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INTRODUCTION

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

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

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

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2014

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

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Environmental Health Practitioner Licensing Act

2) Code Citation: 68 Ill. Adm. Code 1247

3)

Section Numbers:	Proposed Action:
1247.30	Amendment
1247.60	Amendment
1247.75	Amendment
1247.90	Amendment
1247.105	New Section

4) Statutory Authority: Implementing the Environmental Health Practitioner Licensing Act [225 ILCS 37] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105]

5) A Complete Description of the Subjects and Issues Involved: With this rulemaking, the Department will be removing the passing percentage for the licensing examination found in Section 1247.30 in light of a change in the national testing entity's examination scoring standard. It is also adding a new Section on confidentiality to the rules to protect licensee and applicant information. An increase of the fee for restoration of a non-renewed license from $20 to $50, as well as decreasing the cap on lapsed renewal fees from $600 to $500, is included in Section 1247.75. Finally, the Department is doing some technical clean up as well.

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking in accordance with 1 Ill. Adm. Code 100.355: None

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objective: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

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

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

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None. Individuals licensed to practice under the Environmental Health Practitioner Licensing Act will be affected.

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

C) Types of professional skills necessary for compliance: Environmental health practitioner skills/training are required for licensure.

14) Regulatory Agenda on which this rulemaking was summarized: July 2014

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

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

PART 1247
ENVIRONMENTAL HEALTH PRACTITIONER LICENSING ACT

Section
1247.10 Application for Licensure as an Environmental Health Practitioner Under Section 21(a) or (b) of the Act (Grandfather) (Repealed)
1247.20 Application for Examination/Licensure as an Environmental Health Practitioner
1247.25 Application for Licensure as an Environmental Health Practitioner in Training
1247.30 Examination
1247.40 Approved Programs of Environmental Health Practitioners
1247.50 Experience
1247.55 Supervision
1247.60 Endorsement
1247.70 Renewal
1247.75 Fees
1247.80 Inactive Status
1247.90 Restoration
1247.100 Continuing Education
1247.105 Confidentiality
1247.110 Granting Variances

AUTHORITY: Implementing the Environmental Health Practitioner Licensing Act [225 ILCS 37] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 20 Ill. Reg. 2400, effective January 29, 1996; amended at 21 Ill. Reg. 16038, effective November 24, 1997; amended at 22 Ill. Reg. 15612, effective August 12, 1998; amended at 24 Ill. Reg. 537, effective December 31, 1999; amended at 25 Ill. Reg. 2082, effective January 22, 2001; emergency amendment at 27 Ill. Reg. 3143, effective February 19, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 10248, effective June 26, 2003; amended at 32 Ill. Reg. 14951, effective September 3, 2008; amended at 38 Ill. Reg. _____, effective _____.

Section 1247.30 Examination

a) The examination for licensure as an environmental health practitioner shall be the National Environmental Health Association (NEHA) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) examination administered by the Division, or its designated testing service, or other testing services approved by the Division.

b) The passing score on the examination shall be ~~68%,~~ the passing score established by the national testing entity.

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

Section 1247.60 Endorsement

a) An applicant who is licensed/registered under the laws of another jurisdiction and who wishes to be licensed in Illinois as an environmental health practitioner shall file an application with the Division, on forms provided by the Division, that includes:

1) Proof of Education and Experience

A) Certification of a bachelor's degree from an accredited college or university approved by the National Environmental Health Science and Protection Accreditation Council for environmental health curricula or its equivalent as approved by the Division in accordance with Section 1247.40 ~~of this Part~~; or

B) Certification of a bachelor's degree from an accredited college or university which included a minimum of 30 semester hours or the equivalent of basic sciences approved by the Division in accordance with Section 1247.40 and 12 months of full time experience as set forth in Section 1247.50; or

C) Certification of a master's degree in public health or environmental health science from an accredited college or university if the applicant has completed a minimum of 30 semester or equivalent hours of basic science as approved by the Division in accordance with Section 1247.40;

2) Proof of successful completion of the examination required in Section

1247.30 or its equivalent;

3) The required fee set forth in Section 1247.75; and

4) Certification, on forms provided by the Division, from the jurisdiction in which the applicant was originally licensed and the state in which the applicant predominantly practices and is currently registered/licensed, if applicable, stating:

A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;

B) A description of the examination in that jurisdiction; and

C) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

b) The Department shall issue an environmental health practitioner license to any applicant who holds a Registered Environmental Health Specialist/Registered Sanitarian credential in good standing with the National Environmental Health Association. The applicant must pay the fee set forth in Section 1247.75.

c) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience, is questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure by endorsement shall be requested to:

1) Provide ~~such~~ information as may be necessary; and/or

2) Appear for an interview before the Board to explain the~~such~~ relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

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

Section 1247.75 Fees

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

a) Application Fees

1) The fee for application for a license as an environmental health practitioner is $100. In addition, applicants for an examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.

2) The fee for application as a continuing education sponsor is $500. State colleges, universities, and State agencies are exempt from payment of this fee.

3) The fee for an application for an environmental health practitioner in training license shall be $50.

b) Renewal Fees

1) The fee for the renewal of a license shall be calculated at the rate of $75 per year.

2) The fee for renewal of continuing education sponsor approval is $250 for the renewal period (see Section 1247.100(c)(7)).

3) The fee for an extension of an environmental health practitioner in training license shall be $35.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $50~~$20~~ plus payment of all lapsed renewal fees, not to exceed $500~~$600~~.

2) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license which has been lost or destroyed or for

the issuance of a license with a change of name or address, other than during the renewal period, is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.

3) The fee for a certification of a licensee's record for any purpose is $20.

4) The fee to have the scoring of an examination administered by the Division reviewed and verified is $20, plus any fee charged by the testing service.

5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

6) The fee for a roster of persons licensed as environmental health practitioners in this State shall be the actual cost of producing the roster.

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

Section 1247.90 Restoration

a) Any environmental health practitioner whose license expired or has been placed on inactive status for 5 years or less may have the license restored by paying the fees required by Section 1247.75 and providing proof of meeting continuing education requirements set forth in Section 1247.100 during the 2 years prior to restoration.

b) Any person seeking restoration of a license that has been expired or placed on inactive status for more than 5 years shall file an application, on forms provided by the Division, for review by the Board, together with the fee required by Section 1247.75 and providing proof of meeting continuing education requirements set forth in Section 1247.100 during the 2 years prior to restoration. The applicant shall also submit:

1) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee/registrant was authorized to practice during the term of active practice; or

2) An affidavit attesting to military service as provided in Section 27(c) of

the Act; or

3) Proof of successful completion of the examination required in Section 1247.30 during the period the license was lapsed or on inactive status; or~~.~~

4) Sworn evidence of lawful practice under the supervision of an Illinois-licensed environmental healthcare practitioner in the State of Illinois that is satisfactory to the Department; or

5) Proof of current certification, including continuing education, from the National Environmental Health Association Accreditation Council for environmental health curricula.

c) Any person seeking restoration of a license within 2 years after honorable discharge from military service pursuant to Section 27(c) of the Act will be required to pay only the current renewal fee and will not be required to submit proof of meeting the continuing education requirements.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant seeking restoration shall be requested to:

1) Provide ~~such~~ information as may be necessary; and/or

2) Appear for an interview before the Board to explain the~~such~~ relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

e) Upon the recommendation of the Board and approval of the Director of the Division of Professional Regulation, with the authority delegated by the Secretary (Director), an applicant shall have the registration restored or be notified in writing of the reason for denying the application.

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

Section 1247.105 Confidentiality

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

All information collected by the Department in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee, applicant or any person who holds himself or herself out as a licensee or applicant that is filed with the Department, and information collected to investigate any such complaint, shall be maintained for the confidential use of the Department and shall not be disclosed. The Department may not disclose the information to anyone other than law enforcement officials, regulatory agencies that have an appropriate regulatory interest as determined by the Secretary, or a party presenting a lawful subpoena to the Department. Information and documents disclosed to a federal, State, county or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Department or any order issued by the Department against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Community Association Manager Licensing and Disciplinary Act

2) Code Citation: 68 Ill. Adm. Code 1445

3)

Section Numbers:	Proposed Action:
1445.10	Amendment
1445.20	Amendment
1445.30	Amendment
1445.35	New Section
1445.38	New Section
1445.40	Amendment
1445.50	Amendment
1445.60	Amendment
1445.63	New Section
1445.65	New Section
1445.70	Amendment
1445.80	Amendment
1445.90	Amendment
1445.93	New Section
1445.95	New Section
1445.100	Amendment
1445.105	New Section
1445.110	Amendment
1445.120	New Section
1445.125	New Section

4) Statutory Authority: Implementing and authorized by the Community Association Manager Licensing and Disciplinary Act [225 ILCS 427]

5) A Complete Description of the Subjects and Issues Involved: PA 98-365, effective January 1, 2014, requires supervising community association managers and community association management firms to be licensed in Illinois, pursuant to Sections 42 and 50, respectively, of the Community Association Manager Licensing and Disciplinary Act [225 ILCS 427/42; 225 ILCS 427/50].

Section 1445.35 sets forth the requirements for temporary licensing as a community association manager. Sections 1445.63 and 1445.65 set forth the required hours and curriculum for continuing education for community association managers and supervising community association managers. Sections 1445.93 and 1445.95 set forth a

supervising community association manager's areas of supervision and responsibilities. Fees for certification and renewal, as well as general processing fees, are set forth in Section 1445.100. Section 1445.105 sets forth the requirement for fidelity insurance. These rules also set forth the requirements for maintaining association accounts in Section 1445.120. Section 1445.125 sets forth the procedure for the Division's audits of association accounts by outside auditors.

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objective: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

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

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

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

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

13) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Supervising Community Association Managers, Community Association Managers and Community Association Management Firms as those terms are defined in Section 10 of the Act.

B) Reporting, bookkeeping or other procedures required for compliance: Please review the attached proposed amendments.

C) Types of professional skills necessary for compliance: Community association management

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

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

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

PART 1445
COMMUNITY ASSOCIATION MANAGER LICENSING AND DISCIPLINARY ACT

Section
1445.10 Definitions
1445.20 Requirements for Licensure Under Section 42(c)~~40(c)~~ of the Act (Grandfather)
1445.30 Application for Licensure ~~as a Community Association Manager~~ by Examination
1445.35 Temporary Licensing as a Community Association Manager
1445.38 Community Association Management Firms
1445.40 Pre-license Education
1445.50 ~~Acceptable~~ Licensure Examinations
1445.60 Endorsement
1445.63 Continuing Education
1445.65 Curriculum for Continuing Education
1445.70 Renewal
1445.80 Inactive Status
1445.90 Restoration
1445.93 Supervision
1445.95 Supervising Community Association Manager Responsibilities
1445.100 Fees
1445.105 Fidelity Insurance
1445.110 Unprofessional Conduct
1445.120 Association Accounts
1445.125 Audits of Association Accounts by Outside Auditors
1445.130 Granting Variances

AUTHORITY: Implementing and authorized by the Community Association Manager Licensing and Disciplinary Act [225 ILCS 427].

SOURCE: Adopted at 35 Ill. Reg. 15585, effective October 1, 2011; amended at 38 Ill. Reg. _____, effective _____.

Section 1445.10 Definitions

"Act" means the Community Association Manager Licensing and Disciplinary Act [225 ILCS 427].

"Board" means the Illinois Community Association Manager Licensing and Disciplinary Board. [225 ILCS 427/10]

"Credit Hour" means 50 minutes of instruction in course work that meets the requirements set forth in Sections 1445.63 and 1445.65.

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

"Director" means the Director of the Department of Financial and Professional Regulation-Division of Real Estate with the authority delegated by the Secretary~~Professional Regulation~~.

"Division" means the Department of Financial and Professional Regulation-Division of Real Estate~~Professional Regulation~~ with the authority delegated by the Secretary.

"Licensee" means a person who holds a valid unexpired license to act as a Community Association Manager, Supervising Community Association Manager or Community Association Management Firm ~~community association manager~~ under the Act or other authority to practice issued under the Act.

"Person" means any individual, firm, corporation, partnership, limited liability company, limited partnership, limited liability partnership or other legal entity.

~~"Pre-licensing Hours" means participation in an actual classroom setting, or its equivalent, or via an interactive delivery method, which may include, but is not limited to, live instruction and real time discussion via satellite, video, online via webcam or similar communication that occurs between the instructor and students in community association management courses.~~

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

~~"Unit" means a condominium, cooperative, townhouse, villa, or other residential unit in a community association as defined in the Act.~~

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

Section 1445.20 Requirements for Licensure Under Section 42(c)~~40(c)~~ of the Act (Grandfather)

a) For a period of 18 months after the adoption of these amendments,~~Until April 1, 2012,~~ the Department~~Division~~ may issue a Supervising Community Association Manager license to an individual who, in addition to meeting the applicable requirements set forth in Section 42(a) and (c)~~40(c)~~ of the Act, provides ~~evidence~~ satisfactory evidence~~to the Division~~ of the following:

1) that the person has practiced as a Community Association Manager for a period of 7 years of the last immediately preceding~~community association manager for a period of 5 of the last~~ 10 years; and~~or~~

2) has achieved and received a designation or certification of:

A) Community Associations Institute (CAI) Professional Community Association Manager (PCAM);~~Association Management Specialist (AMS); or~~

~~B) CAI Professional Community Association Manager (PCAM); or~~

B)~~C)~~ Institute of Real Estate Management (IREM) Certified Property Manager (CPM); or

C) Any designation approved by the Department.

~~D) IREM Accredited Resident Manager (ARM); or~~

~~E) National Board of Certification for Community Association Managers (NBC-CAM) Certified Manager of Community Associations (CMCA).~~

b) When the accuracy of any submitted documentation or the relevance or sufficiency of the ~~course work or~~ experience is questioned by the Department~~Division~~ or the Board because of a lack of information, discrepancies, ~~or~~ conflicts in information ~~given,~~ or a need for clarification, the applicant seeking licensure shall~~:~~ ~~1)~~provide~~Provide~~ information as may be necessary.~~; and/or~~

~~2) Appear for an interview before the Division and/or the Board, at the discretion of the Division, to explain the relevance or sufficiency, clarify information or address any discrepancies or conflicts in information.~~

c) Applicants seeking licensure under this Section must submit to the Department, on forms provided by the Department, the following information regarding all community associations for which the applicant has practiced for 7 years of the last immediately preceding 10 years:

1) the name, address and phone number of the community associations; and

2) the dates the applicant practiced for the community associations.

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

Section 1445.30 Application for Licensure ~~as a Community Association Manager~~ by Examination

a) An applicant for a license as a Supervising Community Association Manager or a Community Association Manager shall file an application, on forms supplied by the Department~~Division~~, that includes the following:

1) verification that the applicant is at least 21 years of age;

2) satisfactory evidence of completion of~~having completed~~ at least 20 hours of pre-license education~~in community association management courses~~ as set forth in Section 1445.40;

3) successful completion of an~~the~~ examination as set forth in Section 1445.50;

4) the fee required by Section 1445.100; and

5) if applying to become a Supervising Community Association Manager, satisfactory evidence of completion of an additional 10 hours of pre-license education as required by Section 1445.40 and satisfactory evidence that he or she has been licensed at least one year, out of the two immediately preceding years, as a Community Association Manager.

b) The pre-license education requirement set forth in subsection (a)(2) shall not apply to persons holding a real estate broker or real estate~~salesperson, broker or~~ managing broker~~broker's~~ license in good standing issued under the Real Estate License Act of 2000 [225 ILCS 454]. The pre-license education requirement set forth in subsection (a)(5) shall not apply to persons holding a real estate managing broker license in good standing issued under the Real Estate License Act of 2000.

c) When the accuracy of any submitted documentation or the relevance or sufficiency of the ~~course work or~~ experience is questioned by the Department~~Division~~ or the Board because of a lack of information, discrepancies, ~~or~~ conflicts in information ~~given,~~ or a need for clarification, the applicant seeking licensure shall~~:~~ ~~1)~~provide~~Provide~~ information as may be necessary.~~; and/or~~

~~2) Appear for an interview before the Division and/or the Board, at the discretion of the Division, to explain the relevance or sufficiency, clarify information or address any discrepancies or conflicts in information.~~

d) Applicants have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years, the application shall be denied and the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

e) Beginning 12 months after the adoption of these amendments, it shall be unlawful for a person to provide Supervising Community Association Manager services, or hold himself or herself out as a Supervising Community Association Manager to any community association in this State, unless he or she holds a current and valid Supervising Community Association Manager license issued by the Department or is otherwise exempt from licensure under the Act.

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

Section 1445.35 Temporary Licensing as a Community Association Manager

Pursuant to Section 20(c) of the Act, a person may temporarily act as a Community Association Manager if the person is a Community Association Manager regulated under the laws of another state or territory of the United States or a foreign country and has applied in writing to the Department, on forms provided by the Department, for licensure under the Act.

a) This temporary license status shall be used only once during the lifetime of any Community Association Manager licensed in Illinois;

b) This temporary license status must be confirmed with the Department and is not conferred until the Department determines the above requirements have been met;

c) If a person is operating under a temporary Community Association Manager license, all duties and responsibilities of a fully licensed Community Association Manager must be met;

d) Discipline may be imposed on a temporary Community Association Manager licensee as if the person was fully licensed; and

e) This temporary right shall expire pursuant to Section 20(a) of the Act.

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

Section 1445.38 Community Association Management Firms

a) Beginning 12 months after the adoption of these amendments, it shall be unlawful for persons to render community association management services in this State in the form of a corporation, limited liability company, partnership, limited partnership or limited liability partnership in accordance with Section 50 of the Act unless the person holds a Community Association Management Firm license. A Community Association Management Firm seeking a license shall file an application with the Department, on forms provided by the Department, together with the following:

1) If an assumed name is to be used, a certified copy of the assumed name certificate, pursuant to the Assumed Business Name Act [805 ILCS 405];

2) A Federal Employer Identification Number (FEIN);

3) A properly completed Consent to Examine and Audit Special Accounts form provided by the Department;

4) A properly completed Community Association Management Firm information form;

5) The fee required by Section 1445.100(a)(2); and

6) Evidence that a licensed Supervising Community Association Manager is designated to supervise and manage the Community Association Management Firm. No Supervising Community Association Manager may be the Supervising Community Association Manager of more than one Community Association Management Firm.

b) All requirements for a license to practice as a Community Association Management Firm shall be met within one year after the date of original application or the application shall be denied and the fee forfeited. Thereafter, to be considered for licensure, the applicant shall file a new application with the required fee.

c) Corporations, in addition to the items listed in subsection (a), shall submit the following:

1) The name of the corporation, its registered address, a list of all officers and the license number for each officer who is licensed as a Supervising Community Association Manager or Community Association Manager;

2) A copy of the Articles of Incorporation bearing the seal of the office, in the jurisdiction in which the corporation is organized, whose duty it is to register corporations under the laws of that jurisdiction. If it is a foreign corporation, a copy of the certificate of authority to transact business in this State is also required;

3) A list of all shareholders, the number of shares of the corporation owned and the license number for each shareholder who is a licensee; and

4) Affidavits of non-participation for all unlicensed officers.

d) Limited liability companies, in addition to the items listed in subsection (a), shall submit the following:

1) The name of the limited liability company, its registered address, if member-managed, a list of all members and the license number for each member who is licensed as a Supervising Community Association Manager or Community Association Manager, or, if manager-managed, a

list of all managers and the license number for each manager who is licensed as a Supervising Community Association Manager or Community Association Manager. If a member or manager of the limited liability company is an entity, the applicant shall provide the name and license number for any Supervising Community Association Managers or Community Association Managers who are owners, officers, managers, members or partners of the entity;

2) A copy of the Articles of Organization filed with the Illinois Secretary of State or, if it is a foreign limited liability company, a copy of the application for admission endorsed by the Illinois Secretary of State; and

3) Affidavits of non-participation for all unlicensed members or managers.

e) Partnerships, in addition to the items listed in subsection (a), shall submit the following:

1) The name of the partnership, its business address, the names of all general partners and the license number for each general partner who is licensed as a Supervising Community Association Manager or Community Association Manager;

2) An affidavit stating that the partnership has been legally formed; and

3) Affidavits of non-participation for all unlicensed general partners.

f) Limited partnerships or limited liability partnerships, in addition to the items listed in subsection (a), shall submit the following:

1) The name of the limited partnership or limited liability partnership, its business address, the names of all limited partners or limited liability partners, and the license number for each limited partner or limited liability partner who is licensed as a Supervising Community Association Manager or Community Association Manager. If a limited partner or limited liability partner is an entity, the applicant shall provide the name and license number for any Supervising Community Association Managers or Community Association Managers who are owners, officers, managers, members or partners of the entity;

2) A letter of authority from the Illinois Secretary of State's Limited Liability Division or, if it is a foreign limited partnership or limited liability partnership, a copy of the application for admission endorsed by the Illinois Secretary of State; and

3) Affidavits of non-participation for all unlicensed limited partners or unlicensed limited liability partners.

g) Upon receipt of the required documents and review of the application, the Department shall issue a license authorizing the corporation, limited liability company, partnership, limited partnership or limited liability partnership to practice as a Community Association Management Firm or shall notify the applicant of the reason for the denial of the license.

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

Section 1445.40 Pre-license Education

An applicant for a license as a Supervising Community Association Manager or a Community Association Manager shall provide evidence of successful completion of a minimum of 20 hours in community association management coursework as follows:

a) All Supervising Community Association Manager and Community Association Manager ~~community association manager~~ applicants must satisfactorily complete a minimum of 20 pre-licensing hours of instruction in the~~within~~ 12 months immediately preceding~~prior to~~ the date the licensure~~of~~ examination is taken. No applicant shall be allowed to take the licensure examination unless the applicant provides satisfactory evidence~~documentation~~ of completion of the requisite education. Each hour shall consist of at least 50 minutes of instruction. The Department has the discretion to determine that pre-license education coursework is improper or inadequate.

b) The 20 hours of education shall be comprised of courses in the following areas:

1) State and federal laws relating to the operation of all types of community associations, governing documents~~,~~ and State laws relating to corporations, partnerships and nonprofit corporations;

2) Preparation of community association budgets and community association finances;

3) Management, personnel matters, customer service and ethics;

4) Maintenance operations;

5) Insurance matters relating to community associations; and

6) Procedures for noticing and conducting community association meetings.

c) Applicants who wish to obtain licensure as a Supervising Community Association Manager must also provide satisfactory evidence of completion of an additional 10 credit hours of community association management coursework as outlined in subsections (b)(1), (2) and (3). This coursework shall be completed in the 12 months immediately preceding the filing of an application for a Supervising Community Association Manager license.~~Applicants who have passed and hold certification under Section 1445.50 will be deemed to have met the requirements of this Section.~~

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

Section 1445.50 ~~Acceptable~~ Licensure Examinations

a) Pursuant to Section 1445.30(a)(3), a Community Association Manager~~community association manager~~ applicant shall successfully complete and pass at least one of the following examinations:

1~~a~~) Community Association Managers International Certification Board (CAMICB)~~National Board of Certification for Community Association Managers (NBC-CAM)~~ Certified Manager of Community Associations (CMCA) examination; ~~or~~

2~~b~~) Institute of Real Estate Management (IREM) Community Association Management Exam (COMEXM); or~~Common Interest Developments: Managing Condominium Association Properties (CID201).~~

3) An examination approved by the Department.

b) Pursuant to Section 1445.30(a)(3), a Supervising Community Association Manager applicant shall successfully complete and pass at least one of the following examinations:

1) Community Associations Institute (CAI) Professional Community Association Manager (PCAM);

2) Institute of Real Estate Management (IREM) Certified Property Manager (CPM); or

3) An examination approved by the Department.

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

Section 1445.60 Endorsement

a) An applicant who is licensed/registered under the laws of another state or territory of the United States or a foreign country and who wishes to be licensed in Illinois as a Supervising Community Association Manager or a Community Association Manager shall file an application with the Department~~Division~~, on forms provided by the Department~~Division~~, that includes:

~~1) The Division shall examine each endorsement application to determine whether the requirements and examination in the jurisdiction at the date of licensing were substantially equivalent to the requirements and examination of this Part or the applicant possesses individual qualifications at the time of application that were substantially equivalent to the requirements then in force in this State.~~

1~~2~~) Certification from the state or territory of the United States or the foreign country in which the applicant was originally licensed/registered and is currently licensed/registered, stating:

A) The time during which the applicant was licensed/registered;

B) Whether the file of the applicant contains any record of disciplinary actions taken or pending; ~~and~~

C) Examinations taken and examination scores received; and

D) Any pre-license education requirements.

2~~3~~) The required fee set forth in Section 1445.100(a)(1)~~(2)~~.

b) The Department shall examine each endorsement application submitted by an applicant licensed by another state or territory in the United States or a foreign country to determine whether the licensing/registration requirements and examination in that jurisdiction at the date of licensing/registration were substantially equivalent to the licensing requirements and examination of the Act and this Part or whether the applicant possesses individual qualifications at the time of the endorsement application that were substantially equivalent to the requirements of the Act and this Part.

c) Applicants have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

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

Section 1445.63 Continuing Education

a) Continuing Education Credit Hour Requirements

1) Each Supervising Community Association Manager shall complete 18 credit hours of continuing education (CE) for each renewal period. Each Community Association Manager shall complete 12 credit hours of CE for each renewal period. However, each Community Association Manager shall complete 6 credit hours of CE for the August 31, 2015 renewal period.

2) Licensees who complete CE after the expiration of a license that has expired or been placed on inactive status for 5 years or less, as outlined in Section 1445.90(a), are eligible for approval of CE only upon payment of all required fees and completion of the necessary forms.

3) An applicant receiving an initial license during the 90 days before the end of a renewal period shall complete the CE requirements provided in subsection (a)(1) prior to the expiration date printed on the initial license.

4) Supervising Community Association Managers and Community Association Managers licensed in Illinois, but residing and/or practicing in other states, shall comply with the CE requirements set forth in this Section.

5) The Department may conduct random audits to verify compliance with this Section.

b) Approved Continuing Education

1) CE credit may be earned for verified attendance at, or participation in, a course offered by an approved CE provider that meets the requirements of:

A) Community Association Managers International Certification Board (CAMICB);

B) Community Associations Institute (CAI);

C) Apartment Building Owners and Managers Association (ABOMA);

D) Institute of Real Estate Management (IREM);

E) Association of Condominium, Townhouse and Homeowners Associations (ACTHA);

F) any Illinois chartered community college or university; or

G) any Illinois licensed education provider offering courses related to Section 1445.65.

2) Courses not approved by an entity listed in subsection (b)(1) may be reviewed and approved for CE credit by the Board. The Department has the discretion to determine that CE coursework is improper or inadequate.

3) CE credit may be earned for teaching a CE course. CE credit for teaching an approved CE course may only be earned one time per course during a renewal period. 50 minutes of teaching is equal to one credit hour of CE.

4) All CE courses shall be a minimum of 2 hours.

5) If licensees have earned CE credit in another state or territory for which they will be claiming credit toward full compliance in Illinois, each applicant shall submit an application, along with a $25 processing fee, within 90 days after completion of the CE course and prior to expiration of the license. The Board shall review and recommend approval or disapproval of the CE course provided the CE provider and CE course are substantially equivalent to those approved in Illinois.

6) CE credit shall not be given for CE courses taken in Illinois from providers not pre-approved by the Department and as outlined in subsections (b)(1) and (2).

c) Certification of Compliance with Continuing Education Requirements

1) Each licensee shall certify on the renewal application full compliance with the CE requirements set forth in subsections (a) and (b).

2) The Department may require additional evidence demonstrating compliance with the CE requirements (e.g., certificate of completion, transcript, etc.). It is the responsibility of each renewal applicant to provide proof of completed CE.

3) If, during an audit or compliance review, the Department determines that a licensee may be deficient in complying with CE requirements, the Department will notify of the possible deficiency the licensee and, if applicable, the Supervising Community Association Manager of the licensee, by certified or registered mail, return receipt requested, or other signature restricted delivery service. The licensee shall have 60 days from the date the deficiency notification is mailed to submit to the Department evidence of compliance with CE requirements.

4) If satisfactory evidence of compliance with CE requirements is submitted, the Department shall notify the licensee, by first class mail or email, that the licensee is in compliance.

5) If the licensee has certified compliance with CE requirements on the licensee's most recent renewal application but cannot submit satisfactory evidence of having been in compliance on the date the licensee made the certification, the licensee may, during the 60 day notice period, submit evidence of having attained compliance with CE requirements after the date the certification was made. The submission of evidence of post-certification completion of CE requirements must be accompanied by a non-refundable administrative fee of $25 per CE credit hour completed after the date the licensee originally certified compliance. The submission of evidence will not be reviewed or considered if the proper fee does not accompany the submission. Upon submission of the evidence and appropriate fee, the evidence will be reviewed. If the evidence is found to be satisfactory, the Department shall notify the licensee and, if applicable, the Supervising Community Association Manager of the licensee, that the licensee is in compliance. Any evidence of credit hours submitted for post-certification completion of CE requirements and found satisfactory may not be used as credit for the next renewal's CE requirements.

6) If the licensee fails to submit satisfactory evidence of compliance with CE requirements within the 60 day notice period, the failure shall be evidence of a violation of Section 85 of the Act and the CE requirements of this Section. The Department shall send notice to the licensee of the violation indicating the commencement of disciplinary proceedings. If applicable, a copy of this notice shall also be sent to the Supervising Community Association Manager of the licensee.

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

Section 1445.65 Curriculum for Continuing Education

a) Continuing education courses shall consist of the following topics:

1) State and federal laws relating to the operation of all types of community associations, governing documents and State laws relating to corporations, partnerships and nonprofit corporations;

2) Preparation of community association budgets and community association accounts;

3) Management, personnel matters, customer service and ethics;

4) Maintenance operations;

5) Insurance matters relating to community associations;

6) Procedures for noticing and conducting community association meetings; or

7) Any legislative update to the Illinois Community Association Manager Licensing and Disciplinary Act.

b) The course provider shall provide a certificate of completion to each student to prove compliance with the CE requirements.

c) The additional 6 CE credit hours required by Section 1445.63 for the Supervising Community Association Manager license shall consist of topics listed in subsections (a)(1), (a)(2), (a)(3) and (a)(7).

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

Section 1445.70 Renewal

a) Every Community Association Manager license~~The first renewal period for licensure issued under the Act shall be August 31, 2013. Thereafter, every registration issued under the Act~~ shall expire August 31 of odd-numbered years. The holder of a license may renew that license during the month preceding the expiration date by completing the renewal form, paying the required fee, fulfilling all necessary CE requirements and meeting any other requirements established for renewal.

b) The first renewal for Supervising Community Association Manager licensure shall be August 31, 2017. Thereafter, every Supervising Community Association Manager license shall expire August 31 of odd-numbered years. The holder of a license may renew that license during the month preceding the expiration date by

completing the renewal form, paying the required fee, fulfilling all necessary CE requirements and meeting any other requirements established for renewal. ~~It is the responsibility of each licensee to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee or to renew one's license. Practice on a non-renewed license shall be considered unlicensed practice and shall be subject to the disciplinary provisions of the Act.~~

c) The first renewal for Community Association Manager Firm licensure shall be August 31, 2017. Thereafter, every Community Association Management Firm license shall expire August 31 of odd-numbered years. The holder of a license may renew that license during the month preceding the expiration date by completing the renewal form, paying the required fee and meeting any other requirements established for renewal.

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

e) All Community Association Management Firms must maintain an active status/good standing with the appropriate office within the jurisdiction where it is registered or authorized to transact business (i.e., Secretary of State, etc.). A Community Association Management Firm must notify the Department within 48 hours and in writing of any change to its status/registration resulting in the inability to transact business (i.e., dissolved, etc.) in the jurisdiction in which it is registered or authorized.

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

Section 1445.80 Inactive Status

a) Licensed Supervising Community Association Managers, Community Association Managers and Community Association Management Firms who notify the Department~~Division~~, on forms provided by the Department~~Division~~, may place their licenses on inactive status and shall be excused from paying renewal fees until they notify the Department~~Division~~ in writing of the intention to resume active practice.

b) Any licensed Supervising Community Association Manager, Community Association Manager or Community Association Management Firm seeking restoration from inactive status shall do so in accordance with Section 1445.90.

c) Any Supervising Community Association Manager, Community Association Manager or Community Association Management Firm whose license is on inactive status shall not use the title "licensed Supervising Community Association Manager", "licensed Community Association Manager" or "licensed Community Association Management Firm", and shall cease all community association management services in the State of Illinois. Any person violating this subsection shall be considered to be practicing without a license and shall be subject to the disciplinary provisions of the Act.

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

Section 1445.90 Restoration

a) Any Supervising Community Association Manager or Community Association Manager whose license has expired or has been placed on inactive status for 5 years or less may have the license restored upon payment of $50 plus all lapsed renewal fees as set forth in Section 1445.100 and must complete all CE requirements in Section 1445.63 for the renewal period immediately preceding the date of application for restoration.

b) Any person seeking restoration of a license that has been expired or placed on inactive status for more than 5 years shall file an application, on forms provided~~supplied~~ by the Department~~Division~~, together with the fee required by Section 1445.100 and proof of one of the following:

1) Sworn evidence of active practice in another jurisdiction. The evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or

2) An affidavit attesting to military service as provided in Section 60(c) of the Act; or

3) Proof of passage of an~~the~~ examination set forth in Section 1445.50 during the lapsed period of licensure or the period the license was ~~the registration was lapsed or~~ on inactive status.~~; or~~

~~4) Proof of re-certification within the past 5 years by any of the certification groups referenced in Section 1445.20(a)(2).~~

c) Any Community Association Management Firm seeking restoration of a license that has been expired or placed on inactive status for 3 years or less must pay $100 plus all lapsed fees to bring the license into compliance. Any Community Association Management Firm the license of which has expired or been placed on inactive status for more than 3 years must complete a new application, on forms provided by the Department, and pay a new application fee pursuant to Section 1445.100.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the ~~course work or~~ experience is questioned by the Department~~Division~~ because of a lack of information, discrepancies, ~~or~~ conflicts in information ~~given,~~ or a need for clarification, the licensee seeking restoration shall ~~:1)~~provide~~Provide~~ information as may be necessary.~~; and/or~~

~~2) Appear for an interview before the Division and/or Board, at the discretion of the Division, to explain the relevance or sufficiency, clarify information or address any discrepancies or conflicts in information.~~

e) Practice on an expired or inoperative license shall be considered unlicensed practice and shall be subject to the disciplinary provisions of the Act.

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

Section 1445.93 Supervision

a) A licensee may perform activities as a licensee only for his or her Supervising Community Association Manager and/or Community Association Management Firm.

b) A Supervising Community Association Manager shall exercise supervision over the activities of licensees and unlicensed assistants working in those offices

supervised by the Supervising Community Association Manager. This supervision of activities includes, but is not limited to:

1) The implementation of, and communication to licensees of, office policies and procedures established by the Community Association Management Firm;

2) Training of licensees or unlicensed assistants;

3) Supervising those Association Accounts over which the Community Association Management Firm has delegated responsibility to the Supervising Community Association Manager in order to ensure compliance with the Association Accounts provisions of the Act, Section 1445.120 and this Part;

4) Supervising all advertising, in any media, of any community association management service for which a license is required;

5) Familiarizing supervised licensees with the requirements of federal and State laws and local ordinances relating to the practice of community association management; and

6) Compliance with this Section for licensees and offices under his or her supervision.

c) The Community Association Management Firm shall establish a written office policy and remain ultimately responsible for compliance with this Section. The Community Association Management Firm shall name and designate with the Department a Supervising Community Association Manager for every office.

d) Any violation of the provisions of the Act on the part of any licensees employed by a Community Association Management Firm, or associated by written agreement with the Community Association Management Firm, or unlicensed employee of a Community Association Management Firm, shall not be cause for suspension or revocation of the license of the Community Association Management Firm or a Supervising Community Association Manager of the Community Association Management Firm, unless the Community Association Management Firm or Supervising Community Association Manager had knowledge of the violation of the Act. However, failure to provide an appropriate

written office policy or failure to properly supervise shall be cause for discipline, including suspension or revocation, of the license of the Community Association Management Firm or Supervising Community Association Manager.

e) All Community Association Management Firms have an ongoing duty to report to the Department within 48 hours and in writing any changes to that Community Association Management Firm's designated Supervising Community Association Managers or Community Association Managers.

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

Section 1445.95 Supervising Community Association Manager Responsibilities

a) Each Supervising Community Association Manager shall inform the Department in writing of the name and license number of all Supervising Community Association Managers and Community Association Managers employed by the Community Association Management Firm and the office each Supervising Community Association Manager is responsible for supervising.

b) Upon written request from a sole proprietor or Community Association Management Firm within 15 days after the loss of a Supervising Community Association Manager who will not be replaced, or upon written request within 15 days after the death or disability of a sole proprietor, the Department may issue a written authorization to allow the continuing operation of a licensed Community Association Management Firm, provided that a Community Association Manager or representative under a duly executed power of attorney assumes responsibility, in writing, for the operation of the office and agrees to personally supervise the operations. No authorization shall be valid for more than 60 days unless extended by the Department for good cause and upon written request by an authorized representative of the sole proprietor or the Community Association Management Firm.

c) All Supervising Community Association Managers shall notify the Department on business letterhead of any change of business address of the offices they manage within 3 days after any change. A license returned to the Department for this reason shall remain in good standing until a new license is issued and in the possession of the licensee.

d) The Department will honor the order of a court of competent jurisdiction appointing a legal representative for the sole purpose of closing out the affairs of a deceased Supervising Community Association Manager or a Supervising Community Association Manager who has been adjudicated disabled, who was a sole proprietor, until the sole proprietorship or Community Association Management Firm is closed. However, the legal representative cannot actively engage in community association management services as defined in Section 10 of the Act.

e) Within 90 days after the effective date of this Section, those licensees holding a Supervising Community Association Manager license and named and designated as a Supervising Community Association Manager with the Department shall indicate that status in any marketing or advertising that includes their name. Those licensees holding a Supervising Community Association Manager license and not named and designated as a Supervising Community Association Manager with the Department shall not represent or hold themselves out as a Supervising Community Association Manager, but only as a Community Association Manager.

f) Within 90 days after the effective date of this Section, a licensee doing business as a sole proprietor must have a Supervising Community Association Manager license.

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

Section 1445.100 Fees

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

a) Application Fees

1) The application fee for a ~~license as a~~ Supervising Community Association Manager or a Community Association Manager license is $200~~$300~~. In addition, applicants for an examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the application for examination has been

received and acknowledged by the Department~~Division~~ or the designated testing service, shall result in the forfeiture of the examination fee.

2) The application fee for a ~~license as a~~ Community Association Manager Firm license is $200~~certified or licensed under the laws of another jurisdiction is $300~~.

~~b) Licensure fee of $300 required pursuant to the grandfather provisions of Section 1445.20.~~

b~~c~~) Renewal Fees

1) The renewal fee for a Supervising Community Association Manager or Community Association Manager license is $175 for a 2 year license.

2) The renewal fee for a Community Association Management Firm license is $175 for a 2 year license.~~Renewal fees for the renewal of a Community Association Manager license shall be calculated at the rate of $150 per year.~~

c~~d~~) General Fees

1) The fee for the restoration of a Supervising Community Association Manager or Community Association Manager license that has been on~~other than from~~ inactive status or~~that has been~~ expired for 5 years or less is $50 plus payment of all lapsed renewal fees.

2) The fee for the restoration of a Supervising Community Association Manager or Community Association Manager license that has been expired for more than 5 years is $900.

3) The fee for the restoration of a Community Association Management Firm license that has been expired for 3 years or less is $100 plus payment of all lapsed renewal fees. To restore a Community Association Management Firm license that has been expired for more than 3 years, the Community Association Management Firm must show compliance with the requirements of Section 1445.90.~~The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of~~

~~name or address other than during the renewal period is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.~~

4) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is $25. No fee is required for name and address changes on Department records when no duplicate license is issued.~~The fee for a certification of a licensee's record for any purpose is $20.~~

5) The fee for a certification of a licensee's record for any purpose is $25.~~The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.~~

6) The fee for a roster of ~~persons licensed as Community Association Managers~~licensees in this State shall be the actual cost of producing the roster.

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

Section 1445.105 Fidelity Insurance

a) The Supervising Community Association Managers, Community Association Managers and all owners, officers, directors, managers, members, partners and employees of the Community Association Management Firm shall be covered by fidelity insurance at all times during the length of the service agreement between the community association and Community Association Management Firm or Supervising Community Association Manager.

b) Unless an agreement between the community association and the Supervising Community Association Manager or the Community Association Management Firm provides to the contrary, a community association may secure and pay for the fidelity insurance required by this Section. The Supervising Community Association Manager or Community Association Management Firm must be named as additional insured parties on the community association policy.

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

Section 1445.110 Unprofessional Conduct

The Department~~Division~~ may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its finding of dishonorable, unethical or unprofessional conduct (see Section 85 of the Act). Dishonorable, unethical or unprofessional conduct may include, but is not limited to, the following acts or practices:

a) Failing to be knowledgeable about and comply with the applicable governing documents, policies and procedures of a community~~the client~~ association.

b) Knowingly misrepresenting material facts, making inaccurate statements, or acting in any fraudulent manner while representing community~~client~~ associations.

c) Providing legal advice to community~~client~~ associations, or any of its~~their~~ members, or otherwise engaging in the unlicensed practice of law.

d) Failing to promptly disclose to community~~client~~ associations any actual or potential conflicts of interest.

e) Failing to act in a manner consistent with the licensee's fiduciary duty.

f) Failing to conduct oneself in a professional manner at all times when acting in the scope of employment in accordance with the terms and conditions of the service~~contractual~~ agreement between the community association and Community Association Management Firm or Supervising Community Association Manager.~~and in accordance with all local, State and federal laws.~~

g) Failing to maintain a duty of confidentiality to all current and former clients.

~~h) Failing to insure that homeowners receive timely notice as required by State statutes or legal documents.~~

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

Section 1445.120 Association Accounts

a) Association Accounts

1) "Association Accounts" means all accounts under the care and control of the Community Association Management Firm and the Supervising Community Association Manager or his or her designee that are deposited with the Community Association Management Firm and the Supervising Community Association Manager for the benefit of the community associations represented.

2) Supervising Community Association Managers and/or Community Association Management Firms who accept moneys shall maintain and deposit in an Association Account, separate and apart from personal or other business accounts, all community association moneys entrusted to them while acting as the Supervising Community Association Manager and/or Community Association Management Firm.

3) A Supervising Community Association Manager and/or Community Association Management Firm may maintain more than one Association Account.

4) Every Association Account shall be maintained at a federally insured depository unless otherwise directed in writing by the community association.

5) Commingling Prohibited
Each Supervising Community Association Manager and/or Community Association Management Firm shall deposit only Association Account funds received in connection with a community association in an Association Account. The Supervising Community Association Manager and/or Community Association Management Firm shall not deposit personal funds in an Association Account, except he or she may deposit from his or her own personal funds and keep in any Association Account an amount sufficient to avoid incurring service charges relating to the Association Account.

6) The Supervising Community Association Manager and/or Community Association Management Firm shall provide a receipt to the payor of any cash constituting Association Account funds and shall retain a copy of the receipt.

7) Pursuant to Section 105 of the Act, the Department shall have the power to subpoena documents, books, records or other materials and to bring before it any person and to take testimony either orally, by written interrogatory or any combination thereof, in order to enforce this Section.

b) Association Account Records
Each Supervising Community Association Manager who accepts community association funds shall maintain in his or her office or place of business a bookkeeping system in accordance with sound accounting principles. Without limiting the foregoing, the system shall consist of at least the following Association Account records:

1) Ledger
A ledger shall be maintained for each Association Account. The ledger shall show the chronological sequence in which funds are received and disbursed by the Supervising Community Association Manager and/or Community Association Management Firm.

A) For funds received, the ledger shall include the date the funds were received, the name of the person or entity on whose behalf the funds were delivered, the check number and the amount delivered.

B) For funds disbursed, the ledger shall include the date the funds were disbursed, the payee, the check number and the amount disbursed.

C) A running balance shall be shown after each entry (receipt or disbursement).

2) Monthly Reconciliation Statement
Each Supervising Community Association Manager shall reconcile, within 10 days after receipt of the monthly bank statement, each Association Account except when there has been no transactional activity during the previous month. Reconciliation shall include a written work sheet comparing the balances as shown on the bank or savings and loan association statement and the ledger, respectively, in order to ensure agreement between the Association Account and the ledger entries with respect to the Association Account. Each reconciliation shall be kept for at least 5 years from the last day of the month covered by the reconciliation.

3) If association funds are transferred from an Association Account to another account for disbursement, the Supervising Community Association Manager and/or Community Association Management Firm must maintain a copy of all records reflecting a disbursement from the other account.

4) Master Association Account Log
Each Supervising Community Association Manager and/or Community Association Management Firm shall maintain a Master Association Account Log identifying all Association Account numbers and the name and address of the bank where the Association Accounts are located. The Master Association Account Log must specifically include all bank account numbers opened for a community association even if account numbers fall under another umbrella account number.

5) A Supervising Community Association Manager and/or Community Association Management Firm or a third party vendor may employ a more sophisticated bookkeeping system based on sound accounting principles, including a system of electronic data processing equipment. However, any such system must contain or produce printed records containing the information required by this Section, although it need not be in the same format as provided for in this Section. Compliance with the bookkeeping duties remains the responsibility of the Supervising Community Association Manager and/or Community Association Management Firm. The Supervising Community Association Manager and/or Community Association Management Firm is ultimately responsible for the proper administration of the Association Accounts pursuant to this Section.

6) Pursuant to Section 85 of the Act, a Supervising Community Association Manager and/or Community Association Management Firm shall make available to the enforcement personnel of the Department all Association Account records and related documents maintained in connection with the practice of community association management services.

7) Each Supervising Community Association Manager and/or Community Association Management Firm shall institute a written office policy to ensure that the Community Association Management Firm deposits and maintains Association Account funds in compliance with this Section.

Community Association Managers may not maintain Association Accounts.

8) Each Supervising Community Association Manager and/or Community Association Management Firm shall, at the time of the original application for licensure and at the time of renewal of licensure, file with the Department, on forms provided by the Department, the name of the recognized insured depositories in which each Association Account is maintained, the Association Account number and the names of the persons authorized to withdraw funds from those accounts, and shall, as a condition of licensure, consent on those forms to the examination and audit of all Association Accounts, notwithstanding whether the account is identified on the form, by the Department.

9) A new form shall be executed by the Supervising Community Association Manager and/or Community Association Management Firm and filed with the Department within 10 days after the time of a change of depository, method of doing business or persons authorized to make withdrawals. A new form shall also be executed each time a new Association Account is opened. However, a new form shall not be required each time a new Association Account is opened when the account falls under an umbrella account that has already been identified in a prior form. The identity of each of these individual Association Accounts, however, must be included in the Master Association Account Log pursuant to this Section.

10) Violations
Any licensee who violates any of the provisions of this Section may be deemed to have endangered the public interest pursuant to Section 85 of the Act and may be subject to discipline pursuant to Section 85 of the Act.

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

Section 1445.125 Audits of Association Accounts by Outside Auditors

a) General Rule
The Department may cause audits of Association Accounts managed by Supervising Community Association Managers and/or Community Association Management Firms to be conducted by licensed certified public accountants as provided for in this Section.

b) The Department shall notify in writing the Supervising Community Association Manager and/or Community Association Management Firm responsible for the Association Accounts to be audited that an auditor has been retained to audit those Association Accounts, the identity of the auditor or auditing firm and the requirement that the Supervising Community Association Manager and/or Community Association Management Firm shall submit all pertinent records for audit within 30 days after receipt of the written notice.

c) Procedures for Audit
The auditor or the Department shall contact the Supervising Community Association Manager and/or Community Association Management Firm responsible for the Association Accounts for the purpose of scheduling the audit of the Association Accounts. The Supervising Community Association Manager and/or Community Association Management Firm shall provide the records requested at the scheduled time and location or as otherwise agreed by the Supervising Community Association Manager and/or Community Association Management Firm and the auditor or the Department.

d) Written Report
Any licensed certified public accountant performing an audit for the Department under the provisions of this Section and the Act shall provide a written report to the Department, with a copy to the Supervising Community Association Manager and/or Community Association Management Firm, detailing the findings of the auditor with specific reference to compliance with the Association Account requirements of this Section and the Act.

e) Noncompliance and Cost of Audit
The Supervising Community Association Manager and/or the Community Association Management Firm shall be liable for the cost of the audit if an order is issued by the Director finding that Association Account funds were misappropriated by the Supervising Community Association Manager and/or Community Association Management Firm or his, her or its employees, independent contractors, agents or designees, or if the Supervising Community Association Manager and/or Community Association Management Firm or his, her or its employees, independent contractors, agents or designees did not comply with the requirements of the Act or this Part.

f) The Department shall have the discretion to determine whether an account constitutes an Association Account and whether a licensee has made reasonable efforts to provide Association Account records and/or access to the Department.

g) A community association's failure to consent to an audit of any Association Accounts may be grounds for dismissal of a complaint against a licensee.

h) Pursuant to Section 105 of the Act, the Department shall have the power to subpoena documents, books, records or other materials and to bring before it any person and to take testimony either orally, by written interrogatory or any combination thereof, in order to enforce this Section.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3)

Section Numbers:	Proposed Action:
140.20	Amendment
140.25	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 98-104

5) Complete Description of the Subjects and Issues Involved: The proposed amendments allow one-year timely filing of claims per PA 98-104 for providers under the Cook County health system, define a primary payer, and amend language related to electronic submittal of long term care admission documents. The proposed amendments also set standard timeframes for adjustments to claims.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

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

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

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other rulemakings pending on this Part? Yes

Section Numbers:	Proposed Action:	*Illinois Register* Citation:
140.12	Amendment	37 Ill. Reg. 19971; December 20, 2013
140.440	Amendment	37 Ill. Reg. 19971; December 20, 2013
140.80	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.82	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.84	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.86	New Section	38 Ill. Reg. 14658; July 18, 2014
140.420	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.421	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.425	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.442	Amendment	38 Ill. Reg. 14658; July 18, 2014

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

140.457	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.458	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.472	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.485	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.488	Amendment	38 Ill. Reg. 14658; July 18, 2014
140.Table D	Repeal	38 Ill. Reg. 14658; July 18, 2014

11) Statement of Statewide Policy Objective: These proposed amendments neither create nor expand any State mandate affecting units of local government.

12) Information and questions regarding this rulemaking shall be directed to:

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/782-1233
HFS.Rules@illinois.gov

The Department requests the submission of written comments within 45 days after the publication of this Notice. The Department will consider all written comments it receives during the First Notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

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140.3 Covered Services Under Medical Assistance Programs
140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
140.5 Covered Medical Services Under General Assistance
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140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
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140.10 Medical Assistance Provided to Persons Confined or Detained by the Criminal Justice System

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a

maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940

thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990;

amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment

suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective

September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective

November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days;

emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846, effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23,

2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. _____, effective _____.

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section 140.20 Submittal of Claims

a) When claims for payment are submitted to the Department, providers shall:

1) Use Department designated billing forms or electronic format for submittal of charges; and

2) Certify that:

A) They have personally rendered the services and provided the items for which charges are being made;

B) Payment has not been received, or that only partial payment has been received;

C) The charge made for each item constitutes the complete charge;

D) They have not, and will not, accept additional payment for any item from any person or persons; and

E) They will not make additional charges to, nor accept additional payment from, any persons if the charges they present are reduced by the Department to conform to Department standards.

b) Statement of Certification

1) All billing statements shall contain a certification statement that must remain unaltered, and must be legibly signed and dated in ink by the

provider, his or her designated alternate payee, or his or her authorized representative. A rubber stamp or facsimile signature is not acceptable.

2) An "authorized representative" may only be a trusted employee over whom the provider has direct supervision on a daily basis and who is personally responsible on a daily basis to the provider. The representative must be specifically designated and must sign the provider's name and his or her own initials on each certification statement.

3) An alternate payee must be specifically designated by the provider and must sign the provider's name and alternate payee's authorized representative's initials on each certification statement.

c) Effective July 1, 2012, to be eligible for payment consideration, a provider's vendor-payment claim or bill, either as an initial or resubmitted claim following prior rejection, that can be processed without obtaining additional information from the provider of the service or from a third party, must be received by the Department, or its fiscal intermediary, no later than 180 days after the date on which medical goods or services were provided, with the following exceptions:

1) The Department must receive a claim after disposition by Medicare or its fiscal intermediary no later than 24 months after the date on which medical goods or services were provided.

2) In the case of a provider whose enrollment is in process by the Department, the 180-day period shall not begin until the date on the written notice from the Department that the provider enrollment is complete.

3) In the case of errors attributable to the Department or any of its claims processing intermediaries that result in an inability to receive, process or adjudicate a claim, the 180-day period shall not begin until the provider has been notified of the error.

4) In the case of a provider for whom the Department initiates the monthly billing process.

5) For claims for rendered during a period for which a recipient received retroactive eligibility, claims must be filed within 180 days after the

Department determines the applicant is eligible.

6) For claims for which the Department is not the primary payer, claims must be submitted to the Department within 180 days after the final adjudication by the primary payer.

A) For purpose of this subsection (c)(6), a primary payer is a payer that can reasonably be expected to make payments within 120 days after the date of service; for example, other medical insurance or a group health plan, when the patient is the insured party. Primary payer does not include payers who are not reasonably expected to pay within 120 days; for example, liability insurance and workers' compensation, when the patient is not the insured party.

B) During the 180 day period following the effective date of this amendatory rulemaking, providers may submit claims and request a time override from the Department for claims with dates of service on and after July 1, 2012 not filed because of the provider's belief that it could file after final adjudication by an insurer when the patient was not the insured party. A provider asking for such a time override shall also provide a copy of the request for time override to the Department's Bureau of Collections, with a written notification to the Bureau indicating the names and addresses of other parties, insurers or attorneys involved in attempting to recover, defend or settle possible damages to the patient that resulted in the services provided. Failure to provide the required information to the Bureau shall result in a denial of the request for time override.

7) In the case of long term care facilities, admission documents shall be submitted within 30 days after an admission to the facility through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System. A Transaction Audit Number (TAN) is~~, or shall be submitted directly to the Department of Human Services using required admission forms. Confirmation numbers~~ assigned to an accepted transaction and shall be retained by a facility to verify timely submittal. Once an admission transaction has been completed, all claims for payment, either as an initial or resubmitted claim following prior rejection,~~resubmitted claims following prior rejection~~ are subject to receipt

no later than 180 days after the admission transaction has been completed.

8) For hospital inpatient claims, the 180 days is measured from the date of discharge.

9) Per Public Act 98-104, in the case of a provider operated by a unit of local government with a population exceeding 3,000,000, when local government funds finance federal participation for claims payment, a claim must be received by the Department or its fiscal intermediary no later than one year after the date on which medical goods or services were provided.

d) Claims that are not submitted and received in compliance with the foregoing requirements will not be eligible for payment under the Department's Medical Assistance Program, and the State shall have no liability for payment of the claim.

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

Section 140.25 Overpayment or Underpayment of Claims

a) When the Department, the provider, or the designated alternate payee has determined that an overpayment has been made, the provider or the alternate payee shall reimburse the Department for the overpayment. The Department shall recover overpayments made to or on behalf of a provider that result from improper billing practices. Recovery~~Such recovery~~ may occur by setoff, crediting against future billings or requiring direct repayment to the Department.

b) When a provider believes it has received an underpayment for services, it may request Department review. The request must be received by the Department within 12 months after the date payment was authorized. If the review reveals an underpayment was made, the Department shall pay the additional amount due. If the review reveals an overpayment was made, the provider, or the designated alternate payee, shall refund the amount of the overpayment.

c) When a provider operated by a unit of local government with a population exceeding 3,000,000, when local government funds finance federal participation for claims payment, believes it has received an underpayment for services, it may submit an adjustment to void and re-bill the claim. The request must be received within one year after the date payment was authorized.

d) For underpayments, the Department will not adjust claims received beyond the applicable timeframes identified in subsections (b) and (c). The review procedures provided for in this Section may not be used to submit any new or corrected information that was required to be submitted by a specific date in order to qualify for a payment or payment adjustment.

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Construction and Filing of Accident and Health Insurance Policy Forms

2) Code Citation: 50 Ill. Adm. Code 2001

3)

Section Numbers:	Proposed Action:
2001.2	Amend
2001.11	Amend
2001.12	Amend

4) Statutory Authority: Implementing Sections 143, 355 and 356a and Articles IX and XX of the Illinois Insurance Code [215 ILCS 5/143, 355, 356a, Arts. IX and XX] and Section 4-13 of the Health Maintenance Organization Act [215 ILCS 125/4-13] and authorized by Section 401 of the Code [215 ILCS 5/401]

5) A Complete Description of the Subjects and Issues Involved: Part 2001 as amended in January 2014 quotes ACA provisions with regard to Federally Qualified Health Centers (FQHCs) for qualified health plans. However, subsequent federal regulations were issued that stated that the FQHC could be paid either the Medicaid amount or some other mutually agreed upon amount. Since Part 2001 does not have the same language regarding "mutually agreed upon amount", issuers may be faced with a situation in which some provider arrangements with FQHCs do not comport with this Part. Section 2001.12 needs to be amended so that it is consistent with the federal regulations.

Additionally, a new provision is being added in Section 2001.11 regarding the pediatric oral care benefit in connection with new policies issued outside of the Exchange. The benefit will be deemed satisfied if the health insurance issuer has obtained reasonable assurance that such benefits are provided.

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None

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

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

9) Does this rulemaking contain incorporations by reference? No

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

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

11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

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

James Rundblom, Deputy General Counsel
Department of Insurance
320 West Washington, 4th Floor
Springfield IL 62767-0001

217/785-8559
fax: 217524-9033

or

Susan Anders, Rules Coordinator
Department of Insurance
320 West Washington, 4th Floor
Springfield IL 62767-0001

217/558-0957

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: The potential impact is difficult to determine at this time.

