" or "Under-served" means groups or populations of individuals with severe disabilities living in the State that are not receiving sufficient services.

"Unusual Allowable Expenses" as related to the completion of the customer financial analysis, are means expenses directly related to the customer's or other family member's disability, such as on-going medical treatment, medication, adaptive equipment, a one-time allowance for the purchase of a van or van modification and rehabilitation technology services. These costs, that are currently being paid by the customer and/or customer's family and that are not paid for through insurance or any other source. Cost and/or cost associated with another family member attending post-secondary education, which is currently that are paid by the family, shall also be included as an Unusual Allowable

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Expense. Unusual Allowable Expenses shall not be included in the customer Financial Analysis without appropriate documentation of each expense.

"VR Act" means the federal Rehabilitation Act of 1973 (29 USC 701 et seq.).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

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NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Services
- 2) Code Citation: 89 Ill. Adm. Code 590
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
590.20	Amendment
590.30	Amendment
590.45	Amendment
590.47	New Section
590.50	Amendment
590.60	Amendment
590.70	Amendment
590.80	Amendment
590.85	New Section
590.90	Amendment
590.100	Amendment
590.110	Amendment
590.120	Amendment
590.130	Amendment
590.140	Amendment
590.150	Amendment
590.160	Amendment
590.170	Amendment
590.190	Amendment
590.210	Amendment
590.220	Amendment
590.230	Amendment
590.240	Amendment
590.250	Amendment
590.270	Amendment
590.290	Amendment
590.300	Amendment
590.310	Amendment
590.315	Amendment
590.320	Amendment
590.330	Amendment
590.400	Amendment
590.410	Amendment
590.420	Amendment

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590.440	Amendment
590.460	Repealed
590.470	Amendment
590.480	Amendment
590.490	Amendment
590.600	Amendment
590.610	Amendment
590.620	Amendment
590.630	Amendment
590.640	Amendment
590.660	Amendment
590.670	Amendment
590.680	Amendment
590.720	Amendment
590.730	Amendment
590.750	Amendment
590.800	New Section
590.810	New Section
590.820	New Section
590.830	New Section
590.840	New Section
590.850	New Section
590.860	New Section
590.870	New Section
590.880	New Section

- 4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625]
- 5) A Complete Description of the Subjects and Issues Involved: 89 Ill. Adm. Code 590 explains services that are available through the DRS' Vocational Rehabilitation Program. This rulemaking revises language to reflect current program practices and policy; identifies the need for documentation in the case record, which is necessary for case review and auditing purposes; and lists items that do not require bids because they are specialized items, or their costs are standardized. In addition, this rulemaking adds language that outlines the Division's current policy to not pay for services or equipment purchased by a customer prior to the approval and signing of the IPE; outlines the Division's Cooperative Working Agreements with Institutions of Higher Education; adds

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language regarding individuals who are in default on child support payments or State/federal obligations; revises DHS-DRS' participation in vehicle and van adaptations; repeals definitions that will be added to proposed changes for Part 521; and adds language regarding the responsibilities of Local Educational Agencies. Finally, this rulemaking adds a new Subpart entitled Supported Employment; revises language regarding customers attending private or out-of-state training institutions; inserts language regarding a \$25 contribution for supplies for training cases; and repeals language regarding the purchase of transportation services for customers in training programs when housing is not available at the training site.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed amendments pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days of the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

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

217/557-1544

- 13) Initial Regulatory Flexibility Analysis:

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- A) Types of small businesses, small municipalities and not for profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: Existing forms and computer programs will be updated accordingly.
 - C) Types of professional skills necessary for compliance: VR counselors hold a Masters Degree in Rehabilitation Counseling.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2010

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: VOCATIONAL REHABILITATION

PART 590
SERVICES

SUBPART A: GENERAL ISSUES

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- 590.10 General Applicability
- 590.20 Availability of Services
- 590.30 Effect of Financial Status on Services
- 590.35 Effect of Comparable Benefits
- 590.40 Choice of Service Providers
- 590.45 DHS-DRS Bidding Procedure
- 590.47 [Previously Purchased Services and Equipment](#)

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- 590.60 Qualification of Medical and Psychological Service Providers
- 590.70 Treatment of Acute Conditions
- 590.80 Medication ~~and Treatment~~
- 590.85 [Treatment](#)
- 590.90 Hearing ~~Aid Evaluations~~~~Aids~~
- 590.100 ~~Binaural~~ Hearing Aids
- 590.110 Speech and Language Services
- 590.120 Low Vision Devices
- 590.130 Mental Restoration Services
- 590.140 Heart Surgeries
- 590.150 Kidney Transplant and Related Services
- 590.160 Chiropractic Services
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SUBPART C: TRAINING AND RELATED SERVICES

DEPARTMENT OF HUMAN SERVICES

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Section

590.200	Provision of Services
590.210	Qualification of Training Facilities/Institutions
590.220	Purpose and Types of Training
590.230	Financial Guidelines for Training Services
590.240	Undergraduate and Non-degree Graduate School Training
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590.880 Purpose and Types of Extended Services

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

SOURCE: Emergency rules adopted at 17 Ill. Reg. 11812, effective July 1, 1993, for a maximum of 150 days; adopted at 17 Ill. Reg. 20461, effective November 15, 1993; amended at 18 Ill. Reg. 11275, effective June 30, 1994; emergency amendment at 18 Ill. Reg. 16468, effective October 20, 1994, for a maximum of 150 days; amended at 19 Ill. Reg. 7260, effective May 12, 1995; amended at 19 Ill. Reg. 7435, effective May 19, 1995; amended at 19 Ill. Reg. 10153, effective June 29, 1995; amended at 19 Ill. Reg. 10709, effective June 29, 1995; amended

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at 20 Ill. Reg. 6319, effective April 18, 1996; amended at 20 Ill. Reg. 6523, effective April 18, 1996; amended at 20 Ill. Reg. 10375, effective July 19, 1996; amended at 21 Ill. Reg. 1395, effective January 17, 1997; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 23 Ill. Reg. 201, effective December 15, 1998; amended at 23 Ill. Reg. 7502, effective June 17, 1999; emergency amendment at 24 Ill. Reg. 6728, effective April 14, 2000, for a maximum of 150 days; emergency amendment at 24 Ill. Reg. 10372, effective July 1, 2000, for a maximum of 150 days; emergency expired on November 27, 2000; amended at 24 Ill. Reg. 13687, effective August 23, 2000; amended at 24 Ill. Reg. 18561, effective November 30, 2000; amended at 25 Ill. Reg. 4568, effective April 1, 2001; amended at 27 Ill. Reg. 12602, effective July 21, 2003; amended at 30 Ill. Reg. 1886, effective January 30, 2006; amended at 31 Ill. Reg. 7006, effective April 30, 2007; recodified at 32 Ill. Reg. 6772; amended at 32 Ill. Reg. 10086, effective June 26, 2008; amended at 35 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL ISSUES

Section 590.20 Availability of Services

Services described in this Part shall only be provided to customers who have been determined eligible to receive VR services (89 Ill. Adm. Code 553) for whom an Individualized Plan for Employment (IPE) has been developed calling for the provision of such services to reach the customer's employment outcome. [There must be documentation in the case record to indicate that services defined in this Part will reduce the customer's impediment to employment.](#)

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.30 Effect of Financial Status on Services

Unless otherwise specified in this Part, services contained in this Part shall be provided in accordance with [CustomerClient](#) Financial Participation (89 Ill. Adm. Code 562).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.45 DHS-DRS Bidding Procedure

- a) Counselors may purchase items necessary to support a customer's IPE that cost less than \$1000 without obtaining bids.

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- b) Counselors may purchase, with proper approval, items costing more than \$1000 after pursuing three bids. If the item is available from fewer than 3 sources, the maximum number of bids shall be sought. The counselor shall document all bidding activities. ~~All bidding activities shall be documented by the counselor.~~ A bid is an attempt to receive a purchase price. The process used shall give all providers an adequate opportunity to respond and shall include a due date.
- c) The lowest bid received shall be selected in each case unless there are documented reasons to reject the lowest bid. Should the customer choose another bidder and there are no documented reasons for not selecting the lowest bid, the customer shall pay the difference between the bids in addition to other customer financial participation, if any.
- d) Customized prosthetics, orthotics and wheelchairs may be purchased without bids after documented consultation with the Central Office Resource Specialist.
- e) Hearing aids may be authorized without bids based on medical recommendation. After the 30-day trial period, hearing aids will be vouchered at the manufacturer's invoice price.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.47 Previously Purchased Services and Equipment

DHS-DRS shall not pay for any services or equipment purchased by a customer prior to the completion, approval and signing of the customer's IPE. This shall include, but is not limited to, training services, vehicle modifications, tools, equipment, mental and physical restoration services, medication, wheelchairs, hearing aids, prosthetics, etc.

(Source: Added at 35 Ill. Reg. _____, effective _____)

SUBPART B: MEDICAL, PSYCHOLOGICAL AND RELATED SERVICES

Section 590.50 Provision of Services

- a) All services described in this Subpart shall be provided in accordance with the provisions of this Subpart and Subpart A of this Part.
- b) All services provided in accordance with this Subpart shall be recommended in

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writing by the [qualified professional as specified in Section 590.60](#) ~~customer's physician or psychologist who will perform the service.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.60 Qualification of Medical and Psychological Service Providers

To be qualified to provide the services specified in ~~Sections~~[Section 590.40](#) [and 590.50](#) of [this Part](#), the following shall apply:

- a) ~~for providing services to individuals with mental or physical disabilities, the Individual~~ [individual](#) service providers must be:
- 1) a physician, surgeon (i.e., doctor of medicine, psychiatry or osteopathy), or chiropractor licensed pursuant to the Medical Practice Act of 1987 [225 ILCS 60];
 - 2) a ~~licensed~~ registered professional nurse licensed pursuant to the ~~Nurse~~[Nursing and Advanced Practice Nursing](#) Act [225 ILCS 65];
 - 3) a therapist or physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987 [225 ILCS 95];
 - 4) a psychologist licensed to practice under the Clinical Psychologist Licensing Act [225 ILCS 15] or a social worker licensed to practice under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] or a professional counselor licensed to practice under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS ~~10740~~] or a marriage and family counselor licensed to practice under the Marriage and Family Therapy Licensing Act [225 ILCS 55] by the Illinois ~~Department of Financial and Professional Regulation~~[Department of Professional Regulation](#) or, for customers receiving secondary educational services, a psychologist certified by the Illinois State Board of Education. Psychological testing or evaluation performed by an individual who does not meet the criteria above but who has the appropriate training and skill to administer such testing and evaluation may be accepted if cosigned by an individual holding the credentials listed [in this subsection \(a\)\(4\)](#) ~~above~~;
 - 5) an optometrist licensed pursuant to [the](#) Optometric Practice Act [225 ILCS

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80]; or

- 6) ~~a podiatrist~~podiatrists licensed pursuant to the Podiatric Medical Practice Act of 1987 [225 ILCS 100]; ~~or:~~
- 7) a speech and language pathologist licensed pursuant to the Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110].
- b) ~~Hospitals used to provide services to customers under this Part must be approved by the Joint Commission on Accreditation of Hospitals.~~
- b)e) In order to provide hearing and hearing aid evaluations under Section 590.10090 – Hearing Aids, the evaluator must:
 - 1) be licensed pursuant to the Illinois Speech-Language Pathology and Audiology Practice Act (~~Audiology Act~~) [225 ILCS 110]; and
 - 2) meet the requirements set forth in the Hearing Instrument Consumer Protection Act (~~Hearing Aid Act~~) [225 ILCS 50]; ~~or~~
 - 3) ~~if not approved as of the effective date of this Part, be approved by the Manager, Division of Services for Persons who are Deaf or Hard of Hearing, or his/her designee. This approval shall be based on the evaluator's ability to:~~
 - A) ~~conduct testing in an acoustically treated booth;~~
 - B) ~~ensure a maximum ambient noise level at or below the standards established by the American National Standards Institute (ANSI 3.1-1977); and~~
 - C) ~~provide testing with both ear phones and in a sound field (any test environment in which auditory stimuli are presented via a calibrated audiometer through one or more loudspeakers).~~
- c) The Joint Commission on Accreditation of Healthcare Organizations must approve hospitals providing services to customers under this Part.
- d) ~~Speech and language pathologists must be approved by American Speech and~~

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~~Hearing Association (ASHA) and have a Certificate of Clinical Competence (CCC) in Speech Pathology.~~

- e) ~~Hospital surgical teams providing heart surgery (Section 590.140) must perform at least 100 such operations per year as documented by the hospital in which the services will be performed.~~
- f) ~~Prosthetic/orthotic device vendors must be certified by the American Board of Certification in Orthotics and Prosthetics, Inc., or by the National Association of Retail Druggists.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.70 Treatment of Acute Conditions

~~At any time when an acute illness or condition arises during the time the customer is receiving services under an IPE, DHS-DRS may will pay for the treatment of an acute illness when the following conditions are met: if no comparable benefits are available and the following conditions are present:~~

- a) ~~it is in support of a substantial service listed on the IPE; the duration of the acute condition is short enough that it will not interfere with the provision of services;~~
- b) ~~there is no comparable benefit available;~~
- c)b) the treatment is deemed necessary and recommended by the appropriate medical professional;
- d)e) the treatment is mutually agreed to by the customer and the counselor; and
- d) ~~the treatment is necessary to avoid an interruption of service listed in the customer's IPE; and~~
- e) the customer's IPE is amended to allow for the provision of these services.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.80 Medication ~~and Treatment~~

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- a) ~~DHS-DRS may pay for medication/treatment (e.g., doctor's office visits, medication) necessary to cure or stabilize a condition in accordance with the customer's IPE.~~
- a) DHS-DRS may pay for:
- 1) medication as a substantial service necessary to cure or stabilize a condition in accordance with the customer's IPE; or
 - 2) ongoing medication as a support service to the substantial service on the customer's IPE.
- b) Customers provided services under subsection (a) must be re-evaluated every six months to determine whether their medication is still required.
- b) ~~DHS-DRS shall not pay for ongoing medication/treatment (treatment for a condition for which there is no foreseeable date of termination of the medication/treatment) except as a support service to the primary service on the IPE (e.g., a customer requires insulin to control his/her diabetes in order to attend training) and then only until completion of that primary service.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.85 Treatment

- a) DHS-DRS may pay for treatment (e.g., doctor's office visits, therapy, surgery) necessary to cure or stabilize a condition in accordance with the customer's IPE.
- b) DHS-DRS shall not pay for ongoing treatment except as a support service to the substantial service on the IPE and then only until completion of that substantial service.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.90 Hearing Aid EvaluationsAids

Any customer ~~who has been~~ determined to have a hearing disability as documented in the case recorderconfirmed during the Determination of Eligibility (89 Ill. Adm. Code 553.20) and for whom a hearing aid is expected to be a necessary servicethe outcome of the Comprehensive

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~~Assessment of Rehabilitation Needs (89 Ill. Adm. Code 553.100) is that attainment of a hearing aid is or is expected to be a necessary service~~ must undergo a hearing evaluation and a hearing aid evaluation.

- a) A hearing evaluation shall consist of:
 - 1) air and bone conduction testing;
 - 2) speech reception threshold;
 - 3) speech discrimination;
 - 4) most comfortable loudness level; and
 - 5) uncomfortable loudness level.

- b) A hearing aid evaluation shall consist of:
 - 1) selection of an appropriate hearing aid, based upon the outcome of the hearing evaluation (89 Ill. Adm. Code 590.90(a));
 - 2) fitting of the hearing aid;
 - 3) adaptation and services of the hearing aid;
 - 4) testing of the hearing aid by means of an audiometer calibrated to American National Standards Institute standards (ANSI [Section 3.6 \(1989\)](#), with no later amendments, [available from ANSI, 1899L Street, NW, 11th Floor, Washington DC 20036](#)); and
 - 5) other testing allowed pursuant to 77 Ill. Adm. Code 682.300 ([Hearing InstrumentAid Consumer Protection Code](#)).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.100 ~~Binaural~~ Hearing Aids

~~HearingBinaural hearing~~ aids will be purchased for a customer ~~only~~ when:

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- a) the provisions listed at Section 590.20 are met;
- b) the need for a hearing aid or aids ~~binaural~~ is evidenced in the customer's audiological profile (i.e., the results of the customer's hearing and hearing aid evaluations); and
- c) the customer demonstrates an ability to effectively utilize hearing aids as determined by a qualified evaluator. ~~the customer's ability to effectively utilize binaural hearing aids by improved discrimination ability, increased sound source identification and increased sound direction has been certified by a qualified evaluator (Section 590.60(e)).~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.110 Speech and Language Services

Pursuant to the provisions of 89 Ill. Adm. ~~Code~~ 590.20, DHS-DRS will provide speech and language pathology services (~~i.e., speech, language and/or dysphagia evaluations; speech, language and/or dysphagia therapy; and speech reading services~~) in accordance with the customer's long term rehabilitation goals as stated on his or her IPE (89 Ill. Adm. Code 572).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.120 Low Vision Devices

Pursuant to the provisions of 89 Ill. Adm. Code 590.20, DHS-DRS will provide low vision devices to the customer, including electronic devices (e.g., closed circuit television magnification systems).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.130 Mental Restoration Services

- a) Pursuant to the provisions of 89 Ill. Adm. Code 590.20, DHS-DRS will, with the exception of electro-shock treatments, provide in-patient mental restoration services from a private hospital only when the need for ~~those such~~ services is documented in the customer's case record file by reports from the customer's psychiatrist or psychologist and comparable benefits (89 Ill. Adm. Code 567.30(~~ed~~)) are not timely or available.

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- b) In ~~such~~ cases described in subsection (a), comparable benefits shall be arranged at the soonest possible time after initiation of services and DHS-DRS funding ~~will~~shall be withdrawn.
- c) DHS-DRS shall not pay for on-going mental ~~restoration~~ services ~~(when there is no foreseeable ending date for the services)~~ unless these services are in support of a substantial primary service listed on the customer's IPE ~~and then only until completion of the primary service.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.140 Heart Surgeries

Pursuant to the provisions of 89 Ill. Adm. Code 590.20, DHS-DRS will provide heart surgery for a customer when documentation from the customer's physician is contained in the customer's case recordfile and indicates that the customer's prognosis for returning to gainful employment is good.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.150 Kidney Transplant and Related Services

Pursuant to the provisions of 89 Ill. Adm. 590.20, and with supporting documentation from the customer's physician, DHS-DRS shall provide kidney transplant, dialysis and artificial kidney services to a customer diagnosed as having end stage renal failure when information contained in the customer's case file indicates the customer's prognosis for returning to gainful employment is good.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.160 Chiropractic Services

Pursuant to the provisions of Section 590.20, and with supporting documentation from the customer's physician, chiropractic services may be provided to customers when there are no medical contraindications to spinal manipulations.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

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Section 590.170 Prosthetic and Orthotic Devices

- a) Pursuant to the provisions of 89 Ill. Adm. Code 590.20, prosthetic and orthotic devices may be provided to a customer when the customer has been evaluated by a physiatrist, orthopedist or other qualified physician and a physician has issued a prescription for the device.;
- 1) ~~the customer has undergone an evaluation at an amputee clinic; or~~
- 2) ~~has been evaluated by a physiatrist, orthopedist, or other qualified physician and the need for evaluation by an amputee clinic has been waived by the Rehabilitation Services Supervisor and the DHS-DRS State Program Specialist for Medical Services.~~
- b) The evaluation ~~by an amputee clinic referenced in (b)~~ shall include an assessment of the customer's readiness for fitting of the device, evaluation of the fit, evaluation of the fabrication of the completed device and evaluation of the customer's individual training needs for the use of the device.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.190 Prohibited Services

Under no circumstances shall DHS-DRS provide to a customer:

- a) ~~intestinal by pass or stapling~~ surgeries for the treatment of extreme obesity;
- b) abortions; or any associated services;
- c) transsexual services; or any associated services;
- d) organ transplants; or any related services, with the exception of services covered by kidney transplants ~~Kidney Transplants~~ and related services covered by Section Related Services (89 Ill. Adm. Code 590.150);
- e) any drug, therapeutic device, procedure, or surgery ~~that~~ which cannot be legally prescribed by a licensed medical professional or ~~that~~ which is outside accepted medical practice; ~~and~~ any drug that has not been approved by the Food and Drug Administration (FDA) of the United States Department of Health and Human

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Services; any therapeutic device that has been banned under 21 USC 360f; or any procedure or surgery that cannot be prescribed or performed by a licensed medical professional; and

- f) surgical or other services solely for cosmetic purposes. A surgery or service is not "solely for cosmetic purposes" when it would correct or substantially modify a physical condition ~~that~~^{which} constitutes an impediment to employment. [89 Ill. Adm. Code Section 553.150](#) sets out the functional capacities that, if seriously limited, could constitute an impediment to employment.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART C: TRAINING AND RELATED SERVICES

Section 590.210 Qualification of Training Facilities/Institutions

- a) Any training facility/institution/program not operated by DHS-DRS [that is](#) used to provide services to a VR customer must be approved by, or registered with, the Illinois State Board of Education pursuant to 23 Ill. Adm. Code 1, 25, 254, 401 and 451, the Board of Higher Education pursuant to 23 Ill. Adm. Code 1000, 1010, 1030 and 1050, the Illinois Community College Board pursuant to 23 Ill. Adm. Code 1501, or registered with the Illinois Department of Financial and Professional Regulation pursuant to 68 Ill. Adm. Code: Chapter I, Subchapter b.
- b) Any training facility located outside of the State of Illinois shall be registered with the appropriate [regulating](#) entity ~~for such regulation~~ in that state; and approved for use by the VR agency in that state.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.220 Purpose and Types of Training

Vocational, technical or academic training may be available to a customer of the VR program, as appropriate. The training shall be determined by the customer's Assessment ~~of Rehabilitation Needs~~ (89 Ill. Adm. Code 553.100) and shall be included in the customer's IPE (89 Ill. Adm. Code 572).

- a) Degree Training

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DHS-DRS requires supporting evidence to indicate a customer has the ability and the capability to succeed in college level training before DHS-DRS will commit to any financial contribution for post-secondary education.

- 1) For individuals with no prior post-secondary training, supporting evidence shall include the following:
 - A) ACT, SAT or Prairie State score;
 - B) high school curriculum;
 - C) class rank;
 - D) high school cumulative grade point average;
 - E) other diagnostic tests as appropriate; and
 - F) other supporting documentation, as appropriate.
- 2) For individuals with prior post-secondary training, in addition to the evidence required by subsection (a)(1), the following information will be evaluated to determine if there is a need for further post-secondary training that would lead to employment:
 - A) number of credit hours previously earned;
 - B) degree and certifications currently held;
 - C) previous work history related to degree held; and
 - D) reasons the customer is not employed with current qualifications.

b) Non-Degree Training

DHS-DRS requires supporting evidence to indicate a customer has the ability and the capability to succeed in vocational or technical training before DHS-DRS will commit to any financial contribution. Supporting evidence shall include:

- 1) high school curriculum and /grades; and

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- 2) previous work experience, if applicable.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.230 Financial Guidelines for Training Services

- a) Training services shall be provided to a customer in accordance with the provisions set forth at 89 Ill. Adm. Code 562 ~~—(Customer Financial Participation)~~. Customers attending training must provide proof of award or denial of financial assistance, the amount of ~~the~~such award, acceptance at the institution, and any previous transcript before the implementation of the customer's IPE or subsequent amendment.
- b) DHS-DRS VR Program will assist with the purchase of books, supplies and materials, required of all students, necessary for a customer to complete his or ~~her~~ training program in accordance with 89 Ill. Adm. Code 562 ~~—Customer Financial Participation~~ and 89 Ill. Adm. Code 567 ~~—(Comparable Benefits)~~. DHS-DRS may contribute up to \$25 per term for consumable supplies (e.g., paper, pencils, notebooks).
- ~~e) DHS-DRS VR Program will assist with the purchase of transportation services necessary for the customer to complete his/her training program in accordance with 89 Ill. Adm. Code 562—Customer Financial Participation and 89 Ill. Adm. Code 567 Comparable Benefits, and 89 Ill. Adm. Code 590.600—Transportation and Temporary Lodging when housing is not available for the customer at the training site.~~
- c)d) DHS-DRS will assist with the purchase of the medical/health related insurance coverage, if offered and required by the training institution. This shall be done in accordance with 89 Ill. Adm. Code 562 ~~—Customer Financial Participation~~ and 89 Ill. Adm. Code 567 ~~—Comparable Benefits~~.
- d) DHS-DRS will assist with the purchase of support services in accordance with 89 Ill. Adm. Code 562 and 567.
- e) DHS-DRS will assist with the purchase of auxiliary~~other support~~ services (~~i.e., tutor services, reader services, note taker services~~) in accordance with Cooperative Working Agreements (CWA) with the institution of higher education. If no CWA has been established, the counselor will contact the

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Services for the Deaf and Hard of Hearing unit, which monitors CWA, prior to purchasing any auxiliary services, 89 Ill. Adm. Code 562—Customer Financial Participation and 89 Ill. Adm. Code 567—Comparable Benefits. If education or language tutorial services are to be provided to a customer who is deaf to assist in the completion of the training program, the tutor must:

- 1) be certified by the Illinois State Board of Education;
- 2) hold at least a bachelor's degree in deaf education from an accredited college or university; or
- 3) be approved by the Manager of Services for Persons Who Are Deaf or Hard of Hearing. Approval is based upon the individual's signing skills and related experience/education. Skill and education/experience shall be verified by letters of reference provided by the individual from other appropriate service providers, or by resume, and personal interview which shall include an assessment of the individual's signing skills by the Manager or designee.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.240 Undergraduate and Non-degree Graduate School Training

The customer has the right to make an informed choice of the training facility that he or she will attend in completing his or her IPE. Facilities within the State of Illinois and State of Illinois public institutions of higher education shall be given preference over out-of-state and private institutions.

a) Non-Degree Training

- 1) DHS-DRS will provide financial contribution up to the total cost leading to the industry-recognized credential required to achieve the employment outcome. The DHS-DRS financial contribution will be based on the total cost of attendance at an Illinois in-district community college, unless training can be obtained at a lower cost from another institution. DHS-DRS financial contribution is less comparable benefits (see 89 Ill. Adm. Code 567.20) and less any customer financial participation (see 89 Ill. Adm. Code 562.30).

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- 2) DHS-DRS will annually establish a maximum financial contribution for tuition and fees if no program is available from an Illinois public community college leading to an industry-recognized credential. DHS-DRS financial contribution is less comparable benefits and less any customer financial participation.
- b) Associate Degree Training
 - 1) For customers attending an Illinois public community college, DHS-DRS will provide financial contribution up to the in-district cost, less comparable benefits and less any customer financial participation.
 - 2) For customers attending private or out-of-state institutions granting an associate degree, DHS-DRS will provide financial contribution no greater than the in-district costs of the Illinois community college district in which the customer resides, less comparable benefits and less any customer financial participation.
- c) Bachelor's Degree Training
 - 1) For customers attending an Illinois public four-year university, DHS-DRS will provide financial contribution up to the published costs for in-state tuition and fees, less comparable benefits and less any customer financial participation.
 - 2) For customers attending private or out-of-state institutions granting a bachelor's degree, DHS-DRS will annually establish a maximum financial contribution for tuition and fees. DHS-DRS will provide financial contribution up to the maximum amount, less comparable benefits and less any customer financial participation.
- d) Exceptions may be granted by the appropriate Bureau Chief for an individual customer if there are extenuating circumstances relating to the customer's disability.
 - e) The State VR Director can make an exemption for a specified institution of higher education based on the value of the unique program and contribution of services to customers as related to their disabilities and documented success of the institution of higher education.

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~~Choice of graduate school training facility/institution shall be consistent with the guidelines established in 89 Ill. Adm. Code 590.250. Customers attending graduate school must financially contribute toward their training costs. A customer's financial contribution towards training costs is 10% of tuition and fees, in addition to any financial participation that is determined during the customer's financial analysis (89 Ill. Adm. Code 562).~~

- a) ~~DHS-DRS shall assist with a financial contribution toward graduate school only when the graduate degree is required to achieve the customer's employment outcome. The necessity of the graduate degree is to be determined by the counselor and the customer based on knowledge of the occupational choice and labor market information.~~
- b) ~~The customer shall provide proof of acceptance into the graduate school program that is required for the customer's employment outcome.~~
- e) ~~In accordance with 89 Ill. Adm. Code 567.20(b), the customer must provide proof of award or denial of financial assistance and the amount of any award. This includes any comparable benefits related to training that reduce the cost of tuition and fees. This information must be provided prior to implementation of the IPE or subsequent amendments.~~
- d) ~~Exceptions to the financial contribution for graduate school training may be granted by the appropriate Bureau Chief if there are extenuating circumstances relating to the customer's disability or personal and/or financial situation.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.250 Graduate School Training~~Choice of Training Facility/Institution~~

DHS-DRS shall assist with financial contribution toward graduate school only when the graduate degree is required to achieve the customer's employment outcome. The necessity of the graduate degree is to be determined by the counselor and the customer based on knowledge of the occupational choice and labor market information. The customer shall provide proof of acceptance into the specific graduate program that is required for the customer's employment outcome. Customers accepted as a student at large do not qualify for DHS-DRS financial contribution.

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- a) Customers attending graduate school must financially contribute toward their training costs. A customer's financial contribution toward training costs is 10% of published tuition and fees in addition to any financial participation that is determined during the customer's financial analysis (see 89 Ill. Adm. Code 562). Customers receiving SSI or SSDI are exempt from the 10% requirement.
- b) For customers attending an Illinois public university graduate program, DHS-DRS will provide financial contribution up to the published in-state tuition costs less the 10% fee requirement, less comparable benefits (see 89 Ill. Adm. Code 567.20) and less any customer financial participation (see 89 Ill. Adm. Code 562.30).
- c) For customers attending a private or out-of-state graduate program, DHS-DRS will annually establish a maximum financial contribution for tuition and fees. DHS-DRS will provide financial contribution up to the maximum amount less the 10% fee requirement, less comparable benefits and less any customer financial participation.
- d) In accordance with 89 Ill. Adm. Code 567.20(b), the customer must provide proof of award or denial of financial assistance and the amount of any award. This includes any comparable benefits related to training that reduce the cost associated with training. This information must be provided prior to implementation of the IPE or subsequent amendments.
- e) Exceptions to the 10% financial participation requirement and the course completion requirement may be granted by the appropriate Bureau Chief if there are extenuating circumstances relating to the customer's disability.

~~The customer has the right to make an informed choice of the training facility that he/she will attend in completion of his/her IPE. Facilities within the State of Illinois and State-operated institutions of higher education shall be given preference over out-of-state and private institutions.~~

- a) ~~Degree Training~~
 - 1) ~~If the customer provides proof of acceptance at an Illinois public four-year university, DHS-DRS will provide financial contribution for academic courses directly applicable to a degree in compliance with 89 Ill. Adm. Code 567.20 and 89 Ill. Adm. Code 590.270~~

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- 2) ~~If the customer provides proof of acceptance at an Illinois public four-year university and the customer chooses to attend a private or out-of-state university, DHS-DRS will provide financial contribution up to the amount of the Illinois public university where the customer was accepted minus comparable benefits (89 Ill. Adm. Code 567.20).~~
 - 3) ~~DHS-DRS may contribute funds for the cost of one application to an Illinois institution of higher education.~~
 - 4) ~~If the customer does not provide proof of acceptance to an Illinois public four-year university or community college, DHS-DRS will provide financial contribution up to the amount of the community college within the customer's home district minus all comparable benefits (89 Ill. Adm. Code 567.20).~~
 - 5) ~~The State VR Director can make an exemption for the customer to attend a specified institution of higher education based on the value of the unique program and contribution of services to the customers as related to their disabilities and documented success of the institution of higher education.~~
- b) ~~Non-Degree Training/Certification~~
~~For non-degree certification or training programs, in-state or out-of-state, DHS-DRS will provide financial contribution up to the cost of a similar program at the in-district Illinois public community college minus comparable benefits (89 Ill. Adm. Code 567.20).~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.270 Grades and Attendance

- a) Grades
 - 1) DHS-DRS will provide financial contribution to a customer in educational training as long as the customer meets each part of the following two-part test:
 - A) maintains a cumulative "C" grade point average (GPA); and

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- B) maintains a sufficient cumulative GPA to meet graduation requirements in his or her major field of study. If the customer does not have a major field of study, the customer meets this second test by maintaining a sufficient cumulative GPA to meet graduation requirements.
- 2) If at any time a customer's cumulative GPA fails to meet either part of the two part test in subsection (a)(1), DHS-DRS will only continue to provide financial contribution for one additional grading period, regardless of when taken, provided the customer and counselor agree continued educational training is appropriate. DHS-DRS must give notice to the customer of this additional grading period of financial contribution as soon as it learns of the customer's GPA deficiency. This notice may come after the start of the additional grading period. At the completion of the additional grading period, the customer must meet each of the two tests in subsection (a)(1). DHS-DRS may continue vocational rehabilitation services but will discontinue paid financial contribution toward the educational training until the customer has removed deficiencies without DHS-DRS paid financial contribution.
- 3) If the customer fails a course that DHS-DRS paid for, the customer will be required to pay for an equal number of hours, applicable toward the degree, the following term. DHS-DRS will not provide financial contribution for support or auxiliary services for those numbers of hours.
- 4) Changing, withdrawing, or dropping courses during a term requires documented pre-approval from the DHS-DRS counselor. If a customer drops a course or withdraws without pre-approval, the customer will be required to pay for an equal number of hours, applicable toward the degree, the following term. DHS-DRS will not provide financial contribution for support or auxiliary services for those numbers of hours.
- b) Attendance
- 1) DHS-DRS ~~will allow~~~~may provide financial contribution to~~ a customer up to for no more than the equivalent of three ~~academic~~ years from the start date of the initial training service, as indicated on the IPE, to complete an ~~associate's~~~~Associate's~~ degree or reach junior standing, and no more than~~up to the equivalent of~~ three additional ~~academic~~ years to complete a

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~~bachelor's~~Bachelor's degree. If the customer requires additional academic terms to complete the degree, DHS-DRS will not provide financial contribution for those additional terms or for support or auxiliary services for those additional terms.~~those additional terms, plus any support or auxiliary services will be paid for by the customer prior to any DHS-DRS financial contribution.~~

- 2) DHS-DRS ~~will allow~~may provide financial contribution to a customer in a graduate program up to for no more than the equivalent of three academic years from the start date of the initial training service, as indicated on the IPE, to complete a ~~master's~~Master's degree, and no more than three additional academic years to complete a doctorate degree. If the customer requires additional terms to complete the degree, DHS-DRS will not provide financial contribution for those additional terms or for support or auxiliary services for those additional terms.~~, those additional terms, plus any support or auxiliary services, will be paid for by the customer prior to any DHS-DRS financial contribution.~~
- 3) Exceptions for a customer to be given additional time may be granted, by the appropriate Bureau Chief, if there are extenuating circumstances relating to the customer's disability or personal and/or financial situation.
- 4) Specialized programs of study (i.e., medical, law) that do not conform to the traditional master's and doctoral programs may be granted an exception by the appropriate Bureau Chief when written justification is provided.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.290 On-the-Job Training

If, as a result of the ~~Comprehensive~~ Assessment of ~~Rehabilitation Needs~~ (see 89 Ill. Adm. Code 553.100), on-the-job training~~On-the-Job Training~~ (OJT) is identified as a necessary service, the following requirements must be met:

- a) the customer's IPE (see 89 Ill. Adm. Code 572) must list OJT as a substantial service. Additionally, the IPE must adhere to 89 Ill. Adm. Code 572.50(b)~~specifically state the objectives, supplies needed and the anticipated length of the OJT;~~ and

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- b) the wages paid to the customer by the trainer or employer during the OJT must be at least minimum wages, ~~unless a United States Department of Labor Training Certificate (WH 224) has been issued for the client pursuant to 23 USC 201 et seq.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.300 Default on Financial Obligations~~Educational Loans~~

- a) DHS-DRS shall not provide financial assistance for post-secondary education ~~for~~ a customer who is in default on any educational grant or loan, as authorized by Title IV of the Higher Education Act, unless the customer has provided proof of the repayment or a deferral agreement has been made with the lender.
- b) DHS-DRS shall not provide any financial assistance issued directly to a customer who is in default on any:
- 1) child support payments, whether administrative or court ordered; or
 - 2) State or federal obligation.
- c) Approval of financial assistance issued directly to a customer shall only be granted when the customer has provided proof of a repayment or deferral agreement made with the vendor, court or government.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART D: PROGRAM FOR SELF-EMPLOYMENT

Section 590.310 Provision of Services

- a) All services described in this Subpart shall be provided in accordance with the provisions of this Subpart and Subpart A of this Part.
- b) ~~Self employment is a customer working for oneself in a business selling goods or services for the purpose of making a profit that will allow the customer to achieve an employment outcome.~~

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- b)e) Prior to provisions of any of the services listed in this Subpart, the counselor shall consult with the appropriate [Regional/Central Office Resource Specialist](#)~~regional/central office resource specialist~~ when considering self-employment as an employment goal for a customer. DHS-DRS participation in such a program must be approved in writing by the Rehabilitation Services Supervisor prior to initiation of an [Individualized Plan for Employment \(IPE\)](#) (see 89 Ill. Adm. Code 572).
- c)d) A copy of [this Subpart](#)~~the Illinois Administrative Code pertaining to the Program for Self Employment (Sections 590.310 through 590.370)~~ must be provided to the customer prior to the completion of the Preliminary Program for Self-Employment Questionnaire (see [Section 89 Ill. Adm. Code 590.315\(b\)](#)).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.315 Eligibility for Participation in the Program for Self-Employment

For customers interested in self-employment opportunities, the following steps to determine eligibility must be completed before the [IPE](#)~~Individualized Plan for Employment~~ and the Self-Employment Plan can be developed.

