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March 6, 2020 Volume 44, Issue 10

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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 2020

Issue#	Rules Due Date	Date of Issue
1	December 23, 2019	January 3, 2020
2	December 30, 2019	January 10, 2020
3	January 6, 2020	January 17, 2020
4	January 13, 2020	January 24, 2020
5	January 21, 2020	January 31, 2020
6	January 27, 2020	February 7, 2020
7	February 3, 2020	February 14, 2020
8	February 10, 2020	February 21, 2020
9	February 18, 2020	February 28, 2020
10	February 24, 2020	March 6, 2020
11	March 2, 2020	March 13, 2020
12	March 9, 2020	March 20, 2020
13	March 16, 2020	March 27, 2020
14	March 23, 2020	April 3, 2020
15	March 30, 2020	April 10, 2020
16	April 6, 2020	April 17, 2020
17	April 13, 2020	April 24, 2020
18	April 20, 2020	May 1, 2020
19	April 27, 2020	May 8, 2020
20	May 4, 2020	May 15, 2020
21	May 11, 2020	May 22, 2020
22	May 18, 2020	May 29, 2020

23	May 26, 2020	June 5, 2020
24	June 1, 2020	June 12, 2020
25	June 8, 2020	June 19, 2020
26	June 15, 2020	June 26, 2020
27	June 22, 2020	July 6, 2020
28	June 29, 2020	July 10, 2020
29	July 6, 2020	July 17, 2020
30	July 13, 2020	July 24, 2020
31	July 20, 2020	July 31, 2020
32	July 27, 2020	August 7, 2020
33	August 3, 2020	August 14, 2020
34	August 10, 2020	August 21, 2020
35	August 17, 2020	August 28, 2020
36	August 24, 2020	September 4, 2020
37	August 31, 2020	September 11, 2020
38	September 8, 2020	September 18, 2020
39	September 14, 2020	September 25, 2020
40	September 21, 2020	October 2, 2020
41	September 28, 2020	October 9, 2020
42	October 5, 2020	October 16, 2020
43	October 13, 2020	October 23, 2020
44	October 19, 2020	October 30, 2020
45	October 26, 2020	November 6, 2020
46	November 2, 2020	November 13, 2020
47	November 9, 2020	November 20, 2020
48	November 16, 2020	November 30, 2020
49	November 23, 2020	December 4, 2020
50	November 30, 2020	December 11, 2020
51	December 7, 2020	December 18, 2020
52	December 14, 2020	December 28, 2020

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Americans with Disabilities Act Grievance Procedure
- 2) Code Citation: 4 Ill. Adm. Code 1660
- 3)

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
1660.10	New Section
1660.20	New Section
1660.30	New Section
1660.40	New Section
1660.50	New Section
1660.60	New Section
1660.70	New Section
1660.EXHIBIT A	New Section
- 4) Statutory Authority: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II regulations (28 CFR 35.107), and authorized by Section 1-50 of the Department of Innovation and Technology Act [20 ILCS 1370].
- 5) A Complete Description of the Subjects and Issues Involved: This Americans With Disabilities Act Grievance Procedure is established pursuant to the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.) and specifically Section 35.107 of the Title II regulations (28 CFR 35) requiring that a grievance procedure be established to resolve grievances asserted by qualified individuals with disabilities. Should any individual desire to review the Act or its regulations to understand the rights, privileges and remedies afforded by it, they should contact the ADA Coordinator of the Department of Innovation and Technology.
- 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? No

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

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

Illinois Department of Innovation and Technology
Attn: Josué Barba
120 W. Jefferson St.
Springfield IL 62702

217/524-1294
fax: 217/524-0755
josue.barba@illinois.gov
- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because the Agency was in the process of finalizing the rule.

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

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

TITLE 4: DISCRIMINATION PROCEDURES

CHAPTER LII: DEPARTMENT OF INNOVATION AND TECHNOLOGY

PART 1660

AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE

Section	
1660.10	Purpose
1660.20	Definitions
1660.30	Procedure
1660.40	ADA Coordinator Level
1660.50	Final Level
1660.60	Accessibility
1660.70	Case-by-Case Resolution

1660.EXHIBIT A Grievance Form

AUTHORITY: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II regulations (28 CFR 35.107), and authorized by Section 1-50 of the Department of Innovation and Technology Act [20 ILCS 1370].

SOURCE: Adopted at 44 Ill. Reg. _____, effective _____.

Section 1660.10 Purpose

- a) This Americans With Disabilities Act Grievance Procedure is established pursuant to the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.) and specifically Section 35.107 of the Title II regulations (28 CFR 35) requiring that a grievance procedure be established to resolve grievances asserted by qualified individuals with disabilities. Should any individual desire to review the Act or its regulations to understand the rights, privileges and remedies afforded by it, they should contact the ADA Coordinator of the Department of Innovation and Technology.
- b) In general, the Act requires that each program, service and activity offered by the Department, when viewed in its entirety, be readily accessible to and usable by qualified individuals with disabilities.

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

- c) It is the Department's intention to foster open communication with all individuals requesting readily accessible programs, services and activities. The Department encourages supervisors of programs, services and activities to respond to requests for reasonable accommodations before they become grievances.

Section 1660.20 Definitions

"Act" means the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.).

"ADA Coordinator" means the person appointed by the Secretary who is responsible for the coordination of efforts of the Department to comply with and carry out its responsibilities under Title II of the Act, including investigation of grievances filed by complainants.

"Complainant" means an individual with a disability who files a grievance with the Department pursuant to the provisions of this Part.

"Department" means the Illinois Department of Innovation and Technology.

"Grievance" means any complaint under the Act by an individual with a disability who:

meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity or service offered by the Department;
and

believes he or she has:

been excluded from participation in, or denied the benefits of, any program, service or activity of the Department; or

been subject to discrimination by the Department.

"Grievance Form" means a Department created form (attached as Exhibit A) that, when completed by a complainant, includes, but is not limited to, the name, address and telephone number of the complainant; date of incident; a short factual statement of the grievance; and the relief requested, if applicable.

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

"Procedure" means the Americans With Disabilities Act Grievance Procedure set forth in this Part.

"Secretary" means the Secretary of the Illinois Department of Innovation and Technology or anyone to whom the Secretary's responsibilities and authority are lawfully delegated.

Section 1660.30 Procedure

- a) Grievances must be submitted in accordance with and follow the procedures set forth in Section 1660.40 and Section 1660.50. It is mutually desirable and beneficial that grievances be satisfactorily resolved in a prompt manner. Time limits established in this procedure are in calendar days, unless otherwise stated, and may be extended by mutual agreement in writing by the complainant and the reviewer at the ADA Coordinator and Final Levels.
- b) A complainant's failure to submit a grievance, or to submit or appeal it to the next level of procedure within the specified time limits, shall mean that the complainant has withdrawn the grievance or has accepted the last response given in the grievance procedure as the Department's last response.
- c) The Department shall, upon being informed of the complainant's desire to file a formal grievance:
 - 1) instruct the individual how to receive a copy of this procedure; and
 - 2) provide a Grievance Form.

Section 1660.40 ADA Coordinator Level

- a) If an individual desires to file a formal written grievance, the individual shall promptly, but no later than 180 days after the alleged discrimination, submit the grievance to the ADA Coordinator in writing on the Grievance Form prescribed for that purpose. The Grievance Form must be completed in full in order to receive proper consideration by the ADA Coordinator.
- b) Upon request, assistance shall be provided by the Department to complete the Grievance Form.

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

- c) The ADA Coordinator, or his or her representative, shall investigate the grievance and shall make reasonable efforts to resolve it. The ADA Coordinator shall provide a written response to the complainant and the Secretary within 15 business days after receipt of the Grievance Form.

Section 1660.50 Final Level

- a) If the grievance has not been resolved at the ADA Coordinator Level to the satisfaction of the complainant, the complainant may submit a copy of the Grievance Form and ADA Coordinator's response to the Secretary for final review. The complainant shall submit these documents to the Secretary, together with a short written statement explaining the reason for dissatisfaction with the ADA Coordinator's written response, within 15 business days after receipt by the complainant of the ADA Coordinator's response.
- b) The complainant shall be afforded an opportunity to appear before the Secretary or the Secretary's designee. The complainant shall have a right to appoint a representative to appear on behalf of the complainant. The Secretary or the Secretary's designee shall review the ADA Coordinator's written response and may conduct interviews and seek advice as the Secretary or the Secretary's designee deems appropriate.
- c) If the Secretary appoints a designee for the procedure under subsection (b), the designee shall present both his/her findings and the written response of the ADA Coordinator to the Secretary.
- d) Upon receipt of recommendations from the Secretary's designee, the Secretary shall approve, disapprove or modify the Secretary's designee's recommendations, shall render a decision in writing, shall state the basis for the decision, and shall cause a copy of the decision to be served on the parties. The Secretary's decision shall be final. If the Secretary disapproves or modifies the Secretary's designee's recommendations, the Secretary shall include written reasons for disapproval or modification.
- e) The Grievance Form, the ADA Coordinator's response, the statement of reasons for dissatisfaction, the recommendations of the Secretary's designee, and the decision of the Secretary shall be maintained in accordance with the State Records Act [5 ILCS 160] or as otherwise required by law.

DEPARTMENT OF INNOVATION AND TECHNOLOGY

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Section 1660.60 Accessibility

The Department shall ensure that all stages of the procedure are readily accessible to and usable by individuals with disabilities.

Section 1660.70 Case-by-Case Resolution

Each grievance involves a unique set of factors that includes, but is not limited to: the specific nature of the disability; the essential eligibility requirements, the benefits to be derived, and the nature of the service, program or activity at issue; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service or activity or undue hardship on the Department. Accordingly, termination of a grievance at any level, whether through the granting of relief or otherwise, shall not constitute a precedent on which any other complainants should rely.

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

Section 1660.EXHIBIT A Grievance Form

**Grievance
Discrimination Based on Disability**

It is the policy of the Illinois Department of Innovation and Technology to provide assistance in filling out this form. If assistance is needed, please ask:

ADA Coordinator – Department of Innovation and Technology
120 West Jefferson Street
Springfield IL 62702

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone No.: _____ Email: _____

The Best Means and Time for Contacting: _____

Program, Service or Activity to which Access was Denied or in which Alleged Discrimination Occurred: _____

Date of Alleged Discrimination: _____

Nature of Alleged Discrimination: _____

(Attach additional sheets, if necessary. If the grievance is based on a denial of requested reasonable modification, please fill out the back of this form.)

I certify that I am qualified or otherwise eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

Signature _____ Date _____
Complainant/Authorized Agent

Please give to the ADA Coordinator at the address listed above.

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

For Office Use Only

Date Received: _____ By: _____

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF PROPOSED RULES

(BACK OF FORM)

Please fill out this part of the form if this grievance is based upon the denial of a requested reasonable modification. A reasonable modification will be made to make programs, services and activities accessible. Reasonable accommodations could include such things as providing auxiliary aides and devices and changing some policies and requirements to allow an individual with a disability to participate. This portion of the form should be filled in to the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested:

The date the reasonable modification was requested:

The person to whom the request was made:

The reason for denial:

Estimated cost of modification (if an assistive device, such as a TTY or optical reader, or commodity or service to which a cost is readily known):

Why is the requested modification necessary to use or participate in the program, service or activity?

Alternative accommodations that may provide accessibility:

Any other information you believe will aid in a fair resolution of this grievance:

OFFICE OF THE ATTORNEY GENERAL

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Hospital Financial Assistance under the Fair Patient Billing Act
- 2) Code Citation: 77 Ill. Adm. Code 4500
- 3) Section Number: 4500.APPENDIX A Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Section 27 of the Fair Patient Billing Act [210 ILCS 88/27].
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends Appendix A of the current rules to reflect the 2020 poverty guidelines published by the United States Department of Health and Human Services (DHHS) in the Federal Register on January 17, 2020.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: No studies or reports were used to compose this rulemaking.
- 7) Will this rulemaking replace an emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate under the State Mandates Act [30 ILCS 805].
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following the publication of this Notice. All written comments filed within 45 days after the date of publication of this Notice will be considered. Comments should be submitted to:

Lynn Patton or
Rules Coordinator
Office of the Attorney General
500 South Second Street

David F. Buysse
Deputy Chief, Public Interest Division
Office of the Attorney General
100 West Randolph Street, 12th Floor

OFFICE OF THE ATTORNEY GENERAL

NOTICE OF PROPOSED AMENDMENT

Springfield IL 62701
217/524-1504

Chicago IL 60601
312/814-7236

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking may affect small municipalities and not-for-profit corporations that operate hospitals in Illinois by requiring the modification of their forms to reflect the updated federal poverty income guideline information.
 - B) Reporting, bookkeeping or other procedures required for compliance: None beyond those already required of hospitals.
 - C) Types of professional skills necessary for compliance: None beyond those already required for personnel engaged in hospital billing operations.
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

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

OFFICE OF THE ATTORNEY GENERAL

NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER XVIII: OFFICE OF THE ATTORNEY GENERAL

PART 4500
HOSPITAL FINANCIAL ASSISTANCE
UNDER THE FAIR PATIENT BILLING ACT

Section

- 4500.10 Definitions
- 4500.20 Referenced Materials
- 4500.30 Hospital Financial Assistance Application Requirements
- 4500.40 Presumptive Eligibility Criteria
- 4500.50 Hospital Financial Assistance Electronic and Information Technology
- 4500.60 Hospital Financial Assistance Reporting Requirements

4500.APPENDIX A [20202019](#) Poverty Income Guidelines

AUTHORITY: Implementing and authorized by Section 27 of the Fair Patient Billing Act [210 ILCS 88].

SOURCE: Adopted at 37 Ill. Reg. 12536, effective July 22, 2013; amended at 38 Ill. Reg. 20263, effective October 10, 2014; amended at 39 Ill. Reg. 10751, effective July 27, 2015; amended at 40 Ill. Reg. 7900, effective May 18, 2016; amended at 41 Ill. Reg. 10653, effective August 4, 2017; amended at 42 Ill. Reg. 13615, effective June 29, 2018; amended at 43 Ill. Reg. 7628, effective June 28, 2019; amended at 44 Ill. Reg. _____, effective _____.

OFFICE OF THE ATTORNEY GENERAL

NOTICE OF PROPOSED AMENDMENT

Section 4500.APPENDIX A ~~2020~~2019 Poverty Income Guidelines2020~~2019~~ HEALTH AND HUMAN SERVICES POVERTY GUIDELINES

Persons in Family	Poverty Guideline
1	\$ 12,760 12,490
2	\$ 17,240 16,910
3	\$ 21,720 21,330
4	\$ 26,200 25,750
5	\$ 30,680 30,170
6	\$ 35,160 34,590
7	\$ 39,640 39,010
8	\$ 44,120 43,430
For additional persons, add	\$ 4,480 4,420

NOTE: See ~~8584~~ Fed. Reg. ~~30601167~~ through ~~30611168~~ (~~January 17, 2020~~February 1, 2019).

(Source: Amended at 44 Ill. Reg. _____, effective _____)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Certificate of Titles, Registration of Vehicles
- 2) Code Citation: 92 Ill. Adm. Code 1010
- 3) Section Number: 1010.540 Proposed Action:
Amendment
- 4) Statutory Authority: Authorized by Section 2-104(b) of, and implementing Chapters 3 and 5 of, the Illinois Vehicle Code [625 ILCS 5].
- 5) A Complete Description of the Subjects and Issues Involved: These proposed change to the administrative rule updates the fee participating entities are allowed to assess on customers wishing to take advantage of renewing license plates/stickers at their local businesses who participate in the over-the-counter program. The fee was set at \$7.50 six years ago. This 13% increase is intended to offset the increased cost of doing business incurred over the past six years by the vendors participating in the over-the-counter sales of license plates and registration renewal stickers. Having outside vendors selling the plates and stickers greatly reduces the number of individuals who come to SOS facilities for these types of transactions. Therefore, it is in the interests of our office and our customers to keep the over-the-counter sales program financial viable for the vendors.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace an emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: No expenditures by units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Pamela Wright
Office of the General Counsel

OFFICE OF THE SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

298 Howlett Building
Springfield IL 62756

pwright@ilsos.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because the Department did not anticipate this rulemaking at the time the agendas were filed.