B) Reporting, bookkeeping or other procedures required for compliance: Procedures related to determining eligibility and issuing insurance policies

C) Types of professional skills necessary for compliance: Insurance

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: The previous amendments to the rule were adopted in January 2014. The current proposed changes are being made in response to industry comments, and were not anticipated at the time the January agenda was published.

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER z: ACCIDENT AND HEALTH INSURANCE

PART 2001
CONSTRUCTION AND FILING OF ACCIDENT AND
HEALTH INSURANCE POLICY FORMS

SUBPART A: PROVISIONS APPLICABLE TO INDIVIDUAL AND GROUP POLICIES

Section
2001.1 Applicability
2001.2 Definitions and Cross-References
2001.3 Discretionary Clauses Prohibited
2001.4 Guaranteed Availability and Renewability of Coverage
2001.5 Prohibition of Preexisting Condition Exclusions
2001.6 No Lifetime or Annual Limits
2001.7 Prohibition on Rescissions
2001.8 Coverage of Preventive Health Services
2001.9 Prohibiting Discrimination Against Participants and Beneficiaries Based on Health Status
2001.10 Summary of Benefits and Coverage and Uniform Glossary
2001.11 Essential Health Benefits
2001.12 Cost-Sharing

SUBPART B: PROVISIONS APPLICABLE TO INDIVIDUAL POLICIES

Section
2001.20 Construction of Accident and Health Insurance Policy Forms (Renumbered)
2001.30 Filing of Policy Forms (Renumbered)
2001.110 Applicability
2001.120 Construction of Accident and Health Insurance Policy Forms
2001.130 Filing of Policy Forms

SUBPART C: PROVISIONS APPLICABLE TO GROUP POLICIES

2001.210 Applicability
2001.220 Ban on Excessive Waiting Periods

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing Sections 143, 355 and 356a and Articles IX and XX of the Illinois Insurance Code [215 ILCS 5/143, 355, 356a, Arts. IX and XX] and Section 4-13 of the Health Maintenance Organization Act [215 ILCS 125/4-13] and authorized by Section 401 of the Code [215 ILCS 5/401].

SOURCE: Filed and effective April 1, 1952; codified at 7 Ill. Reg. 3471; amended at 20 Ill. Reg. 14405, effective October 25, 1996; amended at 29 Ill. Reg. 10172, effective July 1, 2005; amended at 31 Ill. Reg. 8472, effective May 31, 2007; amended at 38 Ill. Reg. 2037, effective January 2, 2014; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: PROVISIONS APPLICABLE TO INDIVIDUAL AND GROUP POLICIES

Section 2001.2 Definitions and Cross-References

a) The following definitions shall apply to this Part:

"ACA" means the Patient Protection and Affordable Care Act (42 USC 18001 et seq.).

"Code" means the Illinois Insurance Code [215 ILCS 5].

"Director" means the Director of the Illinois Department of Insurance.

"EHB" means essential health benefit or benefits.

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended (29 USC 1001 et seq.).

"Excepted benefits", as defined at 26 USC 9832, means benefits under one or more (or any combination) of the following:

Benefits not subject to requirements:

Coverage only for accident, disability income insurance, or any combination thereof;

Coverage issued as a supplement to liability insurance;

Liability insurance, including general liability insurance and automobile liability insurance;

Workers' compensation or similar insurance;

Automobile medical payment insurance;

Credit-only insurance;

Coverage for on-site medical clinics;

Other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits.

Benefits not subject to requirements if offered separately:

Limited scope dental or vision benefits; and

Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

Benefits not subject to requirements if offered as independent, noncoordinated benefits:

Coverage only for a specified disease or illness;

Hospital indemnity or other fixed indemnity insurance ~~under which benefits are~~ paid as a fixed dollar amount per day~~,~~ or other period, paid~~or~~ per event, or paid on benefits paid on a basis other than period of time, regardless of the amount of expenses incurred.

Benefits not subject to requirements if offered as a separate insurance policy: Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act (42 USC 1395ss(g)(1)), coverage supplemental to the coverage provided under 10 USC 55, and similar supplemental coverage provided to coverage under a group health plan.

"Health Benefits Exchange" or "Exchange" means the Illinois Health Benefits Exchange established pursuant to 42 USC 18031(b) and 215 ILCS 122/5-5, also known as the Illinois Health Insurance Marketplace.

"HHS" means the United States Department of Health and Human Services.

"Network Plan" means health insurance coverage of a health insurance issuer under which the financing and delivery of medical care (including items and services paid for as medical care) are provided, in whole or in part, through a defined set of providers under contract with the issuer.

"PHS Act" means the Public Health Service Act (42 USC 201 et seq.).

"Preexisting condition exclusion" means a limitation or exclusion of benefits (including a denial of coverage) based on the fact that the condition was present before the effective date of coverage (or if coverage is denied, the date of the denial) under a group health plan or group or individual health insurance coverage (or other coverage provided to federally eligible individuals pursuant to 45 CFR 148), whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day. A preexisting condition exclusion includes any limitation or exclusion of benefits (including a denial of coverage) applicable to an individual as a result of information relating to an individual's health status before the individual's effective date of coverage (or if coverage is denied, the date of the denial) under a group health plan, or group or individual health insurance coverage (or other coverage provided to federally eligible individuals pursuant to 45 CFR 148), such as a condition identified as a result of a pre-enrollment questionnaire or physical examination given to the individual, or review of medical records relating to the pre-enrollment period. (See 45 CFR 144.103.)

"SBC" means summary of benefits and coverage.

"Secretary" means the Secretary of the United States Department of Health and Human Services, except when specified otherwise within this Part.

"Waiting period" means, with respect to a group health plan and an individual who is a potential participant or beneficiary in the plan, the period of time that must pass with respect to the individual before the individual is eligible to be covered for benefits under the terms of the plan. (See 42 USC 300gg(b)(4).)

b) In this Part, parenthetical cross-references following rule text are to the federal statutes or regulations relating to that Illinois rule provision.

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

Section 2001.11 Essential Health Benefits

a) Coverage for Essential Health Benefits Package

1) A health insurance issuer that offers health insurance coverage in the individual or small group market shall ensure that the coverage includes an essential health benefits (EHB) package in accordance with the requirements in subsections (b) and (c). (See 42 USC 300gg-6(a).)

2) The provisions of this Section regarding the inclusion of essential pediatric oral care benefits shall be deemed to be satisfied for qualified health plans made available in the small group market or individual market in Illinois outside the Health Benefits Exchange, issued for policy or plan years beginning on or after January 1, 2015, that do not include the essential pediatric oral care benefits if the health insurance issuer has obtained reasonable assurance that the pediatric oral care benefits are provided to the purchaser or enrollee of the qualified health plan. The health insurance issuer shall be deemed to have obtained reasonable assurance that the pediatric oral care benefits are provided to the purchaser of the qualified health plan if:

A) At least one qualified dental plan outside the Exchange offers the minimum essential pediatric oral care benefits that are required under subsection (c)(1)(J) and it is available for purchase by the small group or individual purchaser;

B) The health insurance issuer prominently discloses to the purchaser, or enrollee in the case of a group plan, in a form approved by the Director, at the time that it offers the qualified health plan, that the plan does not provide the essential pediatric oral care benefits; and

C) The health insurance issuer has received and kept records of written, verbal or electronic confirmation from the purchaser, or

enrollee in the case of a group plan, that he or she has obtained, or is obtaining, other coverage that includes essential pediatric oral care benefits.

b) Essential Health Benefits Package
In this Section, the term "essential health benefits package" means, with respect to any health plan, coverage that:

1) provides for the essential health benefits defined under subsection (c);

2) limits cost-sharing for such coverage in accordance with Section 2001.12(a); and

3) subject to Section 2001.12(i), provides either the bronze, silver, gold or platinum level of coverage described in Section 2001.12(b). (See 42 USC 18022(a) and (b).)

c) Essential Health Benefits

1) In General
Subject to subsection (c)(3), essential health benefits shall include at least the following general categories and the items and services covered within the categories:

A) Ambulatory patient services;

B) Emergency services;

C) Hospitalization;

D) Maternity and newborn care;

E) Mental health and substance use disorder services, including behavioral health treatment;

F) Prescription drugs;

G) Rehabilitative and habilitative services and devices;

H) Laboratory services;

I) Preventive and wellness services and chronic disease management; and

J) Pediatric services, including oral and vision care. (See 42 USC 18022(a) and (b).)

2) Background

A) In August 2012, the Governor's Office convened a workgroup of representatives from a number of State agencies to develop a recommendation to the Healthcare Reform Implementation Council on Essential Health Benefits for qualified health plans in Illinois. This workgroup met several times over the course of two months.

B) The Patient Protection and Affordable Care Act defined 10 EHB that must be included in all Qualified Health Plans sold inside and outside the Health Benefits Exchange starting in 2014.

C) The 10 EHB are:

i) ambulatory patient services;

ii) emergency services;

iii) hospitalization;

iv) maternity and newborn care;

v) mental health and substance use disorder services, including behavioral health treatment;

vi) prescription drugs;

vii) rehabilitative and habilitative services and devices;

viii) laboratory services;

ix) preventive and wellness services and chronic disease management; and

x) pediatric services, including oral and vision care.

D) The purpose of recommending a benchmark plan is to ensure that individuals who purchase health insurance will have a plan that covers the EHB and services outlined by the ACA.

E) HHS set specific guidelines to establish EHB. HHS requires that states look at the insurance plans already sold in their markets and identify a "benchmark" plan that is representative of a "typical employer plan". This will help ensure that state insurance mandates are included, since any benchmark plan must already be available in a state.

F) The authority to select a benchmark plan falls with the HHS Secretary, but the State was required to make a recommendation. HHS also facilitated a public comment period on the benchmark plan that the State recommends. It is the services that are provided by this particular plan that make up the EHB for Illinois. All insurers that sell products that are not excepted benefits in Illinois are required to include, at a minimum, the value of benefits and services dictated by the benchmark plan.

G) The Health Care Reform Implementation Council intends to continuously review the benchmark selection over the next two years, at which point the State might have the option to change or amend the benchmark plan. The Council envisions an open process for feedback that engages stakeholders and ensures the minimum coverage offered in Illinois meets the needs of our residents.

3) Specific Requirements
Essential health benefits shall include those specific benefits and limits described in the Illinois EHB Benchmark Plan, as of September 1, 2013, published by the Centers for Medicare & Medicaid Services, 755 Security Boulevard, Baltimore, Maryland 21244 (http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html). This

regulation does not include any later amendments or editions, if any, to the Illinois EHB benchmark.

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

Section 2001.12 Cost-Sharing

a) Cost-Sharing Under Group Health Plans
A group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under subsections (a)(1) and (2). (See 42 USC 300gg-6(b).) Requirements relating to cost-sharing are:

1) Annual Limitation on Cost-Sharing

A) 2014
The cost-sharing incurred under a health plan with respect to self-only coverage or coverage other than self-only coverage for a plan year beginning in 2014 shall not exceed the dollar amounts in effect under 26 USC 223(c)(2)(A)(ii) for self-only and family coverage, respectively, for taxable years beginning in 2014.

B) 2015 and Later
In the case of any plan year beginning in a calendar year after 2014, the limitation under this subsection (a)(1)(B) shall:

i) in the case of self-only coverage, be equal to the dollar amount under subsection (a)(1)(A) for self-only coverage for plan years beginning in 2014, increased by an amount equal to the product of that amount and the premium adjustment percentage under subsection (a)(4) for the calendar year; and

ii) in the case of other coverage, twice the amount in effect under subsection (a)(1)(B)(i).

C) If the amount of any increase under subsection (a)(1)(B)(i) is not a multiple of $50, such increase shall be rounded to the next lowest multiple of $50.

2) Annual Limitation on Deductibles for Employer-Sponsored Plans

A) In General

i) In the case of a health plan offered in the small group market, the deductible under the plan shall not exceed $2,000 in the case of a plan covering a single individual and $4,000 in the case of any other plan.

ii) The amounts under subsection (a)(3)(A)(i) may be increased by the maximum amount of reimbursement that is reasonably available to a participant under a flexible spending arrangement described in 26 USC 106(c)(2) (determined without regard to any salary reduction arrangement).

B) Indexing of Limits
In the case of any plan year beginning in a calendar year after 2014:

i) the dollar amount under subsection (a)(1)(A)(i) shall be increased by an amount equal to the product of that amount and the premium adjustment percentage under subsection (a)(4) for the calendar year; and if the amount of any increase under subsection (a)(2)(B)(i) is not a multiple of $50, such increase shall be rounded to the next lowest multiple of $50.

ii) the dollar amount under subsection (a)(1)(A)(ii) shall be increased to an amount equal to twice the amount in effect under subsection (a)(1)(A)(i) for plan years beginning in the calendar year, determined after application of subsection (a)(2)(B)(i).

C) Actuarial Value
The limitation under this subsection (a) shall be applied in such a manner so as to not affect the actuarial value of any health plan, including a plan in the bronze level.

D) Coordination with Preventive Limits
Nothing in this subsection (a) shall be construed to allow a plan to have a deductible under the plan apply to benefits described in section 2713 of the federal Public Health Service Act (45 CFR 130).

3) Cost-Sharing

A) In general, the term "cost-sharing" in this Section includes:

i) deductibles, coinsurance, copayments or similar charges; and

ii) any other expenditure required of an insured individual that is a qualified medical expense (within the meaning of 26 USC 223(d)(2)) with respect to EHB covered under the plan.

B) Exceptions
The term "cost-sharing" in this Section does not include premiums, balance billing amounts for non-network providers, or spending for non-covered services.

4) Premium Adjustment Percentage
For purposes of subsections (a)(1)(B)(i) and (a)(2)(B)(i), the premium adjustment percentage for any calendar year is the percentage (if any) by which the average per capita premium for health insurance coverage in the United States for the preceding calendar year (as estimated by the Secretary no later than October 1 of such preceding calendar year) exceeds such average per capita premium for 2013 (as determined by the Secretary). (See 42 USC 18022(c).)

b) Levels of Coverage
The levels of coverage described in this subsection (b) are as follows:

1) Bronze Level
A plan in the bronze level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 60 percent of the full actuarial value of the benefits provided under the plan.

2) Silver Level
A plan in the silver level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 70 percent of the full actuarial value of the benefits provided under the plan.

3) Gold Level
A plan in the gold level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 80 percent of the full actuarial value of the benefits provided under the plan.

4) Platinum Level
A plan in the platinum level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 90 percent of the full actuarial value of the benefits provided under the plan. (See 42 USC 18022(d).)

c) Actuarial Value (AV) Calculation for Determining Level of Coverage

1) Calculation of AV
Subject to subsection (c)(2), to calculate the AV of a health plan, the issuer must use the AV Calculator developed and made available by HHS.

2) Exception to the Use of the AV Calculator
If a health plan's design is not compatible with the AV Calculator, the issuer must meet the following:

A) Submit the actuarial certification from an actuary, who is a member of the American Academy of Actuaries, on the chosen methodology identified in subsection (c)(2)(B) or (C).

B) Calculate the plan's AV by:

i) Estimating a fit of its plan design into the parameters of the AV Calculator; and

ii) Having an actuary, who is a member of the American Academy of Actuaries, certify that the plan design was fit

appropriately in accordance with generally accepted actuarial principles and methodologies.

C) Use the AV Calculator to determine the AV for the plan provisions that fit within the calculator parameters and have an actuary, who is a member of the American Academy of Actuaries, calculate and certify, in accordance with generally accepted actuarial principles and methodologies, appropriate adjustments to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV Calculator.

D) The calculation methods described in subsections (c)(2)(B) and (C) may include only in-network cost-sharing, including multi-tier networks.

3) Employer Contributions to Health Savings Accounts and Amounts Made Available Under Certain Health Reimbursement Arrangements
For plans other than those in the individual market that at the time of purchase are offered in conjunction with a Health Savings Account (HSA) or with integrated Health Reimbursement Accounts (HRAs) that may be used only for cost-sharing, annual employer contributions to HSAs and amounts newly made available under such HRAs for the current year are:

A) Counted towards the total anticipated medical spending of the standard population that is paid by the health plan; and

B) Adjusted to reflect the expected spending for health care costs in a benefit year so that:

i) Any current year HSA contributions are accounted for; and

ii) The amounts newly made available under such integrated HRAs for the current year are accounted for.

4) Use of State-Specific Standard Population for the Calculation of AV
Beginning in 2015, if submitted by the State and approved by HHS, a State-specific data set will be used as the standard population to calculate AV in accordance with subsection (c)(1). The data set may be approved by HHS if it is submitted in accordance with subsection (c)(5) and:

A) Supports the calculation of AVs for the full range of health plans available in the market;

B) Is derived from a non-elderly population and estimates those likely to be covered by private health plans on or after January 1, 2014;

C) Is large enough that:

i) The demographic and spending patterns are stable over time; and

ii) It includes a substantial majority of the State's insured population, subject to the requirement in subsection (c)(4)(B);

D) Is a statistically reliable and stable basis for area-specific calculations; and

E) Contains claims data on health care services typically offered in the then-current market.

5) Submission of State-Specific Data
AV will be calculated using the default standard population described in subsection (c)(6), unless a data set in a format specified by HHS that can support the use of the AV Calculator as described in subsection (c)(1) is submitted by a State and approved by HHS consistent with subsection (c)(4) by a date specified by HHS.

6) Default Standard Population
The default standard population for AV calculation will be developed and summary statistics, such as in continuance tables, will be provided by HHS in a format that supports the calculation of AV as described in subsection (c)(1). (See 45 CFR 156.135.)

d) Actuarial Value Levels of Coverage

1) General Requirement for Levels of Coverage

AV, calculated as described in subsection (c), and within a de minimis variation as defined in subsection (d)(3), determines whether a health plan offers a bronze, silver, gold or platinum level of coverage.

2) The levels of coverage are:

A) A bronze health plan is a health plan that has an AV of 60 percent.

B) A silver health plan is a health plan that has an AV of 70 percent.

C) A gold health plan is a health plan that has an AV of 80 percent.

D) A platinum health plan is a health plan that has as an AV of 90 percent.

3) De Minimis Variation
The allowable variation in the AV of a health plan that does not result in a material difference in the true dollar value of the health plan is ±2 percentage points. (See 45 CFR 146.140.)

e) Determination of Minimum Value

1) Acceptable Methods for Determining Minimum Value
An employer-sponsored plan provides minimum value (MV) if the percentage of the total allowed costs of benefits provided under the plan is no less than 60 percent. An employer-sponsored plan may use one of the following methods to determine whether the percentage of the total allowed costs of benefits provided under the plan is not less than 60 percent:

A) The MV Calculator to be made available by HHS and the Internal Revenue Service. The result derived from the calculator may be modified under subsection (e)(2).

B) Any safe harbor established by HHS and the Internal Revenue Service.

C) If the plan is a group health plan, it may seek certification by an actuary to determine MV if the plan contains non-standard features

that are not suitable for either of the methods described in subsections (e)(1)(A) or (B). The determination of MV must be made by a member of the American Academy of Actuaries, based on an analysis performed in accordance with generally accepted actuarial principles and methodologies.

D) If the plan is in the small group market that meets any of the levels of coverage, as described in subsection (d), it satisfies MV.

2) Benefits that May Be Counted Towards the Determination of MV

A) In the event that a group health plan uses the MV Calculator and offers an EHB outside of the parameters of the MV Calculator, the plan may seek an actuary, who is a member of the American Academy of Actuaries, to determine the value of that benefit and adjust the result derived from the MV Calculator to reflect that value.

B) For the purposes of applying the options described in subsection (e)(1) in determining MV, a group health plan will be permitted to take into account all benefits provided by the plan that are included in any one of the EHB benchmarks.

3) Standard Population
The standard population for MV determinations described in subsection (e)(1) is the standard population developed by HHS for such use and described through summary statistics issued by HHS. The standard population for MV must reflect the population covered by self-insured group health plans.

4) Employer Contributions to Health Savings Accounts and Amounts Made Available Under Certain Health Reimbursement Arrangements
For employer-sponsored self-insured group health plans and insured group health plans that at the time of purchase are offered in conjunction with an HSA or with integrated HRAs that may be used only for cost-sharing, annual employer contributions to HSAs and amounts newly made available under such HRAs for the current year are:

A) Counted towards the total anticipated medical spending of the standard population that is paid by the health plan; and

B) Adjusted to reflect the expected spending for health care costs in a benefit year so that:

i) Any current year HSA contributions are accounted for; and

ii) The amounts newly made available under such integrated HRAs for the current year are accounted for. (45 CFR 156.145)

f) Application
In determining the percentage of the total allowed costs of benefits provided under a group health plan or health insurance coverage that are provided by such plan or coverage, this Section shall apply. (See 42 USC 18022(d)(2)(C).)

g) Allowable Variance
There may be a de minimis variation in the actuarial valuations used in determining the level of coverage of a plan to account for differences in actuarial estimates. (See 42 USC 18022(d)(3).)

h) Plan Reference
In this Section, any reference to a bronze, silver, gold or platinum plan shall be treated as a reference to a qualified health plan providing a bronze, silver, gold or platinum level of coverage, as the case may be. (See 42 USC 18022(d)(4).)

i) Catastrophic Plan

1) In General
A health plan not providing a bronze, silver, gold or platinum level of coverage shall be treated as meeting the requirements of subsection (b) with respect to any plan year if:

A) the only individuals who are eligible to enroll in the plan are individuals described in subsection (c)(2); and

B) the plan provides:

i) except as provided in subsection (c)(1)(B)(ii) ~~of this Section~~, the essential health benefits determined under Section 2001.11(c), except that the plan provides no benefits for any plan year until the individual has incurred cost-sharing expenses in an amount equal to the annual limitation in effect under subsection (a)(1) ~~of this Section~~ for the plan year (except as provided for in PHS Act section 2713); and

ii) coverage for at least three primary care visits.

2) Individuals Eligible for Enrollment
An individual is described in this subsection (i)(2) for any plan year if the individual:

A) has not attained the age of 30 before the beginning of the plan year; or

B) has a certification in effect for any plan year under this Part that the individual is exempt from the requirement under 26 USC 5000A by reason of:

i) 26 USC 5000A(e)(1) (relating to individuals without affordable coverage); or

ii) 26 USC 5000A(e)(5) (relating to individuals with hardships).

3) Restriction to Individual Market
If a health insurance issuer offers a health plan described in this subsection (i), the issuer may only offer the plan in the individual market. (See 42 USC 18022(e).)

j) Child-Only Plans
If a qualified health plan is offered through the Health Benefits Exchange in any level of coverage specified under subsection (c), the issuer shall also offer that plan through the Health Benefits Exchange in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not

attained the age of 21, and such plan shall be treated as a qualified health plan. (See 42 USC 18022(f).)

k) Payments to Federally-Qualified Health Centers
If any item or service covered by a qualified health plan is provided by a federally-qualified health center (as defined in 42 USC 1396d(l)(2)(B)) to an enrollee of the plan, the offeror of the plan shall pay to the center for the item or service an amount that is not less than the amount of payment that would have been paid to the center under 42 USC 1396a(bb)) for such item or service. (See 42 USC 18022(g).)

l) Mutually Agreed Payment Rates
Nothing in subsection (k) precludes a Qualified Health Plan issuer and federally-qualified health center from mutually agreeing upon payment rates other than those that would have been paid to the center under 42 USC 1396a(bb), as long as the mutually agreed upon rates are at least equal to the generally applicable payment rates of the issuer indicated in 45 CFR 156.235(d). (See 45 CFR 156.235(e).)

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Open Space Lands Acquisition and Development Grant Program

2) Code Citation: 17 Ill. Adm. Code 3025

3)

Section Numbers:	Proposed Action:
3025.30	Amendment
3025.32	New Section
3025.34	New Section
3025.36	New Section
3025.50	Amendment
3025.70	Amendment

4) Statutory Authority: Implementing and authorized by the Open Space Lands Acquisition and Development Act [525 ILCS 35

5) A Complete Description of the Subjects and Issues Involved: This rule implements PA 98-326 and PA 98-520, which amended the Open Space Lands Acquisition and Development Act. The rule details how advance payments will be made to grantees and how the grantees must handle those funds. The rule also includes the requirements for a grantee to comply with the business enterprise program (BEP) practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities. In addition, the rule provides for the definition and criteria of a distressed community for purposes of the grant program. Lastly, the rule makes technical changes to ensure the language is consistent internally and with both public acts.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rule currently in effect? Yes

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objective: This rulemaking neither creates, nor expands, any State mandate affecting units of local government.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Brendan Dailey, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: This grant program provides for grants to be disbursed by the Department of Natural Resources to eligible local governments for the purpose of acquiring, developing and/or rehabilitating lands for public outdoor recreation purposes.

B) Reporting, bookkeeping or other procedures required for compliance: Upon project completion, the project sponsor must submit a certified project billing request listing all funds expended on the project for which grant reimbursement is sought and must comply with operation and maintenance provisions (i.e., operate the facility continuously, allow the Department access for inspection); maintain financial records, and post an OSLAD grant acknowledgment sign at the project site.

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: July 2014

The full text of the Proposed Amendments are identical to the text of the Emergency Amendments that appear in this issue of the *Illinois Register* on Page 16400.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Local Health Protection Grant Rules

2) Code Citation: 77 Ill. Adm. Code 615

3)

Section Numbers:	Proposed Action:
615.100	Amendment
615.110	Amendment
615.220	Amendment
615.300	Amendment
615.310	Amendment
615.320	Amendment
615.330	Amendment
615.340	Amendment
615.410	Amendment

4) Statutory Authority: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS 5], the Public Health District Act [70 ILCS 905], the Illinois Municipal Code [65 ILCS 5], and Section 2310-15 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-15]

5) A Complete Description of the Subjects and Issues Involved: The proposed amendments make changes to the program standards for the four public health programs (Infectious Diseases, Food Protection, Potable Water Supply, and Private Sewage Disposal) funded by Local Health Protection Grants. In addition, the proposed amendments outline the specific program standards that the Department will use to evaluate the local health departments. The proposed amendments also make necessary changes to some definitions and to some referenced materials.

The amendments to Section 615.100 add definitions for terms used in the rules and remove the definition of a term no longer used.

The amendments to Section 615.110 delete an out-of-date publication from the list of incorporated materials and add a list of referenced statutes and administrative rules.

The amendments to Section 615.220 clarify how the Department will conduct reviews of local health departments. In addition, these amendments outline how the Department will determine substantial compliance for each of the four public health programs during the local health department reviews. These amendments also clarify the process the

Department will use to notify local health departments of the determination of substantial compliance.
The amendments to Section 615.300 bring the infectious disease reporting requirements into line with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and other Department rules. These amendments also update references to certain publications and define the electronic reporting systems to be used for infectious disease reporting and investigations. In addition, these amendments clarify training requirements for infectious disease staff.

The amendments to Section 615.310 replace specific information that is contained in the Food Service Sanitation Code (77 Ill. Adm. Code 750) with appropriate references to those rules instead. This will eliminate the need to amend Section 615.310 when changes to the Food Service Sanitation Code are made in the future. These amendments also clarify the self-evaluation/quality assurance review requirements and expand the training requirements for program staff.

The amendments to Section 615.320 add licensing and inspection responsibilities for closed loop wells, in accordance with recent amendments to the Water Well Construction Code (77 Ill. Adm. Code 920). The amendments to this Section also clarify the requirements for inspecting water wells and closed loop wells. In addition, the amendments clarify training requirements for program staff.

The amendments to Section 615.330 clarify the inspection requirements for private sewage disposal systems and allow local health departments to share inspection reports for septage hauling equipment.

The amendments to Section 615.340 change the reporting requirements for the Food Protection, Potable Water Supply, and Private Sewage Disposal programs from annual reports to quarterly reports. This brings these rules into compliance with the requirements of the Illinois Grant Funds Recovery Act [30 ILCS 705]. These amendments also update references to statutes and Department personnel. In addition, these amendments consolidate the record retention requirements for the four public health programs into the common requirements for all programs and explain how the Department will approve training required for the four public health programs.

The amendment to Section 615.410 updates a reference to Department rules.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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: None

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

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

9) Does this rulemaking contain incorporations by reference? Yes

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

11) Statement of Statewide Policy Objective: This proposed rulemaking does not create or enlarge any State mandate for any unit of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th Floor
Springfield IL 62761

217/782-2043
dph.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: The proposed amendments affect the activities performed by certified local health departments for the four public health programs funded by Local Health Protection Grants. Certified local health departments consist of counties, municipalities, and public health districts.

B) Reporting, bookkeeping or other procedures required for compliance: For the Food Protection, Potable Water Supply, and Private Sewage Disposal programs, local health departments must report statistical data to the Department on a quarterly basis. For the Infectious Diseases program, local health departments must report through the Department's electronic disease reporting systems.

C) Types of professional skills necessary for compliance: Personnel performing the programs described must meet the applicable requirements of the Medical Practice Act of 1987 [225 ILCS 60], the Nurse Practice Act [225 ILCS 65], and the Environmental Health Practitioner Licensing Act [225 ILCS 37].

14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER h: LOCAL HEALTH DEPARTMENTS

PART 615
LOCAL HEALTH PROTECTION GRANT CODE~~RULES~~

SUBPART A: GENERAL PROVISIONS

Section
615.100 Definitions
615.110 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS

Section
615.200 Eligibility
615.210 Purpose and Distribution of Grant Funds
615.220 Review and Consultation; Substantial Compliance; Plan of Correction
615.230 Waiver of Requirements

SUBPART C: PROGRAM STANDARDS

Section
615.300 Infectious Diseases
615.310 Food Protection
615.320 Potable Water Supply
615.330 Private Sewage Disposal
615.340 Common Requirements

SUBPART D: DUE PROCESS

Section
615.400 Denial, Suspension or Revocation of Grant Application or Grant Agreement
615.410 Procedures for Hearings

615.APPENDIX A Recommended Policies and Procedures for Immunization Clinics (Repealed)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS 5]; the Public Health District Act [70 ILCS 905]; the Illinois Municipal Code [65 ILCS 5]; and Section 2310-15 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-15].

SOURCE: Filed October 20, 1977; Part repealed, new Part adopted at 5 Ill. Reg. 1415, effective July 1, 1981; codified at 8 Ill. Reg. 16335; amended at 14 Ill. Reg. 805, effective January 1, 1990; Part repealed, new Part adopted by emergency rules at 17 Ill. Reg. 13002, effective July 21, 1993, for a maximum of 150 days; emergency expired on December 18, 1993; Part repealed, new Part adopted at 18 Ill. Reg. 4320, effective March 1, 1994; emergency amendment at 20 Ill. Reg. 3974, effective February 16, 1996, for a maximum of 150 days; emergency expired on July 15, 1996; amended at 21 Ill. Reg. 2960, effective February 20, 1997; amended at 26 Ill. Reg. 421, effective January 1, 2002; emergency amendment at 26 Ill. Reg. 18051, effective December 6, 2002, for a maximum of 150 days; emergency expired May 4, 2003; amended at 27 Ill. Reg. 15973, effective October 1, 2003; amended at 28 Ill. Reg. 12030, effective August 3, 2004; amended at 30 Ill. Reg. 13412, effective July 27, 2006; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 615.100 Definitions

~~For purposes of this Part, the following definitions shall apply:~~

"Department" means the Illinois Department of Public Health.

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

"Health Care Provider" means any person or entity that offers medical care for the purpose of preventing, alleviating, curing or healing human illness or injury. Health care provider includes, but is not limited to, physicians, physician assistants, nurse practitioners, nurses, paramedics, emergency medical technicians, hospitals, medical clinics, long-term care facilities and medical laboratories.

"Health Protection Program" means any program, service or activity performed by a local health department that is intended to prevent or reduce the incidence of disease, death or disability caused by infectious diseases; exposure to hazardous or toxic substances; or unsafe food, water, air, consumer products, or other environmental exposure.

~~"Healthy People 2000" means National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, Public Health Service, DHHS publication number (PHS) 91-50212. Healthy People 2000 contains a national strategy for significantly improving the health of the nation during this decade and contains measureable targets for striving toward health promotion and prevention of injuries and diseases.~~

"Local Health Department" means a local governmental agency that administers and assures health-related programs and services within its jurisdiction and that is certified pursuant to 77 Ill. Adm. Code 600.210 (Certified Local Health Department Code − Certification).

"Local Health Partner" means a public or private organization that collaborates with a local health department on health-related programs and services to improve the health of residents in the local health department's jurisdiction.

"Local Health Protection Grant" means a grant made by the Department to a ~~certified~~ local health department for health protection programs including, but not limited to, Infectious Diseases, Food Protection, Potable Water Supply and Private Sewage Disposal.

"Partner Services" means services offered to persons diagnosed with HIV, syphilis, gonorrhea or chlamydia and to their partners. These services include a voluntary process of interviewing infected individuals to elicit and subsequently notify sex and needle sharing partners of possible exposure or potential risk of exposure to infection. Partner services facilitate testing and treatment of exposed partners and referrals to support services as needed. Partner services are integral in identifying and treating previously undiagnosed and untreated cases of sexually transmitted infections, including HIV, resulting in decreased transmission of infection in the community.

"Secure Management" means the protection of public health data and information systems to prevent unauthorized release of identifying information and accidental loss of data or damage to the systems. Security measures include procedures to detect, document and counter threats to data confidentiality or the integrity of data systems.

"State Fiscal Year" means any 12-month period beginning on July 1 of one year

and ending on June 30 of the following year.

"Substantial Compliance" means meeting requirements set forth in this Part, except for variations from the strict and literal performance of the~~such~~ requirements that~~which~~ result in insignificant omissions and defects, given the particular circumstances and the incidence and history of the~~such~~ omissions and defects. Omissions and defects that have an adverse impact on public health and safety shall not be considered insignificant and shall be considered substantial noncompliance.

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

Section 615.110 Incorporated and Referenced Materials

a) The following federal guidelines are~~materials have been~~ incorporated by reference~~and referenced~~ in this Part:

1~~a~~) "Standards for Pediatric Immunization Practices" (February 1993), Centers for Disease Control and Prevention, Information Services Office~~, Mail Stop E-06~~, National Center for Prevention Services~~, Centers for Disease Control and Prevention~~, 1600 Clifton Road, Atlanta GA 30333~~-4018~~.

~~b) "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta GA 30333.~~

2~~c~~) "Sexually Transmitted Diseases Treatment Guidelines" (December 2010)~~(September 1989)~~, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta GA 30333.

3) "Recommendations of the Advisory Committee on Immunization Practices (ACIP)" (January 2011), National Center for Immunization and Respiratory Diseases, 1600 Clifton Road, Atlanta GA 30333, published at http://www.cdc.gov/vaccines/pubs/ACIP-list.htm.

4) "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs" (2011), U.S.

Department of Health and Human Services, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta GA 30333.

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

c) The following Illinois statutes are referenced in this Part:

1) Section 2310-15 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-15]

2) Counties Code [55 ILCS 5]

3) Illinois Municipal Code [65 ILCS 5]

4) Public Health District Act [70 ILCS 95]

5) School Code [105 ILCS 5]

6) Environmental Health Practitioner Licensing Act [225 ILCS 37]

7) Medical Practice Act of 1987 [225 ILCS 60]

8) Nurse Practice Act [225 ILCS 65]

9) Private Sewage Disposal Licensing Act [225 ILCS 225]

10) Illinois Water Well Contractors Licensing Act [225 ILCS 245]

d) The following Illinois administrative rules are referenced in this Part:

1) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

2) Certified Local Health Department Code (77 Ill. Adm. Code 600)

3) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)

4) Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)

5) Control of Tuberculosis Code (77 Ill. Adm. Code 696)

6) HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)

7) Food Service Sanitation Code (77 Ill. Adm. Code 750)

8) Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)

9) Drinking Water Systems Code (77 Ill. Adm. Code 900)

10) Private Sewage Disposal Code (77 Ill. Adm. Code 905)

11) Water Well Construction Code (77 Ill. Adm. Code 920)

12) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)

13) Surface Source Water Treatment Code (77 Ill. Adm. Code 930)

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

SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS

Section 615.220 Review and Consultation; Substantial Compliance; Plan of Correction

a) The Department will~~shall~~ provide review and consultation to local health departments ~~in order~~ to evaluate the effectiveness of local health activities and programs and to determine the extent of compliance with the grant agreement.

b) Review and consultation will~~shall~~ be provided at least once every three ~~(3)~~ years, or as often as necessary, ~~in order~~ to assure substantial compliance with this Part and the local health department's grant agreement.

c) During review, the Department will examine records maintained by the local health department to determine substantial compliance for each program by applying specific review criteria to the records examined.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) For the infectious diseases program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.300:

A) At least 75% of the records relating to Section 615.300(b)(2) and (3) and (c)(3), (5) and (9) shall contain documentation of compliance with those subsections.

B) 100% of the records relating to Section 615.300(c)(6), (10) and (11) shall contain documentation of compliance with those subsections.

2) For the food protection program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.310:

A) At least 75% of the records relating to Section 615.310(b)(3), (4), (7) and (8) and (c)(1), (2) and (3) shall contain documentation of compliance with those subsections.

B) At least 75% of the records relating to all other subsections in Section 615.310 shall contain documentation of compliance with those subsections.

3) For the potable water supply program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.320:

A) At least 75% of the records relating to Section 615.320(b)(3), (4), (6), (6)(A) and (B), (7), (8)(A), (B) and (C) and (11) shall contain documentation of compliance with those subsections.

B) At least 75% of the records relating to all other subsections in Section 615.320 shall contain documentation of compliance with those subsections.

4) For the private sewage disposal program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.330:

A) At least 75% of the records relating to Section 615.330(b)(4), (5), (6) and (7) shall contain documentation of compliance with those subsections.

B) At least 75% of the records relating to all other subsections in Section 615.330 shall contain documentation of compliance with those subsections.

5) In addition to the specific review criteria for each program, the Department will use the following criteria to determine that a local health department is in substantial compliance with the common requirements of Section 615.340:

A) The local health department shall comply with the applicable requirements of the Environmental Health Practitioner Licensing Act, as required by Section 615.340(a); and

B) The local health department shall comply with the reporting requirements contained in Section 615.340(d).

d) If the Department determines that a local health department is in substantial compliance with the applicable rules and the grant agreement, the Department will notify the local health department of its determination in writing. This notification will be made within 90 days after the Department's final determination of compliance.

e)~~c)~~ If~~In the event~~ the Department determines that a local health department is not in substantial compliance with the applicable rules and the grant agreement, the local health department shall develop and follow a written plan of correction acceptable to the Department to achieve substantial compliance.

1) The Department will~~shall~~ notify the local health department of its determination in writing by means of a Notice of Noncompliance that~~which~~ specifies the areas of deficiency to be corrected. Notification will be made within 90 days after the Department's final determination of noncompliance.

2) The local health department shall submit a~~A~~ plan of correction ~~shall be~~

~~submitted~~ to the Department within 30 days after receiving~~receipt by the local health department of~~ a Notice of Noncompliance.

3) If the local health department fails to submit a plan of correction that is acceptable to the Department, the Department will~~may~~ prescribe a plan of correction that ~~shall be followed by~~ the local health department shall follow, unless the local health department submits an alternative plan that is acceptable to the Department.

4) A local health department's failure to follow an approved or prescribed plan of correction may~~shall~~ be grounds for suspension or revocation of a grant agreement. The~~Such action by the~~ Department will~~shall~~ consider the local health department's degree of noncompliance with this Part, the duration of the noncompliance, the local health department's efforts to address the noncompliance, and the extent to which the noncompliance jeopardizes the public's health and safety.

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

SUBPART C: PROGRAM STANDARDS

Section 615.300 Infectious Diseases

a) To~~In order to~~ protect the citizens within its jurisdiction from contracting ~~and transmitting~~ infectious diseases and to prevent disease transmission, the local health department shall conduct~~perform~~ a comprehensive infectious diseases control program.

b) For selected Class I(a), Class I(b) and Class II diseases listed in Section 690.100 of the Control of Communicable Diseases Code ~~(77 Ill. Adm. Code 690)~~, the local health department, in consultation with the Department, shall ~~jointly~~ monitor trends on an annual basis. Disease case counts and disease case rates are important in the framework of measures needed to understand the outcome of disease control efforts, but shall~~should~~ not be interpreted in isolation, since they may be a reflection of circumstances beyond the control or influence of a disease control program. Communicable disease control programs shall include the following tasks ~~should track trends in Class I(a), Class I(b) and Class II disease case rates at least on an annual basis and use this information in combination with other program activity measures in order to assess program performance and~~

~~undertake program planning. Local health departments will be asked to demonstrate compliance with this process by either~~:

1) On a regular basis during normal business hours, review Illinois-National Electronic Disease Surveillance System (I-NEDSS) data, and Provider and Electronic Laboratory Reporting (ELR) reports to recognize changes in disease trends or to identify a possible previously unreported outbreak in Class I(a), Class I(b) and Class II diseases;~~producing an annual report that includes disease case rates selected by the local health department and approved by the Department and is distributed to the public health and medical community; or~~

2) Report diseases as required in the Control of Communicable Diseases Code within the time frames specified; and~~selecting on an annual basis at least three diseases of concern and providing a written interpretation of trends and a plan of action in response to those trends.~~

3) Review I-NEDSS-generated data on a quarterly basis and use this information in combination with other program activity measures to assess program performance and to undertake program planning to decrease infectious diseases.

c) The local health department shall undertake the following activities, in accordance with the Control of Communicable Diseases Code ~~(77 Ill. Adm. Code 690)~~, the Control of Tuberculosis Code, the Control of Sexually Transmissible Infections~~Diseases~~ Code ~~(77 Ill. Adm. Code 693)~~, and the HIV/AIDS Confidentiality and Testing Code ~~(77 Ill. Adm. Code 697), in order~~ to control the spread of, reduce the incidence of, and prevent Class I and Class II diseases within its jurisdiction.

1) The local health department shall investigate ~~Investigation shall be initiated on~~ all reported cases (or suspected cases) of Class I(a) and (b) and Class II diseases in accordance with the Control of Communicable Diseases Code~~: immediately (within 3 hours after receiving information about the suspected case) for Class I(a); within 24 hours for Class I(b); and within 7 days for Class II diseases~~.

2) The local health department shall comply with the reporting requirements of the Control of Communicable Diseases Code.

3)~~2)~~ For all reported cases of~~involving~~ HIV or early syphilis identified by a health care provider in the local health department's jurisdiction, and for chlamydia or gonorrhea cases identified at a local health department clinic, the local health department shall determine whether a health care provider offered ~~sexually-transmitted diseases,~~ counseling and partner services~~shall be provided to a negotiated percentage of consenting investigated cases and (their) contacts~~. If counseling and partner services have not been offered, the local health department shall provide or offer referral for counseling and partner services.

~~3) For reported cases involving HIV or sexually-transmitted diseases, partner notification services shall be provided to a negotiated percentage of consenting investigated cases and (their) contacts.~~

4) Individuals reported with ~~For reported cases involving Tuberculosis and~~ sexually-transmitted infections~~diseases, a negotiated percentage of reported cases receiving treatment for infectious diseases~~ shall be treated with a ~~complete the~~ course of therapy from the United States Public Health Service Sexually Transmitted Diseases Treatment Guidelines ~~included within a list of Department-approved guidelines for prevention and treatment of Tuberculosis and sexually-transmitted diseases~~.

~~5) For reported cases involving Tuberculosis and sexually-transmitted diseases, a negotiated percentage of identified contacts to cases shall be placed on, and complete, the course of preventive therapy included within a list of Department-approved guidelines for prevention and treatment of Tuberculosis and sexually-transmitted diseases.~~

~~6) Public health infectious disease clinics should be conducted in accordance with the United States Public Health Service's "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991) or "Recommended Practices and Procedures for Providing Immunization Services" published by the Department and provided to local health departments.~~

5)~~7)~~ The local health department shall implement and maintain a ~~A~~ system to monitor the status of Class I(a) and (b) and Class II infectious diseases, including reporting, and a system to estimate the incidence, prevalence and demographic characteristics of cases that occur in the community ~~shall~~

~~be implemented and maintained~~. Diseases shall be monitored using the Department's I-NEDSS reporting system and its reporting modules. This system includes a mechanism to assist the local health department with recognition of normal disease occurrence and the number of cases of a reported disease that may be outside of normal limits, which may suggest an outbreak. A local health department shall also have an internal plan to respond to an outbreak, and this plan may be adjusted as necessary for each unique outbreak situation.

~~8) Screening for Tuberculosis and HIV shall be conducted as determined by the results of a needs assessment of the community. If the needs assessment does not address this issue, goals for such screening shall be negotiated with the Department based upon a consideration of the current status of disease in the jurisdiction, resources (local, State, and federal) available to the local health department, and national ("Healthy People 2010") goals.~~

6)~~9)~~ Ongoing immunization clinics shall be developed and maintained as a local service as needed. Ongoing clinics shall~~should~~ be of a~~such~~ number and frequency ~~so as~~ to provide ~~for~~ immunizations in accordance with the Recommendations of the Advisory Committee on Immunization Practices (ACIP)~~as recommended in "Recommended Practices and Procedures for Providing Immunization Services"~~, and to assist schools to comply with Section 27-8.1 of the School Code ~~[105 ILCS 5/27-8.1]~~. In collaboration with State and federal public health entities ~~During outbreaks~~, special immunization clinics shall be provided during outbreaks~~,~~ of a ~~such~~ number and frequency as needed to control the spread of disease. Vaccinations provided shall be documented through the Department's immunization data registry or through a data system that interfaces with the immunization data registry. ~~Documentation shall be maintained regarding the clinics held by sites and dates; numbers immunized; and vaccine used or distributed by vaccine type, client ages, and the nature of the vaccinations, e.g., primary series or booster shot.~~

7)~~10)~~ Each local health department shall ~~A plan shall be developed and implemented to~~ survey the immunization status of the population in the local jurisdiction at least once every five years. Data for the immunization survey may be obtained from the Department's immunization data registry; from the Women, Infants, and Children program; from the

Illinois State Board of Education for school-age children; or from local health partners. The local health department shall assist and support the completion of annual surveys of selected populations, i.e., school enterers, special age groups or communities. Survey results shallshould be used to plan and conduct activities to increase immunization levels to at least 90 percent for all ACIP-recommended vaccines routinely administered to children zero to 18 years of age and measured according to the National Immunization Survey (NIS) age groups (19-35 months and 13-17 years of age), as found at http://www.cdc.gov/nchs/nis.htm specific diseases. In addition, the survey shall include influenza and pneumococcal vaccination coverage for adults. If subsequent surveys show a lower level of immunity, the Department will collaborate with the local health department to develop strategies to increase the level of immunity.Subsequent surveys should show the same or higher levels of immunity.

8)11) BiologicsDistribution and use of biologics provided by the Department shall be distributed and used performed in accordance with the National Center for Immunization and Respiratory DiseasesUnited States Public Health Service " Recommendations of the Advisory Committee on Immunization Practices (ACIP)" or the as published in "Standards for Pediatric Immunization Practices" (February 1993), United States Public Health Service "Sexually Transmitted Diseases Treatment Guidelines" (September 1989) or United States Public Health Service "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991).

9)12) VaccinesAn accounting for biologics provided by the Department shall be accounted for with each new vaccine order in the vaccine ordering and accountability module in the Department's immunization data registryreported monthly to the Department on form IL482-00702.

10)13) Procedures shall be implemented at the local level tothat assure that the amount of State-supplied vaccine unaccounted for or wasted on an annual basis is at or below the limit set by the Department; wasted or expired vaccine shall be returned within six months after the expiration dateless than 3 percent.

11)14) All known adverse events following administration of vaccines at local health department clinics shall be investigated, and reported online to the a

Vaccine Adverse Events Reporting System (VAERS)~~ form shall be completed and submitted to the Department~~.

12)~~15)~~ Qualified personnel shall be available to conduct the activities required in ~~pursuant to~~ this Section. All new staff shall complete the Department's Communicable Disease 101 training module within one month after beginning infectious disease surveillance duties. In addition, all new staff shall complete either the Centers for Disease Control and Prevention self-study course on Principles of Epidemiology in Public Health Practice or nine hours of Department-approved training within 12 months after beginning infectious disease surveillance duties. All other staff with infectious disease surveillance duties shall attend at least 10 hours of Department-approved training each year. Department-approved training~~One or more staff members involved in infectious disease investigations shall complete the Centers for Disease Control and Prevention home study course on communicable disease control or equivalent approved by the Department within six months prior to conducting activities, and shall attend at least one related training program annually. This training program~~ may include, but shall not be limited to, classroom training, satellite courses,~~ or~~ conference seminars, Department-produced webinars, or Department-produced training modules.

13)~~16)~~ Records that contain information that identifies or could lead to the identity of cases, case contacts, counseling clients, screening participants, or vaccine recipients shall be strictly confidential and shall not be released except as provided in applicable State and federal statutes and rules or with written consent of the person to whom the records are related. Protocols directing the secure management of protected health information shall be written, implemented and made available for review, minimally on an annual basis. For HIV, other sexually transmitted infections, tuberculosis and hepatitis surveillance, the United States Department of Health and Human Services Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease and Tuberculosis Programs shall be followed.

14) Contact information for local health department personnel shall be made readily available to the Department and updated no less than quarterly for the purposes of coordinating disease control activities as specified in this Part. This includes, but is not limited to, daytime and after-hours contact

information; phone numbers for use by the general public and public health partners in local communities; registration to receive Health Alerts through the Health Alert Network/State of Illinois Rapid Electronic Notification (HAN/SIREN) system; and subscription to alerts through the Department's intranet Web Portal platform.

~~d) Notwithstanding activities conducted pursuant to subsection (c) of this Section, local health departments shall adhere to the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690), the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693), and the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).~~

~~e) The percentages agreed upon between the Department and the local health department for activities described in subsection (c) of this Section shall be negotiated every three years to coincide with Local Health Protection Grant reviews and shall be based on current status of disease in the jurisdiction, resources (local, State, and federal) available to the local health department, federal initiatives and national ("Healthy People 2010") goals.~~

~~f) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

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

Section 615.310 Food Protection

a) To~~In order to~~ protect the citizens within its jurisdiction from contracting ~~and transmitting~~ foodborne diseases and to prevent disease transmission, the local health department shall conduct a comprehensive food protection program.

b) To reduce the incidence of foodborne illnesses, the~~The~~ local health department shall undertake the following activities to identify, reduce~~,~~ and, whenever possible, eliminate factors that ~~which~~ may cause foodborne illnesses ~~in order to reduce the incidence of foodborne illnesses~~.

1) Programs shall be conducted in accordance with a local ordinance that incorporates by reference or includes provisions at least as stringent as the

~~Department's~~ Food Service Sanitation Code ~~and Retail Food Store Sanitation Code (77 Ill. Adm. Code 750 and 760)~~ and includes enforcement authority, or in accordance with a written agreement with the Department that ~~which~~ designates the local health department as an agent of the Department.

2) The local health department shall maintain current~~Current~~ listings of all food service establishments (facilities) ~~and retail food stores~~ as defined in the Food Service Sanitation Code ~~or the Retail Food Store Sanitation Code shall be identified and maintained~~.

3) For each facility, the local health department shall assess the relative risks of causing foodborne illness; shall classify each facility in accordance with the Food Service Sanitation Code ~~as category I, category II, category III~~; and shall annually verify the classification of each facility. A local health department may reclassify a facility, based upon inspection history; number, frequency and severity of violations; and corrective action if a health hazard will not result from reclassification or if reclassification will provide better protection for the public. The basis for this decision shall be documented and be available for Department inspection.

~~A) "A Category I facility" is a food establishment that presents a high relative risk of causing foodborne illness based on the large number of food handling operations typically implicated in foodborne outbreaks and/or the type of population served by the facility. The following criteria shall be used to classify facilities as Category I facilities:~~

~~i) whenever cooling of potentially hazardous foods occurs as part of the food handling operations at the facility;~~

~~ii) when potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;~~

~~iii) if potentially hazardous foods which have been previously cooked and cooled must be reheated;~~

~~iv) when potentially hazardous foods are prepared for off-premises service for which time-temperature requirements during transportation, holding and service are relevant;~~

~~v) whenever complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;~~

~~vi) if vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level; or~~

~~vii) whenever serving immunocompromised individuals, where these individuals comprise the majority of the consuming population.~~

~~B) A "Category II facility" is a food establishment that presents a medium relative risk of causing foodborne illness based upon few food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify facilities as Category II facilities:~~

~~i) If hot or cold foods are not maintained at that temperature for more than 12 hours and are restricted to same day service;~~

~~ii) If preparing foods for service from raw ingredients uses only minimal assembly; and~~

~~iii) foods served at an establishment that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (high risk) food service establishments or retail food stores.~~

~~C) A "Category III facility" is a food establishment that presents a low relative risk of causing foodborne illness based upon few or no food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify facilities as Category III facilities:~~

~~i) only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant;~~

~~ii) only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or~~

~~iii) only beverages (alcoholic or non-alcoholic) are served at the facility.~~

~~D) The Department recognizes that the local health department's experience with a facility is an important factor in assessing the relative risk of foodborne illness for the public. A local health department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number and frequency of violations and their severity, corrective action, etc.) if, in its opinion, a health hazard will not result from such reclassification or such reclassification will provide better protection for the public. The basis for this decision must be documented and be available for Department inspection.~~

4) The local health department shall inspect facilities~~Facilities shall be inspected~~ at least as often as prescribed by the following schedule. ~~Inspections of all facilities shall include Hazard Analysis Critical Control Point (HACCP) concepts in accordance with Section 750.10 of the Food Service Sanitation Code.~~

A) Category I facilities shall receive three inspections per year, or two inspections per year if one of the following conditions is met:

i) A~~a~~ certified food service manager is present at all times that the facility is in operation; or

ii) Employees~~employees~~ involved in food operations receive a Hazard Analysis Critical Control Point (HACCP)~~HACCP~~ training exercise or~~,~~ in-service training in another food

service sanitation area, or attend an educational conference on food safety or sanitation.

B) Category II facilities shall receive one inspection per year.

C) Category III facilities shall receive one inspection every two years.

5) Inspections of all Category I and Category II facilities shall include HACCP concepts as defined in 77 Ill. Adm. Code 750.10 (Food Service Sanitation Code − Definitions). Discussion of at least one HACCP concept during the inspection shall be documented on the inspection report.

6)~~5)~~ The local health department shall conduct plan~~Plan~~ reviews and pre-operational inspections~~ shall be conducted, as appropriate,~~ for new and extensively remodeled facilities.

7)~~6)~~ The local health department shall conduct follow-up~~Follow-up~~ inspections, consultation and enforcement actions ~~shall be conducted as necessary~~ to ensure correction of deficiencies and violations of applicable ordinances, agreements~~,~~ or rules.

8)~~7)~~ The local health department shall establish a~~A~~ surveillance and control system ~~shall be established~~ to monitor, identify and record instances of foodborne disease; to detect sources of contamination; to establish factors that contribute to outbreaks; and to recommend preventive and control measures and take appropriate action to prevent further spread of disease. Hazardous food shall be identified and its distribution shall be restricted in accordance with procedures that include the following:

A) Identification ~~identification~~ of and prohibition against foods that are unsafe and pose a potential threat to health and safety;

B) Hold ~~hold~~ or embargo authority, criteria for destruction of adulterated or contaminated foods, and notification of recalls;

C) Investigation ~~investigation~~ of facilities upon receipt of complaints following events such as fire, natural disaster, and other occurrences ~~which~~that may compromise food safety; and

D) Establishment~~establishment~~ of a system to encourage community reporting of foodborne illness to the local health department, which will notify the Department within 24 hours ~~of~~after occurrence.

9)~~8)~~ Information shall be provided to the general public concerning prevention of foodborne illness and describing proper ways for storing, preparing, canning, preserving, and serving food. Information shall be made available to primary and secondary schools to instruct children regarding food sanitation and personal hygiene as it relates to food safety.

10)~~9)~~ A program shall be provided that~~, which~~ is designed especially for food establishment managers and personnel and that~~, shall be provided which~~ describes the proper ways of storing and preparing food and the necessity for reporting illness.

11)~~10)~~ Self-evaluation/quality assurance reviews shall be conducted each State fiscal year~~annually~~ to determine compliance with this Section and to evaluate the effectiveness of food protection activities within the jurisdiction of the local health department. The self-evaluation/quality assurance review shall be prepared and reported on forms provided by the Department and shall be submitted to the Department within 30 days after the end of each State fiscal year.

~~11) A written report of the self-evaluation/review shall be prepared and submitted to the Department annually and shall include the following:~~

~~A) number and percent of facilities having operations that frequently contribute to foodborne disease outbreaks (i.e., Category I facilities);~~

~~B) number and percent of facilities with identified factors or violations that could contribute to foodborne disease outbreaks;~~

~~C) average number of factors or violations per food establishment which could contribute to foodborne illness.~~

c) Qualified personnel shall be available for the local health department to conduct activities required in~~pursuant to~~ this Section.

1) At least one supervisor or training officer shall be standardized and certified every three years~~biennially~~ in food safety practices and food sanitation by the United States Food and Drug Administration (FDA) certified State Evaluation Officers. Each local standardized training officer shall standardize the remaining program staff.

2) New program staff shall complete the three-year~~either a Department-provided or~~ Department-approved~~ initial orientation and~~ training program within 36 months after employment~~during the first year of employment~~. Phase I of the training program shall be completed during the first 12 months, Phase II shall be completed within 24 months, and Phase III shall be completed within 36 months.

3) All personnel shall attend at least five hours of Department-approved training each year. Attendance at either a Department-provided or Department-approved orientation and training program, as required in subsection (c)(2)~~ of this Section~~, shall fulfill this requirement for the year of attendance.