- a) Options other than self-employment must be explored with the customer [and, as appropriate, a business mentor](#) to determine if an equal or greater opportunity for successful employment is available in the competitive labor market.
- b) To be eligible for participation in the Program for Self-Employment, the customer, [in consultation with the business mentor and the counselor, will](#)~~must~~ complete the Preliminary Program for Self-Employment Questionnaire that documents:
- 1) Previous formal education and/or training in business operation:
 - A) Evidence of education or training is indicated by:
 - i) a two or four year degree in business/financial management or related field; or

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- ii) prior business management experience that provides business knowledge equivalent to the formal education described in subsection (b)(1)(A)(i); ~~or:~~
 - iii) documentation of the customer working with an appropriate business mentor.
- B) Exceptions to subsections (b)(1)(A)(i) and (ii) may be granted by the appropriate Bureau Chief.
- 2) Self-employment is a viable employment option for the customer and is consistent with the customer's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.
 - 3) Self-employment shall enable the customer to engage in gainful employment that will generate income at a level equal to or above the earnings level of Substantial Gainful Activity (SGA) as determined annually by the U.S. Social Security Administration for Title II recipients.
 - 4) Evidence that the customer has available cash or credit resources to cover 50% of all eligible costs of the customer's Program for Self-Employment and any required participation as determined in the financial analysis in 89 Ill. Adm. Code 562.
 - 5) Evidence that the customer has available resources to cover all eligible expenses over the \$10,000 limit that DHS-DRS will contribute towards eligible costs under the customer's Program for Self-Employment. The appropriate Bureau Chief may grant exceptions to the DHS-DRS contribution limit. ~~Exceptions to the DHS-DRS contribution limit may be granted by the appropriate Bureau Chief.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.320 Program for Self-Employment

- a) Prior to the provision of self-employment services, the customer must complete a business plan for development of the business. The business plan shall include, but not be limited to:

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- 1) a full description of the proposed business or service operation;
 - 2) the customer's qualifications for, interest in, and need for self-employment as an employment outcome as evidenced by the customer's Assessment (see 89 Ill. Adm. Code 553.100);
 - 3) the estimated total capital needs for the establishment of the business and evidence of the availability of such funds (i.e., personal account statements, verification of loan availability, complete listing of all personal liabilities);
 - 4) financial estimates for the first 12 months of operation;
 - 5) plans for business development and marketing;
 - 6) evidence that the proposed business has a reasonable chance of success (i.e., provide net income to meet a majority of the customer's living expenses) as established by:
 - A) market surveys;
 - B) signed statements from consultants and experts that the business has a reasonable chance of success based on market conditions, demand and competition; and
 - 7) evidence of additional financing necessary to make the business operational.
- b)a) Tools, equipment, supplies and initial stock necessary to begin a specific business may be provided to a customer in order for him or /her to obtain a successful employment outcome when it has been determined by the customer, counselor, and the Supervisor that self-employment is a realistic employment goal for the individual. All tools, equipment, supplies and initial stock purchased for a customer must be specifically listed in the customer's IPE (see 89 Ill. Adm. Code 572).
- c)b) DHS-DRS shall pay up to 50% of the eligible costs of the customer's Program for Self-Employment not to exceed the \$10,000 maximum limit. The appropriate Bureau Chief may grant exceptions to the DHS-DRS contribution

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~~limit. Exceptions to the DHS-DRS contribution limit may be granted by the appropriate Bureau Chief.~~

- 1) The cost shall not include those listed as ineligible in Section 590.330 or any in-kind contributions.
- 2) All required financial participation from the financial analysis in 89 Ill. Adm. Code 562 is in addition to the customer's 50% contribution and shall be applied to the DHS-DRS share of the cost.

~~d)e) DHS-DRS shall pay up to 100% of any Program for Self- Employment cost associated with accommodating the customer's disability.~~

~~d) Prior to the provision of such services, the customer must complete a business plan for development of the business. The business plan shall include, but not be limited to:~~

- 1) ~~a full description of the proposed business or service operation;~~
- 2) ~~the customer's qualifications for, interest in, and need for self-employment as an employment outcome as evidenced by the customer's Assessment;~~
- 3) ~~the estimated total capital needs for the establishment of the business and evidence of the availability of such funds (i.e., personal account statements, verification of loan availability, complete listing of all personal liabilities);~~
- 4) ~~financial estimates for the first 12 months of operation;~~
- 5) ~~plans for business development and marketing;~~
- 6) ~~evidence the proposed business has a reasonable chance of success (i.e., provide net income to meet a majority of the customer's living expenses) as established by:~~
 - A) ~~market surveys;~~
 - B) ~~signed statements from consultants and experts that the business has a reasonable chance of success based on market conditions;~~

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~~demand and competition; and~~

~~7) evidence for additional financing necessary to make the business operational.~~

- e) The customer must provide monthly statements to the counselor detailing the financial activity of the business, including a statement of profit or loss for a minimum of nine months.
- f) At a minimum of every three months of operation, the customer must provide the counselor with a full detailed inventory of all tools, equipment, supplies and stock purchased to establish the business, regardless of the purchaser, until disposition of the operation as identified under Sections 590.350 and 590.360. Frequency of the inventory shall be determined by the counselor and appropriate DHS-DRS staff.
- g) All tools, equipment, supplies and initial stock shall be maintained by the customer in good order. The customer must ensure all proper up-keep and maintenance is done as specified by the manufacturer. In the event of break-down or defect, the customer must have the item repaired. As most items carry a manufacturer warranty, all costs should be covered under those such provisions.
- h) The customer is expected to maintain and replenish an adequate supply of all initial stock and supplies.
- i) DHS-DRS shall maintain title to all tools and equipment purchased with DHS-DRS funds for at least nine months of operation of the business enterprise. Disposition of the title shall be determined per Sections 590.350 and 590.360.
- j) The customer shall have appropriate business insurance coverage that includes personal liability, property damage/loss, and worker's compensation.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.330 Services and /Goods not Available

DHS-DRS shall not provide funding for the following, under this Part:

- a) cash for establishing a business;

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- b) purchase of any real property;
- c) remodeling of a building or facility ~~that~~which is non-essential to the operation of the business;
- d) purchase of a vehicle requiring licensure for street use;
- e) purchase of accounts receivable or business "goodwill";
- f) tax bonds;
- g) reimbursement for sales tax, interest or service charges;
- h) funds to pay wages for employees;
- i) funds to obtain patents or any associated costs; and
- j) funds to develop and produce prototype products or any associated costs.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART E: VEHICLE ADAPTATION AND ENVIRONMENTAL MODIFICATION

Section 590.400 Vehicle Adaptation

- a) DHS-DRS shall not participate in the purchase of any vehicle.
- b)a) DHS-DRS shall participate in the purchase of the necessary vehicle adaptive equipment, and its installation, ~~in accordance with Subpart A of this Part, with the exception listed in Section 590.410(e),~~ necessary to meet the minimum requirements for the ~~individual~~ customer to safely operate his or her vehicle.
- c)b) As a rehabilitation technology service, vehicle adaptation is exempt from the provisions regarding comparable benefits (see 89 Ill. Adm. Code 567), but not from the provisions of customer financial participation in the cost of the services (see 89 Ill. Adm. Code 562).
- d) The vehicle must be titled in the name of the customer or the customer's guardian.

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- e) Any vehicle, new or used, to be adapted by DHS-DRS must be equipped with all necessary factory-installed options so that the vehicle may be modified, using non-standard equipment, at the least possible cost.
- f) The vehicle must be appropriate to meet the customer's disability related needs and the customer's vocational outcome. Should the customer choose to purchase a vehicle beyond the minimum requirements, the additional cost for the adaptations will be the financial responsibility of the customer.
- g) The customer is expected to insure and properly maintain any vehicle and the equipment in which DHS-DRS has participated in the adaptation. Manufacturers' specifications are to be followed in terms of proper care and maintenance.
- h) All customers considering vehicle adaptation must consult with DHS-DRS staff prior to the purchase of any vehicle to ensure the appropriateness of the adaptations.
- i) If the customer will be the driver of the vehicle, the customer must have proper licensing and restrictions as defined by the Secretary of State.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.410 ~~DHS-DRS Financial Participation in~~ Van Adaptation

- a) DHS-DRS participation in the purchase of adaptive equipment for a van must meet all criteria found in Section 590.400 and if:
 - 1) A van is required for the customer to meet the employment goal;
 - 2) The customer cannot access or utilize public transportation; and
 - 3) Due to the nature of the customer's disability, he or she is unable to use an automobile, whether or not adapted.
- b) When a used van is to be adapted, the van must have an expected useful life of at least 5 years, considering the condition and mileage of the van prior to adaptation. The condition of the van shall be verified by at least one reputable mechanic/adaptor who has been selected by DHS-DRS. Any repairs determined

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necessary as a result of the evaluations by the mechanic/adaptor must be made, at the expense of the customer, prior to the time DHS-DRS will participate in the cost of adaptation.

- a) ~~DHS-DRS shall not participate in the purchase of any vehicle nor the purchase of the adaptive equipment that has been installed in a vehicle prior to the purchase of the vehicle by the customer, without approval of the appropriate Bureau Chief.~~
- b) ~~A one time unusual allowable expense, to reduce customer financial participation, is available (see 89 Ill. Adm. Code 562) for the purchase of a van for transportation if the van is required for the customer to meet the employment goal and if:
 - 1) ~~due to the nature of the customer's disability, he/she is unable to use an automobile, whether modified or not, or make use of public transportation;~~
 - 2) ~~DHS-DRS agrees, as evidenced by the Assessment (89 Ill. Adm. Code 553.100), that the purchase of the adaptive equipment is essential for the customer's use of the vehicle;~~
 - 3) ~~the van was purchased by, and title is held in the name of, the customer or is being purchased by the customer, the customer's spouse, or the customer's parent;~~
 - 4) ~~the van is purchased in the same calendar year or within the past 12 months as the adaptive equipment.~~~~
- e) ~~When it is determined the customer is eligible for the unusual allowable expense, it shall be calculated as follows:
 - 1) ~~\$7,000 shall be deducted from the price the customer paid for the van; and~~
 - 2) ~~the customer may claim the remainder of the purchase price, up to \$6,000, as the one time unusual allowable expense to determine his/her financial eligibility for DHS-DRS assistance (see 89 Ill. Adm. Code 562).~~~~
- c)d) DHS-DRS shall not participate in any cost associated with the removal, replacement, repainting, relocation or restoration of such items as cabinets, beds, appliances, etc., associated with the cost of adapting aan individual client's

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~~customer's van. Neither shall DHS-DRS pay for any costs associated with the adaptation of a vehicle that are required due to the inappropriateness of the vehicle to meet the client's needs.~~

- e) ~~DHS-DRS financial participation for the conversion of a mini-van (less than a full-sized van (Section 590.380(b))) shall not exceed that which is reasonable and customary to adapt a full-sized van. Such a determination shall be based on DHS-DRS records regarding previous van conversions and information received from the vendor and/or evaluator.~~
- f) ~~When a used vehicle is to be adapted, the vehicle must have an expected useful life of at least 5 years when considering the condition and mileage of the vehicle prior to adaptation. Condition of the van shall be verified by at least one reputable mechanic/adaptor. Any repairs determined necessary as a result of the evaluations by the mechanic/adaptor shall be made, at the expense of the client, prior to the time DHS-DRS will participate in the cost of adaptation.~~
- g) ~~Any vehicle, new or used, to be adapted by DHS-DRS must be equipped with all necessary factory-installed options so that the vehicle may be modified, using non-standard equipment, at the least possible cost.~~
- h) ~~The client is expected to insure and properly maintain any vehicle in which DHS-DRS has participated in the adaptation. Manufacturers' specifications are to be followed in terms of proper care and maintenance.~~
- i) ~~All clients considering vehicle adaptation should consult with DHS-DRS staff prior to the purchase of any vehicle to ensure the vehicle's adaptability prior to purchase of the vehicle and to ensure DHS-DRS will, if the client is eligible and vehicle adaptation is an appropriate service for the client, participate in the adaptation of the specific vehicle, pursuant to the provisions of this Subpart.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.420 Environmental Modification

DHS-DRS shall purchase environmental modifications necessary for the customer to meet his or her health and hygiene needs in accordance with Subpart A of this Part.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

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Section 590.440 Compliance with Capital Development Board Specifications

All environmental modification services ~~that~~^{which} include remodeling of a building provided to a ~~customer~~^{reliant} must be made in compliance with the specifications established by the Capital Development Board (see 71 Ill. Adm. Code 400 —(Illinois Accessibility Code)).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART F: ~~PERSONAL~~-SUPPORT SERVICES AND AUXILIARY ~~SERVICES~~^{AIDS}**Section 590.460 Types of Services (Repealed)**

- a) ~~For the purpose of this Subpart, Personal Support Services and Auxiliary Aids shall mean services provided by an individual or through electronic/mechanical devices (equipment) which allow customers with sensory, manual or speaking impairment to achieve a level of performance equal to that of an individual who does not have such impairments.~~
- b) ~~Such services shall include personal assistance (PA) services, interpreter services (i.e., sign language), computer assisted realtime captioning (CART), drivers, sensory augmentation devices, readers, notetakers and accessible format documents (e.g., Braille, large print, audio tape).~~
- e) ~~Such services shall also include foreign language interpreter services.~~

(Source: Repealed at 35 Ill. Reg. _____, effective _____)

Section 590.470 Tools and Services-Equipment

- a) DHS-DRS shall provide ~~tools and equipments~~^{such services} to the customer as determined necessary ~~by the~~^{as a result of the} Extended Evaluation (89 Ill. Adm. Code 553.80) ~~and/or the~~ Assessment of Rehabilitation Needs Summary (see 89 Ill. Adm. Code 553.100) for the completion of his ~~or~~ /her employment objective as described in his ~~or~~ /her IPE (see 89 Ill. Adm. Code 572).
- b) ~~Services provided by an individual (i.e., sign language interpreter, CART, notetaker, reader, PA services) under this Subpart shall continue until the customer's case is closed and as determined necessary by the customer and~~

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~~counselor.~~

- b)e) Tools and equipment may be provided to a customer in order to obtain a successful employment outcome. All tools and equipment must be specifically listed in the customer's IPE. These services must comply with all bidding requirements outlined in Section 590.45.
- c)d) DHS-DRS shall retain title to any tools or equipment purchased for use by a customer. Prior to the purchase of any tools or equipment for customer use, the customer must agree to maintain the tools or equipment in proper working order and condition, and agree to return the tools or equipment to DHS-DRS at any time the customer has no further use for the tools or equipment or is otherwise not using the tools or equipment for the purpose for which purchased.
- d)e) The customer may retain the tools or equipment even after he or /she has successfully attained his or /her ~~employment outcome~~vocational goal and his or /her case has been closed, pursuant to 89 Ill. Adm. Code 595, as long as he or /she is using the tools or equipment for the purpose for which originally purchased.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.480 Qualifications for Services Provided by Individuals

Individuals providing services under this Subpart shall meet the following qualifications:

- a) PA services – such individuals shall meet the standards set forth at 89 Ill. Adm. Code 686.10 (Personal Assistants (PA) Requirements) that enumerates the requirements for individuals who will be employed by the customer to provide PA services through the DHS-DRS Home Services Program.
- b) Readers and Notetakers – such an individual shall meet the approval of the customer, with concurrence of the counselor, as to his or /her ability to adequately perform such duties.
- c) Drivers – such an individual shall be licensed pursuant to the Illinois Motor Vehicle Code, carry at least the minimum required liability insurance, and meet the approval of the customer, with concurrence of the counselor, as to his or /her ability to adequately perform such duties.

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- d) Sign language interpreters shall meet the regulations as set forth in [the Interpreter for the Deaf Licensure Act of 2007 \[225 ILCS 443\]Public Act 90-200](#).
- e) Foreign Language Interpreters – shall meet the approval of the counselor and customer.
- f) CART providers shall meet the ~~following~~ criteria [established by the Illinois Shorthand Reporters Association \(ISRA\)](#):
- 1) ~~Illinois Certified Shorthand Reporter;~~
 - 2) ~~attendance of 6 hours in CART training sponsored by the Illinois Shorthand Reporters Association (ISRA);~~
 - 3) ~~DHS-DRS sponsored Sensitivity Training;~~
 - 4) ~~submission of work history, including 4 hours realtime experience.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.490 Payment for Support [and Auxiliary](#) Services Provided by Individuals and Conditions of Service Provision

- a) Individuals providing PA services shall be paid only for those hours in which services are being provided to the customer in the customer's home, [at the customer's training site](#) or on the customer's worksite and in accordance with the customer's ~~Individualized Plan for Employment (IPE)~~ ([see](#) 89 Ill. Adm. Code 572). An individual employed by the customer to provide PA services shall be paid at an hourly rate equal to that paid to an individual providing PA services through the DHS-DRS Home Services Program ([see](#) 89 Ill. Adm. Code 686.40(a)).
- b) An individual providing reader or notetaker services shall be paid only for those hours in which ~~thosesuch~~ services are being directly provided to the customer and in accordance with the customer's IPE (~~89 Ill. Adm. Code 572~~). [Individuals providing reader or notetaker services shall be paid at a rate established by DHS-DRS and, subject to appropriation, those rates may be comparable to the rate paid to personal assistants under the DHS-DRS Home Services Program. An individual providing reader or notetaker services shall be paid at an hourly rate of](#)

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~~§8.~~

- c) An individual providing driver services to a customer shall be paid an hourly rate for all driving and required waiting time and shall be reimbursed for mileage in accordance with State Travel Regulations (see 80 Ill. Adm. Code 3000.Appendix A). Individuals providing driver services shall be paid at a rate established by DHS-DRS and, subject to appropriation, those rates may be comparable to the rate paid to personal assistants under the DHS-DRS Home Services Program. An individual providing driver services shall be paid at an hourly rate of \$8.
- d) An individual providing Interpreter Services, ~~either foreign language, sign language~~ or CART; shall be paid at ~~the hourly, ½ day or full day~~ rate established by DHS-DRS for that individual's/his/her license or level of certification/qualification and in accordance with the following:
- 1) minimum payment shall be for a period of 2 hours even though actual work time may be less;
 - 2) if there is less than a one hour lapse during provision of services (e.g., lunch, break) the individual shall be paid for the entire time span of the assignment;
 - 3) an individual who is required to be on site even though he or she does not interpret shall be paid during that period of time;
 - 4) an individual who must travel more than 20 miles one-way for an assignment shall be paid travel reimbursement in accordance with State Travel Regulations (80 Ill. Adm. Code 3000.Appendix A);
 - 5) no payment shall be made to an individual whose assignment is cancelled more than 48 hours prior to the scheduled beginning of the assignment. If cancellation occurs less than 48 hours prior to the scheduled beginning of the assignment, for single day assignments the individual shall be paid for the entire scheduled assignment time. For multiple day assignments, the individual shall be paid for the time scheduled for the assignment during the first 48 hours of the scheduled assignment;
 - 6) if a customer does not appear for a scheduled appointment, the individual shall stay on-site for one hour. If the customer does not appear after the

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one hour wait, the individual shall consult the DHS-DRS contact person for instructions. The individual shall be paid in accordance with the provisions of subsections (d)(1), (3) and (5) and reimbursed for travel in accordance with subsection (d)(4);

- 7) if an individual has to cancel a scheduled assignment, he or she shall contact the DHS-DRS contact person immediately and assist in finding a suitable replacement. The suitability of the replacement shall be determined by the DHS-DRS contact person. An individual who cancels a scheduled assignment shall not be paid for any of the scheduled services, reimbursed travel cost, or paid a finders fee for locating a replacement.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART H: OTHER SERVICES

Section 590.600 Transportation ~~and Temporary Lodging~~

a) During the completion of the customer's IPE (see 89 Ill. Adm. Code 572), transportation and ~~or~~ temporary lodging may be necessary to complete the customer's his/her employment outcome.

- 1) ~~When necessary, DHS-DRS shall reimburse the customer and, when the customer requires a PA (Section 590.460), reimburse the PA, for travel and lodging expenses pursuant to Department of Central Management Services rules at 80 Ill. Adm. Code 3000—The Travel Regulation Council. Mileage shall be paid to the customer at 50% of the established rate of the Travel Regulation Council, rounded to the next cent.~~

a)2) The following shall ~~also~~ apply:

- 1) Mileage shall be paid to the customer at 50% of the established rate of the Travel Regulation Council (80 Ill. Adm. Code 3000) rounded to the next cent.

- 2)A) Mileage shall be computed on one round trip per day for services listed on the IPE that are required to achieve the employment outcome or for diagnostic services approved by the counselor that the customer attends a reimbursable event (reimbursement is available only for attending services planned in the IPE for which transportation reimbursement is being made

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available).

~~3)B)~~ If the public transportation system is accessible to the customer and meets the customer's schedule, the maximum DHS-DRS shall pay ~~is the customer for transportation shall be~~ the cost of public transportation.

4) DHS-DRS shall provide long-term increased costs (see 89 Ill. Adm. Code 590.670) or transportation costs, whichever is less.

~~b)3)~~ Transportation costs listed on an IPE will be discontinued when ~~These expenses shall not be reimbursed once~~ the customer has obtained ~~customer's~~ employment commensurate with the ~~outcome~~ goal on the IPE has been attained and the first pay check has been received.

~~c)b)~~ Transportation via ambulance or medical van will only be provided based on the customer's IPE ~~(89 Ill. Adm. Code 572)~~ and when ordered by the customer's attending physician.

~~d)e)~~ Customer transportation needs for training at ICRE-Wood will be determined by the customer's training schedule and the training schedule of ICRE-Wood.

~~e)d)~~ DHS-DRS will not pay for transportation for customers in residence at a college or training program.

~~f)e)~~ DHS-DRS shall not pay for automobile insurance, ~~or~~ maintenance or licensing fees.

~~g)f)~~ DHS-DRS may pay for vehicle ~~car~~ repairs when:

1) a mechanic selected by DHS-DRS has determined that the repairs will permit the vehicle to have an expected useful life of at least five additional years;

2) the repair costs will be less than the value of the vehicle;

~~3)4)~~ the vehicle ~~car~~ cannot be driven or is unsafe to operate;

~~4)2)~~ there is no other means of transportation available to the customer; and

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~~5)3)~~ a ~~substantial~~~~critical~~ service in the customer's IPE will not be completed because of the lack of transportation.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.610 Other Goods and Services

~~a)~~ DHS-DRS may provide other services, including services to a customer's family members (see 89 Ill. Adm. Code 521), not specifically described in this Part that are necessary for a customer to overcome his ~~or~~ her impediment to employment and attain a successful employment outcome unless specifically prohibited by ~~federal~~~~Federal~~ law or regulation, State law or DHS-DRS rules.

~~b) For the purpose of this Subpart, "family member" shall mean any relative by blood or marriage of the customer and any other individual living in the customer's household with whom the customer has a close interpersonal relationship. A close interpersonal relationship is determined by the presence of an emotional commitment between the individuals, not by financial commitments. Adopted individuals shall be considered as family members.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.620 Equipment Sets

- a) For the purposes of this Section, the provisions of Subpart A of this Part do not apply.
- b) DHS-DRS shall certify individuals as deaf, severely hard of hearing, ~~or~~ deaf-blind or speech impaired for the purpose of obtaining equipment sets (~~Teletypewriter/Telephone~~ Devices for the Deaf (TTYs/~~TDDs~~), Large Visual Display (LVD) TTY, Amplified Telephone, or Telebraille Device~~telebraille devices~~) without charge per the Public Utility Act [220 ILCS 5/13-703].
- c) DHS-DRS shall certify individuals seeking eligibility for a TTY, LVD TTY or Amplified Telephone/~~TDD~~ who are deaf or severely hard of hearing and who are: present customers, past customers for whom DHS-DRS holds records, or individuals known to certifying staff through professional affiliation (e.g., past customers for whom DHS-DRS no longer has records, ~~a family member of a customer~~ or former student of the Illinois School for the Deaf or the Illinois Center for Rehabilitation and Education-Roosevelt).
- d) DHS-DRS will certify individuals who are seeking eligibility for a Telebraille

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~~Device~~telebraille device who are:

- 1) deaf or severely hard of hearing;
 - 2) blind or severely visually impaired;
 - 3) capable of using Grade 1 Braille; and
 - 4) a present or past DHS-DRS customer. If the individual's Braille skills are unknown, a series of short questions in Grade 1 Braille will be given to the individual by DHS-DRS staff for the individual to respond to in Braille.
- e) If the individual seeking certification from DHS-DRS is not known by DHS-DRS staff, as listed in subsections (c) and (d), DHS-DRS shall inform the individual of other certifying agents as listed at 83 Ill. Adm. Code 755.200.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART I: PLACEMENT

Section 590.630 Provision of Placement Services

- a) All services described in this Subpart shall be provided in accordance with the provisions of this Subpart and Subpart A of this Part.
- b) Placement services are ~~normally~~ provided by DHS-DRS staff. ~~There but there~~ is no customer financial participation (see 89 Ill. Adm. Code 562) required for any placement service.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.640 Description of Services

Placement services are those services necessary to assist a customer in achieving an employment outcome indicated on the IPE~~client in obtaining employment in his/her chosen occupational area.~~ Placement services will~~shall~~ include, but are~~be~~ not limited to:

- a) interviewing skills training;

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- b) resume preparation;
- c) interview preparation;
- d) referral to other agencies and prospective employers; and
- e) identification of prospective employers.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART J: INCREASED COSTS~~MAINTENANCE~~**Section 590.660 Increased Costs**

Increased costs are expenses such as food, shelter and clothing that exceed a customer's normal living expenses. These increased costs are due to the customer's participation in an assessment for determining eligibility and VR services provided under an IPE.

- a) DHS-DRS will not pay for normal living expenses and shall only pay for increased costs.
- b) DHS-DRS has established the minimum normal living expenses as the greater of:
 - 1) a combination of:
 - A) shelter at the DHS TANF payment level for one adult (see 89 Ill. Adm. Code 112 Subpart H); and
 - B) food at the DHS maximum SNAP benefit amount for a family of one (see 89 Ill. Adm. Code 121.64); or
 - 2) the actual normal living expenses prior to services.
- c) DHS-DRS shall pay for these increased costs in the manner spelled out in this Subpart.

~~Increased costs are expenses such as food, shelter and clothing, that are in excess of the customer's normal living expenses and that are necessitated by the customer's participation in an assessment for determining eligibility and vocational rehabilitation services under an IPE.~~

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~~Normal living expenses shall not be paid by DHS-DRS. DHS-DRS shall only pay for increased costs. Minimum normal living expense for shelter and food are established as the DHS TANF payment level for shelter for one adult and the DHS Maximum Food Stamp Benefit level for a Family of One or the actual normal living expenses prior to service, whichever is greater. DHS-DRS shall pay for these increased costs in the manner spelled out in this Subpart.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.670 Determination of the Need for Increased Costs

- a) One Time Expenses
Payments for one time increased costs shall be made as needed. These would include the purchase of clothing:
- 1) when the customer's employment requires special attire;~~or~~
 - 2) for a customer's job interview;~~or~~
 - 3) for training if the teacher or institution requires special clothing for a course.
- b) Short Term Increased Costs
Short term financial support for increased costs resulting from the customer's having to leave his or her home to receive services shall be provided using the State per diem and lodging rates. Short term shall mean any period of less than 4 weeks.
- c) Long Term Increased Costs
Any service that requires a customer to relocate and to have additional living expenses for services such as food and/or shelter that will exceed 4 weeks may make the customer eligible to receive monetary support for increased costs. DHS-DRS shall provide long-term increased costs or transportation costs, whichever is less (see 89 Ill. Adm. Code 590.600). The customer shall receive funds for these increased costs as follows:
- 1) Shelter
DHS-DRS will pay for shelter~~Shelter shall be paid~~ when it meets the standards of increased costs. The increased cost of shelter shall be figured using the appropriate institution of higher education's published cost of

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housing and subtracting either the DHS TANF ~~payment level~~allowance for shelter for ~~one~~an adult or the actual shelter expense before the service began, whichever is greater. If there is no published cost, the actual cost of shelter before the service began or the TANF ~~payment level~~amount for shelter, whichever is greater, will be subtracted from the cost of a median one-bedroom apartment in the area of service provision.

- A) If the customer is a dependent residing with family and relocates alone, for VR services the increased cost for shelter shall be the lesser of:~~If the customer relocates for VR services, but must pay shelter cost for self or dependent family in the customer's home community or elects to live in an apartment instead of utilizing housing of the educational facility, the increased cost is either the lesser of:~~
- i) The published housing cost of the institution of higher education less the DHS TANF payment level for shelter; or
 - ii) The cost of a median one-bedroom apartment, as established by Housing and Urban Development (HUD), in the area of service provision, less the DHS TANF payment level for shelter.
- ~~A) the published housing cost of the institution of higher education; or~~
- ~~B) the cost of a median one bedroom apartment in the area of service provision.~~
- B) If the customer must maintain his or her residence in the home community and relocates alone for VR services, the increased cost for shelter shall be the lesser of:
- i) the published housing cost of the institution of higher education less the DHS TANF payment level for shelter; or
 - ii) the cost of a median one-bedroom apartment, as established by HUD, in the area of service provision, less the DHS TANF payment level for shelter.

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C) If the customer relocates with a dependent family for VR services, the increased cost is the difference between the family's prior cost of shelter in the home community and the lesser of the published housing cost of the institution of higher education or the cost of a median one-bedroom apartment, as established by HUD, in the area of service provision, less the DHS TANF payment level for shelter.

- 2) Food
DHS-DRS may pay theThe increased cost of food when the customer chooses to use the food plan offered by the institution of higher education if those services are listed on the IPE.~~may be paid when the institution of higher education being attended by the customer is included in the IPE and offers food service.~~ The increased cost of food shall be figured using the facility's minimum cost basic seven or five day meal plan, whichever is appropriate for the customer. ~~The~~The customer's actual food cost before ~~service or the~~ amount established as the maximum SNAP~~Food Stamp~~ benefit~~Benefit~~ for a family of one shall be subtracted from the cost of the basic meal plan, whichever is greater. The difference shall be the customer's monthly increased cost for food. If the customer chooses not to use the facility's food service or there is no food service at the facility, there is no increased cost.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.680 Exceptions

Exceptions to this Subpart shall be granted by the appropriate Bureau Chief of DHS-DRS. Requests for exceptions must be in writing and include an explanation and justification for~~the~~and explain and justify increased costs above those established by this Subpart~~Part~~.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART K: POST-EMPLOYMENT SERVICES

Section 590.720 Scope of Services

- a) Services listed in this Part may be provided to a customer as post-employment services when the following are met:

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- 1) the customer requires these services to maintain, regain or advance in employment;
 - 2) services are directly related to those services provided to the customer in his or her original IPE and amendments (see 89 Ill. Adm. Code 572);
 - 3) the services are not expected to last for an extended period of time (i.e., six months or more);
 - 4) the customer will not require multiple services; and
 - 5) the services will improve the customer's level of independence and result in the termination of post-employment services.
- b) If at any time the services are expected to exceed the 6 month timeframe, an application will be completed and eligibility will be determined (see 89 Ill. Adm. Code 553.50).