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATEPART 1010
CERTIFICATES OF TITLE, REGISTRATION OF VEHICLES

SUBPART A: DEFINITIONS

Section	
1010.10	Owner – Application of Term
1010.20	Secretary and Department

SUBPART B: TITLES

Section	
1010.110	Salvage Certificate – Additional Information Required to Accompany Application for a Certificate of Title for a Rebuilt or a Restored Vehicle Upon Surrendering Salvage Certificate
1010.120	Salvage Certificate – Assignments and Reassignments
1010.130	Exclusiveness of Lien on Certificate of Title
1010.140	Documents Required to Title and Register Imported Vehicles Not Manufactured in Conformity with Federal Emission or Safety Standards
1010.150	Transferring Certificates of Title Upon the Owner's Death
1010.160	Repossession of Vehicles by Lienholders and Creditors
1010.170	Junking Notification
1010.180	Specially Constructed Vehicles – Defined
1010.185	Specially Constructed Vehicles – Required Documentation for Title and Registration
1010.190	Issuance of Title and Registration Without Standard Ownership Documents – Bond
1010.193	Procedures for Application for Title for Vehicles Purchased at Mechanic's Lien Sales
1010.195	Procedures and Disclosures for Vehicles Previously Titled in Areas Flooded as a Result of a Natural Disaster

SUBPART C: REGISTRATION

Section	
1010.200	Homemade Trailers – Title and Registration

OFFICE OF THE SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

- 1010.210 Application for Registration
- 1010.220 Vehicles Subject to Registration – Exceptions
- 1010.230 Refusing Registration or Certificate of Title
- 1010.240 Registration Plates To Be Furnished by the Secretary of State
- 1010.245 Electronic Registration and Titling (ERT) Program Provisions
- 1010.250 Applications For Reassignment

SUBPART D: REVOCATION, SUSPENSION AND
CANCELLATION OF REGISTRATION

Section

- 1010.300 Operation of Vehicle after Cancellation, Suspension, or Revocation of any Registration
- 1010.310 Improper Use of Evidences of Registration
- 1010.320 Suspension, Cancellation or Revocation of Illinois Registration Plates and Cards and Titles
- 1010.330 Operation of Vehicle Without Proper Illinois Registration
- 1010.350 Suspension or Revocation
- 1010.360 Surrender of Plates, Decals or Cards

SUBPART E: SPECIAL PERMITS AND PLATES

Section

- 1010.410 Temporary Registration – Individual Transactions
- 1010.420 Temporary Permit Pending Registration In Illinois
- 1010.421 Issuance of Temporary Registration Permits by Persons or Entities Other Than the Secretary of State
- 1010.425 Non-Resident Drive-Away Permits
- 1010.426 Seven Day Permits
- 1010.430 Registration Plates for Motor Vehicles Used for Transportation of Persons for Compensation and Tow Trucks
- 1010.440 Title and Registration of Vehicles with Permanently Mounted Equipment
- 1010.450 Special Plates
- 1010.451 Purple Heart License Plates
- 1010.452 Special Event License Plates
- 1010.453 Retired Armed Forces License Plates
- 1010.454 Gold Star License Plates
- 1010.455 Collectible License Plates
- 1010.456 Sample License Plates For Motion Picture and Television Studios

OFFICE OF THE SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

1010.457	Korean War Veteran License Plates
1010.458	Collegiate License Plates
1010.459	Universal Plate Decal
1010.460	Special Plates for Members of the United States Armed Forces Reserves
1010.465	Requests for General Issuance Specialty License Plates
1010.470	Dealer Plate Records
1010.480	State of Illinois In-Transit Plates

SUBPART F: FEES

Section	
1010.510	Determination of Registration Fees
1010.520	When Fees Returnable
1010.530	Circuit Breaker Registration Discount
1010.540	Fees
1010.550	Determining Age of Vehicle

SUBPART G: MISCELLANEOUS

Section	
1010.610	Unlawful Acts, Fines and Penalties
1010.620	Change of Engine

SUBPART H: SECOND DIVISION VEHICLES

Section	
1010.705	Reciprocity
1010.710	Vehicle Proration
1010.715	Proration Fees
1010.720	Vehicle Apportionment
1010.725	Trip Leasing
1010.730	Intrastate Movements, Foreign Vehicles
1010.735	Interline Movements
1010.740	Trip and Short-term Permits
1010.745	Signal 30 Permit for Foreign Registration Vehicles (Repealed)
1010.750	Signal 30-Year-round for Prorated Fleets of Leased Vehicles (Repealed)
1010.755	Mileage Tax Plates
1010.756	Suspension or Revocation of Illinois Mileage Weight Tax Plates
1010.760	Transfer for "For-Hire" Loads

OFFICE OF THE SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

1010.765 Suspension or Revocation of Exemptions as to Foreign Registered Vehicles
1010.770 Required Documents for Trucks and Buses to detect "intrastate" movements
1010.775 Certificate of Safety

1010.APPENDIX A Uniform Vehicle Registration Proration and Reciprocity Agreement
1010.APPENDIX B International Registration Plan
1010.APPENDIX C Affirmation Supporting Salvage Certificate
1010.APPENDIX D Specialty License Plates Request Form

AUTHORITY: Authorized by Section 2-104(b) of, and implementing Chapters 3 and 5 of, the Illinois Vehicle Code [625 ILCS 5].

SOURCE: Filed and effective December 15, 1970; emergency amendment at 2 Ill. Reg. 25, p. 119, effective June 14, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 12, p. 76, effective March 23, 1979; amended at 3 Ill. Reg. 29, p. 123, effective July 20, 1979; amended at 4 Ill. Reg. 17, p. 247, effective April 11, 1980; emergency amendment at 4 Ill. Reg. 21, p. 99, effective May 14, 1980, for a maximum of 150 days; amended at 6 Ill. Reg. 2241, effective February 1, 1982; amended at 6 Ill. Reg. 11076, effective August 26, 1982; codified at 6 Ill. Reg. 12674; amended at 7 Ill. Reg. 1432, effective January 21, 1983; amended at 7 Ill. Reg. 1436, effective January 21, 1983; amended at 8 Ill. Reg. 5329, effective April 6, 1984; amended at 9 Ill. Reg. 3358, effective March 1, 1985; amended at 9 Ill. Reg. 9176, effective May 30, 1985; amended at 9 Ill. Reg. 12863, effective August 2, 1985; amended at 9 Ill. Reg. 14711, effective September 13, 1985; amended at 10 Ill. Reg. 1243, effective January 6, 1986; amended at 10 Ill. Reg. 4245, effective February 26, 1986; amended at 10 Ill. Reg. 14308, effective August 19, 1986; recodified at 11 Ill. Reg. 15920; amended at 12 Ill. Reg. 14711, effective September 15, 1988; amended at 12 Ill. Reg. 15193, effective September 15, 1988; amended at 13 Ill. Reg. 1598, effective February 1, 1989; amended at 13 Ill. Reg. 5173, effective April 1, 1989; amended at 13 Ill. Reg. 7965, effective May 15, 1989; amended at 13 Ill. Reg. 15102, effective September 15, 1989; amended at 14 Ill. Reg. 4560, effective March 1, 1990; amended at 14 Ill. Reg. 6848, effective April 18, 1990; amended at 14 Ill. Reg. 9492, effective June 1, 1990; amended at 14 Ill. Reg. 19066, effective November 15, 1990; amended at 15 Ill. Reg. 12782, effective August 15, 1991; amended at 16 Ill. Reg. 12587, effective August 1, 1992; amended at 19 Ill. Reg. 11947, effective August 1, 1995; amended at 19 Ill. Reg. 16289, effective November 27, 1995; amended at 20 Ill. Reg. 11349, effective August 1, 1996; amended at 21 Ill. Reg. 8408, effective June 23, 1997; amended at 21 Ill. Reg. 13372, effective September 17, 1997; amended at 22 Ill. Reg. 8521, effective April 28, 1998; amended at 22 Ill. Reg. 22059, effective January 1, 1999; amended at 25 Ill. Reg. 7731, effective June 6, 2001; emergency amendment at 25 Ill. Reg. 14201, effective October 22, 2001, for a maximum of 150 days; emergency expired March 20, 2002; amended at 26 Ill. Reg. 14282, effective September 16, 2002; amended at 27 Ill. Reg.

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4790, effective February 27, 2003; amended at 29 Ill. Reg. 8915, effective June 10, 2005; amended at 31 Ill. Reg. 2668, effective January 29, 2007; amended at 32 Ill. Reg. 17253, effective October 15, 2008; amended at 32 Ill. Reg. 17590, effective October 16, 2008; amended at 34 Ill. Reg. 3673, effective March 5, 2010; amended at 34 Ill. Reg. 10202, effective June 29, 2010; amended at 35 Ill. Reg. 1652, effective January 13, 2011; amended at 35 Ill. Reg. 8240, effective May 16, 2011; amended at 36 Ill. Reg. 7674, effective May 2, 2012; amended at 36 Ill. Reg. 14745, effective September 24, 2012; amended at 36 Ill. Reg. 17094, effective November 20, 2012; emergency amendment at 36 Ill. Reg. 17580, effective November 28, 2012, for a maximum of 150 days; amended at 37 Ill. Reg. 4340, effective March 22, 2013; amended at 37 Ill. Reg. 8941, effective June 14, 2013; amended at 37 Ill. Reg. 12578, effective July 17, 2013; amended at 39 Ill. Reg. 5106, effective March 20, 2015; amended at 42 Ill. Reg. 212, effective December 19, 2017; amended at 42 Ill. Reg. 14450, effective July 23, 2018; amended at 43 Ill. Reg. 3945, effective March 15, 2019; amended at 44 Ill. Reg. 2014, effective December 31, 2019; amended at 44 Ill. Reg. _____, effective _____.

SUBPART F: FEES

Section 1010.540 Fees

- a) **Over-the-Counter Sales Program**

In addition to any fee set forth in subsection (b), an entity participating in the over-the-counter program may charge an applicant for motor vehicle renewal license plates and/or stickers ~~\$9.50~~~~\$7.50~~. No additional charge shall be imposed upon the applicant by any such person, firm, corporation or private institution, or its authorized agent for distribution of motor vehicle renewal license plates and/or stickers. The term Financial Institution, for the purposes of this Section, shall mean any federal or State chartered bank, savings and loan, credit union, armored carrier, and any currency exchange either directly or indirectly through an armored carrier.
- b) **Electronic Registration and Titling**
 - 1) Vendors participating in the Electronic Registration and Titling (ERT) program may charge customers a fee for the optional service of electronically processing their vehicle titling and registration or data and for providing registration plates or stickers. The maximum fee to be imposed upon a customer utilizing the ERT services shall be \$25, in addition to any other fee permitted by law or rule. However, if the ERT services are used solely for renewing vehicle registrations, the maximum

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fee imposed shall be that set forth in subsection (a). The actual ERT fee allowed to be charged by vendors shall be set out in the agreement between the Secretary of State and the ERT service provider and in the agreements between the ERT service provider and the vendors. One of the two following methods shall be used to identify the fee:

- A) the fee shall be identified on the bill of sale, receipt or any other sales documents as "Optional ERT Fee". The "Optional ERT Fee" language shall be distinguished from other language with the use of bold, colored, italic or underscored type or by using a larger font, but in no case may the font size be smaller than that required by the Motor Vehicle Retail Installment Sales Act [815 ILCS 375]. If this method is used, not later than July 1, 2006, all pre-printed bills of sale, receipts or other sales documents shall identify the fee as "Optional ERT Fee" in bold type; or
 - B) the fee shall be identified on a separate document, including the phrase "Optional Electronic Registration Fee", using a font size not smaller than that required by the Motor Vehicle Retail Installment Sales Act and with a signature line indicating the customer's acceptance or rejection of the option of paying the fee.
- 2) A service provider may charge vendors up to \$10 for each ERT transaction. The maximum ERT fee to be imposed on the customer may not exceed the amount actually charged by the service provider to the vendor plus an amount equal to 1.5 times the amount actually charged by the service provider to the vendor, and, therefore, the maximum fee to be imposed upon a customer utilizing the ERT services shall be \$25, in addition to any other fee permitted by statute or rule.

(Source: Amended at 44 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Specialized Mental Health Rehabilitation Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 380
- 3)

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
380.140	Amendment
380.600	Amendment
380.740	Amendment
- 4) Statutory Authority: The Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking implements Task O-11 of the Implementation Plan Amendment for the Williams v. Pritzker Consent Decree for fiscal year 2020. The Consent Decree settled the class action lawsuit first filed in 2005 and ensures that, when clinically appropriate, all persons with serious mental illness currently residing in institutional settings have the right to choose to live in community-based settings. Therefore, to ensure Class Members are aware of the Consent Decree provisions regarding retaliation of their decision to explore or decline community transition options, the Department will include retaliation posters as a compliance element in facility surveys.

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

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace an emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No

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NOTICE OF PROPOSED AMENDMENTS

- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:
- Erin Conley
Rules Coordinator
Division of Legal Services
Illinois Department of Public Health
Division of Legal Services
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: Specialized mental health rehabilitation facilities
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:
- 62 Health Care and Social Assistance
- B) Categories that the Agency reasonably believes the rulemaking will impact, including:
- ii. regulatory requirements;
iii. record keeping;

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15) Regulatory Agenda on which this rulemaking was summarized: January 2020

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 c: LONG-TERM CARE FACILITIES

PART 380
SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section	
380.100	Definitions
380.110	Incorporated and Referenced Materials
380.120	Applicability and General Requirements
380.130	Staff Qualifications and Training Requirements
380.140	Consumer Rights and Choices
380.150	Informed Consent
380.160	Restraints and Therapeutic Separation
380.170	Consumer Background Checks
380.180	Identified Offenders
380.190	Consumer Records
380.200	Assessment, Level of Service Determination, and Authorization
380.210	Individualized Treatment Plan
380.220	Transfer Discharge

SUBPART B: SPECIALIZED MENTAL HEALTH
REHABILITATION FACILITIES PROGRAMS

Section	
380.300	Triage Centers
380.310	Crisis Stabilization Units
380.320	Recovery and Rehabilitation Supports Centers
380.330	Transitional Living Units

SUBPART C: PROGRAM PERSONNEL

Section	
380.400	Employee Personnel Policies and Records
380.410	Initial Health Evaluation for Employees, Interns and Volunteers
380.420	Health Care Worker Background Check

DEPARTMENT OF PUBLIC HEALTH

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380.430 Executive Director
380.440 Psychiatric Medical Director

SUBPART D: ADMINISTRATION

Section
380.500 Required Policies and Procedures
380.510 Quality Assessment and Performance Improvement
380.515 Reportable Performance Indicators
380.520 Information to Be Made Available to the Public
380.530 Incidents, Accidents and Emergency Care
380.540 Abuse, Neglect and Theft
380.550 Contacting Local Law Enforcement
380.560 Care and Treatment of Sexual Assault Survivors
380.570 Fire Safety and Disaster Preparedness
380.580 Research

SUBPART E: SUPPORT SERVICES AND ENVIRONMENT

Section
380.600 Required Support Services
380.610 Physician Medical Services
380.620 Health/Nursing Services
380.630 Pharmaceutical Services and Medication Administration
380.640 Infection Control and Vaccinations
380.650 Dietetic Services
380.660 Dental Services
380.670 Physical Plant and Environmental Requirements

SUBPART F: LICENSURE REQUIREMENTS

Section
380.700 Licensure Application Requirements
380.710 Application Process and Requirements for a Provisional License
380.720 Plan of Operation
380.730 Requirements for Accreditation
380.740 Surveys and Inspections
380.750 License Sanctions and Revocations
380.760 Citation Review and Appeal Procedures

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380.770 Safety, Zoning and Building Clearances
380.780 Special Demonstration Programs and Services

AUTHORITY: Implementing and authorized by the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49].