~~d) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

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

Section 615.320 Potable Water Supply

a) To~~In order to~~ protect the people within its jurisdiction from contracting ~~and transmitting~~ waterborne diseases and to prevent disease transmission~~ disease~~, the local health department shall establish a program to assure provision of safe, potable supplies of water for drinking, culinary, and sanitary purposes. The focus of this potable water supply program shall be closed loop wells and non-community~~,~~ semi-private and private water supplies~~; however, during a water emergency requiring public notice, the local health department should assure provision of potable water for all of its constituents~~.

b) The local health department shall provide the following activities~~ shall be~~

~~provided by the local health department~~ to ensure an effective potable water supply program:

1) The potable water supply program shall be conducted in accordance with~~pursuant to~~ a local ordinance that incorporates by reference the ~~Illinois~~ Water Well Construction Code ~~(77 Ill. Adm. Code 920)~~ and the Illinois Water Well Pump Installation Code ~~(77 Ill. Adm. Code 925)~~ and includes enforcement authority, or in accordance with ~~pursuant to~~ a written agreement with the Department that ~~which~~ designates the local health department as an agent of the Department.

2) The local health department shall maintain current~~Current~~ listings of names and addresses of all non-community public water supplies ~~shall be maintained~~, and the Department shall be notified, on forms provided by the Department, within 30 days after the date that the local health department becomes aware of any address or ownership changes.

3) A routine water-sampling program shall be established and maintained for all non-community public water supplies in accordance with the Drinking Water Systems Code ~~(77 Ill. Adm. Code 900)~~.

4) All non-community public water supplies that~~which~~ have been originally surveyed shall be inspected and sampled at least every two years. A copy of all completed inspection reports indicating results of samples collected at the time of inspection and results of all samples collected since the last inspection, along with Department data forms, shall be forwarded to the Department within 14 days after completion of an inspection.

5) The owner of any non-community public water supply that is not in compliance~~conformance~~ with the construction, location, and operational (including sampling) requirements of the Drinking Water Systems Code shall be notified of the violations and ordered to correct them within a specified time. At the end of this time, the water supply shall be reinspected~~a reinspection shall be made~~ to ensure that all violations have been corrected. If they have not been corrected, enforcement action shall commence.

6) All requests for inspection or sampling pertaining to any existing semi-private or private water supply under the local health department's

jurisdiction shall be evaluated regarding ~~its~~the public health significance of the requests. Inspections regarding requests ~~Requests~~ determined to have a valid public health purpose shall be conducted ~~inspected~~ within seven working~~7~~ days after requests are received, and a written report shall be made, as follows:

A) Semi-private water supplies shall be inspected and sampled upon request of the owner or occupant. The owner and occupant shall be informed of the results of the inspection and any sample analyses. If the water supply is not in compliance ~~conformance~~ with the Public Area Sanitary Practice Code ~~(77 Ill. Adm. Code 895)~~, the owner shall be notified of the violations and ordered to correct them within a specified time. At the end of this time, the water supply shall be reinspected ~~a reinspection shall be made~~ to ensure that all violations have been corrected. If all violations ~~they~~ have not been corrected, the local health department shall begin enforcement action ~~shall commence~~.

B) Existing private water supplies shall be inspected and sampled upon request of the owner, who shall be informed of the results of the inspection, interpretation of sample analyses, and recommended measures to correct all problems or violations of the ~~Illinois~~ Water Well Construction Code, Surface Source Water Treatment Code ~~(77 Ill. Adm. Code 930)~~ or the Illinois Water Well Pump Installation Code.

7) A permit shall be issued prior to the construction, modification or sealing of any closed loop well system or ~~new~~ water well, after review and determination that the application and proposed construction are in compliance with the ~~Illinois~~ Water Well Construction Code or local ~~approved~~ ordinance. The local health department shall issue a ~~A~~ permit to construct a well to serve a non-community public water system ~~shall be issued by the local health department~~. Copies of the plans, the water well permit, and the water well construction log shall be submitted to the Department. The Department administers the permit program for all other aspects of the non-community system, as required in the Drinking Water Systems Code.

8) Inspection of New Closed Loop Wells or Water Wells~~new water wells.~~

A) The local health department shall inspect ~~At least one inspection of~~ all new closed loop well systems at least once during the construction process and shall inspect all new water wells for which a permit has been issued ~~shall be conducted~~.

B) The local health department shall annually inspect ~~In addition, annually~~ at least one well constructed in the jurisdiction by each licensed contractor who installs three or more ~~installing~~ wells in that ~~the~~ jurisdiction during the year ~~shall receive a comprehensive inspection~~ at the time of construction to assure that proper materials and construction methods are being used in accordance with the ~~Illinois~~ Water Well Construction Code and the Illinois Water Well and Pump Installation Code. The~~This~~ inspection of a water well shall include observation of the critical aspects of construction and shall include, at a minimum, inspection of grouting~~,~~ and setting of the casing~~, and installation of the pitless adapter~~. The inspection for a closed loop well system shall include observation of the critical aspects of construction, including, at a minimum, inspecting the grouting and documenting the setback distances.

C) A sample shall be collected from all new potable water wells, unless the local health department ensures that the homeowner or his or her agent will collect and submit a sample to a certified laboratory. The owner shall be informed of the results of the inspection, interpretation of sample analyses, and recommended measures to correct all problems or violations of the ~~Illinois~~ Water Well Construction Code, the Surface Source Water Treatment Code, or the Illinois Water Well Pump Installation Code. All violations shall be corrected or enforcement action shall be initiated. If the water sample contains any coliform bacteria or a nitrate concentration of 10 or more milligrams per liter as nitrogen, the local health department shall suggest additional sampling or other measures in writing to the homeowner to remedy the problem.

9) Information concerning water sampling; design, construction and operation of water supplies; and hazards of cross-connections shall be

provided to the public upon request. Education~~Such education~~ may be in the form of oral presentations or may include distributing~~ the distribution of~~ materials provided by the Department or by the local health department concerning these topics.

10) Written variances~~ shall be~~ issued for all private, semi-private, and non-community public water supplies and closed loop wells shall be in accordance with variance requirements of the applicable rules of the Department, and a copy of the variance that includes the rationale for any variance shall be submitted to the Department on a quarterly basis.

11) Sealing of Abandoned Water Wells and Closed Loop Wells~~abandoned wells.~~

A) Property owners shall be advised of the requirements under 77 Ill. Adm. Code 920.120 (Water Well Construction Code − Abandoned Wells) and the need for proper sealing of abandoned wells. When a new well is being constructed to replace an existing well, the licensed well driller may provide this advice~~ may be provided~~ to the property owner~~ by the licensed well driller~~.

B) A representative of the local health department shall be present at the site at the time that a well is being sealed by a homeowner. A local health department representative~~, and~~ shall annually be present at the site during at least one~~ three~~ well sealing~~ sealings~~ performed by each licensed well driller sealing wells in his/her jurisdiction to assure that proper materials and methods are used to seal abandoned wells in accordance with the~~ Illinois~~ Water Well Construction Code. A representative of the local health department shall observe the critical elements of the well sealing, which shall include placement of the sealing material and removal of the pumps and upper casing, and shall assure that proper materials and placement methods are used~~utilized~~. In the case of a closed loop well, the critical elements shall include placement of the sealing grout to assure that proper materials and methods are used.~~ Where a licensed well drillers seals less than three wells, a representative of the local health department shall be present at all well sealings performed by that licensed driller.~~

C) If a water well or closed loop well is sealed without the local health department being notified in advance, a warning letter shall be sent to the homeowner, registered closed loop well contractor or licensed well driller. ~~and a follow-up inspection~~ The water well shall be inspected ~~conducted~~ to ensure that the water well was sealed. Second offense~~Continued~~ violations shall result in enforcement action or shall be referred to the Department for license suspension.

12) Within 30 days after the local health department receives the water well construction report, the well permit application and construction report shall be submitted to the Illinois State Water Survey. Well sealing forms should also be submitted to the Survey within 30 days after they are received by the local health department.

13) Any person who has drilled a water well or closed loop well within the jurisdiction of the local health department without being properly licensed or registered in accordance with the Illinois Water Well Contractors Licensing Act or the Water Well Construction Code ~~[225 ILCS 245]~~ shall be referred to the Department. The local health department shall also provide the Department with a copy of correspondence to any closed loop well contractor, well driller or pump installer concerning violations of the ~~Illinois~~ Water Well Construction Code and the Illinois Water Well Pump Installation Code.

~~14) A disease surveillance system that monitors and identifies instances of waterborne disease, detects sources of contamination, establishes factors that contribute to outbreaks, recommends preventive and control measures and takes appropriate action to prevent further spread of disease shall be established. The system shall promote notification of waterborne illness to the local health department, which in turn shall notify the Department within 24 hours.~~

c) Qualified personnel shall be available to conduct activities required in ~~pursuant to~~ this Section.

1) New program staff shall complete a Department-provided initial orientation and training program during the first year of employment.

2) All personnel shall annually attend at least three total combined hours of Department-approved training covering potable water and closed loop wells ~~annually~~.

~~d) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

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

Section 615.330 Private Sewage Disposal

a) To~~In order to~~ protect the people within its jurisdiction, the local health department shall establish a program to prevent the transmission of disease organisms, environmental contamination, and nuisances resulting from improper handling, storage, transportation and disposal of sewage from private sewage disposal systems.

b) The local health department shall provide the following activities ~~shall be provided by the local health department~~ to ensure an effective private sewage disposal program:

1) The program shall be conducted pursuant to a local ordinance that incorporates by reference or includes provisions at least as stringent as the Private Sewage Disposal Code ~~(77 Ill. Adm. Code 905)~~ and includes enforcement authority, or pursuant to a written agreement with the Department that ~~which~~ designates the local health department as an agent of the Department.

2) In coordination with appropriate State and local agencies, long- and short-range plans shall ~~should~~ be developed to guide private sewage disposal system use for the protection of the environment and protection of the health of the people within its jurisdiction.

3) All~~For all land platted after January 1, 1988, all~~ subdivision plats that ~~which~~ are to use ~~utilize~~ private sewage disposal systems shall be reviewed and approved.

4) When a permit is required,~~All new, altered, repaired or replaced~~ private sewage disposal systems shall be reviewed and approved prior to construction as provided in the Private Sewage Disposal Licensing Act and the Private Sewage Disposal Code or in local ordinances.

5) All private sewage disposal system installations shall be inspected~~Inspections adequate~~ to confirm that systems conform to approved~~ application~~ plans and specifications~~ shall be conducted of all private sewage disposal system installations~~. An inspection form with a drawing of the system shall be completed.

6) To ensure that septage~~ within the local health department's jurisdiction~~ is properly transported, stored and disposed of,~~ an~~ annual inspections ~~evaluation of all septage hauling equipment, storage facilities and land disposal sites~~ shall be confirmed or conducted~~.~~ on all private sewage disposal system pumping contractor's land application sites, facilities and equipment within the local health department's jurisdiction as follows:

A) All septage hauling equipment. The local health department may use an inspection under this subsection (b)(6) from another local health department that has already conducted an inspection and retain a copy of that inspection as confirmation and compliance with this subsection (b)(6)(A);

B) Storage facilities;

C) Land application sites; and

D) Complaints on application sites, facilities and equipment listed in subsections (b)(6)(A), (B) and (C).

7) Complaints of improper private sewage disposal shall be investigated within 10 working days after the complaint is received.

8) When deficiencies have been identified, voluntary compliance shall be sought in accordance with the ordinance or agreement.

9) Continued noncompliance shall result in enforcement action in accordance with the ordinance or agreement.

10) Educational materials regarding the proper handling and disposal of sewage shall be made available to the public upon request.

c) Qualified personnel shall be available to conduct activities pursuant to this Section.

1) New program staff shall complete a Department provided initial orientation and training program during the first year of employment.

2) All personnel shall annually attend at least three hours of Department-approved training ~~annually~~.

~~d) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

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

Section 615.340 Common Requirements

a) All activities performed under this Part shall be governed in all respects by the laws of the State of Illinois. Personnel performing the programs described in this Subpart C shall meet the applicable requirements of the Medical Practice Act of 1987, ~~[225 ILCS 60];~~ the Nurse ~~Nursing and Advanced~~ Practice ~~Nursing~~ Act, ~~[225 ILCS 65];~~ and the Environmental Health Practitioner Licensing Act ~~[225 ILCS 37]~~.

b) All local health departments shall maintain a 24-hour notification system that the Department ~~IDPH~~, hospitals~~,~~ or members of the general public can contact to promptly reach a staff person to report a suspect or actual public health incident or event. Local health departments shall ~~must~~ document, at least quarterly, that ~~the method used to ensure the operational reliability of~~ this 24-hour notification system is operational. In addition, local health departments shall document and provide to the Department's Office of Preparedness and Response Emergency Response Coordinator (ERC) ~~IDPH Emergency Officer~~ and the Department's~~their IDPH~~ Regional Health Officer the procedure that the Department ~~IDPH~~, hospitals or members of the general public will use ~~must~~

~~utilize~~ to activate this 24-hour notification system.

c) All local health departments are required to maintain a current~~,~~ all hazard emergency response/disaster plan for their jurisdiction. "All hazard" includes, but is not limited to, natural, technological and intentionally caused emergency events, including disease outbreaks, bioterrorism, floods, severe weather, environmental incidents ~~and~~, food protection incidents and other events most likely to occur in the jurisdiction ~~others~~. All local health departments shall electronically submit the plan for their jurisdiction to the Department's Office of Preparedness and Response ERC upon request ~~Department the plan for their jurisdiction~~. All~~Any and all~~ future amendments to the plan shall be electronically submitted to the Department's Office of Preparedness and Response ERC ~~Department~~ immediately. All local health departments shall keep a copy of the plan on file in their principal office. The Department will review each plan once at least every three years, or as often as necessary, as part of the local health department's program review process conducted in accordance with Section 615.220. The emergency response/disaster plan shall ~~will~~ provide a framework for response operations of the local health department singly or as part of a multi-jurisdiction agency, and shall ~~will~~ outline specific actions for local response and recovery activities. The plan shall ~~will~~ provide guidance for the local health department's primary programs to support jurisdiction-wide emergency operations and prescribe, among other items, when plan elements may be activated, the availability of personnel and response needs and provisions. The following items are minimum elements of an approved emergency response/disaster plan:

1) A procedure for 24-hour availability of the local health department to receive information on a significant or potential emergency situation from the general public or a federal, State or local governmental agency;

2) A procedure for internal notification ("call-tree") to alert key staff within the local health department of an emergency situation;

3) A procedure that details how and when the local health department will notify ~~contact~~ the local emergency management agency, local law enforcement agency and the Department of an emergency situation;

4) A procedure that will outline mutual aid requests to other local health departments, notifying and managing volunteers, and the rapid mobilization of non-essential staff of the local health department to assist

with the emergency situation, including the identification of critical programs administered by the local health department;

5) A procedure for disseminating ~~the dissemination of~~ information to first responders, local health care providers, hospitals, clinics and pharmacies within the jurisdiction to alert them of a significant or potential emergency situation; and

6) A procedure for implementing ~~the implementation of~~ a mass vaccination and prophylaxis and treatment, or distributing and managing ~~distribution/management~~ of stockpiles of pharmaceuticals or other medical countermeasures in response to a significant or potential communicable disease situation or other public health emergency within the jurisdiction.

d) The local health department shall submit information in a manner prescribed ~~annually on forms provided~~ by the Department concerning activities that the local health department conducted in each program ~~conducted by the local health department~~. Local~~This local~~ health protection grant program statistical information for food protection, potable water supply, and private sewage disposal programs shall include information for each quarter of the State fiscal year ~~a calendar year~~ and ~~annually~~ shall be submitted to the Department within 30 days after the end of each quarter ~~by March 1, following December 31 of the year~~ for which information is being reported~~. The first annual reports will be due by March 1, 2004, for the year ending December 31, 2003~~. Reporting~~Annual reporting~~ for infectious disease control programs shall be conducted in accordance with Section 615.300.

e) The local health department shall maintain documentation of activities conducted in accordance with this Part for a minimum of five years after the completion of the grant period or for the time period specified by the Illinois Secretary of State, whichever is longer. The documentation shall be available for review by the Department upon request.

f) The Department will develop a list of approved training courses that satisfy the local health department staff training requirements described in this Subpart C and make the list available upon request. A local health department may submit a request for approval of a training course to the Department at least 60 days prior to the training. The Department will review the course description, the course subject matter, the course content and the number of training hours. If the

Department determines that the training course provides instruction relevant to the health protection program, the Department will approve the training course and notify the local health department. The Department will add an approved training course to the list of approved training courses. If the Department determines that the training course does not provide instruction relevant to the health protection program, the Department will deny the training course and notify the local health department.

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

SUBPART D: DUE PROCESS

Section 615.410 Procedures for Hearings

The Department's rules titledThe Rules of Practice and Procedure in Administrative Hearings, 77 Ill. Adm. Code 100, shall apply to all proceedings conducted under this Part and any grant agreement executed pursuant to this Part.

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

LOCAL RECORDS COMMISSION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Local Records Commission of Cook County

2) Code Citation: 44 Ill. Adm. Code 4500

3)

Section Numbers:	Proposed Action:
4500.10	Amendment
4500.20	Amendment
4500.22	New Section
4500.30	Amendment
4500.40	Amendment
4500.50	Amendment
4500.60	Amendment
4500.70	New Section
4500.80	New Section

4) Statutory Authority: Implementing and authorized by the Local Records Act [50 ILCS 205]

5) Complete Description of the Subjects and Issues Involved: Implements statutory changes governing the management and retention of records, deletes outdated references and methods, and implements new guidelines and regulations regarding management of technologies that were not previously considered in the rule.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

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

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

9) Does this rulemaking contain incorporations by reference? Yes

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

11) Statement of Statewide Policy Objective: The proposed rulemakings do not require expenditures by units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Texts of the proposed rulemakings are posted on Secretary of State's web

site (www.sos.state.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this notice to:

Dave Joens
Director, Illinois State Archives
Norton Building, 2nd Floor W
Springfield IL 62756

djoens@ilsos.net

The Agency will consider all written comments it receives during the First Notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Cook County, Illinois

B) Reporting, bookkeeping or other procedures required for compliance: The rulemakings require no new procedures.

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was included on the Regulatory Agenda published January 24, 2014 (38 Ill. Reg. 3215).

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

LOCAL RECORDS COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY MANAGEMENT
SUBTITLE C: GOVERNMENTAL RECORDS
CHAPTER V: LOCAL RECORDS COMMISSION OF COOK COUNTY

PART 4500
LOCAL RECORDS COMMISSION OF COOK COUNTY

Section
4500.10 General
4500.20 Definitions
4500.22 Incorporations by Reference
4500.30 Procedures for Compiling and Submitting Lists and Schedules of Records Proposed for Disposal
4500.40 Procedures for the Physical Destruction or Other Disposition of Records Proposed for Disposal
4500.50 Standards for the Reproduction of Records by Microphotographic and Electronic Microimaging Processes with a View to the Disposal of the Original Records
4500.60 Minimum Standards of Quality for Permanent Record Photographic Microcopying Film
4500.70 Digital Reproduction
4500.80 Management of Electronic Records

AUTHORITY: Implementing and authorized by the Local Records Act [50 ILCS 205].

SOURCE: Adopted at 11 Ill. Reg. 2803, effective February 26, 1987; amended at 38 Ill. Reg. _____, effective _____.

Section 4500.10 General

a) The Local Records Commission for agencies comprising counties of more than 3,000,000 inhabitants shall be known as the Local Records Commission of Cook County (Commission) and shall consist of the president of the Cook County Board, the mayor of the City of Chicago, the Cook County State's Attorney, the Cook County Comptroller, the State Archivist~~archivist~~ and the State Historian~~historian~~. The president of the Cook County Board~~county board~~ shall be the chairman of the ~~Local Records~~ Commission~~ of Cook County (Commission)~~. A member of the Commission may designate a substitute.

LOCAL RECORDS COMMISSION

NOTICE OF PROPOSED AMENDMENTS

b) The Commission shall meet at 11:00 a.m. on the second Tuesday of each month. If the second Tuesday falls on a holiday, the Commission shall meet on the second Wednesday.

c) All meetings of the Commission shall be open to the public and will be held at a location designated by the Commission within Cook County as ~~in Room 820, Cook County Building, 118 North Clark Street, Chicago, Illinois unless otherwise~~ stated in the publicly posted notice of the meeting.

d) The Commission shall determine what records no longer have administrative, legal, research or historical value; determine what records should be destroyed or otherwise disposed of; and authorize and approve the destruction or other disposal of records. The State Archivist may deposit records in the State Archives, State Library, or State Historical Museum, or with a local historical society, museum or library.~~*The Commission shall determine what public records have no administrative, legal, research or historical value and should be destroyed or otherwise disposed of and shall authorize destruction or other disposal thereof. The State archivist may deposit them in the State library or State historical museum or with a historical society, museum or library.* (Ill. Rev. Stat., 1985, ch. 116, pars. 43.110 and 43.107)~~

e) No public record, except as otherwise provided by law, shall be disposed of by any officer or agency unless written approval of the Commission is first obtained.~~*Except as otherwise provided by law, no public record shall be disposed of by any officer or agency unless written approval of the Local Records Commission is first obtained.* (Ill. Rev. Stat., 1985, ch. 116, par. 43.107)~~

f) The Commission reserves the right to review, modify~~,~~ or revoke approved records retention~~disposal~~ schedules after due notice is given to the agency ~~has been given~~ and an open meeting on the subject is~~has been~~ held.

g) The presiding judge of any court of record, or the head of each agency, shall provide for compliance with all provisions of rules approved by the Committee. In case of a violation of the Local Records Act [~~(~~50 ILCS 205]~~Ill. Rev. Stat. 1985, ch. 116, pars. 43.101 et. seq.)~~ or of this Part discovered by the Commission, the Attorney General and the Cook County State's Attorney will be notified.

h) *Nonrecord materials may be destroyed at any time by the agency in possession of such materials without the prior approval of the Commission.* [~~(~~50 ILCS

250/8]~~Ill. Rev. Stat. 1985, ch. 116, par. 43.108.)~~ Whenever there is doubt that~~whether~~ certain items are nonrecord materials, the agency should consider items~~them~~ to be records until their status is determined.

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

Section 4500.20 Definitions

~~a)~~ ~~*"Agency" means any court, and all parts, boards, departments, bureaus and commissions, municipal corporation or political subdivisions* within Cook County. (Ill. Rev. Stat., 1985, ch. 116, par. 43.103.)~~

Act – The Local Records Act [50 ILCS 205].

Agency – *Any court* within Cook County; *all parts, boards, departments, bureaus and commissions* of Cook County; and any *municipal corporation or political subdivision* within Cook County. [50 ILCS 205/3]

Analog Records – Records created and maintained on a physical medium. Examples include, but are not limited to, paper documents, analog motion picture film, analog photographs and analog audio tape.

Authentic Copy – A reproduction of a record that duplicates the content of the original record and that has been certified as authentic by the creating agency so that it may be submitted as legal evidence.

Born-Digital Records – Records created in a digital format, as opposed to those created in other media and then converted to digital surrogates. Examples include, but are not limited to, word processing documents, electronic spreadsheets and digital photographs.

Commission – The Local Records Commission of Cook County created by Section 6 of the Local Records Act to determine what local agency records no longer have any administrative, fiscal, legal, research or historical value and should no longer be retained.

Database – A collection of information organized in such a way that a computer program can select desired pieces of data. A database is typically used as an

electronic filing system through which users can quickly sort and retrieve data as necessary.

Digital Surrogate – A reproduction of content on analog media that has been scanned, photographed, encoded or otherwise converted to a digital file that, when printed, viewed or played, replicates the original content.

Digitization Process – The methods, tools and procedures by which a digital surrogate is created for an original record. Examples include scanning and encoding of audio/video signals into digital data.

Electronic Microimaging – Any process in which digital documents or images (scanned or born-digital) are converted to permanent record microfilm.

Electronic Record – A record generated, communicated, received or stored by electronic means. Both born-digital records and digital surrogates of analog records are considered electronic records. Databases or components of databases may or may not be considered records, depending upon their function and contents. Electronic records can be contained in various storage media.

Fiscal Value – Those aspects of records containing monetary information that accounts for the receipt or expenditure of funds.

Geographic Redundancy – The practice of replicating business data at two or more geographically distinct sites in order to protect against catastrophic data loss. Geographic redundancy can be provided through duplicate storage systems in different locations, or through contracting with vendors for remote or "cloud" storage.

Illinois State Archives – Department of the Archives and Records, Office of the Secretary of State, established pursuant to the State Records Act [5 ILCS 160].

Legal Value – Records that contain evidence of legally enforceable rights or obligations of the State, such as legal decisions and opinions; fiscal documents representing agreements, such as leases, titles and contracts; and records of actions in particular cases, such as claim papers and legal dockets.

List – An Application for the Authority to Dispose of Local Records that have accumulated.

Local Records Disposal Certificate – The document on which all local government agencies list all records of which they wish to dispose. Agencies must file the certificate with the Local Records Commission of Cook County 30 days prior to the destruction of any records present on their approved Application for Authority to Dispose of Local Records. Agencies may not dispose of records until the Certificate has been approved and returned to them.

Metadata – Commonly referred to as "data about data", metadata is structured data that describes, explains, locates or otherwise makes it easier to retrieve, use or manage an information resource. Metadata is typically organized into distinct categories, such as administrative, descriptive, preservation or structural.

Non-Record Material –

Material not filed as evidence of administrative activity or for its informational content.

Extra copies of documents preserved only for convenience of reference.

Stocks of printed or reproduced documents kept for supply purposes, when file copies have been retained for record purposes.

Books, periodicals, newspapers, posters, finding aids and other library and museum materials made or acquired and preserved solely for reference or exhibition purposes.

Private materials neither made nor received by a local agency pursuant to State or local law or in connection with the transaction of public business.

Perforated, magnetized and photographically coded cards and tapes, provided that documents containing the same information have been filed in the same office and the cards and tapes were not prepared as evidence of administrative decisions or transactions subject to audit.

Transitory messages, consisting of material that is created primarily to communicate information of short-term value. These can include messages sent via email, instant messaging (IM), text messaging (SMS) or paper correspondence. Examples of transitory messages include, but a are

not limited to, reminders to employees about scheduled meetings or appointments; most telephone messages (whether in paper, voicemail or other electronic form); announcements of office events such as holiday parties or group lunches; and recipient copies of announcements of agency-sponsored events such as exhibits, lectures, workshops, etc. Transitory messages are not intended to formalize or perpetuate knowledge and do not set policy, establish guidelines or procedures, certify a transaction or become a receipt.

Permanent – To be retained forever.

Permanent Record Film – A photographic camera original, or an exact copy of an original film, so composed and treated that the image and support will have maximum keeping quality under archival room storage conditions of 65-70 degrees Fahrenheit and 30-40% humidity.

Public record − *Any book, paper, map, photograph or other official documentary material, regardless of physical form or characteristics, made, produced, executed or received by any agency or officer pursuant to law or in connection with the transaction of public business and preserved or appropriate for preservation by such agency or officer, or any successor thereof, as evidence of the organization, function, policies, decisions, procedures, or other activities thereof, or because of the informational data contained therein.* [50 ILCS 205/3]

Raw Stock – Sensitized photographic material that has not undergone the process of development.

Records Retention Schedule or Schedule – Formally known as the Application for the Authority to Dispose of Local Records, the document stating the official retention, maintenance and disposition requirements for a record series, or type of record, based on administrative, fiscal, legal or archival values for the scheduled records. The schedule is of no force unless approved by the Local Records Commission (see Section 7 of the Local Records Act).

Record Series – A group of identical or related documents (either as to form or content) that is arranged under a single filing system or kept together as a unit because they consist of the same form, relate to the same subject, result from the same activity, or have certain common physical characteristics (i.e., maps, blueprints, etc.). A series may contain both forms and correspondence.

Research, Historical or Archival Value – Records that document a specific local program, a unique program, a departure from previous local policy, formation of public policy, the activities of an important government official, or a trend or movement by the citizenry.

State Archivist – The Illinois Secretary of State.

System Decommissioning – The removal of a system from service, such as when a system used to manage business records is shut down when it is no longer being utilized or is being replaced by a new system.

~~b)~~ ~~*"Public Record" means any book, paper, map, photograph or other official documentary material, regardless of physical form or characteristics, made, produced, executed or received by any agency or officer pursuant to law or in connection with the transaction of public business and preserved or appropriate for preservation by such agency or officer, or any successor thereof, as evidence of the organization, function, policies, decisions, procedures, or other activities thereof, or because of the informational date contained therein.*~~ ~~This includes, among other things, microfilm, magnetic tapes and punch cards. (Ill. Rev. Stat., 1985, ch. 116, par. 43.103.)~~

~~c)~~ ~~Types of "non-record" materials include but are not limited to the following:~~

~~1)~~ ~~*Library and museum material made or acquired and preserved solely for reference or exhibition purposes.*~~

~~2)~~ ~~*Extra copies of documents preserved solely for convenience of reference.*~~

~~3)~~ ~~*Stocks of publications and of processed documents.* (Ill. Rev. Stat., 1985, ch. 116, par. 43.103.)~~

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

Section 4500.22 Incorporations by Reference

a) No incorporation by reference in this Part includes any amendment or edition later than the date specified.

b) The following materials are incorporated in this Part:

1) ANSI/AIIM MS23 (2004) – Recommended Practice – Production, Inspection, and Quality Assurance of First Generation, Silver Microforms of Documents

2) ANSI/AIIM MS62 (1999) – Recommended Practice for COM Recording Systems Having an Internal Electronic Forms Generating System – Operational Practices for Inspection & Quality Control

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

Section 4500.30 Procedures for Compiling and Submitting Lists and Schedules of Records Proposed for Disposal

a) The presiding judge of any court or the head of each agency or both shall submit to the ~~Local Records~~ Commission ~~of Cook County~~, in accordance with this Part, lists or schedules of public records in his or her~~their~~ custody that are not needed in the transaction of current business and that do not have sufficient administrative, legal, or fiscal value to warrant their further preservation. ~~(Ill. Rev. Stat., 1985, ch. 116, par. 43.110.)~~

b) New lists or schedules are required whenever the informational content of a record series is changed.

c) An original and one copy of all Applications for the Authority to Dispose of Local Records shall be submitted to the Commission on forms available from the Commission, Margaret Cross Norton Building, Springfield, Illinois 62756.

d) The Archivist shall be local records advisor and shall appoint such assistants as necessary to assist local governments in carrying out the purposes of Section 5 of the Local Records Act, including the preparation of lists and schedules of records.

e) Applications for the Authority to Dispose of Local Records must be received in the office of the Local Records Unit of the Illinois State Archives at least 5 business days before a scheduled Commission meeting to be placed on the agenda of that meeting. If received after that time, applications will be placed on the agenda of the next Commission meeting.

LOCAL RECORDS COMMISSION

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f) The Commission will consider all applications presented at each meeting. The Commission may approve, amend, deny or defer approval of an application pending clarification, modification or deletion of information presented on any portion of the application.

g) During the review of each application, the Commission will consider if the description of the record series is complete and easily understandable with regard to how and why the record was created, what purpose it serves, where else the information can be found, and if the proposed retention is appropriate in light of the record's administrative, fiscal, legal, research or historical value.

~~b) To implement Section 4500.30, agencies should contact the Local Records Unit, Office of the Secretary of State, Illinois State Archives, Springfield, Illinois 62756, (217/782-7076). The Local Records Unit will assist the agencies in the preparation of Applications for Authority to Dispose of Local Records. Applications shall consist of lists and schedules of public records and proposed retention schedules. The original, signed by the agency head, and one copy of each application, shall be submitted to the Commission for review.~~

~~c) Applications for Authority to Dispose of Local Records must be accompanied by samples whenever the Application consists of newly-developed records which the Commission has not previously reviewed. The samples will be filed as permanent records of the Local Records Commission of Cook County. In the case of confidential records, blank forms and explanatory statements may be submitted in place of originals.~~

~~d) The Commission shall review each application and approve retention periods for each record series itemized on the application.~~

~~e) Approved applications are nonexpiring, and give agencies continuing authority to dispose of records according to assigned retention periods. No record may be disposed of before the assigned retention period has elapsed, and written approval of the Commission has been obtained.~~

~~f) New applications are required whenever the informational contents of a record series are changed.~~

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

LOCAL RECORDS COMMISSION

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Section 4500.40 Procedures for the Physical Destruction or Other Disposition of Records Proposed for Disposal

a) Subject to statutory provisions, agencies may dispose of records authorized for disposal by the Commission.

b) All records for which disclosure is prohibited by law that contain social security, driver's license or State identification numbers, or that identify a person by name and birth date, must be destroyed by a lawful, secure manner that does not allow for the reconstruction or reuse of the original record information.

~~b) At least 60 days before disposing of records, an agency head shall fill out in duplicate a Records Disposal Certificate which shall show the date on which the records are to be disposed of, and the number of the application approved by the Local Records Commission of Cook County authorizing the records disposal. This form shall be signed by the officer having jurisdiction over the records. The original copy of the Records Disposal Certificate shall be kept in the files of the Local Records Commission of Cook County, and the duplicate copy shall be retained by the local government agency for its files.~~

1) Approved methods of destruction for paper based records for which disclosure is prohibited by law or that identify a person include: burning; shredding, in which either a crosscut shredder cutting to a maximum width of 3/8 inches or an industrial sized strip cut shredder is used, if it is incorporated with a baler or the shredded paper is further destroyed; pulping using standard wet process pulpers; or pulverizing using a dry destruction process that may include the use of hammer mills, choppers, huggers or disintegrating equipment.

2) Approved methods of destruction for non-paper based records for which disclosure is prohibited by law or that identify a person include: burning in a pyrolytic furnace or other incinerator or incendiary device; destroying in a dry pulverizing system; shredding; grinding, which is defined as abrading through the surface of an optical disc (compact disc); milling; knurling; disintegration; or degaussing. Computer software or hardware must be erased or wiped/sanitized in a manner that prevents retrieval.

3) The handling and transportation of the records designated for destruction must be done in a reasonably secure manner that is designed to prevent public access to the records.

4) The custodian of the records must prepare, sign and keep on file a Local Records Disposal Certificate that shows what records have been destroyed, the method of destruction, who destroyed the records and the date of destruction.

c) Thirty days prior to disposal or destruction of any records, regardless of physical format or characteristics, the agency shall submit a Local Records Disposal Certificate to the Commission and proceed with disposal only after a copy of that certificate has been reviewed and approved by the Chairman and returned to the agency. The original copy of this Local Records Disposal Certificate will be kept in the files of the Commission and the duplicate copy approved and returned by the Chairman shall be retained by the agency.

d) If an agency's records have been damaged by water, fire, smoke, insects or vermin, mold or some other natural disaster that poses a health or safety risk to employees, that agency may apply to the Commission for permission to dispose of those records ahead of their scheduled disposal date. The request must include a Local Records Disposal Certificate accompanied by the agency's explanation of why the records need to be disposed of early. The Commission may grant the request only after physically reviewing the damaged records.

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

Section 4500.50 Standards for the Reproduction of Records by Microphotographic and Electronic Microimaging Processes with a View to the Disposal of the Original Records

a) Records proposed for microfilming or electronic microimaging with a view to disposal of the original records must be on a list or retention schedule approved by the Commission.

b) In submitting lists or schedules of records scheduled for permanent retention for which microfilm copies are to be substituted, the head of each agency shall certify that microfilm copies, made in accordance with standards of the Commission, will be adequate substitutions for the original records.

c) Quality of the Film Used. The film stock must be silver halide and the processing of the film shall comply with the minimum standards of quality required by the Commission as set forth in Section 4500.60.

d) Preparation of the Records for Filming or Electronic Microimaging. All documents in the file shall be microfilmed, unless their size or physical form prevents microfilming, in which case an explanation of their omission shall be microfilmed at the appropriate point on the roll of film and be worded substantially as follows:

"(Item Description) was omitted from this roll of film
because _____.
It may be located _____."

Any records not filmed shall be maintained by the agency or transferred to the Archives under terms specified on the approved records disposition schedule.

e) Integrity of the Original Records

1) The integrity of the original records shall be preserved through a photographic or electronic microimaging process so that the image on film, or exact duplicates of the image, will be adequate substitutes for the original records in that they will serve the purposes for which the records were created or maintained and that the copies will contain all significant record detail needed for probable future reference and will not permit additions, deletions or changes to the reproductions of the original images.

2) Prior to microfilming, the original documents shall be prepared, arranged, classified and indexed to readily permit the subsequent location, examination and reproduction of the photographs. Any significant characteristics of the records that would not reflect photographically (e.g., that the record is indistinct or that certain figures are of a color not suited to recording on microfilm) shall be indicated by means of an explanatory target inserted to guide the user. Any notations on the face or reverse side of any document shall be photographed and identified as forming an integral part of the original document. A significant characteristic is any part of the record necessary for its interpretation, including all words, numbers and illustrations.

A) Each film roll, camera negative, or sheet (including 105 mm continuous fiche film rolls, but not COM) shall be identified by or contain the following targets:

i) A technical target for measuring resolution.

ii) A film density target (8½ x 11 inch bond paper).

iii) A roll number START target in characters that can be read without magnification.

iv) A TITLE target giving name of the office having custody of the records, a brief title of the record series, dates, file arrangement, and the number of the schedule approved by the Commission authorizing the project.

v) Listed between the START file and END file targets must be explanatory targets for omission, deletion, misfiles, retakes, or any example given in subsection (e)(2).

B) At the end of each roll/sheet of film, after the document images, shall be targets as follow:

i) An END target containing the number of the list or schedule approved by the Commission authorizing the project.

ii) Roll number.

iii) Brief title of the record series.

iv) Beginning and ending file designations.

v) A Camera/Electronic Microimaging Operator's Certificate as follows:

"I hereby certify that I have on this _____ day of _____, 20___, photographed or electronically microimaged the documents appearing on this roll of film, that they are true

copies of the documents found in the record file described above, and that the integrity of the above described record file has been maintained on this film by microfilming or electronic microimaging each document in the exact order in which it was found in the file. Reproductions designed to serve as permanent records comply with the regulations and standards of the Local Records Commission."

vi) Signature of camera operator.

vii) A film density target (8½ x 11 inch bond paper).

viii) A technical target for measuring resolution.

f) Security microfilm shall have no breaks, cuts or splices in the body of the film, which shall be the area following the START target and preceding the Camera/Electronic Microimaging Operator's Certificate. However, a retake of a length of film may be spliced ahead of the START target or after the Camera/Electronic Microimaging Operator's Certificate, providing that the retake be given its own START target and Camera/Electronic Microimaging Operator's Certificate. This shall be done in such a manner as not to overload a reel or cartridge. Exceptions to this requirement are:

1) If the trailing end of a reel shall be fogged or unreadable, the camera or electronic microimaging operator shall rephotograph the original documents or obtain the corresponding electronically microimaged documents from a point 12 images in advance of the last readable image prior to the fogged or unreadable area. The retake will include a Camera/Electronic Microimaging Operator's Certificate and will be spliced to the trailing end of the fogged or unreadable portion of the film.

2) When a court-ordered expungement of specific records is issued and deletions are made from the roll of film, the court expungement order and a Certificate of Deletion, illustrated below, must be photographed or electronically microimaged and the images spliced to the beginning of the film.

CERTIFICATE OF DELETION

This is to certify that deletion of microfilm images on this roll of microfilm occurred due to Court Order #_____, dated _____, signed by Judge_____ _____. No other images other than those listed in this order were deleted.

_____
Signature of Officer

g) The camera or microimaging system used to microfilm the records shall be one that accurately reproduces the content of the original records with sufficient photographic contrast and resolution to be readable through three generations of reproduction.

h) Each roll of original film or camera negative must be inspected after processing and before duplicate copies are made. The inspection must be conducted in such a manner as to reveal defects such as improper density, poor resolution, blurred or obscured images, improper document sequence, or improper identification targets. If a defect prohibits a clear, legible, hard copy print from the files, the original records must be rephotographed. The following methods are suitable means of inspection:

1) Random sampling of the film, including samples from the beginning, middle, and end of the roll or microform. (It is suggested that this be done on all film as a minimum quality control.)

2) Visually inspecting the film by passing each image through a reader and checking for overlapping, double or folded images, or other types of problems that would impair retrieving any information on the microimages.

3) Performing all of the requirements of subsection (h)(2) plus counting the number of microimages on the film and comparing that against the number of documents that were to be microfilmed. (If the numbers coincide, the conclusion is made that every document has been microfilmed.)

4) Individually comparing each document with each microimage that was actually created. (This visual verification provides the highest assurance that every document has been properly filmed.)

i) If more than 1% of the original images needs to be refilmed (approximately 30 images per roll), the entire roll must be refilmed.

j) Updateable Microfiche Systems. An agency considering using an updateable microfiche system should first contact the Commission to review the proposed application. This application will be approved if the updateable microfiche meets the following specifications:

1) Each microfiche must have the specified targets at the beginning and end of each fiche as required by subsections (e)(2)(A) and (B).

2) Each time a microfiche is updated, either a Camera Operator's Certificate must be inserted at the end of the added documents or an annotated reference to the original Camera Operator's Certificate must appear on each added image.

3) Only records bearing retention periods of 10 years or less may be placed on updateable microforms.

4) If a court-ordered expungement is necessary, a Certificate of Deletion must appear at the place of the deleted image.

k) Prior to the destruction of records microfilmed under the authority of approved records schedules, the agency shall file with the Commission a statement of compliance with its standards governing the microfilming of records. The statement must include:

1) Agency having custody of the records.

2) Date.

3) Title and inclusive dates of the record series.

4) The number of the list or schedule approved by the Commission authorizing the project.

5) The following statement:

"I hereby certify that the film on which the records were reproduced complies with the standards given in 44 Ill. Adm. Code 4500.60 (rules of the Local Records Commission of Cook County)."

6) Signature of the microfilm project supervisor.

l) Each film carton shall be identified by a label or exterior marking indicating:

1) Roll number.

2) Name of office.

3) Title of the record series.

4) Names of the file units at the start of the roll, at space targets, and at the end of the roll.

5) The number of the application authorizing the microfilming of the record/record series.

m) Inspection. Security or master films of permanent record microforms, and records microfilmed to dispose of the original record, shall be inspected every 2 years during their scheduled life. The inspection shall be made using a 1% randomly selected sample in the following categories: 70% − microforms not previously tested; 20% − microforms tested in the last inspection; and 10% − control group. The control group shall represent samples of microforms from the oldest microforms filmed through the most current.

~~a) Prior to the destruction of any original records, paper or documents, the agency head having such records in his custody under his supervision shall attach to each reproduction or continuous roll of reproductions, as the case may be, a certification as follows:~~

~~Certificate of Intent~~
~~(Letterhead of Certifying Officer)~~

~~This is to certify and declare that the microfilmed records which appear on this roll of film are accurate and true image of records of the (Describe Office), State of Illinois, and that such records are microfilmed in the ordinary course of business and are preserved by microphotography on this roll of microfilm, exactly as in the original.~~

~~We also certify that the original records on this roll are to be destroyed or disposed of in accordance with statutes, and only after inspection of the film has assured the accuracy and completeness of these records and their film images.~~

~~We also certify that the microphotography used to commit these documents and records to microfilm complies with requirements of the Local Records Commission of Cook County, Illinois for permanence of film images.~~

_____
~~(Signature of Officer)~~

_____
~~(Title)~~

~~b)~~ ~~Preparation of the records for filming.~~
~~All documents in the file shall be microfilmed, unless their size or physical form prevents microfilming, in which case an explanation of their omission shall be microfilmed at the appropriate point on the roll.~~

~~c)~~ ~~Integrity of the original records.~~

~~1)~~ ~~The integrity of the original records shall be preserved on photographic or microfilm copies, so that such copies will be adequate substitutes for the original records in that they will serve the purposes for which such records were created or maintained and that such copies will contain all significant characteristics needed for probable future reference. A significant characteristic is any part of the record necessary for its interpretation including all words, numbers and illustrations.~~

~~2) Prior to microfilming, the original documents shall be so prepared, arranged, classified and indexed as to readily permit the subsequent location, examination and reproduction of the photographs thereof. Any significant characteristics of the records which would not reflect photographically (e.g., that the record is indistinct or that certain figures are of a color not suited to recording on microfilm) shall be noted by use of explanatory targets.~~

~~3) Each Film roll shall be identified by:~~

~~A) a title target showing the name of the office having custody of the records, a brief title of the record series, inclusive dates, file arrangement and the number of the approved applications authorizing the microfilming of the records.~~

~~B) a Certificate of Intent, title target information (as listed in Section 4500.50 (c) (3) (A)) and a "start file" target at the beginning of each reel of roll film.~~

~~C) an "end file" target and a Certificate of Authenticity placed at the end of each reel of roll film.~~

~~D) explanatory targets placed between the start file and end file targets as needed. Explanatory targets, show omissions, deletions, misfiles, retakes, and information required pursuant to Section 4500.50 (c) (2).~~

~~4) Each roll of original film or camera negative must be inspected after processing and before duplicate copies are made. The inspection must be conducted in such a manner as to reveal defects such as improper density, poor resolution, blurred or obscured images, improper document sequence, or improper identification targets. If a defect prohibits a clear, legible, hard copy print from the film, the original records must be re-photographed. The inspection must follow one of the following procedures:~~

~~A) randomly sampling the film, making sure that the samples include the beginning, middle, and end of the roll of microfilm. (It is~~

~~suggested that this be done on all film as a minimum quality control.)~~

~~B)~~ ~~visually inspecting the film by passing each image through a reader and checking for overlapping, double or folded images, or other types of problems that would impair retrieving any information on the micro-images.~~

~~C)~~ ~~performing all subsection (B) as well as comparing the number of micro-images on the film with the number of documents that were to be microfilmed. (If the numbers coincide, the conclusion is made that every document has been microfilmed.)~~

~~D)~~ ~~individually comparing each document with each micro-image that was actually created. (This visual verification provides the highest assurance that every document has been properly filmed.)~~

~~5)~~ ~~If more than one percent of the original images need to be refilmed (approximately 30 images per roll), the entire roll must be refilmed.~~

~~6)~~ ~~The retake of documents be spliced to the end of the film along with a Certificate of Addition. The storage container must be labeled to reflect these additions.~~

~~7)~~ ~~*At the end of each roll shall be a certificate worded as follows:*~~

~~Certificate of Authenticity~~
~~(Service Company or Agency Letterhead)~~

~~This is to certify that the microfilmed images on this roll of microfilm starting with _____ and ending with _____ are true and accurate images of the documents of the _____ (Describe Office.) These documents are microfilmed in the ordinary course of business as a part of the _____ (Service Company or Agency) procedures.~~

_____
~~(Camera Operator)~~
~~(or Certifying Officer)~~

~~(Ill. Rev. Stat., 1985, ch. 116, par. 34.2)~~

~~8)~~ ~~When retaking of images is necessary, the following certificate shall be required.~~

~~Certificate of Additions~~
~~(Service Company or Agency Letterhead)~~

~~This is to certify that the microfilmed images appearing on this roll of film between Start Additions and End Additions are true and accurate images of those documents of the (Describe Office) which were missing or proved unreadable upon inspection of the original roll, and are to be spliced to such original roll for its completion.~~

_____
~~(Camera Operator)~~
~~(or Certifying Officer)~~

~~9)~~ ~~No splice will be permitted between the start file and end file targets except for the court-ordered expungement of specific records. When such an order is issued, and deletions are made from the roll of film, a certification as follows must be inserted at the beginning of the reel of film.~~

~~CERTIFICATE OF DELETION~~

~~This is to certify the deletion of microfilm images on this roll of microfilm occurred due to Court Order # _____, dated_____, signed by Judge _____. No other images other than those listed in this order were deleted.~~

_____
~~(Signature of Officer)~~

_____

~~(Title)~~

~~10)~~ ~~Each film carton shall be identified by a label or exterior marking showing:~~

~~A)~~ ~~roll number~~

~~B)~~ ~~name of office~~

~~C)~~ ~~title of record series~~

~~D)~~ ~~names of file units at the start of the roll, at space targets, and at the end of the roll.~~

~~E)~~ ~~the number of the application authorizing the microfilming of the record/record series.~~

~~11)~~ ~~Computer Output Microfilm (COM) is to be considered an original record and not a copy of an original record. Therefore, authentication requirements for source document microfilm, described in Section 4500.50 (c) (7), (8) and (9), do not apply to COM.~~

~~12)~~ ~~Microfiche and Aperture Cards~~

~~A)~~ ~~the microform must insure the integrity of the original record as required by Subsection (c)[1] and shall be inspected in the manner required by Subsection (c)[4].~~

~~B)~~ ~~the Certificate of Intent must appear at the beginning and the Certificate of Authenticity must appear at the end of each microfiche or aperture card. Explanatory targets showing omissions, deletions, misfiles, retakes and information required pursuant to Section 4500.50(C)(2) must be included where appropriate.~~

~~C)~~ ~~the headings on each fiche or aperture card must be legible without~~

~~magnification, and must include the name of the office having custody of the records, a brief title of the record series, inclusive dates and approved application number.~~

~~D)~~ ~~any index registers or other finding aids must be microfilmed and located within the collection of filmed records.~~

~~13)~~ ~~Updateable Microfiche Systems~~
~~An agency considering using an updateable microfiche system should first contact the Local Records Unit of the Illinois State Archives to have the proposed application reviewed. The use of the updateable system will be approved if the updateable microfiche meets the following specifications.~~

~~A)~~ ~~each updateable microfiche must adhere to the standards specified in Section 4500.50(C)(12).~~

~~B)~~ ~~each time a microfiche is updated, either a Certificate of Authenticity must be inserted at the end of the added documents or an annotated reference to the Certificate of Authenticity must appear on each added image.~~

~~C)~~ ~~only records bearing retention periods of seven years or less may be placed on updateable microforms.~~

~~D)~~ ~~if a court ordered expungement is necessary, a Certificate of Deletion must appear at the place of the deleted image.~~

~~14)~~ ~~Prior to the destruction of records microfilmed under the authority of approved records schedules, the agency shall file with the Local Records Commission of Cook County a statement of compliance with its standards governing the microfilming of records. The statement shall include:~~

~~A)~~ ~~Name of agency having custody of the records~~

~~B)~~ ~~Date~~

~~C)~~ ~~Title and inclusive dates of the records series~~

~~D)~~ ~~The number of the list or schedule approved by the Local Records~~

~~Commission of Cook County authorizing the project.~~

~~E)~~ ~~A statement as follows:~~

~~"I hereby certify that the film on which the records were reproduced complies with the standards given in Section 4500.60 of the rules of the Local Records Commission of Cook County".~~

~~F)~~ ~~Signature of the microfilm project supervisor or records custodian.~~

~~15)~~ ~~Master or Security Copy~~
~~The security or master microform shall not be used for reference purposes. Duplicates shall be used for reference and for further duplication on a recurring basis or for large-scale duplication, as for distribution of records on microforms. Agency procedures shall ensure that master microforms remain clean and undamaged during the duplication process. The agency may deposit a silver based film of permanent record materials in the Illinois State Archives, in roll form only.~~

~~16)~~ ~~Inspection~~
~~Security or Master films of permanent record microforms, and records microfilmed to dispose of the original record, shall be inspected every 2 years during their scheduled life. The inspection shall be made using a 1 percent randomly selected sample in the following categories: 70 percent – microforms not previously tested, 20 percent – microforms tested in the last inspection, and 10 percent – control group. The control group shall represent samples of microforms from the oldest microforms filmed through the most current.~~

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

Section 4500.60 Minimum Standards of Quality for Permanent Record Photographic Microcopying Film

a) These standards are concerned with both raw stock for permanent record films and with the processed films ready for storage. They are not restricted to microfilm but apply equally to motion-picture films, roll films, and sheet films. They reflect incorporations listed~~No incorporation by reference~~ in Section 4500.22~~60 includes any later amendments~~.

b) All such film stock shall be of approved permanent type polyester based film that includes an anti-halation dye system that~~such as~~ meets the minimum specifications of ANSI/AIMM MS23.~~the American National Standards Institute (ANSI) as found in:~~

~~PH 1.25 – 1984~~

~~PH 1.28 – 1984~~

~~PH 1.41 – 1984~~

c) Each frame of microfilm shall be exposed and processed so that every line and character on the document appears on the microfilm with sufficient clarity to permit reproducibility through three successive generations of reproduction. With regard to operational procedures, inspection and quality control of silver gelatin microfilm, ANSI/AIIM MS23 shall apply.~~Micro-images and paper copies thereof must "exhibit a high degree of legibility and readability". Legibility is defined as "the quality of the letter or number that enables the observer to identify it positively and quickly to the exclusion of all other letters or numerals". Readability is "the quality of a group of letters or numerals being recognizable as words or complete numbers". Agencies microfilming permanent public records should comply with the following ANSI standards. These standards relate to preparing and filming permanent records and the use, storage and inspection of film: ANSI PH1.25-1984, ANSI PH1.28-1984, ANSI PH1.41-1984, ANSI PH1.43-1983, ANSI PH4.8-1985, ANSI PH5.8-1972, ANSI/AIIM MS19-1978 and ANSI/AIIM MS34-1985.~~

d) The background photographic densities must be appropriate to the type of documents being filmed.

1) Background densities must be as follows:

Classification	Description of Documents	Background Density
Group 1	High-quality, high-contrast printed books and periodicals; black type face; fine-line originals; black opaque pencil	

	writing; and documents with small, high-contrast print.....	1.00 to 1.30
Group 2	Pencil and ink drawings; faded and very small print (for example, footnotes at the bottom of a printed page); scenic checks; documents with printed pictorial images; and newspapers.....	0.90 to 1.10
Group 3	Low-contrast manuscripts and drawings; graph paper with pale, fine-colored lines; letters typed with a worn ribbon; poorly printed, faint documents	0.80 to 1.00 (1:24 reduction or less)
Group 4	Very low-contrast (worst case) documents can require extremely low background density.....	0.75 to 0.85 (1:24 reduction or less)
Group 5	COM	1.50 to 2.00

~~Classification~~	~~Description of Documents~~	~~Density~~
~~Group 1~~	~~High-quality, high-constrast printed books, periodicals, and black typing.~~	~~1.30-.50~~
~~Group 2~~	~~Fine-line originals, black opaque pencil writing & documents with small high-contrast printing.~~	~~1.15-1.40~~
~~Group 3~~	~~Pencil & ink drawings, faded printing & very small printing, such as the footnotes at the bottom of a printed page.~~	~~1.00-1.20~~
~~Group 4~~	~~Low-contrast manuscripts & drawings; graph paper with pale, fine-colored lines; letters typed with a worn ribbon; & poorly printed faint documents.~~	~~0.80-1.00~~
~~Group 5~~	~~Although not a general practice, some poor-contrast documents may require a lower background density. (i.e.,~~	~~0.70-0.85~~

	~~photostats & blueprints, etc.)~~	
~~Group 6~~	~~Computer-Output Microforms (Full Reversal Processing)~~	~~1.50-2.00~~

~~2)~~ ~~The base-plus-fog density of unexposed, processed, clear based film must not exceed 0.10. When a tinted-base film is used, the density will increase by 0.10 or 0.20, which must be added to the 0.10 value.~~

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

Section 4500.70 Digital Reproduction

a) Analog records may not be destroyed in favor of digital surrogates unless the digital surrogates are produced in compliance with this Section and unless done pursuant to a retention schedule approved by the Commission.

b) In submitting schedules of analog records scheduled for permanent retention for which digital surrogates are to be substituted, each agency shall certify that the copies will be made in accordance with the standards of the Commission and will be authentic copies of the analog records.

c) Analog records scheduled for permanent retention may not be destroyed in favor of digital surrogates unless those surrogates are maintained in compliance with Section 4500.80. If the requirements of Section 4500.80 are not met, records must be additionally maintained either in original format or in a microfilm format that complies with Sections 4500.50 and 4500.60.

d) File Integrity. The integrity and authenticity of the analog records shall be preserved through the digitization process so that the images or surrogates will be authentic copies of the analog records. They must serve the purposes for which the original records were created or maintained and the copies must contain all significant record detail needed for probable future reference.

e) Digital surrogates of analog records must be created and stored in file formats approved by the Commission. These formats include, but are not limited to, PDF, PDF/A and TIFF.

f) Access. The digital surrogates shall be prepared, arranged, classified and indexed to readily permit subsequent location, examination and reproduction of individual records. Hardware, software and documentation must be maintained to allow ready access to each file.

g) External Vendors. Agencies may contract with external vendors to perform any of the tasks involved with the digitization of records. The vendors must comply with all State laws and rules governing the digitization process. The contracting agency will remain responsible for the proper management of records in the temporary custody of the vendor.

h) Technical Standards for Creation of Digital Surrogates

1) Quality Control. Prior to production, an agency shall assemble a sample set of source documents or records equivalent in characteristics to the source documents for the purposes of evaluating scanner results. Scanner quality must be evaluated in accordance with current industry best practices at the time of production, such as, but not limited to, Riley & Whitsel's "Practical Quality Control Procedures for Digital Imaging Projects" and the Federal Agencies Digitization Guidelines Initiative's Technical Guidelines for Digitizing Cultural Heritage Materials: Creation of Raster Image Master Files. If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

2) Quality Assurance. Before production, an agency shall develop written quality assurance procedures based upon the results of the pre-production quality sample. Before the original documents are destroyed, quality assurance must be conducted in accordance with current industry best practices at the time of production, such as, but not limited to, Riley & Whitsel's "Practical Quality Control Procedures for Digital Imaging Projects" and the Federal Agencies Digitization Guidelines Initiative's Technical Guidelines for Digitizing Cultural Heritage Materials: Creation of Raster Image Master Files. If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

3) Scanning Resolution. Scanning resolution must be adequate to ensure that no information is lost. A scanning resolution with a minimum of 200 dots per inch is required for recording documents that contain no type font smaller than 6 point. A minimum scanning resolution of 300 dots per inch is required for engineering drawings, maps and other documents with a type font smaller than 6 point or with background detail. The selected scanning resolution must be validated with tests on actual source documents.