~~Any service which may be provided to a customer pursuant to this Part may be provided to a customer in post-employment services when, in the counselor's professional judgement and with the concurrence of the customer: the customer requires these services to maintain, regain or advance in employment consistent with the individual's abilities, capabilities, and interests; such services are directly related to those services provided to the customer in his/her original IWRP and amendments (89 Ill. Adm. Code 572); the need for possible post-employment services was identified at the time of closure of the customer's case; the services are not expected to last for an extended period of time (i.e., six months or more); the customer will not require multiple services, and such services will improve the customer's level of independence and result in the termination of post-employment services. At any time services are expected to last in excess of 6 months, opening a new case should be discussed with the customer.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART L: TRANSITION

Section 590.730 Provision of Services

- a) All services described in this Subpart shall be provided in accordance with the provisions of this Subpart and Subpart A ~~of this Part~~.

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- b) All transition services provided to a customer/relief/student pursuant to this Subpart ~~must~~:
- 1) must be provided after the customer has been certified eligible for VR services and placed in an open category under the Order of Selection or be provided as a trial work experience necessary as evidenced by his/her Individualized Written Rehabilitation Program (IWRP) (89 Ill. Adm. Code 572);
 - 2) must be provided in coordination with the customer's/relief's/student's Individualized Education Program (IEP), per 89 Ill. Adm. Code 572.40;
 - 3) must be based on the customer's/relief's/student's needs and informed choice (see 89 Ill. Adm. Code 557.20) ~~taking into account his/her preferences and interests;~~ and
 - 4) may include classroom instruction, community based work experience, development of employment and other post-secondary objectives, ~~and, as appropriate, daily living skills~~ and functional vocational assessment.
- c) An IPE must be developed no later than the last semester of the year in which the student is expected to leave school.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 590.750 Secondary Transitional Experience Program (STEP)

- a) All services described in this Section shall be provided in accordance with the provisions of Section 590.730. While necessary transition services may be provided to any VR customer, the majority of such services are provided through STEP. STEP is a cooperative program between DHS-DRS and LEAs in which DHS-DRS provides funding to LEAs to enhance transition services provided to customers/students. Under cooperative agreements with the LEA, DHS-DRS provides funding to assist in the provision of:
- 1) classroom instruction in the areas of career exploration;
 - 2) independent living and community mobility skills training; and

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- 3) ~~in-school and community-based work experience.~~
- b) DHS-DRS provides funding under Cooperative Working Agreements with the Local Educational Agency (LEA) to provide in-school and community-based work experiences. Secondary Transitional Experience Program (STEP) services are provided to individuals to enhance the educational and transitional programming provided by the LEA and do not replace programming which the LEA is required to provide. The LEA is responsible for the provision of adaptive equipment and auxiliary aids necessary for the students to achieve their educational and transitional goals.~~STEP services are provided to individuals to enhance the educational and pre-vocational programming provided by the LEA and do not replace programming which the LEA is required to provide. Further, the primary responsibility for the provision of adaptive equipment and auxiliary aids necessary for the students to achieve the student's educational and pre-vocational goals shall rest with the LEA.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART M: SUPPORTED EMPLOYMENTSection 590.800 Provision of Services

All services described in this Subpart shall be provided in accordance with the provisions of this Subpart and Subpart A.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.810 Qualification of Supported Employment and Extended Services Providers

Supported Employment and Extended Services will be provided by Community Rehabilitation Providers that meet the criteria in 89 Ill. Adm. Code 530.5.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.820 Justification of Need for Supported Employment

Prior to the provision of supported employment services, the rehabilitation counselor shall provide a written justification of the need for supported employment. The justification shall

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include an evaluation of the individual's needs, and must establish all four of the following conditions:

- a) the individual is eligible for vocational rehabilitation services, as defined in 89 Ill. Adm. Code 553.20, and has a most significant disability as defined in Ill. Adm. Code 553.140;
- b) the individual, due to the nature and severity of his or her disability, has not worked or has worked only intermittently;
- c) the individual has a need for ongoing support services in order to perform competitively at work; and
- d) the individual has the ability to work in a supported employment setting.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.830 Purpose and Types of Supported Employment

The purpose of supported employment is to assist individuals with most significant disabilities and little or no work experience to become employed. Supported employment consists of the provision of a variety of ongoing supports to the customer in order to maintain competitive employment. These ongoing support services include:

- a) specialized assessment or evaluation services;
- b) intensive job skills, training at the work site;
- c) job development and placement;
- d) social skills training;
- e) regular observation and monitoring of the customer;
- f) follow-up services to reinforce and stabilize the job placement;
- g) facilitation of natural supports at the work site; and
- h) similar services designed to promote job stability and improve job performance.

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(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.840 Service Requirements

- a) An IPE for supported employment services shall conform to the requirements in 89 Ill. Adm. Code 572.50(c).
- b) Supported employment services are time-limited (see 89 Ill. Adm. Code 521) and shall not be provided for longer than 18 months except under special circumstances. Those special circumstances must be documented in the case record by the counselor and approved by the supervisor.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.850 Monitoring of Individuals in Supported Employment

- a) Individuals participating in supported employment shall be monitored at least twice per month, on the job site, unless off-site services and monitoring are approved in the customer's IPE. The purpose of the monitoring is to evaluate the stability of the placement and to determine the individual's progress toward the targeted number of work hours specified in the IPE.
- b) The rehabilitation counselor is responsible for ensuring the monitoring schedule is followed, which should include a support reduction schedule. The specific monitoring responsibilities of the community rehabilitation provider agency are to be specified in the IPE, as well as the schedule of reports to the counselor.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.860 Off-Site Services and Monitoring

Customers may request that supported employment services be provided away from the work site, with the approval of the rehabilitation counselor. Off-site services shall be specified in the IPE. Off-site monitoring shall include twice-monthly contacts with the customer, as well as monthly contact with the employer, if the customer approves that contact.

(Source: Added at 35 Ill. Reg. _____, effective _____)

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Section 590.870 Transition to Extended Services

- a) The criteria for making the transition to extended services are:
- 1) The customer has made substantial progress toward meeting the targeted number of hours of employment specified in the IPE.
 - 2) The hours of support specified in the support reduction schedule have been effectively minimized or have reached zero.
 - 3) The customer and the rehabilitation counselor agree on the type and amount of extended services needed in order to maintain employment.
- b) In addition, the criteria for closure of a successful employment outcome as defined in 89 Ill. Adm. Code 595.40 must be met.

(Source: Added at 35 Ill. Reg. _____, effective _____)

Section 590.880 Purpose and Types of Extended Services

Extended services are ongoing support services needed by an individual who has participated in supported employment in order to maintain employment. These include both paid and unpaid supports, also known as natural supports.

- a) DHS-DRS shall develop an IPE for individuals receiving paid extended services funded by DHS-DRS. The IPE shall include a description of the services to be provided and the service provider, as well as a mechanism for evaluating the individual's need for support. DHS-DRS shall monitor the status of individuals in DHS-DRS-funded extended services at least twice per year.
- b) Customers receiving natural supports as extended services do not require an IPE and are closed from the VR system.
- c) Customers receiving extended services funded by an agency other than DHS-DRS do not require an IPE and are closed from the VR system.

(Source: Added at 35 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Emergency Medical Services and Trauma Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3) Section Number: 515.750 Proposed Action: Amend
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) A Complete Description of the Subjects and Issues Involved: The Section of the rules governing certification of Trauma Nurse Specialists is being amended to ensure consistency with current standards of care and health care practices. The amendment has taken out specifics of the Trauma Nurse Specialist Course and has made reference to the State of Illinois Trauma Nurse Specialist Program, which is the Department approved course outline. The amendment changes the continuing education requirements from 80 to 64.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: Standards of Care Guidelines for the Trauma Patient
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
515.160	Amend	35 Ill. Reg. 6309; April 15, 2011
515.460	New	35 Ill. Reg. 6309; April 15, 2011
515.530	Amend	35 Ill. Reg. 6309; April 15, 2011
515.640	New	35 Ill. Reg. 6309; April 15, 2011

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515.800	Amend	35 Ill. Reg. 6309; April 15, 2011
515.330	Amend	35 Ill. Reg. 7271; May 6, 2011
515.455	New	35 Ill. Reg. 7271; May 6, 2011
515.850	New	35 Ill. Reg. 7271; May 6, 2011
515.Appendix D	Amend	35 Ill. Reg. 7271; May 6, 2011
515.100	Amend	35 Ill. Reg. 7926; May 20, 2011
515.470	New	35 Ill. Reg. 7926; May 20, 2011
515.630	New	35 Ill. Reg. 7926; May 20, 2011
515.835	New	35 Ill. Reg. 7926; May 20, 2011
515.845	New	35 Ill. Reg. 7926; May 20, 2011
515.100	Amend	35 Ill. Reg. 10520; July 8, 2011
515.125	Amend	35 Ill. Reg. 10520; July 8, 2011
515.445	Amend	35 Ill. Reg. 10520; July 8, 2011
515.825	Amend	35 Ill. Reg. 10520; July 8, 2011
515.830	Amend	35 Ill. Reg. 10520; July 8, 2011
515.3090	New	35 Ill. Reg. 10520; July 8, 2011
515.4000	Amend	35 Ill. Reg. 10520; July 8, 2011
515.4010	Amend	35 Ill. Reg. 10520; July 8, 2011
515.4020	New	35 Ill. Reg. 10520; July 8, 2011
515.Appendix D	Amend	35 Ill. Reg. 10520; July 8, 2011
515.Appendix K	Amend	35 Ill. Reg. 10520; July 8, 2011
515.Appendix L	Amend	35 Ill. Reg. 10520; July 8, 2011
515.Appendix M	Amend	35 Ill. Reg. 10520; July 8, 2011
515.Appendix N	New	35 Ill. Reg. 10520; July 8, 2011
515.Appendix O	New	35 Ill. Reg. 10520; July 8, 2011
515.Appendix P	New	35 Ill. Reg. 10520; July 8, 2011
515.860	New	35 Ill. Reg. 12645; July 29, 2011

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

Susan Meister
 Division of Legal Services
 Illinois Department of Public Health
 535 W. Jefferson St., 5th floor

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NOTICE OF PROPOSED AMENDMENT

Springfield, Illinois 62761

217/782-2043

e-mail: dph.rules@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: EMS hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: Licensed health care professionals; registered nurse
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2011

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

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NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Violations, Hearings and Fines
515.170	Employer Responsibility

SUBPART B: EMS REGIONS

Section	
515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
515.230	Resolution of Disputes Concerning the EMS Regional Plan
515.240	Bioterrorism Grants

SUBPART C: EMS SYSTEMS

Section	
515.300	Approval of New EMS Systems
515.310	Approval and Renewal of EMS Systems
515.315	Bypass Status Review
515.320	Scope of EMS Service
515.330	EMS System Program Plan
515.340	EMS Medical Director's Course
515.350	Data Collection and Submission
515.360	Approval of Additional Drugs and Equipment
515.370	Automated Defibrillation (Repealed)
515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications

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- 515.410 EMS System Communications
- 515.420 System Participation Suspensions
- 515.430 Suspension, Revocation and Denial of Licensure of EMTs
- 515.440 State Emergency Medical Services Disciplinary Review Board
- 515.445 Pediatric Care
- 515.450 Complaints

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section

- 515.500 Emergency Medical Technician-Basic Training
- 515.510 Emergency Medical Technician-Intermediate Training
- 515.520 Emergency Medical Technician-Paramedic Training
- 515.530 EMT Testing and Fees
- 515.540 EMT Licensure
- 515.550 Scope of Practice – Licensed EMT
- 515.560 EMT-B Continuing Education
- 515.570 EMT-I Continuing Education
- 515.580 EMT-P Continuing Education
- 515.590 EMT License Renewals
- 515.600 EMT Inactive Status
- 515.610 EMT Reciprocity
- 515.620 Felony Convictions

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section

- 515.700 EMS Lead Instructor
- 515.710 Emergency Medical Dispatcher
- 515.720 First Responder
- 515.725 First Responder – AED
- 515.730 Pre-Hospital Registered Nurse
- 515.740 Emergency Communications Registered Nurse
- 515.750 Trauma Nurse Specialist
- 515.760 Trauma Nurse Specialist Program Plan

SUBPART F: VEHICLE SERVICE PROVIDERS

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Section

515.800	Vehicle Service Provider Licensure
515.810	EMS Vehicle System Participation
515.820	Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
515.825	Alternate Response Vehicle
515.830	Ambulance Licensing Requirements

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY
MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section

515.900	Licensure of SEMSV Programs – General
515.910	Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
515.920	SEMSV Program Licensure Requirements for All Vehicles
515.930	Helicopter and Fixed-Wing Aircraft Requirements
515.935	EMS Pilot Specifications
515.940	Aeromedical Crew Member Training Requirements
515.945	Aircraft Vehicle Specifications and Operation
515.950	Aircraft Medical Equipment and Drugs
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515.965	Watercraft Requirements
515.970	Watercraft Vehicle Specifications and Operation
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515.980	Watercraft Communications and Dispatch Center
515.985	Off-Road SEMSV Requirements
515.990	Off-Road Vehicle Specifications and Operation
515.995	Off-Road Medical Equipment and Drugs
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SUBPART H: TRAUMA CENTERS

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515.2000	Trauma Center Designation
515.2010	Denial of Application for Designation or Request for Renewal
515.2020	Inspection and Revocation of Designation
515.2030	Level I Trauma Center Designation Criteria

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515.2035	Level I Pediatric Trauma Center
515.2040	Level II Trauma Center Designation Criteria
515.2045	Level II Pediatric Trauma Center
515.2050	Trauma Center Uniform Reporting Requirements
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515.2070	Trauma Center Designation Delegation to Local Health Departments
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SUBPART I: EMS ASSISTANCE FUND

Section	
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515.4000	Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
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515.APPENDIX B	A Request for Renewal of Trauma Center Designation
515.APPENDIX C	Minimum Trauma Field Triage Criteria
515.APPENDIX D	Standing Medical Orders
515.APPENDIX E	Minimum Prescribed Data Elements
515.APPENDIX F	Template for In-House Triage for Trauma Centers
515.APPENDIX G	Credentials of General/Trauma Surgeons Level I and Level II
515.APPENDIX H	Credentials of Emergency Department Physicians Level I and Level II
515.APPENDIX I	Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
515.APPENDIX J	Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers
515.APPENDIX K	Application for Facility Recognition for Emergency Department with Pediatrics Capabilities

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- 515.APPENDIX L Pediatric Equipment Recommendations for Emergency Departments
- 515.APPENDIX M Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. _____, effective _____.

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER,
FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE,
EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND
TRAUMA NURSE SPECIALIST

Section 515.750 Trauma Nurse Specialist

- a) Trauma Nurse Specialist (TNS) Training Sites
- 1) Trauma Nurse Specialist courses shall be conducted only at hospitals that have been designated by the Department as TNS Training Sites.
 - 2) The Department shall designate TNS Training Sites based upon Regional needs ~~for course availability~~, the ~~trauma~~-educational ~~and clinical~~ capabilities of interested hospitals to provide advanced trauma education

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~~to nurses, prior Department approval of a hospital as a TNS Training Site,~~
and participation in an EMS System.

- 3) ~~The Trauma Nurse Specialist Program Plan (see Section 515.760) shall serve as a standard TNS program plan. The Department will approve program plans based on compliance with Section 515.760. Any hospital seeking designation as a TNS Training Site must submit a Trauma Nurse Specialist Program Plan on a form provided by the Department.~~
- 4) The Chief Executive Officer of the hospital designated as a TNS Training Site shall appoint, and endorse in writing to the Department, a Trauma Nurse Specialist Course Coordinator (TNSCC) to plan, coordinate, implement and evaluate the TNS course and TNS program activities, who meets the following requirements:
 - A) Is a Registered Professional Nurse with an unencumbered license in the State in which he or she practices~~licensed under the Nursing and Advanced Practice Nursing Act~~;
 - B) Is employed by the TNS Training Site;
 - C) Has at least three years of experience as a Registered Professional Nurse in an emergency department or critical care setting in a trauma center;
 - D) Holds a certificate~~Certificate~~ of TNS course completion~~Completion~~ issued by the Department ~~or its equivalent~~ as provided in this Section; and
 - E) Has a minimum of 50 hours of teaching experience in emergency/critical care nursing courses.
- b) The TNSCC shall admit to the TNS course only those individuals who have met the following requirements:
 - 1) Are currently licensed as a Registered Professional Nurse in the state in which they are practicing, as verified by the submission of a photocopy of the official licensed document showing the license number and expiration date; and

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- 2) Have at least 1500 hours of clinical care experience in an emergency department or critical care unit (preferred) one year of experience as a Registered Professional Nurse, with successful completion of a unit orientation.
- c) The TNS course shall reflect evidence-based content as created by the TNSCC and approved by the Department as being in compliance with the Trauma Nurse Specialist Program (see Section 515.760). ~~include at least 80 hours of didactic sessions. The course content shall include but not be limited to the following topics:~~
 - 1) ~~EMS/Trauma System concepts,~~
 - 2) ~~Stabilization and transportation of the critically ill or injured,~~
 - 3) ~~Assessment and management of the traumatized patient,~~
 - 4) ~~Maxillofacial trauma,~~
 - 5) ~~Ocular trauma,~~
 - 6) ~~Neurological, respiratory and cardiac anatomy, physiology and assessment,~~
 - 7) ~~Head trauma,~~
 - 8) ~~Spinal trauma,~~
 - 9) ~~Cardiopulmonary trauma,~~
 - 10) ~~Adjuncts for airway control and ventilation,~~
 - 11) ~~Acid base balance and Arterial Blood Gases (ABGs),~~
 - 12) ~~Abdominal trauma,~~
 - 13) ~~Genitourinary trauma,~~

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- 14) ~~Trauma in pregnancy;~~
 - 15) ~~Musculoskeletal/vascular/surface trauma;~~
 - 16) ~~Thermal trauma;~~
 - 17) ~~Fluid and electrolytes;~~
 - 18) ~~Pathogenesis of shock syndrome;~~
 - 19) ~~Pediatric trauma;~~
 - 20) ~~Family violence;~~
 - 21) ~~Organ procurement;~~
 - 22) ~~Legal issues;~~
 - 23) ~~Kinematics;~~
 - 24) ~~Hypothermia;~~
 - 25) ~~Trauma in the elderly; and~~
 - 26) ~~Complications of trauma.~~
- d) ~~The TNS course shall include eight hours of supervised observational experience from among the following areas:~~
- 1) ~~Pre-hospital;~~
 - 2) ~~Critical care; or~~
 - 3) ~~Emergency Department.~~
- d)e) Testing
- 1) ~~A written pre-test consisting of a minimum of 100 multiple choice questions developed by the TNSCC and approved by the Department shall~~

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~~be administered on the first day of class. The TNSCC shall develop the questions based upon the topic outlines and objectives of the curriculum.~~

- 1)2) A standardized practical examination shall be administered ~~at the conclusion of the didactic sessions and clinical experience.~~ The practical examination shall include ~~an~~ consist of a simulated trauma patient assessment station at which the student will evaluate and stabilize a simulated critically injured trauma patient.
- A) The student shall have a maximum of 10~~ten~~ minutes to evaluate and stabilize the patient.
- B) The TNSCC shall develop the passing criteria, which shall be included in the program plan developed in accordance with Section 515.760.~~The student shall be rated on Primary Patient Assessment, Secondary Patient Assessment, Management, Stabilization, and Supervision and Leadership, in accordance with the Trauma Nurse Specialist Course Practical Examination Grading Form developed and provided by the Department along with the TNSCC.~~
- C) A student ~~who receives a failing grade on the practical examination~~ shall be given three attempts to successfully complete~~one opportunity to repeat~~ the practical examination. ~~A failing grade is defined as failure to attain at least 80 percent overall and/or failure to pass all lifesaving techniques asterisked on the Clinical Examination Grading Form.~~
- 2)3) A student who has successfully completed course requirements per procedure and paid all fees~~the didactic sessions and clinical experience~~ shall be eligible to take the final written examination. The TNSCC shall develop the~~This~~ final examination and shall provide the examination to the Department. The TNSCC shall develop passing criteria, which shall be included in the Program Plan developed in accordance with Section 515.760.~~shall consist of 150 multiple-choice questions developed by the TNSCC using the objectives and topics of the TNS curriculum and approved by the Department. A score of 80 percent or above shall be a passing grade.~~
- A) A student shall be given three attempts to successfully

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~~complete one opportunity to retake the final written examination within ten days after the original examination date.~~

B) The candidate shall successfully achieve a passing score on the State examination within 12 months after completing the training program.

~~B) The TNSCC shall extend the ten day retake period on an individual basis for reasons of a death in the student's family, or illness or injury to the student or student's family.~~

3) Examination Application

A) Candidates for the TNS examination shall apply to take the examination using the Department form. Information is available on the Department's website.

B) A roster of examination candidates from each TNS training site is created by the TNSCC who approves the candidate's application and is submitted to the Department.

C) The candidate shall submit a fee for each written examination attempt (see Section 515.460).

~~4) Each TNS course site shall offer practical and final written examinations based upon Regional needs.~~

~~5) Any individual who has met the admission requirements provided in subsection (b) of this Section has the option of taking the TNS Practical Examination and final written examination without having completed the didactic sessions or clinical experience. The individual must file a request for this testing option with the TNS Training Site at least 30 days prior to the scheduled practical examinations.~~

e) Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in forfeiture of the examination fee.

f) If a candidate does not achieve a passing grade on the written examination, the fee for the re-test is the same as for initial examination.

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- g) All fees submitted for certification are non-refundable.
- h) Testing Option – Challenge
Any individual who has met the admission requirements provided in subsection (b) of this Section has the option of taking the TNS practical examination and final examination without having completed the didactic sessions (referred to as "challenging" the examination). The individual shall file a request to challenge the examination with the TNS Training Site at least 30 days prior to the scheduled practical examination. Candidates who elect to challenge the examination will have only one attempt to successfully complete the written and practical examinations to demonstrate proficiency.
- i) ~~f~~ Certification as a TNS
- 1) The Department will certify a student or candidate after the student or candidate has achieved a passing score on the final written and practical examinations and has paid any required fees (see Section 515.460). A student may apply to the Department for certification by submitting:
 - A) Documentation provided by the TNSCC of receiving a passing score on the final written examination and the practical examination;
 - B) A fee of \$25 in the form of a certified check or money order made payable to the Department (personal checks or cash will not be accepted); and
 - C) A completed TNS Certification Application form.
 - 2) Certification is effective for four years.
 - 3) After initial recertification, a TNS may apply for recertification by submitting the following at least 40 days but no more than 90 days prior to certification expiration:
 - A) TNS Certification/Recertification Application;
 - B) Verification of successful completion of the examination; or

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- ~~C) Documentation of any 40 hours of continuing education every two years, which may include hours required for ECRN certification, and which must include any of the following:
 - ~~i) Trauma nursing seminars;~~
 - ~~ii) Emergency/perioperative critical care nursing seminars relating to trauma management;~~
 - ~~iii) Teaching of trauma or emergency nursing classes;~~
 - ~~iv) Basic Trauma Life Support (BTLS), Pre-hospital Trauma Life Support (PHTLS), Pediatric Advanced Life Support (PALS) or Trauma Nurse Core Curriculum (TNCC);~~
 - ~~v) Other topics/offerings approved by the Department and the TNSCC;~~~~
- ~~D) The recertification candidate is responsible for his/her record keeping and submission of continuing education documentation.~~

~~j)g) TNS Recertification~~

- ~~1) A TNS may be recertified by either submitting approved trauma-specific continuing education or taking the current TNS final written examination as provided in this Section. Standardized renewal dates will be assigned per Region by the TNSCC.~~
- ~~2) A TNS may apply for recertification by submitting the following to a TNSCC at least 40 days, but no more than 90 days, prior to certification expiration: The TNS final written examination will be used for initial recertification.~~
 - ~~A) Documentation of 64 hours of approved trauma-specific continuing education/activities for nursing or CME acquired over four years, using the TNS Continuing Education (CE) Summary Submission form. Continuing education approval will be granted provided that the application is complete and the content of the~~

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program educational activity is based on topics listed in the Trauma Nurse Specialist Program in place at the time the CE is acquired;

B) Completed Child Support form supplied by the Department; and

C) Recertification fee (see Section 515.460).

3) The TNS final written examination is an alternative option for recertification. A total of three attempts are allowed for the recertification candidate to achieve a successful examination score prior to the lapse date. The process used in subsection (d)(3) of this Section is used for the application, assignment to an examination site, and fee submission.

4) The recertification candidate is responsible for his/her record keeping and timely submission of continuing education documentation.

5) The certification of a TNS who has failed to file an application for recertification or an application for an extension prior to the lapse date shall terminate on the day following the expiration date shown on the certificate.

~~3) A TNS certification will be effective for four years.~~

~~4) The certificate of a TNS who has failed to file an application for recertification shall terminate on the day following the expiration date shown on the certificate.~~

~~h) A Department issued certificate of completion for a Department sponsored trauma nurse specialist course completed prior to the adoption of this Section shall be recognized as equivalent to the Certificate of TNS Course Completion issued pursuant to this Part.~~

k) i) Inactive Status

1) Prior to the expiration of the current certification, a TNS may request to be placed on inactive status. The request shall be in writing, on a form prescribed by the Department, and shall contain the following information:

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- A) Name of individual;⁵
- B) Date of certification;⁵
- C) Circumstances requiring inactive status;⁵ and
- D) A statement that recertification requirements have been met by the date of the application for inactive status. Continuing education hours shall be current at the prorated rate of 1.3 hours per month for the current certification period.
- 2) The Department will review requests for inactive status. The Department ~~will~~shall notify the individual TNS in writing of its decision based on subsection ~~(k)~~(i)(1) of this Section.
- 3) ~~To~~For the TNS to return to active status, the TNS shall apply~~application must be~~ in writing within 36 months after being placed on inactive status. The application shall include a current unencumbered RN license and a fee (see Section 515.460). ~~and include a statement that the TNS's knowledge and clinical skills are at the active TNS level, and that the TNS has completed any refresher training deemed necessary by the respective TNSCC.~~
- 4) Inactive status is valid for only 36 months. If status is not reactivated, the individual shall successfully complete the examination or retake the course (see subsection (h) of this Section).
- ~~5)~~4) During inactive status, the individual shall not function as a TNS.
- ~~l)~~j) A TNS whose certification has expired may, within 60 days after certification expiration, submit all recertification material as required in this Section and a fee ~~(see Section 515.460) of \$50~~ in the form of an organization's payment, a certified check, or a money order (cash or personal check will not be accepted). If ~~the recertification request~~all material meets the requirements of this Section~~is in order~~ and there is no disciplinary action pending against the TNS, the Department will recertify the TNS.
- ~~m)~~k) A TNS shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.

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- n) *The Department shall have the authority and responsibility to suspend, revoke or deny renewal of the certification of a TNS, after an opportunity for hearing by the Department, if findings show that the TNS has failed to maintain proficiency in the level of skills for which the TNS is certified or has failed to comply with recertification requirements. (Section 3.75 of the Act) Hearings shall be conducted in accordance with Practice and Procedure in Administrative Hearings.*

(Source: Amended at 35 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Family Practice Residency Code
- 2) Code Citation: 77 Ill. Adm. Code 590
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
590.10	Repeal
590.20	Amendment
590.30	Amendment
590.40	Amendment
590.60	New
590.100	Amendment
590.120	Amendment
590.130	Amendment
590.140	Amendment
590.150	New
590.160	New
590.170	New
590.200	Amendment
590.210	Amendment
590.220	Amendment
590.230	Amendment
590.240	Amendment
590.300	Amendment
590.310	Amendment
590.320	Amendment
590.330	Amendment
590.400	Amendment
590.410	Amendment
590.420	Amendment
590.APPENDIX A	Repeal
590.APPENDIX B	Repeal
590.APPENDIX C	Repeal
590.APPENDIX D	Repeal
- 4) Statutory Authority: Family Practice Residency Act [110 ILCS 935]
- 5) Effective Date of Rulemaking: August 4, 2011
- 6) Does this rulemaking contain an automatic repeal date? No

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- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: April 22, 2011; 35 Ill Reg. 6802
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:
- No comments were received during the first notice or public comment period.
- The following changes were made in response to comments and suggestions of JCAR:
- In Section 590.420(a), after the second "of", add "the". Also, after "Scholarships", add "authorized in Subpart C".
- In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The amendments clarify scholarship repayment terms; require repayment from those recipients who fail medical school, withdraw from medical school or graduate from medical school but fail to obtain a medical license; and expand practice opportunities with underserved populations. The rulemaking also incorporates requirements of the Illinois Grant Funds Recovery Act as it pertains to grants issued to family practice residency programs. Also, the rulemaking incorporates certification requirements for grantees from Public Act 96-1064. The rulemaking removes the Department's obligation to annually provide paper copies of a list of

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designated shortage areas in the State by providing Internet access to listings of designated shortage areas and populations.

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

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

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

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

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER g: GRANTS TO DENTAL AND MEDICAL STUDENTSPART 590
FAMILY PRACTICE RESIDENCY CODE

SUBPART A: GENERAL PROVISIONS

Section	
590.10	Applicability (Repealed)
590.20	Definitions
590.30	Incorporated and Referenced Materials
590.40	Administrative Hearings
590.60	Advisory Committee for Family Practice Residency Programs

SUBPART B: GRANTS TO FAMILY PRACTICE RESIDENCY PROGRAMS

Section	
590.100	Eligibility for Grants
590.110	Limitations on Use of Grant Funds
590.120	Project Requirements
590.130	Application for Grants
590.140	Selection Criteria
590.150	Grant Awards, Terms and Conditions
590.160	Grant Funds Recovery
590.170	Reporting Requirements

SUBPART C: MEDICAL STUDENT SCHOLARSHIPS

Section	
590.200	Limitations on Use of Scholarship Funds
590.210	Eligibility for Application
590.220	Criteria for Selecting Scholarship Recipients
590.230	Terms of Performance
590.240	Scholarship Repayment

SUBPART D: EDUCATIONAL LOAN REPAYMENT FOR PHYSICIANS

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Section

590.300	Limitations on Use of Loan Repayment Funds
590.310	Eligibility for Application
590.320	Selection Criteria for Distribution of Loan Repayment Funds
590.330	Terms of Performance

SUBPART E: DESIGNATION OF SHORTAGE AREAS

Section

590.400	Data Elements Used in Designation Process
590.410	Criteria for Designating Shortage Areas
590.420	Distribution of Lists of Designated Shortage Areas

590.APPENDIX A	Sample Contract for Medical Student Scholarship (Student Contract) (Repealed)
590.APPENDIX B	Sample Contract for Scholarship Service Obligation (Repealed)
590.APPENDIX C	Sample Contract for Monetary Repayment of Scholarship Obligation (Repealed)
590.APPENDIX D	Sample Contract for Educational Loan Repayment (Repealed)

AUTHORITY: Implementing and authorized by the Family Practice Residency Act [110 ILCS 935].

SOURCE: Filed June 8, 1978; amended at 4 Ill. Reg. 38, p. 185, effective September 10, 1980; codified at 8 Ill. Reg. 4509; Part repealed, new Part adopted at 15 Ill. Reg. 1833, effective January 25, 1991; amended at 35 Ill. Reg. 14089, effective August 4, 2011.

SUBPART A: GENERAL PROVISIONS

Section 590.10 Applicability [\(Repealed\)](#)

- a) ~~This Part is in response to an act designed to improve the availability of primary health care throughout the State. The provisions of this rulemaking are organized into six components which consist of five Subparts and four appendices. Subpart A includes general provisions, such as definitions and administrative hearing rules, which apply to all Sections of the Part.~~
- b) ~~Subpart B includes provisions for awarding grants to graduate medical education programs which train physicians in the specialty of family practice. These~~

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~~provisions set forth the application and selection processes for distribution of grant funds, and performance requirements.~~

- e) ~~Subpart C includes provisions for the distribution of medical student scholarships. These provisions set forth eligibility for scholarships, criteria for selection, and performance requirements resulting from acceptance of a scholarship.~~
- d) ~~Subpart D includes provisions for the repayment of educational loans for primary care physicians who agree to practice in designated shortage areas of the State.~~
- e) ~~Subpart E describes criteria used to designate areas of the State needing additional primary care physicians.~~
- f) ~~The appendices include sample contracts used in the scholarship and loan repayment activities described in this Part.~~

(Source: Repealed at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.20 Definitions

"Accredited family practice residency" means a training program meeting the requirements of the Accreditation Council for Graduate Medical Education of the American Medical Association, or ~~by~~ the Committee on Postdoctoral Training of the American Osteopathic Association.

~~"Act" means the Family Practice Residency Act. ACT" means the family practice residency act (Ill. Rev. Stat. 1989, ch. 144, par. 1451 et seq.).~~

~~"Authorized representative" means a person who has authority to act on behalf of the legal entity or person that is an applicant or grantee. Authorized representatives are: for a corporation, any of its officers or members of its board of directors; for a limited liability company, any of its managers or members; for a partnership, any of its general partners; and for a sole proprietor, the individual who is the sole proprietor.~~

~~"Board certified physician" means a physician who has taken and passed a medical specialty examination.~~

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"Board eligible physician" means a physician who has completed the requirements for admission to a medical specialty board examination but has not yet taken and passed the examination.

"Business day" means Monday through Friday. It does not include a federal or State government declared holiday, Saturday or Sunday.

"Calendar day" means all days in a month or prescribed time frame. It includes weekends and federal or State government declared holidays.

"Center" means the Center for Rural Health of the Illinois Department of Public Health.

"Certified mail" means mail for which proof of delivery is obtained.

"Committee" means the Advisory Committee for Family Practice Residency Programs. ~~advisory committee for family practice residency programs created by the Act~~ (Section 3.03 of the Act).

"Community-Based Organization~~Community-Based Organization~~" means a locally organized and locally recognized group of individuals whose goals include efforts to maintain or increase the availability of primary health care in their community.