SOURCE: Emergency rule adopted at 38 Ill. Reg. 11819, effective May 22, 2014, for a maximum of 150 days; emergency expired October 18, 2014; adopted at 38 Ill. Reg. 22897, effective November 21, 2014; amended at 43 Ill. Reg. 1651, effective January 18, 2019; amended at 44 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 380.140 Consumer Rights and Choices

- a) *Consumers served by a facility under the Act and this Part shall have all the rights guaranteed pursuant to Chapter II, Article I of the Mental Health and Developmental Disabilities Code, a list of which shall be prominently posted in English and any other language representing at least 5% of the county population in which the specialized mental health rehabilitation facility is located. (Section 3-101 of the Act)*
 - 1) *Each consumer and consumer's guardian or other person acting on behalf of the consumer shall be given a written explanation of all of his or her rights. The explanation shall be given at the time of admission to a facility or as soon thereafter as the condition of the consumer permits, but in no event later than 48 hours after admission and again at least annually thereafter, except for triage. If a consumer is unable to read the written explanation, it shall be read to the consumer in a language the consumer understands. (Section 3-209 of the Act)*
 - 2) *The facility shall ensure that its staff is familiar with and observes the rights and responsibilities enumerated in Article 3 of the Act. (Section 3-210 of the Act)*
- b) *A consumer shall be permitted to manage his or her own financial affairs unless he or she or his or her guardian authorizes the executive director of the facility in writing to manage the consumer's financial affairs. (Section 3-102 of the Act)*

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- c) *To the extent possible, each consumer shall be responsible for his or her own moneys and personal property or possessions in his or her own immediate living quarters unless deemed inappropriate by a physician or other facility LPHA clinician and so documented in the consumer's record. In the event the moneys or possessions of a consumer come under the supervision of the facility, either voluntarily on the part of the consumer or so ordered by a facility physician or other LPHA clinician, each facility to whom a consumer's moneys or possessions have been entrusted shall comply with the following:*
- 1) *No facility shall commingle consumers' moneys or possessions with those of the facility; consumers' moneys and possessions shall be maintained separately, intact, and free from any liability that the facility incurs in the use of the facility's funds;*
 - 2) *The facility shall provide reasonably adequate space for the possessions of the consumer; the facility shall provide a means of safeguarding small items of value for its consumers in their rooms or in any other part of the facility so long as the consumers have reasonable and adequate access to their possessions; and*
 - 3) *The facility shall make reasonable efforts to prevent loss and theft of consumers' possessions; those efforts shall be appropriate to the particular facility and particular living setting within each facility and may include staff training and monitoring, labeling possessions, and frequent possession inventories; the facility shall develop procedures for investigating complaints concerning theft of consumers' possessions and shall promptly investigate all complaints. (Section 3-103 of the Act)*
- d) *Every consumer, except those in triage centers, shall be permitted unimpeded, private, and uncensored communication of his or her choice by mail, telephone, Internet, or visitation.*
- 1) *The executive director shall ensure that correspondence is conveniently received and reasonably accessible.*
 - 2) *The executive director shall ensure that consumers may have private visits at any reasonable hour unless visits are restricted due to the treatment plan of the consumer.*

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- 3) *The executive director shall ensure that space for visits is available and that facility personnel reasonably announce their intent to enter, except in an emergency, before entering any consumer's room during visits.*
 - 4) *Consumers shall be free to leave at any time. If a consumer in a triage center expresses a desire to contact a third party for any purpose, the facility staff shall contact that third party on behalf of the consumer. (Section 3-108 of the Act)*
- e) *A consumer shall be permitted the free exercise of religion. Upon a consumer's request, and if necessary, at the consumer's expense, the executive director may make arrangements for a consumer's attendance at religious services of the consumer's choice. However, no religious beliefs or practices or attendance at religious services may be imposed upon any consumer. (Section 3-109 of the Act)*
- f) *Access to Consumers*
- 1) *Any employee or agent of a public agency, any representative of a community legal services program, or any other member of the general public shall be permitted access at reasonable hours to any individual consumer of any facility, unless the consumer is receiving care and treatment in triage centers. This subsection (f)(1) shall not be construed to limit the Department's ability to conduct off-hour surveys or inspections.*
 - 2) *All persons entering a facility under the Act and this subsection (f) shall promptly notify appropriate facility personnel of their presence. They shall, upon request, produce identification to establish their identity. No person shall enter the immediate living area of any consumer without first identifying himself or herself and then receiving permission from the consumer to enter. The rights of other consumers present in the room shall be respected. A consumer may terminate at any time a visit by a person having access to the consumer's living area under the Act and this subsection.*
 - 3) *This subsection (f) shall not limit the power of the Department or other public agency otherwise permitted or required by law to enter and inspect a facility.*
 - 4) *Notwithstanding subsection (f)(1), the executive director of a facility may*

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refuse access to the facility to any person if the presence of that person in the facility would be injurious to the health and safety of a consumer or would threaten the security of the property of a consumer or the facility, or if the person seeks access to the facility for commercial purposes.

- 5) *Nothing in this subsection (f) shall be construed to conflict with, or infringe upon, any court orders or consent decrees regarding access. (Section 3-110 of the Act)*
- g) *A consumer shall be permitted to present grievances on behalf of himself or herself or others to the executive director, the consumers' advisory council (see subsection (j)), State governmental agencies, or other persons without threat of discharge or reprisal in any form or manner whatsoever. The executive director shall provide all consumers or their representatives with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged. (Section 3-112 of the Act) All facilities shall display contact information and make it accessible and visible to consumers and visitors with a minimum of interaction with staff.*
- h) *A consumer may refuse to perform labor for a facility. (Section 3-113 of the Act)*
- i) *No consumer shall be subjected to unlawful discrimination as defined in Section 1-103 of the Illinois Human Rights Act by any owner, licensee, executive director, employee, or agent of a facility. Unlawful discrimination does not include an action by any licensee, executive director, employee, or agent of a facility that is required by the Act or by this Part. (Section 3-114 of the Act)*
- j) *Except for triage centers and crisis stabilization units, each facility shall establish a consumers' advisory council consisting of at least five consumers chosen by consumers. If there are not five consumers capable of functioning on the consumers' advisory council, as determined by the interdisciplinary team, consumers' substitute decision makers shall take the place of the required number of consumers. The executive director shall designate a member of the facility staff other than the executive director to coordinate the establishment of, and render assistance to, the council.*
- 1) *No employee or affiliate of a facility shall be a member of the council.*
- 2) *The council shall meet at least once each month with the staff coordinator,*

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who shall provide assistance to the council in preparing and disseminating a report of each meeting to all consumers, the executive director, and the staff.

- 3) *Records of council meetings shall be maintained in the office of the executive director, subject to compliance with the Health Insurance Portability and Accountability Act and Mental Health and Developmental Disabilities Confidentiality Act.*
- 4) *The consumers' advisory council may communicate to the executive director the opinions and concerns of the consumers. The council shall review procedures for implementing consumer rights and facility responsibilities, and make recommendations for changes or additions that will strengthen the facility's policies and procedures as they affect consumer rights and facility responsibilities.*
- 5) *The council shall be a forum for:*
 - A) *Obtaining and disseminating information;*
 - B) *Soliciting and adopting recommendations for facility programming and improvements; and*
 - C) *Early identification and for recommending orderly resolution of problems.*
- 6) *The council may present complaints on behalf of a consumer to the Department or to any other person it considers appropriate, without retaliation of any kind from the facility or any facility employee. (Section 3-203 of the Act)*
- k) A facility shall provide language assistance services in accordance with the Language Assistance Services Act and the Language Assistance Services Code.
- l) A facility shall inform a consumer of his or her right to designate a substitute decision maker in writing and shall assist the consumer in naming a substitute decision maker, if the consumer requests it.

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- m) Pursuant to Section 380.600(g), all facilities shall conspicuously display a poster informing consumers of their right to explore or decline community transition and their right to be free from retaliation. This notice shall include a telephone number for reporting retaliation to the Department and shall include the steps a consumer should take if retaliation does occur.

(Source: Amended at 44 Ill. Reg. _____, effective _____)

SUBPART E: SUPPORT SERVICES AND ENVIRONMENT

Section 380.600 Required Support Services

- a) For the purpose of this Section, "physician orders" includes instructions from medical doctors (MD), doctors of osteopathy (OD), dentists, podiatrists, advanced practice nurses (APN) in collaboration with an MD, and physician assistants (PA) under the supervision of a physician for that physician's patients.
- b) *Facilities shall provide, at a minimum, the following services: physician, nursing, pharmaceutical, rehabilitative, and dietary services. To provide these services, the facility shall adhere to the following:*
- 1) *Each consumer shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence. Every effort shall be made to keep consumers active and out of bed for reasonable periods of time, except where contraindicated by physician orders.*
 - 2) *Every consumer shall participate in a person-centered planning process regarding his or her total care and treatment, to the extent that his or her condition permits.*
 - 3) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after the orders have been issued to ensure facility compliance with the orders. Every woman consumer of child bearing age shall receive routine obstetrical and gynecological evaluations, as well as necessary prenatal care, except in triage centers.*
 - A) The frequency and administration of obstetrical, gynecological and

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pre-natal care shall be according to the guidelines set forth in the Guidelines for Women's Health Care, published by the American College of Obstetricians and Gynecologists. The date of the consumer's last obstetrical, gynecological or prenatal appointments shall be identified as part of the treatment assessment, and pregnancy screening may be required before medications are prescribed and administered.

- B) If obstetrical and gynecological evaluations are performed in a facility, the facility shall ensure that the examination room is adequately equipped for these examinations.
 - C) If obstetrical and gynecological evaluations are not performed in a facility, the facility shall arrange with a local OB/GYN practice or clinic to have the evaluations performed at that location.
- c) *Each consumer shall be provided with good nutrition and with necessary fluids for hydration* in accordance with the Food and Nutrition Board of the National Research Council of the National Academy of Science's standard.
 - d) *Each consumer shall be provided visual privacy during treatment and personal care.*
 - e) *Every consumer or consumer's guardian shall be permitted to inspect and copy all of his or her clinical and other records concerning his or her care kept by the facility or by his or her physician. The facility may charge a reasonable fee for duplication of a record. (Section 3-104 of the Act)*
 - f) A facility with a pharmacy on premises shall comply with the Controlled Substances Act. Facilities without pharmacies shall ensure that pharmacies they make arrangements, or contract, with comply with the Controlled Substances Act.
 - g) *Facilities licensed under the Act and this Part shall provide transitional living assistance to prepare those with serious mental illness to reintegrate successfully into community living settings. (Section 1-101.3 of the Act)*

(Source: Amended at 44 Ill. Reg. _____, effective _____)

SUBPART F: LICENSURE REQUIREMENTS

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Section 380.740 Surveys and Inspections

- a) Upon receipt of a completed application and verification of the facility's compliance with the Act and this Part, and a licensure fee of \$5,700, and the completion of an initial survey as described in subsection (b), the Department will issue a provisional license for one or more of the four levels of service identified in the Act and in Section 380.100 of this Part (definition for facility), as requested by the licensee in the application.
- b) Prior to the issuance of the initial provisional license, and then at least annually, *the Department shall conduct surveys of licensed facilities and their certified programs and services. The Department shall review the records or premises, or both, as it deems appropriate for the purpose of determining compliance with the Act and this Part. The Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the facility to the extent necessary to carry out the Act and this Part.* In addition, the Department will:
 - 1) Conduct staff interviews;
 - 2) Conduct consumer interviews; ~~and~~
 - 3) Review evidence-based program outcomes; ~~and-~~
 - 4) Confirm that the posters required by Section 380.140(m) are conspicuously posted in the facility.
- c) *Any holder of a license or applicant for a license shall be deemed to have given consent to any authorized officer, employee, or agent of the Department to enter and inspect the facility in accordance with the Act. Refusal to permit entry or inspection shall constitute grounds for denial, suspension, or revocation of a license under the Act. (Section 4-108 of the Act)* The Department's access to the facility's books, records and any other documents maintained by the facility includes, but is not limited to:
 - 1) Verifying whether the facility complies with all of the requirements for authorization and review of treatment appropriateness for each consumer, based on the service level or levels for which the facility is licensed. The

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facility shall ensure that State-designated authorization agents and other authorized State personnel are provided with timely and unfettered access to consumers, records, facility staff and consultants who are part of the facility's treatment team; and

- 2) Verifying whether, for all programs except for triage centers, the facility has admitted any consumer prior to completing the required authorization. The Department may revoke a facility's license for admission of consumers into crisis stabilization units, transitional living units, or recovery and rehabilitation supports units without pre-authorization for that program. Admission of a consumer without pre-authorization violates this Part and the Department of Healthcare and Family Services' rate requirements. Facilities will not receive retroactive payment for services provided prior to pre-authorization through the required authorization.

(Source: Amended at 44 Ill. Reg. _____, effective _____)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Wholesale Drug Distribution Licensing Act
- 2) Code Citation: 68 Ill. Adm. Code 1510
- 3)

<u>Section Numbers</u> :	<u>Adopted Actions</u> :
1510.10	Amendment
1510.15	New Section
1510.20	Repealed
1510.30	Repealed
1510.50	Repealed
1510.60	Amendment
1510.65	Amendment
1510.70	Amendment
1510.80	New Section
1510.85	New Section
1510.90	New Section
1510.100	New Section
1510.110	New Section
1510.120	New Section
- 4) Statutory Authority: Wholesale Drug Distribution Licensing Act [225 ILCS 120]
- 5) Effective Date of Rules: March 6, 2020
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 13160; November 15, 2019
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: A state inspection report or a report based on an inspection by a third-party entity approved by the Department has been added to the requirements for licensure application for Wholesale Distributors (Section

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1510.80 a)) and Third-Party Logistics Providers (Section 1510.100 a)). Additional technical changes were also made.

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This adopted rulemaking implemented the statutory change made to Wholesale Drug Distribution Licensing Act in PA 101-420, which created a license for third-party logistics providers. The changes included the setting forth of licensure requirements for third-party logistics providers, fingerprints and liability insurance requirements, storage and record keeping requirements, and defining change of ownership. This rulemaking also included technical changes to maintain consistency with Department Acts.
- 16) Information and questions regarding these adopted rules shall be directed to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 2nd Floor
Springfield IL 62786

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

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONSPART 1510
WHOLESALE DRUG DISTRIBUTION LICENSING ACTSUBPART A: GENERAL PROVISIONS

Section	
1510.10	Definitions
<u>1510.15</u>	<u>Liability Insurance Requirements</u>
1510.20	Application for Licensure (<u>Repealed</u>)
1510.30	Personnel (<u>Repealed</u>)
1510.40	Violations and Penalties
1510.50	Minimum Requirements for the Storage and Handling of Prescription Drugs and for the Establishment and Maintenance of Prescription Drug Distribution Records (<u>Repealed</u>)
1510.60	Renewals
1510.65	Fees
1510.70	Granting Variances

SUBPART B: WHOLESALE DISTRIBUTOR

<u>Section</u>	
<u>1510.80</u>	<u>Application for Licensure</u>
<u>1510.85</u>	<u>Personnel</u>
<u>1510.90</u>	<u>Change of Ownership for a Wholesale Drug Distributor</u>

SUBPART C: THIRD-PARTY LOGISTICS PROVIDER

<u>Section</u>	
<u>1510.100</u>	<u>Application for Licensure</u>
<u>1510.110</u>	<u>Change of Ownership of a Third-party Logistics Provider</u>

SUBPART D: STORAGE AND RECORDKEEPING REQUIREMENTS

<u>Section</u>	
<u>1510.120</u>	<u>Minimum Requirements for the Storage and Handling of Prescription Drugs and</u>

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for the Establishment and Maintenance of Prescription Drug Distribution Records

AUTHORITY: Implementing the Wholesale Drug Distribution Licensing Act [225 ILCS 120] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105].

SOURCE: Emergency rules adopted at 16 Ill. Reg. 12216, effective July 17, 1992, for a maximum of 150 days; adopted at 16 Ill. Reg. 17077, effective October 26, 1992; emergency amendments at 27 Ill. Reg. 13639, effective July 24, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18997, effective December 5, 2003; amended at 44 Ill. Reg. 3363, effective March 6, 2020.

SUBPART A: GENERAL PROVISIONS**Section 1510.10 Definitions**

"Act" means the Wholesale Drug Distribution Licensing Act [~~225 ILCS 120~~ Ill. Rev. Stat. 1991, ch. 111, par. 8301-1 et seq.].

"Blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

"Blood component" means that part of blood separated by physical or mechanical means.

"Board" means the State Board of Pharmacy.

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

"Director" means the Director of the Division~~Department~~ of Professional Regulation.

"Drug sample" means a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

"Manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging or labeling a prescription drug.

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"Prescription drug" means any human drug required by ~~federal~~Federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to ~~section~~Section 503(b) of the Federal Food, Drug and Cosmetic Act (21 ~~USC~~U.S.C. 301 et seq. ~~(1976)~~).

"Third-party logistics provider" means anyone who contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of a manufacturer, but does not take title to the prescription drug or have general responsibility to direct the prescription drug's sale or disposition.

"Wholesale distribution" or "wholesale distributions" means distribution of prescription drugs to a person other than a consumer or patient, but does not include:

Intracompany sales, defined as any transaction or transfer between any division, subsidiary, parent and/or affiliated or related company under the common ownership and control of a corporate entity;

The purchase or other acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a drug for its own use from the group purchasing organization or from other hospitals or health care entities that are members of ~~those~~such organizations;

The sale, purchase or trade of a drug or an offer to sell, purchase or trade a drug by a charitable organization described in ~~section~~Section 501(c)(3) of the Internal Revenue Code of 1954 (26 USC 501(c)(3)) to a nonprofit affiliate of the organization to the extent otherwise permitted by law;

The sale, purchase or trade of a drug or an offer to sell, purchase or trade a drug among hospitals or other health care entities that are under common control (~~for~~For purposes of this Section, "common control" means the power to direct or cause the direction of the management and policies of a person or an organization, whether by ownership of stock, by voting rights, or by contract, or otherwise);

The sale, purchase or trade of a drug or an offer to sell, purchase or trade a drug for emergency medical reasons (~~for~~For purposes of this

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~~Section, section~~ "emergency medical reasons" includes transfers of prescription drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage);

The sale, purchase or trade of a drug; an offer to sell, purchase or trade a drug; or the dispensing of a drug pursuant to a prescription;

The lawful distribution of drug samples by manufacturers' representatives or distributors' representatives;

The sale, purchase or trade of blood and blood components intended for transfusion; or

The sale of prescription drugs by a pharmacy to practitioners (i.e., licensed physicians, dentists, ~~veterinarians~~ or podiatrists), providing the sales do not exceed 5% of the annual dollar purchases of prescription drugs by the pharmacy and providing the pharmacy maintains a log of sales to practitioners that includes ~~date;~~ Date of sale; ~~practioner's~~ Practitioner's name and address; ~~drug~~ Drug and strength; ~~size~~ Size of package; and ~~quantity~~ Quantity sold.