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

Section 4500.80 Management of Electronic Records

a) Born-digital Records. Born-digital records shall be subject to the same record schedules as those records originally created in other media.

b) Databases. Databases or components of databases may or may not be considered records, depending upon their function and contents. An agency's Records Retention Schedule, as approved by the Commission, will be used to make such a determination.

c) Permanent Records. Records scheduled for permanent retention must be stored in file formats approved by the Commission (examples include PDF/A, Tiff, Waveform Audio File Format (WAVE) and Moving Picture Experts Group-4 (MPEG-4) at the time the records are permanently removed from the active system, at the time of active system decommissioning or at the request of the Commission.

d) Storage Media. Electronic records may be stored on a hard disk, networked server, magnetic tape or other media approved by the Commission. Stored records must be regularly migrated to new media in accordance with current industry best practices, such as, but not limited to, ANSI/ARMA 16-2007, The Digital Preservation Coalition's Digital Preservation Handbook and the University of Illinois' "Best Practices for Media Selection and Migration". If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

e) Access. Electronic records must be maintained in such a way that each record is individually accessible for the length of the scheduled retention.

f) Backup Copies. A minimum of two copies of all electronic records must be preserved for the length of scheduled retention. Copies must be stored according to current industry best practices for geographic redundancy, such as, but not limited to, NIST Special Publication 800-34 Rev. 1 – Contingency Planning Guidelines for Federal Information Systems and the New York State Archives' "Record Advisory: Electronic Records Disaster Preparedness and Recovery". If agencies are uncertain as to whether they are following appropriate best practices, they should consult with the Illinois State Archives.

g) External Vendors

1) Agencies may contract with external vendors for the storage or management of electronic records. The vendors must comply with all rules in this Section. Contracting agencies will remain responsible for the proper management of records in the custody of vendors.

2) Contracts for the storage of electronic records by external vendors must allow for the return of all electronic data files and indexing information to the agency at the expiration of the contract or, in the case of vendor failure, in a format complying with the requirements of subsections (c) and (e).

h) Identification. Media used to store electronic records must provide unique identification of each physical unit. Each electronic record must have a unique identifier to allow for ongoing management of that record.

i) System Requirements for the Management of Permanent Records

1) Electronic Records Scheduled for Permanent Retention. These records must be stored and managed in accordance with subsections (d) through (j). If those requirements are not or cannot be met, then an additional microfilm or print copy must be created for permanent preservation. Microfilm copies must be created in accordance with Sections 4500.50 and 4500.60. Certain record types that are unsuitable for print or microfilm reproduction, such as audio or video files, are exempt from this requirement.

LOCAL RECORDS COMMISSION

NOTICE OF PROPOSED AMENDMENTS

2) Classification. Systems used to store and access electronic records must allow records to maintain their relationships with one another.

3) Security. Systems used to store and access electronic records must not permit unauthorized additions, deletions or changes to the records. Access to the system must be limited and strictly controlled.

4) Access. Systems used to store and access electronic records must allow for the retrieval of individual records and their associated metadata in a timely manner.

5) Metadata. Systems used to store and access electronic records must capture relevant structural, descriptive and administrative metadata at the time a record enters the system. The system must generate additional metadata whenever a record is moved within the system or migrated to another format or storage medium.

6) Format Migration. Systems used to store and access electronic records must allow for the migration of stored records, and their associated metadata, notes and attachments, from one file format to another.

7) System Maintenance. Each agency shall ensure that hardware, software and documentation (including maintenance documentation) used to store and access electronic records are retained for the entire life of that system.

8) System Changes. If hardware, software and/or documentation used to store and access electronic records is replaced, or if the electronic records are migrated to a new system, the agency must ensure that the replacement hardware, software and/or documentation meets all requirements mandated in the approved records schedule and in this Section.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Medical Assistance Programs

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Number: 140.324 — Proposed Action: Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date of Rule: July 17, 2014

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposal published in the *Illinois Register*: August 2, 2013; 37 Ill. Reg. 12302

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

11) Differences Between Proposal and Final Version: None

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

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

14) Are there any other rulemakings pending on this Part? Yes

Sections Numbers:	Proposed Action:	*Illinois Register* Citation:
120.10	Amendment	38 Ill. Reg. 7426; April 4, 2014
120.12	Amendment	38 Ill. Reg. 7426; April 4, 2014
120.32	Amendment	38 Ill. Reg. 7426; April 4, 2014
120.64	Amendment	38 Ill. Reg. 7426; April 4, 2014
120.308	Amendment	38 Ill. Reg. 14654; July 18, 2014
120.380	Amendment	38 Ill. Reg. 14654; July 18, 2014

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

15) Summary and Purpose of Rulemaking: The rulemaking amends the cost effective ratio for determining recipient eligibility for the Health Insurance Premium Payment program from more than twice the premium cost for a period to at least two and a half times the premium cost so that the language will mirror the Department's procedures.

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

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/782-1233
HFS.Rules@illinois.gov

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120
MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1 Incorporation by Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10 Eligibility for Medical Assistance
120.11 Eligibility for Pregnant Women and Children
120.12 Healthy Start – Medicaid Presumptive Eligibility Program For Pregnant Women
120.14 Presumptive Eligibility for Children
120.20 MANG(AABD) Income Standard
120.30 MANG(C) Income Standard
120.31 MANG(P) Income Standard
120.32 FamilyCare Assist
120.34 FamilyCare Share and FamilyCare Premium Level 1 (Repealed)
120.40 Exceptions To Use Of MANG Income Standard (Repealed)
120.50 AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60 Community Cases
120.61 Long Term Care
120.62 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643 (Repealed)
120.63 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings (Repealed)
120.64 Determination of Eligibility for Cases Subject to Modified Adjusted Gross Income (MAGI) Methodology

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

120.65 Department of Mental Health and Developmental Disabilities (DMHDD) Licensed Community – Integrated Living Arrangements (Repealed)

SUBPART D: MEDICARE PREMIUMS

Section
120.70 Supplementary Medical Insurance Benefits (SMIB) Buy-In Program
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)
120.73 Eligibility for Payment of Medicare Part B Premiums for Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified Individuals-1 (QI-1)
120.74 Qualified Medicare Beneficiary (QMB) Income Standard
120.75 Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified Individuals-1 (QI-1) Income Standards
120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section
120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section
120.90 Migrant Medical Program (Repealed)
120.91 Income Standards (Repealed)

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section
120.200 Elimination Of Aid To The Medically Indigent
120.208 Client Cooperation (Repealed)
120.210 Citizenship (Repealed)
120.211 Residence (Repealed)
120.212 Age (Repealed)
120.215 Relationship (Repealed)
120.216 Living Arrangement (Repealed)
120.217 Supplemental Payments (Repealed)
120.218 Institutional Status (Repealed)
120.224 Foster Care Program (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

120.225 Social Security Numbers (Repealed)
120.230 Unearned Income (Repealed)
120.235 Exempt Unearned Income (Repealed)
120.236 Education Benefits (Repealed)
120.240 Unearned Income In-Kind (Repealed)
120.245 Earmarked Income (Repealed)
120.250 Lump Sum Payments and Income Tax Refunds (Repealed)
120.255 Protected Income (Repealed)
120.260 Earned Income (Repealed)
120.261 Budgeting Earned Income (Repealed)
120.262 Exempt Earned Income (Repealed)
120.270 Recognized Employment Expenses (Repealed)
120.271 Income From Work/Study/Training Program (Repealed)
120.272 Earned Income From Self-Employment (Repealed)
120.273 Earned Income From Roomer and Boarder (Repealed)
120.275 Earned Income In-Kind (Repealed)
120.276 Payments from the Illinois Department of Children and Family Services (Repealed)
120.280 Assets (Repealed)
120.281 Exempt Assets (Repealed)
120.282 Asset Disregards (Repealed)
120.283 Deferral of Consideration of Assets (Repealed)
120.284 Spend-down of Assets (AMI) (Repealed)
120.285 Property Transfers (Repealed)
120.290 Persons Who May Be Included in the Assistance Unit (Repealed)
120.295 Payment Levels for AMI (Repealed)

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section
120.308 Client Cooperation
120.309 Caretaker Relative
120.310 Citizenship
120.311 Residence
120.312 Age
120.313 Blind
120.314 Disabled
120.315 Relationship
120.316 Living Arrangements

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

120.317	Supplemental Payments
120.318	Institutional Status
120.319	Assignment of Rights to Medical Support and Collection of Payment
120.320	Cooperation in Establishing Paternity and Obtaining Medical Support
120.321	Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.322	Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.323	Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause
120.324	Health Insurance Premium Payment (HIPP) Program
120.325	Health Insurance Premium Payment (HIPP) Pilot Program
120.326	Foster Care Program
120.327	Social Security Numbers
120.328	Compliance with Employment and Work Activity Requirements (Suspended; Repealed)
120.329	Compliance with Non-Economic Eligibility Requirements of Article IV (Suspended; Repealed)
120.330	Unearned Income
120.332	Budgeting Unearned Income
120.335	Exempt Unearned Income
120.336	Education Benefits
120.338	Incentive Allowance
120.340	Unearned Income In-Kind
120.342	Child Support and Spousal Maintenance Payments
120.345	Earmarked Income
120.346	Medicaid Qualifying Trusts
120.347	Treatment of Trusts and Annuities
120.350	Lump Sum Payments and Income Tax Refunds
120.355	Protected Income
120.360	Earned Income
120.361	Budgeting Earned Income
120.362	Exempt Earned Income
120.363	Earned Income Disregard – MANG(C)
120.364	Earned Income Exemption
120.366	Exclusion From Earned Income Exemption
120.370	Recognized Employment Expenses
120.371	Income From Work/Study/Training Programs
120.372	Earned Income From Self-Employment

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

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120.376 Payments from the Illinois Department of Children and Family Services
120.379 Provisions for the Prevention of Spousal Impoverishment
120.380 Resources
120.381 Exempt Resources
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120.383 Deferral of Consideration of Assets
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120.385 Factors Affecting Eligibility for Long Term Care Services
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120.387 Property Transfers Occurring On or After August 11, 1993 and Before January 1, 2007
120.388 Property Transfers Occurring On or After January 1, 2007
120.390 Persons Who May Be Included In the Assistance Unit
120.391 Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG And Children Born October 1, 1983, or Later
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120.393 Pregnant Women And Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project
120.395 Payment Levels for MANG (Repealed)
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SUBPART I: SPECIAL PROGRAMS

Section
120.500 Health Benefits for Persons with Breast or Cervical Cancer
120.510 Health Benefits for Workers with Disabilities
120.520 SeniorCare (Repealed)
120.530 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
120.540 Illinois Healthy Women Program
120.550 Asylum Applicants and Torture Victims

120.TABLE A Value of a Life Estate and Remainder Interest
120.TABLE B Life Expectancy (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

AUTHORITY: Implementing Articles III, IV, V and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13] and implementing the federal Deficit Reduction Act of 2005 (P.L. 109-171).

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment

at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, l983; amended at 7 Ill. Reg. 8264, effective July 5, l983; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867,

effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective October 17, 1995; amended at 20 Ill. Reg. 5068, effective March 20, 1996; amended at 20 Ill. Reg. 15993, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 692, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7423, effective May 31, 1997; amended at 21 Ill. Reg. 7748, effective June 9, 1997; amended at 21 Ill. Reg. 11555, effective August 1, 1997; amended at 21 Ill. Reg. 13638, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 1576, effective January 5, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 7003, effective April 1, 1998; amended at 22 Ill. Reg. 8503, effective May 1, 1998; amended at 22 Ill.

Reg. 16291, effective August 28, 1998; emergency amendment at 22 Ill. Reg. 16640, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19875, effective October 30, 1998; amended at 23 Ill. Reg. 2381, effective January 22, 1999; amended at 23 Ill. Reg. 11301, effective August 27, 1999; amended at 24 Ill. Reg. 7361, effective May 1, 2000; emergency amendment at 24 Ill. Reg. 10425, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15075, effective October 1, 2000; amended at 24 Ill. Reg. 18309, effective December 1, 2000; amended at 25 Ill. Reg. 8783, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 10533, effective August 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16098, effective December 1, 2001; amended at 26 Ill. Reg. 409, effective December 28, 2001; emergency amendment at 26 Ill. Reg. 8583, effective June 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 9843, effective June 26, 2002; emergency amendment at 26 Ill. Reg. 11029, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 15051, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16288, effective October 25, 2002; amended at 27 Ill. Reg. 4708, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10793, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18609, effective November 26, 2003; amended at 28 Ill. Reg. 4701, effective March 3, 2004; amended at 28 Ill. Reg. 6139, effective April 1, 2004; emergency amendment at 28 Ill. Reg. 6610, effective April 19, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 7152, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11149, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12921, effective September 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13621, effective September 28, 2004; amended at 28 Ill. Reg. 13760, effective October 1, 2004; amended at 28 Ill. Reg. 14541, effective November 1, 2004; amended at 29 Ill. Reg. 820, effective January 1, 2005; amended at 29 Ill. Reg. 10195, effective June 30, 2005; amended at 29 Ill. Reg. 14939, effective September 30, 2005; emergency amendment at 30 Ill. Reg. 521, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10314, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 15029, effective September 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 2629, effective January 28, 2007; emergency amendment at 31 Ill. Reg. 7323, effective May 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11667, effective August 1, 2007; amended at 31 Ill. Reg. 12756, effective August 27, 2007; emergency amendment at 31 Ill. Reg. 15854, effective November 7, 2007, for a maximum of 150 days; emergency rule suspended at 31 Ill. Reg. 16060, effective November 13, 2007; emergency rule repealed, effective May 10, 2008; peremptory amendment at 32 Ill. Reg. 7212, effective April 21, 2008; peremptory amendment suspended at 32 Ill. Reg. 8450, effective May 20, 2008; peremptory amendment repealed under Section 5-125 of the Illinois Administrative Procedure Act, effective November 16, 2008; amended at 32 Ill. Reg. 17428, effective November 1, 2008; peremptory amendment at 32 Ill. Reg. 18889, effective November 18, 2008; peremptory amendment suspended at 32 Ill. Reg. 18906, effective November 19, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at

33 Ill. Reg. 6551, effective April 28, 2009; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 6712, effective April 28, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 1681, effective February 1, 2009; amended at 33 Ill. Reg. 2289, effective March 1, 2009; emergency amendment at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150 days; emergency expired August 29, 2009; emergency amendment at 33 Ill. Reg. 10785, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 12703, effective September 7, 2009; amended at 33 Ill. Reg. 15707, effective November 2, 2009; amended at 33 Ill. Reg. 17070, effective December 2, 2009; amended at 34 Ill. Reg. 889, effective December 30, 2009; emergency rulemaking at 34 Ill. Reg. 13538, effective September 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 379, effective December 27, 2010; amended at 35 Ill. Reg. 979, effective January 1, 2011; amended at 35 Ill. Reg. 18645, effective January 1, 2012; amended at 36 Ill. Reg. 4133, effective March 1, 2012; amended at 36 Ill. Reg. 9095, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013; amended at 36 Ill. Reg. 17044, effective November 26, 2012; emergency amendment at 36 Ill. Reg. 17549, effective December 3, 2012 through June 30, 2013; amended at 37 Ill. Reg. 10208, effective June 27, 2013; emergency amendment at 37 Ill. Reg. 15976, effective October 1, 2013, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 1139, effective January 1, 2014, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 2925, effective January 10, 2014, for a maximum of 150 days; emergency amendments effective January 1 and January 10, 2014 repealed by emergency rule at 38 Ill. Reg. 7368, effective March 24, 2014, for the remainder of the 150 day effective periods of each of the emergency rules; amended at 38 Ill. Reg. 5967, effective February 26, 2014; emergency amendment at 38 Ill. Reg. 7650, effective March 24, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 15646, effective July 7, 2014 for a maximum of 150 days; amended at 38 Ill. Reg. 16214, effective July 17, 2014.

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section 120.324 Health Insurance Premium Payment (HIPP) Program

a) This program provides health insurance coverage for recipients who have health insurance available and have high cost medical expenses. Authorization for the Health Insurance Premium Payment Program (HIPP) was established by section~~Section~~ 4402 of OBRA 1990, which added section~~Section~~ 1906 to the Social Security Act.

b) Program Provisions

1) The HIPP Program shall provide for the mandatory enrollment of eligible

persons in available cost effective group or individual health plans as a condition of medical assistance eligibility. A group health plan is "any plan of, or contributed to by, an employer (including a self insured plan) to provide health care to the employer's employees, former employees, or families of such employees or former employees." An individual health plan is a contract for health insurance coverage between an individual and an insurance company.

2) The Department shall pay health insurance premiums for eligible medical assistance recipients whenever it is likely to be cost effective.

c) Program Standards

1) The HIPP program shall be limited to persons otherwise eligible for medical assistance (excluding spenddown and long term care clients) who have high cost medical conditions such as, but not limited to:

A) Severe arthritis;

B) Cancer;

C) Heart ailment or defect;

D) Liver disease or dysfunction;

E) Kidney disease or dysfunction;

F) Brain disease or disorder;

G) Neurological disease or disorder;

H) Diabetes;

I) Acquired Immune Deficiency Syndrome (AIDS);

J) Organ transplant; and

K) Any other medical condition requiring high cost ongoing medical treatment.

2) To be eligible for medical assistance, a client with a high cost medical condition who can enroll in a group or individual health plan must supply information about the health plan. The client must enroll (or re-enroll) if:

A) the client can enroll on his or her own behalf;~~,~~ and

B) the plan covers the client's high cost medical condition;~~,~~ and

C) the plan is determined by the Department to be cost effective.

3) A client that fails to enroll in a cost effective health plan~~,~~ is ineligible for medical assistance until the next enrollment period and proof of enrollment is provided.

4) Determination of the cost effectiveness shall be made by the Department on a case-by-case basis using prior medical history.

5) Cost effective means the average cost of medical services for the period of time covered by the health insurance premium is at least two and a half times~~greater than twice~~ the premium cost for the period.

6) The Department will notify the client that enrollment is necessary because the plan is cost effective. The client will have the right to appeal this determination according to ~~the rules in~~ 89 Ill. Adm. Code 102.80.

7) When the policy covers other family members only, the client's share of the premium will be paid by HIPP unless retention of the policy is contingent upon paying premiums for other medical assistance eligible recipients.

8) Payment of premium for a non-eligible family member may be made if necessary to enroll the HIPP participant. A non-eligible family member may reside in another household. Deductibles and co-insurance shall not be paid for the non-eligible family members. Premiums shall not be paid if the non-eligible family member is required to enroll dependents ~~dependent(s)~~ through a divorce order or order for medical support.

9) Health insurance premiums may be paid directly to employers, unions or

insurance companies.

10) Clients paying their own premiums shall be reimbursed only if premium payments are made through payroll deduction or the client has already paid the premium. Reimbursement of premium shall only be made after client accumulates a minimum of $50.00 in payments and submits proof of payment.

11) HIPP shall pay deductibles and co-payments based on the Department's medical payment standards.

12) Medical assistance payments shall be made for items and services covered under the Medical Assistance Program that~~which~~ are not covered by the health plan.

13) Premium payments may be made prior to case approval or certification only when it appears likely that the case will be approved or certified and timely payment or enrollment is crucial to the retention of coverage.

14) Assignment of medical support rights provisions shall apply to any health insurance premium for which the Department pays or reimburses the client. If the client receives a return of premium, for any reason, from the insurance carrier, the returned premium must immediately be turned over to the Department~~,~~ or be subject to recovery.

15) Insurance payments for medical services shall be assigned to the medical provider at the time the services are requested. In the event a client receives an insurance payment for medical services that~~which~~ were also paid by the Department, the client must immediately turn the payment over to the Department~~,~~ or be subject to recovery.

(Source: Amended at 38 Ill. Reg. 16214, effective July 17, 2014)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Aid to the Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

3)

Section Numbers:	Adopted Action:
113.253	Amendment
113.260	Amendment

4) Statutory Authority: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13]

5) Effective Date of Rule: July 18, 2014

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

7) Do this rulemaking contain incorporations by reference? No

8) A copy of the adopted rule, including any material incorporated, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposal published in the *Illinois Register*: March 28, 2014; 38 Ill. Reg. 7041

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

11) Differences between Proposal and Final Version: No substantive changes have been made.

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

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

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

15) Summary and Purpose of Rulemaking: A grant adjustment is an allowance for the Aged, Blind or Disabled cases that ensures that the amount of the Supplemental Security Income (SSI) increase from July 1977 and later will be available to clients. To comply with federal regulations at 20 CFR 416.2096, this rulemaking increases the grant adjustment and sheltered care/personal or nursing care rate amounts by the amount of the

increase in Social Security and SSI benefits. In order to maintain the benefit levels, these changes increase the AABD Grant Adjustment Allowance and Sheltered Care/Personal or Nursing Care rates by $11.00, the amount of the January 2014 SSA/SSI benefit increase.

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

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

217/785-9772

17) Do these amendments require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code? No

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section
113.1 Description of the Assistance Program
113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
113.9 Client Cooperation
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind
113.50 Disabled
113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section
113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Budgeting Unearned Income of Applicants Receiving Income on Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Earmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income (Repealed)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

113.109 Earned Income (Repealed)
113.110 Budgeting Earned Income (Repealed)
113.111 Protected Income
113.112 Earned Income
113.113 Exempt Unearned Income
113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115 Initial Employment
113.116 Budgeting Earned Income For Contractual Employees
113.117 Budgeting Earned Income For Non-contractual School Employees
113.118 Termination of Employment
113.120 Exempt Earned Income
113.125 Recognized Employment Expenses
113.130 Income From Work/Study/Training Programs
113.131 Earned Income From Self-Employment
113.132 Earned Income From Roomer and Boarder
113.133 Earned Income From Rental Property
113.134 Earned Income In-Kind
113.139 Payments from the Illinois Department of Children and Family Services
113.140 Assets
113.141 Exempt Assets
113.142 Asset Disregard
113.143 Deferral of Consideration of Assets
113.154 Property Transfers For Applications Filed Prior To October 1, 1989 (Repealed)
113.155 Property Transfers For Applications Filed On Or After October 1, 1989 (Repealed)
113.156 Court Ordered Child Support Payments of Parent/Step-Parent
113.157 Responsibility of Sponsors of Non-citizens Entering the Country Prior to 8/22/96
113.158 Responsibility of Sponsors of Non-citizens Entering the Country On or After 08/22/96
113.160 Assignment of Medical Support Rights

SUBPART D: PAYMENT AMOUNTS

Section
113.245 Payment Levels for AABD
113.246 Personal Allowance
113.247 Personal Allowance Amounts
113.248 Shelter

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

113.249 Utilities and Heating Fuel
113.250 Laundry
113.251 Telephone
113.252 Transportation, Lunches, Special Fees
113.253 Allowances for Increase in SSI Benefits
113.254 Nursing Care or Personal Care in Home Not Subject to Licensing
113.255 Sheltered Care/Personal or Nursing Care in a Licensed Group Care Facility
113.256 Shopping Allowance
113.257 Special Allowances for Blind and Partially Sighted (Blind Only)
113.258 Home Delivered Meals
113.259 AABD Fuel and Utility Allowances By Area
113.260 Sheltered Care, Personal Care or Nursing Care Rates
113.261 Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and All Other Licensed Medical Facilities
113.262 Meeting the Needs of an Ineligible Dependent with Client's Income
113.263 Service Animals
113.264 Refugees Ineligible for SSI

SUBPART E: OTHER PROVISIONS

Section
113.300 Persons Who May Be Included In the Assistance Unit
113.301 Grandfathered Cases
113.302 Interim Assistance (Repealed)
113.303 Special Needs Authorizations
113.304 Retrospective Budgeting
113.305 Budgeting Schedule
113.306 Purchase and Repair of Household Furniture (Repealed)
113.307 Property Repairs and Maintenance
113.308 Excess Shelter Allowance
113.309 Limitation on Amount of AABD Assistance to Recipients from Other States (Repealed)
113.320 Redetermination of Eligibility
113.330 Attorney's Fees for VA Appellants (Repealed)

SUBPART F: INTERIM ASSISTANCE

Section
113.400 Description of the Interim Assistance Program

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

113.405	Pending SSI Application (Repealed)
113.410	More Likely Than Not Eligible for SSI (Repealed)
113.415	Non-Financial Factors of Eligibility (Repealed)
113.420	Financial Factors of Eligibility (Repealed)
113.425	Payment Levels for Chicago Interim Assistance Cases (Repealed)
113.430	Payment Levels for all Interim Assistance Cases Outside Chicago (Repealed)
113.435	Medical Eligibility (Repealed)
113.440	Attorney's Fees for SSI Applicants (Repealed)
113.445	Advocacy Program for Persons Receiving Interim Assistance (Repealed)
113.450	Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)
113.500	Attorney's Fees for SSI Appellants (Renumbered)

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; emergency expired January 28, 1979; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective

October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, l983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, l984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, l984; amended at 8 Ill. Reg. 13273, effective July 16, l984; amended (by Sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867,

effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 26, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective October 17, 1995; amended at 20 Ill. Reg. 858, effective December 29, 1995;

emergency amendment at 21 Ill. Reg. 673, effective January 1, 1997, for a maximum of a 150 days; amended at 21 Ill. Reg. 7404, effective May 31, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 13642, effective July 15, 1998; emergency amendment at 22 Ill. Reg. 16348, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 18931, effective October 1, 1998; emergency amendment at 22 Ill. Reg. 21750, effective November 24, 1998, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 579, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1607, effective January 20, 1999; amended at 23 Ill. Reg. 5548, effective April 23, 1999; amended at 23 Ill. Reg. 6052, effective May 4, 1999; amended at 23 Ill. Reg. 6425, effective May 15, 1999; amended at 23 Ill. Reg. 6935, effective May 30, 1999; amended at 23 Ill. Reg. 7887, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8650, effective July 13, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10161, effective August 3, 1999; amended at 23 Ill. Reg. 13852, effective November 19, 1999; amended at 24 Ill. Reg. 2328, effective February 1, 2000; amended at 24 Ill. Reg. 11622, effective July 18, 2000; amended at 24 Ill. Reg. 13394, effective August 18, 2000; amended at 25 Ill. Reg. 5326, effective March 30, 2001; amended at 26 Ill. Reg. 179, effective January 1, 2002; amended at 26 Ill. Reg. 8532, effective May 31, 2002; amended at 26 Ill. Reg. 13521, effective September 3, 2002; amended at 27 Ill. Reg. 7252, effective April 7, 2003; amended at 28 Ill. Reg. 11139, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 11366, effective July 21, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12469, effective August 20, 2004, for a maximum of 150 days; emergency expired January 16, 2005; amended at 29 Ill. Reg. 648, effective December 16, 2004; amended at 29 Ill. Reg. 5703, effective April 11, 2005; amended at 29 Ill. Reg. 10176, effective July 5, 2005; amended at 30 Ill. Reg. 16065, effective September 21, 2006; amended at 31 Ill. Reg. 6981, effective April 30, 2007; amended at 31 Ill. Reg. 11306, effective July 19, 2007; amended at 32 Ill. Reg. 17187, effective October 16, 2008; peremptory amendment at 32 Ill. Reg. 18065, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 4993, effective March 19, 2009, for a maximum of 150 days; emergency expired August 15, 2009; emergency amendment at 33 Ill. Reg. 7337, effective May 21, 2009, for a maximum of 150 days; emergency expired October 17, 2009; amended at 33 Ill. Reg. 12775, effective September 8, 2009; emergency amendment at 33 Ill. Reg. 12850, effective September 4, 2009, for a maximum of 150 days; emergency expired January 31, 2010; amended at 33 Ill. Reg. 13846, effective September 17, 2009; amended at 33 Ill. Reg. 15033, effective October 22, 2009; amended at 33 Ill. Reg. 16845, effective November 30, 2009; emergency amendment at 34 Ill. Reg. 6944, effective May 1, 2010, for a maximum of 150 days; emergency expired September 27, 2010; amended at 34 Ill. Reg. 7255, effective May 10, 2010; amended at 35 Ill. Reg. 1012, effective December 28, 2010; emergency amendment at 35 Ill. Reg. 6951, effective April 6, 2011, for a maximum of 150 days; emergency expired September 2, 2011; amended at 35 Ill. Reg. 17096, effective October 5, 2011; amended at 35 Ill. Reg. 18756, effective October 28, 2011; amended at 36 Ill. Reg. 15195, effective October 5, 2012; emergency

amendment at 36 Ill. Reg. 17567, effective December 1, 2012 through June 30, 2013; amended at 37 Ill. Reg. 8728, effective June 11, 2013; amended at 37 Ill. Reg. 14876, effective August 27, 2013; amended at 38 Ill. Reg. 16229, effective July 18, 2014.

SUBPART D: PAYMENT AMOUNTS

Section 113.253 Allowances for Increase in SSI Benefits

a) An allowance for $542.90~~531.90~~ is authorized for all AABD cases as a "grant adjustment". A grant adjustment is an allowance that ensures that the amount of the SSI increase from July 1977 and later will be available to clients.

b) EXCEPTIONS: For clients whose assistance payments include an allowance for Sheltered Care or Care Not Subject to Licensing a "grant adjustment" of $10 is authorized. Individuals residing in long term group care facilities do not receive any "grant adjustment".

(Source: Amended at 38 Ill. Reg. 16229, effective July 18, 2014)

Section 113.260 Sheltered Care, Personal Care or Nursing Care Rates

Group A Counties	Needs Assessment	Group B Counties
1221~~1210~~	0-7	1236~~1225~~
1227~~1216~~	8	1243~~1232~~
1234~~1223~~	9	1250~~1239~~
1239~~1228~~	10	1258~~1247~~
1246~~1235~~	11	1265~~1254~~
1251~~1240~~	12	1272~~1261~~
1258~~1247~~	13	1280~~1269~~

1263~~1252~~	14	1286~~1275~~
1270~~1259~~	15	1294~~1283~~
1275~~1264~~	16	1302~~1291~~
1282~~1271~~	17	1308~~1297~~
1287~~1276~~	18	1316~~1305~~
1294~~1283~~	19	1323~~1312~~
1300~~1289~~	20	1330~~1319~~
1306~~1295~~	21	1338~~1327~~
1312~~1301~~	22	1345~~1334~~
1318~~1307~~	23	1352~~1341~~
1324~~1313~~	24	1359~~1348~~

a) Group A Counties are counties other than Cook, DuPage, Kane, Lake and Will.

b) Group B Counties are Cook, DuPage, Kane, Lake and Will.

c) Rate includes shelter factor and approved activity and social rehabilitation programs.

(Source: Amended at 38 Ill. Reg. 16229, effective July 18, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Certification and Operation of Environmental Laboratories

2) Code Citation: 77 Ill. Adm. Code 465

3)

Section Numbers:	Adopted Action:
465.120	Amended
465.125	Amended
465.200	Amended
465.310	Amended
465.330	Amended
465.340	Amended
465.350	Amended
465.360	Amended
465.370	Amended
465.390	Amended
465.400	Amended
465.430	Amended
465.Appendix A	Repealed

4) Statutory Authority: Section 1401(1)(D) of the Safe Drinking Water Act [42 USC 300f(1)(D)], Subpart C of the National Primary Drinking Water Regulations (40 CFR 141.21 through 141.30 (1991)), the Illinois Environmental Protection Act [415 ILCS 5] and the Civil Administrative Code of Illinois [20 ILCS 5], and authorized by Sections 4(o) and (p) of the Illinois Environmental Protection Act [415 ILCS 5/4(o) and (p)] and Sections 2310-575, 2310-580 and 2310-30 of the Civil Administrative Code of Illinois [20 ILCS 2310]

5) Effective Date of Rulemaking: July 15, 2014

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

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposed Amendments published in the *Illinois Register*: 38 Ill. Reg. 2723; January 24, 2014

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

11) Differences between Proposal and Final Version:The following changes were made in response to comments during the First Notice period:

In Section 465.430, existing language was stricken and underlined language was deleted. New text was added.

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 an emergency rule currently in effect? No

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

15) Summary and Purpose of Rulemaking: In general, the purpose of the rule amendments is to bring Illinois requirements for certification of water microbiology testing laboratories into compliance with recent federal regulation changes. Specifically, to establish compliance with 40 CFR 141 and 142, National Primary Drinking Water Regulations: Revisions to the Total Coliform Rule as published in the Federal Register Vol.78, No. 30, February 13, 2013 by:

- Updating reference 40 CFR 141 and 142, National Primary Drinking Water Regulations: Revisions to the Total Coliform Rule (Including E. coli), April 15, 2013)
- Updating referenced versions of Standard Methods for the Examination of Water and Wastewater, deleting the 18th and 19th editions and adding the 21st and online editions.
- Repealing Appendix A – Colisure is referenced in added versions of Standard Methods
- Replacing Colitag method with Modified Colitag method
- Deleting Fluorocult LMX, Coliscan and R2A methods
- Adding certification for Cryptosporidium by adding reference to the Long Term 2 Enhanced Surface Water Treatment Rule (LT2 Rule) (40CFR 9, 141 and 142)
- Adding reference to “Supplement 2 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water”, November 2012, known as EPA 815-F-08-006

- Updating Section 465.360 to contain all methods referenced to federal or state rule and method reference.
- Adding reference to "Supplement 1 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water", June 2008, known as EPA 815-F-08-006

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER d: LABORATORIES AND BLOOD BANKS

PART 465
CERTIFICATION AND OPERATION OF ENVIRONMENTAL LABORATORIES

SUBPART A: GENERAL PROVISIONS

Section
465.100 Authority (Repealed)
465.110 Scope and Applicability
465.120 Definitions
465.125 Incorporated and Referenced Materials
465.130 Certification Procedure
465.140 Conditions Governing the Use of Certificates
465.150 Provisional Certification
465.170 Changes in Ownership or Operations
465.180 Revocation of Certification
465.190 Subcontracting by Certified Laboratories
465.200 Proficiency Testing Samples (PTs)
465.210 Authority of Certification Officers
465.220 Hearing, Decision and Appeal
465.230 Liability
465.240 Reciprocity Agreements

SUBPART B: MICROBIOLOGICAL ANALYSES
OF PUBLIC WATER SUPPLY SAMPLES

Section
465.300 Scope and Applicability
465.310 Personnel Requirements
465.320 Laboratory Facilities
465.330 Laboratory Equipment
465.340 Laboratory Glassware, Plastic Ware and Metal Utensils
465.350 General Laboratory Practices
465.360 Methodology
465.370 Sample Collection, Handling and Preservation
465.380 Standards for Laboratory Pure Water

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

465.390 General Quality Control Procedures
465.400 Quality Controls for Media, Equipment and Supplies
465.410 Data Handling
465.420 Record Maintenance
465.430 Action Response to Laboratory Results

465.APPENDIX A Colisure P/A and Colisure Multiple Tube P/A (Repealed)

AUTHORITY: Implementing Section 1401(1)(D) of the Safe Drinking Water Act (42 USC 300f(1)(D)), Subpart C of the National Primary Drinking Water Regulations (40 CFR 141.21 through 141.30 (1991)), the Illinois Environmental Protection Act [415 ILCS 5] and the Civil Administrative Code of Illinois [20 ILCS 5], and authorized by Sections 4(o) and (p) of the Illinois Environmental Protection Act [415 ILCS 5/4(o) and (p)] and Sections 2310-575, 2310-580, and 2310-30 of the Civil Administrative Code of Illinois [20 ILCS 2310].

SOURCE: Adopted at 22 Ill. Reg. 14294, effective July 15, 1998; amended at 35 Ill. Reg. 14494, effective August 12, 2011; amended at 38 Ill. Reg. 16240, effective July 15, 2014.

SUBPART A: GENERAL PROVISIONS

Section 465.120 Definitions

For purposes of this Part, unless otherwise specifically defined or the context clearly requires a different meaning:

"Act" means Sections 4(o) and (p) of the Environmental Protection Act [415 ILCS 5/4(o) and (p)].

"American Association for Laboratory Accreditation" or "A2LA" means an association that offers accreditation of proficiency testing providers, located at 5301 Buckeystown Pike, Suite 350, Frederick MD 21704, 301-644-3248

"Analyst" means any person who performs analyses for certain or all parameters on samples submitted to the environmental laboratory and who meets the qualifications set forth in Section 465.310(b).

"ASTM International" or "ASTM" means ~~the American Society for Testing and Materials, West Conshohocken PA,~~ a not-for-profit, voluntary standards development system, located at 100 Barr Harbor Drive, P.O. Box C700, West

Conshohocken PA.

"Certification" means a status of approval granted to an environmental laboratory that meets the criteria established by this Part or in accordance with a reciprocity agreement entered into pursuant to Section 465.240. Certification is not a guarantee of the validity of the data generated.

"Certification Officer" means any person who is designated by the Department to inspect and evaluate environmental laboratories for compliance in meeting the criteria set forth in this Part. Certification officers shall meet the educational and experience qualifications for laboratory supervisors as set forth in Section 465.310(a).

"Department" means the Illinois Department of Public Health.

"Deficiency" means a failure of an environmental laboratory to meet any requirement of this Part.

"Environmental Laboratory" means any facility that performs analyses on environmental samples ~~in order~~ to determine the quality of food, milk, public water supplies, surface water, ground water, recreational waters, wastewater, air, or land.

"General Education Development Tests" or "GED Tests" means a group of five subject tests that, when passed, certify that the test taker has American or Canadian high school-level skills.

"Laboratory Pure Water" means water meeting the standards set forth in Section 465.380.

"Laboratory Supervisor" means a person who supervises the performance of the analytical procedures within an environmental laboratory and who meets the qualifications set forth in Section 465.310(a).

"Major Remodeling" means any remodeling of the laboratory facility that requires the acquisition of a local building permit.

~~"MUG" means 4-methyl-umbelliferyl-beta-d-glucuronide.~~

~~"NIST" means the United States Department of Commerce, Technology Administration, National Institute of Standards and Technology (formerly National Bureau of Standards).~~

"P-A Coliform Test" means "Presence-Absence Coliform Test".

"Proficiency Testing Samples" or "PTs" means samples provided to a laboratory for the purpose of demonstrating that the laboratory can successfully analyze the sample within acceptance limits specified in 40 CFR 141.2 . The ~~qualitative and/or quantitative~~ composition of the reference material is unknown to the laboratory at the time of the analysis.

"Provisional Certification" means a certification status granted to an environmental laboratory ~~in order~~ to allow time for the correction of a deficiency. Failure to correct a deficiency during the provisional certification period allows the Department to revoke certification as specified in Section 465.180. While on provisional certification, an environmental laboratory remains approved for the analyses covered by its certification.

"Public Water Supply" means all mains, pipes and structures through which water is obtained and distributed to the public, including wells and well structures, intakes and cribs, pumping stations, treatment plants, reservoirs, storage tanks and appurtenances, collectively or severally, actually used or intended for use for the purpose of furnishing water for drinking or general domestic use and that serve at least 15 service connections or that regularly serve at least 25 persons at least 60 days per year.

"Quality Assurance" means an integrated system of management activities involving planning, quality control, quality assessment, reporting and quality improvement to ensure that a product or service meets defined standards of quality with a stated level of confidence.

"Quality Assurance Plan" means a comprehensive plan detailing the aspects of quality assurance needed to adequately fulfill the data needs of a program. This document is required before the laboratory is certified.

"Quality Control" means the overall system of technical activities whose purpose is to measure and control the quality of a product or service so that it meets the

needs of the users; operational techniques and activities that are used to fulfill requirements for quality.

"Readily Accessible" means that the referenced item is located upon the premises.

~~"Standard Methods" means "Standard Methods for the Examination of Water and Wastewater," 21st Edition, 2005, American Public Health Association, 1015 Fifteenth Street, NW, Washington DC 20001, 202-628-8303.~~

"Standard Operating Procedure" means a written document that details the method of an operation, analysis or action, the techniques and procedures of which are thoroughly prescribed and that is officially approved as the method for performing certain routine or repetitive tasks.

~~"State" means the Illinois Environmental Protection Agency for Community Public Water Supply samples and Illinois Department of Public Health for Non-Community Public Water Supply samples.~~

"Too Numerous to Count" or "TNTC" means ~~"too numerous to count" or~~ greater than 200 colonies on the membrane filter in the absence of detectable coliforms when analyzing drinking water for total coliforms.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.125 Incorporated and Referenced Materials

~~a)~~ ~~Abbreviations and short-name listing of references. The following names and abbreviated names, presented in alphabetical order, are used in this Part to refer to materials incorporated by reference:~~

~~1)~~ ~~"Colitag® Test" means "Colitag® Product as a Test for Detection and Identification of Coliforms and E. coli Bacteria in Drinking Water and Source Water as Required in National Primary Drinking Water Regulations," 2004, available from CPI International, 5580 Skylane Boulevard, Santa Rosa CA 95403, 707-525-5788.~~

~~2)~~ ~~"Membrane Filter Technique using Chromocult Coliform Agar" means Chromocult Coliform Agar Presence/Absence Membrane Filter Test Method for Detection and Identification of Coliform Bacteria and~~

~~Escherichia coli in Finished Waters, November 2000. Version 1.0, available from EMD Chemicals Incorporated, 480 South Democrat Road, Gibbstown NJ 08027, 800-222-0342.~~

~~3) "ONPG-Mug Test" (meaning "minimal medium ortho-nitrophenyl-beta-d-galactopyranoside-4-methyl-umbelliferyl-beta-d-glucuronide test"), also called the "Autoanalysis Colilert System," is Method 9223, available in "Standard Methods for the Examination of Water and Wastewater," 21st Edition, 2005, from American Public Health Association, 1015 Fifteenth Street, NW, Washington DC 20001, 202-628-8303.~~

~~4) "New medium for the simultaneous detection of total coliform and Escherichia Coli in water" by Brenner, K.P., et al., 1993, Applied and Environmental Microbiology 59:3534-3544. EPA Method 1604, which can be found online at www.epa.gov/microbes, is identical.~~

~~5) "Readycult Coliforms 100 Presence/Absence Test" and "Fluorocult LMX" means "Readycult Coliforms 100 Presence/Absence Test for Detection and Identification of Coliform Bacteria and Escherichia coli in Finished Waters," Version 1.1, 2007, available from EMD Chemicals Incorporated, 480 South Democrat Road, Gibbstown NJ 08027, 800-222-0342.~~

~~6) "SimPlate Method" means "IDEXX SimPlate™ HPC Test Method for Heterotrophs in Water," approved under USEPA 40 CFR 141.74, Vol. 97, No. 209, Oct. 29, 2002, and as included in Standard Methods for Water and Wastewater, On-Line Edition, Section 9215E, available from IDEXX Laboratories, Incorporated, One IDEXX Drive, Westbrook ME 04092, 800-321-0207 www.idexx.com.~~

~~7) "Standard Methods" means "Standard Methods for the Examination of Water and Wastewater," 21st Edition, 2005 (referred to as "Standard Methods"). American Public Health Association, 1015 Fifteenth Street, NW, Washington DC 20001, 202-628-8303.~~

a~~b~~) The following publications and federal regulations are incorporated by reference:

1) "Chromocult Coliform Agar Presence/Absence Membrane Filter Test Method for Detection and Identification of Coliform Bacteria and Escherichia coli in Finished Waters," November 2000, Version 1.0;

available from~~.~~ EMD Chemicals Inc. (an affiliate of Merck KGaA, Darmstadt, Germany), 480 S. Democrat Road, Gibbstown NJ 08027-1297,~~. Telephone:~~ 800-222-0342. www.emdchemicals.com.

2) "Readycult Coliforms 100 Presence/Absence Test for Detection and Identification of Coliform Bacteria and Escherichia coli in Finished Waters," Version 1.1 2007, available from EMD Chemicals Inc., 480 S. Democrat Road, Gibbstown NJ 08027-1297,~~. Telephone:~~ 800-222-0342. www.emdchemicals.com.

3) "IDEXX SimPlate™ HPC Test Method for Heterotrophs in Water," November 2000. IDEXX Laboratories, Inc., One IDEXX Drive, Westbrook, Maine 04092,~~. Telephone:~~ 800-321-0207.

4) "Membrane Filtration Method m-ColiBlue24® Broth" (m-ColiBlue24®), Revision 2, August 17, 1999; available from Hach Company, P.O. Box 389, Loveland CO 80539, 800-604-3493.

~~4) United States Environmental Protection Agency - Manual for the Certification of Laboratories Analyzing Drinking Water, 5th edition, January 2005, U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460, 202-272-0167.~~

5) Method 1604: Total Coliforms and Escherichia coli in Water by Membrane Filtration Using a Simultaneous Detection Technique (MI Medium), September 2002, known as EPA 821-R-02-024; available from the~~,~~ U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC, 20460, 202-272-0167.

6) Method 1623 Cryptosporidium and Giardia in Water by Filtration/IMS/FA, December 2005, known as EPA 815-R-05-002; available from the U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460, 202-272-0167.

7) Method 1623.1 Cryptosporidium and Giardia in Water by Filtration/IMS/FA, January 2012, known as EPA 816-R-12-001; available

from the U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460, 202-272-0167.

8) "Charm E*Colite™ Presence/Absence Test for Detection and Identification of Coliform Bacteria and Escherichia coli in Drinking Water" (E*Colite*®), January 9, 1998; available from Charm Sciences, Inc., 659 Andover Street, Lawrence MA 01843-1032, 800-343-2170.

9) "Modified Colitag™ Product as a Test for Detection and Identification of Coliforms and E. coli Bacteria in Drinking Water and Source Water as Required in the National Primary Drinking Water Regulations" (Modified Colitag®); available from CPI International, 5580 Skylane Boulevard, Santa Rosa CA 95403, 707-525-5788.

10~~6~~) Manual for the Certification of Laboratories Analyzing Drinking Water," USEPA 570/9-90/008A, 5th Edition (January 2005). A copy of this manual can be obtained by contacting the U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460, 202-272-0167~~20465~~.

11) Supplement 1 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water, June 2008, known as EPA 815-F-08-006; available from the U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460. Telephone: 202-272-0167.

12) Supplement 2 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water, November 2012, known as EPA 815-F-12-006; available from the U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460. Telephone: 202-272-0167.

13~~7~~) United States Environmental Protection Agency National Primary Drinking Water Regulations (40 CFR 141), July 2006; available from the~~,~~ U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, NW, Washington DC 20460, 202-272-0167.

14~~8~~) Occupational Safety and Health Standards (29 CFR 1910), July 2007; available from the~~,~~ U.S. Department of Labor, Occupational Safety &

Health Administration, 200 Constitution Avenue, NW, Washington DC 20210.

~~9)~~ ~~40 CFR 141, 142, National Primary Drinking Water Regulations; Total Coliforms (Including Fecal Coliforms and E. coli) (June 29,1989).~~

~~10)~~ ~~40 CFR 9, 141, 142, National Primary Drinking Water Regulations: Interim Enhanced Surface Water Treatment (December 16, 1998).~~

15) 40 CFR 141,142, National Primary Drinking Water Regulations; Revisions to the Total Coliform Rule (February 13, 2012).

16~~11~~) 40 CFR 9, 141, 142 National Primary Drinking Water Regulations: Ground Water Rule (November 8, 2006).

17) 40 CFR 9, 141, 142, National Primary Drinking Water Regulations: Long Term 2 Enhanced Surface Water Treatment Rule (January 5, 2006).

18~~12~~) Good Automated Laboratory Practices, known as EPA 2185, Office of Information Management, Research Triangle Park NC 27711, August 10, 1995.

19) Standard Methods for the Examination of Water and Wastewater, either the 20th Edition, 1998; 21st Edition, 2005; or 22nd Edition, 2012; and online version as cited per method in 40 CFR 141 and 142, February 13, 2013; available from the American Public Health Association, 1015 Fifteenth Street, NW, Washington DC 20001.

20) ASTM E617-13, Standard Specification for Laboratory Weights and Precision Mass Standards; available from ASTM International (ASTM); 100 Barr Harbor Drive, P.O. Box C700, West Conshohocken PA, 610-832-9500, www.astm.org.

21) NIST Handbook 150-2G, National Voluntary Laboratory Accreditation Program, Calibration Laboratories, Technical Guide for Mechanical Measurements, March 2004; available from National Voluntary Laboratory Accreditation Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 2140, Gaithersburg MD 20899-2140, 301-975-4016.

b~~c~~) These incorporations by reference refer to the edition of the document on the date specified and do not include any subsequent amendments or editions.

c~~d~~) The following laws and rules are referenced in this Part:

1) Safe Drinking Water Act (42 USC 300f(1)(D))

2) Civil Administrative Code of Illinois [20 ILCS 5]

3) Illinois Environmental Protection Act [415 ILCS 5]

4) Illinois Plumbing Code, Illinois Department of Public Health (77 Ill. Adm. Code 890)

5) Primary Drinking Water Standards, Pollution Control Board (35 Ill. Adm. Code 611)

6) Electronic Commerce Security Act [5 ILCS 175]

7) Local Records Act [50 ILCS 205]

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.200 Proficiency Testing Samples (PTs)

a) An environmental laboratory is required to participate in proficiency testing samples (PTs) analyses for each analytical parameter or method for which it seeks or wishes to maintain certification in accordance with the certification procedures of Section 465.130(c), the certification renewal procedures of Section 465.140(a), and the quality assurance requirements contained in Subpart B of this Part.

b) Heterotrophic plate count and coliform Microbiological Water Supply (WS) PT samples shall be analyzed annually (every 12 months) Cryptosporidium PT samples shall be analyzed every four to six months. PT samples shall be analyzed in the same manner as routine samples. The laboratory shall document~~be able to provide documentation~~ that the analyst analyzing any PT sample is a laboratory employee who routinely analyzes drinking water compliance samples.

c) Laboratories shall acquire the PT sample from a provider accredited under A2LA~~a supplier acceptable to the Department~~.

d) For methods used to test the presence or absence of an organism in a sample, each set shall contain 10~~ten~~ samples, all shipped at the same time in either a lyophilized, dehydrated, or aqueous state. The set shall include samples, in various combinations, that contain total coliforms, fecal coliforms, E. coli, non-coliforms, and at least one blank. Each set shall be used only with a single analytical method. For a PT result to be acceptable, the laboratory shall have no false negative results and no more than one false positive result for each set.~~To be acceptable, a laboratory shall correctly analyze a minimum of nine of ten samples, with no false negative result (i.e., a single false positive result may be acceptable). For quantitative methods, one PT sample may be analyzed.~~

e) For quantitative methods, each set shall contain one sample. For a PT to be acceptable, the laboratory result shall be statistically acceptable as determined by the PT provider.

f~~e~~) Unless otherwise specified in Subpart B~~ of this Part~~, within 60 days after receipt of a PT sample, the environmental laboratory shall analyze the sample and report the test results to the PT provider~~Department~~. The PT provider shall submit the laboratory's results and acceptable ranges to the Department. No fee shall be charged to the Department for the analyses.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

SUBPART B: MICROBIOLOGICAL ANALYSES
OF PUBLIC WATER SUPPLY SAMPLES

Section 465.310 Personnel Requirements

a) The microbiology laboratory supervisor shall have~~be a person holding~~ a minimum of a bachelor's degree in microbiology, biology, chemistry, or related natural or physical science field, shall have completed a training course conducted or approved by the Department, and shall have received Department approval to serve as laboratory supervisor. In addition, the laboratory supervisor shall have had a minimum of 80 hours of on-the-job training in water microbiology at a certified laboratory. The supervisor shall demonstrate the ability to properly perform representative test procedures under his or her supervision while under

observation by the certification officer. A laboratory supervisor shall be a full-time employee who is on-site at the certified laboratory. If the laboratory supervisor position becomes vacant, then a replacement supervisor shall be in place within 60 days.

b) The parasitology principal analyst/supervisor shall have a minimum of a bachelor's degree in microbiology or a closely related field, shall have a minimum of one year of bench experience with Cryptosporidium and immunofluorescence assay (FA) microscopy, have a minimum of six months experience using Method 1623 or 1623.1, and have analyzed a minimum of 100 samples using Method 1623 or 1623.1. The principal analyst/supervisor shall participate in a monthly analyst verification, shall supervise and verify the processing and microscopy in the laboratory, and may perform the same duties as an analyst. The prinicipal analyst/supervisor shall ensure that all laboratory personnel are able to perform the analyses to which they are assigned and that all data reported by the laboratory meet the required quality assurance and regulatory criteria.

c~~b~~) A microbiology~~An~~ analyst ~~is a person who~~ performs microbiological analyses on water, shall have~~has~~ a minimum of a high school diploma~~ in academic or laboratory oriented vocational courses,~~ and shall have~~has had a minimum of three months bench experience in a microbiological analytical laboratory. The analyst shall have~~ a minimum of 30 days of on-the-job training in drinking water microbiology under an experienced analyst. In addition, an analyst shall be able to ~~demonstrate ability to properly~~ perform representative test procedures with which he or she is involved while under the observation of the certification officer. Analysts shall be under the direct supervision of the laboratory supervisor. Before analyzing compliance samples, the analyst shall demonstrate acceptable results on samples spiked with known culture controls.

d) A parasitology analyst establishes Kohler illumination for the microscope, may perform the same duties as a technician, and is able to examine samples using the microscope. An analyst shall have a minimum of two years of college with courses in microbiology or a closely related field, a minimum of six months of bench experience with Cryptosporidium and FA microscopy, and a minimum of three months of experience using Method 1623 or 1623.1. The analyst shall participate in a monthly analyst verification.

e) A parasitology technician filters samples, performs centrifugation, elution, concentration, and purification using immunomagnetic separation (IMS), and

prepares purified samples on slides for microscopic examination, but does not perform microscopic protozoan identification. A technician shall have a minimum of three months of experience in filter extraction and processing of protozoa samples by Method 1623 or 1623.1 and have analyzed a minimum of 50 samples using Method 1623 or 1623.1 for the specific procedures that he or she will be using.

f~~e~~) The Department may waive the need for the academic training required by this Section, on a case-by-case basis, for highly experienced analysts who have passed the GED tests.

g) The Department may ~~also~~ waive the need for the college education and~~above-specified~~ training required by this Section, on a case-by-case basis, for supervisors of microbiology laboratories that analyze only samples from drinking water systems with which the laboratory is associated. The supervisor shall have a minimum of 10 years experience in water microbiology and shall have demonstrated a working knowledge of Quality Assurance activities as justification for the waiver.

h) The Department may waive college education in lieu of experience for a parasitology supervisor or analyst who has greater than 10 years experience of protozoan identification duties.

i) If a waiver ~~for supervisor~~ is granted, the Department will prepare a written and signed justification for the waiver.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.330 Laboratory Equipment

Only those instruments that are needed to analyze for the parameters for which the laboratory is being certified are required, but those instruments shall meet the following minimum specifications. A laboratory performing all of the analyses described in Section 465.360 shall have, or have access to, within the same building, all of the equipment listed in this Section with the minimum specifications cited.

a) A top loading or trip pan balance shall be clean, not corroded~~, and provided with standardized Class S or S-1, or equivalent ASTM 1, 2, or 3, weights, certified by the manufacturer as meeting the requirements established by NIST. The~~

~~certificate of accuracy shall accompany the weights~~.

1) A torsion or trip pan balance used for weighing materials of 2 grams or more shall detect 100 mg of weight accurately at a 150 gram load.

2) An analytical balance used for weighing quantities of less than 2 grams shall be sensitive to 1 mg at a 10 gram load.

b) A magnetic stirrer shall be capable of achieving variable speeds and shall be used with a Teflon-coated stirring bar. The magnetic stirrer may be equipped with a heating element.

c) A pH meter shall have an accuracy of at least ± 0.1 units and a scale readability of at least ± 0.1 units. The pH meter may be either line/bench or battery/portable operated.

d) A conductivity meter and cell combination, suitable for checking laboratory pure water quality, shall be readable in ohms or mhos, and have a range capable of determining the conductivity or resistivity of laboratory pure water as described in Section 465.380(a). The conductivity meter may be either line/bench or battery/portable operated.

e) An autoclave shall be horizontal-chambered and shall meet all of the following specifications:

1) When observed during the operational cycle or when time-temperature charts are read, the autoclave shall be in good operating condition;

2) An operating safety valve shall be included;

3) Separate temperature and pressure gauges shall be located on the exhaust side;

4) The autoclave shall reach and maintain a temperature of 121º ± 1º C during the sterilization cycle, and no more than 45 minutes shall be required for a complete cycle of carbohydrate media;

5) Depressurization shall not produce gas bubbles in fermentation media; and

6) Pressure cookers shall not be used.

f) A hot-air sterilization oven shall operate at a minimum of 175º C, shall be equipped with a thermometer inserted through the top porthole or be equipped with a temperature-recording device, and shall be equipped with a thermostatic control that will not allow the temperature to deviate by more than ± 5º C from the temperature setting.

g) An incubation unit shall maintain an internal temperature of 35º ± 0.5º C or 36° ± 1° C or 44.5º ± 0.2º C and shall be of the following type: air or water jacketed incubator, incubator room, water bath, or aluminum block incubator. Incubation units of the aluminum block type shall have culture dishes and tubes that are snug fitting in the block. Water baths shall be circulating with covers. Laboratories that use the enzyme substrate tests with air-type incubators shall note the product incubation details indicated in Section 465.360(h)(7).

h) An ultraviolet (UV) sterilizer shall be free from radiation leaks and shall be UV efficiency tested quarterly as described in "Standard Methods for the Examination of Water and Wastewater." Proper eye protection shall be available for users of the ultraviolet sterilizer. The ultraviolet sterilizer shall not be used as a substitute for an autoclave. The unit shall be disconnected monthly and the lamps cleaned by wiping with a soft cloth moistened with ethanol.

i) A refrigerator shall maintain a temperature of between 1º and 5° C and shall be equipped with a thermometer located on the top shelf. The thermometer shall be graduated in not greater than 1º C increments, and the thermometer bulb shall be immersed in liquid.

j) An agar tempering water bath shall be of appropriate size for holding melted medium and shall be thermostatically controlled at 45º ± 1º C.

k) The following standards shall apply to temperature-monitoring devices:

1) Glass or electronic thermometers shall be graduated in not greater than 0.5º C units for use in 35º or 36° C incubators.