"Department" means the Illinois Department of Public Health. (Section 3.01 of the Act):

"Designated Shortage Area" means an area designated by the Director~~director~~ as a physician shortage area, a medically underserved area, or a critical health manpower shortage area as defined by the United States Department of Health and Human Services~~Health, Education and Welfare~~, or as further defined by the Department to enable it to effectively fulfill the purpose stated in Section 2 of ~~the~~ the Act. Such areas may include the following:

An urban or rural area which is a rational area for the delivery of health services;

A population group; or

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A public or nonprofit private medical facility (Section 3.04 of the Act).

"Director" means the Director of the Illinois Department of Public Health.
(Section 3.02 of the Act)-

"Disabled" shall have the meaning ascribed in Section (2)(A)(2.1) of the Business Enterprise for Minorities, Females and Persons with Disabilities Act.

"Disability" shall have the meaning ascribed in Section 1-103(I) of the Illinois Human Rights Act.

"Due diligence" means action taken toward the completion of a project with the diligence and foresight that persons of ordinary prudence and care would exercise under similar circumstances.

"Data Universal Numbering System" or "DUNS" is a system that assigns a unique numeric identifier, referred to as a DUNS number, to a single business entity.

"Eligible medical student" means a person who meets all of the following qualifications:

he or she is an Illinois resident at the time of application for a scholarship;

he or she is studying medicine in a medical school located in Illinois;

he or she exhibits financial need as determined by the Department; and

he or she agrees to practice full-time in a Designated Shortage Area as a primary care physician one year for each year he or she is a scholarship recipient. (Section 3.07 of the Act)

"Family practice residency program" means a program accredited by the Accreditation Council for Graduate Medical Education, or the Committee on Postdoctoral Training of the American Osteopathic Association. (Section 3.06 of the Act)-

"Federally Qualified Health Center" or "FQHC" means a health center funded under section 330 of the Public Health Service Act (42 USC 254b).

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"Federally Qualified Health Center Look-Alike" or "FQHC Look-Alike" means an organization that meets the requirements for receiving a grant under section 330 of the Public Health Service Act but does not receive federal grants under that authority.

"Federal poverty level as published in the Federal Register" means the poverty level population figures published annually in the Federal Register. The Federal Register may be found at the website: www.gpoaccess.gov/fr/Index.html.

"Fellowship" means optional medical training, usually one year, completed after the residency training required for each of the primary care specialties.

"Fiscal year" means the financial operating year of Illinois State government. It begins on July 1 and ends on June 30 of the next calendar year.

"Full-time practice for physicians with active staff privileges" means maintaining office hours for patient care ~~that which~~ equal or exceed the mean number of office hours per week reported by physicians, by specialty, and published in the American Medical Association's "Socioeconomic Characteristics of Medical Practice, ~~1989.~~"

"Full-time practice for primary care physicians without active staff privileges" at a hospital means maintaining office hours or being employed for patient care for an amount of time at least equal to the mean number of office hours per week reported by family practice physicians in the American Medical Association's "Socioeconomic Characteristics of Medical Practice, ~~1989.~~"

"Funding period" means the time frame during which grant funds are to be expended by the grantee (usually corresponding with the Department's fiscal year).

"Grantor agency" means any agency of State government which dispenses grant funds. (Section 2(a) of the Illinois Grant Funds Recovery Act)

"Grant agreement" means the agreement entered into between the Department and any person or entity for obligation, capital expenditure or use for a specific purpose.

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"Grantee" means a person or entity which may use grant funds. (Section 2(c) of the Illinois Grant Funds Recovery Act)

"Grant funds" means public funds dispensed by the Department to any person or entity for obligation, expenditure or use for a specific purpose. (Section 2(b) of the Illinois Grant Funds Recovery Act)

"Good academic standing" means a student is matriculating with the rest of his or her class as determined by the student's medical school.

"Health Professional Shortage Area" or "HPSA" means a designation provided by the U.S. Department of Health and Human Services, Health Resources and Services Administration. The HPSA designation indicates the shortage of primary medical care, dental or mental health providers. The designation may be geographic (a county or service), demographic (low income population) or institutional (comprehensive FQHC or other public facility). All FQHCs and Rural Health Clinics that provide access to care regardless of an individual's ability to pay receive HPSA designations. (For a map of HPSAs, see <http://bhpr.hrsa.gov/shortage/hpsacrit.htm>.)

"Illinois resident" means a person who has been a resident of Illinois for at least one year prior to application for a Medical Student Scholarship and is a citizen or lawful permanent resident of the United States.

"Lawful permanent resident" means a person who is not a citizen of the United States but who resides in the United States under legally recognized requirements and lawfully recorded permanent residence as an immigrant.

"Legal holiday" means a holiday set by statute, during which government and business working hours are suspended.

"Local health department" means a county, multi-county, municipal or district public health agency ~~certified~~recognized by the Department.

"Matriculation fees" ~~means are those~~ educational expenses charged to all students by the various medical schools. ~~These~~Such fees are charged to offset the expenses incurred by the school in areas such as the application and enrollment processing, library use ~~charges~~, mandatory health insurance, and student ~~activities~~activity fees.

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"Medical school" means any private or public nonprofit school in Illinois ~~that which~~ provides education leading to a doctor of medicine or doctor of osteopathy degree, and ~~that which~~ is approved by the Illinois Department of Financial and Professional Regulation, pursuant to the Medical Practice Act of 1987 (Ill. Rev. Stat. 1989, ch. 111, par. 4400-1).

"Medical student" means a resident of Illinois *studying medicine in a medical school located in Illinois.* (Section 3.07 of the Act)-

"Medically underserved population" means individuals who live in a designated shortage area or who, because of special health needs or low income, experience difficulty receiving health care.

"Metropolitan Statistical Area" means one or more adjacent counties that have at least one urban core area of at least 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core, as measured by commuting ties.

"Number of live births in Illinois" means the number of live births in Illinois as provided by the Department's Center for Health Statistics.

"Number of obstetricians providing care in Illinois" means the number of obstetricians providing care in Illinois as found in the American Medical Association's Survey Data as provided to the Department as a Primary Care Organization Grantee by the U.S. Department of Health and Human Services, Bureau of Health Professions. These data are provided for the designation of HPSAs in Illinois.

"Obstetrical service area" means ~~the geographic~~that geographical area surrounding a hospital with an obstetrical unit and ~~that which~~ is defined by an imaginary boundary determined by the shortest distance, either in time or miles, for a citizen or equivalent to travel to one hospital rather than another.

"Obstetrical unit" means an entire facility or a distinct part of a facility that provides both maternity and obstetric care and that is designed, equipped, organized and operated in accordance with the requirements of the Hospital Licensing Act.

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"Primary care physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 (~~Ill. Rev. Stat. 1989, ch. 111, par. 4400-1 et seq.~~) ~~with~~With a specialty in Family Practice, Internal Medicine, Obstetrics and Gynecology, or Pediatrics ~~family practice, internal medicine, obstetrics and gynecology, or pediatrics~~ as defined by recognized standards of professional medical ~~practice.~~practices (Section 3.05 of the Act).

"Rational ~~service~~-area" means the geographic area surrounding a physician's office, a hospital or a clinic, ~~and~~ from which the residents of the geographic area may be reasonably expected to seek health care from the physician, hospital or clinic located within that geographic~~the~~ area.

"Residency matching process" means the National Resident Matching Program ~~that~~which coordinates the matching of medical students with the hospitals and residency training programs in the medical students' selected specialty. The matching application process usually lasts from June through September of one year, with match announcements made in March of the following year.

"Residency training" means the years of graduate medical education ~~that~~which follow medical school and ~~that~~which train the new physician in his or her chosen specialty (e.g., i.e., family practice, pediatrics, ~~etc.~~).

"Rural" means any geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within a Metropolitan Statistical Area but having a population of 60,000 or less; or a community located within a Metropolitan Statistical Area but having a population of 2,500 or less.

"Urban" means any geographic area that does not meet the definition of "rural" in this Section.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.30 Incorporated and Referenced Materials

The following materials are incorporated or referenced in this Part:

- a) Illinois Statutes
 - 1) Family Practice Residency Act [110 ILCS 935]~~(Ill. Rev. Stat. 1989, ch.~~

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~~144, par. 1451 et seq.)~~

- 2) ~~Medical Practice Act of 1987 [225 ILCS 60](Ill. Rev. Stat. 1989, ch. 111, par. 4400-1 et seq.) (See Section 590.20).~~
- 3) [Hospital Licensing Act \[210 ILCS 85\]](#)
- 4) [Illinois Administrative Procedure Act \[5 ILCS 100\]](#)
- 5) [Department of Public Health Powers and Duties Law \[20 ILCS 2310/2310-200\]](#)
- 6) [Illinois Grant Funds Recovery Act \[30 ILCS 705\]](#)
- 7) [Illinois Human Rights Act \[775 ILCS 5\]](#)
- 8) [Business Enterprise for Minorities, Females and Persons with Disabilities Act \[30 ILCS 575\]](#)
- 9) [State Finance Act \[30 ILCS 105\]](#)

b) ~~Illinois and Federal~~ Rules

- 1) ~~Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).~~
- 2) [Government Contracts, Procurement and Property Management \(44 Ill. Adm. Code 750\).](#) ~~App. A (See Appendices).~~
- 3) ~~42 CFR 5 (See Section 590.410(b)).~~

c) [Federal Regulations](#)

[U.S. Department of Health and Human Services, designation of Health Professional Shortage Areas \(HPSAs\) pursuant to section 332 of the Public Health Service Act \(42 USC 254e\) \(as amended by the Health Care Safety Net Amendments of 2002, P.L. 107-251\); 42 CFR 5 \(Designation of health professional shortage areas\), October 1, 2005 and 51c \(Grants for community health services\), October 1, 2005. Source: 45 FR 76000, November 17, 1980.](#)

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Nomenclature changes to Part 5 appear at 57 FR 2480, January 22, 1992, Procedures and Criteria for Designation of HPSAs (see Section 590.410(b)).

de) Other Guidelines –

"Socioeconomic Characteristics of Medical Practice, 1989," prepared by the American Medical Association's Center for Economic and Health Policy Research, 515 North State Street, Chicago, Illinois 60654.

ed) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations or standards on the date specified and do not include any amendments or editions~~additions or deletions~~ subsequent to the date specified.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.40 Administrative Hearings

Administrative~~Any administrative~~ hearings conducted by the Department concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings (See 77 Ill. Adm. Code 100).

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.60 Advisory Committee for Family Practice Residency Programs

The Advisory Committee for Family Practice Residency Programs consults with the Director in the administration of the Act. (Section 5 of the Act) The Department is required to consult with the Committee in the determination of Designated Shortage Areas, eligibility criteria for the allocation of grants and the awarding of scholarships. (Section 4.09 of the Act)

- a) The Committee shall consist of nine members with the following composition:
- 1) Four members shall be family practice physicians;
 - 2) One member shall be a dean or associate dean or deputy dean of a medical school in Illinois; and
 - 3) Four members shall represent the general public. (Section 5 of the Act)

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- b) Committee appointment:
- 1) The Director shall appoint individuals to the committee.
 - 2) Membership on the committee shall be for a term of *four years*.
 - 3) *No person shall serve more than two terms.*
 - 4) *A committee member shall continue to serve after the expiration of his or her term until his or her successor has been appointed. (Section 5 of the Act)*
- c) Committee structure:
- 1) The Committee shall elect a chairperson *from among the family practice physician members*.
 - 2) The Committee shall elect *such* officers as *may be required*. (Section 5 of the Act)
- d) *The Committee shall meet as frequently as the Director deems necessary. (Section 5 of the Act) However, the committee shall meet at least annually.*

(Source: Added at 35 Ill. Reg. 14089, effective August 4, 2011)

SUBPART B: GRANTS TO FAMILY PRACTICE RESIDENCY PROGRAMS

Section 590.100 Eligibility for Grants

The following educational entities are eligible to apply for grants through this Part:

- a) Any accredited family practice residency program located in Illinois; or
- b) Any school of medicine or school of osteopathy located in Illinois with a department of family medicine or family practice; or
- c) Any accredited preventive medicine residency program located in Illinois.

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(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.120 Project Requirements

- a) Applicants for projects~~Projects~~ to be funded through this Part shall respond to requests for proposals distributed by the Department and delineating project requirements.
- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
- 1) to increase~~Increase~~ *the number of family practice physicians in Designated Shortage Areas*~~designated shortage areas~~;
 - 2) to increase the percentage of obstetricians establishing practice within the State upon completion of residency;
 - 3) to increase~~Increase~~ *the number of accredited family practice residencies within the State*~~in Illinois~~;
 - 4) to increase~~Increase~~ *the percentage of family practice physicians establishing practice within the State upon completion of residency*; and
 - 5) to provide~~Provide~~ *funds for rental of office space, purchase of equipment and other uses necessary to enable family practitioners to locate their practices in communities located in designated shortage areas.*
(Section 4.01 of the Act)
- c) Projects shall have a director who is a board certified family practice physician who oversees the educational and professional components of the program and who is eligible to be a faculty member of a school of medicine or a school of osteopathy.
- d) Project directors shall annually submit fiscal and program objective progress reports to the Department.
- e) The applicant shall also demonstrate local support for the program. Local support can be demonstrated through funds, services or other resources. The

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ratio of State support to local support shall be determined by the Department in a manner that is consistent with the purpose of the Act. (Section 6 of the Act)

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.130 Application for Grants

- a) The Department shall prepare and distribute applications to eligible applicants (see Section 590.100)Applications shall be submitted which describe the applicant's proposed methods to achieve the goal(s) specified in the Department's request for proposals.
- b) Applications shall describe the applicant's proposed methods to achieve the goals specified in the Department's request for proposals (see Section 590.120)Applications shall be prepared and distributed by the Department to eligible applicants.
- c) Applications shall be in two formats – one for new projects and one for the subsequent years of a continuing project.
 - 1) New ~~Department~~ project applications shall include:
 - A) The legal name of the applicant;
 - B) The name and title of the applicant's officers and managers;
 - C) The applicant's legal address;
 - D) A general description of the applicant, including its business and business experience;
 - E) The applicant's telephone number, fax number, federal employer identification number (FEIN), DUNS number, and Illinois Department of Human Rights number;
 - F) The project director's name and e-mail address;
 - GA) A description of the project for which grant funds are requested, including a summarySummary statement of the applicant's plan of

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action to address the ~~goals~~goal(s) described in the Department's request for proposals;

HB) A description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or group (e.g., lack of health care providers, high incidence of disease, economic barriers to care) and an explanation of the manner in which the proposed project would meet those needs;

IC) A statement of measurable and relevant objectives the applicant proposes to achieve in the first year of the project as well as its longer term goals, including appropriate measuring metrics;

JD) A work plan and time table for achievement of the objectives;

KE) An evaluation plan ~~that~~which will ~~document~~allow documentation of the project's progress in meeting the particular needs of the geographic area or special population group described in subsection (c)(1)(H) item (B) above;

LF) A description of the medical student or family practice resident involvement in the project, including numbers participating, level of training, amount of academic time involved, and whether involvement will be a required or an optional experience for the student or resident;

MG) A description of the educational benefits the project would offer students or residents, which, ~~without the project~~, would not be available to them without the project;

NH) A description of the project's relationship to other activities and goals of the school or the residency program;

OF) A detailed budget with narrative explanation of the request, including cost estimates of developing, constructing, operating or completing the project; and;

PJ) For residency program applicants, a summary report, for the most

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recent five-year period, of the ~~percentage~~percent of its graduates who have established practices in designated shortage areas~~practiced~~ in Illinois and, if available, a count of those who have established practices in underserved areas of Illinois.

- 2) Continuing ~~Department~~-project applications shall include:
- A) The legal name of the applicant;
 - B) The name and title of the applicant's chief officers and key employees;
 - C) The applicant's legal address;
 - D) A general description of the applicant, including its business and business experience;
 - E) The applicant's telephone number, fax number, FEIN and DUNS number;
 - F) The project director's name and e-mail address;
 - GA) A progress~~Progress~~ report on the prior project year's activities, including accomplishments in meeting all stated objectives, impact on the needs of the area or population group served, amount of student and/or resident involvement, and educational benefits achieved;-
 - HB) A summary~~Summary~~ statement of all~~any~~ changes in the plan of action;
 - IC) A description~~Description~~ of all changes in the geographic area or special population group being served;
 - JD) A statement~~Statement~~ of measurable objectives for the new project year, measured with previously identified metrics;
 - KE) A work~~Work~~ plan and time table to meet the objectives;

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- LF) An evaluation plan for the new objectives, including appropriate measuring metrics;
- MG) A detailed budget with a narrative description, including cost estimates of developing, constructing, operating or completing the project; and
- NH) For residency program applicants, a report on the practice locations~~location~~ of the most recent graduates.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.140 Selection Criteria

- a) Priority in the selection of applicants for funding shall be given to those projects that ~~can~~ demonstrate the greatest impact on availability of health care for designated shortage areas or for population groups with special needs. ~~The~~~~Such~~ ~~an~~ impact shall be demonstrated in the following manner:
- 1) Applicants ~~that~~~~which~~ are located in a designated shortage area or can demonstrate that a significant percentage of patients served at their existing clinic sites reside in designated shortage areas;
 - 2) Applicants ~~that~~~~which~~ have presented a plan to significantly increase the number of individuals residing in designated shortage areas who will become patients at the proposed ~~project~~~~projects~~;
 - 3) Applicants ~~that~~~~which~~ can demonstrate ~~that~~ a significant number of patients to be seen at the proposed project will be members of a population group with special needs (~~see~~~~See~~ Section 590.130(c)(1)(~~HB~~)).
- b) Applicants ~~that~~~~which~~ ~~can~~ demonstrate the greatest level of residents' involvement in the proposed project shall receive priority consideration.
- c) Applicants ~~that~~~~which~~ ~~can~~ demonstrate ~~that~~ the proposed project meets an educational need not available or insufficient in scope at the main residency location will receive priority consideration.
- d) Applicants ~~that~~~~which~~ ~~can~~ demonstrate the lowest ratio of Family Practice

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Residency Act grant funds to total proposed project costseost will receive priority consideration.

- e) Applicants ~~thatwhich can~~ demonstrate a commitment to training family physicians to meet the health care needs of designated shortage areas or population groups with special needs will receive priority consideration. A commitment can be demonstrated by the following in a number of ways including:
- 1) Specific projects or activities targeted at population groups with special needs and/or populations residing in designated shortage areas, which were supported by sources other than Family Practice Residency Act grant funds;
 - 2) Evidence of residency support, either financial or peer, for its graduates who have established practices in designated shortage areas; and
 - 3) A higher percentage~~Higher percentages~~ of residency graduates who have established practices in Illinois withinand in designated shortage areas.
- f) Additional consideration shall be given for those projects meeting any of the following guidelines:
- 1) Thosethose *which are to be established at locations which exhibit potential for extending family practice physician availability to ~~designated shortage areas~~;*
 - 2) Thosethose *which are located away from communities in which medical schools are located; ~~and and~~*
 - 3) Those which arethose *located in hospitals having affiliation agreements with medical schools located within the State.*
(Section 4.02 of the Act)
- g) Selection criteria shall be applied with advice and review ofby the Advisory Committee.
- h) Once the Department determines that applications are complete, grant proposals will be forwarded to the Department's grant review committee for consideration.

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- i) Applicants shall be allowed to amend the application or provide additional supporting documentation during the evaluation process if requested by the Department's grant review committee.
- j) Upon completion of the grant review committee's evaluation, the Department will award grants to the applicants that meet all of the applicable requirements of the Act and this Part.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.150 Grant Awards, Terms and Conditions

To issue a grant award, the Department and grantee will enter into a written grant agreement. This agreement will describe the requirements the grantee must fulfill (based on the goals and objectives in the application) and how the grantee will ensure compliance with all applicable stipulations and conditions.

- a) The written grant agreement shall contain, at a minimum, the following:
 - 1) Identifying information of the grantee, including name, mailing address, phone number, fax number and e-mail address;
 - 2) A description of the grant's purpose;
 - 3) Information on how payments to the grantee will be made;
 - 4) Details on what constitutes permissible expenditure of grant funds;
 - 5) Reporting requirements applicable to the grant, including the filing of quarterly reports, at a minimum (for those grants exceeding \$25,000), that describe the project's progress and a detailed report of funds expended;
 - 6) The time period of the grant;
 - 7) Certification that the grantee will comply with all applicable provisions of the Illinois Grant Funds Recovery Act;
- b) Grant funds that the grantee does not expend or obligate by the end of the grant agreement shall be returned to the Department within 45 calendar days (see

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Section 4(b)(5) of the Illinois Grant Funds Recovery Act). The 45 calendar day time frame begins the day after the grant agreement expires. Returned funds will be deposited into the fund from which the original grant disbursement to the grantee was made.

- c) Grantees are required to keep proper, complete and accurate accounting records of all grant funds received from the Department.
- d) If a grantee dispenses any part or all of the grant funds to another person or entity for obligation or expenditure, those dispensed funds shall be treated as grant funds. (Section 12 of the Illinois Grant Funds Recovery Act) As such, the person or entity that receives the grant funds from the grantee will be subject to all applicable Sections of this Part.
- e) Each award by grant of State funds of \$250,000 or more for capital construction costs or professional services is conditioned upon the recipient's written certification that the recipient will comply with the business enterprise program practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act and the equal employment practices of Section 2-105 of the Illinois Human Rights Act. (Section 45 of the State Finance Act)

(Source: Added at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.160 Grant Funds Recovery

- a) If a grantee fails to comply with this Subpart or any of the terms of the grant agreement, the Department, after notice and opportunity for hearing, shall suspend or revoke the grant and/or recover any grant funds previously disbursed to the grantee.
- b) If the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Subpart or the terms of the grant agreement, the grantee shall have the opportunity for at least one informal hearing before the Department or the Department's designee to determine the facts and issues and to resolve any conflicts as amicably as possible before any formal recovery action is taken. (Section 7 of the Illinois Grant Funds Recovery Act)

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- c) If, based on the outcome of the informal hearing, the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Subpart or the terms of the grant agreement, then written notice of the proposed action shall be given to the grantee identifying the action to be taken and specific facts that permit the action. The grantee shall have 35 calendar days after the receipt of the notice to request a formal hearing (see 77 Ill. Adm. Code 100) to show why recovery is not justified or proper.
- d) If a grantee requests a hearing pursuant to subsection (c), the Department shall hold a hearing at which the grantee (if an individual or the grantee's attorney if the grantee is a recognized entity) is permitted to present evidence and witnesses to show why the action should not be taken.
- e) After the conclusion of the hearing, the Department shall issue a written final order setting forth its findings of fact and decision. A copy of the order shall be sent to the grantee.
- f) The Department may suspend payment of grant funds at any time for failure to comply with Section 590.170 or in any situation that constitutes a threat to the public interest, safety or welfare. Notice of opportunity for hearing will be provided with the notice of suspension. If a grantee requests a hearing pursuant to subsection (c), the Department may not take any action of recovery until at least 35 calendar days after the Department has issued a final recovery order pursuant to subsection (e). If a grantee does not request a hearing, the Department may proceed with recovery of the grant funds identified in the notice at any time after the expiration of the 35 calendar day request period established in subsection (c).
- g) Any notice or mailing required or permitted by this Part shall be deemed received five business days after the notice or mailing is deposited in the U.S. mail, properly addressed with the grantee's current or last known business address and with sufficient U.S. postage affixed.

(Source: Added at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.170 Reporting Requirements

- a) Quarterly Reports. For grants that exceed \$25,000, each grantee shall, at a minimum, submit progress reports to the Department every three months. The

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reports are due within 10 calendar days after the quarterly reporting period has expired (see Section 4(b)(2) of the Illinois Grant Funds Recovery Act). The report shall include the following:

- 1) Current status of the project, including the percentage of the project finished;
 - 2) Project components finished and project components yet to be finished;
 - 3) Costs and expenditures incurred to date, an itemized listing of the total current project costs and a comparison of those costs to the budget approved in the grant agreement; and
 - 4) Signature of an authorized official of the grantee, stating that this is a true and complete report of the project's status.
- b) Final Report. Grantees shall submit a final report within 60 calendar days after the conclusion of the grant. The degree to which each objective in the proposal has been met shall be fully addressed in this report. The final report shall contain the following:
- 1) A brief narrative summarizing project accomplishments;
 - 2) A description of any new activities or modifications made to the project as presented in the original grant application, including the causes for change. The description shall include a narrative on the implementation timetable and expected outcomes;
 - 3) A description of problems that developed and how they were addressed;
 - 4) A list of all project costs and sources of funds for the grant; and
 - 5) A certification in the form of a notarized statement, signed by an authorized representative of the grantee, attesting that:
 - A) All funds attributed to the grant have been expended;
 - B) The costs reported are the final costs required to complete the project and there are no additional or associated costs; and

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C) Funds used for the project were approved by the Department.

c) Failure to provide all of the required reports and information in a timely fashion shall result in the withholding or suspension of grant funds and the recovery of previously disbursed grant funds (see Section 590.160 and Section 4.1 of the Illinois Grant Funds Recovery Act).

(Source: Added at 35 Ill. Reg. 14089, effective August 4, 2011)

SUBPART C: MEDICAL STUDENT SCHOLARSHIPS

Section 590.200 Limitations on Use of Scholarship Funds

- a) Scholarships shall cover the cost of tuition and matriculation fees, and shall provide a monthly living stipend for selected medical students.
- b) Scholarship funds shall be expended by the recipient only while enrolled and in good academic standing at a medical school.
- c) Scholarship funds shall not be awarded for expenses incurred when the student must repeat more than once an academic term or terms, if the repetition is necessary because the student has an academic performance below an acceptable level as determined by the student's medical school.
- d) Scholarship funds shall be provided to the recipient's medical school. All funds for tuition and fees are to be expended only on the medical student's behalf, and all stipend monies are to be provided directly to the medical student.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.210 Eligibility for Application

- a) A student is~~Students~~ eligible to apply for a Medical Student Scholarship~~if Scholarships shall meet~~ the following requirements are met~~qualifications~~:
 - 1) *He or she is an Illinois resident at the time of application;*
 - 2) *He or she is studying medicine, or ~~is~~-accepted for enrollment, in a medical*

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school located in Illinois;

- 3) *He or she exhibits financial need as determined by the Department, using financial analysis information provided by the applicant and accepted by his or her medical school. The Department shall find a financial need when the information provided reveals a deficit in available funds for tuition and fees; ~~and-~~*
 - 4) *He or she agrees to practice full-time in a Designated Shortage Area as a primary care physician one year for each year he or she is a scholarship recipient. (Section 3.07 of the Act)*
- b) Students receiving funds from other scholarship or loan funds requiring service commitments that would prevent the applicant from meeting the requirements of the Medical Student Scholarship shall ~~not be ineligible~~ eligible for scholarships described in this Subpart.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.220 Criteria for Selecting Scholarship Recipients

- a) Preference shall be given to those scholarship applicants who, in written narratives and personal interviews, ~~can demonstrate the following:~~
 - 1) ~~An interest~~ Interest in pursuing one, or a combination of, the medical specialties of family practice, internal medicine, pediatrics, or obstetrics/gynecology;
 - 2) Previous experience with medically underserved populations;
 - 3) Previous experience in the health care delivery system, with preference given to those whose experience has involved one of the primary care specialty areas;
 - 4) Academic capabilities ~~as~~-reported by the applicant's medical school;
 - 5) Financial need as reported by standard financial analysis documentation supplied by the applicant's medical school on the student's behalf;

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- 6) ~~A greater~~Greater number of years of medical school remaining;
 - 7) ~~A stated~~Stated interest in providing primary health care to Illinois citizens residing in designated shortage areas of Illinois;
 - 8) ~~The greatest~~Most number of years of residence in Illinois; ~~and~~
 - 9) United States ~~citizenship~~citizens, or ~~being those~~ granted permanent ~~residency~~residence in the United States by the United States Department of Homeland Security, Citizenship and Immigration and Naturalization Service.
- b) If applicants ~~qualify~~demonstrate equally ~~in~~ all of the criteria referenced in subsection (a) above characteristics, preference will be given to those interested in pursuing the specialty of family practice.
 - c) Of all applicants, priority is given to those individuals who have previously received a Medical Student Scholarship, providing that the:
 - 1) Recipient requests, ~~in a format determined by the Department,~~ a continuation of scholarship funds ~~(See Appendix A)~~;
 - 2) Recipient would not be repeating the same year of school ~~for the second consecutive year~~ because of poor academic performance (see Section 590.200); ~~and~~
 - 3) Recipient has not voluntarily withdrawn from medical school.
 - d) Selection criteria will be applied with advice and review ~~of~~by the Advisory Committee.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.230 Terms of Performance

- a) Each scholarship recipient shall sign a written contract ~~(See Appendix A)~~. The contract ~~shall contain~~contains additional terms and conditions ~~that~~which ensure compliance with this Part ~~and~~ the laws of the State of Illinois, and enforcement of the contract.

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- b) Scholarship recipients who fail to complete medical school ~~because of due to~~ academic failure, (as documented by the recipient's medical school), shall repay to the Department all scholarship monies that were disbursed. This includes monies remitted to the medical school for tuition and fees as well as monies received by the recipient for stipends~~be discharged from all obligations. Repayment shall be made as agreed to by the recipient and the Department in the recipient's contract.~~
- c) Scholarship recipients who fail to complete medical school ~~because of due to~~ voluntary actions (e.g., withdrawal from medical school) on their part shall repay to the Department all scholarship monies that were disbursed. This includes monies remitted to the medical school for tuition and fees as well as monies received by the recipient for stipends. Repayment shall be made ~~in such a manner~~ as agreed to by the recipient and the Department in the recipient's contract ~~(See Appendix A).~~
- d) Scholarship recipients who complete medical school but fail to place in a primary care residency or fail to become licensed as a physician in Illinois shall repay all scholarship monies to the Department. This includes monies remitted to the medical school for tuition and fees as well as monies received by the recipient for stipends. Repayment shall be made as agreed to by the recipient and the Department in the recipient's contract.
- ~~ed)~~ If~~in the event~~ the scholarship recipient is disabled or is otherwise unable for reasons beyond the recipient's control to perform the scholarship's obligations, these obligations shall be suspended until such time as the scholarship recipient is able to resume the scholarship obligations. However, the suspension shall not exceed two years. Such suspension shall be requested in writing by the scholarship recipient. The Department's acceptance or denial of the suspension request will be provided in writing, under the Director's signature. The Department shall accept a request for a suspension when supported by a letter from the recipient's physician attesting to the recipient's inability (either temporarily or permanently) to continue (either school or the practice of medicine) and the recipient's agreeing to not continue either his or her medical education (or the practice of medicine) in any state.
- 1) To request a suspension of the scholarship obligation, a recipient shall submit a suspension request in writing to the Department. This request shall detail the reasons for the suspension and, if temporary, the duration

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of the suspension and shall be supported by clear and convincing documentation.

- 2) The Department shall approve a request for a suspension if the request is supported by a letter from the recipient's licensed physician fully explaining and attesting to the recipient's inability (either temporarily or permanently) to continue either school or the practice of medicine and if the recipient agrees not to continue either his or her medical education or the practice of medicine in any state.
- 3) If a scholarship recipient suffers total and permanent disability, dies or is adjudicated as incompetent, the recipient shall be discharged from all obligations to the Department in connection with the Family Practice Residency Program.
- 4) If the Department denies the suspension request, the recipient shall fulfill the scholarship obligation.
- 5) Based on the information contained in the request, the Department's acceptance or denial of the request will be provided in writing, under the Director's signature.

fe) Scholarship recipients who, in their third year of medical school, seek a residency training program in an area other than a primary care specialty shall have their eligibility for scholarship funds for their final year of medical school suspended until ~~such time as~~ the residency matching process is complete.

- 1) If the recipient is notified by the National Resident Matching Program, or directly by a residency not participating in the National Resident Matching Program, of acceptance into a non-primary care residency, no funds shall be provided for the final year of medical education, and all funds previously provided by the Department to the student shall be due in full, immediately.
- 2) If the recipient has requested a non-primary care residency but is matched to a primary care residency instead and agrees to the match, scholarship funds for the final year of medical education shall again be made available.