"Wholesale distributor" means anyone engaged in wholesale distribution of prescription drugs, including, but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

(Source: Amended at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.15 Liability Insurance Requirements

- a) Each applicant for license as a wholesale drug distributor or a third-party logistics provider shall maintain, for the duration of that license, minimum liability insurance.
- b) Each wholesale drug distributor shall submit a bond or other equivalent means of security, as approved by the Department, in the amount of \$100,000.

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- c) Each third-party logistics provider shall submit a bond or other equivalent means of security, as approved by the Department, in the amount of \$100,000.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.20 Application for Licensure (Repealed)

~~Every wholesale distributor, wherever located, who engages in wholesale distribution into, out of, or within Illinois shall be licensed by the Department in accordance with the Act and this Part before engaging in wholesale distribution of prescription drugs.~~

- a) ~~The applicant for a license as a wholesale drug distributor shall file with the Department an application which includes the following:~~
- ~~1) The name, full business address and telephone number of the applicant;~~
 - ~~2) All trade or business names used by the applicant;~~
 - ~~3) Addresses, telephone numbers and the names of contact persons at all facilities used by the applicant for the storage, handling and distribution of prescription drugs;~~
 - ~~4) The type of ownership or operation (i.e., partnership, corporation or sole proprietorship). If a corporation, a copy of the Articles of Incorporation; and~~
 - ~~5) The names of the owner and/or operator of the entity, including:~~
 - ~~A) The name of the person, if a person;~~
 - ~~B) The name of each partner and the name of the partnership, if a partnership;~~
 - ~~C) The name and title of each corporate officer and director, the corporate names, the name of the state where incorporated and the name of the parent company, if any, if a corporation; or~~
 - ~~D) The full name of the sole proprietor and the name of the business entity, if a sole proprietorship; and~~

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- ~~6) The fee set forth in Section 1510.65.~~
- b) ~~The Department shall consider the following factors in determining eligibility for licensure of persons who engage in the wholesale distribution of prescription drugs:~~
 - ~~1) Any conviction of the applicant under any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances;~~
 - ~~2) Any felony conviction of the applicant under federal, state or local laws;~~
 - ~~3) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;~~
 - ~~4) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;~~
 - ~~5) Suspension or revocation by federal, state or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;~~
 - ~~6) Compliance with licensing requirements under previously granted licenses, if any;~~
 - ~~7) Compliance with the requirements to maintain and/or make available to the state licensing authority or to federal, state or local law enforcement officials those records required to be maintained by wholesale drug distributors; and~~
 - ~~8) Any other factors or qualifications the Department considers relevant to and consistent with public health and safety.~~
- e) ~~A separate license is required for each facility directly or indirectly owned or operated by the same business that distributes prescription drugs.~~
- d) ~~When the address or name of a facility is changed, the licensee shall be required to apply for a new license and pay a \$100 fee. If the facility is relocated, the~~

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~~licensee shall also cause the facility to pass an inspection, meeting all requirements of the Act and this Section.~~

- e) ~~Changes in any information in this Section shall be submitted to the Department within 45 days after such change.~~
- f) ~~The Department reserves the right to deny a license to an applicant if it determines that the granting of such a license would not be in the public interest.~~
- g) ~~The applicant shall retain on premises a copy of the application and check to the Department to serve as a temporary license prior to the issuance of a certificate of registration as a Wholesale Drug Distributor. This is valid for 90 days.~~

(Source: Repealed at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.30 Personnel (Repealed)

~~The licensed wholesale distributor shall employ personnel with the education, training and experience necessary to safely and lawfully engage in the wholesale distribution of drugs. As a condition for receiving and retaining a wholesale drug distributor license, the licensee shall require each person employed in any prescription drug wholesale distribution activity to have education, training and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety and security will at all times be maintained as required by law.~~

(Source: Repealed at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.50 Minimum Requirements for the Storage and Handling of Prescription Drugs and for the Establishment and Maintenance of Prescription Drug Distribution Records (Repealed)

~~The following are minimum requirements for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives and employees:~~

- a) ~~Facilities. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed or displayed shall:~~
 - 1) ~~Be of suitable size and construction to facilitate cleaning, maintenance and~~

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~~proper operations;~~

- 2) ~~Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment and security conditions;~~
 - 3) ~~Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, adulterated, or that are in immediate or sealed secondary containers that have been opened;~~
 - 4) ~~Be maintained in a clean and orderly condition; and~~
 - 5) ~~Be free from infestation by insects, rodents, birds or vermin of any kind.~~
- b) ~~Security. All facilities used for wholesale drug distribution shall:~~
- 1) ~~Be secure from unauthorized entry:~~
 - A) ~~Access from outside the premises shall be kept to a minimum and be well controlled;~~
 - B) ~~The outside perimeter of the premises shall be well lighted;~~
 - C) ~~Entry into areas where prescription drugs are held shall be limited to authorized personnel;~~
 - 2) ~~Be equipped with an alarm system to detect entry after hours; and~~
 - 3) ~~Be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.~~
- e) ~~Storage. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs, or with requirements in the current edition of an official compendium.~~
- 1) ~~If no storage requirements are established for a prescription drug, the drug~~

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~~may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality and purity are not adversely affected.~~

- ~~2) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices and/or logs shall be utilized to document proper storage of prescription drugs.~~
 - ~~3) The recordkeeping requirements in subsection (f) of this Section shall be followed for all stored drugs.~~
- d) ~~Examination of materials.~~
- ~~1) Upon receipt, each outside shipping container shall be visually examined to identify the product and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.~~
 - ~~2) Each outgoing shipment shall be carefully inspected to identify the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.~~
 - ~~3) The recordkeeping requirements in subsection (f) of this Section shall be followed for all incoming and outgoing prescription drugs.~~
- e) ~~Returned, damaged and outdated prescription drugs.~~
- ~~1) Prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.~~
 - ~~2) Any prescription drugs whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and separated from other prescription drugs until they are either destroyed or returned to the supplier.~~

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- 3) ~~If the conditions under which a prescription drug has been returned cast doubt on the drug's safety, identity, strength, quality or purity, then the drug shall be destroyed or returned to the supplier unless examination, testing or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored or shipped before or during its return and the condition of the drug and its container, carton or labeling, as a result of storage or shipping.~~
 - 4) ~~The recordkeeping requirements in subsection (f) of this Section shall be followed for all outdated, damaged, deteriorated, misbranded or adulterated prescription drugs.~~
- f) ~~Recordkeeping.~~
- 1) ~~Wholesale drug distributors shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:~~
 - A) ~~The source of the drugs, including the name and principal address of the seller or transferor, and address of the location from which the drugs were shipped;~~
 - B) ~~The identity and quantity of the drugs received and distributed or disposed of; and~~
 - C) ~~The dates of receipt and distribution or other disposition of the drugs.~~
 - 2) ~~Inventories and records shall be made available for inspection and photocopying by drug compliance investigators or any authorized official of any governmental agency charged with enforcement of this Part for a period of 2 years following disposition of the drugs.~~
 - 3) ~~Records described in this Section that are kept at the inspection site or that~~

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~~can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within 2 working days of a request by an authorized official of any federal, State and local agencies charged with enforcement of this Part.~~

- g) ~~Written policies and procedures. Wholesale drug distributors shall establish, maintain and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies and procedures the following:~~
- 1) ~~A procedure whereby the oldest approved stock of a prescription drug product is distributed first. The procedure may permit deviation from this requirement if such deviation is temporary and appropriate.~~
 - 2) ~~A procedure to be followed for handling recalls and withdrawals of prescription drugs. Such procedure shall be adequate to deal with recalls and withdrawals due to:~~
 - A) ~~Any action initiated at the request of the Food and Drug Administration or other federal, state or local law enforcement or other government agency, including the Department;~~
 - B) ~~Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or~~
 - e) ~~Any action undertaken to promote public health and safety by replacing of existing merchandise with an improved product or new package design.~~
 - 3) ~~A procedure to ensure that wholesale drug distributors prepare for, protect against and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood or other natural disaster or other situations of local, State or national emergency.~~

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- 4) ~~A procedure to ensure that any outdated prescription drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for 2 years after disposition of the outdated drugs.~~
- h) ~~Responsible persons. Wholesale drug distributors shall establish and maintain lists of officers, directors, managers and other persons in charge of wholesale drug distribution, storage and handling, including a description of their duties and a summary of their qualifications.~~
- i) ~~Compliance with federal, state, and local laws. Wholesale drug distributors shall operate in compliance with applicable federal, state and local laws and regulations.~~
- 1) ~~Wholesale drug distributors shall permit drug compliance investigators of the Department and authorized federal, state and local law enforcement officials to enter and inspect upon presentation of appropriate identification, their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner, to the extent authorized by law.~~
- 2) ~~Wholesale drug distributors who deal in controlled substances shall register with the appropriate state controlled substance authority and with the Drug Enforcement Administration (DEA), and shall comply with all applicable state, local and DEA regulations.~~
- j) ~~Salvaging and reprocessing. Wholesale drug distributors shall be subject to the provisions of any applicable federal, state or local laws or regulations that relate to prescription drug product salvaging or reprocessing.~~

(Source: Repealed at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.60 Renewals

- a) The first renewal period for registration issued under the Act shall be December 31 of even-numbered years. The holder of a certificate of registration may renew thatsueh registration 60 days prior to the expiration date by filing an application with the Department and paying the required fee set forth in Section 1510.65.

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

(Source: Amended at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.65 Fees

The following fees shall be paid to the Department for the administration of the Act and are not refundable:

- a) Application Fees
- 1) The fee for application for a certificate of registration as a wholesale drug distributor is \$200.
 - 2) The fee for application for a certificate of registration as a third-party logistics provider is \$200.
- b) Renewal Fees
- 1) The fee for the renewal of a certificate of registration shall be \$200 per year.
 - 2) The fee for renewal for a certificate of registration as a third-party logistics provider is \$200.
- c) General Fees
- 1) The fee for change of ownership of a wholesale drug distributor certificate of registration is \$200~~the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is \$20. No fee is required for name and address changes on Department records when no duplicate license is issued.~~

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- 2) The fee for change of ownership of a third-party logistics provider certificate of registration is \$200~~a certification of a licensee's record for any purpose is \$20.~~
- 3) The fee for the change of designated representative person~~person responsible for drugs~~ is \$50.
- 4) The fee for change of location is \$100~~a wall certificate showing licensure shall be the actual cost of producing the certificate.~~
- 5) The fee for a facility or business name change is \$100~~roster of persons licensed as a wholesale drug distributor in this State shall be the actual cost of producing the roster.~~

(Source: Amended at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.70 Granting Variances

~~a)~~ The Director ~~of the Department~~ may grant variances from this Part~~these rules~~ in individual cases when he/she finds that:

- ~~a1)~~ The provision from which the variance is granted is not statutorily mandated;
- ~~b2)~~ No party will be injured by the granting of the variance; and
- ~~c3)~~ The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome. ~~b) The Director shall notify the Board of the granting of such variance, and the reasons therefor, at the next meeting of the Board.~~

(Source: Amended at 44 Ill. Reg. 3363, effective March 6, 2020)

SUBPART B: WHOLESALE DISTRIBUTOR**Section 1510.80 Application for Licensure**

Each wholesale distributor, wherever located, who engages in wholesale distribution into, out of, or within Illinois shall be licensed by the Department in accordance with the Act and this Part before engaging in wholesale distribution of prescription drugs.

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- a) The applicant shall file with the Department an application that includes the following:
- 1) The name, full business address, and telephone number of the applicant;
 - 2) All trade or business names used by the applicant;
 - 3) Addresses, telephone numbers and names of contact persons at all facilities used by the applicant for the storage, handling and distribution of prescription drugs;
 - 4) The type of ownership or operation (i.e., partnership, corporation or sole proprietorship). If a corporation, a copy of the Articles of Incorporation;
 - 5) The names of the owner and/or operator of the entity, including:
 - A) The name of the person, if a person;
 - B) The name of each partner and the name of the partnership, if a partnership;
 - C) The name and title of each corporate officer and director, the corporate names, the name of the state where incorporated, and the name of the parent company, if any, if a corporation; or
 - D) The full name of the sole proprietor and the name of the business entity, if a sole proprietorship;
 - 6) A list of all licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs;
 - 7) The name of the designated representative for the wholesale drug distributor, together with the personal information statement and fingerprints required by Section 25(b)(7) of the Act;
 - 8) Minimum liability insurance set forth in Section 1510.15;

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- 9) Each wholesale drug distributor must designate an individual representative to serve as the contact person for the Department. This representative must provide the Department with all the information required under the Act;
 - 10) The fee set forth in Section 1510.65;
 - 11) A resident state inspection report or report based on an inspection conducted by a third-party entity approved by the Department; and
 - 12) Any additional information required by the Department.
- b) The Department will consider the following factors in determining eligibility for licensure of persons who engage in the wholesale distribution of prescription drugs:
- 1) Any conviction of the applicant under any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances;
 - 2) Any felony conviction of the applicant under federal, state or local laws;
 - 3) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;
 - 4) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;
 - 5) Suspension or revocation by federal, state or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;
 - 6) Compliance with licensing requirements under previously granted licenses, if any;
 - 7) Compliance with the requirements to maintain and/or make available to the state licensing authority or to federal, state or local law enforcement officials those records required to be maintained by wholesale drug distributors; and

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- 8) Any other factors or qualifications the Department considers relevant to, and consistent with, public health and safety.
- c) A separate license is required for each facility, directly or indirectly owned or operated by the same business, that distributes prescription drugs.
- d) The Department reserves the right to deny a license to an applicant if it determines that the granting of that a license would not be in the public interest.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.85 Personnel

The licensed wholesale distributor shall employ personnel with the education, training and experience necessary to safely and lawfully engage in the wholesale distribution of drugs. As a condition for receiving and retaining a wholesale drug distributor license, the licensee shall require each person employed in any prescription drug wholesale distribution activity to have education, training and experience, or any combination of these, sufficient for that person to perform the assigned functions in a manner that provides assurance that the drug product quality, safety and security will at all times be maintained as required by law.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

Section 1510.90 Change of Ownership of a Wholesale Drug Distributor

- a) When the address or name of a facility is changed, the licensee shall be required to apply for a new license and pay a \$100 fee. If the facility is relocated, the facility shall pass an inspection, meeting all requirements of the Act and this Section.
- b) A new wholesale drug distributor application must be filed whenever:
 - 1) The address or name of a facility is changed;
 - 2) 50% or more of the ownership of the business, other than a publicly traded business, to which the wholesale drug distributor license was issued is sold or otherwise transferred to a person or entity that does not hold any

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interest in the business issued the wholesale drug distributor license prior to the sale or transfer; or

- 3) A change occurs in more than half the board of directors or executive officers of a business issued a wholesale drug distributor license.
- c) Any change of ownership or change in location requires an inspection.
- d) Conversion of a business entity to a different type of business entity is considered a change of ownership.
- e) Any change of ownership of a parent company that owns a wholesale drug distributor shall not be considered a change of ownership of the wholesale drug distributor.
- f) Any change in information required by the Department shall be submitted to the Department 60 days prior to that change, except for changes in information of nonresident licensees. A nonresident licensee shall submit any change in information required by the Department within 30 days after a change of the resident state license.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

SUBPART C: THIRD-PARTY LOGISTICS PROVIDER**Section 1510.100 Application for Licensure**

Each resident and nonresident third-party logistics provider must be licensed by the Department, in accordance with the Act, prior to shipping a prescription drug into Illinois.