2) Glass or electronic thermometers shall be graduated in not greater than 0.2º C units for use in 44.5º C water baths or aluminum block type incubators.

3) Glass or electronic thermometers shall be graduated in not greater than 1.0º C units for use in 55º to 65º C incubators.

4) Electronic thermometers with thermocouplings and continuous temperature-recording devices shall be sensitive to not greater than 0.5º C when used in 35° or 36° C incubators, shall be sensitive to not greater than 0.2º C when used for 44.5º C water baths or aluminum block type incubators, and shall be sensitive to not greater than 1º C when used on 55º to 65º C incubators.

5) An NIST certified thermometer, or one of equivalent accuracy graduated in 0.2º C or less, shall be available for calibration use and shall be accompanied by its certification papers and procedures for use. All thermometers and temperature-recording devices shall be calibrated annually at temperature of use against the certified thermometer to within ± 1.0º C. NIST thermometers shall be calibrated at least every five years at each temperature of use.

6) Each laboratory shall have a maximum registering thermometer in the range of 80º to 200º C graduated in increments no greater than 1º C.

7) Each laboratory shall use separate thermometers for determining the temperatures of water baths, ovens, autoclaves, samples, refrigerators, storage areas, etc.

8) The liquid column of glass thermometers shall have no separations.

9) Dial thermometers are not permitted.

l) Optical counting equipment shall include a low-power magnification device of the dissecting or stereomicroscope type with a magnification power of 10 to 15 diameters, and an external daylight fluorescent light source for sheen discernment at an angle of 60º to 80º above the colonies.

m) A mechanical hand tally shall be available for counting colonies on membrane filters or agar pour plates.

n) Where metal inoculation loops are used, loops shall be of 22 to 24 gauge chrome,

or platinum-iridium wire, with loop diameters of at least 3 mm. Hot-air sterilized wooden applicator sticks, pre-sterilized cotton swabs or pre-sterilized plastic loops may be used.

o) Membrane filter equipment shall be non-leaking, uncorroded, and made of stainless steel, glass, or autoclavable plastic. Disposable single-use equipment made of plastic is also acceptable. Metal plating on membrane filter equipment shall not be worn so as to expose base metal. ~~Calibration shall be checked before first use with Class A graduated cylinders, and a record shall be maintained. Tolerance shall be ± 2.5%.~~

p) Membrane filters shall be white, grid marked, 47 mm diameter, with 0.45 micron pore size, and made from cellulose ester materials. Another pore size may be used if the manufacturer gives performance data equal to or better than the 0.45 micron membrane filter. Membrane filters shall be autoclavable or presterilized.

q) Absorbent pads shall be of uniform thickness to permit 1.8 to 2.2 mL media absorption and shall be autoclavable or presterilized. Filter paper shall be free from growth-inhibiting substances.

r) Forceps used to handle membrane filters and absorbent pads shall have a round tip without corrugations.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.340 Laboratory Glassware, Plastic Ware and Metal Utensils

a) Except for disposable plastic ware, items shall be resistant to effects of corrosion, high temperature, and vigorous cleaning operations. Metal utensils made of stainless steel are preferred. Plastic items shall be of inert, non-toxic material and shall retain accurate graduations or calibration marks after repeated autoclaving. Glassware that is used for purposes that may subject it to damage from heat or chemicals shall be of borosilicate glass. All glassware shall be free of chips, cracks, or excessive etching. All volumetric glassware shall be Class A, denoting that it meets federal specifications and is certified by the manufacturer as meeting the standards established by ~~the American Society for Testing and Materials (~~ASTM~~)~~.

b) Graduated cylinders for measurement of sample volumes shall have a tolerance of

2.5% or less. Precalibrated sample containers shall have clearly marked volumes of 2.5% tolerance.~~ The calibration of each precalibrated sample container shall be checked before first use by measuring the volume of 10 calibrated containers per lot.~~

c) Media-preparation utensils shall be of borosilicate glass or stainless steel, and shall be clean and free from foreign residues or dried medium.

d) MicropipettorsMicropipetters (also referred to as Mechanical Pipettors or PipettorsPipetters or Pipetters) shall meet the specifications set forth in "Standard Methods for the Examination of Water and Wastewater." Pipets delivering volumes of 10 mL or less shall be accurate to within a 2.5% tolerance. MicropipettorsMicropipetters shall be fixed volume and calibrated. MicropipettorsMicropipetters shall be used with tips that are sterile. Micropipetters shall be calibrated annually and replaced if the precision or accuracy is greater than 2.5% tolerance. Micropipetters shall be calibrated with 10 consecutive weighings annually (using a separate tip for each weighing), and the average of all 10 weighings shall be ± 2.5% of specified delivery volume. For volumes ≥ 1.0 mL, check volume by using a Class A graduated cylinder. Containers for glass pipets shall be of either stainless steel or aluminum. Opened packages of sterile disposable pipets shall be securely resealed between uses. A pipet aid shall be used when using pipets; mouth pipetting is prohibited. The pipet shall be clean and dry. Pipet aids used to pipet outside of the certified water microbiology testing laboratory shall not be used.

e) Culture dishes shall be sterile and shall be of the tight-lid or loose-lid plastic or loose-lid glass type. In addition, culture dishes shall be of 100 mm x 15 mm (for Plate Count), 50mm x 12 mm, 60 mm x 15 mm, or other appropriate size (for membrane filter methods), and shall be clear, flat bottomed, and free from bubbles and scratches. Containers for culture dishes shall be of aluminum or stainless steel, or culture dishes shall be wrapped in heavy aluminum foil or char-resistant paper. Open packages of sterile disposable culture dishes shall be securely resealed between uses. Loose-lid dishes shall be incubated in a tight-fitting container, e.g., a plastic vegetable crisper containing a moistened paper towel, to prevent dehydration of membrane filter and medium.

f) Culture tubes shall be of borosilicate glass or other corrosion-resistant glass, and shall be of sufficient size to contain culture medium, as well as the sample portions employed, without being more than three-fourths full. Culture tube

closures shall be loose-fitting stainless steel, or plastic caps, or aluminum caps, or plastic screw caps with non-toxic liners. Cotton plugs and foam plugs shall not be used.

g) Dilution bottles shall be of borosilicate glass or other corrosion-resistant glass or autoclavable plastic and shall be free of chips and cracks at the lip. A graduation level shall be distinctly marked on the side of dilution bottles at 99 mL. Dilution bottle closures shall be plastic screw caps with leak-proof liners and shall not produce toxic substances during the sterilization process. ~~The accuracy of dilution blank volumes shall be verified by checking one bottle for every 25 prepared or purchased. The tolerance shall be ±2 mL for a 99-mL volume.~~

h) Sample bottles shall be sterile, of plastic or hard glass, and wide mouthed, and shall have a capacity of at least 120 mL (4 oz.) to allow at least a 1-inch head space. Reusable sample bottle closures shall be glass stoppers or screw caps (metal or plastic), capable of withstanding repeated sterilization, with leak-proof liners, and shall not produce toxic substances during the sterilization process. Glass-stoppered bottle closures shall be covered with aluminum foil or char-resistant paper for sterilization. Metal caps with exposed bare metal on the inside shall not be used. Presterilized containers including bags, with or without a dechlorinating reagent, may be used.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.350 General Laboratory Practices

a) The following requirements shall apply to sterilization procedures:

1) Autoclaving of the following items shall be carried out at 121º ± 1º C for the durations specified below:

Item	Minimum duration of autoclaving at 121° ± 1° C
Membrane filters and pads	10 minutes
Carbohydrate-containing media (lauryl tryptose, brilliant green lactose bile broth, etc.)	12-15 minutes

Contaminated materials and discarded tests	30 minutes
Membrane filter assemblies (wrapped), sample collection bottles (empty), and individual glassware items	15 minutes
Rinse water volumes of 500 mL to 1000 mL	45 minutes
Rinse water volumes in excess of 1000 mL	Time adjusted for volume; check for sterility
Dilution water blanks	15 minutes

2) Membrane filters and pads and all media shall be removed from the autoclave immediately after completion of the sterilization cycle.

3) The maximum elapsed time for exposure of carbohydrate-containing media to any heat (from the time of closing the loaded autoclave to unloading) shall be 45 minutes.

4) Membrane filter assemblies shall be autoclaved between each sample filtration series. A UV sterilizer or boiling water may be used on membrane filter assemblies for at least two minutes to prevent bacterial carryover between sample filtrations, but shall not be used as a substitute for autoclaving between sample filtration series.

5) Dried glassware to be sterilized in a hot-air sterilizing oven shall be kept at 175º ± 5º C for at least 2 hours.

6) Empty sample containers shall be moistened with several drops of distilled water before autoclaving to prevent an "airlock" sterilization failure.

b) Laboratory pure water, which may be distilled or deionized, or other processed water shall meet the standards set forth in Section 465.380. Only water determined to be laboratory pure water shall be used for performing

bacteriological analyses.

c) Rinse and dilution water shall be prepared in the following manner:

1) A stock phosphate buffer solution of potassium dihydrogen phosphate (KH_2PO_4) and a magnesium chloride solution shall be prepared as specified in "Standard Methods for the Examination of Water and Wastewater." The pH of stock phosphate buffer solution is 7.2 ± 0.5.

2) The phosphate buffer solution and magnesium chloride solution shall be autoclaved or filter sterilized, labeled, dated, and stored at 1º to 5º C.

3) The stored stock phosphate buffer solution and magnesium chloride solution shall be free of turbidity.

4) Rinse and dilution water shall be prepared by adding 1.25 mL of stock phosphate buffer solution and 5.0 mL of magnesium chloride solution per liter of laboratory pure water.

5) Alternatively, commercially prepared phosphate buffer and magnesium chloride solution may be used when preparing rinse and dilution water. The date received, expiration date, proof of sterility, and pH of phosphate buffer shall be recorded.

d) The following minimum requirements shall be met for storing and preparing media:

1) Laboratories shall use commercial dehydrated media or commercially manufactured prepared media for routine bacteriological procedures.

2) All media shall be prepared according to the media specifications of "Standard Methods for the Examination of Water and Wastewater."

3) Dehydrated media containers shall be kept tightly closed and stored in a cool, dry location. Discolored or caked dehydrated media shall not be used.

4) All water used shall be laboratory pure water.

5) Dissolution of the media shall be completed before dispensing to culture tubes or bottles.

6) Multiple Tube Fermentation (MTF) media, when prepared in tubes with loose-fitting caps, shall be used within one week after preparation. If MTF media are refrigerated after sterilization, they shall be incubated overnight at 35º C to confirm usability. Tubes of MTF media showing growth or gas bubbles shall be discarded. Refrigerated M Endo agar ~~LES~~ shall be used within two weeks after refrigeration ~~or discarded~~.

7) MTF media in screw cap containers may be held up to three months, provided that the media are stored in the dark and evaporation does not exceed 1.0 mL per 10 mL total volume.

~~8) The laboratory using commercially manufactured prepared media shall record the date received, type of medium, lot number, sample performance when checked against cultures known to give positive and negative results, and pH verification. Media shall be discarded by the manufacturer's expiration date.~~

~~9) Each new lot of prepared commercial medium and each batch of laboratory prepared medium shall be checked before use with positive and negative culture controls. Additionally, each batch of prepared media (whether commercially prepared or laboratory prepared) shall be checked for sterility. Control organisms (total coliform, fecal coliform, and/or E. coli, as appropriate) shall be either known stock cultures (periodically checked for purity) or commercially available cultures impregnated with the organism. Results shall be recorded. The following table identifies a few positive and negative culture controls that laboratories might consider.~~

~~Group~~	~~Positive Culture Control~~	~~Negative Culture Control~~
~~Total Coliforms~~	~~Escherichia coli~~ ~~Enterobacter aerogenes~~	~~Staphylococcus aureus~~ ~~Proteus vulgaris~~ ~~Pseudomonas aeruginosa~~
~~Fecal Coliforms~~	~~Escherichia coli~~ ~~Klebsiella pneumoniae (thermotolerant)~~	~~Enterobacter aerogenes~~
~~E. coli~~	~~Escherichia coli (MUG-positive strain)~~	~~Enterobacter aerogenes~~ ~~Klebsiella pneumoniae~~

		~~(thermotolerant)~~
~~Enterococci~~	~~Enterococcus faecalis~~ ~~Enterococcus faecium~~	~~Staphylococcus aureus~~ ~~E. coli~~ ~~Serratia marcesens~~

~~10) Examples of appropriate American Type Culture Collection strains include the following:~~

~~Enterococcus faecalis ATCC 11700~~
~~Enterococcus faecium ATCC 6057~~
~~Enterobacter aerogenes ATCC 13048~~
~~Escherichia coli ATCC 8739 or 25922~~
~~Klebsiella pneumoniae (thermotolerant) ATCC 13883~~
~~Proteus vulgaris ATCC 13315~~
~~Pseudomonas aeruginosa ATCC 27853~~
~~Serratia marcesenes ATCC 14756~~
~~Staphylococcus aureus ATCC 6538~~

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.360 Methodology

A laboratory shall be certified for all analytical methods listed below that it uses for compliance purposes. At a minimum, the laboratory shall be certified for one total coliform method and one fecal coliform or E. coli method. In addition, for laboratories that may enumerate heterotrophic bacteria (as measured by the Heterotrophic Plate Count) for compliance with the Surface Water Treatment Rule (SWTR), the laboratory shall be certified for either the Pour Plate Method or the SimPlate method for heterotrophic bacteria.

a) The following methodology, as specified in the listed references, shall be followed for individual parameters:

Method References

Methodology Category	Method	Method Citations				
		RTCR[6,7] (Detect)	SWTR[6] (Count)	LT2 ESWTR[6] (Count)	New Main Construction[2,9] (Detect)	GWR[2,9] (Detect)

Total Coliforms						
Lactose fermentation methods	Standard Total Coliform Fermentation Technique (LTB→BGLB Broth)	9221B.1,B.2[1,2] 9221B.1.B.2-99[4]	9221A,B,C[1,2] 9221A,B,C -99[4]		9221A,B.1[1,2] 9221A,B.1-99[4]	
	Presence-Absence (P-A) Coliform Test (P-A Broth → BGLB Broth)	9221D.1, D.2[1,2] 9221D.1,D.2-99[4]				
Enzyme substrate methods	Colilert® or Colilert-18®	9223B[1,2] 9223B-97[4]	9223B[3] 9223B-97[4]			
	Colisure®	9223B[1,2] 9223B-97[4]				
	Readycult®	[9]				
	E*Colite®	[9]				
	Modified Colitag™	[9]				
Membrane filtration methods	Standard Total Coliform Membrane Filter Procedure (M-Endo or LES-Endo → LTB, BGLB Broth)	9222B[1,2] 9222B-97[4]	9222A,B[1,2] 9222A,B-97[4]			
	Standard Total Coliform Membrane Filter Procedure (M-Endo)				9222B,.1 9222B.2.a,b,c,d,e[1,2]	
	MI Medium	Method 1604	Method 1604			

	m-ColiBlue24®	9				
Fecal Coliforms						
Fermentation broth methods	A-1 broth (from mFC → LTB→A-1 broth)		9221E[3] 9221E--99[4]			
	EC broth (from mFC → LTB→EC broth)		9221E[3] 9221E-99[4]			
Membrane filtration methods	mFC		9222D[3] 9222D-97[4]			
Escherichia coli						
Enzyme substrate methods	Colilert® or Colilert-18®	9223B[1,2] 9223B-97[4]		9223B[1]		9223B[1,2,3]
	Colisure®	9223B[1,2] 9223B-97[4]				9223B[1,2,3]
	E*Colite®	9				9
	Readycult®	9				9
	Modified Colitag®	9				9
Escherichia coli procedure following lactose fermentation methods	EC-MUG medium	9221F.1[1,2]				9221F[3]
Escherichia coli partition method	EC broth with MUG (EC-MUG)	9222G.1c(2)[1,2]		9222G.1c(2)[1]		
	NA-MUG medium	9222G.1c(1)[1,2]		9222G.1c(1)[1]		9222G.1c(1)[1]

Membrane filtration methods	MI Medium	Method 1604		Method 1604		Method 1604
	m-ColiBlue24®	9		9		9
	Chromocult®	9				
Heterotrophic Bacteria						
Heterotrophic Plate Count	Pour plate method		9215B[3]			
Multiple enzyme substrate method	SimPlate®		9			
Cryptosporidium	Filtration/ IMS/FA			Method 1623[8], Method 1623.1[8]		

~~Method References~~

~~Approved Methods~~	~~Media~~	~~Method[1] Citation~~	~~TCR[2] (Detect)~~	~~SWTR[2] (Count)~~	~~New Main Construction[2] (Detect)~~	~~GWR[2] (Detect)~~
~~Total Coliforms~~						
~~Fermentation broth method~~	~~LTB→BGLB Broth~~	~~SM[1] 9221B,C~~	~~X~~	~~X~~	~~X~~	
	~~P-A Broth → BGLB Broth~~	~~SM[1] 9221D~~	~~X~~			
~~Enzyme substrate method~~	~~Colilert®, Colilert-18®~~	~~SM[1] 9223~~	~~X~~	~~X~~		
	~~Colisure®~~	~~SM[2] 9223~~	~~X~~			
	~~Readycult® or Fluorocult LMX®~~		~~X~~			
	~~E*Colite®~~		~~X~~			

~~Approved Methods~~	~~Media~~	~~Method[1] Citation~~	~~TCR[2] (Detect)~~	~~SWTR[2] (Count)~~	~~New Main Construction[2] (Detect)~~	~~GWR[2] (Detect)~~
	~~Colitag®~~		~~X~~			
~~Membrane filter method~~	~~M-Endo or LES-Endo → LTB, BGLB Broth~~	~~SM[1] 9222B,C~~	~~X~~	~~X~~	~~X~~	
	~~MI Medium~~	~~EPA Method 1604~~	~~X~~	~~X~~		
	~~m-ColiBlue24®~~		~~X~~			
	~~Chromocult®~~		~~X~~			
	~~Coliscan®~~		~~X~~	~~X~~		
~~**Fecal Coliforms**~~						
~~Fermentation broth method~~	~~LTB or P/A broth →EC broth~~	~~(SM[1] 9221B,D) SM[1] 9221E~~	~~X~~	~~X~~		
	~~A-1 broth~~	~~SM[1] 9221E~~		~~X~~		
~~Membrane filter method~~	~~M-Endo medium → EC broth~~	~~(SM[1] 9222B) SM[1] 9221E~~	~~X~~	~~X~~		
	~~mFC~~	~~SM[1] 9222D~~		~~X~~		
~~**Escherichia coli**~~						
	~~Colilert® or Colilert-18®~~	~~SM[1] 9223~~	~~X~~			~~X~~

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~~Approved Methods~~	~~Media~~	~~Method[1] Citation~~	~~TCR[2] (Detect)~~	~~SWTR[2] (Count)~~	~~New Main Construction[2] (Detect)~~	~~GWR[2] (Detect)~~
~~Enzyme substrate method~~	~~Colisure®~~	~~SM[2] 9223~~	~~X~~			~~X~~
	~~E*Colite®~~		~~X~~			~~X~~
	~~Readycult® or Fluorocult LMX®~~		~~X~~			~~X~~
	~~LTB, P/A broth, M-Endo → EC-MUG~~	~~(SM[1] 9221B,D; SM[1] 9222B) SM[1] 9221F~~	~~X~~			~~X~~
	~~Colitag®~~		~~X~~			~~X~~
~~Membrane filter method~~	~~MI Medium~~	~~EPA Method 1604~~	~~X~~			~~X~~
	~~m-ColiBlue24®~~		~~X~~			~~X~~
	~~Chromocult®~~		~~X~~			~~X~~
	~~Coliscan®~~		~~X~~			
	~~M-Endo or LES Endo → NA-MUG~~	~~(SM[1] 9222B) SM[1] 9222G~~	~~X~~			~~X~~
~~Heterotrophic Bacteria~~						
~~Pour plate method~~	~~Plate count agar~~	~~SM[1] 9215B~~		~~X~~		

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~~Approved Methods~~	~~Media~~	~~Method[1] Citation~~	~~TCR[2] (Detect)~~	~~SWTR[2] (Count)~~	~~New Main Construction[2] (Detect)~~	~~GWR[2] (Detect)~~
~~Multiple enzyme substrate~~	~~SimPlate®~~			~~X~~		
~~Pour plate, spread plate, or membrane filter methods~~	~~R2A~~		~~X[3]~~			

1 ~~SM =~~ Standard Methods for the Examination of Water and Wastewater, ~~18th, 19th or~~ 20th edition.

2 Standard Methods for the Examination of Water and Wastewater, 21st edition.

3 Standard Methods for the Examination of Water and Wastewater, 22nd edition.

4 Standard Methods for the Examination of Water and Wastewater, online version; the year in which each method was approved by the Standard Methods Committee is designated by the last two digits following the hyphen in the method number. The methods listed are the only online versions that may be used.

5 ~~MC =~~ "Manual for the Certification of Laboratories Analyzing Drinking Water~~,~~"~~USEPA 570/9-90/008A, 5th Edition (January 2005). A copy of this manual can be obtained by contacting the U.S. Environmental Protection Agency, Washington DC 20465. This manual as published and dated is exclusive of subsequent amendments or editions~~.

6~~2~~ RTCR = Revised Total Coliform Rule (40 CFR 141.852)~~(40 CFR 141.21(f))~~, SWTR=Surface Water Treatment Rule (40 CFR 141.74(a)), New Main Construction (see 35 Ill. Adm. Code 652.203(b)). GWR = Ground Water Rule (40 CFR 141.402), LT2ESWTR = Long Term 2 Enhanced Surface Water Treatment Rule (40 CFR 141.704 and 40 CFR 141.705).

~~3~~ ~~For possible use if system operates under a variance to the TCR.~~

7 The laboratory shall use the same technique for E. coli analysis that the laboratory is certified to use for drinking water under 40 CFR 141.74 (e.g., membrane filtration, multiple-well, multiple-tube).

8 Supplement 2 to the 5th edition of the Manual for the Certification of Laboratories Analyzing Drinking Water, November 2012.

9 See Section 465.125.

b) Laboratories shall perform parallel testing between a newly approved test and another EPA-approved procedure for enumerating total coliforms. The laboratory shall conduct at least 25 parallel tests between methods using waters normally tested. Results between methods shall vary by less than 10%.

c) Water samples shall be shaken vigorously at least 25 times in a complete up and down or back and forth movement.

d) Sample volume analyzed for total coliforms in drinking water shall be 100 mL.

e) Aseptic practices shall be used for all microbiological procedures.

f) All samples shall be handled as though they are positive and have the potential to contaminate other samples if handled improperly. All spills shall be promptly disinfected.

g~~e~~) Fermentation broth methods. The water level of the water bath shall be above the upper level of the medium in the culture tubes.

h~~f~~) Multiple tube fermentation technique (for detecting total coliforms in drinking water and enumerating total coliforms in source water):

1) For drinking water samples: Various testing configurations can be used (Standard Methods 9221B), as long as a total sample volume of 100 mL is examined for each test.

2) For source water samples: Laboratories shall use at least three series of five tubes each with appropriate sample dilutions of source water (e.g., 0.1 mL, 0.01 mL, 0.001 mL).

i~~g~~) Media

1) Lauryl tryptose broth (LTB) (also known as lauryl sulfate broth) shall be used in the presumptive test and 2% brilliant green lactose bile broth (BGLBB) in the confirmed test. Lactose broth (LB) may be used in lieu of LTB (40 CFR 141.21(O)(3)) if the laboratory conducts at least 25 parallel tests between this medium and LTB using the waters normally tested, and if this comparison demonstrates that the false positive rate and false

negative rate for total coliforms, using LB, is less than 10%. This comparison shall be documented and the records retained. The final pH shall be 6.8 ± 0.2 for LTB, and 7.2 ± 0.2 for 2% BGLBB.

2) The test medium concentration shall be adjusted to compensate for the sample volume so that the resulting medium after sample addition is single strength. If~~ Optionally, if~~ a single 100-mL sample volume is used, the inverted vial shall be replaced with an acid indicator (bromcresol purple) to prevent problems associated with gas bubbles in large inverted tubes. The media shall be autoclaved at 121° C for 12 to 15 minutes.

3) Sterile media~~medium~~ in tubes shall be examined to ensure that the inverted vials, if used, are free of air bubbles and are at least one-half to two-thirds covered after the water sample is added.

4) After the medium is inoculated, it shall be incubated at 35° ± 0.5° C for 24 ± 2 hours. If no gas or acid is detected, it shall be incubated for another 24 hours (total incubation time 48 ± 3 hours).

5) Each 24- and 48-hour tube that contains growth, acid, or gas shall be confirmed using 2% BGLBB. A completed test is not required.

6) For drinking water samples: Each total coliform positive sample shall be tested for the presence of either fecal coliforms or E. coli.

j~~h~~) Invalidation of total coliform-negative samples

1) For drinking water samples: All samples that produce a turbid culture (i.e., heavy growth) in the absence of gas/acid production, in LTB or LB, shall be invalidated. The laboratory shall collect, or request that the system collect, another sample from the same location as the original invalidated sample within 24 hours. ~~(~~Before invalidation, the laboratory may perform a confirmed test and/or a fecal coliform/E. coli test on the total coliform-negative culture to check for coliform suppression. If the confirmed test is coliform positive or fecal coliforms/E. coli are detected, the sample shall be reported as such. A fecal coliform/E. coli-positive result is considered a total coliform positive, fecal coliform/E. coli-positive sample, even if the presumptive or confirmed total coliform test is negative. If the follow-up test or tests are negative, the sample shall be invalidated because high

levels of non-coliform bacteria in the presumptive tubes may have injured, killed, or suppressed the growth of any coliforms in the sample.~~)~~

2) For source water samples: All samples that produce a turbid culture (i.e., heavy growth) in the absence of gas/acid production, in LTB or LB, shall be invalidated. The laboratory shall collect, or request that the system collect, another sample from the same location as the original invalidated sample. ~~(~~Before invalidation, the laboratory may perform a confirmed test on the total coliform-negative culture. If the confirmed test is total coliform positive, the most probable number~~MPN~~ shall be reported. If the test is total coliform negative, the sample shall be invalidated.~~)~~

k~~i~~) Enzyme (chromogenic/fluorogenic) substrate tests

1) For detecting total coliforms and E. coli in drinking water samples, a laboratory may use the MMO-MUG test (Colilert), Colisure test, E*Colite test, Readycult Coliforms 100 Presence/Absence Test~~ (or Fluorocult LMX Broth test)~~, or Modified Colitag™ test. These tests, known as enzyme substrate tests, may be available in various configurations. For enumerating total coliforms in source water, a laboratory may use the Colilert test. If a laboratory uses a fermentation method to detect total coliforms in drinking water, and the sample is total coliform positive, the laboratory may transfer the positive culture to the EC+MUG test to detect E. coli, but not to any other enzyme substrate test medium in this Section.

2) Media shall not be prepared from basic ingredients, but rather from a commercially available source.

3) Media shall be protected from light.

4) Some lots of enzyme substrate media have been known to fluoresce. Each lot of medium shall be checked before use with a 365-366 nm ultraviolet (UV) light with a 6-watt bulb. For checking Colilert, Colilert-18, Colisure, Readycult~~/Fluorocult LMX~~, and Modified Colitag™ media, a packet of medium shall be dissolved in sterile water in a non-fluorescing vessel. If the medium exhibits faint fluorescence, the laboratory shall use another lot that does not fluoresce.

5) If the samples plus the medium exhibit an inappropriate color change before incubation, they shall be discarded and another lot of medium used. The laboratory shall notify the medium vendor and request another water sample from the water system. Before incubation, Colilert, Colilert-18, and Modified Colitag™ shall appear colorless to a slight tinge of color, while Colisure and E*Colite are yellow and Readycult~~/Fluorocult~~ shall appear slightly yellow.

6) Glass and plastic sample bottles and test tubes shall be tested before use with a 365-366 nm UV light source with a 6-watt bulb to ensure that they do not fluoresce. If they fluoresce, another lot of containers that do not fluoresce shall be used.

7) Incubators, especially small low-wattage air-type incubators, may not bring a cold 100 mL water sample or samples to the specified incubation temperature for several hours. The problem may cause false negative results with the enzyme substrate tests and possibly other tests as well. Laboratories with air-type incubators shall observe the following instructions for chromogenic/fluorogenic substrate test:

Test	**Pre-incubation sample instructions** [1,2]
Colilert (Presence/Absence)	Specified 24-hour incubation time includes time it takes to bring sample temperature up to 35° ± 0.5° C [1]
Colilert Quanti-Tray	Specified 24-hour incubation time includes time it takes to bring sample temperature up to 35° ± 0.5° C
Colilert-18 (Presence/Absence)	Prewarm sample in 35° ± 0.5° C water bath for 20 minutes or 44.5° C for 7-10 minutes
Colilert-18 Quanti-Tray	Allow sample to equilibrate to room temperature (20-30° C) before beginning 18-hour incubation time
Colisure	Allow sample to equilibrate to room temperature (20-30° C) before beginning 24-hour incubation time
Readycult Coliforms~~/ Fluorocult LMX~~	Specified 24-hour incubation time includes time it takes to bring sample

	temperature up to 35° ± 0.5° C or 36° ± 1° C
Modified Colitag™	Specified 24-hour incubation time includes time it takes to bring sample temperature up to 35° ± 0.5° C

[1] If the laboratory plans to put a large load into a small incubator, samples shall be brought to room temperature before incubation.
[2] Information based on manufacturer's instructions.

8) If a water bath is used, the water level shall be above the upper level of the medium.

9) For E. coli testing, the laboratory shall place all total coliform-positive samples under an ultraviolet lamp (365-366 nm, 6-watt) in a darkened area. If E. coli is present, the medium will emit a blue fluorescence.

10) The enzyme substrate tests shall not be used to confirm a presumptive total coliform-positive result that was obtained in fermentation broth (e.g., LTB, LB) or on a membrane filter.

11) Any sample that produces an atypical color change (e.g., greenish black or black) in the absence of a yellow color shall be invalidated.

12) Any reference comparator provided by the manufacturer shall be discarded by the manufacturer's expiration date.

13) For the Colilert test, samples shall be incubated at 35° ± 0.5° C for 24 hours. A yellow color in the medium equal to or greater than the reference comparator indicates that the sample is total coliform positive. If the sample is yellow, but lighter than the comparator, it shall be incubated for another four hours (do not incubate more than 28 hours total). If the color is still lighter than the reference comparator at 28 hours, the sample shall be reported as negative. A coliform-positive sample that fluoresces under an ultraviolet (UV) light indicates the presence of E. coli. Laboratories that use the Colilert-18 test shall incubate samples for 18 hours (up to 22 hours if the sample after 18 hours is yellow, but is lighter than the comparator).

14) For enumerating total coliforms in source water with the Colilert test, a 5- or 10-tube configuration, Quanti-Tray, or Quanti-Tray 2000 may be used for each sample dilution tested. Dilution water (if used) may be sterile deionized or sterile distilled water, but not buffered water.

15) If the Quanti-Tray or Quanti-Tray 2000 test is used, the sealer shall be checked monthly by adding a dye (e.g., bromcresol purple) to the water. If dye is observed outside the wells, maintenance shall be performed or another sealer shall be used.

16) For the Colisure test, samples shall be incubated at 35° ± 0.5° C for 24 hours. If an examination of the results at 24 hours is not convenient, then results may be examined at any time up to 48 hours. If the medium changes from a yellow color to a red/magenta color, the sample is total coliform positive. A coliform positive sample that fluoresces under a UV light indicates the presence of E. coli.

17) For the E*Colite test, samples shall be incubated at 35° ± 0.5° C for 28 hours. If total coliforms are present, the medium changes from a yellow color to a blue or blue-green color, or a blue color in the corners of the bag. If E. coli is present, the medium will fluoresce under a UV light. If no fluorescence is observed, the sample shall be re-incubated for an additional 20 hours (for a total incubation time of 48 hours) and again checked for fluorescence. If the medium becomes red~~ in color~~, it shall be assumed that a faulty seal has allowed the bactericide (in the third compartment of the bag) to leak into the compartment containing the medium. In this case, the sample shall be discarded and another sample shall be requested.

18) For the Readycult Coliforms 100 Presence/Absence test, the contents of a snap pack shall be added to a 100-mL water sample, followed by incubation at 35° ± 0.5° C or 36° ± 1° C for 24 ± 1 hours. If coliforms are present, the medium changes color from a slightly yellow color to blue-green. In addition, if E. coli is present, the medium will emit a bright light-blue fluorescence when subjected to a long wave (365-366 nm) UV light. If confirmation of E. coli is desired, Kovac's indole reagent shall be added to the broth; the immediate formation of a red ring confirms the presence of E. coli.

~~19)~~ ~~Fluorocult LMX broth is identical to Readycult, except that it is a dehydrated culture medium in granulated form packed primarily in a 500 g plastic bottle. For testing a 100-mL water sample, 34 g of Fluorocult LMX shall be suspended in 1 L purified water and boiled to dissolve completely. Transfer 100-mL aliquots to 250-mL bottles and autoclave for 15 minutes at 121° C. Cool to room temperature, add the 100-mL water sample, and incubate. Do not add E. coli/Coliform Supplement to the medium.~~

19~~20~~) For the Modified Colitag™ test, samples shall be incubated at 35° ± 0.5° C for 24 ± 2 hours. During incubation, trimethylamine-N-oxide in the Modified Colitag™ medium causes the pH of the medium to increase from 6.2 to 6.8-7.2. A yellow color in the medium indicates the presence of total coliforms. A coliform-positive sample that fluoresces under a UV light indicates the presence of E. coli.

l~~j~~) Membrane filter (MF) methods

1) For source water samples (SWTR): To optimize counting, appropriate sample dilutions shall be used to yield 20 to 80 total coliform colonies or 20 to 60 fecal coliform colonies for at least one dilution or volume.

2) At least one membrane filter and filtration unit sterility check shall be conducted at the beginning and the end of each filtration series by filtering 20 to 30 mL of dilution water through the membrane filter and testing for growth. If the control indicates contamination, all data from affected samples shall be rejected and an immediate resampling shall be requested. A filtration series ends when 30 minutes or more elapse between sample filtrations.

3) Each filtration funnel shall be rinsed after each sample filtration with two or three 20 to 30 mL portions of sterile rinse water to ensure that the entire sample is rinsed off the funnel before the filter is removed. After the filter is removed, the funnel may be rinsed again with two or three 20 to 30 mL portions of sterile rinse water or exposed to UV light with a 254-nm wavelength for at least two minutes to prevent carryover between samples, especially for surface water samples.

4) Absorbent pads shall be saturated with a liquid medium (at least 2 mL of broth) and excess medium removed by decanting the plate.

5) Membrane filters shall be handled with sterile forceps that are sterilized before each use by dipping in 95% ethyl or absolute methyl alcohol and flaming. The membrane filters shall be grasped outside the effective filtration area.

m~~k~~) Media used for ~~total coliforms, fecal coliforms, and E. coli by MF method for~~ detecting total coliforms and E. coli in drinking water, enumerating total coliforms or fecal coliforms in source water, and detecting E. coli in ground water.

1) Using M-Endo medium agar or broth (also known as M-Endo broth MF and M-Coliform broth) or LES Endo agar (also known as M-Endo agar LES) for detecting total coliforms in drinking water or enumerating total coliforms in source water: Medium may be used in the single step or enrichment techniques. Ethanol~~Ensure that ethanol~~ used in the rehydration procedure shall~~is~~ not be denatured. Medium shall be prepared in a sterile flask and brought just to the boiling point with a boiling water bath or, if constantly attended, a hot plate with a stir bar. The medium shall not be boiled. Final pH shall be 7.2 ± 0.2 for M-Endo Agar LES and 7.2 ± 0.1 for M-Endo medium.

2) Using m-ColiBlue24 medium for detecting total coliforms and E. coli in drinking water: Ampules of broth shall be inverted two to three ~~2 to 3~~ times to mix contents before breaking. Then, contents shall be poured evenly over absorbent pad. Unopened refrigerated ampules may be stored in the dark until the expiration date, but shall be discarded earlier if growth is observed. The final pH of the medium shall be 7.0 ± 0.2.

3) Using MI medium (with or without agar) for detecting total coliforms and E. coli in drinking water or enumerating total coliforms in source water: Commercially made ~~Do not autoclave commercially-made~~ pre-sterilized bottled MI agar or broth shall not be autoclaved. Bottled~~Melt bottled~~ agar shall be melted in a boiling water bath ~~(~~or by other processes recommended by the manufacturer~~)~~. As soon as complete melting has occurred, the medium shall be cooled~~cool~~ slightly and immediately poured~~pour immediately~~ into sterile plates. Care shall be taken to prevent overheating the agar, as excessive heat destroys the effectiveness of the antibiotic cefsulodin. If dehydrated culture medium is used, it shall be

prepared and autoclaved according to the manufacturer's instructions. The~~Cool the~~ agar shall be cooled, ~~add~~ freshly prepared filter-sterilized cefsulodin shall be added, and the mixture shall be~~pour~~ immediately poured into sterile plates. The final pH of MI agar shall be 6.95 ± 0.2; the final pH of MI broth shall be 7.05 ± 0.2. The preparation and use of MI agar and MI broth are referenced in Section 465.125(a)(4). EPA Method 1604, which can be found online at www.epa.gov/microbes, is identical.

4) ~~Using~~ Chromocult® Coliform agar for detecting total coliforms and E. coli in drinking water shall not be autoclaved or overheated~~: Do not autoclave or overheat~~. The final pH shall be 6.8 ± 0.2. If a heavy background of heterotrophic bacteria is expected (especially Pseudomonas and Aeromonas species), ~~add~~ cefsulodin solution shall be added to the cooled (45° to 50° C) medium (dissolve 10 mg cefsulodin in 2 mL deionized or distilled water, and ~~add~~ solution added to 1 L of medium).

~~5) Using Coliscan® for detecting total coliforms and E. coli in drinking water or enumerating total coliforms in source water: Coliscan is available as a dry powder agar mix or as a presterilized bottled agar. For reconstitution and antibiotic addition, follow the protocol of the manufacturer (Micrology Laboratories, LLC). Do not overheat the antibiotic cefsulodin. The final pH of Coliscan agar shall be 7.00 ± 0.2.~~

5~~6~~) ~~Using~~ m-FC broth (with or without agar) for enumerating fecal coliforms in source water shall not be autoclaved~~: Do not autoclave~~. The~~Bring~~ medium shall be brought just to the boiling point. The final pH shall be 7.4 ± 0.2.

6~~7~~) When stored, prepared medium shall be refrigerated. Petri dishes containing medium shall be stored in a plastic bag or tightly closed container, and used within two weeks. Before use, refrigerated sterilized medium shall be brought to room temperature. Plates with laboratory-prepared broth medium shall be discarded after 96 hours, poured MF agar plates discarded after two weeks, and ampuled M-Endo broth and other prepared media discarded in accordance with the manufacturer's expiration date. Broth, plates, or ampules shall be discarded earlier if growth or (for M-Endo agar) surface sheen is observed. The~~Record~~ date and time prepared shall be recorded.

7~~8~~) Incubation conditions and colony color of inoculated medium

Medium	**Incubation**	**Total coliforms[1]**	**E. coli**
M-Endo medium or M-Endo agar LES	35° ± 0.5° C for 22-24 hrs	Metallic (golden) sheen colonies (presumptive)	N/A
m-ColiBlue24	35° ± 0.5° C for 24 hrs	Red colonies	Blue to purple colonies
MI	35° ± 0.5° C for 24 ± 2 hrs	Fluorescent colonies under UV light	Blue colonies under normal light
Chromocult	36° ± 1° C for 24 ± 1 hrs	Salmon to red colonies	Dark-blue to violet colonies[2]
~~Coliscan~~	~~32°-37° C for 24-28 hrs~~	~~Pink to magenta colonies~~	~~Purple-blue colonies~~
m-FC	44.5° ± 0.2° C for 24 ± 2 hrs	N/A	Blue colonies (fecal coliforms)

[1] Without the presence of E. coli. If an E. coli colony is present, as indicated by the last column, it shall be counted as a total coliform-positive colony.

[2] If confirmation of E. coli is desired, add one drop of Kovac's reagent shall be added to each dark blue to violet colony; the formation of a cherry-red color within seconds confirms the presence of E. coli.

n~~l~~) Invalidation of a total coliform-negative drinking water sample: All samples resulting in confluent or TNTC (too numerous to count) growth shall be invalidated unless total coliforms are detected. If no total coliforms are detected, the sample shall be recorded~~record~~ as "confluent growth" or "TNTC" and ~~request~~ an additional sample shall be requested from the same sampling site. Confluent growth is defined as a continuous bacterial growth covering the entire membrane filter without evidence of total coliform type colonies. TNTC is defined as greater than 200 colonies on the membrane filter in the absence of detectable coliforms. Laboratories shall not invalidate samples when the membrane filter contains at least one coliform type colony (i.e., sheen colony for M-Endo medium, red or

blue colony for m-ColiBlue24 agar, fluorescent or blue colony for MI agar, salmon to red or dark blue to violet colonies for Chromocult Coliform agar~~, pink-magenta or blue-purple colony for Coliscan)~~. ~~(~~Before invalidation, the laboratory shall~~may~~ perform a verification test on the total coliform negative culture, i.e., on confluent or TNTC growth, and an ~~a fecal coliform/~~E. coli test. If the verification test is total coliform positive, the sample shall be reported as total coliform positive. If the test is total coliform negative, the sample shall be invalidated. An ~~A fecal coliform/~~E. coli positive result is considered a total coliform-positive, ~~fecal coliform/~~E. coli positive sample, even if the sample tests negative for total coliform~~initial and/or verification total coliform test is negative~~.~~)~~

o~~m~~) Invalidation of source water samples (SWTR): Laboratories shall invalidate any sample that results in confluent growth or TNTC, even when total coliform or fecal coliform colonies are present, because coliform density shall be determined.

p~~n~~) For drinking water samples (to verify colonies on Endo-type medium): At least five typical sheen colonies and five nontypical colonies shall be verified using either single strength lactose broth (LB) or lauryl tryptose broth (LTB) and then single strength 2% brilliant green lactose bile broth (BGLBB). Alternatively, sheen colonies may be verified using a cytochrome oxidase and b-galactosidase procedure. Individual colonies can be transferred with a sterile needle or loop, or applicator stick. If no sheen colonies are observed, ~~verify~~ up to five red questionable sheen colonies and~~/or~~ up to five red non-sheen colonies representing different morphological types shall be verified. Alternatively, ~~wipe~~ the entire surface of the membrane filter shall be wiped with a sterile cotton swab, and inoculate the verification media (LTB, then BGLBB) shall be inoculated.

q~~o~~) For drinking water samples: Total coliform-positive colonies shall be tested for E. coli~~ or fecal coliforms~~. The membrane filter tests approved by USEPA do not require additional media for such a test, except for those using Endo-type medium (M-Endo medium or M-Endo agar LES). USEPA~~EPA~~ has approved several options for testing a total coliform-positive colony on Endo-type medium for E. coli~~ or fecal coliforms~~. When ~~EC Medium (for fecal~~ coliforms~~)~~ or EC Medium-~~+~~MUG ~~(for E. coli)~~ is used, the colonies shall be transferred by employing one of the options specified by the Total Coliform Rule at 40 CFR 141.21(f)(5) (see Appendix G of the USEPA Manual for the Certification of Laboratories Analyzing Drinking Water). For the swab technique, a single swab can be used to inoculate a presumptive total coliform-positive culture into ~~up to~~ three different media, ~~(e.g., EC or~~ EC-MUG Medium, LTB, and BGLBB, in that order~~)~~. If

Nutrient Agar- +MUG is used, therefer to Nutrient Agar- +MUG section shall be followed.

rp) For source water samples: Initial total coliform counts shall be adjusted based upon verified data, as in Standard Methods, Section 9222B(5).

q) For source water samples (SWTR): If two or more analysts are certified, each analyst shall count total coliforms or fecal coliform colonies on the same membrane monthly. Colony counts shall agree within 10%.

sr) Nutrient Agar- +MUG Test (for detection of E. coli in drinking water or ground water)

1) Medium shall be autoclaved at 121° C for 15 minutes. MUG may be added to Nutrient Agar before autoclaving. Nutrient Agar- +MUG is also available commercially. The final MUG concentration shall be 100 µg/mL. The final pH shall be 6.8 ± 0.2.

2) Positive and negative controls shall be tested as stated in Section 465.350(d)(9). Control Filter or spot-inoculate control cultures shall be filtered or spot-inoculated onto a membrane filter on M-Endo agar LES or M-Endo broth or agar, and shall be incubatedincubate at 35° ± 0.5° C for 24 hours. TheThen transfer the filter shall then be transferred to Nutrient Agar- +MUG and incubatedincubate at 35° C for another four4 hours. The results shall be read and recorded.

3) The membrane filter containing a coliform colony or colonies shall be transferred from the total coliform medium to the surface of Nutrient Agar- +MUG medium. Each sheen colony shall be marked with a permanent marker on the lid. Also, the lid and the base shall be marked with a line to realign the lid ifshould it isbe removed. (A portion of the colony may be transferred with a needle to the total coliform verification test before transfer to Nutrient Agar- +MUG or after the 4-hour incubation time. Another method is to swab the entire membrane filter surface with a sterile cotton swab after the 4-hour incubation time on Nutrient Agar- +MUG medium, and transfer to a total coliform verification test.)

4) Inoculated medium shall be incubated at 35° ± 0.5 C° for 4 hours.

5) The~~Check the~~ fluorescence shall be checked using an ultraviolet lamp (365-366 nm) with a 6-watt bulb in a darkened area. Any amount of fluorescence in a halo around a sheen colony shall be considered positive for E. coli.

~~s) MF method for detecting enterococci/fecal streptococci in ground water~~

~~1) For mE agar (SM 9230C) for the detection of enterococci: Prepare basal mE agar. Then autoclave and cool in a 44°-46° C water bath. Dissolve 0.48 g nalidixic acid and 0.4 mL 10 N NaOH into 10 mL of reagent-grade distilled water and mix. Filter-sterilize the solution, and add 5.2 mL per liter of basal mE agar. For triphenyl tetrazolium chloride (TTC), add 0.25 g of TTC to 25 mL of reagent-grade water, and warm to dissolve. Filter sterilize the solution, and add 15 mL per liter of basal mE agar. Final pH shall be 7.1 ± 0.2.~~

~~2) For m-Enterococcus agar (SM 9230C) for the detection of fecal streptococci (not enterococci): Heat to dissolve ingredients, but do not autoclave. Dispense into sterile petri plates (9 X 50 mm) (about 4 mL) and allow to solidify. Final pH shall be 7.2 ± 0.2.~~

~~3) For mEI agar (EPA Method 1600) for the detection of enterococci: Add 0.75 g indoxyl-b-D-glucoside to 1L of basal mE agar, and proceed according to subsection (s)(1), except that the preparation of TTC is as follows: Add 0.1 g of TTC to 10 mL of reagent-grade distilled water, and warm to dissolve. Filter-sterilize the solution, and add 2 mL per liter of medium. Final pH shall be 7.1 ± 0.2.~~

~~4) After filtering a 100-mL sample, place membrane in a petri dish on one of the agar media listed in subsection (s)(1), (s)(2) or (s)(3). Serial dilutions should not normally be necessary for detecting enterococci in ground water.~~

~~5) If m-Enterococcus agar is used, incubate inverted plate at 35° ± 0.5° C for 48 hours and, using magnification and a fluorescent lamp, count all light and dark red colonies as fecal streptococci.~~

~~6) If mE agar is used, incubate inverted plate for 48 hours at 41° ± 0.5° C, and then transfer filter to EIA medium. Incubate at 41° ± 0.5° C for 20-30~~

~~minutes and, using magnification and a fluorescent lamp, examine the colonies. Pink to red colonies on mE agar with a black or reddish brown precipitate on the underside of filter on EIA indicates the presence of enterococci.~~

~~7) If mEI agar is used, incubate inverted plate for 24 hours at 41° ± 0.5° C. Using magnification and a small fluorescent lamp, examine both the top and bottom of the plate for colonies with a blue halo. A colony with a blue halo, regardless of colony color, indicates the presence of enterococci.~~

t) Heterotrophic Plate Count (for enumerating heterotrophic bacteria in drinking water)

1) The Pour Plate Method (Standard Methods 9215B) or the SimPlate Method shall be used for determining compliance with 40 CFR 141.74(a)(l) and shall also be used for testing reagent grade water. ~~For systems that have been granted a variance from the Total Coliform Rule's maximum contaminant level (see variance criteria in 40 CFR 141.4), any method in Standard Methods, Section 9215, Heterotrophic Plate Count, may be used with R2A medium for enumerating heterotrophic bacteria in drinking water.~~

2) Media

Method	**Medium**	**Final pH**
Pour Plate	Plate count agar, also known as tryptone glucose yeast agar	7.0 ± 0.2
~~Pour Plate~~	~~R2A agar~~	~~7.2 ± 0.2~~
~~Spread Plate~~	~~R2A agar~~	~~7.2 ± 0.2~~
~~Membrane Filter~~	~~R2A agar~~	~~7.2 ± 0.2~~
SimPlate	Multiple enzyme substrate	7.2 ± 0.2

3) (For Pour Plate Method) Melted agar shall be tempered at 44°-46° C in a water bath before pouring. Agar temperature control accompanies media from tempering through use. Melted agar shall be held no longer than three hours. Sterile agar medium shall not be melted more than once. The center of media in containers shall be no greater than 2.5 cm from some surface.

~~4)~~ ~~(For Spread Plate Method) 15 mL of R2A agar medium (or other medium) shall be poured into a petri dish (100 x 15 mm or 90 x 15 mm) and allowed to solidify.~~

4~~5~~) Refrigerated medium may be stored in bottles or in screw-capped tubes for up to three months, or in petri dishes for up to two weeks.~~ Prepared petri dishes with R2A medium may be stored for up to one week.~~

5~~6~~) For most potable water samples, countable plates can be obtained by plating 1.0 mL and/or 0.1 mL volumes of the undiluted sample (dilutions may not be necessary for SimPlate, which has a counting range up to 738/mL). At least duplicate plates per dilution shall be used.

6~~7~~) (For Pour Plate Method) The sample shall be aseptically pipetted onto the bottom of a sterile petri dish. Then at least 10-12 mL of tempered melted (44°-46° C) agar shall be added to each petri dish. The sample and melted agar shall be mixed carefully to avoid spillage. After agar plates have solidified on a level surface, the plates shall be inverted and incubated at 35° ± 0.5° C for 48 ± 3 hours. Plates shall be stacked no more than four high and shall be arranged in the incubator to allow proper air circulation and to maintain uniform incubation temperature. Excessive~~Avoid excessive~~ humidity in the incubator shall be avoided to reduce the possibility of spreader formation on the agar medium. Excessive~~Also avoid excessive~~ drying of the agar medium shall also be avoided; agar medium in plates shall~~should~~ not lose more than 15% by weight during 48 hours of incubation. Agar weight loss shall be determined quarterly.

~~8)~~ ~~(For Spread Plate Method) 0.1 or 0.5 mL of the sample (or dilution) shall be pipetted onto the surface of the pre-dried agar in the plate, and then spread over the entire surface of the agar using a sterile bent-glass rod. The inoculum shall be absorbed completely by the agar before the plate is inverted and incubated. The plate shall be incubated at 20°-28° C for 5-7 days.~~

~~9)~~ ~~(For Membrane Filter Technique) The volume to be filtered shall yield between 20-200 colonies. The filter is transferred to a petri dish containing 5 mL of solidified R2A medium, and incubated at 20°-28° C for 5-7 days. If plates with loose-fitting lids are used, plates shall be placed in a plastic box with a close fitting lid containing moistened paper towels. Paper~~

~~towels shall be rewetted as necessary to maintain moisture. Colonies shall be counted using a stereoscopic microscope at 10-15X magnification.~~

7~~10~~) (For SimPlate Method) Unit Dose (for a single sample): A 10-mL volume of test sample shall be~~is~~ added to a test tube containing dehydrated SimPlate medium. Then the dissolved medium shall be poured onto the center of a plate containing 84 small wells (provided by the manufacturer, IDEXX Laboratories, Inc.). Alternatively, 9 mL of sterile diluent (D.I. water, distilled water, or buffered water (Standard Methods, 9050C, 1 a)) can be added to the tube, followed by a 1-mL sample. Then ~~follow~~ the procedure ~~as~~ indicated ~~above~~ for the 10-mL sample shall be followed. The mixture shall be distributed evenly to the 84 wells on the plate, and the excess liquid shall be drained into an absorbent pad on the plate. The plate shall then be inverted (the fluid in each well is held in place by surface tension), and incubated for 45-72 hours at 35° ± 0.5° C. Bacterial density is determined by counting the number of wells that fluoresce under a 365-366 nm UV light, and converting this value to a Most Probable Number using the Unit Dose MPN table provided by the manufacturer. If a 10-mL sample is used, ~~read~~ the Unit Dose MPN/mL shall be read directly. If a 1-mL sample is used, then ~~correct~~ the MPN/mL value shall be corrected by multiplying it by 10.

8~~11~~) (For SimPlate Method) Multiple Dose (for 10 samples of 1 mL each): A 100-mL sterile diluent shall be added to the dehydrated SimPlate medium to reconstitute, and shaken to dissolve. Then a 1.0-mL test sample shall be pipetted to the center of a plate containing 84 small wells, followed by 9 mL of the reconstituted medium. The plate shall be gently swirled~~Gently swirl plate~~ to mix the sample and medium, and ~~distribute~~ the mixture shall be distributed evenly to the 84 wells on the plate. Then ~~continue with~~ the procedure indicated in subsection (t)(7~~10~~) shall be followed, except that the Multi-Dose table supplied by the manufacturer shall be used to determine the MPN/mL. If a dilution is made during sample preparation, then ~~multiply~~ the MPN/mL value shall be multiplied by the dilution factor.

9~~12~~) (For Pour Plate Methods~~and Spread Plate Techniques~~) Colonies shall be counted manually using a dark-field colony counter. In determining sample count, laboratories shall count only plates having 30 to 300 colonies, except for plates inoculated with 1.0 mL of undiluted sample. Counts less than 30 ~~for such plates~~ are acceptable. ~~(~~Fully automatic colony

counters are not suitable because of the size and small number of colonies observed when potable water is analyzed for heterotrophic bacteria.~~)~~

10~~13~~) Each batch or flask of agar shall be checked for sterility by pouring a final control plate. Data shall be rejected if control is contaminated.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.370 Sample Collection, Handling and Preservation

When the laboratory has been delegated responsibility for sample collection, handling, and preservation, there shall be strict adherence to correct sampling procedures, complete identification of the sample, and prompt transfer of the sample to the laboratory as specified in "Standard Methods for the Examination of Water and Wastewater." In addition, the following standards for sample collection, handling, and preservation of potable water samples shall be met:

a) For~~In order for~~ the sample to be representative of the potable water system, the sampling program shall include examination of the finished water at selected sites that systematically cover the distribution network.

b) Minimum sampling frequency shall be as specified in 35 Ill. Adm. Code 611, Subpart L (Microbiological Monitoring and Analytical Requirements).

c) Water shall be sampled from cold water taps that are free of aerators, strainers, hose attachments, and water purification devices. Prior to sampling, a steady flow of water shall be maintained from the tap for two to three minutes to clear the service line.

d) The sample bottle shall be filled allowing at least 1 inch of air space from the top to provide space for mixing. A minimum sample volume of 100 mL shall be collected. If a sample bottle is filled too full to allow for proper mixing, rather than pouring off and discarding~~do not pour off and discard~~ a portion of the sample,~~. Rather, pour~~ the entire sample shall be poured into a larger sterile container and mixed~~,mix~~ properly, and ~~proceed with~~ the analysis shall proceed.

e) The sample report form shall be completed in indelible ink immediately after collecting the sample and shall contain the following information: name of system (public water system site identification number, if available); sample

identification (if any); date and time of collection; sample site location; sample collector's name and organization (if not the water system); persons transporting the samples from the system to the laboratory (if not the sampler); transportation condition (e.g., <10º C, protection from sunlight); sample type (e.g., routine, repeat); and total chlorine residual (if applicable).

f) When sample containers are prepared within the laboratory, the dechlorinating agent, 0.1 mL of a 3% solution of sodium thiosulfate shall be added to a 120 mL bottle to neutralize up to 5 mG/L. Volume~~Adjust volume~~ added to larger bottles shall be adjusted to provide the same level of neutralization. Stock sodium thiosulfate solution shall be free of turbidity.

g) When the sample is delivered to the laboratory:

1) The following information shall be added to the sample report form:

A) Date and time of sample arrival;

B) Name of carrier; and

C) Name of the person receiving the sample for the laboratory; and

2) Each sample shall be assigned a laboratory number. If the sample is~~In the event of~~ a repeat or replacement sample, the number assigned to the original sample shall also be recorded.

h) Records necessary to establish chain-of-custody of the samples shall be maintained.

i) For the analysis of total coliform in drinking water, the time between sample collection and the placement of the sample in the incubator shall not exceed 30 hours. All samples received in the laboratory shall be analyzed on the day of receipt, unless the laboratory receives the sample late in the day (in which case, the sample shall be refrigerated overnight), as long as analysis begins within 30 hours after sample collection.

j) The time from sample collection to placement of sample in the incubator (i.e., the holding time) for total coliforms and fecal coliforms in surface water sources and heterotrophic bacteria in drinking water shall not exceed eight hours for samples

being analyzed in compliance with the Surface Water Treatment Rule (40 CFR 141.74(a)(1)). Per 40 CFR 141.704, for surface water E. coli samples being analyzed in compliance with the Long Term 2 (LT2) rule, the holding time for the sample shall not exceed 30 hours, unless an exception is granted by the state regulatory agency that has jurisdiction over the public water supply~~State~~. The state regulatory agency~~State~~ may approve, on a case-by-case basis, the holding of an LT2 E. coli sample for up to 48 hours if the State determines that analyzing the sample within 30 hours is not feasible.

k) Samples of potable water for heterotrophic plate count analysis shall be refrigerated and delivered to the laboratory within six hours after collection, and analyzed within two hours after receipt in the laboratory.

l) Source water samples shall be held at <10º C and the time of initiation of analyses shall not exceed eight hours from time of collection.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.390 General Quality Control Procedures

a) A written description of the current laboratory quality control and quality assurance program shall be maintained and made available to analysts in an area of the laboratory where analytical work takes place. The quality assurance plan shall address all of the items listed in the Manual for the Certification of Laboratories Analyzing Drinking Water. The quality assurance plan shall be reviewed annually and updated as necessary. A record of analytical quality control tests and quality control checks on media, materials, and equipment shall be prepared and retained for five years.

b) Standard operating procedures~~A laboratory manual containing complete written instructions~~ for each parameter for which the laboratory is certified and for all required quality control procedures shall be maintained and made available to analysts in an area of the laboratory where analytical work takes place.

c) The following minimum requirements shall apply to analytical quality control tests for general laboratory practices and methodology:

1) Each laboratory shall successfully analyze at least one set of proficiency testing (PT) samples once every 12 months, for each method for which it

is certified. When PT sample results indicate technical error, the Department will provide appropriate technical assistance to determine the cause and make suggestions for correction of the problem.