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- gf) Misrepresentation of any material~~the~~ facts presented in the recipient's scholarship application shall be considered a breach of contract. If the Department determines that a breach of contract occurred, the~~The~~ recipient's medical school shall be notified to halt further disbursements of scholarship funds. In addition,~~and~~ all funds provided by the Department to the student shall be due in full, immediately.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.240 Scholarship Repayment

- a) Upon the Illinois licensure of the scholarship recipient to practice medicine, the recipient shall provide primary health care in a designated shortage area of Illinois. The term of this service shall be *one year for each academic year he or she is a scholarship recipient.* (Section 3.07 of the Act)
- b) Service as a primary care physician shall begin no later than 30 calendar days after the licensure of the recipient to practice medicine.
- 1) ~~The Department will defer service~~Service shall be deferred by the Department until the recipient completes a primary care residency; service shall begin no later than 30 calendar days after completion of the residency.
- 2) If the recipient leaves the residency program prior to completion, service shall begin within 30 calendar days after leaving the program.
- c) Upon written approval of the Department, service shall be deferred until 30 days following completion of a fellowship in a primary care specialty.
- d) The recipient's internship, residency or other advanced clinical training does not qualify as service repayment of the scholarship obligation.
- e) The scholarship recipient shall submit a written request to the Department for approval for a proposed practice location. The Department will provide approval or disapproval, in the form of a letter, to the scholarship recipient, based on the requirements of subsection (f). A letter of approval shall include a description of the terms of the service obligation.~~Written approval of the Department for a proposed practice location shall be requested and received by the scholarship recipient.~~

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- 1) Without ~~such~~ approval from the Department, time in practice at the described~~such a~~ location shall not meet the scholarship recipient's service obligation.
 - 2) The scholarship recipient may request and receive approval for a practice location up to 18 months ~~preceding~~preceding the time that practice at the location is to begin.
 - 3) Approval for a practice location is granted for the duration of the scholarship recipient's service obligation.
- f) The scholarship recipient's practice shall meet the following requirements:
- 1) Be located in a federally designated HPSA~~shortage area(s)~~ (~~see~~See Subpart E);
 - 2) Have at least 51% of the patients seen be members of the affected population group, including Medicaid-reimbursed patients and patients qualifying for a reduced fee if their household income is at or below 200 percent of the federal poverty level;
 - 32) Be a full-time, office-based practice providing direct patient care (~~see~~See Subpart A, Section 590.20 for definition of full-time, by primary care specialty);
 - 43) Be in one of, or in a combination of, the primary care specialties; and
 - 54) Provide~~Be providing~~ continuous service at the rate of 12 months for each academic year of medical school supported by the scholarship.
- g) Scholarship recipients may relocate to another practice location, or practice in more than one location, if prior written approval is granted by the Department.
- h) Scholarship recipients shall enter into a written contract (~~See Appendix B~~) with the Department that~~which~~ describes terms of the service obligation and contains provisions for enforcement of the contract.
- i) *Scholarship recipients who fail to provide service as required shall pay to the*

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Department a sum of money equal to 3 times the amount of the recipient's average annual scholarship award ~~of the recipient's~~ for each year, or portion thereof, that the recipient fails to fulfill the service obligation. (Section 10 of the Act):

- 1) To fulfill the repayment requirements of this Section, the scholarship recipient shall have 30 days from the date the failure begins in which to enter into a contract with the Department. (Section 10 of the Act)*
- 2) If the contract is not entered into within that 30 day period or if the contract is entered into but the required payments are not made in the amounts and at the times provided in the contract, the scholarship recipient also shall be required to pay to the Department interest at the rate of 9% per annum on the amount of that sum remaining due and unpaid. (Section 10 of the Act)*
- 34) Payment shall be made in equal monthly installments in ~~such~~ amounts so that all sums due shall be paid within a period of time equal to the recipient's service term, or remaining portion thereof, ~~or as otherwise approved by the Department.~~*
- 42) The contract will contain ~~Recipient and Department shall enter into a written contract (See Appendix C) which describes~~ terms for ~~of~~ the repayment and ~~contains~~ provisions for enforcement of the contract.*
- 5) The amounts paid to the Department under this Section shall be deposited into the Community Health Center Care Fund and shall be used by the Department to improve access to primary health care services as authorized under Section 2310-200(a) of the Department of Public Health Powers and Duties Law. (Section 10 of the Act)*
- j) ~~If in the event~~ a scholarship recipient fails to pay monies owed to the Department, the Department ~~shall~~ may refer the matter to the Illinois Attorney General, ~~or to~~ a collection agency, or a licensed attorney.*

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

SUBPART D: EDUCATIONAL LOAN REPAYMENT FOR PHYSICIANS

Section 590.300 Limitations on Use of Loan Repayment Funds

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- a) Funds shall be used *for the repayment of the educational loans of primary care physicians who agree to serve in Designated Shortage Areas*~~designated shortage areas~~ for a specified period of time, no less than 2 years.
- b) Payments under this program may be ~~made used~~ for the ~~principal-principle~~, interest and related expenses of government and commercial loans received by the individual and used for tuition expenses, and all other reasonable educational expenses incurred by the individual.
- c) The maximum annual payment which may be made to an individual under the Act and this Part~~this law~~ is \$20,000, or ~~25% percent~~ of the total covered educational indebtedness, whichever is less.
- d) Payments made under this Section shall be exempt from Illinois State income tax. ~~(Section 4.10 of the Act)(Payments are not exempt from federal income tax.)~~
- e) Funds ~~shall~~may not be used to monetarily repay a practice obligation resulting from educational loans or scholarships, whether from Illinois based institutions or governments, or those in other states ~~(Section 4.10 of the Act)~~.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.310 Eligibility for Application

- a) Any Illinois licensed physician who intends to practice, or is practicing in a primary care specialty in a designated shortage area of Illinois may apply for educational loan repayment.
- b) Applicants shall document currently existing educational loan indebtedness to a governmental or commercial lending institution incurred for educational expenses in pursuit of the applicant's medical degree. Documentation~~Such documentation~~ of indebtedness shall include a photocopy or original copy of promissory notes or other evidence of indebtedness, with disclosure of the lending institution or agency, loan amount, loan period, interest rate, and any amounts repaid prior to the date of application.
- c) Applicants shall be practicing, or be willing to practice, full-time in a designated shortage ~~area~~area(s) in Illinois.

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- d) Applicants not yet in practice, or not yet in practice in a designated shortage ~~area~~~~area(s)~~ of Illinois, shall document intent to do so by written confirmation from a community-based organization or agency, or from other physicians located within the designated shortage area.
- e) Physicians having practice obligations to the National Health Service Corps or the Illinois Medical Student Scholarship Program may apply for educational loan repayment after completion of the practice obligation.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.320 Selection Criteria for Distribution of Loan Repayment Funds

- a) When numbers of applications are sufficient to support a ~~geographic~~~~geographical~~ separation into urban and rural groupings, an equal number of applicants will be selected from each of the groups.
- b) When numbers of applications are sufficient, an equal number of applicants shall be selected from ~~the city of~~ Chicago and from the remaining urban areas in the State.
- c) Preference shall be given to applications from physicians who have been recruited by, or are actively involved with, a community-based organization or group having as one of its goals the improvement or maintenance of the availability and accessibility of primary health care in its area.
- d) When all other selection criteria are ~~essentially~~ equal among a group of applicants, preference will be given to the applicant with the greater educational indebtedness.
- e) ~~The Department will review applications~~~~Applications~~ from physicians ~~received by the Department shall be reviewed~~ on a quarterly basis, and the following priority classifications of the location and other characteristics of the practice shall be applied:
 - 1) Rural Selection Priority Classifications, From Highest to Lowest
 - A) Population-to-primary care physician ratio of at least 2400:1, new

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- physician establishing practice in [the](#) area, and endorsed by [a](#) community-based group or organization.
- B) Population-to-primary care physician ratio of at least 2400:1, new physician establishing practice in [the](#) area, with no endorsement by [a](#) community-based group or organization.
- C) Population-to-primary care physician ratio between 1800:[1](#) and 2399:1 and where at least one-third of the primary care physicians [in the area](#) are aged 60 or more, new physician establishing practice in [the](#) area, and endorsed by [a](#) community-based group or organization.
- D) Population-to-primary care physician ratio between 1800:[1](#) and 2399:1 and where at least one-third of the primary care physicians [in the area](#) are aged 60 or more, new physician establishing practice in [the](#) area, with no endorsement by [a](#) community-based group or organization.
- E) Facilities designated under Section 590.410 of this Part, and new physician recruited to the facility.
- F) Population-to-primary care physician ratio of at least 2400:1, physician with practice in the area for 24 months or less.
- G) Population-to-primary care physician ratio between 1800:[1](#) and 2399:1 and where at least one-third of the primary care physicians [in the area](#) are aged 60 or more, physician with practice in the area for 24 months or less.
- 2) Urban Selection Priority Classifications, From Highest to Lowest
- A) Population-to-primary care physician ratio of at least 3000:[1](#), new physician establishing practice in [the](#) area, and endorsed by [a](#) community-based group or organization.
- B) Population-to-primary care physician ratio of at least 3000:1, new physician establishing practice in [the](#) area, and no formal endorsement from [a](#) community-based group or organization.

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- C) Public and nonprofit private medical facilities that are designated as being in shortage areas~~Facilities designated~~ under Section 590.410~~(a)(3) of this Part~~, and new physicians~~physician~~ recruited to these facilities~~the facility~~.
- D) Population-to-primary care physician ratio of at least 3000:1, physician with practice in the area for 24 months or less.
- f) Applications shall be accepted between July 1 and September 30 and considered for funding according to the criteria described in subsection (e). If all funds appropriated to this program for a specific fiscal year are not expended during the initial submission of applications, subsequent application cycles shall extend from October 1 to December 31, January 1 to March 31, and April 1 to June 30.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.330 Terms of Performance

- a) Each physician selected for educational loan repayment shall sign a written contract (~~See Appendix D~~) with the Department. The contract ~~shall~~may contain ~~additional~~ terms and conditions ~~that~~which ensure compliance with the laws of the State of Illinois and this Part, and enforcement of the contract.
- b) Each physician~~Physicians~~ selected for loan repayment shall practice as a primary care physician in a designated shortage area on a full-time basis (~~see~~See Subpart A, Section 590.20 for definition of full-time physician, by primary care specialty).
- c) Loan repayment recipients who move their practice from the location described in the recipient's original application shall relocate to an area ~~that~~which qualifies for the same or a higher priority ranking. Relocating to a lower priority area ~~shall~~would result in termination of the loan repayment contract. If a recipient relocates to a lower priority area and has his or her loan repayment contract terminated, the~~The~~ recipient shall be eligible to reapply for the loan repayment program and be considered among all other applicants. If a loan repayment recipient relocates to a lower priority area, has his or her loan repayment contract terminated and either does not reapply for loan repayment assistance or is not selected for loan repayment assistance, the recipient shall immediately remit to the Department all funds that were previously provided to the recipient.

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- d) Loan repayment recipients who elect to have payments made on their behalf directly to the financial institution to which they are obligated may have payments made up to six months in advance if the financial institution so agrees. ~~If in the event~~ the physician moves from the designated shortage area during the period for which loan repayment has been made, he or she shall repay any prorated amounts to the Department ~~any prorated amounts~~.
- e) Loan repayment recipients who elect to have payments made directly to themselves shall make loan payments, then present documentation of payment (e.g. i.e., cancelled checks) to the Department. Direct payments to recipients will be made on a quarterly basis.
- f) Misrepresentation of any material~~the~~ facts presented in the application will be considered a breach of contract. If the Department determines that a breach of contract has occurred, any funds provided by the Department for the repayment of educational loans shall be due in full immediately ~~in full~~.
- g) ~~If in the event~~ the physician does not repay any funds owed to the Department, the Department ~~shall~~may refer the matter to the Illinois Attorney General, ~~or to~~ a collection agency, or a licensed attorney.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

SUBPART E: DESIGNATION OF SHORTAGE AREAS

Section 590.400 Data Elements Used in Designation Process

- a) Population counts and demographic information describing a rational ~~service~~ area are ~~those~~ available in the most recently published decennial population census prepared by the U.S. Department of Commerce, Bureau of the Census.
- b) Information regarding physicians practicing in an area is collected by Department staff. Such information includes specialty, practice ~~location(s)~~location(s), amount of time in practice per week, and approximate or exact age of physician.
- c) Full-time-equivalencies for primary care physicians are calculated comparing a physician's office hours per week to that reported nationally by the American Medical Association (~~see~~See Subpart A, Section 590.20).

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- d) ~~The number~~[Number](#) of obstetricians providing patient care in a particular year in Illinois will be obtained from the American Medical Association's Center for Health Policy Research.
- e) ~~The number~~[Number](#) of [live](#) births in a particular year in Illinois will be obtained from the Department.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.410 Criteria for Designating Shortage Areas

- a) Shortage areas may include the following:
 - 1) *An urban or rural area which is a rational area for the delivery of health services;*
 - 2) *A population group; [or](#)*
 - 3) *A public or nonprofit private medical facility. (Section 3.04 of the Act)*
- b) Areas and population groups designated by the U.S. Department of Health and Human Services (~~see~~[See](#) 42 CFR 5) as having shortages of primary care physicians shall qualify for purposes described in this Part.
- c) Additional areas shall be designated using the following criteria:
 - 1) Urban service areas with a population-to-primary care physician ratio of at least 3000:1;
 - 2) Rural service areas with a population-to-primary care physician ratio of at least 2400:1;
 - 3) Rural service areas with a population-to-primary care physician ratio between 1800:1 and 2399:1, and where one-third of the primary care physicians [in the area](#) are 60 years of age or older;
 - 4) Urban or rural areas where board certified pediatricians or obstetrician/gynecologists are not practicing within the service area, and

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where there is sufficient need to support a full-time practice. Sufficient need, for the purposes of this subsection (c)(4), may be documented in the following manner:

- A) ~~At a~~ least 80% of the ~~non-pediatric non-pediatrician~~ (or ~~obstetric obstetrician~~) physicians within the service area agree that there is a sufficient need.
 - B) At least 80% of the ~~pediatric pediatricians~~ (or ~~obstetric obstetrician~~) physicians within the service area agree that there is sufficient need.
 - C) ~~Hospital administrators~~ Agreement by the hospitals and local health department administrators within the service area agree that there is sufficient need.
- 5) Rural service areas where the obstetricians having admitting privileges at a hospital with an obstetrical unit perform more deliveries per year than the statewide average. The statewide average is obtained by dividing the number of obstetricians providing patient care in Illinois in a particular year into the number of births in Illinois in the same year; and when the existing obstetricians and family practice physicians within the service area providing obstetrical care express, in writing, their need for additional obstetricians.
- d) Facilities whose mission is to provide care to underserved populations will be designated for purposes of this Part. ~~These~~ facilities include:
- 1) Local health departments ~~that~~ establish primary care clinics, offering direct patient care on either a full or part-time basis;
 - 2) Any community health center or its satellite in Illinois ~~that~~ is funded through Section 330 of the Public Health Service Act or is designated a Federally Qualified Health Center Look-Alike;
 - 3) Health clinics ~~that~~ can document that at least ~~51~~ percent of their patients are a combination of the following:
 - A) Medicaid eligible; or

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- B) Qualify for reduced fees based on a sliding fee scale using as an upper limit 200 percent of the federal poverty level, as published annually in the Federal Register.

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

Section 590.420 Distribution of Lists of Designated Shortage Areas

~~a) Current listings~~ ~~At least annually, updated listings~~ of ~~State and federally~~ designated shortage areas ~~shall be available electronically provided~~ to all recipients of ~~the~~ Medical Student Scholarships ~~authorized under Subpart C, interested individuals, organizations, local health departments, hospitals, primary care physicians and community health organizations at:~~ ~~www.idph.state.il.us/about/rural_health/shortageareas.htm~~ ~~made under this Part.~~

- b) ~~Listings of designated shortage areas shall be made available to interested individuals and organizations who request listings from the Department.~~
- e) ~~Notification of designation as a shortage area shall be provided to local health departments, hospitals, primary care physicians and community-based organizations.~~

(Source: Amended at 35 Ill. Reg. 14089, effective August 4, 2011)

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Section 590.APPENDIX A Sample Contract for Medical Student Scholarship (Student Contract) (Repealed)

~~ILLINOIS DEPARTMENT OF PUBLIC HEALTH~~

~~FAMILY PRACTICE RESIDENCY ACT
SCHOLARSHIP FOR MEDICAL STUDENTS~~

~~STUDENT CONTRACT~~

~~The Illinois Department of Public Health (Department) and~~

~~(Name of Student)~~

~~hereby agree as follows:~~

~~1) The Department shall pay the sum of \$_____ to~~

~~(Name of Medical School)~~

~~on behalf of Student pursuant to the Family Practice Residency Act, (Ill. Rev. Stat. 1989, ch. 144, par. 1451 et seq.) as amended, which is made a part hereof and fully incorporated herein.~~

~~2) All funds paid to Student through the above named organization by Department pursuant to this Contract constitute a scholarship which shall be repaid to Department by Student unless Student is excused from repayment by Department pursuant to the terms of this Contract.~~

~~3) If Student fails to complete medical studies because of academic failure, Student shall be discharged from any and all obligations under this Contract.~~

~~4) If Student fails to complete medical studies for any reason other than academic failure, death or permanent disability, Student shall repay to Department all funds paid pursuant to this Contract. Repayment shall be made in equal monthly installments in such amounts so that all sums due and owing will be paid within a period of time equal to the period of time funds were paid, or as otherwise approved by Department. Payments shall begin within 30 days after Student leaves medical school.~~

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- 5) ~~If Student dies or suffers total and permanent disability either while pursuing studies under this Act or, after Student's medical degree, while engaging in medical practice in Illinois up to the onset of fatal illness or such disability, the scholarship or any balance due on it shall be excused and deemed satisfied.~~
- 6) ~~Student's service term shall begin within 30 days of Student's licensure to practice medicine, except that service may be deferred until completion of an approved residency program in primary care. In all cases where service is deferred, service shall begin within 30 days after Student leaves residency program.~~
- 7) ~~Student may request an emergency deferment because of temporary personal disability or to fulfill family obligations which delay the start of Student's medical practice. Emergency deferments will be granted on a quarterly basis, at the discretion of Department. Student shall begin medical practice within 30 days of the ending date of the emergency deferment.~~
- 8) ~~Upon Student's licensure to practice medicine or completion of an approved residency program in primary care, Student shall agree to enter into a contract with Department to serve as a full-time primary care physician engaged in direct patient care in only the designated shortage areas in Illinois approved as a practice site(s) for that individual. Full-time practice is defined in the Family Practice Residency Code, (77 Ill. Adm. Code 590). Upon request Student shall confirm, in writing, the location and office hours of the medical practice. The terms of this service shall be at the rate of one year of full-time service for each school year, or portion thereof that funds were paid.~~
- 9) ~~If Student fails to perform any of the foregoing terms and conditions of this Contract, Student shall, in accordance with the Family Practice Residency Act, pay to Department a sum of money equal to three times the amount of the average annual scholarship grant for each year recipient fails to fulfill such obligation. Payment shall be made in equal monthly installments in such amounts so that all sums due and owing will be paid within a period of time equal to Student's remaining service term or as otherwise approved by Department. Payments shall begin within 30 days after Student fails to perform any of the terms and conditions of this Contract. In the event that Student fails to pay any required installment to Department, Department may file suit to collect all sums and future sums due and owing under this Contract or may refer the matter to a collection agency.~~

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- 10) ~~Student shall inform Department, in writing, within seven days of any of the following changes:~~
 - a) ~~status as a student~~
 - b) ~~address~~
 - c) ~~illness, disability, or family considerations affecting obligations of this Contract~~
- 11) ~~Notwithstanding any other provisions of this agreement, Student shall repay in full all funds received by Student pursuant to this agreement in the event of breach of any provisions of this agreement by Student within 60 days of written demand of Department.~~
- 12) ~~Student shall pay all costs of suit, including attorney fees, and all collection costs in the event Department shall prevail in suit for money damages against Student pursuant to this Contract.~~
- 13) ~~This Contract shall be governed in all respects by the laws of the State of Illinois.~~
- 14) ~~This Contract may not be amended without prior written approval of both Department and Student.~~
- 15) ~~This Contract may not be sold, assigned or transferred in any manner.~~
- 16) ~~Department and Student understand and agree that this Contract constitutes the total agreement between them and that no promises, terms or conditions not recited herein or incorporated herein, or referenced herein shall be binding upon either Department or Student.~~
- 17) ~~Obligations of Department will cease immediately without penalty of further payment being required if the Illinois General Assembly fails to appropriate or otherwise make available sufficient funds for this Contract.~~
- 18) ~~Student hereby certifies that Student has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has Student made an admission of guilt of such conduct which is a matter of record.~~

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- 19) ~~Student agrees to comply with the provisions of the Illinois Purchasing Act (Ill. Rev. Stat. 1989, ch. 127, pars. 132.11-1 through 132.11-5) prohibiting conflict of interest.~~
- 20) ~~The Student certifies that Student is not in default on an educational loan as provided in Public Act 85-827.~~
- 21) ~~In the event the Family Practice Residency Act is amended while this Contract is in effect, this Contract shall be amended automatically to incorporate such amendments to such Law, provided that obligations of Student shall not be increased.~~
- 22) ~~In the event any portion of this Contract is held invalid by any court of law, the remaining terms and conditions shall remain in full force and effect.~~
- 23) ~~Obligations of Student shall remain in full force and effect until Student has either fulfilled the service obligation pursuant to the Family Practice Residency Act or repaid all funds to Department pursuant to the terms of this Contract.~~
- 24) ~~The term of this Contract is for the period July 1, 19__ through June 30, 19__. It is further understood between the parties hereto that this Contract is subject to appropriations to Department, in subsequent years, for the purpose herein described.~~
- 25) ~~Under penalties of perjury, I certify that the social security number shown below is my correct Federal Taxpayer Identification Number.~~

Executed this _____ day of _____, 19__.

Student

Director of Public Health

Social Security Number

(Source: Repealed at 35 Ill. Reg. 14089, effective August 4, 2011)

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Section 590.APPENDIX B Sample Contract for Scholarship Service Obligation (Repealed)

~~ILLINOIS DEPARTMENT OF PUBLIC HEALTH~~

~~FAMILY PRACTICE RESIDENCY ACT
SCHOLARSHIP FOR MEDICAL STUDENTS~~

~~SERVICE CONTRACT~~

~~For awards Made Before July 1986~~

~~The Illinois Department of Public Health (Department) and _____(Contractor) hereby agree as follows:~~

- ~~1) Paragraph ___ of Contract # _____ signed by Department and Contractor on _____ requires Contractor to enter into a contract with Department to serve as a full-time primary care physician engaged in direct patient care in designated shortage areas in Illinois approved as practice site(s) for that individual. A copy of Contract # _____ is attached and incorporated herein.~~
- ~~2) The Contractor received \$ _____ in academic year 19__-19__; \$ _____ in academic year 19__-19__; \$ _____ in academic year 19__-19__; \$ _____ in academic year 19__-19__, totaling \$ _____. Copies of the State of Illinois documents verifying award amounts are attached and incorporated herein.~~
- ~~3) Contractor agrees to serve as a primary care physician at a rate of one year of full-time service for each school year or portion thereof that funds were provided except that no more than three years of service shall be provided. Contractor was provided funds for the academic years detailed in item 2 above. Uninterrupted service shall begin _____ and end _____. Uninterrupted service is defined as continual full-time patient care except for time allowed for continuing education, vacation, personal time, or sick time at the rate permitted by written policies of contractor's employer or as approved by the Department, at the sole discretion of the Department. The approved practice location shall be _____.~~
- ~~4) Full time practice for an _____ is defined as~~

DEPARTMENT OF PUBLIC HEALTH

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- ~~_____ () hours a week of direct patient care at the approved practice site(s) when services are not provided to office patients in the hospital setting.~~
- ~~5) If Contractor becomes disabled the terms and conditions of this Contract shall be suspended until such time as Contractor is able to resume repayment.~~
 - ~~6) In the event the Contractor fails to perform any of the foregoing terms and conditions of this Contract, Contractor shall, in accordance with the Family Practice Residency Act, pay to the Department a sum of money equal to three times the amount of average scholarship grants for each year Contractor fails to fulfill such obligations. Payments shall be made in equal monthly installments in such amounts so that all sums due and owing will be paid within a period of time equal to the Contractor's remaining service term or as otherwise approved by the Department. Payments shall begin 30 days after Contractor fails to perform any of the terms and conditions of this Contract. In the event the Contractor fails to pay required installments to the Department, Department may file suit to collect all sums and future sums due and owing under this Contract or may refer the matter to a collection agency.~~
 - ~~7) Contractor shall pay all costs of suit including attorney's fees and all collection costs in the event the Department shall prevail in suit for money damages against Contractor pursuant to this Contract.~~
 - ~~8) Contractor shall inform Department in writing within seven days of any of the following changes:
 - ~~a) status of employment,~~
 - ~~b) address,~~
 - ~~e) illness, disability, or family considerations affecting obligations of this Contract.~~~~
 - ~~9) This Contract shall be governed in all respects by the laws of the State of Illinois.~~
 - ~~10) This Contract may not be amended without prior written approval of both Department and Contractor.~~
 - ~~11) This Contract may not be sold, signed or transferred in any manner.~~
 - ~~12) The Department and Contractor understand and agree that this Contract constitutes the~~

DEPARTMENT OF PUBLIC HEALTH

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~~total agreement between them and that no promises, terms or conditions not recited, incorporated or referenced herein shall be binding upon either Department or Contractor.~~

- 13) ~~In the event the Family Practice Residency Act is amended while this Contract is in effect, this Contract shall be amended automatically to incorporate such amendments into law. However, obligations of the Contractor shall not be increased.~~
- 14) ~~In the event any portion of this Contract is held invalid by any court of competent jurisdiction, remaining terms shall remain in full force and effect.~~
- 15) ~~This Contract shall remain in full force and effect until Contractor has repaid all obligations to the Department pursuant to the terms of this Contract and all financial obligations shall be abated on a monthly basis in direct proportion to the service provided.~~
- 16) ~~Under penalties of perjury, I certify that the social security number shown below is my correct Federal Taxpayer Identification Number.~~

Executed this _____ day of _____, 19__.

Contractor

Director of Public Health

Social Security Number

~~ILLINOIS DEPARTMENT OF PUBLIC HEALTH~~

~~FAMILY PRACTICE RESIDENCY ACT
SCHOLARSHIP FOR MEDICAL STUDENTS~~

~~S E R V I C E C O N T R A C T~~

~~For Awards Made After June 1986~~

DEPARTMENT OF PUBLIC HEALTH

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The Illinois Department of Public Health (Department) and _____
(Contractor) hereby agree as follows:

- 1) Paragraph _____ of Contract # _____ signed by Department and Contractor on _____ requires Contractor to enter into a contract with Department to serve as a full-time primary care physician engaged in direct patient care in designated shortage areas in Illinois approved as practice site(s) for that individual. A copy of Contract # _____ is attached and incorporated herein.
- 2) The Contractor received \$ _____ in academic year 19__-19__;
\$ _____ in academic year 19__-19__; \$ _____ in academic year
19__-19__; \$ _____ in academic year 19__-19__, totaling
\$ _____. Copies of the State of Illinois documents verifying award amounts are
attached and incorporated herein.
- 3) Contractor agrees to serve as a primary care physician at a rate of one year of full-time
service for each school year or portion thereof that funds were provided except that no
more than three years of service shall be provided. Contractor was provided funds for
the academic years detailed in item 2 above. Uninterrupted service shall begin
_____ and end _____. Uninterrupted service
is defined as continual full-time patient care except for time allowed for continuing
education, vacation, personal time, or sick time at the rate permitted by written policies
of contractor's employer or as approved by the Department, at the sole discretion of the
Department. The approved practice location shall be _____.
- 4) Full-time practice for an _____ is defined as _____ (-)
hours a week of direct patient care at the approved practice site(s) when services are not
provided to office patients in the hospital setting.
- 5) If Contractor becomes disabled the terms and conditions of this Contract shall be
suspended until such time as Contractor is able to resume repayment.
- 6) In the event the Contractor fails to perform any of the foregoing terms and conditions of
this Contract, Contractor shall, in accordance with the Family Practice Residency Act,
pay to the Department a sum of money equal to three times the amount of average
scholarship grants for each year Contractor fails to fulfill such obligations. Payments
shall be made in equal monthly installments in such amounts so that all sums due and
owing will be paid within a period of time equal to the Contractor's remaining service
term or as otherwise approved by the Department. Payments shall begin 30 days after

DEPARTMENT OF PUBLIC HEALTH

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- ~~Contractor fails to perform any of the terms and conditions of this Contract. In the event the Contractor fails to pay required installments to the Department, Department may file suit to collect all sums and future sums due and owing under this Contract.~~
- ~~7) Contractor shall pay all costs of suit including attorney's fees and all collection costs in the event the Department shall prevail in suit for money damages against Contractor pursuant to this Contract.~~
 - ~~8) Contractor shall inform Department in writing within seven days of any of the following changes:
 - ~~a) status of employment,~~
 - ~~b) address,~~
 - ~~e) illness, disability, or family considerations affecting obligations of this Contract.~~~~
 - ~~9) This Contract shall be governed in all respects by the laws of the State of Illinois.~~
 - ~~10) This Contract may not be amended without prior written approval of both Department and Contractor.~~
 - ~~11) This Contract may not be sold, signed or transferred in any manner.~~
 - ~~12) The Department and Contractor understand and agree that this Contract constitutes the total agreement between them and that no promises, terms or conditions not recited, incorporated or referenced herein shall be binding upon either Department or Contractor.~~
 - ~~13) In the event the Family Practice Residency Act is amended while this Contract is in effect, this Contract shall be amended automatically to incorporate such amendments into law. However, obligations of the Contractor shall not be increased.~~
 - ~~14) In the event any portion of this Contract is held invalid by any court of competent jurisdiction, remaining terms shall remain in full force and effect.~~
 - ~~15) This Contract shall remain in full force and effect until Contractor has repaid all obligations to the Department pursuant to the terms of this Contract and all financial obligations shall be abated on a monthly basis in direct proportion to the services provided.~~

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16) ~~Under penalties of perjury, I certify that the social security number shown below is my correct Federal Taxpayer Identification Number.~~

Executed this _____ day of _____, 19__.

Contractor

Director of Public Health

Social Security Number

(Source: Repealed at 35 Ill. Reg. 14089, effective August 4, 2011)

DEPARTMENT OF PUBLIC HEALTH

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Section 590.APPENDIX C Sample Contract for Monetary Repayment of Scholarship Obligation (Repealed)

~~ILLINOIS DEPARTMENT OF PUBLIC HEALTH~~

~~FAMILY PRACTICE RESIDENCY ACT
SCHOLARSHIP FOR MEDICAL STUDENTS~~

~~REPAYMENT CONTRACT~~

The Illinois Department of Public Health (Department) and _____
(Contractor) hereby agree as follows:

- 1) ~~Item _____ of the Contract signed by Department and Contractor on _____ allows a recipient of a medical student scholarship awarded through the Family Practice Residency Act to repay funds awarded; including a liquidated damages payment, rather than practice medicine in an underserved area of the State. A copy of the Contract is attached and shall become a part of this Contract.~~
- 2) ~~The Contractor has elected to repay required funds in lieu of completing the practice commitment.~~
- 3) ~~The Contractor received \$ _____ in academic year 19__-19__; \$ _____ in academic year 19__-19__; \$ _____ in academic year 19__-19__; \$ _____ in academic year 19__-19__; totaling \$ _____. Copies of State of Illinois documents verifying award amounts are attached and shall become a part of this Contract.~~
- 4) ~~The Family Practice Residency Act required a sum equal to three times the amount of the annual scholarship grant for each year the Contractor fails to fulfill the obligation in an underserved area.~~
- 5) ~~The total amount due the Illinois Department of Public Health is \$ _____. _____ monthly installments of \$ _____ are to be paid to the Department pursuant to Item _____ of the Contract. The first payment is due _____.~~

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- 6) ~~The repayment checks are to be made payable to "Illinois Department of Public Health" and mailed to Illinois Department of Public Health, Division of Financial Services, 535 West Jefferson Street, Springfield, Illinois 62761, Attention: Manager—Fiscal Control. The payments are to be postmarked on or before the first day of the month.~~
- 7) ~~In the event the Contractor fails to pay the Department any required installment, the Department may file suit to collect all sums and future sums due and owing under this Contract or may refer the matter to a collection agency.~~
- 8) ~~Contractor shall pay all costs of suit, including attorney fees, and all collection costs in the event the Department shall prevail in suit for money damages against Contractor pursuant to this Contract.~~
- 9) ~~If Contractor becomes disabled the terms and conditions of this Contract shall be suspended until such time as Contractor is able to resume repayment.~~
- 10) ~~Contractor shall inform the Department, in writing, within 14 days of any change of address or any disability affecting obligations of this Contract.~~
- 11) ~~This Contract shall be governed in all respects by the laws of the State of Illinois.~~
- 12) ~~This Contract may not be amended without prior written approval of both Department and Contractor.~~
- 13) ~~This Contract may not be sold, assigned or transferred in any manner.~~
- 14) ~~The Department and Contractor understand and agree that this Contract constitutes the total agreement between them and that no promises, terms or conditions not recited, incorporated, or referenced herein shall be binding upon either Department or Contractor.~~
- 15) ~~In the event the Family Practice Residency Act is amended while this Contract is in effect, this Contract shall be amended automatically to incorporate such amendments to such Law. However, obligations of contractor shall not be increased.~~
- 16) ~~In the event any portion of this Contract is held invalid by any court of competent jurisdiction, the remaining terms and conditions shall remain in full force and~~

DEPARTMENT OF PUBLIC HEALTH

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effect.

- 17) ~~This Contract shall remain in full force and effect until Contractor has repaid all funds to the Department pursuant to the terms of this Contract.~~
- 18) ~~Under penalties of perjury, I certify that the social security number shown below is my correct Federal Taxpayer Identification Number.~~

Executed this _____ day of _____, 19__.

Contractor

Director

Social Security Number

(Source: Repealed at 35 Ill. Reg. 14089, effective August 4, 2011)

DEPARTMENT OF PUBLIC HEALTH

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Section 590.APPENDIX D Sample Contract for Education Loan Repayment (Repealed)~~ILLINOIS DEPARTMENT OF PUBLIC HEALTH~~~~FAMILY PRACTICE RESIDENCY ACT
EDUCATIONAL LOAN REPAYMENT~~~~C O N T R A C T~~

The Illinois Department of Public Health (Department) and _____
(Contractor) agree as follows:

- ~~1) Contractor will provide patient care in the community or area indicated on the educational loan repayment application on a full-time basis, as defined in the Family Practice Residency Code, (77 Ill. Adm. Code Chapter I, Part 590) for a minimum period of two years.~~
- ~~2) Contractor will use funds to repay loans used only for educational purposes in pursuit of medical degree.~~
- ~~3) Contractor will provide the Department with photocopies of promissory notes or other evidence to document amount of indebtedness and the institutions owed.~~
- ~~4) Contractor will provide the Department with photocopies of cancelled checks to document payments Contractor has made for his/her educational loan indebtedness and for which reimbursement is sought from the Department.~~
- ~~5) Contractor may request from the Department written approval for the transfer of his or her educational loan repayment eligibility to another designated shortage area, if the new area is of the same, or a higher priority classification than the original practice location.~~
- ~~6) If Contractor moves to a practice location in a lower priority classification, or moves from an urban to a rural location, or vice versa, all educational loan repayment will cease immediately.~~
- ~~7) Department will make educational loan repayments directly to the Contractor, or to the financial or educational institution holding the indebtedness. Retrospective payments will be made to the Contractor on a quarterly basis. Prospective~~

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~~payments on the Contractor's behalf will be made on a quarterly basis directly to the financial or educational institution holding the indebtedness, if so agreed by the lender.~~

- 8) ~~Department will pay twenty five percent of the educational loan indebtedness, or up to \$20,000 whichever is less, for each year Contractor practices in the selected underserved area or facility. Should the Contractor fail to pay monies due, the Department may refer the matter to the Attorney General or to a collection agency.~~
- 9) ~~If Contractor ceases full time practice in an underserved area or facility or moves from the originally selected underserved area or facility to one with a lower priority ranking as described in 77 Illinois Administrative Code Chapter I, Part 590 before completing the required two years of practice, all sums paid to Contractor or paid on Contractor's behalf will be due to Department within 30 days of the practice change.~~
- 10) ~~If Contractor moves from the approved practice area and the Department has made prospective payments to the financial or educational institution, Contractor must repay funds in direct proportion to the length of practice in the approved area.~~
- 11) ~~Contractor shall pay all costs of suit, including attorney's fees and all collection costs, in the event the Department shall prevail in suit for money damages against Contractor pursuant to this Contract.~~
- 12) ~~Contractor shall inform Department in writing within seven days of any changes in the following areas:~~
 - a) ~~status of employment or practice~~
 - b) ~~address~~
 - c) ~~illness, disability, or family considerations affecting obligations of this Contract~~
- 13) ~~This Contract shall be governed in all respects by the laws of the State of Illinois.~~
- 14) ~~This Contract may not be amended without prior written approval of both~~

DEPARTMENT OF PUBLIC HEALTH

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~~Department and Contractor.~~

- ~~15) This Contract may not be sold, signed or transferred in any manner.~~
- ~~16) The Department and Contractor understand and agree that this Contract constitutes the total agreement between them and that no promises, terms or conditions not recited, incorporated or referenced herein shall be binding upon either Department or Contractor.~~
- ~~17) Obligations of Department will cease immediately without penalty of further payment being required if the Illinois General Assembly fails to appropriate or otherwise make available sufficient funds for this Contract.~~
- ~~18) Contractor certifies he/she has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has Contractor made an admission of guilt of such conduct which is a matter of record.~~
- ~~19) Contractor certifies he/she is not in default on any educational loans as provided in Public Act 85-827.~~
- ~~20) Contractor agrees to allow Department to request from the lending institution an annual confirmation of the status of Contractor's educational loans.~~
- ~~21) In the event the Family Practice Residency Act is amended while this Contract is in effect, this Contract shall be amended automatically to incorporate such amendments into law. However, obligations of the Contractor shall not be increased.~~
- ~~22) In the event any portion of this Contract is held invalid by any court of competent jurisdiction, remaining terms shall remain in full force and effect.~~
- ~~23) This Contract shall remain in full force and effect until Contractor has repaid all obligations to the Department pursuant to the terms of this Contract and all financial obligations shall be abated on a monthly basis in direct proportion to the services provided.~~
- ~~24) Under penalties of perjury, I certify that the social security number shown below is my correct Federal Taxpayer Identification Number.~~

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The term of this Contract is _____ through _____.