- a) The applicant shall file with the Department an application that includes the following:
 - 1) The name, full business address, and telephone number of the applicant;
 - 2) All trade or business names used by the applicant;

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- 3) Addresses, telephone numbers, and names of contact persons for all facilities used by the applicant for the storage, handling and distribution of prescription drugs;
- 4) The type of ownership or operation, such as a partnership, corporation or sole proprietorship;
- 5) The name of the owner or operator of the applicant, including:
 - A) if a natural person, the name of the natural person;
 - B) if a partnership, the name of each partner and the name of the partnership;
 - C) if a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the state of incorporation; and
 - D) if a sole proprietorship, the full name of the sole proprietor and the name of the business entity;
- 6) A list of all licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs;
- 7) The name of the designated representative for the applicant, together with the personal information statement and fingerprints required by Section 25(b)(7) of the Act;
- 8) Minimum liability insurance set forth in Section 1510.20;
- 9) Each applicant must designate an individual representative to serve as the contact person for the Department. This representative must provide the Department with all the information required under the Act;
- 10) The fee set forth in Section 1510.65;
- 11) A resident state inspection report or report based on an inspection conducted by a third-party entity approved by the Department; and

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- 12) Any additional information required by the Department.
- b) The Department will consider the following factors in determining eligibility for licensure as a third-party logistics provider:
- 1) Any conviction of the applicant under any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances;
 - 2) Any felony conviction of the applicant under federal, state or local laws;
 - 3) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;
 - 4) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;
 - 5) Suspension or revocation by federal, state or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;
 - 6) Compliance with licensing requirements under previously granted licenses, if any;
 - 7) Compliance with the requirements to maintain and/or make available to the state licensing authority or to federal, state or local law enforcement officials those records required to be maintained by wholesale drug distributors; and
 - 8) Any other factors or qualifications the Department considers relevant to, and consistent with, public health and safety.
- c) A separate license is required for each facility, directly or indirectly owned or operated by the same business, that distributes prescription drugs.
- d) The Department reserves the right to deny a license to an applicant if it determines that the granting of that license would not be in the public interest.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

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Section 1510.110 Change of Ownership of a Third-Party Logistics Provider

- a) When the address or name of a facility is changed, the licensee shall be required to apply for a new license and pay a \$100 fee. If the facility is relocated, the facility shall pass an inspection, meeting all requirements of the Act and this Part.
- b) A new third-party logistics provider application must be filed whenever:
 - 1) The address or name of a facility is changed;
 - 2) 50% or more of the ownership of the business, other than a publicly traded business, to which the third-party logistics provider license was issued is sold or otherwise transferred to a person or entity that does not hold any interest in the business issued the wholesale drug distributor license prior to the sale or transfer; or
 - 3) A change occurs in more than half the board of directors or executive officers of a business issued a third-party logistics provider license.
- c) Any change of ownership or change in location requires an inspection.
- d) Conversion of a business entity to a different type of business entity is considered a change of ownership.
- e) Any change of ownership of a parent company that owns a third-party logistics provider shall not be considered a change of ownership of the third-party logistics provider.
- f) Any change in information required by the Department shall be submitted to the Department 60 days prior to that change, except for changes in information of nonresident licensees. A nonresident licensee shall submit any change in information required by the Department within 30 days after a change of the resident state license.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

SUBPART D: STORAGE AND RECORDKEEPING REQUIREMENTS

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Section 1510.120 Minimum Requirements for the Storage and Handling of Prescription Drugs and for the Establishment and Maintenance of Prescription Drug Distribution Records

The following are minimum requirements for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and third-party logistics providers, and their officers, agents, representatives and employees:

- a) Facilities. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed or displayed shall:
 - 1) Be of suitable size and construction to facilitate cleaning, maintenance and proper operations;
 - 2) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment and security conditions;
 - 3) Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated, or that are in immediate or sealed secondary containers that have been opened;
 - 4) Be maintained in a clean and orderly condition; and
 - 5) Be free from infestation by insects, rodents, birds or vermin of any kind.
- b) Security. All facilities used for wholesale drug distribution shall:
 - 1) Be secure from unauthorized entry.
 - A) Access from outside the premises shall be kept to a minimum and be well controlled.
 - B) The outside perimeter of the premises shall be well-lighted.
 - C) Entry into areas where prescription drugs are held shall be limited to authorized personnel;

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- 2) Be equipped with an alarm system to detect entry after hours; and
 - 3) Be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.
- c) Storage. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions, in accordance with requirements, if any, in the labeling of those drugs, or with requirements in the current edition of an official compendium such as the United States Pharmacopoeia and National Formulary.
- 1) If no storage requirements are established for a prescription drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality and purity are not adversely affected.
 - 2) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices and/or logs shall be utilized to document proper storage of prescription drugs.
 - 3) The recordkeeping requirements in subsection (f) shall be followed for all stored drugs.
- d) Examination of Materials
- 1) Upon receipt, each outside shipping container shall be visually examined to identify the product and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.
 - 2) Each outgoing shipment shall be carefully inspected to identify the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

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- 3) The recordkeeping requirements in subsection (f) shall be followed for all incoming and outgoing prescription drugs.
- e) Returned, Damaged and Outdated Prescription Drugs
- 1) Prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.
 - 2) Any prescription drugs whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified accordingly and shall be quarantined and separated from other prescription drugs until they are either destroyed or returned to the supplier.
 - 3) If the conditions under which a prescription drug has been returned cast doubt on the drug's safety, identity, strength, quality or purity, the drug shall be destroyed or returned to the supplier unless examination, testing or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety or, identity, strength, quality or purity, the wholesale drug distributor and/or third-party logistics provider shall consider, among other things:
 - A) the conditions under which the drug has been held, stored or shipped before or during its return; and
 - B) the condition of the drug and its container, carton or labeling because of the storage or shipping.
 - 4) The recordkeeping requirements in subsection (f) shall be followed for all outdated, damaged, deteriorated, misbranded or adulterated prescription drugs.
- f) Recordkeeping
- 1) Wholesale drug distributors and third-party logistics providers shall establish and maintain inventories and records of all transactions regarding

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the receipt and distribution or other disposition of prescription drugs.

These records shall include the following information:

- A) The source of the drugs, including the name and principal address of the seller or transferor and the address of the location from which the drugs were shipped;
 - B) The identity and quantity of the drugs received and distributed or disposed of; and
 - C) The dates of receipt and distribution or other disposition of the drugs.
- 2) Inventories and records shall be made available, for a period of 2 years following disposition of the drugs, for inspection and photocopying by drug compliance investigators or any authorized official of any drug enforcement governmental agency charged with enforcement of this Part.
- 3) Records described in this Section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within 2 working days after a request by an authorized official of any federal, state and local agencies charged with enforcement of this Part.
- g) Written Policies and Procedures. Wholesale drug distributors and third-party logistics providers shall establish, maintain and adhere to written policies and procedures that shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies and procedures the following:
- 1) A procedure in which the oldest approved stock of a prescription drug product is distributed first. The procedure may permit deviation from this requirement if the deviation is temporary and appropriate.

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- 2) A procedure to be followed for handling recalls and withdrawals of prescription drugs. This procedure shall be adequate to deal with recalls and withdrawals due to:
 - A) Any action initiated at the request of the Food and Drug Administration or other federal, state or local law enforcement or other government agency;
 - B) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or
 - C) Any action undertaken to promote public health and safety by replacing existing merchandise with an improved product or new package design.
- 3) A procedure to ensure that wholesale drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike or fire, flood or other natural disaster, or other situations of local, state or national emergency.
- 4) A procedure to ensure that any outdated prescription drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for 2 years after disposition of the outdated drugs.
- h) Responsible Persons. Wholesale drug distributors and third-party logistics providers shall establish and maintain lists of officers, directors, managers and other persons in charge of wholesale drug distribution, storage and handling, including a description of their duties and a summary of their qualifications.
- i) Compliance with Federal, State and Local Laws. Wholesale drug distributors and third-party logistics providers shall operate in compliance with applicable federal, state and local laws and regulations.
 - 1) Wholesale drug distributors and third-party logistics providers shall permit drug compliance investigators of the Department and authorized federal, state and local law enforcement officials, at reasonable times, in a

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reasonable manner, and upon presentation of appropriate identification, to the extent authorized by law, to:

- A) enter and inspect their premises and delivery vehicles; and
 - B) audit their records and written operating procedures.
- 2) Wholesale drug distributors and third-party logistics providers who deal in controlled substances shall register with the appropriate state-controlled substance authority and with the Drug Enforcement Administration (DEA), and shall comply with all applicable state, local and DEA regulations.
- j) Salvaging and Reprocessing. Wholesale drug distributors and third-party logistics providers shall be subject to the provisions of any applicable federal, state or local laws or regulations that relate to prescription drug product salvaging or reprocessing.

(Source: Added at 44 Ill. Reg. 3363, effective March 6, 2020)

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NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Rulemaking and Organization
- 2) Code Citation: 2 Ill. Adm. Code 1530
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
1530.100	New Section
1530.105	New Section
1530.200	New Section
1530.205	New Section
1530.300	New Section
1530.APPENDIX A	New Section
- 4) Statutory Authority: Implementing and authorized by Section 1-50 of the Department of Innovation and Technology Act [20 ILCS 1370], and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100].
- 5) Effective Date of Rules: February 28, 2020
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: As this is an internal rulemaking, First Notice publication was not required.
- 10) Has JCAR issued a Statement of Objection to these rulemakings? No
- 11) Differences between Proposal and Final Version: As this is an internal rulemaking, First Notice publication was not required.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were required.
- 13) Does this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No

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- 15) Summary and Purpose of Rulemaking: The purpose of this Part is to comply with the Illinois Administrative Procedure Act requirement that each agency adopt and maintain rules relating to its organization and rulemaking procedures.
- 16) Information and questions regarding these adopted rules shall be directed to:

Illinois Department of Innovation and Technology
Attn: Josué Barba
120 W. Jefferson St.
Springfield IL 62702

217/524-1294
fax: 217/524-0755
josue.barba@illinois.gov

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

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF ADOPTED RULES

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE E: MISCELLANEOUS STATE AGENCIES
CHAPTER III: DEPARTMENT OF INNOVATION AND TECHNOLOGY

PART 1530
RULEMAKING AND ORGANIZATION

SUBPART A: INTRODUCTION

Section	
1530.100	Purpose
1530.105	Definitions

SUBPART B: ORGANIZATION

Section	
1530.200	Office Locations
1530.205	Organizational Structure

SUBPART C: RULEMAKING

Section	
1530.300	Rulemaking Procedure

1530.APPENDIX A General Organization

AUTHORITY: Implementing and authorized by Section 1-50 of the Department of Innovation and Technology Act [20 ILCS 1370], and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100].

SOURCE: Adopted at 44 Ill. Reg. 3392, effective February 28, 2020.

SUBPART A: INTRODUCTION

Section 1530.100 Purpose

The purpose of this Part is to comply with the Illinois Administrative Procedure Act requirement that each agency adopt and maintain rules relating to its organization and rulemaking procedures.

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Section 1530.105 Definitions

The following definitions are applicable for purposes of this Part:

"Act" means the Department of Innovation and Technology Act [20 ILCS 1370].

"Agency" means Department of Innovation and Technology as established by the Act.

"Secretary" means the Secretary of the Agency.

SUBPART B: ORGANIZATION

Section 1530.200 Office Locations

The principal offices of the Agency are located at 120 West Jefferson Street, Springfield, Illinois 62702 and 100 West Randolph Street, Sixth Floor, Chicago, Illinois 60601. There are two sites that provide service and support to the Agency. The Agency office addresses are as follows:

120 West Jefferson Street
Springfield IL 62702

100 West Randolph Street, Sixth Floor
Chicago IL 60601

219 West Adams Street
Springfield IL 62704

719 West Jefferson Street
Springfield IL 62702

Section 1530.205 Organizational Structure

- a) The Agency is administered by a Secretary appointed by the Governor and confirmed by the Illinois Senate. The Secretary shall be the Chief Information Officer for the State and the steward of State data with respect to agencies under the jurisdiction of the Governor.
- b) The organization and duties of the Agency are established by the Secretary. The chart that appears in Appendix A depicts the organizational structure of the Agency.
- c) The Chief Internal Auditor is responsible for implementing, and the operation of, the Agency's internal audit program, serving as the liaison with the Auditor General's Office, and implementing accepted recommendations of outside audit

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firms and conducting internal management audits in accordance with the Fiscal Control and Internal Auditing Act [30 ILCS 10].

- d) The Equal Employment Opportunity Officer is responsible for the Agency Equal Employment Opportunity (EEO) program and serves as the Agency Affirmative Action/Equal Employment Opportunity Officer, in accordance with the Illinois Human Rights Act [775 ILCS 5].

SUBPART C: RULEMAKING

Section 1530.300 Rulemaking Procedure

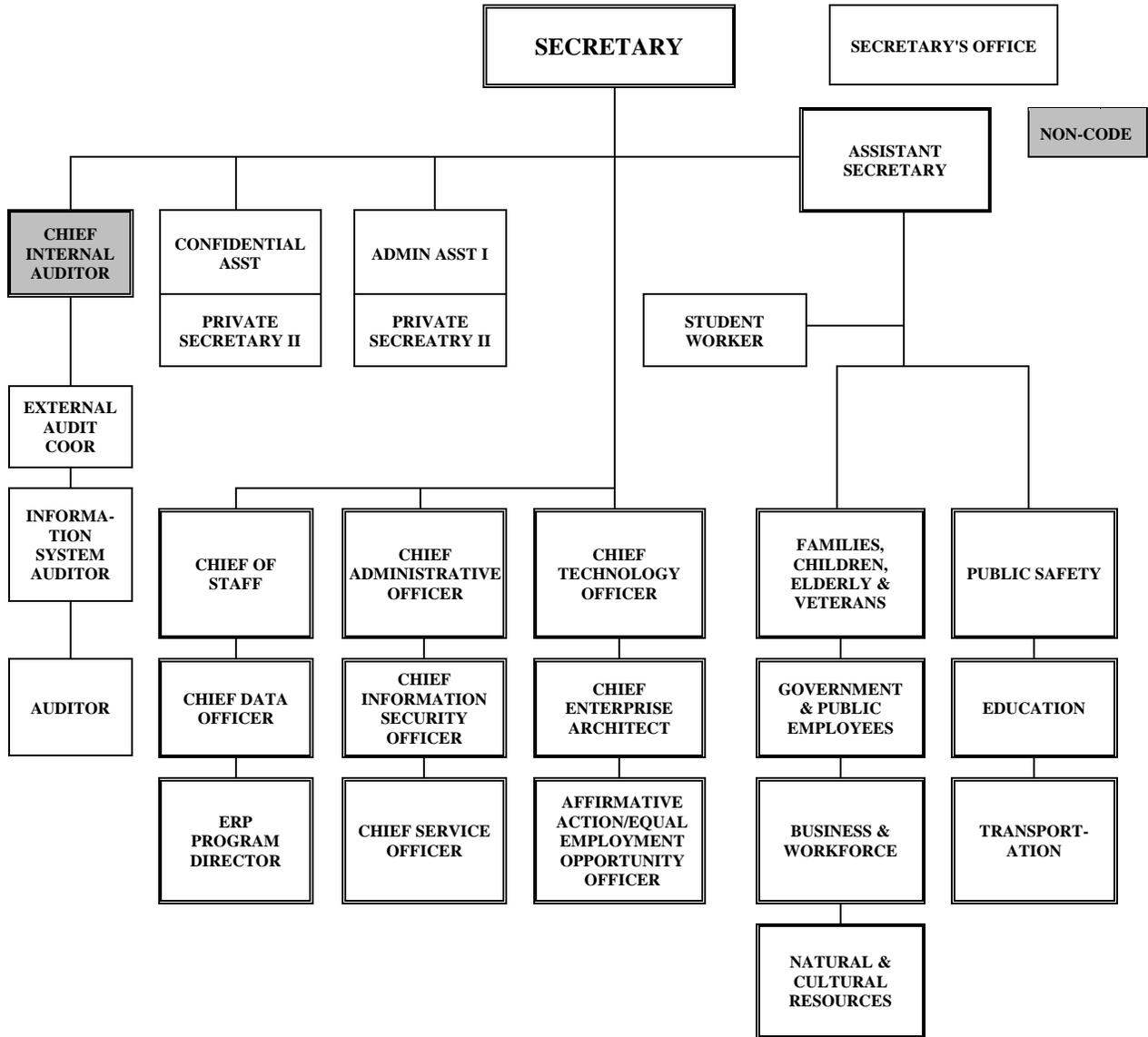
- a) Suggestions for rules governing the operation of the Agency may be made by any Agency personnel or a member of the general public. These suggestions shall be in writing and submitted to the Agency's Legal Department at 120 West Jefferson St., Springfield IL 62702.
- b) Suggested modifications or additions to this Part will be reviewed by the General Counsel and, if found to have merit, will be incorporated into the Agency's Regulatory Agenda. Proposed rules will be drafted by legal staff and may be submitted for review by affected office managers, executive staff, and the Secretary.
- c) Approved modifications or additions to this Part will be promulgated as provided in the Act and in the Illinois Administrative Procedure Act [5 ILCS 100].