~~2) Each analyst approved for the total coliform presence/absence procedure by the membrane filter technique shall verify quarterly total coliform analyses by swabbing three plates from a known positive sample and inoculating lauryl tryptose broth and brilliant green lactose bile broth from each plate. The lauryl tryptose broth and brilliant green lactose bile broth shall be incubated at 35.0º ± 0.5º C for 24 to 48 hours. Turbid growth with gas production indicates a positive result.~~

2~~3~~) Each analyst approved for the total coliform count procedure by the membrane filter technique for source water samples (SWTR) shall verify monthly~~quarterly~~ 10 colonies, including each type of atypical colony observed. Counts shall be adjusted based on percent verification.

~~4) Each analyst approved for EC verification shall inoculate quarterly three tubes of EC medium with the same swabs used to perform the quarterly total coliform verification. EC medium shall be incubated at 44.5º ± 0.2º C for 24 hours.~~

3~~5~~) Each analyst approved for the fecal coliform procedure by the membrane filter technique for source water samples (SWTR) shall verify a positive water sample monthly. At~~quarterly fecal coliform analyses by picking at~~ least 10 isolated colonies shall be chosen from membranes containing typical blue colonies and, if present, atypical colonies of different morphological types and shall be transferred~~transferring~~ to lauryl tryptose broth. Positive tubes shall be transferred~~and~~ to EC medium. The lauryl tryptose broth shall be incubated at 35.0º ± 0.5º C for 24 to 48 hours. The EC medium shall be incubated at 44.5º ± 0.2º C for 24 hours. Turbid growth with gas production indicates a positive result. Counts shall be adjusted based on percent verification.

4~~6~~) If there is more than one analyst in the laboratory, at least once each month each analyst shall count the same heterotrophic plate count plate, total coliform membrane, and fecal coliform membrane (per certified method used to test source water samples under the SWTR). Colony counts between analysts shall agree within 10 percent.

5~~7~~) The standards for laboratory pure water specified in Section 465.380 shall be met.

d) The following quality control tests for heterotrophic plate count shall be used~~utilized~~:

1) Sterility controls shall be poured for each bottle of sterile melted, tempered medium used. These controls shall be the last plate poured from each bottle used.

2) Pipets shall be checked for sterility during each series of samples plated. All affected samples shall be marked "laboratory accident", and results shall not be reported when the sterility check indicates that the pipets used within the series were not sterile.~~Sterility of pipets and petri dishes shall be determined.~~

3) Microbial density of the air during plating procedures shall be determined for each series of samples plated. The air control plate shall be the first plate set up and shall be located so that it is within the area of the plating activity. The agar shall be exposed to the air for 15 minutes as determined by the laboratory timer. The inside of the plate lid shall not be exposed. When 15 or more colonies appear on an exposed plate after a 15-minute exposure period and 48 hours of incubation at 35º C, corrective action shall be taken.

4) The sterility of dilution water, if used, shall be determined. All affected samples shall be marked "laboratory accident", and results shall not be reported when the sterility check indicates that the dilution water used within the series was not sterile.

5) Records of all sterility test results shall be maintained.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.400 Quality Controls for Media, Equipment and Supplies

The following minimum requirements shall apply to quality control checks of laboratory media, equipment, and supplies:

a) The pH meter or meters shall be standardized before each use period with pH 7.0 and either pH 4.0 or pH 10.0 standard buffers, whichever range covers the desired pH of the media or reagent. A record of the standardization, including the percent slope, shall be maintained. Percent slope shall be 95 to 105%. If the pH meter does not have a feature to automatically calculate the slope, but can provide the pH in millivolts, the following formula shall be used: Slope (as %) = mV at pH 7 – mV at pH 4 or pH 10 X 1000/77. Each buffer aliquot shall be used only once. Commercial buffer solutions shall be dated and shall not be used~~. Do not use~~ past the expiration date. Electrodes shall be maintained~~Maintain electrodes~~ according to manufacturer's recommendations.

b) Balances shall be calibrated monthly using NIST standardized Echelon I or II~~Class "S" or "S-1"~~, or equivalent ASTM 1, 2, or 3 weights. A minimum of three weights that bracket the weighing requirements of the laboratory shall be used, and these weights shall be recertified every five years. A certificate shall accompany the weights. A certificate shall state either that the weights are compliant with the requirements of ASTM E1617-13 class 1, 2 or 3 tolerances or that they are compliant with the NIST Handbook 150-2G. The certificate shall list corrective data.~~listing correction data shall accompany the weights.~~ Electronic balances shall be calibrated annually by a qualified service representative who is not affiliated with the laboratory. A certificate of calibration from the service representative shall be available for inspection.

c) Glass and electronic thermometers and temperature-recording devices including data loggers shall be calibrated annually at temperature of use against an NIST certified thermometer to within ± 1.0° C. Mercury NIST-certified thermometers shall be checked at the ice point annually and recalibrated at least every five years at each temperature of use. Digital NIST-certified thermometers shall be checked at the ice point annually and recalibrated at least every five years to demonstrate linearity. Digital thermometer probe and meter shall be calibrated as a unit. The calibration factor, date calibrated, temperature of calibration, and analyst's initials shall be tagged on each thermometer. In addition, the laboratory shall record the following information in a Quality Control (QC) record book:

1) Serial number or unique identifier of laboratory thermometer;

2) Serial number of NIST-traceable thermometer;

3) Temperature of laboratory thermometer;

4) Temperature of NIST-traceable thermometer;

5) Correction (or calibration) factor;

6) Date of calibration; and

7) Analyst's initials.

d) Temperature in incubation equipment shall be recorded continuously by a temperature-recording device or recorded twice daily (at times separated by at least four hours) from in-place thermometers immersed in liquid and placed on the top and bottom shelves of the use area. Documentation shall include the date and time of reading, temperature (as determined using the correction factor of the thermometer in use), and analyst's initials. Temperature readings from walk-in incubators with a continuous temperature reading device shall be supplemented by readings from in-place thermometers placed on various shelves other than where the recorder probe is located.

e) Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials shall be recorded each time the autoclave is used. Charts, if used, are to accompany written records.

f) Hot air ovens shall be equipped with a thermometer registering up to at least 180º C, or with a temperature-recording device. The oven thermometer shall be graduated in 10º C increments or less, with the bulb placed in sand during use. Date, contents, sterilization time and temperature, total time in oven, and analyst's initials shall be recorded each time the hot air oven is used.

g) Only membrane filters recommended for water analysis by the manufacturer shall be used~~utilized~~. Manufacturer data sheets containing information as to lot number, ink toxicity, recovery, retention, and absence of growth-promoting substances for membrane filters shall be entered into the laboratory's record system. ~~Membrane filters with new lot numbers shall be compared with membrane filters previously found acceptable using student's t test as specified in Standard Methods. Unacceptable membranes shall be returned to the vendor.~~ The lot numbers of membrane filters and date received shall be recorded. Membrane filters shall not be brittle or distorted, and the manufacturer's specification/certification sheet shall

be available. Positive control shall be run on each new lot of membrane filters. Any gridline inhibition shall be recorded as unacceptable. Unacceptable membranes shall be returned to the vendor.

h) Washing processes shall provide clean glassware with no stains or spotting. ~~Use~~ Distilled~~distilled~~ or deionized water shall be used for final rinse. Laboratory glassware shall be washed with a detergent designed for laboratory use. A glassware inhibitory residue test (Standard Methods, Section 9020B, under Laboratory Supplies) shall be performed, and acceptable results obtained, before the initial use of a detergent and whenever a different formulation, lot number, container or washing procedure is used. Results shall be recorded.

i) A representative piece of each type of glassware or plastic ware from each batch of clean, dried glassware or plastic ware shall be tested for residual alkaline or acid residue using bromothymol blue indicator. If the result of the indicator test is not green, corrective action shall be taken by re-rinsing, then air drying and retesting.

j) At least one bottle per lot or batch of sterilized sample bottles shall be checked before first use for sterility by adding approximately 25 ml of sterile non-selective broth media to each bottle. The bottle shall be capped and rotated so that the broth comes in contact with all surfaces and shall be incubated at 35º + 0.5º C and checked after 24 and 48 hours for growth. Sample~~Prepared sample~~ bottles ~~from each batch~~ shall not be used unless satisfactory results are obtained~~ from the tested bottle~~.

k) At least one bottle per lot or batch of sterilized sample bottles prepared with sodium thiosulfate shall be checked for a sufficient amount of the dechlorinating reagent by collecting a potable sample at the laboratory tap, then checking for residual chlorine. Corrective action shall be taken if there is any residual chlorine, and bottles ~~from the batch~~ checked shall not be used until corrective action has been completed.

l) At least one bottle per lot of precalibrated sample containers shall be checked before first use by measuring the volume with a Class A graduated cylinder. Tolerance shall be ± 2.5%.

m~~l~~) Current service contracts or in-house protocols shall be maintained on balances, autoclaves, hot-air sterilization ovens, water stills, deionizers, reverse osmosis

apparatus, water baths, incubators, etc. Service records on the~~such~~ equipment shall include the date, name of the servicing person, and a description of the service provided.

n~~m~~) Records shall be available for inspection on all batches of sterilized media showing the type of medium, lot numbers, date, sterilization time and temperatures, final pH, and the names~~name~~ of the persons responsible for all or any part of the recorded data. The final pH of the medium at 25° C shall be:

Media	pH
M-Endo broth	7.2 ± 0.2
M-Endo agar	7.2 ± 0.2
M-Endo LES agar	7.2 ± 0.2
brilliant green lactose bile broth	7.2 ± 0.2
P-A coliform test medium	6.8 ± 0.2
EC Medium	6.9 ± 0.2
plate count agar	7.0 ± 0.2
M-FC broth/agar	7.4 ± 0.2
lauryl tryptose broth	
single strength	6.8 ± 0.2
double strength	6.7 ± 0.2

o) The laboratory using commercially manufactured prepared media shall record the date received, type of medium, lot number, sample performance when checked against cultures known to give positive and negative results, and pH verification per subsection (m). Media shall be used or discarded by the manufacturer's expiration date.

p) Each new lot of prepared commercial medium and each batch of laboratory prepared medium shall be checked before use with positive and negative culture controls. Additionally, each batch of prepared media (whether commercially prepared or laboratory prepared) shall be checked for sterility. Control organisms (e.g., total coliform, fecal coliform, and E. coli) shall be either known stock cultures (periodically checked for purity) or commercially available cultures impregnated with the organism. Results shall be recorded. The following table identifies a few positive and negative culture controls that laboratories might consider.

Group	Positive Culture Control	Negative Culture Control
Total Coliforms	Escherichia coli Enterobacter aerogenes	Staphylococcus aureus Proteus vulgaris Pseudomonas aeruginosa
Fecal Coliforms	Escherichia coli Klebsiella pneumoniae (thermotolerant)	Enterobacter aerogenes
E. coli	Escherichia coli (MUG-positive strain)	Enterobacter aerogenes Klebsiella pneumoniae (thermotolerant)
Enterococci	Enterococcus faecalis Enterococcus faecium	Staphylococcus aureus Escherichia coli Serratia marcesens

q) Examples of appropriate American Type Culture Collection (ATCC) strains include the following:

Enterococcus faecalis ATCC 11700
Enterococcus faecium ATCC 6057
Enterobacter aerogenes ATCC 13048
Escherichia coli ATCC 8739 or 25922
Klebsiella pneumoniae (thermotolerant) ATCC 13883
Proteus vulgaris ATCC 13315
Pseudomonas aeruginosa ATCC 27853
Serratia marcesenes ATCC 14756
Staphylococcus aureus ATCC 6538

r~~n~~) Lactose broth may be used in lieu of LTB if the laboratory conducts at least 25 parallel tests between this medium and LTB using water normally tested and this comparison demonstrates that the false-positive rate and false-negative rate for total coliforms, using lactose broth, is less than 10%.

s~~o~~) A maximum registering thermometer shall be used during each autoclave and hot air oven cycle to verify sterilization temperatures. The oven maximum registering thermometer shall be placed in sand. The autoclave maximum registering temperature shall be placed in a container of water. Spore strips or ampules shall be used monthly to confirm sterilization of the autoclave.~~Use spore strips or ampules on a monthly basis, including a positive control.~~ Spore strips shall be

used monthly to confirm sterilization for the hot air oven. Ampules shall not be used in the hot air oven~~Do not use ampules~~ because they may explode or melt. Strips or ampules that have not been placed in the autoclave or hot air oven shall be used as positive controls each time the sterilization is checked. A record of these results shall be maintained to include the date, material sterilized, and the initials of the analyst involved. Automatic~~Check automatic~~ timing mechanisms on autoclaves shall be checked quarterly with a stopwatch. For a 15-minute sterilization period, the autoclave time shall be within 60 seconds of the stopwatch~~clock~~ time.

t~~p~~) When a media-dispensing apparatus is used, the media preparer shall check and maintain a record of the accuracy of the dispenser with a graduated cylinder at the start of each volume change and periodically throughout extended runs.

u) Micropipettors shall be calibrated annually and replaced if the precision or accuracy is greater than 2.5% tolerance. Micropipettors shall be calibrated with 10 consecutive weighings annually (using a separate tip for each weighing), and the average of all 10 weighings shall be ± 2.5% of specified delivery volume. For volumes ≥ 1.0 mL, volume shall be checked by using a Class A graduated cylinder.

v~~q~~) The refrigerator temperature shall be determined daily by an accurate thermometer immersed in liquid and placed on the top shelf. The refrigerator unit shall be visibly clean. Outdated materials in the refrigerator and freezer compartments shall be discarded.

w~~r~~) Ultraviolet sterilization lamps shall be tested quarterly by exposing agar spread plates containing 200 to 250 microorganisms to the light for two minutes. If the~~such~~ irradiation does not reduce the count of control plates by 99 percent, the lamps shall be replaced. Alternatively, ~~replace~~ lamps shall be replaced if they emit less than 70% of the initial output. Cleaning of ultraviolet sterilization lamps shall be cleaned~~done~~ at least monthly by disconnecting the unit and cleaning the lamps with a soft cloth moistened with ethanol. Protective~~Use protective~~ eye wear shall be used when checking the operation of a 254 nm lamp.

x~~s~~) Water baths shall be cleaned at least monthly. The use of distilled or deionized water for water baths is recommended.

y~~t~~) Media shall be used on a first in, first out basis. Records shall be kept of the kind,

amount, date received, and date opened for bottles of media. The date opened and the date received shall be written on the bottles. Bottles of dehydrated media shall be used within six months after opening, except that media stored in a desiccator shall~~may~~ be used by the manufacturer's expiration date. All media shall be discarded if visible deterioration is observed (e.g., clumping, color change). ~~up to one year after opening.~~ It is recommended that media be ordered in quantities to last no longer than one year, and that media be ordered in quarter pound multiples rather than one pound bottles ~~in order~~ to keep the supply sealed and protected as long as possible. Any media that have passed the manufacturer's expiration date shall be discarded.

z~~u~~) The~~Calibrate the~~ conductivity meter shall be calibrated at least monthly, following the manufacturer's recommendations, using a certified and traceable low level standard of 20 micromhos or less. The meter reading shall be within 2% of the value of the standard. If an in-line unit cannot be calibrated, it shall not be used to check reagent-grade water.

aa~~v~~) A spectrophotometer or colorimeter (if used) shall have wavelengths in the visible range. A calibration standard and method specific blank shall be analyzed every day that the instrument is used prior to sample analysis. The calibration standard shall give a reading in the desired absorbance range and shall be obtained from an outside source.

bb~~w~~) Each~~Check each~~ batch of prepared or each lot of commercial dilution/rinse water shall be checked for sterility by adding 50 mL of water to 50 mL of double-strength, nonselective broth. The batch shall be incubated~~Incubate~~ at 35° ± 0.5° C, and checked~~check~~ for growth after 24 and 48 hours. The~~Discard~~ batch shall be discarded if growth is detected.

cc~~x~~) Each~~Check each~~ batch of prepared or each lot of commercial dilution water blanks shall be checked for pH; pH shall be 7.2 ± 0.2.

dd~~y~~) The accuracy of dilution blank volumes shall be verified by checking one bottle for every 25 prepared or purchased ~~Check one of 25 dilution water blanks per batch of prepared lot of commercial dilution water blanks for volume~~ using a Class A graduated cylinder or a MacCaffrey flask. Volume shall be 99 mL ± 2 mL. Purchased dilution blanks shall be used by manufacturer's expiration date.

ee) Each lot of purchased single use membrane filtration equipment shall be checked before use with a Class A graduated cylinder, and a record shall be maintained. Tolerance shall be ± 2.5%. Sterility check shall be performed before and after analysis per Section 465.360(l)(2).

ff) Membrane filter equipment calibration shall be checked before first use with Class A graduated cylinders, and a record shall be maintained. Tolerance shall be ± 2.5%.

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

Section 465.430 Action Response to Laboratory Results

a) For laboratory results concerning samples from public water supplies and their sources, if any sample is total coliform positive or E. coli-positive, the laboratory shall notify the State regulatory agency that has jurisdiction over the public water supply and the public water supply by the end of the day.

b) Presumptive positive microbiolgical test results are to be reported by the end of the day to State regulatory agency that has jurisdiction over the public water supply as preliminary without waiting for membrane filter verification or multiple tube fermentation (MTF) completion. After membrane filter verification or MTF completion or both, the verified results shall be reported. The State regulatory agnecy and the public water supply shall be notified when results indicate that non-coliforms may have interfered with the total coliform analysis, as defined in 40 CFR 141.21(c)(2).

c) A total coliform-positive result is based on the following:

1) The confirmed phase if the MTF or Presence/Absence (P/A) Test is used; or

2) The verified test for the Membrane Filter Technique if M-Endo medium or LES Endo agar is used; or

3) The required color change. No requirement exists to confirm a total coliform-positive results using Colilert, Colisure, MI agar, E*Colite, m-ColiBlue24, Readycult/Fluorocult, Coliscan, or Colitag test.

d) If a sample is found to be E. coli-positive, the sample is to be reported as total coliform-positive, even when total coliform confimation is negative.

~~a) For laboratory results concerning samples from public water supplies and their sources, presumptive positive microbiological test results are to be reported to the Illinois Environmental Protection Agency~~ and the ~~community public water supply system as preliminary without waiting for membrane filter verification or multiple tube fermentation (MTF) completion. After membrane filter verification or MFT completion or both, the adjusted results shall be reported. The Illinois Environmental Protection Agency and the public water supply shall be notified when results indicate that non-coliforms may have interfered with the total coliform analysis, as described in 40 CFR 141.21(c)(2).~~

~~b) If any sample is fecal coliform- or E. coli-positive, the system shall notify the State by the end of the day when the public water supply system is notified of the test result, unless the public water supply system is notified of the result after the State office is closed, in which case the system shall notify the State before the end of the next business day (see 40 CFR 141.21(e)(1)).~~

c) ~~A total coliform-positive result is based on the confirmed phase if the Multiple Tube Fermentation Technique or Presence/Absence (P/A) Coliform Test is used, or the verified test for the Membrane Filter Technique if M-Endo medium or LES Endo agar is used. No requirement exists to confirm a total coliform-positive result using Colilert, Colisure, MI agar, E*Colite, m-ColiBlue24, Chromocult, Readycult/Fluorocult, Coliscan, or Colitag test. Also, no requirement exists to confirm and/or verify as such, but if found to be fecal coliform or E. coli-positive, the sample is considered total coliform-positive and fecal coliform/E. coli-positive.~~

(Source: Amended at 38 Ill. Reg. 16240, effective July 15, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 465.APPENDIX A Colisure P/A and Colisure Multiple Tube P/A (Repealed)

~~I. Storage~~

~~Store at 2.0º - 4.0º C. Discard on or before expiration date on product package.~~

~~II. Quality Control Testing~~

~~1A. Colisure P/A~~

~~Add 100 ml of sterile laboratory pure water to the medium in one 125 ml bottle. Shake to dissolve. Transfer a 20 ml aliquot to each of 4 25 ml sterile glass tubes.~~

~~2A. Colisure Multiple Tube P/A~~

~~Rehydrate 3 vials with 20 ml of sterile laboratory pure water. Shake to dissolve.~~

~~B. Test by inoculating with E. coli, a total coliform other than E. coli, and a non-coliform. If Pseudomonas is used as the non-coliform, use a nonfluorescent species. Use the uninoculated tube as an additional control.~~

~~C. Incubate at 35º ± 0.5º C for 28 hours and observe for the following results:~~

~~Organism~~	~~Color~~	~~Fluorescence~~
~~E. coli~~	~~Red or magenta~~	~~Positive~~
~~Coliform (non-E. coli)~~	~~Red or magenta~~	~~Negative~~
~~Non-coliform~~	~~Yellow~~	~~Negative~~
~~None~~	~~Yellow~~	~~Negative~~

~~III. Test Procedure~~

~~A. Allow medium and samples to reach room temperature.~~

~~B. Add a 100 ml water sample to the bottle containing the dehydrated Colisure medium for a single bottle test. Then recap the bottle.~~

~~OR~~

~~Add a 20 ml water sample to each of the 5 tubes containing the dehydrated Colisure medium for a multiple tube test. Then recap each tube.~~

~~C.~~ ~~Shake and invert the bottle or tube(s) to thoroughly mix the contents. The solution will appear yellow with a fine precipitate.~~

~~D.~~ ~~Incubate the bottle or tube(s) at 35º ± 0.5º C for 28 hours.~~

~~IV.~~ ~~Interpretation~~

~~A.~~ ~~Check each tube or bottle visually for color.~~

~~Color~~	~~Interpretation~~
~~Red or magenta~~	~~Coliform Positive~~
~~Pale red/orange~~	~~Re-incubate up to 48 hours~~
~~No change (yellow)~~	~~Coliform Negative~~

~~B.~~ ~~Examine each positive result for fluorescence using a long wave (366 nm) ultraviolet light. If the solution glows a uniform, bright, light blue throughout the bottle or tube, fluorescence is present. This indicates the presence of E. coli.~~

(Source: Repealed at 38 Ill. Reg. 16240, effective July 15, 2014)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code

2) Code Citation: 77 Ill. Adm. Code 515

3)

Section Numbers:	Adopted Action:
515.100	Amended
515.125	Amended
515.500	Amended
515.510	Amended
515.520	Amended
515.700	Amended
515.900	Amended
515.910	Amended
515.920	Amended
515.930	Amended
515.935	Amended
515.940	Amended
515.945	Amended
515.950	Amended
515.955	Amended
515.960	Amended
515.963	New Section

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS50]

5) Effective Date of Rulemaking: July 18, 2014

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

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposed Amendments published in the *Illinois Register*: April 4, 2014; 38 Ill. Reg. 7490

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

11) Differences between Proposal and Final Version: No changes were made in response to comments during the first notice period. The following change was made in response to a suggestion from JCAR: In Section 515.963(a)(2)(A), "located in Section 515.830" was added after "requirements".

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

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

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

15) Summary and Purpose of Rulemaking: The Emergency Medical Services, Trauma Center, Primary Stoke Center and Emergent Stroke Ready Hospital Code is amended to improve Special Emergency Medical Services Vehicle (SEMSV) safety and to bring them up to current standards. Section 515.100 is amended to define "Helicopter Shopping", "Stroke Network" and "System Participation Suspension". Section 515.125 is amended to include federal government publications pertaining to requirements for an aircraft crew. Section 515.900 and Section 515.910 is amended for technical cleanup. Section 515.920 is amended to define the qualifications of the SEMSV Medical Director. Section 515.930 is amended to include the Federal Aviation Administration (FAA) requirements for fixed- wing EMS pilots. Section 515.935 is being amended to allow the EMS System to approve pilots. This Section also requires temporary staffing to be three full-time pilots and is permitted for no more than six months before hiring a replacement. EMS pilots must have a minimum of 2000 flight hours with a minimum of 1500 rotorcraft flight hours, and 100 flight hours at night with a minimum of 500 hours of turbine time. Each fixed-wing aircraft pilot shall be approved by the Medical Director for participation in an EMS System.

Sections 515.500, 515.510, 515.520 and 515.700 are amended to include the responsibility of the lead instructor to ensure that the class begins after the Department has issued written approval and a site code. Lead instructors must also ensure that the curriculum presented to the EMT students has approval of the Department and the EMS System. No lead instructor will teach methods of assessment or intervention that are not approved by the Department or the EMS System.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 515.940 is amended to replace the requirement for the aeromedical crew members from Basic Trauma Life Support (BTLS) to International Trauma Life Support (ITLS). This Section also includes Trauma Nurse Advanced Trauma Course (TNATC) and a course equivalent to Neonatal Resuscitation Program (NRP) as other options to some of the other required courses. The Section defines the requirement of tracheal intubation for aeromedical crew members. Section 515.945 removes the fishing kit from the survival equipment requirements and also requires a single engine fixed-wing aircraft to be powered by a turbine engine. Section 515.950 is amended requirements for aircraft medical equipment and drugs. Section 515.955 requires mechanics to have competed factory approved training for the makes and models of aircraft in the SEMSV program.

Section 515.960 requires the dispatcher for all aeromedical services to have knowledge of the EMS roles and responsibilities for various levels of training, medical terminology, obtaining patient information and assistance with hazardous material responses and recognition training and crew resource management. Section 515.963 is a new Section that describes the flight program safety standards.

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

PART 515
EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, PRIMARY STROKE CENTER AND EMERGENT STROKE READY HOSPITAL CODE

SUBPART A: GENERAL PROVISIONS

Section
515.100 Definitions
515.125 Incorporated and Referenced Materials
515.150 Waiver Provisions
515.160 Facility, System and Equipment Violations, Hearings and Fines
515.165 Suspension, Revocation and Denial of Licensure
515.170 Employer Responsibility
515.180 Administrative Hearings
515.190 Felony Convictions

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
515.250 Hospital Stroke Care Fund

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

515.360 Approval of Additional Drugs and Equipment
515.370 Automated Defibrillation (Repealed)
515.380 Do Not Resuscitate (DNR) Policy
515.390 Minimum Standards for Continuing Operation
515.400 General Communications
515.410 EMS System Communications
515.420 System Participation Suspensions
515.430 Suspension, Revocation and Denial of Licensure of EMTs (Repealed)
515.440 State Emergency Medical Services Disciplinary Review Board
515.445 Pediatric Care
515.450 Complaints
515.455 Intra- and Inter-system Dispute Resolution
515.460 Fees
515.470 Participation by Veterans Health Administration Facilities

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

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
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 (Renumbered)
515.630 Evaluation and Recognition of Military Experience and Education
515.640 Reinstatement

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

Section

515.700 EMS Lead Instructor
515.710 Emergency Medical Dispatcher
515.715 Provisional Licensure for First Responders and Emergency Medical Responders
515.720 First Responder (Repealed)
515.725 First Responder/Emergency Medical Responder
515.730 Pre-Hospital Registered Nurse
515.740 Emergency Communications Registered Nurse
515.750 Trauma Nurse Specialist
515.760 Trauma Nurse Specialist Program Plan

SUBPART F: VEHICLE SERVICE PROVIDERS

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
515.835 Stretcher Van Provider Licensing Requirements
515.840 Stretcher Van Requirements
515.845 Operation of Stretcher Vans
515.850 Reserve Ambulances
515.860 Critical Care Transport

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

Section
515.900 Licensure of SEMSV Programs – General
515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
515.920 SEMSV Program Licensure Requirements for All Vehicles
515.930 Helicopter and Fixed-Wing Aircraft Requirements
515.935 EMS Pilot Specifications
515.940 Aeromedical Crew Member Training Requirements
515.945 Aircraft Vehicle Specifications and Operation
515.950 Aircraft Medical Equipment and Drugs
515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
515.960 Aircraft Communications and Dispatch Center

515.963 Flight Program Safety Standards
515.965 Watercraft Requirements
515.970 Watercraft Vehicle Specifications and Operation
515.975 Watercraft Medical Equipment and Drugs
515.980 Watercraft Communications and Dispatch Center
515.985 Off-Road SEMSV Requirements
515.990 Off-Road Vehicle Specifications and Operation
515.995 Off-Road Medical Equipment and Drugs
515.1000 Off-Road Communications and Dispatch Center

SUBPART H: TRAUMA CENTERS

Section
515.2000 Trauma Center Designation
515.2010 Denial of Application for Designation or Request for Renewal
515.2020 Inspection and Revocation of Designation
515.2030 Level I Trauma Center Designation Criteria
515.2035 Level I Pediatric Trauma Center
515.2040 Level II Trauma Center Designation Criteria
515.2045 Level II Pediatric Trauma Center
515.2050 Trauma Center Uniform Reporting Requirements
515.2060 Trauma Patient Evaluation and Transfer
515.2070 Trauma Center Designation Delegation to Local Health Departments
515.2080 Trauma Center Confidentiality and Immunity
515.2090 Trauma Center Fund
515.2100 Pediatric Care (Renumbered)
515.2200 Suspension Policy for Trauma Nurse Specialist Certification

SUBPART I: EMS ASSISTANCE FUND

Section
515.3000 EMS Assistance Fund Administration

SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section
515.3090 Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services
515.4000 Facility Recognition Criteria for the Emergency Department Approved for

Pediatrics (EDAP)
515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)
515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)

SUBPART K: PRIMARY STROKE CENTERS AND EMERGENT STROKE READY HOSPITALS

515.5000 Definitions
515.5010 Stroke Care – Restricted Practices
515.5020 Primary Stroke Center (PSC) Designation
515.5030 Request for Primary Stroke Center Designation
515.5040 Suspension and Revocation of Primary Stroke Center Designation
515.5050 Emergent Stroke Ready Hospital (ESRH) Designation
515.5060 Emergent Stroke Ready Hospital Designation Criteria
515.5070 Request for Emergent Stroke Ready Hospital Designation
515.5080 Suspension and Revocation of Emergent Stroke Ready Hospital Designation
515.5090 Data Collection and Submission
515.5100 Statewide Stroke Assessment Tool

515.APPENDIX A A Request for Designation (RFD) Trauma Center
515.APPENDIX B A Request for Renewal of Trauma Center Designation
515.APPENDIX C Minimum Trauma Field Triage Criteria
515.APPENDIX D Standing Medical Orders
515.APPENDIX E Minimum Prescribed Data Elements
515.APPENDIX F Template for In-House Triage for Trauma Centers
515.APPENDIX G Credentials of General/Trauma Surgeons Level I and Level II
515.APPENDIX H Credentials of Emergency Department Physicians Level I and Level II
515.APPENDIX I Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
515.APPENDIX J Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers
515.APPENDIX K Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
515.APPENDIX L Pediatric Equipment Recommendations for Emergency Departments
515.APPENDIX M Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline
515.APPENDIX N Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

515.APPENDIX O Pediatric Critical Care Center Plan
515.APPENDIX P Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

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

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 5714, effective April 15, 2013; amended at 37 Ill. Reg. 7128, effective May 13, 2013; amended at 37 Ill. Reg. 10683, effective June 25, 2013; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended at 37 Ill. Reg. 19610, effective November 20, 2013; amended at 38 Ill. Reg. 9053, effective April 9, 2014; amended at 38 Ill. Reg. 16304, effective July 18, 2014.

SUBPART A: GENERAL PROVISIONS

Section 515.100 Definitions

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

Advanced Life Support Services or ALS Services – an advanced level of pre-

hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the Advanced Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

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

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

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

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

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

Associate Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility

for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit.

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

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

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

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

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

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

continuing education every two years, has been recertified by the National Council on Recertification.

~~Channel, Half-Duplex – a radio channel that transmits and receives signals, but in only one direction at a time.~~

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

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

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

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

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

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

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

Door-to- − The time from patient arrival at the health care facility until the

specified result, procedure or intervention occurs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Emergency Medical Technician-Paramedic or EMT-P – a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the *Act and* this Part *and practices within an Advanced Life Support EMS System.* (Section 3.50 of the Act)

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

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

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

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

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

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

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

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

First Responder – a person who is at least 18 years of age, who has successfully completed a course of instruction in emergency medical responder as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency medical responder course. (Section 3.60 of the Act)

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

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

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

Half-Duplex Communications – a radio or device that transmits and receives signals in only one direction at a time.

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

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

Helicopter Shopping − the practice of calling various operators until a helicopter emergency medical services (HEMS) operator agrees to take a flight assignment, without sharing with subsequent operators that the previously called operators declined the flight, or the reasons why the flight was declined.

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

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

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

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

Intermediate Life Support Services or ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

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

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

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

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

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

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

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

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

Non-emergency Medical Care – medical services rendered to patients whose condition does not meet the *Act's definition of emergency, during transportation of such patients to health care facilities for the purpose of obtaining medical or health care services which are not emergency in nature, using a vehicle regulated by* the *Act* and this Part. (Section 3.10 of the Act)

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

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

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

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

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

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

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

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

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

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

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

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

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

Regional EMS Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency

Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one Emergency Medical Technician (EMT)/Pre-Hospital RN from each level of EMT/Pre-Hospital RN practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the two administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee. (Section 3.25 of the Act)

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

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

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

Regional Trauma Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center

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

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

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

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

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

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

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

Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the *Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.* (Section 3.85 of the Act) "Primarily intended", for the purposes of this definition, means one or more of the following:

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

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

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

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

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

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

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

Special-Use Vehicle – any public or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for, the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk obstetrical patients, neonatal patients). (Section 3.85 of the Act)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.125 Incorporated and Referenced Materials

a) The following regulations and standards are incorporated in this Part:

1) Private and professional association standards:

A) Glasgow Coma Scale
Champion HR, Sacco WJ, Carnazzo AJ et al.:
CritCare Med 9(9): 672-676 (1981)

B) Revised Trauma Score, 1999
from Resources for the Optimal Care of the Injured Patient
American College of Surgeons
633 North Saint Clair Street
Chicago, Illinois 60611-3211

C) Abbreviated Injury Score, 2005
American Association for the Advancement
of Automotive Medicine
Des Plaines, Illinois 60008

D) Injury Severity Score
Baker SP, O'Neil B, Hadon W et al.:
Journal of Trauma 14: 187-196 (1974)

E) International Classification of Diseases,
9th Revision, Clinical Modification (ICD-9-CM)
Alphabetic Index to External Causes of Injury (E-Codes),
Second Printing (2010)
World Health Organization, Geneva, Switzerland and
National Center for Health Statistics
Published by Edwards Brothers, Inc. Ann Arbor, Michigan

F) Resources for Optimal Care of the Injured Patient (2006)
American College of Surgeons
633 North Saint Clair Street

Chicago, Illinois 60611-3211

G) Pediatric Advanced Life Support (2011)
American Heart Association National Center
7272 Greenville Center
Dallas, Texas 75231

2) Federal government publications:

A) Federal Specifications for Ambulance, KKK-A-1822F (August 2007), United States General Services Administration, Specifications Section, 2200 Crystal Drive, Suite 1006, Arlington VA 22202

B) United States Department of Transportation, Emergency Medical Technician-Basic: National Standard Curriculum (1998), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

C) United States Department of Transportation, Emergency Medical Technician-Intermediate: National Standard Curriculum (1998), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

D) United States Department of Transportation, Emergency Medical Technician-Paramedic: National Standard Curriculum (1998), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (See Sections 515.215(a); 515.500(c) and (e); 515.510(a) and (d); 515.530(c); 515.532(b); 515.810(b) and (c); and 515.850(a) and (b).)

E) United States Department of Transportation, First Responder: National Standard Curriculum (1997), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

F) United States Department of Transportation, EMS Instructor Training Program: National Standard Curriculum (1995), which

may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

G) United States Department of Transportation, Emergency Medical Dispatcher: National Standard Curriculum (1995), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

H) The Federal Aviation Administration Type Certificate Data Sheet for a particular aircraft required crew can be found at http://www.faa.gov/aircfraft/.

3) Federal regulations:

A) 47 CFR 90 (October 1, 2008) − Private Land Mobile Radio Services

B) Air Taxi Operations and Commercial Operators (14 CFR 135 (January 1, 2009), Subparts A, Sections 135.1 through 135.43; B, Sections 135.61 through 135.125; C, Sections 135.141 through 135.185; D, Sections 135.201 through 135.229; E, Sections 135.241 through 135.247; F, Section 135.261; J, Sections 135.411 through 135.443)

C) 42 CFR 2A (October 1, 2009) − Confidentiality of Alcohol and Drug Abuse Patient Records

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

c) The following statutes and State regulations are referenced in this Part:

1) Federal statutes:

Federal Aviation Act of 1958, Sections 307 and 308 (P.L. 85-726, 72 USC 731)

2) State of Illinois statutes:

A) Hospital Emergency Services Act [210 ILCS 80]

B) Hospital Licensing Act [210 ILCS 85]

C) Medical Practice Act of 1987 [225 ILCS 60]

D) Nurse Practice Act [225 ILCS 65]

E) Code of Civil Procedure [735 ILCS 5]

F) Emergency Telephone System Act [50 ILCS 750]

G) Boat Registration and Safety Act [625 ILCS 45]

H) Open Meetings Act [5 ILCS 120]

I) Illinois Administrative Procedure Act [5 ILCS 100]

J) Head and Spinal Cord Injury Act [410 ILCS 515]

K) Freedom of Information Act [5 ILCS 140]

L) State Records Act [5 ILCS 160]

M) Coal Mine Medical Emergencies Act [410 ILCS 15]

N) Abused and Neglected Child Reporting Act [325 ILCS 5]

3) State of Illinois regulations:

A) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

B) Hospital Licensing Requirements (77 Ill. Adm. Code 250)

C) Aviation Safety (92 Ill. Adm. Code 14.790, 14.792, 14.795)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.500 Emergency Medical Technician-Basic Training

a) Applications for approval of EMT-B Training Programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of the training program, and name and signature of EMS MD~~Medical Director~~.

b) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days before~~in advance of~~ the first scheduled class. A~~Included with the application shall be a~~ description of the clinical requirements, textbook being used and passing score for the class shall be included with the application.

c) The EMS MD~~Medical Director~~ shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum (minimum sections shall include #1 through #7 of the National Curriculum for EMT Basic), and that all instructors are knowledgeable in the material and capable of instructing at the EMT-B level. The curriculum shall include training in the use of epinephrine for both adults and children for application in the treatment of allergic reactions and anaphylaxis.

d) The EMT-B training program shall designate an EMS Lead Instructor who, shall be responsible for the overall management of the training program, ~~and~~ shall be approved by the Department based on requirements of Section 515.700.

e) The lead Instructor for the training class shall be responsible for ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code.

f) The lead instructor for the training class shall be responsible for ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS System granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

g)~~e)~~ Any change, except for~~excluding~~ an emergency change (e.g., weather or instructor illness) in the EMT-B training program's EMS MD~~Medical Director~~ or EMS Lead Instructor, shall require an amendment to be filed with the Department.

h)~~f)~~ Questions for all quizzes and tests to be given during the EMT-B training program shall be prepared by the EMS Lead Instructor and available upon the Department's request.

i)~~g)~~ Each approved training program shall submit a student roster within 10 days after the first class as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.

j)~~h)~~ All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.510 Emergency Medical Technician-Intermediate Training

a) An EMT-I training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.

b) Applications for approval of EMT-I Training Programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of the training program, and names and signatures of the EMS MD~~Medical Director~~ and EMS System Coordinator.

c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days before~~in advance of~~ the first scheduled class.

d) The EMS Medical Director of the EMS System shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. The course hours

shall minimally include 200 hours of didactic education and 150 hours of clinical experience, which includes hospital and field internship experience. The curriculum shall include training in the use of epinephrine for both adults and children for application in the treatment of allergic reaction and anaphylaxis.

e) The EMT-I training program shall be under the direction of the EMS MD~~Medical Director~~ and the EMS System Coordinator.

f) The EMS System shall designate an EMS Lead Instructor, who shall be approved by the Department based on the requirements of Section 515.700.

g) The EMS Lead Instructor shall be an EMT-I, an EMT-P, a Registered Professional Nurse or a physician and shall have four years of experience in emergency care as a provider and two years of teaching experience in a classroom setting.

h) The Lead Instructor for the training class shall be responsible for ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code.

i) The Lead Instructor for the training class shall be responsible for ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS system granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

j)~~h)~~ Any change, except for~~excluding~~ an emergency change (e.g., weather or instructor illness) in the EMT-I training program's EMS MD~~Medical Director~~, EMS System Coordinator and/or EMS Lead Instructor, shall require an amendment to be filed with the Department.

k)~~i)~~ A candidate for an EMT-I training program must have a current Illinois EMT-B license.

l)~~j)~~ Before a candidate is accepted into the program, documentation shall ~~must~~ be submitted that an EMS System vehicle will be available to accommodate field experience.

m)~~k)~~ Each approved training program shall submit a student roster within 10 days after

the first class as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.

n)~~l)~~ After an EMT-I candidate has completed and passed all components of the training program, and passed the National Registry examination or the Department examination when available, the EMSMD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.

o)~~m)~~ All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.520 Emergency Medical Technician-Paramedic Training

a) An EMT-P training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.

b) Applications for approval of EMT-P training programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, dates of the training program, and names and signatures of the EMS MD~~Medical Director~~ and EMS System Coordinator.

c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days before~~in advance of~~ the first scheduled class.

d) The EMS MD~~Medical Director~~ of the EMS System shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. The EMT-P training program shall include all components of the National Standard Curriculum. The course hours shall minimally include 450 hours of didactic education and 500 hours of clinical experience, which includes hospital and field internship experience. The curriculum shall include training in the use of epinephrine for both adults and children for application in the treatment of allergic reactions and anaphylaxis.

e) The EMT-P training program's lead coordinators shall be the EMS MD~~Medical Director~~ and the EMS System Coordinator.

f) The Lead Instructor for the training class shall be responsible for ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code.

g) The Lead Instructor for the training class shall be responsible for ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS system granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

h)~~f)~~ Any change, except for~~excluding~~ an emergency change (e.g., weather or instructor illness) in the EMT-P training program's EMS Medical Director and/or EMS System Coordinator, shall require an amendment to be filed with the Department.

i)~~g)~~ A candidate for an EMT-P training program must have a current Illinois EMT-B or EMT-I license.

j)~~h)~~ Before a candidate is accepted into the program, documentation shall~~must~~ be submitted that an EMS System vehicle will be available to accommodate field internship needs.

k)~~i)~~ Each approved training program shall submit a student roster within 10 days after the first class, as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.

l)~~j)~~ After an EMT-P candidate has completed and passed all components of the training program, and passed the Department or National Registry examination, the EMSMD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.

m)~~k)~~ All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

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

a) *All education, training and continuing education courses for EMT-B, EMT-I, EMT-P, Pre-Hospital RN, ECRN, First Responder and Emergency Medical Dispatcher* shall *be coordinated by at least one approved EMS Lead Instructor. A program may use* more than *one EMS Lead Instructor. A single EMS Lead Instructor may simultaneously coordinate more than one program or course*. (Section 3.65(b)(5) of the Act)

b) To apply to take the EMS Lead Instructor's examination, the candidate shall submit:

1) Documentation of experience and education in accordance with subsection (c)~~ of this Section~~;

2) A fee of $50 in the form of a money order or certified check made payable to the Department (cash or a personal check will not be accepted);

3) A letter from the EMS MD~~Medical Director~~ saying he/she will approve the course conducted by the candidate;

4) An EMS Lead Instructor application form prescribed by the Department, which shall include, but not be limited to, name, address, and resume.

c) An EMS Lead Instructor shall meet at least the following minimum experience and education requirements:

1) A current license as an EMT-B, EMT-I, EMT-P, RN or physician;

2) A minimum of four years of experience in pre-hospital emergency care;

3) At least two years of documented teaching experience;

4) Documented classroom teaching experience, i.e., BTLS, PHTLS, CPR, Pediatric Advanced Life Support (PALS);

5) Documented successful completion of the Illinois EMS Instructor Education Course or equivalent to the National Standard Curriculum for EMS Instructors.

d) Upon the applicant's completion of the EMS Lead Instructor examination with a score of at least 80 percent, the Department will approve the individual as an EMS Lead Instructor. The approval will be valid for four years.

e) EMT-I and EMT-P Lead Instructors shall attend a Department-approved curriculum review course whenever revisions are made to the National Standard Curricula for Basic, Intermediate, and/or Paramedic.

f) To renew approval for another four-year period, the EMS Lead Instructor shall submit to the Department at least 60 days, but not more than 90 days, prior to the approval expiration:

1) A letter of support from an EMS MD~~Medical Director~~ indicating that the EMS Lead Instructor has satisfactorily coordinated programs for the EMS System at any time during the four-year period;~~.~~

2) Documentation of at least 10 hours of continuing education annually~~.~~ (Programs used to fulfill other professional continuing education requirements, i.e., EMT, nursing, may also be used to meet this requirement.); and

3) Documentation of attendance at a Department-approved curriculum review course, if applicable, in accordance with subsection (e).

g) The Department shall, in accordance with Section 515.160 of this Part, *suspend or revoke the approval of an EMS Lead Instructor, after an opportunity for a hearing, when findings show~~:~~ the EMS Lead Instructor has failed:*

1) *To conduct a course in accordance with the curriculum prescribed by the Act* and/or this Part; or

2) *To comply with protocols prescribed by* this Part. (Section 3.65(b)(7) of the Act)

h) The EMS Lead Instructor shall be responsible for the following:

1) Ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code; and

2) Ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS System granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

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

Section 515.900 Licensure of SEMSV Programs − General

a) No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise or otherwise be engaged in the provision of emergency medical care or transportation to a sick or injured patient using a Specialized Emergency Medical Services Vehicle (SEMSV), unless currently licensed by the Department pursuant to this Subpart. This requirement applies to:

1) Any air medical service that may pick up a patient within the State of Illinois; and

2) Any provider that advertises that it provides air medical transport services, regardless of its base of operation, location of vehicle registration, or percentage of vehicle use for air medical transport.

b) An application for licensure shall be filed with the Department by submitting a Program Plan that includes the information required in this Part. The Program Plan shall be signed by the SEMSV Medical Director and the EMS Medical Director of the EMS System of which the SEMSV Program is a part. (See

Section 515.920(a) of this Part.)

c) Each license~~licensure~~ shall be valid for a period of one year from the date of issuance, unless suspended or revoked.

d) Each license shall be issued to the program named in the application for the specific vehicle or vehicles~~vehicle(s)~~ identified in the application and shall not be assignable or transferable.

e) Section 515.800 regarding application and renewal of licensure shall apply.~~An application for renewal of licensure shall be filed with the Department at least 30 days prior to the expiration date on a form prescribed by the Department. The renewal application shall be accompanied by photocopies of any current licenses or certificates required of SEMSV personnel by the provisions of this Part (see Sections 515.920(e), 515.935, 515.940(a) of this Part) and verification that SEMSV personnel continuing education required by the provisions of this Part have been met. (See Section 515.930(d) of this Part.) Each renewed license shall be valid for a period of one year from the date of issuance, unless suspended or revoked.~~

f) The Department shall inspect any vehicles, equipment, records or other documents covered by the licensed or applicant SEMSV Program annually to determine initial or continued compliance with the requirements of the Act and~~or~~ this Part.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure

a) The Director may *issue an Emergency Suspension Order for any provider or vehicle licensed under this* Part or the *Act, when the Director or his or her designee has determined that an immediate and serious danger to the public health, safety and welfare exists. Suspension or revocation proceedings which offer an opportunity for hearing shall be promptly initiated after the emergency suspension order has been issued*. (Section 3.85(b)(7) of the Act)

b) The Department, in accordance with Section 515.160~~ of this Part~~, after notice and an opportunity for hearing, shall deny an application for licensure or renewal, suspend or revoke a license when:

1) the applicant or license holder has failed to meet or has violated any of the requirements of the Act or this Part;~~,~~ or

2) any SEMSV personnel, during the provision of emergency services, have engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, such as not meeting the requirements of the Act, charging for services or equipment not provided or used, or using unqualified personnel as provided in Section 515.940.

c) All hearings shall be governed by the Department's ~~Rules of~~ Practice and Procedure~~Procedures~~ in Administrative Hearings and Section 3.135(a) and (b) of the Act~~(77 Ill. Adm. Code 100)~~. Upon receipt of a notice of denial, nonrenewal, suspension or revocation,~~to deny, nonrenew, suspend or revoke,~~ the applicant or certificate holder shall have 15 days in which to request ~~such~~ a hearing.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.920 SEMSV Program Licensure Requirements for All Vehicles

a) The SEMSV Program shall be part of a Department-approved EMS System that is located within the geographical area that the program serves.

b) The SEMSV Program shall meet and comply with all State and federal requirements governing the specific vehicles employed in the program. (See Section 515.930, 515.945, or 515.970~~ of this Part~~.)

c) The SEMSV Program shall comply with this Part during its hours of operation. The SEMSV Program shall operate 24 hours per day, every day of the year, in accordance with weather conditions, except when the service is committed to another medical emergency request, or is unavailable due to maintenance requirements.

d) The SEMSV Program shall provide pre-hospital emergency services within its service area on a per-need basis without regard to the patient's ability to pay for the~~such~~ service.

e) The SEMSV Program shall be supervised and managed by a Medical Director, who shall be a physician who has met at least the following requirements:

1) Educational experience in those areas of medicine that are commensurate with the mission statement of the medical service (e.g., trauma, pediatric, neonatal, obstetrics) or utilize specialty physicians as consultants when appropriate;

2) Training and experience in Advanced Cardiac Life Support (ACLS), such as the American Heart Association's ACLS course or equivalent education;

3) Training and experience in Pediatric Advanced Life Support (PALS), such as the American Heart Association PALS course or ASEP/American Academy of Pediatrics Advanced Pediatric Life Support Course or equivalent education;

4) Training and experience in Advanced Trauma Life Support (ATLS), such as the American College of Surgeons' ATLS course or equivalent education;

5) In programs using air vehicles, documentation, such as certificates or proof of completion in course work designed to bring about:

   A) Experience and knowledge in in-flight~~inflight~~ treatment modalities;

   B) Experience and knowledge in altitude physiology;

   C) Experience and knowledge in infection control as it relates to airborne and intra-facility transportation; and

   D) Experience and knowledge in stress management techniques;

6) In programs using watercraft, documentation, such as certificates of completion in course work designed to bring about:

   A) Experience and knowledge in treating persons suffering from drowning (cold, warm, fresh and salt water); and

   B) Experience and knowledge in diving accident physiology and

treatment.

7) In programs using air vehicles, the SESMV Medical Director shall be knowledgeable and involved in the establishment of flight safety and weather-related parameters.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.930 Helicopter and Fixed-Wing Aircraft Requirements

In addition to the requirements specified in Sections 515.900 and 515.920 ~~of this Part~~, an SEMSV Program using helicopters or fixed-wing aircraft shall submit a Program Plan that includes the following:

a) Documentation of the SEMSV Medical Director's credentials as required by Section 515.920(e) ~~of this Part~~, and a statement signed by the Medical Director containing his or her commitment to the following duties and responsibilities:

1) Supervising and managing the program;

2) Supervising and evaluating the quality of patient care provided by the aeromedical crew;

3) Developing written treatment protocols and standard operating procedures to be used by the aeromedical crew during flight;

4) Developing and approving a list of equipment and drugs to be available on the SEMSV during patient transfer;

5) Providing periodic review, at least monthly, of patient care provided by the aeromedical crew;

6) Providing for the continuing education of the aeromedical team (see Section 515.940(a)(2));

7) Providing medical advice and expertise on the use, need and special requirements of aeromedical transfer;

8) Submitting documentation assuring the qualifications of the aeromedical

crew;

9) Notifying the Department when the primary SEMSV is unavailable in excess of 24 hours, stating the reason for unavailability, the expected date of return to service, and the provisions made, if any, for replacement vehicles;

10) Assuring appropriate staffing of the SEMSV, with a minimum of one EMS pilot and one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports, one of which must be a registered nurse or physician with completion of training required by Section 515.940. Two EMS pilots shall be used for fixed-wing aircraft or helicopters when required by the Federal Aviation Administration (FAA) requiring that~~such~~ staffing. Additional aeromedical personnel may be required at the discretion of the SEMSV Medical Director. The SEMSV Medical Director shall provide the Department with a list of all approved pilots and aeromedical crew members, and shall update the list whenever a change in those~~such~~ personnel is made;

b) The SEMSV Medical Director's list of required medical equipment and drugs for use on the aircraft (see Section 515.950);

c) The SEMSV Medical Director's treatment protocols and standard operating procedures;

d) The curriculum and requirements for orientation and training (see Section 515.940(a)(2), (3) and (4)), including mandatory continuing education for all aeromedical crew members consisting of at least 16 hours in specialized aeromedical transportation topics, eight hours of which may include quality assurance reviews; operational safety standards; and weather related parameters;

e) A description of the communications system accessing the aeromedical dispatch center, the medical control point, receiving and referring agencies (see Section 515.960 of this Part);

f) A description and map of the service area for each vehicle;

g) A description of the EMS System's method of providing emergency medical

services using the SEMSV Program; and

h) The identification number and description of all vehicles used in the program.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.935 EMS Pilot Specifications

a) Approval for EMS System participation for a~~EMS~~ pilot ~~approval for helicopters and fixed-wing aircraft~~ shall be valid for a period of one year and may be renewed by the Medical Director if the pilot has completed renewal training, which shall include, but is not limited to, the requirements of subsections (b)(1) and (5)(A) through (H) or subsections (c)(1) and (3)(A) through (F) of this Section.

1) For helicopter programs only:

A) Four EMS pilots per helicopter, excluding relief support, shall be dedicated to the SEMSV Program. Temporary staffing by three full-time pilots is permitted for no more than six months while finding and training a replacement pilot.

B) An EMS pilot assigned to SEMSV duty shall be physically present at the aircraft base to assure timely response.

C) An EMS pilot assigned to SEMSV duty shall be provided with work space to carry out assigned duties. If~~In the event that~~ duty time exceeds 12 continuous hours, separate sleeping quarters shall be provided to assure physical rest.

2) For fixed-wing programs only: One EMS pilot per aircraft who will respond within one-half hour from the receipt of the request.

b) Each EMS pilot assigned to a helicopter shall be approved for participation in an EMS System by the Medical Director and shall meet the following requirements:

1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) A minimum of 2000 ~~rotorcraft~~ flight hours with a minimum of 1500

rotorcraft flight hours and the following stipulations:~~as pilot-in-command, including:~~

A) Factory school or equivalent (ground and flight);

B) A minimum of 1000 hours as the pilot in command (PIC) in a rotorcraft;~~Five hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a single engine helicopter, from a twin to a single engine helicopter, or from a twin to a twin engine helicopter;~~

C) 100 flight hours at night, unaided; and~~Ten hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a twin engine aircraft.~~

D) A minimum of 500 hours of turbine time.

3) A minimum of five hours day/night area flight orientation, of which two hours must be at night, and, in the judgment~~judgement~~ of the SEMSV Medical Director, special terrain flight orientation.

4) Instrument Flight Rules (IFR) certification by the Federal Aviation Administration (IFR Currency is recommended).

5) Documentation~~Provide documentation~~ of completion of training that includes, but is not limited to, the following:

A) Judgment~~Judgement~~ and decision making;

B) Local routine operating procedures, including day and night operations;

C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;

D) Regional area weather phenomena;

E) Area terrain hazards;

F) Scene procedures;

G) EMS System and SEMSV Program communications requirements;

H) Orientation to each hospital/pre-hospital health care system affiliated with the SEMSV Program; and

I) Crew resource management training.

c) Each pilot assigned to a fixed-wing aircraft shall be approved by the Medical Director for participation in an EMS System and shall meet the following requirements:

1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135);

2) The pilot shall have ~~a commercial pilot certificate with~~ a minimum of 2000 flight hours; a minimum of 1000 flight hours as PIC in a fixed wing aircraft;~~pilot-in-command and an airplane multi-engine land instrument rating, with a minimum of 250 hours of instrument flying time, to include no more than 125 hours of simulated time and~~ 100 night flight hours and 25 hours in the specific make and model of aircraft before flying as the PIC~~pilot-in-command~~ on patient missions;~~,~~ or completion of a commercially established training program for the specific make and model air craft and the successful completion of the check ride;

3) Provide documentation of completion of training that includes, but is not limited to, the following:

A) Judgment~~Judgement~~ and decision making;

B) Local routine operating procedures, including day and night operations;

C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;

D) Regional area weather phenomena;

E) Area terrain hazards;

F) EMS System and SEMSV Program communications requirements; and

G) Crew resource management training.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.940 Aeromedical Crew Member Training Requirements

a) Except as provided for by subsection (b)~~ of this Section~~, each aeromedical crew member assigned to a helicopter or fixed-wing aircraft shall be approved by the Medical Director and shall meet the following requirements:

1) Be an EMT-P, registered nurse or a physician.