Executed this _____ day of _____, 19__.

Contractor

Director of Public Health

Social Security Number

(Source: Repealed at 35 Ill. Reg. 14089, effective August 4, 2011)

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- 1) Heading of the Part: Illinois Rural Health Code
- 2) Code Citation: 77 Ill. Adm. Code 596
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
596.10	Repeal
596.20	Amendment
596.30	Amendment
596.40	Amendment
596.45	New
596.50	New
596.60	New
596.70	New
596.80	New
596.90	New
596.95	New
596.120	Amendment
596.130	Repeal
596.140	Repeal
596.220	Amendment
596.230	Repeal
596.240	Repeal
596.300	Amendment
596.320	Amendment
596.330	Repeal
596.340	Repeal
- 4) Statutory Authority: Illinois Rural/Downstate Act [410 ILCS 65]
- 5) Effective Date of Rulemaking: August 4, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

9) Notice of Proposed Amendments Published in Illinois Register: April 22, 2011; 35 Ill. Reg. 6860

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version:

No comments were received during the first notice or public comment period.

The following change was made in response to comments and suggestions of JCAR:

In Section 596.60(c)(6), the following language was added after the word "applicants": "the Department shall distribute grant awards equally among all geographical areas represented by applicants. Geographical areas are defined in Section 596.20 and include:"

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

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

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

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

15) Summary and Purpose of Rulemaking: Language was added to clarify that the Department of Public Health can fund projects for a specified time frame, depending on whether clinical services are provided. New sections were incorporated to describe application standards and to integrate requirements of the Illinois Grant Funds Recovery Act. Also, requirements of Public Act 96-1064 are included. Specifically, grantees (whose grants equal or exceed \$250,000 for capital construction costs or professional services) are now required to provide certifications that the grantee will comply with the Business Enterprise Program practices for minority-owned businesses, female-owned businesses and businesses owned by persons with disabilities as stipulated in the Business Enterprise for Minorities, Females and Persons with Disabilities Act. Finally, grantees will also need to certify that they will comply with Section 2-105 of the Illinois Human Rights Act regarding equal employment opportunities and affirmative action policies.

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER g: GRANTS TO INCREASE ACCESS TO PRIMARY HEALTH CARE
AND SCHOLARSHIPS FOR HEALTH PROFESSIONAL STUDENTS

PART 596
ILLINOIS RURAL HEALTH CODE

SUBPART A: GENERAL PROVISIONS

Section

596.10	Applicability (<u>Repealed</u>)
596.20	Definitions
596.30	Referenced Materials
596.40	Administrative Hearings
<u>596.45</u>	<u>Request for Proposals</u>
<u>596.50</u>	<u>Grant Application</u>
<u>596.60</u>	<u>Grant Application Evaluation Process</u>
<u>596.70</u>	<u>Grant Awards, Terms and Conditions</u>
<u>596.80</u>	<u>Reporting Requirements</u>
<u>596.90</u>	<u>Grant Funds Recovery</u>
<u>596.95</u>	<u>Rural/Downstate Health Access Fund</u>

SUBPART B: GRANTS TO DEVELOP COMMUNITY-BASED
PRIMARY CARE CENTERS

Section

596.100	Eligibility for Grants
596.110	Limitations on Use of Grant Funds
596.120	Project Requirements
596.130	Application for Grants (<u>Repealed</u>)
596.140	Selection Criteria (<u>Repealed</u>)

SUBPART C: GRANTS TO HOSPITALS LOCATED IN
MEDICALLY UNDERSERVED AREAS OR HEALTH
PROFESSIONAL SHORTAGE AREAS

Section

596.200	Eligibility for Grants
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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

596.210	Limitations on Use of Grant Funds
596.220	Project Requirements
596.230	Application for Grants <u>(Repealed)</u>
596.240	Selection Criteria <u>(Repealed)</u>

SUBPART D: GRANTS TO SUPPORT EXPANSION OF
COMMUNITY HEALTH CENTERS' PROGRAMS

Section	
596.300	Eligibility for Grants
596.310	Limitations on Use of Grant Funds
596.320	Project Requirements
596.330	Application for Grants <u>(Repealed)</u>
596.340	Selection Criteria <u>(Repealed)</u>

AUTHORITY: Implementing and authorized by Illinois Rural/Downstate Health Act [410 ILCS 65].

SOURCE: Adopted at 18 Ill. Reg. 11971, effective July 20, 1994; amended at 35 Ill. Reg. 14147, effective August 4, 2011.

SUBPART A: GENERAL PROVISIONS

Section 596.10 Applicability (Repealed)

- a) ~~This Part is in response to an Act designed to improve accessibility to necessary health care for citizens living in rural and downstate areas of Illinois. The provisions of this Part are organized into four Subparts. Subpart A includes general provisions, such as definitions and administrative hearing rules, which apply to all Sections of the Part.~~
- b) ~~Subpart B includes provisions for awarding grants to develop community-based primary care centers. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.~~
- e) ~~Subpart C includes provisions for awarding grants to hospitals located in underserved areas to support diversification strategies designed to improve the hospitals' fiscal position. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.~~

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- d) ~~Subpart D includes provisions for awarding grants for the expansion of community health center programs. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.20 Definitions

"Act" means the Illinois Rural/Downstate Health Act ~~(Ill. Rev. Stat. 1991, ch. 111½, par. 8051 et seq.) [410 ILCS 65].~~

"Administrative cost" means costs to control and direct an organization but not directly identifiable with financing or operations. These costs relate to the entire organization as opposed to specific departments or units.

"Administrative law judge" shall have the meaning ascribed in the Department's Practice and Procedure in Administrative Hearings.

"Applicant" means a person or entity that applies for grant funds under this Part.

"Authorized representative" means a person who has authority to act on behalf of the legal entity or person that is an applicant or grantee. Authorized representatives are: for a corporation, any of its officers or members of its board of directors; for a limited liability company, any of its managers or members; for a partnership, any of its general partners; and for a sole proprietor, the individual who is the sole proprietor.

"Benefits" means compensation that is in addition to direct wages or salary, including paid time off, pension, social security and insurance.

"Business day" means Monday through Friday. It does not include a federal or State government declared holiday, Saturday or Sunday.

"Calendar day" means all days in a month or prescribed time frame. It includes weekends and federal or State government declared holidays.

"Center" means the Center for Rural Health of the Illinois Department of Public Health, as established in Section 3 of the Act.

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"Certified mail" means mail for which proof of delivery is obtained.

"Commodity" means a consumable item that has a material change or appreciable depreciation with first usage, and equipment having a value not exceeding \$100.

"Community" means one or more incorporated ~~and~~/or unincorporated villages or towns.

"Community-Based ~~Primary Care Center Organization~~" means a locally organized and recognized group of individuals whose goals include efforts to maintain or increase the availability or accessibility of necessary health care for the citizens of their community.

"Community Health Center" means *migrant health centers or community health centers or health care for the homeless programs supported under ~~sections~~Sections 329, 330, or 340 of the Federal Public Health Service Act, respectively; and Federally Qualified Health Centers, including ~~FQHC Look-Alikes~~look-alikes, as designated by the ~~federal Centers for Medicare and Medicaid Services~~Federal Health Care Financing Administration or Illinois Department of Public Health, or the Public Health Service of the U.S. Department of Health and Human Services. (Section 4.1 of the Act)*

"Construction cost" or "modernization cost" means expenses from a construction contract.

"Data Universal Numbering System" or "DUNS" is a system that assigns a unique numeric identifier, referred to as a DUNS number, to a single business entity.

~~"Center" means the Center for Rural Health of the Illinois Department of Public Health.~~

"Department" means the Illinois Department of Public Health.

"Designated shortage area" means a medically underserved area or health manpower shortage area as defined by the United States Department of Health and Human Services or as otherwise designated by the Illinois Department of Public Health. (Section 2 of the Act)

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"Direct cost" means costs that the grantee incurs that can be traced directly to, or identified with, a specific process or product.

"Director" means the Director of the Illinois Department of Public Health.

"Downstate urban" means ~~the~~those Illinois counties of Winnebago, DeKalb, Kankakee, Rock Island, Peoria, Tazewell, McLean, Champaign, Vermilion, Sangamon, Macon, Madison and St. Clair~~other than Cook, Lake, McHenry, DuPage, Will, and Kane.~~

"Due diligence" means action taken toward the completion of a project with the diligence and foresight that persons of ordinary prudence and care would exercise under similar circumstances.

"Federal Employer Identification Number" or "FEIN" means a unique nine-digit number assigned by the Internal Revenue Service to business entities operating in the United States.

"Federally Qualified Health Center" or "FQHC" means a health center funded under section 330 of the Public Health Service Act (42 USC 254b).

"Federally Qualified Health Center Look-Alike" or "FQHC Look-Alike" means an organization that meets the requirements for receiving a grant under section 330 of the Public Health Service Act but does not receive federal grants under that authority.

"Fiscal year" means the financial operating year of Illinois State government. It begins on July 1 and ends on June 30 of the next calendar year.

"Funding period" means the time frame during which grant funds are to be expended by a grantee (usually corresponding with the Department's fiscal year).

"Grant" means funds awarded under the Act.

"Grantor agency" means any agency of State government which dispenses grant funds. (Section 2(a) of the Illinois Grant Funds Recovery Act)

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"Grant agreement" means the agreement entered into between the Department and any person or entity for obligation, capital expenditure, or use for a specific purpose.

"Grantee" means a person or entity which may use grant funds. (Section 2(c) of the Illinois Grant Funds Recovery Act)

"Grant funds" means public funds dispensed by the Department to any person or entity for obligation, expenditure or use for a specific purpose. (Section 2(b) of the Illinois Grant Funds Recovery Act)

"Health Professional Shortage Area" or "HPSA" means a designation provided by the U.S. Department of Health and Human Services, Health Resources and Services Administration. The HPSA designation indicates the shortage of primary medical care, dental or mental health providers. The designation may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive FQHC or other public facility). All FQHCs and Rural Health Clinics that provide access to care regardless of an individual's ability to pay receive HPSA designations. (For a map of HPSAs, see <http://bhpr.hrsa.gov/shortage/hpsacrit.htm>.)

"Health Professional Shortage Area Score" or "HPSA score" means a score calculated by the U.S. Department of Health and Human Services that is assigned to areas or facilities having a health professional shortage designation to determine priorities for assignment of clinicians.

"Historic resource" shall have the meaning ascribed in Section 3(c) of the Illinois State Agency Historic Resources Preservation Act.

"Hospital" means any institution, place, building or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis and treatment or care of 2 or more unrelated persons admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing, care of illness, disease, injury, infirmity or deformity. (Section 3 of the Hospital Licensing Act)

"Legal holiday" means a holiday set by statute, during which government and business working hours are suspended.

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"Local health department" means a county, multi-county, municipal or district public health agency certified by the Department.

"Metropolitan Chicago" means the Illinois counties of Cook, Kane, Lake, McHenry, DuPage and Will.

"Metropolitan Statistical Area" means one or more adjacent counties that have at least one urban core area of at least 50,000 in population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.

"Medically underserved population" means individuals who reside in a U.S. Department of Health and Human Services health professional shortage area or medically underserved area; or who are designated a medically underserved population by the U.S. Department of Health and Human Services; or who reside in an area designated by the Department as underserved.

"Mid-level providers" include health professionals who have completed specialized training and who meet the requirements of nationally recognized health professional organizations granting certification to nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and physicians' assistants.

"Not-for-Profit" shall have the meaning ascribed in Section 101.80(a) of the General Not-for-Profit Corporation Act of 1986.

"Obligation" or "obligated" means a requirement for a grantee to make future payments from grant funds that result from financial transactions that have occurred.

"Official State newspaper" means the newspaper identified by the Illinois Office of Communication and Information to publish legal notices and other publications for all State agencies, elected officials, and Boards and Commissions. Information on the official State newspaper can be obtained from the following Internet site: www.illinois.gov/ioci/statenewspaper.cfm.

"Personal services" means costs associated with wages and salaries for individuals employed by the grantee.

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"Primary care" means health care that encompasses prevention services, basic diagnostic and treatment services, and support services ~~including such as~~ laboratory, radiology, transportation, and pharmacy. Primary care shall be comprehensive in nature and not organ or problem specific, shall be oriented toward the longitudinal care of the patient, and shall be responsible for coordination of other health and social services as they relate to the patients' needs.

"Primary care physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act ~~of 1987 (Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.) [225 ILCS 60]~~ with a specialty in family practice, general internal medicine, obstetrics and gynecology, pediatrics, or combined internal medicine/pediatrics as defined by recognized standards for professional medical practices.

"Project completion" means that the project has been brought to a conclusion based on the objectives in the grant agreement.

~~"Rational service area" means the geographic area surrounding a physician's office, a hospital or clinic, and from which the residents may be reasonably expected to seek health care from the physician, hospital or clinic located within the area.~~

~~"Rural" means any Illinois county that is not included in either the Metropolitan Chicago or Downstate Urban definitions geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within a Metropolitan Statistical Area but having a population of 60,000 or less; or a community located within a Metropolitan Statistical Area but having a population of 2500 or less.~~

"Service area" means the geographic area surrounding a physician's office, a hospital or a clinic, and from which the residents may be reasonably expected to seek health care from the physician, hospital or clinic located within the area.

"Supplies" means the costs incurred for general purpose consumable items that have a shorter life span than equipment and that are stocked for recurring use.

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"Travel" means the costs incurred by a grantee's employees to travel to fulfill specific job requirements. These costs could include but are not limited to air travel, local transportation, per diem, mileage allowance and lodging.

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.30 Referenced Materials

The following materials are referenced in this Part:

- a) Illinois Statutes
- 1) Medical Practice Act of 1987 (~~Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.~~) [225 ILCS 60] (~~See Section 596.20.~~)
 - 2) Illinois Rural/Downstate Health Act (~~Ill. Rev. Stat. 1991, ch. 111½, par. 8051 et seq.~~) [410 ILCS 65].
 - 3) Hospital Licensing Act (~~Ill. Rev. Stat. 1991, ch. 111½, par. 142 et seq.~~) [210 ILCS 85].
 - 4) Illinois Grant Funds Recovery Act [30 ILCS 705]
 - 5) General Not-for-Profit Corporation Act of 1986 [805 ILCS 105]
 - 6) Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575]
 - 7) Illinois Human Rights Act [775 ILCS 5]
 - 8) Illinois Administrative Procedure Act [5 ILCS 100]
 - 9) Illinois State Agency Historic Resources Preservation Act [20 ILCS 3420]
 - 10) Rivers, Lakes and Streams Act [615 ILCS 5]
 - 11) State Finance Act [30 ILCS 105]
- b) Illinois Administrative Rules

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- 1) ~~Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100):~~
 - 2) Family Practice Residency Code (77 Ill. Adm. Code 590):
 - 3) Certified Local Health Department Code (77 Ill. Adm. Code 600):
 - 4) Construction in Floodways of Rivers, Lakes and Streams (17 Ill. Adm. Code 3700)
- c) Federal Statutes
- 1) Designation of Health Professional Shortage Areas, Section 332 of the Public Health Service Act (42 U.S.C. 254e) ~~(1991)~~.
 - 2) Designation of Medically Underserved Areas, Section 330 (b)(3) of the Public Health Service Act (42 ~~USCU.S.C.~~ 254c(b)(3)) ~~(1991)~~.
- d) Other Referenced Materials
Executive Order #5 (2006): Construction Activities in Special Flood Hazard Areas

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.40 Administrative Hearings

~~Administrative~~Any administrative hearings conducted ~~by the Department~~ concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings ~~(See 77 Ill. Adm. Code 100)~~.

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.45 Request for Proposals

The requirements of this Section are applicable to the grants referenced in Subparts B, C and D of this Part.

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- a) The Department will publish a request for proposals announcing the grant opportunity in the official State newspaper. The notice will also be posted on the Department's web site. This notice shall consist of the following:
- 1) Identification of the grant opportunity, including a brief description of the program and the date that grant applications can be submitted to the Department;
 - 2) Identification, including mailing address and telephone number, of the Department's unit or section that is responsible for the grant program; and
 - 3) Information regarding where a copy of the applications may be viewed by the public and how copies of the application may be obtained.
- b) As stated in the notice, applicants will have 120 calendar days to submit applications for grant funding. The 120 calendar day time frame begins on the date of publication of the notice. Applications received after the 120 calendar day time frame will not be processed and reviewed.

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.50 Grant Application

The application requirements of this Section are applicable to the grants referenced in Subparts B, C and D of this Part.

- a) Applications shall be developed and distributed by the Department for eligible applicants.
- b) Applications submitted to the Department shall describe the applicant's proposed methods to achieve the goals specified in the Department's request for proposals.
- c) Projects that do not develop clinics or provide for direct provision of health care services can apply for and be awarded up to four years of funding. Projects that develop clinics or provide for direct provision of health care services can apply for and be awarded up to six years of funding.
- d) Applications shall include, but not be limited to:

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- 1) The legal name of the applicant;
- 2) The name and title of the applicant's officers and managers;
- 3) The applicant's legal address;
- 4) A general description of the applicant, including its business and business experience;
- 5) The applicant's telephone number and fax number;
- 6) The applicant's FEIN;
- 7) The applicant's Illinois Department of Human Rights number;
- 8) The applicant's DUNS (Data Universal Numbering System) number;
- 9) The project director's name and e-mail address;
- 10) A description of the project, including a summary statement of the applicant's plan to address the goals described in the Department's request for proposal;
- 11) A description of the service area or special population group to be served by the project, a statement of the special needs of the service area or special population group and a thorough explanation of the manner in which the project would meet those needs;
- 12) A list of objectives the applicant proposes and a time table for their achievement. These objectives must be specific, measurable and relevant to the Department's request for proposal;
- 13) A process that will allow for an objective evaluation of the project's progress in meeting the needs of the service area or special population group described in subsection (d)(11), including appropriate measuring metrics;
- 14) A budget listing the total dollar amount needed for the project, including the amount to be provided by the applicant and other funding sources and

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the amount of funding requested through the grant. The applicant shall identify all revenue sources and amounts and provide budget estimates, including expenditures for the duration of the project. The project's budget could include the following costs (if applicable):

- A) Personal services;
- B) Benefits;
- C) Travel;
- D) Commodities/supplies;
- E) Equipment;
- F) Facility construction/renovation;
- G) Contractual;
- H) Printing;
- I) Telecommunications;
- J) Patient/client care; and
- K) Administrative costs.

15) A plan and timetable for development of the project's self-sufficiency.

e) In addition to the requirement of subsection (d), applications for projects that will develop or enhance a clinic shall include the following:

- 1) Staffing plan for the clinic;
- 2) Referral arrangements for services not available at the clinic;
- 3) A plan for quality assurance and continuing professional education for clinic staff; and

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- 4) A plan for after-hours coverage.
- f) Flood Plain and Historic Preservation Requirements. For construction or modernization projects, the applicant must document:
 - 1) Whether the project is or is not in a flood plain and that the location of the project complies with Executive Order #5 (2006): Construction Activities in Special Flood Hazard Areas and the requirements of the Illinois Department of Natural Resources regarding construction in floodways (Construction in Floodways of Rivers, Lakes and Streams.
 - 2) That the Illinois Historic Preservation Agency has determined the project does not affect historic resources. Information on preservation requirements is at: www.illinoishistory.gov/ps/index.htm

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.60 Grant Application Evaluation Process

Projects that do not develop clinics or directly provide health care diagnostic and treatment services can apply for and be awarded up to four years of funding. Projects that develop clinics or directly provide health care diagnostic and treatment services can apply for and be awarded up to six years of funding.

- a) The criteria referenced in this subsection (a) will be used to evaluate grant applications under Subpart B of this Part.
 - 1) Priority in the selection of applicants for funding shall be given to those projects that demonstrate the greatest cost effective impact on accessibility and availability of quality primary health care services for residents of designated shortage areas or for population groups with special needs. An impact shall be demonstrated by detailing the expected number and type of recipients who were previously unserved or underserved and who will now be served by the project.
 - 2) Additional selection criteria that will cause an application to receive priority consideration include:

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- A) Projects that are closest to operational status at the time of application;
 - B) Projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;
 - C) Projects that have the broadest base of financial support and can become self-supporting when grant funding ends;
 - D) Projects that propose the greatest expenditure of grant dollars in rural areas when a consortium includes urban providers.
- 3) Of the applications that propose to provide diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
- A) Those that are eligible for any cost-based reimbursement programs available now (Rural Health Clinic and FQHC programs) or any that develop in the future;
 - B) Those that plan to serve as sites for educational experiences for a variety of health and social service profession students.
- b) The criteria referenced in this subsection (b) will be used to evaluate grant applications under Subpart C of this Part.
- 1) Priority in the selection of applicants for funding shall be given to those projects that demonstrate the greatest impact on accessibility and availability of primary health care services for residents of the service area or the greatest impact on the fiscal strength of the hospital. The impact shall be demonstrated by detailing the expected number of service area residents who were previously unserved or underserved and who will now be served by the project or by demonstrating an improvement in the financial status of the hospital.
 - 2) Additional selection criteria that will cause an application to receive priority consideration include:

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- A) Projects that are closest to operational status or are already functioning at the time of application;
 - B) Projects that have the broadest range of health and social service providers and other types of community and business organizations actively participating in the organization and on-going policy decisions;
 - C) Projects that develop the highest level of financial support and can become self-supporting when grant funding ends.
- 3) Of the applications that propose to provide health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
- A) Eligible for any cost-based reimbursement programs available (Rural Health Clinic and FQHC programs) or any that develop in the future;
 - B) Intent to serve as sites for educational experiences for students in a variety of health and social service professions.
- c) The criteria referenced in subsection (c) will be used to evaluate grant applications under Subpart D.
- 1) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest cost effective impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. An impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.
 - 2) Priority consideration will be given to applications received from health centers funded through section 330 of the Public Health Service Act or from FQHC Look-Alikes.
 - 3) Priority consideration will be given to projects that will be developed outside the existing service area of the applicant.

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- 4) Additional selection criteria that will cause an application to receive priority consideration include:
 - A) Projects closest to operational status at the time of application;
 - B) Projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions; and
 - C) Projects that have the broadest base of financial support and can become self-supporting when grant funding ends.
- 5) Of the applications that describe projects that will provide primary health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
 - A) Projects that are eligible for any cost-based reimbursement program currently available (Rural Health Clinic and FQHC programs) or any programs that develop in the future; and
 - B) Projects that will serve as a site for educational experiences for a variety of health and social service professions students.
- 6) When the number of applications is sufficient to support a geographical separation of applicants, the Department shall distribute grant awards equally among all geographical areas represented by applicants. Geographical areas are defined in Section 596.20 and include:
 - A) Metropolitan Chicago;
 - B) Downstate urban; and
 - C) Rural.
- d) Upon receipt of a grant application, the Department will conduct the following:

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- 1) The Department will determine whether the applicant is eligible to apply per the requirements of the Act and subsection (a), (b) or (c) of this Section (as applicable). If the applicant is ineligible to apply, the Department will contact the applicant in writing with the determination.
- 2) If the applicant is eligible to apply, the Department will determine whether the application is complete. A review will determine if all applicable criteria have been addressed and if all required materials and documentation have been submitted. The Department will determine whether the applicant has fulfilled the requirements of Section 596.50 and subsection (a), (b) or (c) of this Section (as applicable).
 - A) If the application is complete, the Department will proceed with the application evaluation process referenced in this Section.
 - B) If the application is incomplete, the Department will notify the applicant by certified mail. An applicant has 30 calendar days from the date of receipt of the certified letter to address the issues identified by the Department and submit a revised application. If the applicant does not respond to the Department's determination within the prescribed time frame or if a revised application fails to address the issues identified by the Department, the application will be deemed null and void.
- e) Once the Department determines that applications are complete, grant proposals will be forwarded to the Department's grant review committee for consideration.
- f) Applicants shall be allowed to amend the application or provide additional supporting documentation during the evaluation process if requested by the Department's grant review committee.
- g) Upon completion of the grant review committee's evaluation, the Department will award grants to the applicants that meet all of the applicable requirements of the Act and this Part.

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.70 Grant Awards, Terms and Conditions

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To issue a grant award, the Department and grantee will enter into a grant agreement. This agreement will describe the requirements the grantee must fulfill (based on the goals and objectives in the application) and how the grantee will ensure compliance with all applicable stipulations and conditions.

- a) The grant agreement will contain, at a minimum, the following:
 - 1) Identifying information of the grantee, including name, mailing address, phone number, fax number, and e-mail address;
 - 2) A description of the grant's purpose;
 - 3) Information on how payments to the grantee will be made;
 - 4) Details on what constitutes permissible expenditure of grant funds;
 - 5) Reporting requirements applicable to the grant, including the filing of quarterly reports, at a minimum (for those grants exceeding \$25,000), that describe the project's progress and a detailed report of funds expended;
 - 6) The time period of the grant; and
 - 7) Certification that the grantee will comply with all applicable provisions of the Illinois Grant Funds Recovery Act.
- b) Grant funds that the grantee does not expend or obligate by the end of the grant agreement shall be returned to the Department within 45 calendar days (see Section 4(b)(5) of the Illinois Grant Funds Recovery Act). The 45 calendar day time frame begins the day after the grant agreement expires. Returned funds will be deposited into the fund from which the original grant disbursement to the grantee was made.
- c) Grantees are required to keep proper, complete, and accurate accounting records of all grant funds received from the Department.
- d) If a grantee dispenses part or all of the grant funds to another person or entity for obligation or expenditure, those dispensed funds shall be viewed and treated as

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grant funds. (Section 12 of the Illinois Grant Funds Recovery Act) Thus, the person or entity that receives the grant funds from the grantee will be subject to all applicable Sections of this Part.

- e) Each award by grant of State funds of \$250,000 or more for capital construction costs or professional services is conditioned upon the recipient's written certification that the recipient will comply with the business enterprise program practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act and the equal employment practices of Section 2-105 of the Illinois Human Rights Act. (Section 45 of the State Finance Act)

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.80 Reporting Requirements

The reporting requirements of this Section are applicable to the grants referenced in Subparts B, C and D of this Part. Failure of a grantee to comply with the requirements of this Section shall result in the Department's withholding or suspending grant funds and recovering previously disbursed grant funds (see Section 596.90 and Section 4.1 of the Illinois Grant Funds Recovery Act).

- a) Quarterly Reports. For grants that exceed \$25,000, each grantee shall submit (at a minimum) written progress reports to the Department every three months. The reports are due within 10 calendar days after the quarterly reporting period has expired (see Section 4(b)(2) of the Illinois Grant Funds Recovery Act). The report shall include the following:
- 1) Current status of the project, including the percentage of the project finished;
 - 2) Project components finished and project components yet to be finished;
 - 3) Costs incurred to date, an itemized listing of the total current project costs, and a comparison of those costs to the budget approved in the grant agreement; and

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- 4) Signature of an authorized official of the grantee, stating that this is a true and complete report of the project's status.
- b) Final Report. Grantees shall submit a final written report within 60 calendar days after the conclusion of the grant agreement. The degree to which each objective in the proposal has been met shall be fully addressed in this report. The final report shall contain the following:
 - 1) A brief narrative summarizing project accomplishments;
 - 2) A description of any new activities or modifications made to the project as presented in the original grant application, including the causes for change. The description shall include a narrative on the implementation timetable and expected outcomes;
 - 3) A description of problems that developed and how they were addressed;
 - 4) A list of all project costs and sources of funds for the grant; and
 - 5) A certification in the form of a notarized statement, signed by an authorized representative of the grantee, attesting that:
 - A) All funds attributed to the grant have been expended;
 - B) The costs reported are the final costs required to complete the project and there are no additional or associated costs; and
 - C) Funds used for the project were approved by the Department.
- c) A grantee's failure to comply with the requirements of this Section will be considered a material breach of the performance required by the grant agreement and shall be the basis to initiate proceedings to recover all grant funds disbursed to the grantee.

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.90 Grant Funds Recovery

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- a) If a grantee fails to comply with this Part or the terms of the grant agreement, the Department, after notice and opportunity for hearing, shall suspend or revoke the grant or recover any grant funds previously disbursed to the grantee.
- b) If the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Part or the terms of the grant agreement, the grantee shall have the *opportunity for at least one informal hearing* before the Department or the Department's designee *to determine the facts and issues and to resolve any conflicts as amicably as possible before any formal recovery action is taken.* (Section 7 of the Illinois Grant Funds Recovery Act)
- c) If, based on the outcome of the informal hearing, the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Part or the terms of the grant agreement, written notice of the proposed action shall be given to the grantee identifying the action to be taken and specific facts that permit the action. The grantee shall have 35 calendar days after the receipt of the notice to request a formal hearing (see 77 Ill. Adm. Code 100) to show why recovery is not justified or proper.
- d) If a grantee requests a hearing pursuant to subsection (c), the Department shall hold a hearing at which the grantee or the grantee's attorney is permitted to present evidence and witnesses to show why the action should not be taken.
- e) After the conclusion of the hearing, the Department shall issue a written final order setting forth its findings of fact and decision. A copy of the order shall be sent to the grantee.
- f) The Department may suspend payment of grants at any time for failure to comply with Section 596.80 or any situation that constitutes a threat to the public health, safety, or welfare. Notice of opportunity for hearing will be provided with the Notice of Suspension. If a grantee requests a hearing pursuant to subsection (c), the Department may not take any action of recovery until at least 35 calendar days after the Department has issued a final recovery order pursuant to subsection (e). If a grantee does not request a hearing, the Department may proceed with recovery of the grant funds identified in the notice at any time after the expiration of the 35-calendar-day request period established in subsection (c).

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- g) Any notice or mailing required or permitted by this Part shall be deemed received five business days after the notice or mailing is deposited in the U.S. mail, properly addressed with the grantee's current business address and with sufficient U.S. postage affixed.

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.95 Rural/Downstate Health Access Fund

As referenced in Section 5.5 of the Act, the Rural/Downstate Health Access Fund is a special fund in the State Treasury. Moneys from gifts, grants, or donations made to the Center for Rural Health shall be deposited into the Fund.

- a) Subject to appropriation, moneys in the fund shall be used for rural health programs. Disbursements from the fund will be based on the following percentages:
- 1) 60.2% shall be distributed to the Department of Public Health;
 - 2) 26.3% shall be distributed to the Board of Trustees of Southern Illinois University; and
 - 3) 13.5% shall be distributed to the Board of Trustees of the University of Illinois.
- b) The Department's Center for Rural Health shall administer the Fund. (Section 5.5 of the Act)

(Source: Added at 35 Ill. Reg. 14147, effective August 4, 2011)

**SUBPART B: GRANTS TO DEVELOP COMMUNITY-BASED
PRIMARY CARE CENTERS****Section 596.120 Project Requirements**

- a) Projects ~~to be~~ funded through this ~~Subpart~~~~Part~~ shall respond to requests for proposals distributed by the Department and ~~delineating~~~~delineate~~ project expectations.

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- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
- 1) ~~Use~~ Use of innovative methods ~~that~~which expand the ability of existing health and social service providers located in or near the service area to meet the overall primary care needs within a project's service area;
 - 2) ~~Increase~~ Increase the numbers or types of primary health care providers within a designated shortage area;
 - 3) ~~Increase~~ Increase the level of collaborative working arrangements among a variety of health and social service providers in a project service area;
 - 4) ~~address public health priorities set forth in the March 1993 draft report Statewide Health Needs Assessment: Towards a Healthy Illinois 2000;~~
 - 45) ~~Target~~ target those rural areas (identified by ~~either the federal or State government~~the Center in the report (Rural Primary Health Care Needs Assessment)) as having the greatest need for primary health care, as determined by the HPSA score and public health interventions.
- c) Projects shall have a director who is responsible for administrative and fiscal management of the project.
- ~~d) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.~~
- de) Projects ~~that~~which establish a primary health care clinic using grant funds under this Subpart shall meet the following minimum requirements:
- 1) ~~When~~ provide at a minimum the level of services required by the Rural Health Clinic Act, and when eligible, seek certification as either a Rural Health Clinic, ~~or~~ a Federally Qualified Health Center or an FQHC Look-Alike~~look-alike~~;
 - 2) ~~Make~~ make services available and accessible to all residents of the project's service area;
 - 3) ~~Ensure~~ ensure that physicians with whom the clinic contracts or whom the

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- ~~clinic~~ employs ~~shall~~ have staff privileges at a minimum of one hospital in ~~or near~~ the ~~service~~ area and ~~are~~~~shall be~~ responsible for arranging 24 hour coverage; ~~and~~
- 4) ~~Have~~~~have~~ referral arrangements with other service providers to assist clinic patients in receiving needed health and social services.
- ~~ef~~) Projects shall demonstrate development of a consortium of agencies and providers, with involvement of a minimum of two separate agencies or service providers. Consortium members may include urban entities, ~~including those in the counties of Cook, Lake, Kane, McHenry, DuPage and Will~~. Services shall be targeted to residents of rural and downstate areas, and the majority of funds shall be used and the applicant shall be located in a rural ~~or~~ downstate area.
- ~~fg~~) Evidence of the solicitation and consideration of input and potential participation in the project by the local health department, and other health and social service providers in ~~or near~~ the ~~service~~ area, shall be included in an application. ~~This~~~~Such~~ evidence may include copies of correspondence soliciting input.
- ~~gh~~) Projects selected for funding ~~that~~~~which~~ build on existing activities shall demonstrate an increase in service recipients and ~~a~~ maintenance ~~of~~ or ~~an~~ increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.
- ~~hi~~) Projects ~~that~~~~which~~ propose to provide health care diagnostic and treatment services shall have written statements of cooperation between any other service area providers receiving state or federal grant support for related services.
- ~~ij~~) Projects ~~that~~~~which~~ propose to provide health care diagnostic and treatment services shall submit as part of the application a projected budget estimating entire project costs and all revenue sources.
- ~~jk~~) Projects shall document that local funds (~~i.e., non-State~~~~non-state~~, non-federal) equivalent to ~~50~~~~25~~ percent of the annual project cost will be available and used.