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Section 1530.APPENDIX A General Organization

DoIT
Department of Innovation and Technology



DEPARTMENT OF INNOVATION AND TECHNOLOGY

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- 1) Heading of the Part: Access to Records of the Department of Innovation and Technology
- 2) Code Citation: 2 Ill. Adm. Code 1531
- 3)

<u>Section Numbers</u> :	<u>Adopted Actions</u> :
1531.100	New Section
1531.105	New Section
1531.200	New Section
1531.205	New Section
1531.210	New Section
1531.300	New Section
1531.305	New Section
1531.310	New Section
1531.315	New Section
1531.400	New Section
1531.405	New Section
1531.410	New Section
1531.415	New Section
1531.420	New Section
1531.425	New Section
1531.430	New Section
1531.435	New Section
1531.500	New Section
1531.505	New Section
1531.510	New Section
1531.APPENDIX A	New Section
- 4) Statutory Authority: Implementing and authorized by Section 3(h) of the Freedom of Information Act [5 ILCS 140], implementing Section 1-50 of the Department of Innovation and Technology Act [20 ILCS 1370], and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100].
- 5) Effective Date of Rules: February 28, 2020
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No

DEPARTMENT OF INNOVATION AND TECHNOLOGY

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- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: As this is an internal rulemaking, First Notice publication was not required.
- 10) Has JCAR issued a Statement of Objection to these rulemakings? No
- 11) Differences between Proposal and Final Version: As this is an internal rulemaking, First Notice publication was not required.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were required.
- 13) Does this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part states the policy of the Department of Innovation and Technology (Agency) for making its records available for reasonable public inspection while, at the same time, protecting legitimate interests in confidentiality.
- 16) Information and questions regarding these adopted rules shall be directed to:

Illinois Department of Innovation and Technology
Attn: Josué Barba
120 W. Jefferson St.
Springfield IL 62702

217/524-1294
fax: 217/524-0755
josue.barba@illinois.gov

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

DEPARTMENT OF INNOVATION AND TECHNOLOGY

NOTICE OF ADOPTED RULES

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE E: MISCELLANEOUS STATE AGENCIES
CHAPTER III: DEPARTMENT OF INNOVATION AND TECHNOLOGY

PART 1531

ACCESS TO RECORDS OF THE DEPARTMENT OF INNOVATION AND TECHNOLOGY

SUBPART A: INTRODUCTION

Section	
1531.100	Summary and Purpose
1531.105	Definitions

SUBPART B: CLASSIFICATION OF RECORDS

Section	
1531.200	Records that Will Be Disclosed
1531.205	Records that Will Be Withheld from Disclosure
1531.210	Statutory Exemptions

SUBPART C: PROCEDURES FOR REQUESTING
RECORDS FROM THE AGENCY

Section	
1531.300	Submittal of Requests for Records
1531.305	Information To Be Provided in Requests for Records
1531.310	Requests for Records for Commercial Purposes
1531.315	Records Maintained Online

SUBPART D: AGENCY RESPONSE TO REQUESTS FOR RECORDS

Section	
1531.400	Timeline for Agency Response
1531.405	Requests for Records that the Agency Considers Unduly Burdensome
1531.410	Recurrent Requesters
1531.415	Requests for Records that Require Electronic Retrieval
1531.420	Denials of Requests for Records
1531.425	Requests for Review of Denials – Public Access Counselor
1531.430	Circuit Court Review

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1531.435 Administrative Review

SUBPART E: PROCEDURES FOR PROVIDING RECORDS TO REQUESTERS

Section

1531.500 Inspection and Copying of Records
1531.505 Fees for Records
1531.510 Reduction and Waiver of Fees

1531.APPENDIX A Fee Schedule for Duplication and Certification of Records

AUTHORITY: Implementing and authorized by Section 3(h) of the Freedom of Information Act [5 ILCS 140], implementing Section 1-50 of the Department of Innovation and Technology Act [20 ILCS 1370], and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100].

SOURCE: Adopted at 44 Ill. Reg. 3398, effective February 28, 2020.

SUBPART A: INTRODUCTION

Section 1531.100 Summary and Purpose

- a) This Part states the policy of the Department of Innovation and Technology (Agency) for making its records available for reasonable public inspection while, at the same time, protecting legitimate interests in confidentiality.
- b) This Part:
 - 1) Establishes the following classifications for records in the Agency's possession:
 - A) Records that shall be disclosed; and
 - B) Records that shall be withheld from disclosure;
 - 2) Contains the procedures by which requesters may obtain records in the Agency's possession; and
 - 3) Contains the procedures for claiming and determining that records submitted to the Agency are exempt from disclosure.

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Section 1531.105 Definitions

Terms not defined in this Section shall have the same meaning as in the Freedom of Information Act [5 ILCS 140]. The following definitions are applicable for purposes of this Part:

"Act" means the Department of Innovation and Technology Act [20 ILCS 1370].

"Agency" means Department of Innovation and Technology as established by the Act.

"Commercial purpose" means the use of any part of a record or records, or information derived from records, in any form for sale, resale, or solicitation or advertisement for sales or services. For purposes of this definition, requests made by news media and non-profit, scientific, or academic organizations shall not be considered to be made for a "commercial purpose" when the principal purpose of the request is:

to access and disseminate information concerning news and current or passing events;

for articles or opinion or features of interest to the public; or

*for the purpose of academic, scientific, or public research or education.
(Section 2(c-10) of FOIA)*

"Copying" means the reproduction of any record by means of any photographic, electronic, mechanical, or other process, device or means now known or hereafter developed and available to the Agency. (Section 2(d) of FOIA)

"Secretary" means the Secretary of the Agency.

"FOIA" means the Freedom of Information Act [5 ILCS 140].

"Freedom of Information Officer" or "FOI Officer" means an individual or individuals responsible for receiving and responding to requests for public records.

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"News media" means a newspaper or other periodical issued at regular intervals, news service in paper or electronic form, radio station, television station, television network, community antenna television service, or person or corporation engaged in making news reels or other motion picture news for public showing. (Section 2(f) of FOIA)

"Person" means any individual, corporation, partnership, firm, organization or association, acting individually or as a group. (Section 2(b) of FOIA)

"Private information" means unique identifiers, including a person's Social Security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person. (Section 2(c-5) of FOIA)

"Public Access Counselor" means an individual appointed to that office by the Attorney General under Section 7 of the Attorney General Act [15 ILCS 205].

"Public body" means all legislative, executive, administrative, or advisory bodies of the State, State universities and colleges, counties, townships, cities, villages, incorporated towns, school districts and all other municipal corporations, boards, bureaus, committees or commissions of this State, any subsidiary bodies of any of the foregoing, including but not limited to committees and subcommittees thereof, and a School Finance Authority created under Article 1E of the School Code [105 ILCS 5]. (Section 2(a) of FOIA)

"Records" means all records, reports, forms, writings, letters, memoranda, books, papers, maps, photographs, microfilms, cards, tapes, recordings, electronic data processing records, electronic communications, recorded information and all other documentary materials pertaining to the transaction of public business, regardless of physical form or characteristics, having been prepared by or for, or having been or being used by, received by, in the possession of or under the control of the Agency. (Section 2(c) of FOIA)

"Recurrent requester" means a person that, in the 12 months immediately preceding the request, has submitted to the same public body a minimum of 50 requests for records, a minimum of 15 requests for records within a 30-day

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period, or a minimum of 7 requests for records within a 7 day period. For the purposes of this definition, requests made by news media and non-profit, scientific, or academic organizations shall not be considered in calculating the number of requests made in the time periods, in this definition when the principal purpose of the requests is to access and disseminate information concerning news and current or passing events, for articles of opinion or features of interest to the public, or for the purpose of academic, scientific, or public research or education. For the purposes of this definition, "request" means a written document (or oral request, if the public body chooses to honor oral requests) that is submitted to a public body via personal delivery, mail, telefax, electronic mail, or other means available to the public body and that identifies the particular public record the requester seeks. One request may identify multiple records to be inspected or copied. (Section 2(g) of FOIA)

"Requester" is any person who has submitted to the Agency a written request, electronically or on paper, for records.

"Unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information. (Section 7(1)(c) of FOIA)

SUBPART B: CLASSIFICATION OF RECORDS

Section 1531.200 Records that Will Be Disclosed

Upon request meeting the requirements of this Part, the Agency will disclose to the requester all records requested except that it shall not disclose certain records as provided in Section 1531.205 or 1531.210. Records covered under this Section shall include, but are not limited to:

- a) *Records of funds. All records relating to the obligation, receipt and use of public funds of the Agency are records subject to inspection and copying by the public. (Section 2.5 of FOIA)*
- b) *Payrolls. Certified payroll records submitted to the Agency under Section 5(a)(2) of the Prevailing Wage Act [820 ILCS 130] are records subject to inspection and copying in accordance with the provisions of FOIA; except that contractors' and employees' addresses, telephone numbers, and Social Security numbers will be redacted by the Agency prior to disclosure. (Section 2.10 of FOIA)*

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- c) *Criminal history records. The following documents maintained by the Agency pertaining to criminal history record information are records subject to inspection and copying by the public pursuant to FOIA:*
- 1) *Court records that are public;*
 - 2) *Records that are otherwise available under State or local law; and*
 - 3) *Records in which the requesting party is the individual identified, except as provided under Section 7(1)(d)(vi) of FOIA. (Section 2.15(b) of FOIA)*
- d) *Settlement agreements. All settlement agreements entered into by or on behalf of the Agency are records subject to inspection and copying by the public, provided that information exempt from disclosure under Section 1531.205 or 1531.210 may be redacted. (Section 2.20 of FOIA)*

Section 1531.205 Records that Will Be Withheld from Disclosure

- a) For exemptions from FOIA that are stated in FOIA, see Section 7(1) of FOIA.
- b) *A record that is not in the possession of the Agency but is in the possession of a party with whom the Agency has contracted to perform a governmental function on behalf of the Agency, and that directly relates to the governmental function and is not otherwise exempt under FOIA, shall be considered a record of the Agency for purposes of Subpart C. (Section 7(2) of FOIA)*

Section 1531.210 Statutory Exemptions

For exemptions from FOIA that are stated in other statutes, see Section 7.5 of FOIA.

**SUBPART C: PROCEDURES FOR REQUESTING
RECORDS FROM THE AGENCY****Section 1531.300 Submittal of Requests for Records**

- a) Any request for public records should be submitted in writing to the FOI Officer at the Agency.

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- b) The Agency has one FOI Officer, located in Springfield.
- c) Contact information for each FOI Officer can be found online at www.Illinois.gov/Pages/FOIAContacts.
- d) FOIA requests may be submitted via mail, e-mail, fax, or hand delivery. Requests should be mailed or hand delivered to:

Department of Innovation and Technology
120 West Jefferson Street
Springfield, Illinois 62702
Attn: FOI Officer

- e) E-mailed requests should be sent to DoIT.FOIA@illinois.gov, contain the request in the body of the e-mail, and indicate in the subject line of the e-mail that it contains a FOIA request. Faxed FOIA requests should be faxed to (217)785-0361, Attn: FOI Officer.

Section 1531.305 Information To Be Provided in Requests for Records

A request for records should include:

- a) The complete name, mailing address and telephone number of the requester;
- b) As specific a description as possible of the records sought. Requests that the Agency considers unduly burdensome or categorical may be denied. (See Section 3(g) of FOIA and Section 1531.405 of this Part.);
- c) A statement as to the requested medium and format for the Agency to use in providing the records sought: for example, paper, specific types of digital or magnetic media, or videotape;
- d) A statement as to the requested manner for the Agency to use in providing the records sought: for example, inspection at Agency headquarters or providing paper or electronic copies;
- e) A statement as to whether the requester needs certified copies of all or any portion of the records, including reference to the specific documents that require certification; and

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- f) A statement as to whether the request is for a commercial purpose.

Section 1531.310 Requests for Records for Commercial Purposes

- a) *It is a violation of FOIA for a person to knowingly obtain a record for a commercial purpose without disclosing that it is for a commercial purpose if requested to do so by the Agency. (Section 3.1(c) of FOIA)*
- b) *The Agency will respond to a request for records to be used for a commercial purpose within 21 working days after receipt. The response shall:*
- 1) *Provide to the requester an estimate of the time required by the Agency to provide the records requested and an estimate of the fees to be charged, which the Agency may require the person to pay in full before copying the requested documents;*
 - 2) *Deny the request pursuant to one or more of the exemptions set out in Section 1531.205 or 1531.210;*
 - 3) *Notify the requester that the request is unduly burdensome and extend an opportunity to the requester to attempt to reduce the request to manageable proportions; or*
 - 4) *Provide the records requested. (Section 3.1(a) of FOIA)*
- c) *Unless the records are exempt from disclosure, the Agency will comply with a request within a reasonable period considering the size and complexity of the request, and giving priority to records requested for non-commercial purposes. (Section 3.1(b) of FOIA)*

Section 1531.315 Records Maintained Online

- a) *Notwithstanding any provision of FOIA to the contrary, a public body is not required to copy a public record that is published on the public body's website. The public body shall notify the requester that the public record is available online and direct the requester to the website where the record can be reasonably accessed.*

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- b) *If the person requesting the public record is unable to reasonably access the record online after being directed to the website pursuant to subsection (a), the requester may resubmit his or her request for the record stating his or her inability to reasonably access the record online, and the public body shall make the requested record available for inspection or copying as provided in Section 3 of FOIA. (Section 8.5 of FOIA)*

SUBPART D: AGENCY RESPONSE TO REQUESTS FOR RECORDS

Section 1531.400 Timeline for Agency Response

- a) *Except as stated in subsection (b) or (c), the Agency will respond to any written request for records within 5 business days after its receipt of the request. Failure to comply with a written request, extend the time for response, or deny a request within 5 business days after its receipt shall be considered a denial of the request. If the Agency fails to respond to a request within the requisite periods in this subsection (a) but thereafter provides the requester with copies of the requested records, it will not impose a fee for those copies. If the Agency fails to respond to a request received, it will not treat the request as unduly burdensome as provided under Section 1531.405. (Section 3(d) of FOIA) A written request from the Agency to provide additional information shall be considered a response to the FOIA request.*
- b) *The time limits prescribed in subsection (a) may be extended for not more than 5 business days from the original due date for any of the following reasons:*
- 1) *The requested records are stored in whole or in part at locations other than the office having charge of the requested records;*
 - 2) *The request requires the collection of a substantial number of specified records;*
 - 3) *The request is couched in categorical terms and requires an extensive search for the records responsive to it;*
 - 4) *The requested records have not been located in the course of routine search and additional efforts are being made to locate them;*

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- 5) *The requested records require examination and evaluation by personnel having the necessary competence and discretion to determine if they are exempt from disclosure under Section 7 or 7.5 of FOIA or should be revealed only with appropriate deletions;*
 - 6) *The request for records cannot be complied with by the Agency within the time limits prescribed by subsection (a) without unduly burdening or interfering with the operations of the Agency; or*
 - 7) *There is a need for consultation, which shall be conducted with all practicable speed, with another public body or among two or more components of a public body having a substantial interest in the determination or in the subject matter of the request. (Section 3(e) of FOIA)*
- c) *The person making a request and the Agency may agree in writing to extend the time for compliance for a period to be determined by the parties. If the requester and the Agency agree to extend the period for compliance, a failure by the Agency to comply with any previous deadlines shall not be treated as a denial of the request for the records. (Section 3(e) of FOIA)*
 - d) *When additional time is required for any of the reasons set forth in subsection (b), the Agency will, within 5 business days after receipt of the request, notify the person making the request of the reasons for the extension and the date by which the response will be forthcoming. Failure to respond within the time permitted for extension shall be considered a denial of the request. If the Agency fails to respond to a request within the time permitted for extension but thereafter provides the requester with copies of the requested public records, it may not impose a fee for those copies. If the Agency issues an extension and subsequently fails to respond to the request, it will not treat the request as unduly burdensome under Section 1531.405. (Section 3(f) of FOIA)*

Section 1531.405 Requests for Records that the Agency Considers Unduly Burdensome

- a) *The Agency will fulfill requests calling for all records falling within a category unless compliance with the request would unduly burden the Agency, there is no way to narrow the request, and the burden on the Agency outweighs the public interest in the information. Before invoking this exemption, the Agency will extend to the requester an opportunity to confer with it in an attempt to reduce the*

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request to manageable proportions. (Section 3(g) of FOIA) The amended request must be in writing.

- b) If the Agency determines that a request is unduly burdensome, *it will do so in writing, specifying the reasons why it would be unduly burdensome and the extent to which compliance will so burden the operations of the Agency. The response shall be treated as a denial of the request for information.* (Section 3(g) of FOIA)
- c) *Repeated requests from the same person for records that are unchanged or identical to records previously provided or properly denied under this Part shall be deemed unduly burdensome.* (Section 3(g) of FOIA)

Section 1531.410 Recurrent Requesters

- a) *Notwithstanding any provision of this Part to the contrary, the Agency will respond to a request from a recurrent requester, as defined in Section 1531.105, within 21 business days after receipt. The response shall:*
 - 1) *provide to the requester an estimate of the time required by the Agency to provide the records requested and an estimate of the fees to be charged, which the Agency may require the person to pay in full before copying the requested documents;*
 - 2) *deny the request pursuant to one or more of the exemptions set out in this Part;*
 - 3) *notify the requester that the request is unduly burdensome and extend an opportunity to the requester to attempt to reduce the request to manageable proportions; or*
 - 4) *provide the records requested.*
- b) *Within 5 business days after receiving a request from a recurrent requester, the Agency will notify the requester that the Agency is treating the request as a recurrent request, of the reasons why the Agency is treating the request as a recurrent request, and that the Agency will send an initial response within 21 business days after receipt in accordance with subsection (a). The Agency will also notify the requester of the proposed responses that can be asserted pursuant to subsection (a).*

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- c) *Unless the records are exempt from disclosure, the Agency will comply with a request within a reasonable period considering the size and complexity of the request.* (Section 3.2 of FOIA)

Section 1531.415 Requests for Records that Require Electronic Retrieval

- a) A request for records that requires electronic retrieval will be treated the same as any other request for records, with the same timeline and extensions as allowed for other records.
- b) The Agency will retrieve and provide electronic records only in a format and medium that is available to the Agency.