2) Each crew member shall~~must~~ be current in, or obtain within six months of hire:

A) Advanced Cardiac Life Support (ACLS);

B) ~~Basic Trauma Life Support (BTLS) or~~ Pre-Hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS);

C) Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC) or Pediatric Education for Prehospital Professionals (PEPP) Advanced;

D) Trauma Nurse Specialist (TNS), or Trauma Nurse Core Curriculum (TNCC) or Trauma Nurse Advanced Trauma Course (TNATC);

E) Neonatal Resuscitation Program (NRP) or an equivalent as approved by the EMS MD.

3) Initial training program requirements for full-time and part-time Critical Care and ALS providers. Each Critical Care and ALS provider shall~~must~~ successfully complete a comprehensive training program or show proof of

recent experience/training in the categories listed in subsections (a)(3)(A) and (B)~~below~~ prior to assuming independent responsibility.

A) Didactic Component − Shall be specified and appropriate for the mission statement and scope of the medical transport service:

i) Advanced airway management;~~.~~

ii) Altitude physiology/stressors of flight if involved in rotor wing or fixed wing operations;~~.~~

iii) Anatomy, physiology and assessment for adult, pediatric and neonatal patients;~~.~~

iv) Aviation − aircraft orientation/safety and in-flight procedures/general aircraft safety, including depressurization procedures for fixed wing (as appropriate). Ambulance orientation/ safety and procedures as appropriate;~~.~~

v) Cardiac emergencies and advanced cardiac critical care;~~.~~

vi) Hemodynamic monitoring, pacemakers, automatic implantable cardiac defibrillator (AICD), intra-aortic balloon pump, and central lines, pulmonary artery and arterial catheters;~~.~~

vii) Disaster and triage;~~.~~

viii) EMS radio communications;~~.~~

ix) Environmental emergencies;~~.~~

x) Hazardous materials recognition and response;~~.~~

xi) High risk obstetric emergencies (bleeding, medical, and trauma);~~.~~

xii) Infection control;~~.~~

xiii) Metabolic/endocrine emergencies;~~.~~

xiv) Multi-trauma (chest, abdomen, facial);~~.~~

xv) Neonatal emergencies (respiratory distress, surgical, cardiac);~~.~~

xvi) Oxygen therapy in the medical transport environment − mechanical~~Mechanical~~ ventilation and respiratory physiology for adult, pediatric and neonatal patients as appropriate to the mission statement and scope of care of the medical transport service;~~.~~

xvii) Pediatric medical emergencies;~~.~~

xviii) Pediatric trauma;~~.~~

xix) Pharmacology;~~.~~

xx) Quality Management − didactic~~Didactic~~ education that supports the medical transport service mission statement and scope of care (e.g., adult, pediatric, neonatal);~~.~~

xxi) Respiratory emergencies;~~.~~

xxii) Scene management/rescue/extrication (rotor wing and ground ambulance);~~.~~

xxiii) Stress recognition and management;~~.~~

xxiv) Survival training;~~.~~

xxv) Record keeping;~~.~~

xxvi) Thermal, chemical and electrical burns;~~.~~

xxvii) Legal aspects; and~~.~~

xxviii) Toxicology.

B) Clinical Component − clinical~~Clinical~~ experiences shall include, but not be limited to, the following (experiences shall be specific and appropriate for the mission statement and scope of care of the medical transport service):

i) Critical care;~~.~~

ii) Emergency care;~~.~~

iii) Invasive procedures or mannequin equivalent for practicing invasive procedures;~~.~~

iv) Neonatal intensive care;~~.~~

v) Obstetrics − five deliveries;~~.~~

vi) Pediatric critical care;~~.~~

vii) Pre-hospital care, for rotor wing programs only; and~~.~~

viii) Tracheal intubations − 10 performed on live patients either in the field or in the hospital setting when in the presence of and under the direct supervision of a licensed physician or certified registered nurse anesthetist (CRNA); or performed on cadavers while under direct supervision; or when in the presence of and under the direct and immediate supervision of the EMS MD or SEMSV Medical Director, a Human Patient Simulator (HPS).

4) Continuing education/staff development shall~~must~~ be provided and documented for all full-time and part-time Critical Care and ALS providers. These shall be specific and appropriate for the mission statement and scope of care of the medical transport service.

A) Didactic continuing education shall~~must~~ include:

i) Aviation − safety issues (if involved in rotor wing or fixed

wing operations);~~.~~

ii) Requirements of this Part~~State EMS rules~~ regarding ground and air transport;~~.~~

iii) Altitude physiology/stressors of flight (if involved in both rotor wing and fixed wing operations);~~.~~

iv) Critical care courses;~~.~~

v) Emergency care courses;~~.~~

vi) Hazardous materials recognition and response;~~.~~

vii) Infection control;~~.~~

viii) Stress recognition and management;~~.~~

ix) Survival training; and~~.~~

x) Equipment reviews consistent with program scope and mission.

B) Clinical and laboratory continuing education shall~~must~~ include:

i) Emergency/trauma care;~~.~~

ii) Critical care (adult, pediatric, neonatal);~~.~~

iii) Invasive procedure labs;~~.~~

iv) Labor and delivery;~~.~~

v) Pre-hospital experience, for rotor wing programs only;~~.~~

vi) Skills maintenance program documented to comply with number of skills required in a set period of time according to policy of the medical transport service (i.e., endotracheal intubations, chest tubes);~~.~~

vii) No fewer~~Since endotracheal intubation is an essential life saving measure, no less~~ than five ~~live~~ successful intubations per year are required for each Critical Care or ALS provider. These intubations may be on live patients, either in the field or in the hospital setting, when in the presence of and under the direct supervision of a licensed physician or CRNA; or cadavers while under direct supervision; or when in the presence of and under the direct and immediate supervision of the EMS MD or SEMSV Medical Director, a Human Patient Simulator (HPS). Success rates for all live intubations are documented and monitored through the quality management process; and~~.~~

viii) Live, mannequin or cadaver intubation experience within the following age ranges if served by the air medical/ground inter-facility~~interfacility~~ service: birth to 28 days; 28 days to 12 months; 12 months to 2 years; 2 years to 8~~6~~ years; and 8~~6~~ years and older.

5) Yearly completion of the continuing education requirements as described in Section 515.930(d)~~ of this Part~~.

b) In addition to at least one aeromedical crew member for Basic Life Support who has met the requirements of subsection (a)~~ of this Section~~, and two aeromedical crew members, one of whom must be an R.N. or licensed physician, for Advanced Life Support or critical care transport missions who have met the requirements of subsection (a)~~ of this Section~~, the Medical Director may approve and assign additional crew members to a helicopter or fixed-wing aircraft. The~~Such~~ additional crew members shall meet the following requirements:

1) Provide documentation of completion of training that includes, but is not limited to, the following:

A) General patient care in-flight,

B) Aircraft emergencies,

C) Flight safety,

D) EMS System and SEMSV Program communications,

E) Use of all patient care equipment, and

F) Rescue and survival techniques.

2) Yearly completion of the continuing education requirements as described in Section 515.930(d)~~ of this Part~~.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.945 Aircraft Vehicle Specifications and Operation

a) All vehicles shall meet the requirements of subparts A, B, C, and D of Air Taxi Operations and Commercial Operators (14 CFR 135).

b) All vehicles shall have communication equipment to permit both internal crew and air-to-ground exchange of information between individuals and agencies, including at least those involved in SEMSV medical control within the EMS System, the flight operations center, air traffic control and law enforcement agencies. Helicopters must be able to communicate with law enforcement agencies, EMS providers, fire agencies, and referring and receiving facilities.

c) Rotor wing vehicles shall be equipped with a Medical Emergency Radio Communications for Illinois (MERCI) radio.

d) All vehicles shall be designed to allow the loading and unloading of the patient without rotating the patient more than 30 degrees along the longitudinal axis or 45 degrees along the lateral axis.

e) All vehicles shall be climate controlled to prevent temperature extremes that would adversely affect patient care in the judgment~~judgement~~ of the Medical Director.

f) All vehicles shall have interior lighting to permit patient care to be given and patient status to be monitored without interfering with the pilot's vision.

g) All vehicles shall carry survival equipment including but not limited to:

1) Two sources of heat or fire,

2) Two forms of signaling device,

3) Equipment to provide shelter: blanket, nylon cord and adhesive tape,

4) Knife~~ and fishing kit~~, and

5) Food and water supply.

h) All patients shall be restrained to the helicopter or fixed-wing aircraft litter ~~in order~~ to assure the safety of the patient and crew.

i) For helicopter programs:

1) Each rotorcraft shall be powered by at least one turbine engine. There shall be at least one dedicated turbine powered rotorcraft.~~single-engine aircraft.~~

2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports, one of whom~~which~~ shall be an R.N. or licensed physician.

3) Each vehicle shall be equipped with flight reference instruments to allow recovery from inadvertent Instrument Flight Rules (IFR) situations.

4) Each vehicle shall be equipped with a searchlight pivoting at least 180 degrees horizontal and 90 degrees vertical, controlled by the pilot without removing hands from the flight controls. The searchlight shall be at least 400,000 candlepower, mounted and operated in accordance with requirements of the Federal Aviation Administration (14 CFR 135).

5) The cockpit shall be isolated by a protective barrier to minimize in-flight~~inflight~~ distraction or interference.

6) All medical equipment, supplies and personnel shall be secured ~~and/~~or restrained.

7) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in racks or compartments approved by the Federal Aviation Administration (14 CFR 135) or by straps.

j) For fixed-wing aircraft programs:

1) All single engine fixed-wing aircraft shall be powered by a turbine engine. There shall be at least one dedicated fixed-wing~~twin-engine~~ aircraft.

2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports.

3) The aircraft shall be IFR equipped and certified.

4) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in approved racks or compartments or by strap restraint.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.950 Aircraft Medical Equipment and Drugs

a) Each helicopter or fixed-wing aircraft shall be equipped with medical equipment and drugs that are appropriate for the various types of missions to which it will be responding, as specified by the SEMSV Medical Director.

b) The SEMSV Medical Director shall submit for approval to the Department a list of medical equipment and drugs to be taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route. This shall include, but not be limited to:

1) Cardiac monitor with extra battery;

2) Defibrillator that is adjustable for all age groups;

3) External pacemaker;

4) Advanced airway equipment, including ~~to include~~ laryngoscope and tracheal intubation supplies for all age ranges;

5) Mechanical ventilator available;

6) Two suction sources; one must be portable;

7) Pulse oximeter;

8) End tidal CO_2 − electronic or chemical;

9) Automatic blood pressure monitor;

10) Doppler with dual capacity to obtain fetal heart tones as well as systolic blood pressure;

11) Invasive pressure monitor;

12) Intravenous pumps with adjustable rates for appropriate age groups;

13) Two sources of oxygen; one must be portable;

14) A stretcher that is large enough to carry the 95th percentile adult, full length in supine position, and that is rigid enough to support effective cardiopulmonary resuscitation and has the capability of raising the head 30°;

15) Electrical power source provided by an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment;

16) If the patient weighs less than 60 lbs. (27 kg.), an appropriate (for height and weight) restraint device shall~~must~~ be used, which shall~~must~~ be secured by a devise approved by the Federal Aviation Administration (14 CFR 135); and

17) An isolette if the service mission profile includes neonate transports~~Isolette~~.

c) The Department's approval shall be based on, but not limited to:

1) Length of time of the mission;

2) Possible environmental or weather hazards;

3) Number of individuals served; and

4) Medical condition of individuals served.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs

a) For helicopter programs:

1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) One certified airframe and power plant (A & P) mechanic with two years experience for each helicopter shall be available and dedicated to the program 24 hours per day.

3) Mechanics shall have completed factory-approved~~provided~~ training for the makes and models of aircraft used in the SEMSV Program.

4) Back-up maintenance support shall be available when the primary mechanic is unavailable or during times of extensive maintenance needs.

5) Hangar facilities shall be available for major maintenance activities, as specified in manufacturer's requirements. These facilities need not be located at the base of operations.

6) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by the

aircraft manufacturer.

b) For fixed-wing aircraft programs:

1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) Mechanics shall be certified A & P with two years experience, and shall have completed training for the make and model of aircraft used by the SEMSV Program.

3) Hangar facilities shall be available for major maintenance activities as specified in manufacturer's requirements.

4) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by the aircraft manufacturer.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.960 Aircraft Communications and Dispatch Center

a) The SEMSV Program shall have a designated person assigned and available 24 hours per day every day of the year to receive and dispatch all requests for aeromedical services. For fixed-wing aircraft programs, a telephone answering service may be used.

b) Training of the designated person shall be commensurate with the scope of responsibility of the communications center and pertinent to the air medical service, including:

1) Knowledge of EMS roles and responsibilities of the various levels of training~~EMT licensure or the equivalent in knowledge or experience~~;

2) Knowledge of Federal Aviation Administration~~Regulation~~ and Federal Communications Commission regulations;

3) General safety rules, emergency procedures and flight following procedures;

4) Navigation techniques/terminology and understanding weather interpretation;

5) Types of radio frequency bands used;~~ and~~

6) Stress recognition and management;~~.~~

7) Medical terminology and obtaining patient information;

8) Assistance with hazardous materials response and recognition procedure using appropriate reference materials; and

9) Crew Resource Management.

c) The dispatch center shall have at least one dedicated telephone number for the SEMSV Program.

d) A pre-arranged emergency plan shall be in place to cover situations in which an aircraft is overdue, radio communication cannot be established, or an aircraft location cannot be verified.

e) A back-up power source shall be available for all communications equipment used at the SEMSV medical control point.

f) The dispatch center shall have a~~A~~ system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings shall be kept for 30 days.

g) In addition, for helicopter programs:

1) The dispatch center shall have the capability to communicate with the aircraft pilot and aeromedical crew for nonmedical purposes on a separate designated frequency.

2) Continuous flight following every 15 minutes shall be maintained and documented.

(Source: Amended at 38 Ill. Reg. 16304, effective July 18, 2014)

Section 515.963 Flight Program Safety Standards

For rotor-wing and fixed-wing programs:

a) Flight crews shall wear the following protective clothing:

1) Reflective material or striping on uniforms during night operations;

2) Flame-retardant clothing;

3) Flight helmets for all rotorcraft crews, including specialty teams; and

4) Boots or sturdy footwear for on-scene operations.

b) Safety and Environment

1) Oxygen storage shall be 10 feet from any heat source and 20 feet from any open flame.

2) All crews shall carry a photo ID with first and last names while on duty.

3) Family members or other passengers who accompany patients shall be identified and listed in the communications center.

4) A policy shall address the security of the aircraft and physical environment (i.e., hangar, fuel farm), including:

A) Security of the aircraft or ambulance if left unattended on a helipad, hospital ramp or unsecured airport or parking lot;

B) Training for pilots, mechanics and medical personnel to recognize signs of aircraft tampering; and

C) A plan to address aircraft or ambulance tampering.

c) Completion of all of the following educational components shall be documented for each of the flight medical personnel:

1) General aircraft safety:

A) Aircraft evacuation procedures (exits and emergency release mechanisms), including emergency shutdown − engines, radios, fuel switches, and electrical and oxygen shutdown;

B) Aviation terminology and communication procedures, including knowledge of emergency communications and knowledge of emergency communications frequency;

C) In-flight and ground fire suppression procedures (use of fire extinguishers);

D) In-flight emergency and emergency landing procedures (i.e., position, oxygen, securing equipment);

E) Safety in and around the aircraft, including national aviation regulations pertinent to medical team members, landing zone personnel when possible, patients, and lay individuals;

F) Specific capabilities, limitations and safety measures for each aircraft used, including specific training for backup or occasionally used aircraft;

G) Use of emergency locator transmitter (ELT); and

H) All ground support ambulances used for fixed wing operations shall meet minimal State ambulance licensing requirements located in Section 515.830.

2) Ground operations rotor wing (RW)

A) Landing site policies consistent with Federal Aviation Administration Helicopter Emergency Medical Services (HEMS) requirements;

B) Patient loading and unloading – policy for rapid loading/unloading procedures;

C) Refueling policy for normal and emergency situations;

D) Hazardous materials recognition, response and training policy consistent with 2014 Aeronautical Information Manual, Chapter 10 (2014, US Department of Transportation);

E) Highway scene safety management policy that demonstrates coordination with local emergency response personnel;

F) Survival training/techniques/equipment that are pertinent to the environment/geographic coverage area of the medical service based on the program risk assessment;

G) Smoke in the cockpit/cabin, firefighting in the cockpit/cabin; and

H) Emergency evacuation of crew and patients.

d) A planned and structured safety program shall be provided to public safety/law enforcement agencies and hospital personnel who interface with the medical service that includes:

1) Identifying, designating and preparing an appropriate landing zone (LZ);

2) Personal safety in and around the helicopter for all ground personnel;

3) Procedures for day/night operations, conducted by the medical team, specific to the aircraft, including:

A) High and low reconnaissance;

B) Two-way communications between helicopter and ground personnel to identify approach and departure obstacles and wind direction;

C) Approach and departure path selection; and

D) Procedures for the pilot to ensure safety during ground operations in an LZ with or without engines running.

4) Crash recovery procedures specific to the aircraft make and model shall minimally include:

A) Location of fuel tanks;

B) Oxygen shut-offs in cockpit and cabin;

C) Emergency egress procedures;

D) Aircraft batteries; and

E) Emergency shut-down procedures.

5) Education regarding "helicopter shopping" shall be included.

6) Records shall be kept of initial and recurrent safety training of pre-hospital, referring and receiving ground support personnel.

e) The program shall maintain a Safety Management System that is proactive in identifying risks and eliminating injuries to personnel and patients and damage to equipment.

f) Special requirements for night operations; SEMSV rotorcraft programs shall incorporate use of night vision goggles (NVG) and shall be compliant by December 31, 2018:

1) Pilot required; and

2) Medical Crew recommended.

(Source: Added at 38 Ill. Reg. 16304, effective July 18, 2014)

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Issuance of Licenses

2) Code Citation: 92 Ill. Adm. Code 1030

3) Section Number: 1030.7 — Adopted Action: Amendment

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

5) Effective Date of Rule: July 21, 2014

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rule including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposed published in the *Illinois Register*: April 18, 2014, 38 Ill. Reg. 8331

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

11) Differences between Proposal and Final Version: In subsection (a), the Secretary limits the number of appointments by one individual or entity from any one internet protocol address within a 24-hour period. This limit may be waived for not-for-profit entities. All technical changes recommended by JCAR were made.

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

13) Will this rulemaking replace an emergency rule currently in effect? Yes

14) Are there any rulemakings pending on this Part? Yes

Section Numbers:	Proposed Action:	*Illinois Register* Citation:
1030.6	Amendment	38 Ill. Reg. 13734; July 7, 2014

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

1030.7	Amendment	38 Ill. Reg. 13734; July 7, 2014

15) Summary and Purpose of Rule: The adopted rule limits the number of appointments to apply for an undocumented immigrant driver's license made by any one individual or entity or from any one internet protocol address within a 24-hour period, and allows the Secretary to cancel any appointments made in excess of those limitations.

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

Nathan Maddox
Senior Legal Advisor
Office of the General Counsel
298 Howlett Building
Springfield IL 62756

217/785-3094
nmaddox@ilsos.net

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

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1030
ISSUANCE OF LICENSES

Section

1030.1 Definitions
1030.5 Procedure for Obtaining a Driver's License
1030.6 Procedure for Obtaining a Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a)
1030.7 Procedure for Obtaining a Non-Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a-5)
1030.10 What Persons Shall Not be Licensed or Granted Permits
1030.11 Procedure for Obtaining a Driver's License/Temporary Visitor's Driver's License (Renumbered)
1030.12 Identification Cards for the Homeless
1030.13 Denial of License or Permit
1030.14 Emergency Contact Database
1030.15 Cite for Re-testing
1030.16 Physical and Mental Evaluation
1030.17 Errors in Issuance of Driver's License/Cancellation
1030.18 Medical Criteria Affecting Driver Performance
1030.20 Classification of Drivers – References (Repealed)
1030.22 Medical Examiner's Certificate − CDL Holders
1030.25 Safe Driver License Renewals
1030.30 Classification Standards
1030.40 Fifth Wheel Equipped Trucks
1030.50 Bus Driver's Authority, Religious Organization and Senior Citizen Transportation
1030.55 Commuter Van Driver Operating a For-Profit Ridesharing Arrangement
1030.60 Third-Party Certification Program
1030.63 Religious Exemption for Social Security Numbers (Repealed)
1030.65 Instruction Permits
1030.66 Adult Driver Education
1030.70 Driver's License Testing/Vision Screening
1030.75 Driver's License Testing/Vision Screening With Vision Aid Arrangements Other Than Standard Eye Glasses or Contact Lenses
1030.80 Driver's License Testing/Written Test
1030.81 Endorsements

1030.82 Charter Bus Driver Endorsement Requirements
1030.83 Hazardous Material Endorsement
1030.84 Vehicle Inspection
1030.85 Driver's License Testing/Road Test
1030.86 Multiple Attempts − Written and/or Road Tests
1030.88 Exemption of Facility Administered Road Test
1030.89 Temporary Driver's Licenses and Temporary Instruction Permits
1030.90 Requirement for Photograph and Signature of Licensee on Driver's License
1030.91 Person with a Disability Identification Card
1030.92 Restrictions
1030.93 Restricted Local Licenses
1030.94 Duplicate or Corrected Driver's License or Instruction Permit
1030.95 Consular Licenses (Repealed)
1030.96 Seasonal Restricted Commercial Driver's License
1030.97 Invalidation of a Driver's License, Permit and/or Driving Privilege
1030.98 School Bus Endorsement or Instruction Permit
1030.100 Anatomical Gift Donor (Repealed)
1030.110 Emergency Medical Information Card
1030.115 Change-of-Address
1030.120 Issuance of a Probationary License
1030.130 Grounds for Cancellation of a Probationary License
1030.140 Use of Captured Images
1030.APPENDIX A Questions Asked of a Driver's License Applicant
1030.APPENDIX B Acceptable Identification Documents – Applicants for a Driver's License, Instruction Permit, Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a) or Visa Status Temporary Visitor's Instruction Permit
1030.APPENDIX C Acceptable Identification Documents – Applicants for a Non-Visa Status Temporary Visitor's Driver's License or Non-Visa Status Temporary Visitor's Instruction Permit Pursuant to IVC Section 6-105.1(a-5)

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

SOURCE: Filed March 30, 1971; amended at 3 Ill. Reg. 7, p. 13, effective April 2, 1979; amended at 4 Ill. Reg. 27, p. 422, effective June 23, 1980; amended at 6 Ill. Reg. 2400, effective February 10, 1982; codified at 6 Ill. Reg. 12674; amended at 9 Ill. Reg. 2716, effective February

20, 1985; amended at 10 Ill. Reg. 303, effective December 24, 1985; amended at 10 Ill. Reg. 15130, effective September 2, 1986; amended at 10 Ill. Reg. 18182, effective October 14, 1986; amended at 11 Ill. Reg. 9331, effective April 28, 1987; amended at 11 Ill. Reg. 18292, effective October 23, 1987; amended at 12 Ill. Reg. 3027, effective January 14, 1988; amended at 12 Ill. Reg. 13221, effective August 1, 1988; amended at 12 Ill. Reg. 16915, effective October 1, 1988; amended at 12 Ill. Reg. 19777, effective November 15, 1988; amended at 13 Ill. Reg. 5192, effective April 1, 1989; amended at 13 Ill. Reg. 7808, effective June 1, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 13898, effective August 22, 1989; amended at 13 Ill. Reg. 15112, effective September 8, 1989; amended at 13 Ill. Reg. 17095, effective October 18, 1989; amended at 14 Ill. Reg. 4570, effective March 8, 1990; amended at 14 Ill. Reg. 4908, effective March 9, 1990; amended at 14 Ill. Reg. 5183, effective March 21, 1990; amended at 14 Ill. Reg. 8707, effective May 16, 1990; amended at 14 Ill. Reg. 9246, effective May 16, 1990; amended at 14 Ill. Reg. 9498, effective May 17, 1990; amended at 14 Ill. Reg. 10111, effective June 11, 1990; amended at 14 Ill. Reg. 10510, effective June 18, 1990; amended at 14 Ill. Reg. 12077, effective July 5, 1990; amended at 14 Ill. Reg. 15487, effective September 10, 1990; amended at 15 Ill. Reg. 15783, effective October 18, 1991; amended at 16 Ill. Reg. 2182, effective January 24, 1992; emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; emergency expired on December 13, 1992; amended at 16 Ill. Reg. 18087, effective November 17, 1992; emergency amendment at 17 Ill. Reg. 1219, effective January 13, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2025, effective February 1, 1993; amended at 17 Ill. Reg. 7065, effective May 3, 1993; amended at 17 Ill. Reg. 8275, effective May 24, 1993; amended at 17 Ill. Reg. 8522, effective May 27, 1993; amended at 17 Ill. Reg. 19315, effective October 22, 1993; amended at 18 Ill. Reg. 1591, effective January 14, 1994; amended at 18 Ill. Reg. 7478, effective May 2, 1994; amended at 18 Ill. Reg. 16457, effective October 24, 1994; amended at 19 Ill. Reg. 10159, effective June 29, 1995; amended at 20 Ill. Reg. 3891, effective February 14, 1996; emergency amendment at 20 Ill. Reg. 8358, effective June 4, 1996, for a maximum of 150 days; emergency amendment repealed in response to an objection of the Joint Committee on Administrative Rules at 20 Ill. Reg. 14279; amended at 21 Ill. Reg. 6588, effective May 19, 1997; amended at 21 Ill. Reg. 10992, effective July 29, 1997; amended at 22 Ill. Reg. 1466, effective January 1, 1998; emergency amendment at 23 Ill. Reg. 9552, effective August 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13947, effective November 8, 1999; amended at 24 Ill. Reg. 1259, effective January 7, 2000; emergency amendment at 24 Ill. Reg. 1686, effective January 13, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 6955, effective April 24, 2000; emergency amendment at 24 Ill. Reg. 13044, effective August 10, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18400, effective December 4, 2000; amended at 25 Ill. Reg. 959, effective January 5, 2001; amended at 25 Ill. Reg. 7742, effective June 5, 2001; amended at 25 Ill. Reg. 12646, effective September 24, 2001; emergency amendment at 25 Ill. Reg. 12658, effective September 24, 2001, for a maximum of 150 days;

emergency expired February 20, 2002; amended at 26 Ill. Reg. 9961, effective June 24, 2002; amended at 27 Ill. Reg. 855, effective January 3, 2003; emergency amendment at 27 Ill. Reg. 7340, effective April 14, 2003, for a maximum of 150 days; emergency expired September 10, 2003; emergency amendment at 27 Ill. Reg. 16968, effective October 17, 2003, for a maximum of 150 days; emergency expired March 14, 2004; emergency amendment at 28 Ill. Reg. 384, effective January 1, 2004, for a maximum of 150 days; emergency expired May 29, 2004; amended at 28 Ill. Reg. 8895, effective June 14, 2004; amended at 28 Ill. Reg. 10776, effective July 13, 2004; amended at 29 Ill. Reg. 920, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2469, effective January 31, 2005, for a maximum of 150 days; emergency expired June 29, 2005; amended at 29 Ill. Reg. 9488, effective June 17, 2005; amended at 29 Ill. Reg. 12519, effective July 28, 2005; amended at 29 Ill. Reg. 13237, effective August 11, 2005; amended at 29 Ill. Reg. 13580, effective August 16, 2005; amended at 30 Ill. Reg. 910, effective January 6, 2006; amended at 30 Ill. Reg. 5621, effective March 7, 2006; amended at 30 Ill. Reg. 11365, effective June 15, 2006; emergency amendment at 30 Ill. Reg. 11409, effective June 19, 2006, for a maximum of 150 days; emergency expired November 15, 2006; amended at 31 Ill. Reg. 4782, effective March 12, 2007; amended at 31 Ill. Reg. 5096, effective March 15, 2007; amended at 31 Ill. Reg. 5864, effective March 29, 2007; amended at 31 Ill. Reg. 6370, effective April 12, 2007; amended at 31 Ill. Reg. 7643, effective May 16, 2007; amended at 31 Ill. Reg. 11342, effective July 18, 2007; amended at 31 Ill. Reg. 14547, effective October 9, 2007; amended at 31 Ill. Reg. 14849, effective October 22, 2007; amended at 31 Ill. Reg. 16543, effective November 27, 2007; amended at 31 Ill. Reg. 16843, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 208, effective January 2, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 6544, effective April 4, 2008; amended at 33 Ill. Reg. 2391, effective January 21, 2009; amended at 33 Ill. Reg. 8489, effective June 5, 2009; amended at 33 Ill. Reg. 9794, effective June 29, 2009; amended at 33 Ill. Reg. 11620, effective July 22, 2009; amended at 33 Ill. Reg. 14185, effective September 28, 2009; amended at 34 Ill. Reg. 563, effective December 22, 2009; amended at 34 Ill. Reg. 9457, effective June 23, 2010; amended at 34 Ill. Reg. 15418, effective September 22, 2010; amended at 34 Ill. Reg. 19071, effective November 22, 2010; amended at 35 Ill. Reg. 2197, effective January 21, 2011; amended at 35 Ill. Reg. 4692, effective March 3, 2011; amended at 35 Ill. Reg. 19664, effective November 23, 2011; amended at 36 Ill. Reg. 3924, effective February 27, 2012; amended at 36 Ill. Reg. 7255, effective April 26, 2012; amended at 36 Ill. Reg. 14755, effective September 18, 2012; amended at 37 Ill. Reg. 7776, effective May 22, 2013; amended at 37 Ill. Reg. 14176, effective September 1, 2013; amended at 37 Ill. Reg. 19342, effective November 28, 2013; amended at 38 Ill. Reg. 7946, effective March 28, 2014; emergency amendment at 38 Ill. Reg. 8429, effective April 4, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 12515, effective July 1, 2014; amended at 38 Ill. Reg. 16366, effective July 21, 2014.

Section 1030.7 Procedure for Obtaining a Non-Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a-5)

a) An applicant who wishes to obtain an original TVDL, renew a TVDL, or obtain a corrected TVDL, pursuant to IVC Section 6-105.1(a-5), must make an appointment, via telephone or the Secretary of State's official website, to visit one of the designated TVDL Secretary of State Driver Services Facilities located throughout the State. The~~At a later date, the~~ Secretary of State will limit to 3 the number of appointments that may be made by any one individual or entity or from any one internet protocol address within a 24-hour period, except that the limit of 3 appointments may be waived by the Secretary of State for not-for-profit entities that assist the affected public in scheduling appointments. In the event the Secretary discovers appointments have been made in violation of a policy limiting the number of appointments within a 24-hour period, the Secretary may cancel the appointments exceeding the maximum number allowed. Based on the operational needs of the office, the Secretary may eliminate the requirement for appointments.~~, based on the operational needs of the office, may eliminate the requirement for appointments.~~ An applicant who wishes to obtain a duplicate TVDL shall visit any TVDL facility located throughout the State. An application form, provided by the Secretary of State pursuant to IVC Section 6-106, shall be completed by the applicant. The questions contained on the application form are provided in Appendix A.

b) An applicant for an original, renewal, duplicate or corrected TVDL shall provide acceptable forms of identification as defined in Appendix C to establish the applicant's name, date of birth, signature for comparison, current Illinois residence address, and residency in Illinois for a period in excess of one year. The applicant shall affirm under penalty of perjury that he/she is ineligible to obtain a social security number and shall submit either a valid, unexpired passport for the applicant's country of citizenship or a valid, unexpired consular identification document, as defined by Section 5 of the Consular Identification Document Act [5 ILCS 230/5], issued by the consulate of the applicant's country of citizenship and, if a new applicant, must submit a completed verification of residency form.

c) The applicant shall take the following tests as required in IVC Section 6-109:

1) A vision test as provided in Sections 1030.70 and 1030.75;

2) A road test, if required, as provided in Section 1030.85 (exemptions to the road test requirement are provided in Section 1030.88); and

3) A written test, if required, as provided in Section 1030.80.

d) Applicants who are 16 or 17 years of age and not legally emancipated by marriage shall not be issued a TVDL without the written consent of the applicant's parent, legal guardian or other responsible adult, regardless of whether the required written consent also accompanied the person's previous application for an instruction permit and, in accordance with IVC Section 6-107(b), the applicant has:

1) Held a valid instruction permit for a minimum of 9 months;

2) Passed an approved driver education course and submitted proof of having passed the course as may be required;

3) Submitted, on a form prepared or approved by the Secretary of State, certification by the parent of the applicant, the legal guardian having custody of the applicant, or, in the event there is no parent or legal guardian, by another responsible adult, that the applicant has had a minimum of 50 hours, at least 10 hours of which have been at night, of behind-the-wheel practice time and is sufficiently prepared and able to safely operate a motor vehicle. The 50 hours shall be in addition to the required hours spent with a driver education instructor. The person completing the certification shall, upon signing the certification, swear under penalty of perjury that everything contained within the certification is true and correct.

e) Applicants who are 18, 19 or 20 years of age who have not previously been licensed and who have not successfully completed an approved driver education course or the classroom portion of an approved driver education course shall not be issued a TVDL unless the applicant has successfully completed an adult driver education course offered by an adult driver education course provider and proof of that completion has been submitted to the Secretary by the adult driver education course provider.

f) A TVDL applicant shall have his/her photograph taken, unless exempted by Section 1030.90.

g) A TVDL shall only be issued in Class D, L or M, as established in Section 1030.30.

h) A TVDL shall not be issued to the applicant at the Secretary of State Driver Services facility, but shall be centrally issued and mailed to the applicant at the address provided on the TVDL application. A dated receipt shall be issued to the applicant.

i) Each original TVDL shall expire 3 years from the date of issuance, except that a TVDL issued to an applicant 81 years of age or older shall expire in accordance with IVC Section 6-115(g).

j) An applicant for a renewal TVDL shall be retested in accordance with IVC Section 6-109.

k) Each renewal TVDL shall expire no more than 3 years from the expiration date of the current license, except that a TVDL issued to an applicant 81 years of age or older shall expire in accordance with IVC Section 6-115(g).

l) The Secretary of State shall not send a renewal notice to the holder of a TVDL.

m) The design and content of a TVDL shall be in accordance with IVC Sections 6-105.1 and 6-110 and Section 1030.90. The license shall be distinctive in nature to identify it as a TVDL and shall contain the phrase "not valid for identification".

n) The design and content of a TVDL issued to applicants under 21 years of age shall be in accordance with IVC Sections 6-107.3 and 6-110(e) and (e-1).

o) The fees collected for the issuance of an original, renewal, duplicate or corrected TVDL shall be in accordance with IVC Section 6-118.

p) An applicant for a TVDL that is male and is between the ages of 18 and 25 is not exempt from the requirement to register with the United States Selective Service System, in accordance with IVC Section 6-106.

(Source: Amended at 38 Ill. Reg. 16366, effective July 21, 2014)

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Universities Retirement

2) Code Citation: 80 Ill. Adm. Code 1600

3)

Section Numbers:	Adopted Action:
1600.100	Amendment
1600.110	Amendment
1600.205	Amendment
1600.250	Amendment
1600.300	Amendment
1600.320	Renumbered
1600.400	Amendment
1600.450	Amendment
1600.550	Renumbered/New Section

4) Statutory Authority: 40 ILCS 5/15-177

5) Effective Date of Amendment: July 17, 2014

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection

9) Notices of Proposed published in the *Illinois Register*: April 4, 2014; 38 Ill. Reg. 7571

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

11) Differences between Proposal and Final Version: None

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

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

14) Are there any rulemaking pending on this Part? Yes

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENTS

Section Numbers:	Proposed Action:	*Illinois Register* citation:
1600.130	Amendment	38 Ill. Reg. 7863; April 11, 2014
1600.405	New Section	38 Ill. Reg. 7863; April 11, 2014
1600.720	Amendment	38 Ill. Reg. 7863; April 11, 2014
1600.725	Amendment	38 Ill. Reg. 7863; April 11, 2014
1600.730	Amendment	38 Ill. Reg. 7863; April 11, 2014

15) Summary and Purpose of Rulemaking: Section 1600.500 is intended to update the Rules of Practice – Nature and Requirements of Formal Hearings.

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

Michael B. Weinstein, General Counsel
State Universities Retirement System
1901 Fox Drive,
Champaign IL 61820

217/378-8825 or 217/378-8838

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

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE D: RETIREMENT SYSTEMS
CHAPTER II: STATE UNIVERSITIES RETIREMENT SYSTEM

PART 1600
UNIVERSITIES RETIREMENT

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STATE UNIVERSITIES RETIREMENT SYSTEM

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1600.745 Candidate Informational Communication
1600.750 Filling a Vacancy in the Term of an Elected Trustee

AUTHORITY: Implementing and authorized by Section 15-177 of the Illinois Pension Code [40 ILCS 5/15-177].

SOURCE: Amended September 2, 1977; amended at 2 Ill. Reg. 31, p.53, effective July 30, 1978; amended at 7 Ill. Reg. 8139, effective June 29, 1983; codified at 8 Ill. Reg. 19683; amended at 11 Ill. Reg. 15656, effective September 9, 1987; amended at 13 Ill. Reg. 18939, effective November 21, 1989; amended at 14 Ill. Reg. 6789, effective April 20, 1990; emergency amendment at 21 Ill. Reg. 4864, effective March 26, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 6095, effective May 2, 1997; amended at 21 Ill. Reg. 11962, effective August 13, 1997; amended at 21 Ill. Reg. 12653, effective August 28, 1997; amended at 22 Ill. Reg. 4116, effective February 9, 1998; amended at 23 Ill. Reg. 13667, effective November 1, 1999; amended at 25 Ill. Reg. 10206, effective July 30, 2001; amended at 28 Ill. Reg. 2292, effective January 23, 2004; expedited correction at 28 Ill. Reg. 7575, effective January 23, 2004; amended at 29 Ill. Reg. 2729, effective March 1, 2005; amended at 29 Ill. Reg. 11819, effective July 12, 2005; amended at 29 Ill. Reg. 14060, effective September 1, 2005; amended at 29 Ill. Reg. 14351, effective September 6, 2005; amended at 30 Ill. Reg. 6170, effective March 21, 2006; amended at 30 Ill. Reg. 7778, effective April 5, 2006; amended at 30 Ill. Reg. 9911, effective May 9, 2006; amended at 30 Ill. Reg. 17509, effective October 19, 2006; amended at 31 Ill. Reg. 4267, effective February 22, 2007; amended at 31 Ill. Reg. 4927, effective March 12, 2007; recodified at 31 Ill. Reg. 10194; amended at 32 Ill. Reg. 16515, effective September 25, 2008; emergency amendment at 33 Ill. Reg. 6525, effective April 27, 2009, for a maximum of 150 days; emergency expired September 23, 2009; amended at 33 Ill. Reg. 10757, effective July 1,

2009; amended at 33 Ill. Reg. 16755, effective November 23, 2009; amended at 34 Ill. Reg. 9523, effective June 25, 2010; amended at 35 Ill. Reg. 10952, effective June 22, 2011; amended at 36 Ill. Reg. 3938, effective February 22, 2012; amended at 37 Ill. Reg. 1309, effective January 15, 2013; amended at 37 Ill. Reg. 3866, effective March 15, 2013; amended at 37 Ill. Reg. 10698, effective June 26, 2013; amended at 37 Ill. Reg. 15517, effective September 12, 2013; amended at 38 Ill. Reg. 5659, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 11376, effective May 9, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 16375, effective July 17, 2014.

SUBPART A: GENERAL

Section 1600.100 Definitions

Certain terms used frequently throughout this Part are defined in this Section. Unless the context requires a different meaning, other terms used in this Part shall be defined and interpreted in accordance with Article 15 of the Illinois Pension Code [40 ILCS 5/Art. 15]. The definition of a term under a specific Section or Subpart shall supercede, for the purposes of that Section or Subpart, this Section.

"Annuitant" − *A person receiving a retirement, reversionary, survivors or beneficiary annuity or disability retirement annuity from the System.* [40 ILCS 5/15-119]

"Annuity Payment Period" – *The period beginning on the date specified by the participant or the recipient of a disability retirement annuity submitting a written application, which shall not be prior to termination of employment or more than one year before the application is received by the Board ~~of Trustees of SURS~~; however, if the participant is not an employee of an employer participating in SURS or in a participating system as defined in Article 20 of the Code on April 1 of the calendar year next following the calendar year in which the participant attains age 70½, the annuity payment period shall begin on that date regardless of whether an application has been filed.* [40 ILCS 5/15-135(b)]

"Board" − The Board of Trustees of the State Universities Retirement System as constituted under Section ~~40 ILCS 5/~~15-159 of the Code.

"Chairperson" – The chairperson of the Board.

"Claims Panel" − The quasi-adjudicative body constituted under the Board's

bylaws that hears all administrative contested matters as fiduciaries pursuant to Section 1600.500.

"Code" or "Pension Code" − The Illinois Pension Code [40 ILCS 5].

"Effective Rate of Interest" − *The interest rate for all or any part of a fiscal year that is determined by the Board based on factors including the System's past and expected investment experience; historical and expected fluctuations in the market value of investments; the desirability of minimizing volatility in the effective rate of interest from year to year; and the provision of reserves for anticipated losses upon sales, redemptions, or other disposition of investments and for variations in interest experience.* [40 ILCS 5/15-125(2)] See Section 15-125(2) of the Code for the effective rate of interest set by the State Comptroller for purposes of Rule 2 of Section 15-136(a) of the Code (i.e., the Money Purchase Formula).

"Employee" − A person defined as an "employee" under Section ~~40 ILCS 5/~~15-107 of the Code.

"Employer" − An entity defined as an "employer" under Section ~~40 ILCS 5/~~15-106 of the Code.

"Executive Director" − The chief administrative officer of SURS, appointed by the Board.

"FOIA" − Freedom of Information Act [5 ILCS 140].

"General Counsel" − In-house legal counsel for SURS.

"IRS" − Internal Revenue Service of the U.S. Department of the Treasury.

"IRC" − Internal Revenue Code of 1986, as amended (26 USC 1 et seq.).

"Member" − A SURS participant or annuitant.

"Participant" − A person participating in SURS under Section 15-134 of the Code.

"Participating Employee" − A participant who at the time is an employee under Section 15-107 of the Code.

"Prescribed Rate of Interest" − *The rate of interest to be used in actuarial valuation and in development of actuarial tables.* The prescribed rate of interest is *determined by the Board on the basis of the probable average effective rate of interest on a long term basis.* [40 ILCS 5/15-125(1)]

"Principal Office of SURS" − State Universities Retirement System, 1901 Fox Drive, Champaign IL 61820.

"SURS" or "System" − State Universities Retirement System created by Article 15 of the Code [40 ILCS 5/Art. 15].

"Tier 1 Member" – A SURS participant or annuitant defined under Section 15-108.1 of the Code.

"Tier 2 Member" – A SURS participant or annuitant defined under Section 15-108.2 of the Code.

"USERRA" – Uniformed Services Employment and Reemployment Rights Act of 1994 (38 USC 4301 et seq.).

(Source: Amended at 38 Ill. Reg. 16375, effective July 17, 2014)

Section 1600.110 Freedom of Information Act

a) Purpose. This Section establishes policies and procedures specific to SURS concerning requests for information made under FOIA.

b) Freedom of Information Officer. The Freedom of Information Officer is the staff member at SURS responsible for responding to all requests for information on behalf of SURS as the "public body" under FOIA and is also responsible for maintaining all records required to be kept under FOIA and this Section. The Freedom of Information Officer shall be the SURS General Counsel or a designee of~~designated by~~ the SURS Executive Director. Denials issued by the Freedom of Information Officer shall inform the requester of the right of review by the Public Access Counselor under Section 9.5 of FOIA or by a court under Section 11 of FOIA~~shall be appealed to the Executive Director as the "head of the public body" under FOIA~~.

c) Time and Place for Requests or Inspection. Records subject to FOIA shall be made available for inspection and copying at SURS principal office (see Section 1600.100) on weekdays between the hours of 8:00 a.m. and 4:30 p.m., excluding days during which the office is closed to the public. Written requests shall be directed to the Freedom of Information Officer or a designee in the SURS Legal Department by mail that is addressed to the SURS principal office by facsimile at (217)378-9801, or by email to general_counsel@surs.org. Oral requests for inspection or copying may be made in person or by phone at (217)378-8838.

d) Fees. Subject to a waiver or reduction of the fee if warranted under Section 6 of FOIA, fees may be imposed on the requester to recover costs of document production or reproduction according to the following schedule:

1) Photostatic copying of paper documents:

A) Black and white copies shall be charged after the first 50 pages at $0.05 per page;

B) Color copies shall be charged at $0.13 per page.

2) Printing of electronic documents or microfilmed/microfiched documents shall be charged at $0.05 per page.

3) Physical storage on electronic, tape or other media, shipping and facsimile transmission costs shall be charged to the extent those costs are incurred. Electronic transmission via e-mail shall be provided at no charge.

e~~d~~) Exemptions. Consistent with Section 7 of FOIA, the following public records shall be exempt from inspection and copying: personal information that includes any personally identifying or identifiable information other than names or benefit amounts, including, but not necessarily limited to, Social Security numbers and addresses of participants and annuitants, and names and Social Security numbers and addresses of beneficiaries.

(Source: Amended at 38 Ill. Reg. 16375, effective July 17, 2014)

SUBPART B: CONTRIBUTIONS AND SERVICE CREDIT

Section 1600.205 Earnings~~Compensation~~ Subject to Withholding and Crediting

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENTS

a) Purpose. This Section provides guidance on which payments for compensation constitute "earnings" under Section 15-111 of the Code. Section 15-157 of the ~~Illinois Pension~~ Code requires every participating employee to make contributions of 8% of his or her pay to fund the benefits payable under SURS. This contribution is deducted from the participating employee's pay on a pre-tax basis and remitted to SURS via payroll deduction. The contributions are made as a percentage of the participating employee's "earnings". ~~Earnings are defined at Section 15-111 of the Code. This Section states SURS' interpretation of what items of compensation are includable as earnings for the purposes of Section 15-111. The following shall be used when determining whether certain payments to employees are subject to SURS withholding.~~

b) Definition. "Earnings", defined under Section 15-111 of the Code, *is an amount paid for personal services equal to the sum of the basic compensation plus extra compensation for summer teaching, overtime and other extra service. For periods for which an employee receives service credit under* Section 15-113.1(c) or 15-113.2 of the Code, *earnings are equal to the basic compensation on which contributions are paid by the employee during such periods. Compensation for employment which is irregular, intermittent and temporary shall not be considered earnings, unless the participant is also receiving earnings from the employer as an employee under Section 15-107.* [40 ILCS 5/15-111(a)]

c) Tier 2 Member Earnings Limitation

1) *For a Tier 2 member, the annual earnings shall not exceed $106,800; however, that amount shall annually thereafter be increased by the lesser of:*

A) *3% of that amount, including all previous adjustments; or*

B) *one-half the annual unadjusted percentage increase (but not less than zero) in the Consumer Price Index-U* (CPI-U) *for the 12 months ending with the September preceding each November 1, including all previous adjustments.*

2) *For the purposes of this Section,* CPI-U *means the index published by the Bureau of Labor Statistics of the United States Department of Labor that measures the average change in prices of goods and services purchased*

by all urban consumers, United States city average, all items, 1982-84 = 100. The new amount resulting from each annual adjustment shall be determined by the Public Pension Division of the Department of Insurance and made available to the boards of the retirement systems and pension funds by November 1 of each year. [40 ILCS 5/15-111(b)]

d~~a~~) Determination of the Purpose of the Payment

1) If the payment is for services rendered, then the payment is earnings~~subject to SURS withholding~~.

2) If the payment is for a reason other than services rendered, it is~~would~~ not earnings~~be subject to SURS withholding~~.

3) Other Payments
The following list does not limit SURS' authority to determine whether any payment of compensation constitutes earnings on a case-by-case basis.

A) Bonuses; Awards~~.~~

i) Bonuses received by an employee that are related to services rendered for a specific period of time, not to exceed one academic year, shall be included in earnings subject to SURS withholding.

ii) Awards, such as longevity of service awards or outstanding employee awards, that are not associated with a particular time period are not subject to SURS withholding.

B) Severance Payments, Salary/Contract Continuation Payments, Retirement Payments or Incentives. Payments made to facilitate termination of employment or to induce someone to retire, or not to retire, are not for services rendered, but are made in conjunction with an employee's termination of employment or retirement and are not earnings~~subject to SURS withholding~~. These payments are also not includable in the final rate of earnings under Section 15-112.

C) Group Fringe Benefits. Group fringe benefits provided by the employer are not earnings~~subject to SURS withholding~~. However, employer paid premiums on employer-provided group term life insurance in excess of $50,000 are earnings~~subject to SURS withholding~~.

D) Housing Allowance. A housing allowance, whether in the form of a direct salary payment or as a residence in which the employee resides, is earnings~~subject to SURS withholding~~.

E) Automobile Allowance. An automobile allowance in the form of a direct salary payment is earnings~~subject to SURS withholding~~. However, neither business use nor personal use of an employer-provided automobile is earnings~~subject to SURS withholding~~.

F) Non-Qualified Moving Expenses. Non-qualified moving expenses (see 26 USC 217) are not earnings~~subject to SURS withholding~~ as they are not furnished in lieu of salary.

G) Unused Sick Leave Paid at Termination of Employment. These payments are not earnings~~subject to SURS withholding~~, except for collectively bargained payments made in accordance with Section 15-112 of the Code.

H) Overtime. Overtime is earnings~~subject to SURS withholding~~.

I) Miscellaneous Other Benefits. Fringe benefits that are provided in lieu of salary are earnings~~subject to SURS withholding~~. Items that are not provided in lieu of salary (such as reimbursement for out-of-pocket travel expenses, relocation expenses, etc.) are not earnings~~subject to SURS withholding~~. Items such as country club dues, tuition waivers, tickets to athletic and performing arts events for family members of employees, and other items that are reported as taxable income on the employee's Form W-2 are not earnings~~subject to SURS withholding~~, unless those items are a negotiated fringe benefit in lieu of salary.

J) Military Differential Wage Payments and Salary Continuation Benefits. For payments made on or after January 1, 2009,

differential wage payments, as defined under section 414(u)(12) of the IRC (26 USC 414(u)(12)), and payments to an individual who does not currently perform services for an employer by reason of qualified military service, as defined under section 414(u)(1) of the IRC (26 USC 414(u)(1)), to the extent those payments do not exceed the amounts the individual would have received if the individual had continued to perform services for the employer rather than entering qualified military service, shall be earnings ~~subject to SURS withholding~~ and shall be compensation paid or made available during the limitation year for purposes of applying the limitations under section 415 of the IRC.

K) Retroactive Pay Settlements, Court Settlements or Judgments, or Grievance Arbitration Settlements or Awards. The cash amount for back pay or retroactive pay under a settlement agreement, award or order issued by a court or arbitral body for a disputed termination of employment, suspension or demotion shall be earnings if the agreement, award or order:

i) Excludes from back pay any non-wage or non-salary items, such as health insurance reimbursements, payments for medical costs, interest awards, attorneys' fees, or damage awards;

ii) Specifies the months to which the back pay is allocated and the amount is based on the basic compensation (or a portion thereof) the employee would have otherwise received during those months; and

iii) The back pay amounts are paid to the employee within one year after the issuance of the agreement, award or order.

L) Payment for Unused Vacation Days. Pursuant to Section 15-112(h)(4)(iii) of the Code, payments for unused vacation of up to 56 work days paid upon termination of employment are earnings. Payments for unused vacation days that are paid during employment are not earnings.

c~~b~~) Earning History. Certain earnings may be excludable from the "final rate of earnings" determined under Section 15-112 of the Code. Earnings are always attributable to the period when earned, not when paid. SURS reserves the right to reallocate reported earnings to the period when earned, when this is necessary to accurately reflect the employee's earning history.

(Source: Amended at 38 Ill. Reg. 16375, effective July 17, 2014)

Section 1600.250 Sick Leave Accrual Schedule

a) Under Section 15-113.4 of the Code, SURS grants service credit for unused sick leave.

b) A participant who retires within 60 days immediately following his or her termination with an employer covered under SURS or other system subject to the Retirement Systems Reciprocal Act [40 ILCS 5/20] is entitled to credit for service for that portion of unused and unpaid sick leave earned in the course of employment.

c) The employer must certify the number of unused and unpaid sick days consistent with subsection (e) on the member's termination report provided to SURS, or other form acceptable to SURS.

d) Service credit is granted for unused and unpaid sick leave verified by the employer in accordance with the following schedule:

1) 0-29 full calendar days and 0-19 full work days = no service credit

2) 30-90 full calendar days and 20-59 full work days = 0.25 years of service credit

3) 91-180 full calendar days and 60-119 full work days = 0.50 years of service credit

4) 181-270 full calendar days and 120-179 full work days = 0.75 years of service credit

5) 271 or more full calendar days and 180 or more full work days = 1 year of service credit

e) Only uncompensated, unused sick leave earned in accordance with an employer's sick leave accrual policy generally applicable to employees or a class of employees will be taken into account in calculating service credit under this Section. Any sick leave granted by an employer to facilitate the hiring, retirement, termination, or other special circumstances of a participant will not be taken into account in calculating service credit for retirement. Other unused benefits, such as vacation days or personal leave days, even if converted into sick leave under an employer's sick leave policy or contract, shall not be counted as unused sick leave under this Section.

f) If a participant transfers from one employer to another, the unused sick leave credited by the previous employer will be considered in determining service to be credited under this Section, even if the participant terminated prior to August 23, 1989 (the effective date of P.A. 86-272), so long as the subsequent employer did not credit the participant with that sick leave from the previous employer.

(Source: Amended at 38 Ill. Reg. 16375, effective July 17, 2014)

SUBPART C: SURVIVORS AND BENEFICIARIES~~CLAIMS PROCEDURE AND EVIDENTIARY REQUIREMENTS~~

Section 1600.300 Effective Beneficiary Designations

Purpose. Under Section 15-120 of the Code, "beneficiary" is defined as a person or persons designated by the participant or annuitant in the last written designation on file with the Board or, if no person so designated survives or if no designation is on file, the estate of the participant or annuitant.

a) Definitions

1) "Last written designation", for the purposes of Section 15-120 of the Code and this Section, shall mean the last valid beneficiary designation on file with SURS up to and including the date of death of the participant or annuitant.

2) "On file", for the purposes of Section 15-120 of the Code and this Section, shall mean a beneficiary designation that has been received and date stamped by SURS.

3) "Member", for the purposes of this Section, shall mean a participant or annuitant.

4) "Agent", for the purposes of this Section, shall mean a participant's or annuitant's agent expressly authorized to change beneficiaries pursuant to an effective power of attorney or guardianship.

b) Original Signature and Supporting Documentation. A beneficiary designation shall be deemed valid only if the beneficiary designation received contains an original signature of the member or an agent. Beneficiary designations containing a copy of the member's or agent's signature, whether electronic or photographic, shall be invalid. A copy of the power of attorney or a certified copy of the guardianship order expressly authorizing the change of beneficiaries must accompany a beneficiary designation executed by an agent. No beneficiary designation that designates the attorney-in-fact or a guardian as the beneficiary shall be deemed valid unless the terms of the power of attorney or guardianship order, respectively, authorizes the attorney-in-fact or guardian to make gifts of the member's property to himself or herself.

c) Disputed Designations. If a dispute arises in the interpretation of the last written designation or, in the opinion of SURS, the designation is ambiguous, then the contesting beneficiaries shall seek a court determination as to the designation's interpretation. If no beneficiary brings a court action within a reasonable time, depending on factors including, but not limited to, delays in obtaining paperwork and the extent to which the parties have attempted to resolve the dispute, SURS may seek a court determination.

(Source: Amended at 38 Ill. Reg. 16304, effective July 17, 2014)

Section 1600.320 Disability Claims Procedure (Renumbered)

(Source: Section 1600.320 renumbered to Section 1600.550 at 38 Ill. Reg. 16375, effective July 17, 2014)

SUBPART D: BENEFIT CALCULATION AND PAYMENT

Section 1600.400 Determination of Final Rate of Earnings Period

a) ~~Section 15-112 of the Code defines a participant's final rate of earnings by reference to average annual earnings over *either the last 48 months of consecutive service or the 4 consecutive academic years during which the participant's earnings were highest.*~~ This Section establishes a mechanism for determining the period of employment that is used to calculate a participant's final rate of earnings. This Section is not intended to provide guidance on any other aspect of determining the amount of the final rate of earnings.

b) Final Rate of Earnings for Tier 1 Members

1) For all Tier 1 Members participating in the Traditional or Portable Benefit Packages~~participants~~, SURS will calculate the average annual earnings during the 4 consecutive academic years of service in which the participant's earnings were the highest. The academic year for a participant begins on the first day of the fall term of his or her employer and ends on the day before the first day of the next fall term. For example, if the first day of the employer's fall term is August 15, then the academic year begins on August 15 and ends: on the following August 14 if the next fall term begins August 15; August 12 if the next fall term begins August 13; or the following August 17 if the next fall term begins August 18. If the employer does not have an academic program divided into terms, the academic year begins on September 1 and ends on the following August 31. For all such Tier 1 Members~~participants~~, except those identified in subsection (b)(2)~~(c) of this Section~~, the final rate of earnings will be that amount calculated under this subsection (b)(1).

2~~c~~) For a Tier 1 Member~~participant~~ who is paid on an hourly basis or who receives an annual salary in installments during 12 months of each academic year, SURS will also calculate average annual earnings during the 48 consecutive calendar month period ending with the last day of final termination of employment. The final rate of earnings for a participant identified under this subsection (b)(2)~~subsection (c)~~ will be the larger of the calculation under this subsection (b)(2)~~subsection (c)~~ or the calculation under subsection (b)(1).

c) Final Rate of Earnings for Tier 2 Members means:

1) *For* a Tier 2 Member *who is paid on an hourly basis or who receives an annual salary in installments during 12 months of each academic year, the*

average annual earnings obtained by dividing by 8 the total earnings of the employee during the 96 consecutive months in which the total earnings were the highest within the last 120 months prior to termination.