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.130 Application for Grants (Repealed)

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- a) ~~Applications shall be prepared and available from the Department for eligible applicants.~~
- b) ~~Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goal(s) specified in the Department's request for proposals.~~
- e) ~~Application formats shall include, but not be limited to:~~
 - 1) ~~Summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;~~
 - 2) ~~A description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or groups, and a thorough explanation of the manner in which the proposed project would meet those needs;~~
 - 3) ~~A statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year as well as its longer term goals;~~
 - 4) ~~A work plan and timetable for achievement of the objectives;~~
 - 5) ~~An evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(2) of this Section.~~
 - 6) ~~A detailed budget with narrative description of the request; and~~
 - 7) ~~A plan and timetable for development of the project's self-sufficiency.~~
- d) ~~Applications for projects that will develop or enhance a health care diagnostic and treatment clinic shall include the following in addition to the above subsection (c)(1) through (7) of this Section:~~
 - 1) ~~staffing plan for the clinic;~~
 - 2) ~~referral arrangements for services not available at the clinic;~~
 - 3) ~~plan for quality assurance and continuing professional education for clinic~~

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~~staff;~~

- 4) ~~plan for after hours coverage.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.140 Selection Criteria (Repealed)

- a) ~~Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.~~
- b) ~~Additional selection criteria which will cause an application to receive priority consideration include:~~
 - 1) ~~projects which are closest to operational status at time of application;~~
 - 2) ~~projects which have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;~~
 - 3) ~~projects which have the broadest base of financial support and can become self-supporting when grant funds end;~~
 - 4) ~~projects which propose the greatest expenditure of grant dollars in rural areas when a consortium includes urban providers.~~
- e) ~~Of the applications that propose to provide diagnostic and treatment services priority consideration will be given to those that have the following characteristics:~~
 - 1) ~~those that are eligible for any cost-based reimbursement programs available now (Rural Health Clinic and Federally Qualified Health Center programs) or any that develop in the future;~~

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- ~~2) those that plan to serve as sites for educational experiences for a variety of health and social service profession students.~~
- ~~d) For those projects not developing clinic sites or the direct provision of health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of four calendar years of funding.~~
- ~~e) For those projects which develop clinic sites or directly provide health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of six calendar years of funding.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

SUBPART C: GRANTS TO HOSPITALS LOCATED IN MEDICALLY UNDERSERVED AREAS OR HEALTH PROFESSIONAL SHORTAGE AREAS

Section 596.220 Project Requirements

- a) Projects ~~to be~~ funded through this Subpart shall respond to requests for proposals distributed by the Department and delineating project expectations.
- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
 - 1) Adapting to changes in service needs and expectations in the hospital's service areas;
 - 2) Collaborating with other providers to efficiently and effectively provide services;
 - 3) Improving access to primary health care or emergency services;
 - 4) Using interactive telecommunications technologies.
- c) Projects shall have a director who is responsible for administrative and fiscal management of the project.
- ~~d) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.~~

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- ~~de)~~ Projects ~~thatwhich~~ establish a clinic using grant funds shall provide, at a minimum, the level of services required by the Rural Health Clinic Act and, when eligible, shall seek certification as either a Rural Health Clinic or a Federally Qualified Health Center or ~~FQHC Look-Alike~~~~look-alike~~.
- ~~ef)~~ Projects shall develop a consortium of agencies and providers, with involvement of a minimum of two additional agencies or service providers, local businesses, institutions, service organizations, and other health and social service providers. Consortium members may include urban entities, but services shall be targeted to residents of rural and downstate areas. The majority of funds shall be used in and the applicant shall be located in a rural ~~or~~ downstate area.
- ~~fg)~~ Projects selected for funding ~~thatwhich~~ build on existing activities shall demonstrate an increase in service recipients and maintenance or increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.
- ~~gh)~~ Projects ~~thatwhich~~ propose to provide health care diagnostic and treatment services shall have written statements of cooperation with any other service area providers receiving State or federal grant support for related services.
- ~~hi)~~ Projects ~~thatwhich~~ propose to provide health care diagnostic and treatment services shall submit as part of the application a cost report documenting entire project costs and all revenue sources and amounts.
- ~~ij)~~ Projects shall document that local funds, cash or in-kind services, equivalent to 50 percent of the annual project cost, will be available and used to support the operations of the project.

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.230 Application for Grants ~~(Repealed)~~

- ~~a) Applications shall be prepared and distributed by the Department to eligible applicants.~~
- ~~b) Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goal(s) specified in the Department's request for~~

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~~proposals.~~

- e) ~~Application formats shall include, but not be limited to:~~
- ~~1) Summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;~~
 - ~~2) A thorough description of the need for the proposed project and the expected impact of the project on the hospital and the community served by the hospital;~~
 - ~~3) A statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year as well as its longer term goals;~~
 - ~~4) A work plan and timetable for achievement of the objectives;~~
 - ~~5) An evaluation plan which will allow documentation of the project's progress in meeting the particular needs described in subsection (c)(2) of this Section.~~
 - ~~6) A detailed budget with narrative description of the requested amounts; and~~
 - ~~7) A plan and timetable for development of the project's self-sufficiency.~~
- d) ~~Applications for projects that will develop or enhance a health care diagnostic and treatment clinic shall include, in addition to subsection (c) of this Section, the following:~~
- ~~1) Staffing plan for the clinic;~~
 - ~~2) Referral arrangements for services not available at the clinic;~~
 - ~~3) Plan for quality assurance and continuing professional education for clinic staff;~~
 - ~~4) Plan for after hours coverage.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

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Section 596.240 Selection Criteria (Repealed)

- a) ~~Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of the service area or the greatest impact on the fiscal strength of the hospital. Such an impact shall be demonstrated by detailing the expected number of service area residents who were previously unserved or underserved and who will now be served by the project or by demonstrating an improvement in financial status of the hospital.~~
- b) ~~Additional selection criteria which will cause an application to receive priority consideration include:~~
 - 1) ~~Projects which are closest to operational status or are already functioning at time of application;~~
 - 2) ~~Projects which have the broadest range of health and social service providers and other types of community and business organizations actively participating in the organization and on-going policy decision;~~
 - 3) ~~Projects which develop the highest level of financial support and can become self-supporting when grant funds end.~~
- e) ~~Of the applications that propose to provide health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:~~
 - 1) ~~Eligible for any cost-based reimbursement programs available (Rural Health Clinic and Federally Qualified Health Center programs) or any that develop in the future;~~
 - 2) ~~Intent to serve as sites for educational experiences for students in a variety of health and social service professions.~~
- d) ~~For those projects not developing clinic sites or directly providing health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of six calendar years of funding.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

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SUBPART D: GRANTS TO SUPPORT EXPANSION OF
COMMUNITY HEALTH CENTERS' PROGRAMS**Section 596.300 Eligibility for Grants**

The following entities are eligible to apply for grants through this ~~Subpart~~Part:

- a) Health centers funded through ~~sections~~Sections 329, 330 or 340 of the federal Public ~~Health~~ Service Act;
- b) Federally qualified health centers, including ~~FQHC Look-Alikes~~look-alikes, as designated by the federal Public Health Service or by the Department; ~~and~~
- c) Not-for-profit organizations with an advisory board meeting the FQHC requirements and having the goal to become an FQHC or ~~FQHC Look-Alike~~look-alike.

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.320 Project Requirements

- a) Projects ~~to be~~ funded through this ~~Subpart~~Part shall respond to requests for proposals distributed by the Department and delineating project expectations.
- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
 - 1) ~~Use of~~ innovative methods ~~that~~which expand the ability of existing health and social service providers located in or near the service area to meet the overall primary care needs within a project's targeted area;
 - 2) ~~Increase~~increase the numbers or types of primary health care providers within a designated shortage area;
 - 3) ~~Increase~~increase the level of collaborative working ~~arrangements~~arrangement among a variety of health and social service providers in a project's service area;

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- 4) ~~Target~~target those rural areas identified by the Department as having the greatest need for primary health care and public health interventions.
- c) Projects funded through this Part *shall avoid duplicating resources in areas where primary health care services are already available* (Section 4.1 of the Act) and are meeting health care demands.
- d) Projects shall identify a project director who shall be responsible for administrative and fiscal management of the project.
- ~~e) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.~~
- ~~ef)~~ Projects ~~that~~which establish a primary health care clinic using grant funds under this Subpart shall meet the following minimum requirements:
- 1) ~~Seek~~seek designation as a Federally Qualified Health Center or FQHC Look-Alike~~look-alike~~;
 - 2) ~~Make~~make services available and accessible to all residents of the project's service area;
 - 3) ~~Ensure~~ensure that physicians with whom the clinic contracts or whom the clinic employs ~~shall~~ have staff privileges at a minimum of one hospital in or near the service area and ~~are~~shall be responsible for arranging 24-hour coverage; and
 - 4) ~~Have~~have referral arrangements with other service providers, including such as the local health departments, local mental health agencies, dentists, senior services agencies, pharmacies, and, where available, transportation providers to assist clinic patients in receiving needed health and social services.
- ~~fg)~~ Evidence of the solicitation and consideration of input and potential participation in the project by the local health department and other health and social service providers in the service area shall be included in an application. ~~This~~Such evidence may include copies of correspondence soliciting input.
- ~~gh)~~ Projects selected for funding ~~that~~which build on existing activities shall

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demonstrate an increase in service recipients and, at a minimum, the maintenance of or an increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.

- hi) Projects ~~that~~^{which} propose to provide health care diagnostic and treatment services shall submit as part of the application a projected budget estimating entire project costs and all revenue sources.
- ij) Projects developed under the auspices of a Public Health Service Act, ~~section~~^{Section} 329, 330, or 340, funded entity, or ~~a Federally Qualified Health Center an FQHC Look-Alike~~^{look-alike}, ~~that~~^{which} are outside their service areas, and ~~that~~^{which} develop a primary health care clinic, shall develop a board of directors representative of the new service area.

(Source: Amended at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.330 Application for Grants (Repealed)

- a) ~~Applications shall be prepared and distributed by the Department to eligible clients.~~
- b) ~~Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goals specified in the Department's request for proposals.~~
- e) ~~Application formats shall include, but not be limited to:~~
 - 1) ~~a summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;~~
 - 2) ~~a description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or group, and a thorough explanation of the manner in which the proposed project would meet those needs;~~
 - 3) ~~a statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year, as well as the applicant's longer term goals;~~
 - 4) ~~a work plan and timetable for achievement of the objectives;~~

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- ~~5) an evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(2) of this Section;~~
 - ~~6) a detailed budget with a narrative description of the request;~~
 - ~~7) a plan and timetable for development of the project's self-sufficiency; and~~
 - ~~8) evidence of service area support for the project, such as letters of organizational support, local funding, and local participation in the original needs assessment.~~
- d) ~~Applications for projects that will develop or enhance a primary health care diagnostic and treatment clinic shall include, in addition to the requirements of subsection (c) of this Section, the following:~~
- ~~1) a staffing plan for the clinic;~~
 - ~~2) referral arrangements for services not available at the clinic;~~
 - ~~3) a plan for quality assurance and continuing professional education for clinic staff;~~
 - ~~4) a plan for after-hours coverage.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

Section 596.340 Selection Criteria (Repealed)

- ~~a) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.~~
- ~~b) Priority consideration will be given to applications received from health centers funded through Sections 329, 330 and 340 of the Public Health Service Act or~~

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~~from FQHC look-alikes.~~

- e) ~~Priority consideration will be given to projects which will be developed outside the existing service area of the applicant.~~
- d) ~~Additional selection criteria which will cause an application to receive priority consideration include:~~
 - 1) ~~projects that are closest to operational status at time of application;~~
 - 2) ~~projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;~~
 - 3) ~~projects that have the broadest base of financial support and can become self-supporting when grant funds end.~~
- e) ~~Of the applications that describe projects which will provide primary health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:~~
 - 1) ~~projects which are eligible for any cost-based reimbursement program currently available (Rural Health Clinic and Federally Qualified Health Center programs) or any such programs that develop in the future; and~~
 - 2) ~~projects which will serve as a site for educational experiences for a variety of health and social service professions students.~~
- f) ~~For those projects not developing clinic sites or directly providing primary health care diagnostic and treatment services, priority consideration will be given to those projects that can be self-sustaining at least by the end of four calendar years of funding.~~
- g) ~~For those projects developing clinic sites or directly providing primary health care diagnostic and treatment services, priority consideration will be given to those projects that can be self-sustaining at least by the end of six calendar years of funding.~~
- h) ~~When the number of applications is sufficient to support a geographical~~

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~~separation of applicants, efforts will be made to distribute new awards among all geographical regions represented by applicants as follows:~~

- ~~1) metropolitan Chicago, including the counties of Cook, Kane, Lake, McHenry, DuPage, and Will;~~
- ~~2) downstate urban; and~~
- ~~3) rural.~~

(Source: Repealed at 35 Ill. Reg. 14147, effective August 4, 2011)

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- 1) Heading of the Part: Manufacturing, Processing, Packing or Holding of Food Code
- 2) Code Citation: 77 Ill. Adm. Code 730
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
730.1000	Amended
730.1005	New
730.1006	New
- 4) Statutory Authority: Section 201 of the Federal Food, Drug and Cosmetic Act [21 USC 321] and Section 502 of the Illinois Food, Drug and Cosmetic Act [410 ILCS 620]
- 5) Effective Date of Rulemaking: August 2, 2011
- 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 amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: January 3, 2011; 35 Ill. Reg. 169
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: Various typographical, grammatical, and form changes were made in response to the comments from JCAR.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking amends The Manufacturing, Processing, Packing or Holding of Food to incorporate the standards outlined by the National Shellfish Sanitation Program (NSSP) to evaluate and certify all wholesale

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shellfish dealers in Illinois. These dealers must be certified under the NSSP to ship, or process shellfish for shipment, within and outside of the State of Illinois. By making sure that wholesale shellfish dealers meet these standards, the safety and wholesomeness of the shellfish being purchased by consumers is ensured.

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

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

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

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

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER m: FOOD, DRUGS AND COSMETICS

PART 730

~~THE~~ MANUFACTURING, PROCESSING, PACKING OR HOLDING OF FOOD CODE

SUBPART A: GENERAL PROVISIONS~~DEFINITIONS~~

Section

- 730.1000 State and Federal Food, Drug and Cosmetic Acts
- 730.1005 Incorporated and Referenced Materials
- 730.1006 Compliance with National Standards
- 730.1010 Adequate
- 730.1020 Plant
- 730.1030 Sanitize

SUBPART B: CURRENT GOOD MANUFACTURING PRACTICE (SANITATION)

Section

- 730.2010 Scope

SUBPART C: PLANT AND GROUNDS

Section

- 730.3010 Grounds
- 730.3020 Plant Construction and Design

SUBPART D: EQUIPMENT AND UTENSILS

Section

- 730.4010 Suitable for Intended Use
- 730.4020 Cleanable
- 730.4030 Maintenance
- 730.4040 Prevents Contamination
- 730.4050 Installation

SUBPART E: SANITARY FACILITIES AND CONTROLS

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Section

730.5000	Adequate Sanitary Facilities and Accommodations
730.5010	Water Supply
730.5020	Sewage Disposal
730.5030	Plumbing
730.5040	Toilet Facilities
730.5050	Hand-washing Facilities
730.5060	Waste Disposal

SUBPART F: SANITARY OPERATIONS

Section

730.6010	General Maintenance
730.6020	Animal and Vermin Control
730.6030	Sanitation of Equipment and Utensils
730.6040	Storage and Handling of Cleaned Portable Equipment and Utensils

SUBPART G: PROCESSES AND CONTROLS

Section

730.7000	Adequate Sanitation Principles
730.7010	Raw Material Inspection, Storage, and Preparation
730.7020	Raw Material Carrier Inspection
730.7030	Potable Ice
730.7040	Cross Contamination
730.7050	Equipment Cleaning
730.7060	Proper Processing
730.7070	Testing Procedures
730.7080	Packaging
730.7090	Products Coded and Records Retained
730.7100	Product Storage and Carriers

SUBPART H: PERSONNEL

Section

730.8000	Management Responsibilities
730.8010	Disease Control
730.8020	Cleanliness
730.8030	Education and Training

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730.8040 Supervision

SUBPART I: EXCLUSIONS

Section

730.9010 Operations Excluded

AUTHORITY: Implementing and authorized by the Illinois Food, Drug and Cosmetic Act [410 ILCS 620].

SOURCE: Filed November 12, 1969, effective January 12, 1970; codified at 8 Ill. Reg. 16832; amended at 35 Ill. Reg. 14187, effective August 2, 2011.

SUBPART A: GENERAL PROVISIONS~~DEFINITIONS~~**Section 730.1000 State and Federal Food, Drug and Cosmetic Acts**

The definitions and interpretations contained in ~~section~~Section 201 of the Federal Food, Drug, and Cosmetic Act, ~~(21 USC 321)~~; and Section 502 of the Illinois Food, Drug, and Cosmetic Act ~~[410 ILCS 620], Ill. Rev. Stat., 1983, Ch. 56½, par. 502~~, are applicable to ~~terms such items when~~ used in this Part.

(Source: Amended at 35 Ill. Reg. 14187, effective August 2, 2011)

Section 730.1005 Incorporated and Referenced Materials

- a) The following federal guidelines and regulations are incorporated by reference:
- 1) 21 CFR 123: Fish and Fishery Products (April 1, 2010)
 - 2) Guide for the Control of Molluscan Shellfish 2007 Revision. U.S. Food and Drug Administration, Office of Food Safety, Division of Food Safety, HFS-325, 5100 Paint Branch Parkway, College Park MD 20740-3835. <http://www.fda.gov/Food/FoodSafety/ProductSpecificInformation/Seafood/FederalStatePrograms/NationalShellfishSanitationProgram/ucm046353.htm>
 - 3) National Shellfish Sanitation Program 2007 Model Ordinance (NSSP Model Ordinance). U.S. Food and Drug Administration, Office of Food

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Safety, Division of Food Safety, HFS-325, 5100 Paint Branch Parkway, College Park MD 20740-3835.
<http://www.fda.gov/Food/FoodSafety/Product-SpecificInformation/Seafood/FederalStatePrograms/NationalShellfishSanitationProgram/ucm046412.htm>

- b) All incorporations by reference of federal guidelines and regulations refer to the materials on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Added at 35 Ill. Reg. 14187, effective August 2, 2011)

Section 730.1006 Compliance with National Standards

No person shall engage in the wholesale handling of shellfish, or operate or conduct an establishment for shipping, post-harvest processing, shucking, repacking or wet storage of shellfish, except in compliance with the requirements of the National Shellfish Sanitation Program 2007 Model Ordinance and the Guide for the Control of Molluscan Shellfish 2007 Revision.

(Source: Added at 35 Ill. Reg. 14187, effective August 2, 2011)

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- 1) Heading of the Part: Grade A Pasteurized Milk and Milk Products
- 2) Code Citation: 77 Ill. Adm. Code 775
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
775.10	Amended
775.20	Amended
- 4) Statutory Authority: Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635]
- 5) Effective Date of Rulemaking: August 2, 2011
- 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 amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: January 3, 2011; 35 Ill. Reg. 175
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

In Section 775.20(a)(1)(D), "for Certification of Interstate Milk Shippers" was stricken and "of the National Conference on Interstate Milk Shipments" was added.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking updates references to several documents that are incorporated by reference in the Grade A Pasteurized Milk and Milk Products rules. Documents that are being updated include the Grade A Pasteurized Milk

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Ordinance (PMO), the Methods of Making Sanitation Ratings of Milk Shippers (MMSR), the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration (FDA) Program of the National Conference on Interstate Milk Shipments and the incorporated sections of the Code of Federal Regulations, all published by the FDA, and the Official Methods of Analysis of the Association of Official Analytical Chemists.

Key changes to the 2009 revision of the PMO include the approval of residue test kits for sheep and buffalo raw milk. Many inspection and rating forms were also updated. In addition, the definition of Grade A milk and milk products was refined. The somatic cell standard for raw goat's milk has been raised from 1,000,000 cells per milliliter to 1,500,000 cells per milliliter. Ultraviolet light can now be used as an equivalent to pasteurized water.

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

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

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

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

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER m: FOOD, DRUGS AND COSMETICSPART 775
GRADE A PASTEURIZED MILK AND MILK PRODUCTS

Section

775.1	Minimum Regulations (Renumbered)
775.10	Definitions
775.20	Incorporated and Referenced Materials
775.30	Minimum Requirements
775.40	Local Government Implementation
775.50	Permits
775.60	Suspension of Permits
775.70	Inspections and Investigations
775.80	Approval of Construction Plans
775.90	Administrative Hearings
775.100	Milk Hauler-Samplers Examination
775.110	Milk Tank Trucks
775.120	Cleaning and Sanitizing Procedures
775.130	Action Levels for Added Water in Milk
775.140	Pesticide, Herbicide and Mycotoxin Residue Control Program
775.150	Drug Residue Control Program

AUTHORITY: Authorized by and implementing the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635].

SOURCE: Adopted and codified at 8 Ill. Reg. 4190, effective March 16, 1984; amended at 11 Ill. Reg. 1464, effective February 1, 1987; amended at 12 Ill. Reg. 17925, effective December 1, 1988; amended at 17 Ill. Reg. 14015, effective August 15, 1993; amended at 19 Ill. Reg. 12271, effective August 10, 1995; amended at 22 Ill. Reg. 20633, effective November 10, 1998; amended at 25 Ill. Reg. 11904, effective September 1, 2001; amended at 25 Ill. Reg. 12629, effective September 25, 2001; amended at 27 Ill. Reg. 15979, effective October 1, 2003; amended at 32 Ill. Reg. 8432, effective May 21, 2008; amended at 35 Ill. Reg. 14193, effective August 2, 2011.

Section 775.10 Definitions

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In addition to the definitions contained in Section 1 of the Grade A Pasteurized Milk Ordinance, the following definitions shall apply:

"Act" means the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635].

~~"Bulk milk pickup tank" means the tank, and those~~ ~~the tank, and those~~ *"Bulk milk pickup tank" means appurtenances necessary for its use, used by a milk hauler-sampler to transport bulk raw milk for pasteurization from a dairy farm to a milk plant, receiving station, or transfer station. (Section 3(b)(16) of the Act)*

"Clarification" means an operational procedure that removes sediment from milk.

"Cleaning and sanitizing facility" means any place, premise or establishment where milk tank trucks are cleaned and sanitized. (Section 3(b)(15) of the Act)

"Cultured dairy products" means milk and milk products that have been soured after pasteurization using harmless lactic-acid-producing bacteria, food grade phosphoric acid, lactic acid, citric acid or hydrochloric acid, with or without rennet and/or other safe, suitable milk-clotting enzymes.

"Dairy farm" means any place or premise where one or more cows, goats or sheep are kept, and from which a part or all of the milk or milk products are provided, sold or offered for sale to a milk plant, transfer station, or receiving station. (Section 3(b)(1) of the Act)

"Department" means the Illinois Department of Public Health. (Section 3(b)(7) of the Act)

"Director" means the Director of the Illinois Department of Public Health. (Section 3(b)(8) of the Act)

"Downstream " means after the automatic milk flow safety device.

"Embargo or hold for investigation" means a detention or seizure designed to deny the use of milk or milk products which may be unwholesome or to prohibit the use of equipment which may result in contaminated or unwholesome milk or dairy products. (Section 3(b)(9) of the Act)

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"Enforcing agency" means the Illinois Department of Public Health or a unit of local government electing to administer and enforce the Act as provided for in the Act. (Section 3(b)(12) of the Act)

"Field representative" means a person qualified and trained in the sanitary methods of production and handling of milk as set forth in this Part, and generally employed by a processing or manufacturing plant for the purpose of doing quality control work.

"Grade A" means that milk and milk products are produced and processed in accordance with the latest United States Public Health Service – Food and Drug Administration Grade A Pasturized Milk Ordinance as may be amended. The term Grade A is applicable to "dairy farm", "milk hauler-sampler", "milk plant", "milk product", "receiving station", "transfer station", "bulk milk pickup tank", and "certified pasteurizer sealer" whenever used in the Act. (Section 3(a) of the Act)

"High temperature short time flow-diversion device" or "H.T.S.T." means an automatic milk-flow safety device that controls the flow of milk in relation to the temperature of the milk or heating medium and/or pressure, vacuum, or other auxiliary equipment.

"Imminent hazard to the public health" means any hazard to the public health when the evidence is sufficient to show that a product or practice, posing or contributing to a significant threat of danger to health, creates or may create a public health situation that should be corrected immediately to prevent injury and that should not be permitted to continue while a hearing or other formal proceeding is being held. (Section 3(b)(10) of the Act)

"Milk" means the milk of cows, goats or sheep and includes skim milk and cream. (Section 3(b)(2) of the Act)

"Milkfat and Nonfat Solid Content Standards" means the standards set forth in 21 CFR 131.110 (~~2009~~~~2005~~). (See Section 775.20.)

"Milk hauler-sampler" means a person who is qualified and trained for the grading and sampling of raw milk in accordance with federal and State quality standards and procedures (Section 3(b)(14) of the Act) and transports bulk raw milk for pasteurization from a dairy farm to a receiving station, transfer station,

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or milk plant. (Section 3(b)(16)(A) of the Act)

"Milk product" means any product including cream, light cream, light whipping cream, heavy cream, heavy whipping cream, whipped cream, whipped light cream, sour cream, acidified sour cream, cultured sour cream, half-and-half, sour half-and-half, acidified sour half-and-half, cultured half-and-half, reconstituted or recombined milk and milk products, concentrated milk, concentrated milk products, nonfat (skim) milk, reduced fat or lowfat milk, frozen milk concentrate, eggnog, buttermilk, cultured milk, cultured reduced fat or lowfat milk or nonfat (skim) milk, cottage cheese (including dry curd, reduced fat, lowfat, and nonfat), yogurt, lowfat yogurt, nonfat yogurt, acidified milk, acidified reduced fat or lowfat milk, or nonfat (skim) milk, low-sodium milk, low-sodium reduced fat lowfat milk, low-sodium nonfat (skim) milk, lactose-reduced milk, lactose-reduced reduced fat or lowfat milk, lactose-reduced nonfat (skim) milk, aseptically processed and packaged milk and milk products, and milk, reduced fat, lowfat milk or nonfat (skim) milk with added safe and suitable microbial organisms and any other milk product made by the addition or subtraction of milkfat or addition of safe and suitable optional ingredients for protein, vitamin or mineral fortification of milk products defined in this Section. (Section 3(b)(4) of the Act)

"Milk tank truck" is the term used to describe both a bulk or milk pickup tanker and a milk transport tank.

"Milk transport tank" means a vehicle, including the truck and tank used to transport bulk shipments of milk from a transfer station, receiving station or milk plant to another transfer station, receiving station or milk plant.

"PMO" means the Grade A Pasteurized Milk Ordinance incorporated by reference. (See Section 775.20.)

"Permit" means a document awarded to a person for compliance with the provisions of and under conditions set forth in ~~the~~ Act and this Part. (Section 3(b)(13) of the Act)

"Person" means any individual, group of individuals, association, trust, partnership, corporation, person doing business under an assumed name, the State of Illinois, or any political subdivision or Department thereof, or any other entity. (Section 3(b)(11) of the Act)

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"Quality assurance program" means the Milk and Dairy Beef Quality Assurance Program, Boeckman, Steve and Carlson, Keith R., Agri-Education Inc., Stratford, Iowa 50249 or equivalent program as determined by the Department.

"Receiving station" means any place, premise, or establishment where raw milk is received, collected, handled, stored or cooled and prepared for further transporting. (Section 3(b)(5) of the Act)

"Separation" means an operational procedure that removes butterfat from milk.

"Transfer station" means any place, premise, or establishment where milk or milk products are transferred directly from one milk tank truck to another. (Section 3(b)(6) of the Act)

"Violative drug residue" means a drug residue at or above the tolerance and/or safe levels as set forth in 21 CFR 556 (20092005) and Appendix N of the PMO.

(Source: Amended at 35 Ill. Reg. 14193, effective August 2, 2011)

Section 775.20 Incorporated and Referenced Materials

a) The following regulations, guidelines, standards, rules, and statutes are incorporated or referenced in this Part:

1) Federal government guidelinespublications:

A) The Grade A Pasteurized Milk Ordinance (PMO), and Appendices A through R (except Sections 16 and 17) Recommendations of the United States Public Health Service/Food and Drug Administration, 20092005 Revision (Publication 229). U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835. In addition, the jurisdiction name, left blank in Sections 1, 2, 3, 5, and 11 of the PMO, for the purposes of this Part, shall mean the State of Illinois; and the regulatory agency referred to in Section 1 shall mean the Illinois Department of Public Health. (See Section 775.30(a).)

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- B) Evaluation of Milk Laboratories (2005 Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration.
 - C) Methods of Making Sanitation Ratings of Milk Supplies (~~2009~~2005 Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration.
 - D) Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments~~for Certification of Interstate Milk Shippers~~ (~~2009~~2005 Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration.
- 2) Private and professional standards:
- A) The Standard Methods for the Examination of Dairy Products (17th Edition, 2004, American Public Health Association, 1015 – 18th Street, N.W., Washington, D.C. 20036). (See Section 775.70(b).)
 - B) Official Methods of Analysis of the Association of Official Analytical Chemists (~~18th~~16th Edition, ~~2010~~1996, Association of Official Analytical Chemists, P.O. Box 540, Ben Franklin Station, Washington, D.C. 20044). (See Section 775.70(b).)
- 3) Federal regulations:
- A) 21 CFR 131.110, Milk (~~2009~~2005). (See Section 775.10, the definition of "milkfat and nonfat solid content standards".)
 - B) 21 CFR 556, Tolerances for Residues or New Animal Drugs in Food (~~2009~~2005). (See Section 775.10, the definition of "violative drug residue".)
 - C) 40 CFR 180, Tolerances and Exemptions from Tolerances for Pesticide Chemicals in Food (~~2009~~2005). (See Section 775.140(a)(1).)

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- 4) State of Illinois rules and statutes:
- A) Illinois Plumbing Code – 77 Ill. Adm. Code 890, Illinois Department of Public Health. (See Section 775.30(c)(4).)
 - B) Rules of Practice and Procedure in Administrative Hearings – 77 Ill. Adm. Code 100, Illinois Department of Public Health. (See Section 775.90.)
 - C) The Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS 115].
- b) All incorporations by reference of federal guidelines and regulations and the standards of professional organizations refer to the materials on the date specified and do not include any amendments or editions subsequent to the date specified.
- c) All citations to federal regulations in this Part concern the specified regulation in the ~~2009~~2005 Code of Federal Regulations, unless another date is specified.
- d) Copies of all incorporated materials are available for inspection and copying by the public at the Department's Central Office, Division of Food, Drugs, and Dairies, 525 West Jefferson Street, Springfield, Illinois 62761.

(Source: Amended at 35 Ill. Reg. 14193, effective August 2, 2011)

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- 1) Heading of the Part: Community Health Center Expansion
- 2) Code Citation: 77 Ill. Adm. Code 975
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
975.100	Amendment
975.105	New
975.110	Amendment
975.210	Amendment
975.220	Amendment
975.221	New
975.222	New
975.223	New
975.250	Amendment
975.251	New
975.252	New
975.260	Amendment
- 4) Statutory Authority: Community Health Center Expansion Act [410 ILCS 66]
- 5) Effective Date of Rulemaking: August 4, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: April 22, 2011; 35 Ill. Reg. 6901
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Differences between proposal and final version: No comments were received during the first notice or public comment period.

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The following changes were made in response to comments and suggestions of JCAR:
In Section 975.222(c)(5), the words "at least" were added after the word "be".

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

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: New sections were adopted to describe application standards, integrate requirements from the Grant Funds Recovery Act and enhance reporting requirements. In addition, the requirements of Public Act 96-1064 were incorporated into this Part. Specifically, grantees (whose grants equal or exceed \$250,000 or capital construction costs or professional services) are now required to provide certifications that the grantee will comply with the Business Enterprise Program practices for minority-owned businesses, female-owned businesses and businesses owned by persons with disabilities as stipulated in the Business Enterprise for Minorities, Females and Persons with Disabilities Act. Further, grantees will need to certify that they comply with Section 2-105 of the Illinois Human Rights Act regarding equal employment opportunities and affirmative action policies.
- 16) Information and questions regarding these adopted amendments shall be directed to:

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

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

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

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICESPART 975
COMMUNITY HEALTH CENTER EXPANSION

SUBPART A: GENERAL PROVISIONS

Section	
975.100	Definitions
975.105	Administrative Hearings
975.110	Incorporated and Referenced Materials

SUBPART B: GRANTS TO EXPAND
FEDERALLY QUALIFIED HEALTH CENTER PROGRAMS

Section	
975.200	Grants
975.210	Sustainability Funding
975.220	Eligibility for Grant
975.221	Notification
975.222	Legal Notice
975.223	Grant Application
975.230	Program Requirements
975.240	Use of Grant Moneys
975.250	Application Evaluation Process
975.251	Grant Awards, Terms and Conditions
975.252	Grant Funds Recovery
975.260	Reporting
975.270	Public Comment

AUTHORITY: Implementing and authorized by the Community Health Center Expansion Act [410 ILCS 66].