Section 1531.420 Denials of Requests for Records

- a) The Agency will deny requests for records when:
- 1) Compliance with the request would unduly burden the Agency, as determined pursuant to Section 1531.405, and the requester has not reduced the request to manageable proportions; or
 - 2) The records are exempt from disclosure pursuant to Section 7 or 7.5 of FOIA or Section 1531.205 or 1531.210 of this Part.
- b) The denial of a request for records will be in writing.
- 1) The notification will include a description of the records denied; *the reason for the denial, including a detailed factual basis for the application of any exemption claimed; and the names and titles or positions of each person responsible for the denial* (Section 9(a) of FOIA);
 - 2) *Each notice of denial will also inform the person of the right to review by the Public Access Counselor and provide the address and phone number for the Public Access Counselor* (Section 9(a) of FOIA); and
 - 3) *When a request for records is denied on the grounds that the records are exempt under Section 7 or 7.5 of FOIA, the notice of denial will specify the exemption claimed to authorize the denial and the specific reasons for the*

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denial, including a detailed factual basis and a citation to the supporting legal authority (Section 9(b) of FOIA).

- c) A requester may treat the Agency's failure to respond to a request for records within 5 business days after receipt of the written request as a denial for purposes of the right to review by the Public Access Counselor.
- d) If the Agency has given written notice pursuant to Section 1531.400(d), failure to respond to a written request within the time permitted for extension may be treated as a denial for purposes of the right to review by the Public Access Counselor.
- e) *Any person making a request for records shall be deemed to have exhausted his or her administrative remedies with respect to that request if the Agency fails to act within the time periods provided in Section 1531.400. (Section 9(c) of FOIA)*

Section 1531.425 Requests for Review of Denials – Public Access Counselor

- a) *A person whose request to inspect or copy a record is denied by the Agency may file a request for review with the Public Access Counselor established in the Office of the Attorney General not later than 60 days after the date of the final denial. The request for review shall be in writing, be signed by the requester, and include a copy of the request for access to records and any response from the Agency. (Section 9.5(a) of FOIA)*
- b) *A person whose request to inspect or copy a record is made for a commercial purpose may not file a request for review with the Public Access Counselor. A person whose request to inspect or copy a record was treated by the Agency as a request for a commercial purpose may file a request for review with the Public Access Counselor for the limited purpose of reviewing whether the Agency properly determined that the request was made for a commercial purpose. (Section 9.5(b) of FOIA)*
- c) *Within 7 business days after the Agency receives a request for review from the Public Access Counselor, the Agency will provide copies of records requested and shall otherwise fully cooperate with the Public Access Counselor. (Section 9.5(c) of FOIA)*

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- d) *Within 7 business days after it receives a copy of a request for review and request for production of records from the Public Access Counselor, the Agency may, but is not required to, answer the allegations of the request for review. The answer may take the form of a letter, brief, or memorandum. The Public Access Counselor shall forward a copy of the answer to the person submitting the request for review, with any alleged confidential information to which the request pertains redacted from the copy. (Section 9.5(d) of FOIA)*
- e) *The requester may, but is not required to, respond in writing to the answer within 7 business days and shall provide a copy of the response to the Agency. (Section 9.5(d) of FOIA)*
- f) *In addition to the request for review, and the answer and response to the request, if any, a requester or the Agency may furnish affidavits or records concerning any matter germane to the review. (Section 9.5(e) of FOIA)*
- g) *A binding opinion from the Attorney General shall be binding upon both the requester and the Agency, subject to administrative review under Section 1531.435. (Section 9.5(f) of FOIA)*
- h) *If the Attorney General decides to exercise his or her discretion to resolve a request for review by mediation or by a means other than issuance of a binding opinion, the decision not to issue a binding opinion shall not be reviewable. (Section 9.5(f) of FOIA)*
- i) *Upon receipt of a binding opinion concluding that a violation of FOIA has occurred, the Agency will either take necessary action immediately to comply with the directive of the opinion or shall initiate administrative review under Section 1531.435. If the opinion concludes that no violation of FOIA has occurred, the requester may initiate administrative review under Section 1531.435. (Section 9.5(f) of FOIA)*
- j) *If the Agency discloses records in accordance with an opinion of the Attorney General, the Agency is immune from all liabilities by reason thereof and shall not be liable for penalties under FOIA. (Section 9.5(f) of FOIA)*
- k) *If the requester files suit under Section 1531.430 with respect to the same denial that is the subject of a pending request for review, the requester shall notify the Public Access Counselor. (Section 9.5(g) of FOIA)*

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- 1) *The Attorney General may also issue advisory opinions to the Agency regarding compliance with FOIA. A review may be initiated upon receipt of a written request from the Secretary of the Agency or the Agency's Chief Legal Counsel, which shall contain sufficient accurate facts from which a determination can be made. The Public Access Counselor may request additional information from the Agency in order to assist in the review. If the Agency relies in good faith on an advisory opinion of the Attorney General in responding to a request, the Agency is not liable for penalties under FOIA, so long as the facts upon which the opinion is based have been fully and fairly disclosed to the Public Access Counselor. (Section 9.5(h) of FOIA)*

Section 1531.430 Circuit Court Review

A requester also has the right to file suit for injunctive or declaratory relief in the Circuit Court for Sangamon County or for the county in which the requester resides, in accordance with the procedures set forth in Section 11 of FOIA.

Section 1531.435 Administrative Review

A binding opinion issued by the Attorney General shall be considered a final decision of an administrative agency, for purposes of administrative review under the Administrative Review Law [735 ILCS 5/Art. III]. An action for administrative review of a binding opinion of the Attorney General shall be commenced in Cook County or Sangamon County. An advisory opinion issued to the Agency shall not be considered a final decision of the Attorney General for purposes of this Section. (Section 11.5 of FOIA)

SUBPART E: PROCEDURES FOR PROVIDING RECORDS TO REQUESTERS

Section 1531.500 Inspection and Copying of Records

- a) The Agency may make available records for personal inspection at the Agency's headquarters office located at 120 West Jefferson, Springfield or at another location agreed to by both the Agency and the requester. No original record shall be removed from State-controlled premises except under constant supervision of the agency responsible for maintaining the record. The Agency may provide records in duplicate forms, including, but not limited to, paper copies, data processing printouts, and read-only digital format.

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- b) *When a person requests a copy of a record maintained in an electronic format, the Agency will furnish it in the electronic format specified by the requester, if feasible. If it is not feasible to furnish the records in the specified electronic format, then the Agency will furnish it in the format in which it is maintained by the Agency, or in paper format at the option of the requester. (Section 6(a) of FOIA)*
- c) A requester may inspect records by appointment only, scheduled subject to space availability. The Agency will schedule inspection appointments to take place during normal business hours, which are 8:00 a.m. to 5:00 p.m. Monday through Friday, exclusive of State holidays. If the requester must cancel the viewing appointment, the requester shall so inform the Agency as soon as possible before the appointment.
- d) In order to maintain routine Agency operations, the requester may be asked to leave the inspection area for a specified period of time.
- e) The requester will have access only to the designated inspection area.
- f) Requesters shall not be permitted to take briefcases, folders or similar materials into the room where the inspection takes place. An Agency employee may be present during the inspection.
- g) The requester shall segregate and identify the documents to be copied during the course of the inspection.

Section 1531.505 Fees for Records

- a) In accordance with Section 1531.510, unless a fee is otherwise fixed by statute, the Agency will provide copies of records and certifications of records in accordance with the fee schedule set forth in Appendix A.
- b) *In calculating its actual cost for reproducing records or for the use of the equipment of the Agency to reproduce records, the Agency will not include the costs of any search for and review of the records or other personnel costs associated with reproducing the records. (Section 6(b) of FOIA)*
- c) In order to expedite the copying of records that the Agency cannot copy, due to the volume of the request or the operational needs of the Agency, in the timelines

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established in Section 1531.400, the requester may provide, at the requester's expense, the copy machine, all necessary materials, and the labor to copy the public records at the Agency headquarters in Section 1531.500, or at another location agreed to by both the Agency and the requester. No original record shall be removed from State-controlled premises except under constant supervision of the agency responsible for maintaining the record.

- d) Copies of records will be provided to the requester only upon payment of any fees due. *The Agency may charge the requester for the actual cost of purchasing the recording medium, but the Agency will not charge the requester for the costs of any search for and review of the records or other personnel costs associated with reproducing the records.* (Section 6(a) of FOIA) Payment must be by check or money order sent to the Agency, payable to "Treasurer, State of Illinois".
- e) If a contractor is used to inspect or copy records, the following procedures shall apply:
 - 1) The requester, rather than the Agency, must contract with the contractor;
 - 2) The requester is responsible for all fees charged by the contractor;
 - 3) The requester must notify the Agency of the contractor to be used prior to the scheduled on-site inspection or copying;
 - 4) Only Agency personnel may provide records to the contractor;
 - 5) The Agency must have verification that the requester has paid the Agency, if payment is due, for the copying of the records before providing the records to the contractor; and
 - 6) The requester must provide to the Agency the contractor's written agreement to hold the records secure and to copy the records only for the purpose stated by the requester.
- f) *The Agency may charge up to \$10 for each hour spent by personnel in searching for and retrieving a requested record. No fees shall be charged for the first 8 hours spent by personnel in searching for or retrieving a requested record. The Agency may charge the actual cost of retrieving and transporting public records from an off-site storage facility when the public records are maintained by a*

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third-party storage company under contract with the Agency. If the Agency imposes a fee pursuant to this subsection (f), it must provide the requester with an accounting of all fees, costs, and personnel hours in connection with the request for public records. The provisions of this subsection (f) apply only to commercial requests. (Section 6(f) of FOIA)

Section 1531.510 Reduction and Waiver of Fees

- a) *Fees may be reduced or waived by the Agency if the requester states the specific purpose for the request and indicates that a waiver or reduction of the fee is in the public interest. In making this determination, the Agency will consider the following:*
 - 1) *Whether the principal purpose of the request is to disseminate information regarding the health, safety, welfare or legal rights of the general public; and*
 - 2) *Whether the principal purpose of the request is personal or commercial benefit. For purposes of this subsection (a), "commercial benefit" shall not apply to requests made by news media when the principal purpose of the request is to access and disseminate information regarding the health, safety, welfare or legal rights of the general public. (Section 6(c) of FOIA)*
- b) *In setting the amount of the waiver or reduction, the Agency will take into consideration the amount of materials requested and the cost of copying them. (Section 6(c) of FOIA)*
- c) *The Agency will provide copies of records without charge to federal, State and municipal agencies, Constitutional officers and members of the General Assembly, and not-for-profit organizations providing evidence of good standing with the Secretary of State's Office.*
- d) *Except to the extent that the General Assembly expressly provides, statutory fees applicable to copies of records when furnished in a paper format will not be applicable to those records when furnished to a requester in an electronic format. (Section 6(a) of FOIA)*

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Section 1531.APPENDIX A Fee Schedule for Duplication and Certification of Records

TYPE OF DUPLICATION	FEE (PER COPY)
Paper copy from original, up to and including 50 copies of black and white, letter or legal sized copies	No charge
Paper copy from original, in excess of 50 copies of black and white, letter or legal sized copies	\$.15/page
Paper copy from microfilm original	\$.15/page
Microfilm diazo from original	\$.50/diazo
Photograph from negative	Actual cost of the reproduction
Blueprints/oversized prints	Actual cost of the reproduction
Paper copies in color or in a size other than letter or legal	Actual cost of the reproduction
Certification fee	\$1.00/record

NOTE: Expense for delivery other than by First Class U.S. Mail must be borne by the requester.

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- 1) Heading of the Part: Fees, Charges and Taxes
- 2) Code Citation: 50 Ill. Adm. Code 2500
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
2500.10	Amendment
2500.20	Repealed
2500.30	Repealed
2500.40	Amendment
2500.50	Amendment
2500.60	Amendment
2500.70	Amendment
2500.80	Amendment
2500.90	New Section
2500.100	New Section
2500.110	New Section
2500.115	New Section
2500.120	New Section
2500.130	New Section
2500.140	New Section
- 4) Statutory Authority: Implementing Sections 408, 409, 410, 412, 444 and 444.1 and authorized by Sections 401 and 409(5) of the Illinois Insurance Code [215 ILCS 5] and Section 12 of the Fire Investigation Act [425 ILCS 25].
- 5) Effective Date of Rules: February 24, 2020
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in *Illinois Register*: 43 Ill. Reg. 13494; December 2, 2019
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No

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- 11) Differences between Proposal and Final Version:
Table of Contents, added "2500.115 State Fire Marshal Tax".
- 2500.40, restored deleted text in the first 3 lines.
- 2500.40, in the definition of "Check", added "personal check," after "corporation check,"
- 2500.50, added "D)" and restored the first two deleted sentences after "4)"; below that, changed subsection "c" to "b".
- 2500.100(c)(1), 1st line, changed "aggregate taxes owed by" to "income tax offset allocation of"; changed "company" to "unitary member"; 2nd line, changed "company's" to "unitary member's"; 3rd line, changed "companies" to "unitary members"; 5th line, changed "gain" to "income"; 6th line, changed "that year's" to "on the"; 7th line, after "Schedule UB" added "Step 4 of the"; after "1120" changed ",Step 4" to "filed for the preceding year"; 12th line, after "calculation" added "and resulted in a deduction", and changed "the" to "a".
- 2500.115, added new Section. Changed the first two lines to "The Annual State Fire Marshal Tax assessed by the Department pursuant to Section 12 of the Fire Investigation Act [425 ILCS 25] shall be 1% of a company's or other entity's taxable fire premium. "Taxable fire premium" means the gross fire, sprinkler leakage, riot, civil commotion, explosion, and motor vehicle fire risk premium receipts from business done in the State of Illinois during the preceding year (see Section 12 of the Fire Investigation Act.)"
- In the first line of 2500.115(a), 2500.115(b), 2500.115(c), and 2500.115(d), changed "total taxable" to "taxable fire".
- 2500.115(a), 2nd line, after "premium" added "calculation" and changed "set forth below and" to "as reported in the Annual Statement filed pursuant to Section 136 of the Code."; delete 3rd line.
- 2500.115(a)(1) through (12) changed all text to:
- "1) 100% Fire direct premium less any Illinois FAIR Plan premiums;
 - 2) 25% of the sum of Allied Lines direct premium less any Illinois FAIR Plan premiums;

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- 3) 1% of Private Crop direct premium;
- 4) 40% of Farm Owners M.P. direct premium;
- 5) 40% of the sum of Homeowners M.P. direct premium less any Illinois FAIR Plan premiums;
- 6) 40% of Commercial M.P. (Non-Liability Portion) direct premium;
- 7) 15% of Ocean Marine direct premium;
- 8) 15% of Inland Marine direct premium;
- 9) 25% of Earthquake direct premium;
- 10) 5% of Private Passenger Auto Physical Damage direct premium;
- 11) 5% of Commercial Auto Physical Damage direct premium; and
- 12) 10% of Aircraft (All Perils) direct premium."

Deleted all text of 2500.115(e) and (f).

Made several other nonsubstantive changes at JCAR's request.

- 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 rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Upon reviewing current Department of Insurance rules for those that may be duplicative, outdated or overly burdensome, it was determined that Part 2500 should be amended. The rule was last amended in 2007 and much of it was out of date. The current amendments remove language that unnecessarily repeats statutory requirements and consolidates the remaining necessary text from Parts 2505-2525, which are being repealed, into this Part. The amendments also revise and update

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definitions and outdated references. Technical and stylistic changes were made to make rule consistent with current Illinois Administrative Code style.

Substantive changes to the processes described in these rules include:

- The hearing process was changed to an audit process because that is what is required by statute. In practice, the Department never grants hearings under the current Rule because if a person properly alleges a statutory basis, the Department will correct any mistake made without a hearing. Per a recent audit finding, the Department cannot waive or adjust statutorily required taxes, fees, or other charges and must collect those taxes fines and other charges required by statute, thus a hearing on the issue of whether an assessed amount is owed has proven futile.
- The provision that requires the Department to publishes names of companies or persons that write the Department bad checks is removed because this is not a current practice of the Department.
- The provision setting out a per diem examination charge has been removed because the statutory provision is very specific and allows for charges to increase over time as costs increase.
- The amendments allow the Department to use an overpayment to offset any type of tax, fee or charge on the company's balance, where the current rule limited the offset to the same type of tax, fee, or charge. The amendments also allow companies to transfer overpayments to another company's balance, regardless of the type of tax, fee, or charge.
- The provision regarding calculation of the portion each company who is part an aggregate group pays in income taxes to define "net income" net sales within Illinois, non-unitary or combined partnership business income or loss, and net gain or loss of members who are not C Corporations, as reported on that year's Schedule UB of the IL 1120, Step 4.