2) *For any other* Tier 2 Member, *the average annual earnings during the 8 consecutive academic years within the 10 years prior to termination in which the employee's earnings were the highest.*

3) *For an employee with less than 96 consecutive months or 8 consecutive academic years of service, whichever is necessary, the average earnings during his or her entire period of service.* [40 ILCS 5/15-112(b)]

d) A participant paid on an "hourly basis" is a participant who is paid per hour worked.

e) An "annual salary" is a salary paid over 12 months for work to be performed during all 12 months of the academic year. SURS will determine if a participant receives an annual salary by looking at the period for which services were performed, not the period over which salary payments were received, and, in determining annual salary, will not consider payment for summer teaching or any additional contracts for summer school, overloads, or any other extra services. For example, an academic employee who receives a contract to teach 9 or 10 months of the academic year, but who chooses to be paid over 12 months, is not receiving an annual salary. For further example, an academic employee who receives a contract to teach less than 12 months of the academic year plus a contract to teach summer school is not receiving an annual salary even though he or she may perform work for 12 months and be paid over 12 months as a result of teaching summer school.

f) In determining a participant's "earnings", the system allocates earnings to the period in which the corresponding work was performed. Earnings are not determined by when the payment is made. For example, a participant has a 9-month contract to teach from September through May and will be paid $90,000. The participant has the option of receiving payment over 9 months (September through May at $10,000 per month) or over 12 months (September through August at $7,500 per month). The payment method chosen does not change the participant's earnings. If the participant chooses to receive payment over 9 months or over 12 months, the earnings and the period to which they are allocated does not change. For further example, the same participant receives a contract to

teach summer school during the following June, July and August and will be paid $15,000. The participant has earnings during each of those 3 months of $5,000. If the participant was receiving the prior 9-month contract payments during the summer, as well as $5,000 each month for the summer contract, the payments to the participant would be $12,500 during June, July and August, but the earnings would be $5,000 in each month. For further example, if the participant received a lump sum payment in October of $15,000 for the summer contract, that payment is not "earnings" in October, but is "earnings" allocated to the summer months.

g) This Section is effective beginning March 1, 2005, with respect to Tier 1 Members. However, a Tier 1 Member~~participant~~ who, on March 1, 2005, is within his or her final rate of earnings period prior to retirement may have his or her final earnings calculated under either subsection (b)(1) or (b)(2)~~(c)~~, even if subsection (b)(2)~~(c)~~ would not otherwise be applicable to that participant. The provisions of this Section applicable to Tier 2 Members are effective beginning January 1, 2011.

(Source: Amended at 38 Ill. Reg. 16375, effective July 17, 2014)

Section 1600.450 Overpayment Recovery

Purpose. Under Section 15-186.1 of the Code, SURS may recover amounts overpaid from the recipient, plus interest at the effective rate from the date of overpayment to the date of recovery, either directly or by deducting that amount from the remaining benefits payable to the recipient at a rate determined prudent and in the best interests of the System. This Section establishes procedures by which SURS' authority to collect overpayments under Section 15-186.1 is to be exercised.

a) Demand and Statements. SURS will provide the overpaid recipient with a written demand upon discovery of the overpayment. The written demand shall specify the total amount of the overpayment, the month or months in which the overpayment occurred, a description of the nature of the overpayment, the interest rate to be assessed, and the option for installment payments or deduction from future benefits. The written demand shall also notify the recipient of the right to appeal and receive a hearing concerning the determination of overpayment status in accordance with Section 1600.500. SURS will send the recipient monthly statements indicating the overpayment balance and any installment balances and shall continue sending monthly statements until the total amount is fully repaid or SURS acts under subsection (c)~~ of this Section~~.

b) Interest. Interest will compound monthly at 1/12 the current effective rate of interest per month starting 35~~30~~ days after the date of issuance of the written demand until collection is completed. Notwithstanding the foregoing, interest accrual shall be suspended during the pendency of a request for review of the overpayment under Section 1600.500. However, if the recipient does not prevail under administrative review, interest shall apply retroactively to the date 35 days after the date of issuance of the written demand until collection is completed.

c) Actions for Recovery. If the recipient has not begun repayment or has not filed an appeal within 35~~30~~ days after the written demand, or a final non-appealable decision in favor of SURS issued subsequent to an appeal, SURS may take any, or any combination, of the following actions, as SURS deems appropriate and prudent, to collect the overpayment:

1) Deduct from benefits, refunds and credits payable to the participant, annuitant or beneficiary. Under Section 15-185 of the Code, the Board may deduct from any benefit payable to participants, annuitants, survivors and beneficiaries amounts owed to SURS due to the participant's service. SURS may recover overpayments from any benefit payable due to the participant's service, including annuity benefits, survivor benefits, separation refunds, disability benefits and death benefits. If anyone receiving a benefit due to the participant's service is overpaid, the overpayment may be recovered from any current or future benefits paid to the same person or any other person receiving benefits due to the participant's service;

2) Engage a private collections agent;

3) Initiate proceedings to obtain a civil judgment by attorneys retained by SURS or through the Attorney General; and/or

4) Refer the overpayment to the Debt Collection Bureau of the Illinois Department of Revenue.

d) Maintenance of Records. Records of overpayments shall be maintained for at least 36 months, except as provided under subsection (e), and shall contain the following:

1) A description of the cause for the overpayment;

2) Correspondence concerning attempts to collect the overpayment; and

3) Evidence of notice given for a hearing and review of the overpayment and any final outcome of the hearing and review.

e) Uncollectible Accounts Receivable. If SURS is unable to collect all or part of an overpayment after 36 months, SURS' staff may request the Board, or its duly authorized representative, to certify the overpayment balance as uncollectible and no longer to be maintained as an account receivable in SURS' records. The request shall include the documentation required under subsection (d) and confirmation that the certification would be in the best economic interest of SURS. In determining the best economic interest of SURS, staff shall determine whether the total collection cost expended or anticipated will exceed the recoupment reasonably expected. However, the following exceptions may apply:

1) SURS' staff may deem an overpayment balance of $100 or less to be uncollectible 6 months after the date of the demand without certification by the Board;

2) SURS' staff may request certification for an overpayment balance of more than $100 but less than $5,000 after collection efforts have elapsed for at least 12 months.

f) Reopening Uncollectible Accounts Receivable. Overpayments certified by the Board as uncollectible may be reopened for collection if the SURS' staff determines that it is in the best economic interest of SURS to do so.

g) Past Overpayments. Overpayments incurred prior to January 1, 2008 may be certified as uncollectible under subsection (e) notwithstanding the lack of any of the documentation required under subsection (d).

(Source: Amended at 38 Ill. Reg. 16375, effective July 17, 2014)

SUBPART E: DISABILITY CLAIMS AND ADMINISTRATIVE REVIEW

Section 1600.550~~1600.320~~ Disability Claims Procedure

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENTS

a) Pursuant to Section 15-150 of the Code, a participant may be granted a disability benefit if, while a participating employee, he or she becomes physically or mentally incapacitated and unable to perform the duties of his or her assigned position for any period exceeding 60 consecutive calendar days and the employee had completed 2 years of service at the time of disability, unless the disability is a result of an accident. An employee shall be considered disabled only during the period for which the Board determines, based upon the evidence listed in this Section, that the employee is unable to reasonably perform the duties of his or her assigned position as a result of a physical or mental disability. This determination shall be based upon:

1) a written certificate from one or more licensed and practicing physicians appointed by or acceptable to the Board, stating that the employee is disabled and unable to reasonably perform the duties of his or her assigned position;

2) a written certificate from the employer stating that the employee is unable to perform the duties of his or her assigned position; and

3) any other medical examinations, hospital records, laboratory results, or other information necessary for determining the employment capacity and condition of the employee.

b) Application Filing Requirements

1) An application for disability benefits must include the certifications described in subsections (a)(1) and (a)(2), and supporting documentation described in subsection (a)(3), all as explained in more detail in this Section, for each disabling condition as well as for the entire period of disability.

2) The application must be filed within one calendar year after the date on which the disability occurred. This limitation may be waived upon a showing of good cause, including, but not limited to, circumstances in which the applicant was under some physical, mental or medical infirmity or legal status that prevented the applicant from filing within the time period.

c) Certification By Physicians. For purposes of subsection (a)(1), the following shall apply:

1) Physicians acceptable to the Board are attending physicians, physicians designated by the participant and physicians to whom the participant was referred by the attending or designated physician. Physicians appointed by SURS staff to examine the participant are deemed to be physicians appointed by the Board. The physician must be licensed to practice and be currently practicing in the field of expertise related to the underlying physical or mental condition for which disability benefits are sought.

2) The certification must be signed by a physician described in subsection (c)(1) or an authorized representative of the physician and must state the following:

A) the medical diagnosis of the physical or mental condition;

B) the prognosis of the physical or mental condition;

C) the physical or mental limitations to which the participant should adhere; and

D) that the participant is disabled and is unable to reasonably perform the duties of his or her assigned position as a result of the physical or mental disability.

3) The certification must be accompanied by a report containing the following:

A) the date of examination;

B) the medical history of the participant;

C) the results of any diagnostic tests used;

D) the diagnosis of the physical or mental condition;

E) the plan of treatment for the physical or mental condition and prognosis in response to the treatment plan;

F) an evaluation of the physical or mental condition as it bears upon the participant's ability to reasonably perform the duties of his or her assigned position; and

G) any existing documentation of objective medically demonstrable anatomical, physiological or psychological abnormalities manifested as test results or laboratory findings apart from self-reported symptoms.

d) Certification by Employers. For purposes of subsection (a)(2), the certification must be signed by an officer authorized by the employer and must state the following:

1) the physical or mental performance requirements for the reasonable performance of the participant's assigned position;

2) whether the participant is able to satisfy each physical or mental performance requirement for the reasonable performance of his or her assigned position to the best of the employer's knowledge or belief and the reason for that knowledge or belief; and

3) whether the participant is able to reasonably perform the duties of his or her assigned position based on the provisions of subsections (d)(1) and (d)(2).

e) Determination of Disability. If the participant establishes, by a preponderence of the evidence, that he or she is physically or mentally disabled and unable to perform the duties of his or her assigned position as a result of the disability, the participant shall be determined eligible for disability benefits under Section 15-150 of the Code.

1) SURS staff shall determine whether certifications made under subsections (a)(1) and (a)(2) and supporting documentation described in subsection (a)(3) establish eligibility for disability benefits.

2) At the discretion of SURS staff, the participant may be required to submit to additional examinations by staff appointed physicians or specialists to aid in the determination process.

3) Physical or mental conditions resulting from self-inflicted injuries, substance abuse, or any act for which the participant was convicted of a misdemeanor or felony are not the result of an accident for purposes of Section 15-150 of the Code.

f) Subsequent Re-examination of Disabled Participants

1) SURS staff shall secure from one or more physicians, periodically, re-evaluation reports concerning the continued disability of the participant. The date of re-evaluation shall be determined by SURS staff on the basis of the medical reports received previously, the nature of the disability, and other relevant information.

2) In the re-evaluation of disability claims, the examining physician shall be the attending physician or the physician designated by the participant, but, if the nature of the disability or other circumstances justifies the appointment of someone other than the participant's attending physician or designated physician as the examining physician, SURS staff shall make the appointment. All other procedures that may be applicable in processing the initial claim for disability benefits shall be followed in re-evaluation of the claim.

g) Release of Medical Information. The participant may be required to authorize the release of all medical or other information related to the disability claim, including but not limited to medical reports, hospital records, Department of Employment Security earnings statements, income tax records, unemployment records, and any record deemed necessary to the administration of the disability claim. The failure of the participant to submit to a re-evaluation examination or a treatment plan, to produce records, or to approve release of information required may result in the suspension of disability benefit payments.

(Source: Section 1600.550 renumbered from Section 1600.320 at 38 Ill. Reg. 16375, effective July 17, 2014)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Open Space Lands Acquisition and Development Grant Program

2) Code Citation: 17 Ill. Adm. Code 3025

3)

Section Numbers:	Emergency Action:
3025.30	Amendment
3025.32	New Section
3025.34	New Section
3025.36	New Section
3025.50	Amendment
3025.70	Amendment

4) Statutory Authority: Implementing and authorized by the Open Space Lands Acquisition and Development Act [525 ILCS 35]

5) Effective Date of Emergency Rule: July 16, 2014

6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: These emergency amendments will be replaced by adopted amendments prior to the expiration of the 150-day period.

7) Date Filed with the Index Department: July 16, 2014

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.

9) Reason for Emergency: PA 98-326 and PA 98-520, which became effective in August 2013, amended the Open Space Lands Acquisition and Development Act with respect to the financial assistance provided to grantees under this program. The legislation requires the Department to provide a minimum of 50% of the grant assistance as an advance payment. In addition, the legislation makes "distressed" communities eligible for increased grant assistance under the program, and enables the Department, through administrative rules, to adopt criteria for making this determination.

The deadline for submitting Open Space Lands Acquisition and Development ("OSLAD") grant applications is July 1, 2014, which is when the Department will begin evaluating applications. The evaluation must include consideration of the additional

elements provided for in PAs 98-326 and 98-520, which these administrative rules implement.

10) A Complete Description of the Subjects and Issues Involved: This rule implements PA 98-326 and PA 98-520, which amended the Open Space Lands Acquisition and Development Act. The rule details how advance payments will be made to grantees and how the grantees must handle those funds. The rule also includes the requirements for a grantee to comply with the business enterprise program (BEP) practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities. In addition, the rule provides for the definition and criteria of a distressed community for purposes of the grant program. Lastly, the rule makes technical changes to ensure the language is consistent internally and with both Public Acts.

11) Are there any proposed rulemakings pending on this Part? Yes

12) Statement of Statewide Policy Objective: This emergency rule neither creates, nor expands, any State mandate affecting units of local government.

13) Information and questions regarding this rulemaking shall be directed to:

Brendan Dailey, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER g: GRANTS

PART 3025
OPEN SPACE LANDS ACQUISITION
AND DEVELOPMENT GRANT PROGRAM

Section
3025.10 Program Objective
3025.20 Incorporation by Reference (Repealed)
3025.25 Eligibility Requirements
3025.30 Assistance Formula
EMERGENCY
3025.32 Funding Distribution and Handling of Awards
EMERGENCY
3025.34 Business Enterprise Compliance
EMERGENCY
3025.36 Distressed Communities Definition and Criteria
EMERGENCY
3025.40 General Procedures for Grant Applications and Awards
3025.50 Eligible Project Costs
EMERGENCY
3025.60 Project Evaluation Priorities
3025.70 Program Compliance Requirements
EMERGENCY
3025.80 Program Information/Contact
3025.APPENDIX A Project Evaluation Criteria

AUTHORITY: Implementing and authorized by the Open Space Lands Acquisition and Development Act [525 ILCS 35].

SOURCE: Emergency amendments adopted at 9 Ill. Reg. 13113, effective August 7, 1985, for a maximum of 150 days; adopted at 9 Ill. Reg. 18486, effective November 20, 1985; amended at 10 Ill. Reg. 13253, effective July 30, 1986; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 22 Ill. Reg. 14817, effective August 3, 1998; amended at 23 Ill. Reg. 8398, effective July 7, 1999; amended at 25 Ill. Reg. 3671, effective February 26, 2001; amended at 28 Ill. Reg. 10638,

effective July 13, 2004; amended at 31 Ill. Reg. 9224, effective June 18, 2007; emergency amendment at 38 Ill. Reg. 16400, effective July 16, 2014, for a maximum of 150 days.

Section 3025.30 Assistance Formula
EMERGENCY

a) The OSLAD program shall operate on a matching~~reimbursement~~ basis providing up to a maximum of 50% funding assistance on total approved project costs. However, a local government defined as "distressed" under the criteria established in this Part shall be eligible for assistance of up to 90%, provided that no more than 10% of the annual OSLAD appropriation is allocated as grants to distressed local governments.

b) Except for jurisdictions having populations exceeding 2 million residents, maximum grant awards to any one project in a given year are currently limited to $750,000 for approved land acquisition projects and $400,000 for approved development (construction) projects. Counties serving a population exceeding 2 million residents are eligible for up to $1.15 million in annual OSLAD funding for approved outdoor recreation acquisition and/or development projects. Municipalities with a population exceeding 2 million are eligible for up to $2.3 million in annual OSLAD funding for approved projects. However, no more than 10% of the annual OSLAD appropriation can be allocated to any one project.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 16400, effective July 16, 2014, for a maximum of 150 days)

Section 3025.32 Funding Distribution and Handling of Awards
EMERGENCY

a) A minimum of 50% of an OSLAD grant award will be paid in advance to the grantee after the grant agreement is fully executed in accordance with the policies and procedures of the Department's Fiscal Office and the Illinois Comptroller's Office.

b) The remainder of the grant award will be paid to the grantee as reimbursements for matching-fund expenditures made by the grantee. Reimbursements will be made on a quarterly basis, subject to the grantee's submission and certification of eligible costs incurred, along with any documentation required by the Department.

Expenditure of State funds advanced to the grantee cannot be claimed for reimbursement payments.

c) Grant funds paid in advance must be kept in a separate interest bearing account with a federally or Illinois regulated financial institution that is insured by the Federal Deposit Insurance Corporation (FDIC), and maintained therein until used in the execution of the approved project. All interest earned on grant funds held by a grantee shall become part of the grant principal when earned, and be used for and in the same manner as the principal to fulfill the purposes and objectives of the grant.

d) Interest earned on the advanced payment funds must be accounted for in the grantee's quarterly and final Status Reports. At the completion of the project, remaining earned interest not expended on the project must be returned to the Department in accordance with the directions provided by the Department in the project agreement.

e) If funds are not held in an interest bearing account, the grantee will be responsible for the payment of interest to the Department at a rate equal to twelve percent (12%) per annum.

f) Grant funds received by the grantee as reimbursement of eligible costs expended from grantee matching funds may be kept in a non-interest bearing account at the grantee's discretion. The Department will not consider reimbursed funds, or any interest earned on reimbursed funds, as part of the grant principal.

g) As required under the terms of the Illinois Grant Funds Recovery Act [30 ILCS 705/5] in regards to advance payment grants, no OSLAD grant funds will be available for expenditure by a grantee for a period longer than 2 years from the date of execution of the Grant Agreement.

h) Costs incurred prior to the beginning date of the grant award, without prior written permission of the Department, will be disallowed.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16400, effective July 16, 2014, for a maximum of 150 days)

Section 3025.34 Business Enterprise Compliance
EMERGENCY

a) Pursuant to the State Finance Act [30 ILCS 105/45], Business Enterprise for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575/0.01, et seq.] and Section 2-105 of the Illinois Human Rights Act [775 ILCS 5/2-105], OSLAD development grant assistance awards of $250,000 or more will require written certification from the grantee that the grantee complies with the business enterprise program (BEP) practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities.

b) In addition to the written compliance certification, grantees shall submit a BEP plan for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities prior to the Department executing the grant agreement.

c) Following application submittal and review, the Department will determine which grantees are required to develop BEP Plan documentation, and will notify them accordingly. Instructions and required Utilization Plan (UP) forms will be provided by the Department to the selected grantees for preparation, certification and submittal as attachments to the grant agreement. The Department will not execute the grant agreement until this provision is met by the grantee.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16400, effective July 16, 2014, for a maximum of 150 days)

Section 3025.36 Distressed Communities Definition and Criteria EMERGENCY

Communities that are economically distressed or physically distressed, as defined in this Section, may qualify for increased grant assistance under this program.

a) An economically distressed community is an eligible local unit of government located within a Standard Metropolitan Statistical Area (SMSA) with a per capita equalized assessed valuation (EAV) less than 60% of the State average and more than 15% of the population below the national poverty level and not containing a major University in the community and has received less than the determined fair share of OSLAD assistance; or an eligible unit of local government located outside an SMSA with an EAV less than 50% of the State average and more than 20% of its population below the poverty level and not containing a major

University in the community and has received less than the determined fair share of OSLAD assistance.

b) The Department will determine which communities are considered economically distressed based on calculations using the most current published Illinois Census data and Illinois Department of Revenue information. The Department reserves the final determination on whether an applicant meets the definition of an economically distressed community. For a local political subdivision to be considered eligible under a community's distressed qualification, that subdivision must lie entirely within the boundaries of the distressed community.

c) A physically distressed community is an eligible local unit of government that has encountered catastrophic events such as floods or tornados. The physically distressed status will be allowed one time within a 3-year period, the community must be in a county declared a "disaster area" by the Governor or President of the United States, and the disaster must have directly affected the community applying for the grant. The Department may require a community seeking status as physically distressed to provide verification of disaster impacts and a public assistance declaration from the Illinois Emergency Management Agency (IEMA) and/or the Federal Emergency Management Agency (FEMA) before allowing eligibility under this provision. The Department reserves the final determination as to whether an applicant meets the definition of a physically distressed community. For a local political subdivision to be considered eligible under a community's distressed qualification, that subdivision must lie entirely within the boundaries of the distressed community.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16400, effective July 16, 2014, for a maximum of 150 days)

Section 3025.50 Eligible Project Costs
EMERGENCY

a) Grant assistance may be obtained for the following items:

1) Land acquisition costs (fee simple title or permanent easement, etc.) for public park and/or conservation purposes, including associated eligible appraisal costs. Eligible projects include, but are not limited to, acquisition of land for the following:

A) general park purposes such as community and neighborhood parks and playfields;

B) frontage on public surface waters for recreation use;

C) open space/conservation purposes to protect floodplains, wetlands, natural areas, wildlife habitat and unique geologic or biologic features; and

D) additions to such areas.

2) Outdoor recreation area development costs (initial facility construction and/or rehabilitation) including, but not necessarily limited to, playfields, playcourts, playground equipment, picnic facilities, trails, camping areas, outdoor water sport facilities, nature study areas, and winter sport facilities as well as associated support facilities such as parking areas, access roads, shelters, interpretive centers, restrooms, safety lighting, potable water supply and other directly related support facilities. Professional design services deemed necessary for proper design and construction of the project are also eligible.

b) Acquisition of land from another public agency (excluding school districts) is not eligible for OSLAD grant assistance.

c) Project costs for which assistance~~reimbursement~~ is sought cannot be incurred by the project applicant prior to grant approval notification or Department authorization. Costs incurred prior to Department approval are ineligible for grant assistance. For acquisition projects, costs are considered incurred when property deed, lease or other conveyance is accepted by the local sponsor or first payment is made on the project property or to an escrow account for the property. In addition, no purchase agreement, option, etc., or price negotiations shall be entered into without Department approval. Development project costs are considered incurred on the date construction contracts are signed or actual physical work begins on the project site or project materials are delivered.

d) No grant ~~awards~~ shall be awarded for the acquisition or development of land that will not be available for general public outdoor recreation use.

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 16400, effective July 16,

2014, for a maximum of 150 days)

Section 3025.70 Program Compliance Requirements
EMERGENCY

a) Any property acquired or developed through assistance from the Illinois OSLAD grant program must be open to the public for outdoor recreation use as set forth in this Part without regard to race or color, creed, national origin, sex or disability nor on the basis of residence except to the extent that reasonable differences in user fees may be imposed amounting to no more than double the fees charged to residents. Land acquired with funding assistance from the OSLAD program shall be operated and maintained in perpetuity for public outdoor recreation use. Projects receiving development grant assistance only shall be bound by the terms of this Part for the period of time specified below for the total amount of OSLAD funds expended on the project:

Total Grant Expenditure	Time Period after Final Grant Payment
$0-$50,000	6 years
for every $25,000 increment over $50,000	add 1 year

Property acquired or developed with OSLAD funds may not be converted to a use other than public outdoor recreation use as provided in this Part without prior Department approval. Approval for property conversion will be granted only if the project sponsor substitutes replacement property of at least equal fair market value and comparable outdoor recreation usefulness, quality and location.

b) For projects receiving acquisition assistance, an appraisal must be provided by the sponsoring agency and submitted to the Department for review and certification to establish the property's fair market value. The appraisal must be completed to Department specifications.

c) For projects receiving development assistance, the sponsoring agency must possess either fee simple title or other means of legal control and tenure (easement, lease, etc.) over the property being improved for a period of time commensurate with the program amortization schedule shown in subsection (a), unless otherwise approved by the Department. The Department will consider, on a case-by-case basis, lease arrangements for shorter periods when State statute

prohibits a unit of local government from entering into such a long-term agreement, or other circumstances beyond the control of the local unit of government prohibit such arrangements. The sponsor must also adhere to applicable local bidding and procurement requirements and make available to the Department, upon request, all working plans, specifications, contract documents and cost estimates for review prior to commencing work. The format for any advertisement or prospectus soliciting and inviting bids, indicating dates of same, must also be presented, upon request, to the Department for review prior to publication.

d) The local project sponsor is required to enter into an agreement with the Department for an amount agreed upon as necessary to complete the approved project, specifying the related grant assistance~~reimbursement~~ amount and program compliance regulations.

e) Upon project completion, the project sponsor must submit a certified project billing request (expenditure statement) listing/verifying all funds expended on the project for which grant assistance~~reimbursement~~ is sought, as well as required billing documentation, as follows:

1) Acquisition Project: Proof of good faith negotiations or fair market value offer to land seller, copy of property deed and title insurance policy (Judgement Order in case of condemnation) showing ownership transferred to the local project sponsor, and copies of canceled checks showing proof of payment to seller.

2) Development Projects: Copy of construction As-Built drawings (no larger than 11" x 17") and verification of actual project costs.

f) All financial records on approved projects must be maintained and retained, in accordance with State laws, by the project sponsor for possible State audit after final reimbursement payment is made by the Department.

g) The sponsoring agency must permanently post an OSLAD grant acknowledgment sign at the project site. The necessary sign will be provided by the Department or specifications for its construction will be furnished to the local project sponsor, if requested.

h) Projects assisted with OSLAD grant funds shall be implemented in accordance

with all applicable federal, State and local laws, ordinances and regulations relating to public agency expenditure of funds for public works projects.

i) It shall be understood by the project sponsor that a Department representative may make periodic inspections of the project as construction progresses and that a final inspection and acceptance of the completed project must be made by a representative or agent of the Department prior to final payment of grant reimbursement to the local sponsoring agency.

j) The sponsoring agency shall indemnify, protect, defend and hold harmless the Department from any and all liability, costs, damages, expenses, or claims thereof arising under, through or by virtue of the construction, operation and maintenance of OSLAD-assisted facilities.

k) In connection with and prior to the construction, and the subsequent operation and maintenance, of OSLAD-assisted facilities, it shall be understood that the project sponsor is responsible for obtaining any and all necessary construction permits, licenses or forms of consent, as required by law. Failure to obtain any required permits may jeopardize approved grant funding.

l) The sponsoring agency must comply with and abide by the following operation and maintenance provisions:

1) All lands and facilities assisted with OSLAD funds shall be continuously operated and maintained by the sponsoring agency in a safe and attractive manner at no cost to the Department and be operated and utilized in such a manner as to maximize the intended benefits to and for the public.

2) The Department shall have access to OSLAD-assisted facilities at all times for inspection purposes to ensure the project sponsor's continued compliance with this Part.

3) The sponsoring agency may enter into a contract or agreement with responsible concessionaires to operate and/or construct facilities, for dispersing food to the public and/or any other services as may be desired by the public and the sponsoring agency for enjoyable and convenient use of the OSLAD-assisted site. Any and all concession revenue in excess of the costs of operation and maintenance of the OSLAD lands and/or facilities shall be used for the improvement of said lands or facilities or

similar nearby public facilities. All sub-leases or licenses entered into by the sponsoring agency with third persons relating to accommodations or concessions to be provided for or at the OSLAD facility for benefit of the public shall be submitted to the Department, upon request, for its approval prior to the sub-lease or license being entered into or granted by the sponsoring agency.

m) Conflict of Interests

1) No official or employee of the local political subdivision who is authorized in his official capacity to negotiate, make, accept, or approve or to take part in such decisions regarding a contract or subcontract in connection with an approved OSLAD grant project shall have any financial or other personal interest in any such contract or subcontract.

2) No person performing services for the local political subdivision in connection with an approved OSLAD grant project shall have a financial or other personal interest other than his employment or retention by that local political subdivision in any contract or subcontract in connection with an approved OSLAD grant project. No officer or employee of such person retained by the local political subdivision shall have any financial or other personal interest in any real property acquired under an approved OSLAD grant project unless such interest is openly disclosed upon the public records of the local political subdivision and such officer, employee or person has not participated in the acquisition for or on behalf of the local political subdivision.

n) The project sponsor certifies that it provides a drug free workplace and related employee assistance as defined and required by the Drug Free Workplace Act [30 ILCS 105/16].

o) Pursuant to 775 ILCS 5/2-105(A)(4), the project sponsor certifies that it has a written sexual harassment policy that includes, at a minimum, the following information:

1) the illegality of sexual harassment;

2) the definition of sexual harassment under State law;

3) a description of sexual harassment utilizing examples;

4) the contractor's internal complaint process, including penalties;

5) the legal recourse, investigation and complaint process available through the Illinois Department of Human Rights and the Human Rights Commission and directions on how to contact both; and

6) protection against retaliation as provided by Section 6-101 of the Illinois Human Rights Act [775 ILCS 5/6-101]. A copy of the policy shall be provided to the Department of Human Rights upon request.

p) Program Violations and Project Termination

1) The State will unilaterally rescind project agreements at any time prior to the commencement of the project in the event that State funds are not appropriated for the grant program. After project commencement, agreements may be rescinded, modified or amended only by mutual agreement with the local political subdivision. A project shall be deemed to be commenced when the local political subdivision makes any expenditure or incurs any obligation, exclusive of architectural and engineering fees, with respect to the project.

2) Failure by the local sponsoring agency to comply with any of the program terms listed in this Section shall be cause for the suspension of all grant assistance obligations, unless, in the judgment~~judgement~~ of the Department, such failure was due to no fault of the local sponsoring agency (e.g., statutory changes, acts of God).

(Source: Amended by emergency rulemaking at 38 Ill. Reg. 16400, effective July 16, 2014, for a maximum of 150 days)

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

a) Heading of the Part: County Juvenile Detention Standards

b) Code Citation: 20 Ill. Adm. Code 702

c) Date of Index Department Review: July 21, 2014

d) Chapter, Subchapter, Headings and Section Numbers of the Part being Recodified:

CHAPTER I: DEPARTMENT OF CORRECTIONS

SUBCHAPTER f: COUNTY STANDARDS

Section Numbers:	Headings:
702.5	Definitions
702.10	Detention Admission Policy
702.20	Administration
702.30	Personnel
702.40	Records
702.50	Admission Procedures
702.60	Release Procedures
702.70	Separation, Segregation
702.80	Housing
702.90	Medical and Health Care
702.100	Clothing, Personal Hygiene, Grooming
702.110	Food Services
702.120	Sanitation
702.130	Supervision
702.140	Security
702.150	Safety
702.160	Discipline
702.170	Employment of Youth
702.180	Mail Procedures
702.190	Telephone
702.200	Visiting
702.210	Social Service Programs
702.220	Education
702.230	Library
702.240	Religious Services
702.250	Recreation and Leisure Time

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

702.260	New Design and Construction

e) Chapter, Subchapter, Section Numbers and Headings of the Part as Recodified:

CHAPTER IX: DEPARTMENT OF JUVENILE JUSTICE

SUBCHAPTER e: COUNTY STANDARDS

Section Numbers:	Headings:
2602.5	Definitions
2602.10	Detention Admission Policy
2602.20	Administration
2602.30	Personnel
2602.40	Records
2602.50	Admission Procedures
2602.60	Release Procedures
2602.70	Separation, Segregation
2602.80	Housing
2602.90	Medical and Health Care
2602.100	Clothing, Personal Hygiene, Grooming
2602.110	Food Services
2602.120	Sanitation
2602.130	Supervision
2602.140	Security
2602.150	Safety
2602.160	Discipline
2602.170	Employment of Youth
2602.180	Mail Procedures
2602.190	Telephone
2602.200	Visiting
2602.210	Social Service Programs
2602.220	Education
2602.230	Library
2602.240	Religious Services
2602.250	Recreation and Leisure Time
2602.260	New Design and Construction

f) Conversion Table of Present and Recodified Parts:

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

Present Part:	Recodified Part:
702.5	2602.5
702.10	2602.10
702.20	2602.20
702.30	2602.30
702.40	2602.40
702.50	2602.50
702.60	2602.60
702.70	2602.70
702.80	2602.80
702.90	2602.90
702.100	2602.100
702.110	2602.110
702.120	2602.120
702.130	2602.130
702.140	2602.140
702.150	2602.150
702.160	2602.160
702.170	2602.170
702.180	2602.180
702.190	2602.190
702.200	2602.200
702.210	2602.210
702.220	2602.220
702.230	2602.230
702.240	2602.240
702.250	2602.250
702.260	2602.260

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

a) Heading of the Part: County Shelter Care Standards

b) Code Citation: 20 Ill. Adm. Code 703

c) Date of Index Department Review: July 21, 2014

d) Chapter, Subchapter, Headings and Section Numbers of the Part being Recodified:

CHAPTER I: DEPARTMENT OF CORRECTIONS

SUBCHAPTER f: COUNTY STANDARDS

Section Numbers:	Headings:
703.1	Applicability
703.5	Definitions
703.10	Admission Policy
703.20	Administration
703.30	Personnel
703.40	Records
703.50	Admission Procedures
703.60	Release Procedures
703.70	Separation of Youth
703.80	Housing
703.90	Medical and Health Care
703.100	Clothing, Personal Hygiene, Grooming
703.110	Food Service
703.120	Sanitation
703.130	Supervision
703.140	Safety
703.150	Discipline
703.160	Employment of Children
703.170	Mail Procedures
703.180	Telephone
703.190	Visiting
703.200	Social Service Programs
703.210	Education
703.220	Religious Services
703.230	Recreation and Leisure Time
703.240	New Design and Construction

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

e) Chapter, Subchapter, Section Numbers and Headings of the Part as Recodified:

CHAPTER IX: DEPARTMENT OF JUVENILE JUSTICE

SUBCHAPTER e: COUNTY STANDARDS

Section Numbers:	Headings:
2603.1	Applicability
2603.5	Definitions
2603.10	Admission Policy
2603.20	Administration
2603.30	Personnel
2603.40	Records
2603.50	Admission Procedures
2603.60	Release Procedures
2603.70	Separation of Youth
2603.80	Housing
2603.90	Medical and Health Care
2603.100	Clothing, Personal Hygiene, Grooming
2603.110	Food Service
2603.120	Sanitation
2603.130	Supervision
2603.140	Safety
2603.150	Discipline
2603.160	Employment of Children
2603.170	Mail Procedures
2603.180	Telephone
2603.190	Visiting
2603.200	Social Service Programs
2603.210	Education
2603.220	Religious Services
2603.230	Recreation and Leisure Time
2603.240	New Design and Construction

f) Conversion Table of Present and Recodified Parts:

Present Part:	Recodified Part:
703.1	2603.1

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

703.5	2603.5
703.10	2603.10
703.20	2603.20
703.30	2603.30
703.40	2603.40
703.50	2603.50
703.60	2603.60
703.70	2603.70
703.80	2603.80
703.90	2603.90
703.100	2603.100
703.110	2603.110
703.120	2603.120
703.130	2603.130
703.140	2603.140
703.150	2603.150
703.160	2603.160
703.170	2603.170
703.180	2603.180
703.190	2603.190
703.200	2603.200
703.210	2603.210
703.220	2603.220
703.230	2603.230
703.240	2603.240

a) Heading of the Part: County Shelter Care Standards

b) Code Citation: 20 Ill. Adm. Code 703

c) Date of Index Department Review: April 14, 2014

d) Chapter, Subchapter, Headings and Section Numbers of the Part being Recodified:

CHAPTER I: DEPARTMENT OF CORRECTIONS

SUBCHAPTER f: COUNTY STANDARDS

Section Numbers	Headings
703.1	Applicability

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

703.5	Definitions
703.10	Admission Policy
703.20	Administration
703.30	Personnel
703.40	Records
703.50	Admission Procedures
703.60	Release Procedures
703.70	Separation of Youth
703.80	Housing
703.90	Medical and Health Care
703.100	Clothing, Personal Hygiene, Grooming
703.110	Food Service
703.120	Sanitation
703.130	Supervision
703.140	Safety
703.150	Discipline
703.160	Employment of Children
703.170	Mail Procedures
703.180	Telephone
703.190	Visiting
703.200	Social Service Programs
703.210	Education
703.220	Religious Services
703.230	Recreation and Leisure Time
703.240	New Design and Construction

e) Chapter, Subchapter, Section Numbers and Headings of the Part as Recodified:

CHAPTER IX: DEPARTMENT OF JUVENILE JUSTICE

SUBCHAPTER e: COUNTY STANDARDS

Section Numbers	Headings
2603.1	Applicability
2603.5	Definitions
2603.10	Admission Policy
2603.20	Administration
2603.30	Personnel
2603.40	Records

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

2603.50	Admission Procedures
2603.60	Release Procedures
2603.70	Separation of Youth
2603.80	Housing
2603.90	Medical and Health Care
2603.100	Clothing, Personal Hygiene, Grooming
2603.110	Food Service
2603.120	Sanitation
2603.130	Supervision
2603.140	Safety
2603.150	Discipline
2603.160	Employment of Children
2603.170	Mail Procedures
2603.180	Telephone
2603.190	Visiting
2603.200	Social Service Programs
2603.210	Education
2603.220	Religious Services
2603.230	Recreation and Leisure Time
2603.240	New Design and Construction

f) Conversion Table of Present and Recodified Parts:

Present Part	Recodified Part
703.1	2603.1
703.5	2603.5
703.10	2603.10
703.20	2603.20
703.30	2603.30
703.40	2603.40
703.50	2603.50
703.60	2603.60
703.70	2603.70
703.80	2603.80
703.90	2603.90
703.100	2603.100
703.110	2603.110
703.120	2603.120
703.130	2603.130

DEPARTMENT OF CORRECTIONS

NOTICE OF TRANSFER AND RECODIFICATION

703.140	2603.140
703.150	2603.150
703.160	2603.160
703.170	2603.170
703.180	2603.180
703.190	2603.190
703.200	2603.200
703.210	2603.210
703.220	2603.220
703.230	2603.230
703.240	2603.240

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Public Relations

2) Code Citation: 20 Ill. Adm. Code 2203

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Proposed Action:
2203.15	Responsiblities
2203.20	Legislative Communications
2203.30	Public Information
2203.40	News Media
2203.50	Speaking Engagements
2203.60	Tours of Youth Centers

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Research and Evaluation

2) Code Citation: 20 Ill. Adm. Code 2206

3) Date of Administrative Code Division Review:

4) Headings and Section Numbers of the Part Being Codified: July 21, 2014

Section Numbers:	Headings:
2206.10	Applicability
2206.12	Definitions
2206.15	Responsibilities
2206.20	Requirements for Submitting Research Proposals
2206.30	Criteria for Approval or Denial of Research Proposals
2206.40	Requirements for Conducting Research Projects

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Records of Youth

2) Code Citation: 20 Ill. Adm. Code 2207

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2207.15	Responsibilities
2207.17	Definitions
2207.20	Required Admission Documents
2207.305	Responsibilities
2207.307	Definitions
2207.310	Access to Records
2207.320	Disclosure of Master Record File Material for Youth Committed to the Department – Court Agreement
2207.405	Responsibilities
2207.410	Definitions
2207.420	Right to Access and Review
2207.430	Requests for Access and Review
2207.440	Challenge of Record

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Reimbursement for Expenses

2) Code Citation: 20 Ill. Adm. Code 2210

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2210.15	Definitions
2210.20	Responsibilities
2210.25	Charges for Expenses for Costs of Incarceration
2210.30	Responsibilities of Offender
2210.35	Guidelines for Referral to Attorney General

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Internal Investigations

2) Code Citation: 20 Ill. Adm. Code 2212

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2212.12	Definitions
2212.15	Responsibilities
2212.30	Reporting of Incidents
2212.35	Investigation of Incidents
2212.37	Interrogation
2212.40	Polygraph Examinations
2212.50	Referral for Prosecutions

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Rules of Conduct

2) Code Citation: 20 Ill. Adm. Code 2220

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2220.10	Applicability
2220.15	Responsibilities
2220.20	Definitions
2220.30	Conduct of Individuals
2220.40	Compliance with Laws and Regulations
2220.50	Socializing with Committed Persons
2220.60	Bribes, Gifts, and Gratuities
2220.70	Trading or Trafficking
2220.80	Conflicts of Interest
2220.90	Information to be Reported
2220.95	Giving False Information
2220.100	Violation of Rules

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Funds of Committed Youth

2) Code Citation: 20 Ill. Adm. Code 2305

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2305.15	Definitions
2305.17	Responsibilities
2305.20	Account Interest
2305.30	Banks
2305.40	Withdrawals and Transfers of Funds
2305.50	Restrictions

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Commissaries

2) Code Citation: 20 Ill. Adm. Code 2310

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2310.20	Commissary Operations
2310.30	Commissary Profits

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: School District #428

2) Code Citation: 20 Ill. Adm. Code 2405

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2405.10	Applicability
2405.15	Responsibilities
2405.17	Definitions
2405.20	Adult and Juvenile Educational Programs
2405.30	Assistance to Aftercare Services Division
2405.50	Adult Basic Education Attendance
2405.60	Juvenile Educational Attendance
2405.70	Suspension of Programs
2405.80	Educational Reimbursement

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Legal Programs for Youth

2) Code Citation: 20 Ill. Adm. Code 2410

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2410.20	Requirements for Conducting Programs

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Health Care

2) Code Citation: 20 Ill. Adm. Code 2415

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2415.15	Responsibilities
2415.20	Definitions
2415.30	Medical and Dental Examinations and Treatment
2415.40	Mental Health Services
2415.50	Mental Health Examinations and Treatment for Guilty but Mentally Ill
2415.60	Review of Placements in a Specialized Mental Health Setting
2415.70	Involuntary Administration of Psychotropic Medication
2415.80	Organ Transplants

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Assignment of Committed Youth

2) Code Citation: 20 Ill. Adm. Code 2420

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2420.15	Responsibilities
2420.20	Definitions
2420.30	Assignment
2420.40	Removal/Reassignment

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Chaplaincy Services and Religious Practices

2) Code Citation: 20 Ill. Adm. Code 2425

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2425.12	Definitions
2425.15	Responsibilities
2425.20	Accommodation of Religious Beliefs
2425.30	Religious Practice Advisory Board
2425.40	Chaplains and Religious Program Volunteers
2425.50	Religious Activities
2425.60	Accommodation of Religious Diets
2425.70	Religious Publications and Recordings
2425.80	Religious Items
2425.90	Institutional Work and Program Assignments
2425.100	Requests for Religious Accommodations
2425.110	Religious Grievances

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Library Services and Legal Materials

2) Code Citation: 20 Ill. Adm. Code 2430

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2430.20	Library Services and Legal Materials
2430.30	Assistance by Committed Youth
2430.40	Photocopying Services

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Volunteer Services

2) Code Citation: 20 Ill. Adm. Code 2435

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2435.10	Applicability
2435.12	Definitions
2435.15	Responsibilities
2435.20	Designation of Staff Coordinator
2435.30	Applications for Volunteer Service: Individuals
2435.40	Applications for Volunteer Service: Groups
2435.50	Placement Procedures for Approved Volunteers
2435.60	Conduct of Volunteers
2435.70	Termination of Volunteer Services

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Committed Youth's Business Ventures

2) Code Citation: 20 Ill. Adm. Code 2445

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2445.15	Responsibilities
2445.20	Manuscripts
2445.30	Business Ventures
2445.40	Arts and Crafts

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Committed Youth Organizations

2) Code Citation: 20 Ill. Adm. Code 2450

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Number:	Headings:
2450.20	Procedures

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Release of Committed Youth

2) Code Citation: 20 Ill. Adm. Code 2470

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2470.10	Applicability
2470.15	Responsibilities
2470.20	Definitions
2470.30	Pre-release Programming
2470.40	Release Plans
2470.50	Temporary Identification Cards for Released Youth
2470.60	Release Procedures
2470.70	Supervision of Released Youth
2470.80	Assessment and Referral of Persons on Aftercare Release
2470.90	Release Violations

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Security

2) Code Citation: 20 Ill. Adm. Code 2501

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2501.15	Responsibilities
2501.20	Definitions
2501.30	Resort to Force
2501.40	Justifiable Use of Force
2501.50	Firearms Authorization
2501.60	General Use of Chemical Agents
2501.70	Use of Chemical Agents in Rooms (Consent Decree)
2501.80	Training
2501.105	Responsibilities
2501.110	Movement of Committed Youth
2501.120	Response to Serious Institutional Disturbances
2501.130	Substance Abuse
2501.205	Responsibilities
2501.210	Definition
2501.220	Searches for Contraband
2501.230	Disposition of Contraband

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Safety, Maintenance and Sanitation

2) Code Citation: 20 Ill. Adm. Code 2502

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2502.20	Menus
2502.30	Special Diets
2502.40	Sanitation
2502.105	Responsibilities
2502.110	Procedure
2502.205	Responsibilities
2502.210	Clothing
2502.220	Bedding
2502.230	Linens
2502.310	Clothing for Release
2502.320	Grants for Travel and Expenses

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Classification and Transfers

2) Code Citation: 20 Ill. Adm. Code 2503

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2503.15	Responsibilities
2503.20	Classification of Committed Youth
2503.105	Responsibilities
2503.110	Definition
2503.120	Administrative Transfers
2503.130	Assignment and Program Transfers
2503.140	Disciplinary Transfers
2503.150	Transfers to Treatment Unit Settings

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Discipline and Grievances

2) Code Citation: 20 Ill. Adm. Code 2504

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2504.12	Definitions
2504.15	Responsibilities
2504.20	Offenses and Maximum Penalties
2504.30	Preparation of Disciplinary Reports
2504.40	Temporary Confinement
2504.50	Review of Disciplinary Reports
2504.60	Adjustment Committee and Program Unit Composition
2504.70	Adjustment Committee Hearing Procedures
2504.80	New or Additional Proceedings
2504.90	Program Unit Hearing Procedures
2504.100	Computation of Discipline for Multiple Offenses
2504.110	Restitution Procedures
2504.150	Restoration of Good Time
2504.210	Definitions
2504.215	Responsibilities
2504.220	Placement in Confinement
2504.230	Confinement Procedures
2504.302	Definitions
2504.305	Responsibilities
2504.310	Filing of Grievances
2504.320	Grievance Officer
2504.330	Grievance Procedures
2504.340	Emergency Procedures
2504.350	Appeals
2504.360	Records
2504.370	Direct Review by Administrative Review Board
2504.400	Applicability
2504.405	Definitions
2504.410	Responsibilities
2504.420	Filing of Grievances

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

2504.430	Review of Grievances
2504.440	Appeals
2504.APPENDIX A	Offense Numbers and Definitions
2504.TABLE A	Maximum Penalties for Youth

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Rights and Privileges

2) Code Citation: 20 Ill. Adm. Code 2525

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2525.12	Definitions
2525.15	Responsibilities
2525.20	Visiting Privileges
2525.30	Clergy Visitation
2525.40	Attorney Visitation − Juvenile Division (Court Agreement)
2525.50	Restriction of Visitors
2525.110	Definitions
2525.115	Responsibilities
2525.120	Processing of Mail
2525.130	Outgoing Mail
2525.140	Incoming Mail
2525.150	Telephone Privileges
2525.202	Definitions
2525.205	Responsibilities
2525.210	General Guidelines
2525.220	Publication Review Officer
2525.230	Procedure for Review of Publications
2525.302	Definitions
2525.305	Responsibilities
2525.310	Request for Permission to Marry

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF JUVENILE JUSTICE

NOTICE OF CODIFICATION

1) Heading of the Part: Personal Property

2) Code Citation: 20 Ill. Adm. Code 2535

3) Date of Administrative Code Division Review: July 21, 2014

4) Headings and Section Numbers of the Part Being Codified:

Section Numbers:	Headings:
2535.12	Definitions
2535.15	Responsibilities
2535.17	Personal Property
2535.20	Permit
2535.30	Audio-Visual Equipment
2535.40	Reading Material
2535.50	Commissary Items and Outside Vendor Purchases
2535.60	Jewelry
2535.70	Clothing and Other Property
2535.80	Procedure for New Admissions
2535.90	Procedure for Institutional Transfers
2535.100	Procedure for Temporary Absence
2535.110	Procedure for Aftercare Release or Discharge
2535.120	Disposal of Personal Property Items
2535.130	Security of Personal Property
2535.140	Unclaimed Personal Property

5) Reason for Codification: PA 94-696 added the Department of Juvenile Justice Law to the Unified Code of Corrections [730 ILCS 3-2.5.1 through 3-2.5.110] and transferred the policies embodied in this Part to the Department of Juvenile Justice from the Department of Corrections on June 1, 2006. The Department is now codifying those policies in rules.

DEPARTMENT OF INSURANCE

NOTICE OF WITHDRAWAL OF PROPOSED RULES

1) Heading of the Part: Declaratory Rulings

2) Code Citation: 50 Ill. Adm. Code 2411

3)

Section Numbers:	Proposed Action:
2411.10	New Section
2411.20	New Section

4) Date Notice of Proposed Rules Published in the Illinois Register: June 13, 2014; 38 Ill. Reg. 12003

5) Reason for the Withdrawal: Several industry participants were opposed to the rule.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO PROPOSED RULEMAKING

DEPARTMENT OF INSURANCE

Heading of the Part: License, Documents Necessary to Engage in Activities and Examinations

Code Citation: 50 Ill. Adm. Code 752

Section Numbers: 752.10
752.30

Date Originally Published in the Illinois Register: 4/11/14
38 Ill. Reg. 7715

At its meeting on July 15, 2014, the Joint Committee on Administrative Rules considered the above-cited rulemaking and recommended that the Department of Insurance be more timely in updating its rules for consistency with statute. The statutory fee change being reflected in this rulemaking occurred over 10 years ago.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO PROPOSED RULEMAKING

DEPARTMENT OF LABOR

Heading of the Part: Payment and Collection of Wages or Final Compensation

Code Citation: 56 Ill. Adm. Code 300

Section Numbers:

300.440	300.720	300.990	300.1100
300.450	300.920	300.1020	300.1120
300.500	300.930	300.1028	300.1130
300.510	300.940	300.1030	300.1140
300.520	300.941	300.1040	300.1150
300.530	300.942	300.1050	300.1160
300.540	300.950	300.1060	300.1180
300.600	300.960	300.1070	300.1190
300.620	300.970	300.1080	300.1200
300.630	300.980	300.1090	300.1210
	300.1220		

Date Originally Published in the Illinois Register: 3/28/14
38 Ill. Reg. 7052

At its meeting on July 15, 2014, the Joint Committee on Administrative Rules considered the above-cited rulemaking and recommended that the Department of Labor not adopt its rulemaking until the Governor signs HB 5622. Several provisions of the rulemaking rely on enactment of that legislation for their statutory authority.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO PROPOSED RULEMAKING

POLLUTION CONTROL BOARD

Heading of the Part: General Provisions

Code Citation: 35 Ill. Adm. Code 501

Section Numbers:

501.103	501.241	501.263	501.325	501.359	501.379
501.104	501.242	501.267	501.333	501.360	501.385
501.200	501.244	501.295	501.343	501.361	501.390
501.201	501.252	501.305	501.345	501.363	501.395
501.223	501.253	501.310	501.355	501.373	501.401
501.236	501.254	501.312	501.357	501.377	501.402
501.238	501.261	501.313	501.358	501.378	501.404
					501.405

Date Originally Published in the Illinois Register: 12/2/13
37 Ill. Reg. 18974

At its meeting on July 15, 2014, the Joint Committee on Administrative Rules considered the above-cited rulemaking and recommended that, when the Pollution Control Board opens its subdocket (July 10, 2014 Order) on the Concentrated Animal Feeding Operations (CAFOs) rulemakings titled General Provisions (35 Ill. Adm. Code 501; 37 Ill. Reg. 18974) and Permits (35 Ill. Adm. Code 502; 37 Ill. Reg. 19005), it also address concerns, raised by the USDA's Natural Resources Conservation Service comment to JCAR on May 16, 2014, that these rulemakings are relying on elements of NRCS standards that are now obsolete and have been replaced by new standards.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO PROPOSED RULEMAKING

POLLUTION CONTROL BOARD

Heading of the Part: Permits

Code Citation: 35 Ill. Adm. Code 502

Section Numbers:

502.101	502.203	502.325	502.610	502.710
502.102	502.204	502.500	502.615	502.720
502.103	502.205	502.505	502.620	502.730
502.104	502.207	502.510	502.625	502.800
502.105	502.304	502.515	502.630	502.810
502.106	502.310	502.520	502.635	502.820
502.201	502.315	502.600	502.640	502.830
502.202	502.320	502.605	502.645	502.840

Date Originally Published in the Illinois Register: 12/2/13
37 Ill Reg. 19005

At its meeting on July 15, 2014, the Joint Committee on Administrative Rules considered the above-cited rulemaking and recommended that, when the Pollution Control Board opens its subdocket (July 10, 2014 Order) on the Concentrated Animal Feeding Operations (CAFOs) rulemakings titled General Provisions (35 Ill. Adm. Code 501; 37 Ill. Reg. 18974) and Permits (35 Ill. Adm. Code 502; 37 Ill. Reg. 19005), it also address concerns, raised by the USDA's Natural Resources Conservation Service comment to JCAR on May 16, 2014, that these rulemakings are relying on elements of NRCS standards that are now obsolete and have been replaced by new standards.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC HEALTH

Heading of the Part: Specialized Mental Health Rehabilitation Facilities Code

Code Citation: 77 Ill. Adm. Code 380

Section Numbers:

380.100	380.200	380.430	380.570	380.700
380.110	380.210	380.440	380.580	380.710
380.120	380.220	380.500	380.600	380.720
380.130	380.300	380.510	380.610	380.730
380.140	380.310	380.515	380.620	380.740
380.150	380.320	380.520	320.630	380.750
380.160	380.330	380.530	380.640	380.760
380.170	380.400	380.540	380.650	380.770
380.180	380.410	380.550	380.660	380.780
380.190	380.420	380.560	380.670	

Date Originally Published in the Illinois Register: 6/6/14
38 Ill. Reg. 11819

At its meeting on July 15, 2014, the Joint Committee on Administrative Rules considered the above-cited emergency rule and recommended that the Department of Public Health be more timely in implementing statute in rules. DPH missed the statutory deadline for implementation of PA 98-104 by almost 6 months.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of July 7, 2014 through July 14, 2014. The rulemakings are scheduled for review at the Committee's August 12, 2014 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
8/30/14	Illinois Emergency Management Agency, Licensing of Radioactive Material (32 Ill. Adm. Code 330)	5/23/14 38 Ill. Reg. 10752	8/12/14
8/30/14	Illinois Emergency Management Agency, General Provisions for Radiation Protection (32 Ill. Adm. Code 310)	5/23/14 38 Ill. Reg. 10730	8/12/14
8/30/14	Illinois Emergency Management Agency, Licensing Requirements for Source Material Milling Facilities (32 Ill. Adm. Code 332)	5/23/14 38 Ill. Reg. 10760	8/12/14
8/30/14	Illinois Emergency Management Agency, Licensing and Radiation Safety Requirements for Irradiators (32 Ill. Adm. Code 346)	5/23/14 38 Ill. Reg. 10768	8/12/14
8/29/14	Department of Insurance, Variable Contracts (50 Ill. Adm. Code 1451)	4/4/14 38 Ill. Reg. 7446	8/12/14
8/31/14	Department of Insurance, Administrative Hearing Procedures (50 Ill. Adm. Code 2402)	4/11/14 38 Ill. Reg. 7731	8/12/14
8/30/14	Department of Insurance, Medication (11 Ill. Adm. Code 603)	4/25/14 38 Ill. Reg. 8783	8/12/14

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

8/30/14	Department of Healthcare and Family Services, Medical Assistance Programs (89 Ill. Adm. Code 120)	4/14/14 38 Ill. Reg. 7426	8/12/14
8/30/14	Department of Healthcare and Family Services, Children's Health Insurance Program (89 Ill. Adm. Code 125)	4/25/14 38 Ill. Reg. 8698	8/12/14
8/28/14	Department of Healthcare and Family Services, Medical Payment (89 Ill. Adm. Code 140)	12/20/13 37 Ill. Reg. 19971	8/12/14
8/31/14	Department of Human Services, Temporary Assistance for Needy Families (89 Ill. Adm. Code 112)	4/4/14 38 Ill. Reg. 7428	8/12/14
8/31/14	Department of Human Services, Related Program Provisions (89 Ill. Adm. Code 117)	4/4/14 38 Ill. Reg. 7441	8/12/14
8/28/14	Department of Natural Resources, The Coal Mining Act (62 Ill. Adm. Code 140)	2/21/14 38 Ill. Reg. 5010	8/12/14
8/30/14	Department of Natural Resources, The Illinois Coal and Gas Act (62 Ill. Adm. Code 240)	5/16/14 38 Ill. Reg. 10624	8/12/14
8/27/14	Department of Revenue, Motor Fuel Tax (86 Ill. Adm. Code 500)	5/23/14 38 Ill. Reg. 10885	8/12/14
8/28/14	Department of State Police, Firearm Concealed Carry Act Procedures (20 Ill. Adm. Code 1231)	5/2/14 38 Ill. Reg. 9205	8/12/14

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

8/30/14	Property Tax Appeal Board, Practice and Procedure for Appeals Before the Property Tax Appeal Board (86 Ill. Adm. Code 1910)	1/10/14 38 Ill. Reg. 788	8/12/14

ILLINOIS ADMINISTRATIVE CODE
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