SOURCE: Adopted at 33 Ill. Reg. 14152, effective September 25, 2009; amended at 35 Ill. Reg. 14202, effective August 4, 2011.

SUBPART A: GENERAL PROVISIONS

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Section 975.100 Definitions

"Act" means the Community Health Center Expansion Act [410 ILCS 66].

"Acquire a new physical location" means acquisition through leasing arrangements or construction of existing or new space *for the purpose of delivering primary health care services*. The purchase of land is excluded. (Section 20(2) of the Act)

"Administrative cost" means costs to control and direct an organization but not directly identifiable with financing or operations. These costs relate to the entire organization as opposed to specific departments or units.

"Administrative law judge" shall have the meaning ascribed in the Department's Practice and Procedure in Administrative Hearings.

"Authorized representative" means a person who has authority to act on behalf of the legal entity or person that is an applicant or grantee. Authorized representatives are: for a corporation, any of its officers or members of its board of directors; for a limited liability company, any of its managers or members; for a partnership, any of its general partners; and for a sole proprietor, the individual who is the sole proprietor.

"Benefits" means compensation that is in addition to direct wages or salary, including paid time off, pension, social security and insurance.

"Business day" means Monday through Friday. It does not include a federal or State government declared holiday, Saturday or Sunday.

"Calendar day" means all days in a month or prescribed time frame. It includes weekends and federal or State government declared holidays.

"Center" means the Center for Rural Health of the Illinois Department of Public Health.

"Certified mail" means mail for which proof of delivery is obtained.

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"Community health center" or "CHC" means a migrant health center or community health center or health care program for the homeless or for residents of public housing supported under section 330 of the federal Public Health Service Act, and Federally Qualified Health Centers, including FQHC Look-Alikes, as designated by the Secretary of the United States Department of Health and Human Services, that operate at least one federally designated primary health care delivery site in the State of Illinois.

"Community health center site" means a new physical site where a community health center will provide primary health care services either to a medically underserved population or area or to the uninsured population of this State. (Section 5 of the Act)

"Community provider" means a Federally Qualified Health Center or FQHC Look-Alike (community health center or health center), designated as such by the Secretary of the United States Department of Health and Human Services, that operates at least one federally designated primary health care delivery site in the State of Illinois. (Section 5 of the Act)

"Construction costs" or "modernization costs" means expenses from a construction contract.

"Data Universal Numbering System" or "DUNS" is a system that assigns a unique numeric identifier, referred to as a DUNS number, to a single business entity.

"Department" means the Illinois Department of Public Health. (Section 5 of the Act)

"Director" means the Director of the Illinois Department of Public Health.

"Due diligence" means action taken toward the completion of a project with the diligence and foresight that persons of ordinary prudence and care would exercise under similar circumstances.

"Eligible applicant" means a Federally Qualified Health Center or an FQHC Look-Alike.

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"Equipment cost" means the cost of movable equipment, including movable medical equipment, and the cost of making this equipment operational (e.g., installation costs).

"Federal Employer Identification Number" or "FEIN" means a unique nine-digit number assigned by the Internal Revenue Service to business entities operating in the United States.

"Federally Qualified Health Center" or "FQHC" means a health center funded under section 330 of the Public Health Service Act (42 USC 254b).

"Fiscal year" means the financial operating year of Illinois State government. It begins on July 1 and ends on June 30 of the next calendar year.

"FQHC Look-Alike" means an organization that meets the requirements for receiving a grant under section 330 of the Public Health Service Act, but does not receive federal grants under that authority.

"Funding period" means the time frame during which grant funds are to be expended by a grantee (usually corresponding with the Department's fiscal year).

"Grant" refers to funds awarded to a Community Health Center under the Act *for the purpose of establishing new community health center sites to provide primary health care services to medically underserved populations or areas or provide primary health care services to the uninsured* (Section 10(a) of the Act) or to provide *sustaining funds to grantees that have met the initial proposed project objectives and can demonstrate continued financial need.* (Section 10.5 of the Act).

"Grantor agency" means any agency of State government which dispenses grant funds. (Section 2(a) of the Illinois Grant Funds Recovery Act)

"Grant agreement" means the agreement entered into between the Department and any person or entity for obligation, capital expenditure or use for a specific purpose.

"Grantee" means a person or entity which may use grant funds. (Section 2(c) of the Illinois Grant Funds Recovery Act)~~refers to a community health center that is the recipient of an expansion grant or sustainability grant award.~~

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"Grant funds" means public funds dispensed by the Department to any person or entity for obligation, expenditure or use for a specific purpose. (Section 2(b) of the Illinois Grant Funds Recovery Act)

"Historic resource" shall have the meaning ascribed in Section 3(c) of the Illinois State Agency Historic Resources Preservation Act [20 ILCS 3420].

"Initial proposed project objectives" refers to objectives included in the application that was approved and funded under a Community Health Center Expansion Act grant Grant.

"Legal holiday" means a holiday set by statute, during which government and business working hours are suspended.

"Local health department" means a county, multi-county, municipal or district public health agency certified by the Department.

"Medically underserved area" or "MUA" means an urban or rural area designated by the Secretary of the United States Department of Health and Human Services as an area with a shortage of personal health services. (Section 5 of the Act)

"Medically underserved population" or "MUP" means the population of an urban or rural area designated by the Secretary of the United States Department of Health and Human Services as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of those services. (Section 5 of the Act)

"Metropolitan statistical area" or "MSA" means one or more adjacent counties that have at least one urban core area of at least 50,000 in population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.

"Newspaper of general circulation" means newspapers other than those intended to serve a particular defined population, including the publications of professional and trade associations (see Section 30(b) of the Act).

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"Not-for-profit" means a corporation or entity described in the General Not-for-Profit Corporation Act of 1986.

"Obligation" or "Obligated" means a requirement for a grantee to make future payments from grant funds that result from financial transactions that have occurred.

"Personal services" means costs associated with wages and salaries for individuals employed by the grantee.

"Primary health care services" means the following:

Basic health services consisting of the following:

Health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and, if appropriate, physician assistants, nurse practitioners, and nurse midwives.

Diagnostic laboratory and radiologic services.

Preventive health services, including the following:

Prenatal and perinatal services.

Screenings for breast, ovarian, and cervical cancer.

Well-child services.

Immunizations against vaccine-preventable diseases.

Screenings for elevated blood lead levels, communicable diseases, and cholesterol.

Pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care.

Voluntary family planning services.

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Preventive dental services.

Emergency medical services.

Pharmaceutical services as appropriate for particular health centers.

Referrals to providers of medical services and other health related services (including substance abuse and mental health services).

Patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to federal, State, and local programs that provide or financially support the provision of medical, social, educational, or other related services.

Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of those individuals).

Education of patients and the general population served by the health center regarding the availability and proper use of health services.

Additional health services consisting of services that are appropriate to meet the health needs of the population served by the health center involved and that may include the following:

Environmental health services, including the following:

Detection and alleviation of unhealthful conditions associated with water supply.

Sewage treatment.

Solid waste disposal.

Detection and alleviation of rodent and parasite infestation.

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Field sanitation.

Housing.

Other environmental factors related to health.

Special occupation-related health services for migratory and seasonal agricultural workers, including the following:

Screening for and control of infectious diseases, including parasitic diseases.

Injury prevention programs, which may include prevention of exposure to unsafe levels of agricultural chemicals, including pesticides. (Section 5 of the Act)

"Project completion" means that the project has been brought to a conclusion based on the objectives in the grant agreement.

"Project service area" means the geographic area to be served by the grantee.

"Proof of publication" means documentation provided by a newspaper verifying that a legal notice was published.

"Recipient" refers to a community provider that is or will become a community health center and meets the application requirements outlined in Section 975.220.

"Rural" means any geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within a Metropolitan Statistical Area but having a population of 60,000 or less; or a community located within a Metropolitan Statistical Area but having a population of 2,500 or less.

"Service area" is the geographic area composed of the Medically Underserved Area or Medically Underserved Population.

"Supplies" means general purpose consumable items that have a shorter life span than equipment and that are stocked for recurring use.

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"Sustainability funding" means an additional three years of funding by the Department after the initial three-year expansion grant period. These funds *shall be in an amount up to 50% of a grantee's third-year grant fundings*~~shall be in an amount up to 50% of a grantee's third-year grant funding~~ for each of three additional years. ([Section 10.5 of the Act](#))

"Travel" means the cost incurred by a grantee's employees to travel to fulfill specific job requirements. These costs could include, but are not limited to, air travel, local transportation, per diem, mileage allowance and lodging.

"Uninsured population" means persons who do not own private health care insurance, are not part of a group insurance plan, and are not eligible for any State or federal government-sponsored health care program. (Section 5 of the Act)

"Urban" means any geographic area ~~that does not meet the designated as a definition of "rural" area in this Section.~~

(Source: Amended at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.105 Administrative Hearings

Administrative hearings conducted concerning the provisions of this Part shall be governed by the Department's Practice and Procedure in Administrative Hearings.

(Source: Added at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.110 Incorporated and Referenced Materials

The following materials are incorporated and referenced in this Part:

- a) The following Illinois statutes and rules are referenced in this Part:
 - 1) Community Health Center Expansion Act [410 ILCS 66]
 - 2) ~~Illinois Grant Funds Recovery Act [30 ILCS 705]~~Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
 - 3) General Not-for-Profit Corporation Act of 1986 [805 ILCS 105]

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- 4) [Business Enterprise for Minorities, Females and Persons with Disabilities Act \[30 ILCS 575\]](#)
- 5) [Illinois Human Rights Act \[775 ILCS 5\]](#)
- 6) [Illinois Administrative Procedure Act \[5 ILCS 100\]](#)
- 7) [Department of Public Health: Practice and Procedure in Administrative Hearings \(77 Ill. Adm. Code 100\)](#)
- 8) [Department of Natural Resources: Construction in Floodways of Rivers, Lakes and Streams \(17 Ill. Adm. Code 3700\)](#)
- 9) [State Finance Act \[30 ILCS 105\]](#)

b) [The following Illinois Executive Order is referenced in this Part:](#)

[Executive Order #5 \(2006\): Construction Activities in Special Flood Hazard Areas](#)

c)b) The following federal statute is referenced in this Part:

Public Health Service Act (42 USC 201 et seq.)

d)e) The following federal guidelines are incorporated in this Part:

- 1) "Defining Scope of Project and Policy for Requesting Changes" (Policy Information Notice (PIN) number 2008-010), December 31, 2007, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care Policy, Office of Grants Management, 4350 East West Highway, Bethesda, Maryland 20814
- 2) "Federally Qualified Health Center Look-Alike Guidelines and Application" (PIN) number 2003-21), August 26, 2003, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care Policy, Office of Grants Management, 4350 East West Highway, Bethesda, Maryland 20814

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e)d) The following federal regulation is incorporated in this Part:

Grants for Community Health Services (42 CFR 51c, October 1, 2007)

f)e) All incorporations by reference of federal regulations and guidelines refer to materials on the date specified and do not include any subsequent amendments or editions.

(Source: Amended at 35 Ill. Reg. 14202, effective August 4, 2011)

SUBPART B: GRANTS TO EXPAND
FEDERALLY QUALIFIED HEALTH CENTER PROGRAMS

Section 975.210 Sustainability Funding

- a) *Sustaining funds shall be available to grantees under Section 10 of the Act that have met the initial proposed project objectives and can demonstrate continued financial need. These funds shall be provided by the Department for a 3-year period, subject to appropriation. Funds granted each year under this Section shall be in an amount up to 50% of a grantee's third-year-grant funding under Section 975.200. (Section 10.5 of the Act)*
- b) Sustaining grant funding will be awarded to grantees meeting the following requirements:
- 1) Be a prior recipient of a Community Health Center Expansion Act ~~grant~~Grant;
 - 2) Be able to document successful accomplishment of goals and objectives from the originally funded project; and
 - 3) Be able to document the need for additional funding from the Community Health Center Expansion Act Grant for the continuation of the goals and objectives presented in the original application.
- c) Grantees shall be limited to three years of initial funding and three years of sustainability funding. (See Sections 10(b) and 10.5 of the Act.)

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(Source: Amended at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.220 Eligibility for Grant

To be eligible for a grant under the Act and this Part, a recipient must be a community provider as defined in Section 975.100. (Section 15 of the Act)

- a) Applicants shall [also](#) meet the following requirements:
 - 1) Be an FQHC or FQHC Look-Alike as defined in Section 975.100;
 - 2) Serve, in whole or in part, a designated MUA or MUP as defined in Section 975.100;
 - 3) Meet requirements for FQHC grantees and [FQHC](#) Look-Alikes under section 330 of the Public Health Service Act; and
 - 4) Offer primary health care services as defined in Section 975.100.
- b) Applicants may not apply for funding that would allow a community health center site to receive two or more [Community Health Center Expansion Act](#) grants at the same time.
- e) [Letter of intent](#)
~~The applicant shall send a letter of intent (LOI) and an application to apply for grant funds to the Department that include the following:~~
 - 1) ~~The proposed grant project description, location and applicant.~~
 - 2) ~~The proposed users of the primary health care services and project service area, including identification of any MUA or MUP designations.~~
 - 3) ~~Issues creating a high need for primary health care services, including any significant or unique barriers to care.~~
 - 4) ~~Other providers of care in the project service area, including any other FQHCs under section 330 of the Public Health Service Act.~~

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- 5) ~~All primary health care services to be provided, including mental health, substance abuse, and oral health care services, as well as the mechanism for providing each service (e.g., direct service, referral).~~
 - 6) ~~Project stage of development and the ability of the applicant to meet the requirements of this Part for program compliance.~~
 - 7) ~~The readiness to receive funding, including the ability of the facility and providers at the new access point or expanded facility to be operational within 120 days after the warrant for payment of the grant award is issued by the Office of the Comptroller.~~
- d) ~~Application~~
The application format shall include, but not be limited to:
- 1) ~~A summary of the applicant's plan of action to address the goals of either:~~
 - A) ~~Establishing a new community health center (CHC) site to provide primary health care services to medically underserved populations or areas or to provide primary health care services to the uninsured population of Illinois; or~~
 - B) ~~Expanding the services of an existing CHC site to provide primary health care services to medically underserved populations or areas or primary health care services to the uninsured population of Illinois. (Section 10(a) of the Act)~~
 - 2) ~~A project narrative that shall include the following information:~~
 - A) ~~Proposed service area and applicant description;~~
 - B) ~~Statement of need for the project;~~
 - C) ~~Project objectives;~~
 - D) ~~Plan of operation;~~
 - E) ~~Project evaluation; and~~

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F) ~~Budget.~~e) ~~Notification process~~

~~As soon as the decision to apply is made, the prospective applicant shall send a copy of the "Notification of Application for State Funding of Community Health Center Expansion" to each of the following entities in the geographic area of the FQHC for their input. The application packet submitted to the Department shall include a copy of the completed notification form, as well as the names and addresses of individuals to whom the forms were sent, the organizations that the individuals represent, and the date of the notification.~~

- ~~1) Local health department administrator;~~
- ~~2) Local hospital administrators;~~
- ~~3) Illinois State Medical Society;~~
- ~~4) Illinois Primary Health Care Association;~~
- ~~5) Other FQHCs and FQHC Look-Alikes in the service area;~~
- ~~6) Illinois State Dental Society;~~
- ~~7) Illinois Public Health Association; and~~
- ~~8) At least one newspaper of general circulation in the geographic area of the FQHC.~~

(Source: Amended at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.221 Notification

- a) Prior to submitting a grant application, an applicant shall submit a "Notification of Application for State Funding of Community Health Center Expansion" to the Department. Copies of the notification form are available from the Department.
 - 1) The notification shall be submitted to the Department with enough time so that it can be reviewed and deemed complete at least 45 calendar days prior to the submission of a grant application.

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- 2) The notification shall contain the following information:
 - A) The legal name of the applicant;
 - B) The applicant's mailing address;
 - C) The site of the proposed project, including its legal address;
 - D) A description of the project, including its estimated cost;
 - E) A description of the project's service area, including the boundaries of the service area and the target population to be served;
 - F) Identification of any MUA or MUP designations in the project's service area;
 - G) The users of the primary health care services proposed in the project;
 - H) A description of the issues creating a high need for primary health care services, including any significant or unique barriers to care;
 - I) A list of other providers of care in the project service area, including FQHCs, FQHC Look-Alikes, local health departments and hospitals. This list shall include the name of the facility and its address and phone number;
 - J) A list of all primary health care services to be provided, including mental health, substance abuse, and oral health care services, as well as the mechanism for providing each service (e.g., direct service, referral);
 - K) The project's stage of development and the ability of the applicant to meet the requirements of this Part for program compliance; and
 - L) The readiness to receive funding, including the ability of the facility and providers at the new access point or expanded facility to be operational within 120 calendar days after the warrant for

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payment of the grant award is issued by the Illinois Office of the Comptroller.

- b) In addition to providing notice to the Department, the applicant shall also provide the notification to entities referenced in this subsection. The notification shall be sent to the entities at least 45 calendar days prior to submitting a grant application to the Department.
- 1) The applicant shall send (via certified mail) the notification to the following entities in the project service area for their input. When the notification is received, the contacted entities may submit responses to both the applicant and the Department.
 - A) Local health department administrators;
 - B) Local hospital administrators; and
 - C) Other FQHCs and FQHC Look-Alikes.
 - 2) The applicant shall also send (via certified mail) the notification to the following entities for their input. When the notification is received, the contacted entities may submit responses to both the applicant and the Department.
 - A) Illinois State Medical Society;
 - B) Illinois Primary Health Care Association;
 - C) Illinois State Dental Society;
 - D) Illinois Academy of Family Physicians; and
 - E) Illinois Public Health Association.
 - 3) The application packet submitted to the Department shall include a copy of the completed notification form and documentation that the notification was sent by certified mail, as well as the names and addresses of individuals to whom the notification was sent, the organizations that the individuals represent, and the date of the notification.

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- c) The Department will review the notification to ensure that all required elements in subsections (a) and (b) are included. If all required elements are not included, the Department will contact the applicant and request a revised notification. The revised notification shall be sent to both the Department and the entities listed in subsection (b). Once the Department receives the revised notification and determines that all required elements are included, the 45 calendar day period (see subsection (a)(1)) will commence.
- d) A notification is valid for 90 calendar days after receipt by the Department, provided that it meets the requirements of subsections (a) through (c).
- e) The Department will not review a grant application until the notification requirements of this Section are fulfilled.

(Source: Added at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.222 Legal Notice

Notification of a 30-day general public comment period shall be given to the community into which a grant applicant proposes to expand by publication in at least one newspaper of general circulation in that community. (Section 30(b) of the Act)

- a) At least 45 calendar days prior to submitting an application, the applicant shall publish a legal notice that provides an opportunity for written comments from the public. The notice shall be published in a newspaper of general circulation in the community where the project is proposed (see definition of newspaper of general circulation in Section 975.100). If the proposed project will be located in a community that does not have a newspaper of general circulation, the notice shall be published in another community in a newspaper of general circulation that covers news and events that occur in the community where the project is proposed.
- b) The applicant shall provide the Department with copies of the legal notice and the newspaper's proof of publication at least 30 calendar days prior to submitting the application.
- c) The legal notice shall contain the following:

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- 1) Identification of the proposed project, including the name of the applicant, the address of the proposed project, a brief description of the project and the project's estimated cost;
 - 2) Information regarding where the public may view a copy of the application and how copies of the application may be obtained;
 - 3) A statement that any person has the right to submit written comments on the proposed project;
 - 4) Instructions that written comments shall be submitted to the:

Illinois Department of Public Health
Center for Rural Health
535 West Jefferson Street, Ground Floor
Springfield, Illinois 62761-0001
217-782-2547 (fax)
e-mail: DPH.CRH@illinois.gov
 - 5) The date (which shall be at least 20 calendar days from the date of publication of the notice) by which the Department shall receive written comments;
 - 6) Written comments shall contain the name and address of the person submitting the comments; and
 - 7) Written comments shall be on paper and not exceed 8½" by 11".
- d) If the Department determines that the notice does not fulfill the requirements of subsection (c), the Department will contact the applicant and require that a new notice be published. The revised notice shall meet the information requirements of subsection (c) and the time frame requirements of subsections (a) and (b). The Department will not evaluate an application (see Section 975.200) until a legal notice that meets the requirements of this Section is published.
- e) If the applicant submits a grant application without first submitting the required legal notice and proof of publication, the grant application will be deemed incomplete (see Section 975.223(c)(2)).

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- f) The Department shall not begin the application evaluation process (per Section 975.250) until the public comment time frame is concluded.
- g) The Department shall consider the contents of written comments only as part of the overall grant review process. (Section 30(c) of the Act)
- h) Notice to all persons shall be deemed to have been provided by publication of the notice in a newspaper of general circulation.
- i) At the conclusion of the 30-day comment period, the Department shall no longer accept written comments. (Section 30(b) of the Act) Comments received after this time frame will be returned to the individual who submitted the comments.
- j) The Department will include written comments addressed and submitted as described in this Section as part of the application, provided that the comments were received within the prescribed time frame and in accordance with the requirements of this Section.
- k) Persons submitting comments are responsible for assuring that the Department receives the comments within the prescribed time frame.

(Source: Added at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.223 Grant Application

- a) Once the applicant fulfills the requirements of Sections 975.221 and 975.222, a grant application can be submitted. The application shall include the following:
 - 1) The legal name of the applicant;
 - 2) The name and title of the applicant's chief officers and key managers;
 - 3) The applicant's address;
 - 4) A general description of the applicant, including its business and business experience;
 - 5) The applicant's telephone number and fax number;

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- 6) The applicant's FEIN;
- 7) The applicant's Illinois Department of Human Rights number;
- 8) The applicant's DUNS number;
- 9) The project director's name and e-mail address;
- 10) A detailed description of the project for which grant funding is requested. This will include a summary of the applicant's plan of action to address the goals of either:
 - A) Establishing a new CHC site to provide primary health care services to medically underserved populations or areas or to provide primary health care services to the uninsured population of Illinois; or
 - B) Expanding the services of an existing CHC site to provide primary health care services to medically underserved populations or areas or primary health care services to the uninsured population of Illinois. (Section 10(a) of the Act)
- 11) A project narrative that includes the following:
 - A) The proposed service area, including a map depicting the boundaries of the service area and the identification of other FQHCs, FQHC Look-Alikes, local health departments and hospitals within the service area;
 - B) A statement of need for the project, including a brief description of the project and its needs and expected accomplishments. The narrative shall also provide a brief description of the financial and facility resources for the project;
 - C) The project objectives, documenting the measurable objectives that the project will accomplish, including appropriate measuring metrics;

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- D) A plan of operation describing the implementation plan for the objectives and a timetable for their achievement;
- E) A plan describing how the project will be evaluated to ascertain if the objectives have been achieved, including documenting the project's progress in meeting the particular needs of the project's service area; and
- F) A budget listing the total dollar amount needed for the project, including the amount to be provided by the applicant and other funding sources and the amount of funding requested through the grant. The applicant shall identify all revenue sources and amounts and provide budget estimates, including expenditures for the duration of the project. The project's budget shall include the following costs (if applicable):
- i) Personal services, including salaries and hourly compensation for officers, directors, and key employees;
 - ii) Benefits;
 - iii) Travel;
 - iv) Commodities/supplies;
 - v) Equipment;
 - vi) Facility construction/renovation;
 - vii) Contractual;
 - viii) Printing;
 - ix) Telecommunications;
 - x) Patient/client care; and
 - xi) Administrative costs.

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- b) Flood Plain and Historic Preservation Requirements. For construction or modernization projects, the applicant must document:
- 1) Whether the project is or is not in a flood plain and that the location of the project complies with Executive Order #5 (2006): Construction Activities in Special Flood Hazard Areas and the requirements of the Illinois Department of Natural Resources regarding construction in floodways (Construction in Floodways of Rivers, Lakes and Streams; and
 - 2) That the Illinois Historic Preservation Agency has determined that the project does not affect historic resources. Information on preservation requirements is at: www.illinoishistory.gov/ps/index.htm.
- c) When the Department receives a grant application, the following process will occur:
- 1) The Department will determine whether the applicant is eligible to apply in accordance with the requirements of the Act and Section 975.220. If the applicant is ineligible to apply, the Department will contact the applicant in writing with the determination.
 - 2) If the applicant is eligible to apply, the Department will determine whether the application is complete. A review will determine whether all applicable criteria have been addressed and whether all required materials and documentation have been submitted. The Department will also determine whether the applicant has fulfilled the requirements of Sections 975.221 and 975.222.
 - A) If the application is deemed complete, the Department will proceed with the application evaluation process (see Section 975.250).
 - B) If the application is deemed incomplete, the Department will notify the applicant via certified mail. An applicant has 30 calendar days from the date of receipt of the certified letter to address the issues that the Department has identified and submit a revised application. If the applicant does not respond to the Department's determination within the prescribed time frame or if a revised application fails to address the issues identified by the Department, the application will be deemed null and void.

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(Source: Added at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.250 Application Evaluation Process

- a) Once the Department determines that applications are complete and that the public comment period has concluded, grant proposals will be forwarded to the Department's grant review committee for consideration.
- b) Applicants shall be allowed to amend the application or provide additional supporting documentation during the evaluation process if requested by the Department's grant review committee.
- c) Upon completion of the grant review committee's evaluation, the Department will award grants to the applicants that meet all of the applicable requirements of the Act and this Part.

~~The Department will review applications for completeness and eligibility. Applications meeting all requirements will be forwarded to a review committee. Those applications that are determined to be ineligible or incomplete will be returned to the applicant and will not be eligible for review.~~

- a) ~~The review committee will consist of volunteers who have worked with uninsured populations or MUA or MUP and, when possible, have prior grant review experience and who represent different geographic areas in the State.~~
- b) ~~The review committee will review the grant applications. Applications are assigned a point score based on the following criteria:~~
 - 1) ~~Documented need for the project (0-25 Points)~~
 - 2) ~~Increased access to health care for service area residents (0-20 Points)~~
 - 3) ~~Ability to implement the proposed plan (0-20 Points)~~
 - 4) ~~Description of project expectations to be accomplished (0-20 Points)~~
 - 5) ~~Realistic budget for the development of the project (0-15 Points)~~

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- e) ~~Upon completion of the review committee's evaluation, the Department will assign bonus points to applications based on the following criteria:~~
- 1) ~~Applicants who have never been a grantee of the Community Health Center Expansion Grant program (0-10 points).~~
 - 2) ~~Applicants who are not currently receiving grant funds under the Community Health Center Expansion Grant program (0-5 points).~~

(Source: Amended at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.251 Grant Awards, Terms and Conditions

To issue a grant award, the Department and grantee will enter into a grant agreement. This agreement will describe the requirements the grantee must fulfill, based on the goals and objectives in the application, and how the grantee will ensure compliance with all applicable stipulations and conditions.

- a) The grant agreement will contain, at a minimum, the following:
- 1) Identifying information of the grantee, including name, mailing address, phone number, fax number, and e-mail address;
 - 2) A description of the grant's purpose;
 - 3) Information on how payments to the grantee will be made;
 - 4) Details on what constitutes permissible expenditure of grant funds;
 - 5) Reporting requirements applicable to the grant, including the filing of quarterly reports, at a minimum (for grants exceeding \$25,000), that describe the project's progress and a detailed report of funds expended;
 - 6) The time period of the grant; and
 - 7) Certification that the grantee will comply with all applicable provisions of the Illinois Grant Funds Recovery Act.

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- b) Grant funds that the grantee does not expend or obligate by the end of the grant agreement shall be returned to the Department within 45 calendar days. (see Section 4(b)(5) of the Illinois Grant Funds Recovery Act). The 45 calendar day time frame begins the day after the grant agreement expires. Returned funds will be deposited into the fund from which the original grant disbursement to the grantee was made.
- c) Grantees are required to keep proper, complete and accurate accounting records of all grant funds received from the Department.
- d) If a grantee dispenses part or all of the grant funds to another person or entity for obligation or expenditure, those dispensed funds shall be viewed and treated as grant funds. (Section 12 of the Illinois Grant Funds Recovery Act) Thus, the person or entity that receives the grant funds from the grantee will be subject to all applicable Sections of this Part.
- e) Each award by grant of State funds of \$250,000 or more for capital construction costs or professional services is conditioned upon the recipient's written certification that the recipient will comply with the business enterprise program practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act and the equal employment practices of Section 2-105 of the Illinois Human Rights Act. (Section 45 of the State Finance Act)

(Source: Added at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.252 Grant Funds Recovery

- a) If a grantee fails to comply with this Part or the terms of the grant agreement, the Department, after notice and opportunity for hearing, shall suspend or revoke the grant or recover any grant funds previously disbursed to the grantee.
- b) If the Department believes that a grant should be suspended, revoked, or recovered because of a grantee's failure to comply with this Part or the terms of the grant agreement, the grantee shall have the opportunity for at least one informal hearing before the Department or the Department's designee to determine the facts and issues and to resolve any conflicts as amicably as possible

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before any formal recovery action is taken. (Section 7 of the Illinois Grant Funds Recovery Act)

- c) If, based on the outcome of the informal hearing, the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Part or the terms of the grant agreement, written notice of the proposed action shall be given to the grantee identifying the action to be taken and specific facts that permit the action. The grantee shall have 35 calendar days after the receipt of the notice to request a formal hearing (see 77 Ill. Adm. Code 100) to show why recovery is not justified or proper.
- d) If a grantee requests a hearing pursuant to subsection (c), the Department shall hold a hearing at which the grantee or the grantee's attorney is permitted to present evidence and witnesses to show why the action should not be taken.
- e) After the conclusion of the hearing, the Department shall issue a written final order setting forth its findings of fact and decision. A copy of the order shall be sent to the grantee.
- f) The Department may suspend payment of grants at any time for failure to comply with Section 975.260 or in any situation that constitutes a threat to the public health, safety, or welfare. Notice of opportunity for hearing will be provided with the notice of suspension. If a grantee requests a hearing pursuant to subsection (c), the Department may not take any action of recovery until at least 35 calendar days after the Department has issued a final recovery order pursuant to subsection (e). If a grantee does not request a hearing, the Department may proceed with recovery of the grant funds identified in the notice at any time after the expiration of the 35 calendar day request period established in subsection (c).
- g) Any notice or mailing required or permitted by this Part shall be deemed received five business days after the notice or mailing is deposited in the U.S. mail, properly addressed with the grantee's current business address and with sufficient U.S. postage affixed.

(Source: Added at 35 Ill. Reg. 14202, effective August 4, 2011)

Section 975.260 Reporting

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The reporting requirements of this Section apply to a grantee that has either an initial or sustainability grant. Failure of a grantee to comply with the requirements of this Section shall result in the Department's withholding future grant funds to the grantee (see Section 4.1 of the Illinois Grant Funds Recovery Act).

- a) Quarterly Progress Report. For grants that exceed \$25,000, each grantee shall submit (at a minimum) written progress reports to the Department every three months. The reports are due within 10 calendar days after the quarterly reporting period has expired (see Section 4(b)(2) of the Illinois Grant Funds Recovery Act).
- b)a) Annual Report.
Within 60 days after the first and second years of a grant under the Act and this Part, the grant recipient must submit a progress report to the Department. The Department may assist each grant recipient in meeting the goals and objectives stated in the original grant proposal submitted by the recipient, and may assist the grant recipient in ensuring that grant moneys are being used for appropriate purposes, and that residents of the community are being served by the new community health center sites established with grant moneys. (Section 25 of the Act)
- c) Both the quarterly progress reports and annual reports shall include the following information:
- 1) Current status of the project;
 - 2) Project components finished and project components yet to be finished;
 - 3) Costs incurred to date and an itemized listing of the total current estimated project costs compared to the approved amounts; and
 - 4) Signature of an authorized official of the grantee stating that this is a true and complete report on the project's status.
- d)b) Final Report.
Grantees shall submit a final report within 60 calendar days after the conclusion of year three of the initial grant and after year three of the sustainability grant. The degree to which each objective in the grant proposal has been met shall be fully addressed in this report. The final report shall contain the following information:

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- 1) A brief narrative summarizing project accomplishments;
 - 2) Data on the number of unduplicated recipients served and the number of recipients that were new users of the health center;
 - 3) A description of any new activities or modifications made to the project as presented in the original grant application, including the causes for change, implementation timetable and expected outcomes;
 - 4) A description of problems that developed and how they were addressed;
 - 5) A listing of all project costs and sources of funds for the current grant year as well as a cumulative total for the entire grant period;
 - 6) A certification, in the form of a notarized statement signed by an authorized representative of the grantee, attesting that:
 - A) All funds attributed to the grant have been expended;
 - B) The costs reported are the final costs required to complete the project and there are no additional or associated costs; and
 - C) Funds used for the project were approved by the Department;
 - 7) A grantee's failure to comply with the requirements of this Section will be considered a material breach of the performance required by the grant agreement and shall be the basis to initiate proceedings to recover all grant funds disbursed to the grantee.
- e) ~~Grantees receiving sustainability funding shall submit a progress report 60 days after the conclusion of each year of funding.~~
- d) ~~Grantees shall annually provide progress and fiscal reports.~~
- e) ~~Grantees shall be limited to three years of initial funding and three years of sustainability funding.~~

(Source: Amended at 35 Ill. Reg. 14202, effective August 4, 2011)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of August 2, 2011 through August 8, 2011 and have been scheduled for review by the Committee at its September 13, 2011 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>
9/17/11	<u>Illinois Health Facilities and Services Review Board</u> , Long-Term Care (77 Ill. Adm. Code 1125)	5/13/11 35 Ill. Reg. 7504	9/13/11
9/18/11	<u>Department of Agriculture</u> , Insect Pest and Plant Disease Act (8 Ill. Adm. Code 240)	5/13/11 35 Ill. Reg. 7439	9/13/11
9/21/11	<u>Board of Higher Education</u> , Nursing School Grant Program (23 Ill. Adm. Code 1100)	4/29/11 35 Ill. Reg. 7038	9/13/11
9/21/11	<u>Pollution Control Board</u> , Nitrogen Oxides Emissions (35 Ill. Adm. Code 217)	6/3/11 35 Ill. Reg. 8363	9/13/11

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 35, Issue 34 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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