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

Doug Hollis, Insurance Tax Administration
Department of Insurance
320 West Washington Street

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Springfield IL 62767-0001

217/782-0055

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

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TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER ee: FEES, CHARGES AND TAXES

PART 2500

FEES, CHARGES AND TAXES~~GENERAL PROVISIONS~~

Section	
2500.10	Purpose
2500.20	Applicability (<u>Repealed</u>)
2500.30	Severability (<u>Repealed</u>)
2500.40	Definitions
2500.50	<u>Audit</u> Hearings
2500.60	Computation of Time and Time of Filing
2500.70	Form of <u>Payment, Forms and Returns</u>
2500.80	Calculation Guidelines
<u>2500.90</u>	<u>Fees and Charges</u>
<u>2500.100</u>	<u>Annual Privilege Tax</u>
<u>2500.110</u>	<u>Annual Retaliatory Tax</u>
<u>2500.115</u>	<u>State Fire Marshal Tax</u>
<u>2500.120</u>	<u>Overpayments and Amendments</u>
<u>2500.130</u>	<u>Cash Refunds</u>
<u>2500.140</u>	<u>Transfer of Overpayments</u>

AUTHORITY: Implementing Sections 408, 409, 410, 412, 444 and 444.1 and authorized by Sections 401 and 409(5) of the Illinois Insurance Code [215 ILCS 5] and Section 12 of the Fire Investigation Act [425 ILCS 25].

SOURCE: Adopted at 22 Ill. Reg. 290, effective December 21, 1998; transferred from the Department of Insurance to the Department of Financial and Professional Regulation pursuant to Executive Order 2004-6 on July 1, 2004; amended at 31 Ill. Reg. 14729, effective October 16, 2007; transferred from the Department of Financial and Professional Regulation to the Department of Insurance pursuant to Executive Order 2009-4 on June 1, 2009; recodified at 41 Ill. Reg. 12924; amended at 44 Ill. Reg. 3419, effective February 24, 2020.

Section 2500.10 Purpose

This Part sets forth processes implementing assessment~~ertain procedural requirements for hearings, filing requirements, definitions,~~ and payment of fees, taxes ~~calculation guidelines~~

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~~concerning 50 Ill. Adm. Code, Subchapter ee Fees, Charges and Taxes and other charges pursuant to Sections 408, 409, 410, 412, 444 and 444.1 of the Illinois Insurance Code [215 ILCS 5] and Section 12 of the Fire Investigation Act [425 ILCS 25].~~

(Source: Amended at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.20 Applicability (Repealed)

~~This Part applies to any person or company conducting or transacting any of the actions assessed a fee pursuant to Section 408 of the Illinois Insurance Code, or a tax pursuant to Sections 409, 444 and 444.1 of the Illinois Insurance Code [215 ILCS 5/408, 409, 444 and 444.1] (see P.A. 90-583, effective May 29, 1998) and Section 12 of the Fire Investigation Act [425 ILCS 25/12].~~

(Source: Repealed at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.30 Severability (Repealed)

~~If any Section, subsection, paragraph, sentence, clause, or phrase of this Part is declared invalid for any reason, the remaining portions of this Part that are severable from the invalid portion shall remain in full force and effect. If any portion of this Part is declared invalid in one or more of its applications, the remaining portion shall be severable and in effect in all valid applications.~~

(Source: Repealed at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.40 Definitions

Except as stated and unless a different meaning of a term is clear from its context, the definitions of terms used in this Part ~~that which~~ are not defined ~~in this Section below~~ shall be the same as those used in any of the Acts in Chapter 215 of the Illinois Compiled Statutes.

~~Accident and Health Insurance means insurance against bodily injury, disablement or death by accident and against disablement resulting from sickness or old age and every insurance appertaining thereto, including stop loss insurance covering such risks [215 ILCS 5/4(b)].~~

~~"Affiliated group" Group~~ means a group of companies affiliated, as of the preceding calendar year end, pursuant to Article VIII½ of the Code entitled Insurance Holding Company Systems [215 ILCS 5/131.1 through 131.28].

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~~*Alien Company means a company which is incorporated or organized under the laws of any country other than the United States [215 ILCS 5/408(12)(e)].*~~

~~"Annual return"~~~~Return or Return~~ means the information filed pursuant to ~~50 Ill. Adm. Code 2510.90, 2515.80 or 2520.70 and~~ Section 410 of the Illinois Insurance Code ~~[215 ILCS 5/410].~~

~~*Articles of Incorporation means the basic instrument of an incorporated company and all amendments thereto and includes "Charter," "Articles of Organization," "Articles of Reorganization," "Articles of Association," and "Deed of Settlement" [215 ILCS 5/2(p)].*~~

~~*Assessment Legal Reserve Life Company means a life insurance company issuing contracts providing for contingent liability on the policyholder [215 ILCS 5/2(j)].*~~

~~*Association Captive Insurance Company means any company that insures risks of the member organizations of an association and their affiliated companies [215 ILCS 5/123C-1(C)].*~~

~~*Burial Society means a person, firm, corporation, society or association of individuals authorized by the Director to do business in this State under the provisions of Article XIX of the Illinois Insurance Code [215 ILCS 5/408(12)(f)].*~~

"Check" means corporation check, personal check, money order or cashier's check.

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

~~*Company means an insurance or surety company and shall be deemed to include a corporation, company, partnership, association, society, organization, order, Risk Retention Group, individual or aggregation of individuals engaging in or proposing or attempting to engage in any kind of insurance or surety business, including the exchanging of reciprocal or interinsurance contracts between individuals, partnerships and corporations [215 ILCS 5/2(e)].*~~

"Corporate and replacement income tax" ~~Income Tax~~ means the income tax described in ~~assessed against corporations pursuant to~~ Section 201(a), ~~and (b), (c) and (d), and paid pursuant to Sections 601 and 803,~~ of the Illinois Income Tax Act ~~[35 ILCS 5/201(a) and (b)].~~

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~~Country or Foreign Country means a state, province or political subdivision thereof [215 ILCS 5/2(d)].~~

~~Dental Service Plan means a plan or system under which dental service may be rendered to a subscriber or other beneficiary by a duly licensed dentist, at the expense of a dental service plan corporation, in consideration of prepayments made by or on behalf of a subscriber prior to the occurrence of the condition requiring dental service [215 ILCS 110/4].~~

~~"Department" means the Department of Insurance [215 ILCS 5/2(b)].~~

~~"Director" means the Director of Insurance [215 ILCS 5/2(a)].~~

~~Domestic Company means a company which is incorporated or organized under the laws of this State, and in addition includes a not for profit corporation authorized under the Dental or Voluntary Health Service Plan Acts, and a health maintenance organization and a limited health service organization [215 ILCS 5/408(12)(a)].~~

~~Domestic Surplus Line Insurer means any company as defined in Section 445a of the Code [215 ILCS 5/445a].~~

~~Farm Mutual means a district, county and township mutual insurance company authorized by the Director to do business in this State under the provisions of the Farm Mutual Insurance Company Act of 1986 [215 ILCS 5/408(12)(g)].~~

~~Foreign Company means a company which is incorporated or organized under the laws of any state of the United States other than this State and in addition includes a health maintenance organization or a limited health service organization which is incorporated or organized under the laws of any state of the United States other than this State [215 ILCS 5/408(12)(b)].~~

~~Fraternal Benefit Society means a corporation, society, order, lodge or voluntary association as defined in Section 282.1 of the Code [215 ILCS 5/282.1]. [215 ILCS 5/408(12)(d)]~~

~~Group Workers' Compensation Self insurance Pooling Trust means any group organized pursuant to Section 4a of the Workers' Compensation Act [820 ILCS~~

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~~305/4a].~~

~~Health Maintenance Organization means any organization formed under the laws of this or another state to provide or arrange for one or more health care plans under a system which causes any part of the risk of health care delivery to be borne by the organization or its providers [215 ILCS 125/1-2(9)].~~

~~Illinois Fair Plan means the basic property insurance pursuant to Section 522 of the Code [215 ILCS 5/522].~~

~~Illinois Guaranty Fund means the guaranty fund established pursuant to Article XXXIV of the Code [215 ILCS 5/532 through 533].~~

~~Illinois Insurance Exchange (INEX Insurance Exchange) means the non-profit corporation organized pursuant to Section 107.26 of the Code [215 ILCS 5/107.26].~~

~~Illinois Life and Health Guaranty Association means the guaranty association established pursuant to Article XXXIII½ of the Code [215 ILCS 5/531.01 through 531.19].~~

~~Industrial Insured Captive Insurance Company means any company that insures risks of industrial insureds that are members of the industrial insured group, and their affiliated companies [215 ILCS 5/123C-1(G)].~~

~~Interstate Insurance Receivership Commission means the organization established pursuant to Article X of the Interstate Insurance Receivership Compact [45 ILCS 160].~~

~~Life and Health Guaranty Association Assessment means any fees assessed against members of the Illinois Life and Health Guaranty Association pursuant to Section 531.09 of the Code [215 ILCS 5/531.09].~~

~~Limited Health Service Organization means any organization formed under the laws of this or another state to provide or arrange for one or more limited health care plans under a system which causes any part of the risk of limited health care delivery to be borne by the organization or its providers [215 ILCS 130/1002].~~

~~Mutual Benefit Association means a company, association or corporation~~

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~~authorized by the Director to do business in this State under the provisions of Article XVIII of the Code [215 ILCS 5/408(12)(e)].~~

~~Payor means the entity that actually pays the fee, charge and/or tax to the Department.~~

~~Person means an individual, aggregation of individuals, corporation, association and partnership [215 ILCS 5/2(1)].~~

~~Pure Captive Insurance Company means any company that insures only risks of its parent or affiliated companies or both [215 ILCS 5/123C-1(L)].~~

~~Quarterly Statement means the information filed pursuant to 50 Ill. Adm. Code 2510.Illustration C, 2515.80 and Section 410 of the Code [215 ILCS 5/410].~~

~~Religious and Charitable Risk Pooling Trust means any number of organizations which are all exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1986 and which are organized pursuant to the Religious and Charitable Risk Pooling Trust Act [215 ILCS 150].~~

~~Reinsurance means that form of insurance referenced in Article XI of the Code, entitled Reinsurance [215 ILCS 5/173 through 179b].~~

~~Replacement Income Tax means the income tax assessed against corporations pursuant to Section 201(c) and (d) of the Illinois Income Tax Act [35 ILCS 5/201(c) and (d)].~~

~~Risk Purchasing Group means a group formed pursuant to the provisions of the federal Liability Risk Retention Act of 1986 and as defined in Section 123B-2(10) of the Code [215 ILCS 5/123B-2(10)].~~

~~Risk Retention Group means any corporation or association that is defined as a Risk Retention group pursuant to Section 123B-2(11) of the Code [215 ILCS 5/123B-2(11)].~~

~~Self-insurer means any person who bears a risk of loss in which such person has and maintains an insurable interest without sharing such risk of loss with any party who has no insurable interest in the subject of risk.~~

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~~Special Purpose Entity means the Interstate Insurance Receivership Commission, Illinois Guaranty Fund, or Illinois Life and Health Guaranty Association.~~

~~State Fire Marshal Tax means the tax assessed pursuant to Section 12 of the Fire Investigation Act [425 ILCS 25/12].~~

~~Statutory Residual Market Entity or an entity created for similar purpose means insurance obtained or offered through the following: Illinois Fair Plan, Illinois Mine Subsidence Insurance Fund [215 ILCS 5/Art. XXXVIII], Illinois Automobile Insurance Plan, Illinois Comprehensive Health Insurance Plan [215 ILCS 150/1 through 15], and Workers' Compensation Assigned Risk Pool.~~

~~Surplus Line means insurance on an Illinois risk of the kinds specified in Classes 2 and 3 of Section 4 of the Code procured from an unauthorized company after the insurance producer representing the insured or the surplus line producer is unable, after diligent effort, to procure said insurance from companies which are authorized to transact business in this State [215 ILCS 5/445].~~

~~Surplus Line Producer means any licensed producer who is a resident of this State and has been licensed pursuant to Section 445(2) of the Code [215 ILCS 5/445(2)].~~

~~Voluntary Health Service Plan means either a plan or system under which medical, hospital, nursing and related health services may be rendered to a subscriber or beneficiary at the expense of a health services plan corporation, or any contractual arrangement to provide, either directly or through arrangements with others, dental care services to subscribers and beneficiaries [215 ILCS 165/2].~~

(Source: Amended at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.50 Audit Hearings

Any person or company ~~who has paid~~required to pay a fee, charge or tax pursuant to ~~this Part 50 Ill. Adm. Code, Subchapter ee~~ may request an audit pursuant to Section 412(1)(a) of the Code ~~a hearing to be held for the purpose~~purposes of determining if ~~the amount paid was in excess~~the assessed fee, charge or tax is appropriate. A request for hearing must be made, after the assessment has been paid in full and pursuant to the grounds set forth in Section 412 of the Code ~~[215 ILCS 5/412] and subsection (b) of~~ the amount legally chargeable against it ~~this Section.~~

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~~Such request will only be granted based on those conditions.~~

- a) A request for ~~audit~~hearing shall be in writing and shall include:
- 1) The name and address of the requester;
 - 2) The contested fee, charge or tax amount ~~being assessed~~;
 - 3) Facts sufficient to support one of the grounds set forth set forth in Section 412 of the Code and subsection (a)(7) of this Section; Under what provision of 50 Ill. Adm. Code, Subchapter ee the fee, charge or tax is being assessed;
 - 4) The Department invoice number, if applicable; ~~and~~
 - 5) The name, address and phone number of a contact person;:-
 - 6) Any other information and/or documents useful in determining if the amount paid was correct; and
 - 7b) The grounds, among the following, upon which the requester believes the amount ~~paid~~being assessed is incorrect, ~~which are~~:
 - A1) A mistake of fact, including, but not limited to:
 - iA) Applying a previous year's income tax overpayment in the current year's corporate and/or replacement income tax return; ~~or~~
 - iiB) Using the premium written in the state of incorporation to determine the state of incorporation's basis for retaliatory tax purposes; ~~or~~
 - B2) An error in calculation, including, but not limited to:
 - iA) An incorrect decimal assignment; ~~or~~
 - iiB) An erroneous sum, result or total arising out of a mathematical function, operation or equation; or

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- ~~C3)~~ An erroneous interpretation of a statute of this or any other state, including, but not limited to:
- ~~iA)~~ A misapplication of a statute; ~~orand~~
- ~~iiB)~~ A misunderstanding of an equivocal term or phrase used in a statute.
- ~~D)4)~~ However, an erroneous interpretation of a statute of this or any other state does not include a finding of unconstitutionality of the statute in question. Additionally, a mistake in fact shall not include the assertion that a statute is unconstitutional on its face.
- b) The Director shall review the request for audit and all attached information, request additional information as necessary, and send written notification to the requester of the Director's decision. That decision is subject to court review under Section 407 of the Code. ~~e)Any hearing held pursuant to a request meeting the requirements of this Section will be conducted pursuant to the provisions set forth at 50 Ill. Adm. Code 2402. However, if the request is made by a company, the company must be represented by an attorney licensed to practice law in the State of Illinois. The provision at 50 Ill. Adm. Code 2402.70(a)(2) does not apply to hearings held pursuant to 50 Ill. Adm. Code, Subchapter ee.~~

(Source: Amended at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.60 Computation of Time and Time of Filing

- a) Computation of Time. The time within which any act provided by law is to be done or a payment is due ~~date~~ shall be computed by excluding the first day and including the last. However, if, unless the last day is a Saturday, ~~or~~ Sunday or State is a holiday, or is as defined or fixed in any statute now or hereafter in force in this State, and then it shall also be excluded. ~~If the day succeeding a such~~ Saturday, Sunday or State holiday, that is also a holiday or a Saturday or Sunday ~~then such succeeding~~ day shall ~~also~~ be excluded.
- b) Time of Filing. Documents shall be considered filed or received, as set forth in subsections (b)(1) and (2) ~~of this Section~~, when they are in conformance with the requirements of this Part ~~and any other filing requirements specifically set out in~~

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~~the other Parts of 50 Ill. Adm. Code, Subchapter ee.~~

- 1) If filed in person, by messenger service, or mail delivery other than U.S. Postal Service, documents are considered filed when they are received by the Department. Documents received by the Department after 12:00 p.m. (noon) shall be considered received on the following business day. Documents received by the Department after 12:00 p.m. ~~(noon)~~ on the due date will not be considered late.
- 2) If filed by U.S. Mail, documents are deemed filed as of the date of the U.S. postmark.

(Source: Amended at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.70 ~~Form of Payment, Forms and Returns~~

- a) The payment of fees or charges shall be made by separate check, or other payment method approved by the Director, for each invoice issued by the Department pursuant to Section 408 of the Code ~~[215 ILCS 5/408] and 50 Ill. Adm. Code 2505.~~
- b) The payment of taxes owed pursuant to Sections 409, 444, and 444.1 of the Code ~~[215 ILCS 5/409, 444 and 444.1]~~ and Section 12 of the Fire Investigation Act ~~[425 ILCS 25/12]~~ shall be made by the payor by separate check, or other payment method approved by the Director, for each company and for each tax return.
- c) All tax returns required ~~by this Part pursuant to 50 Ill. Adm. Code, Subchapter ee,~~ must be signed by an officer of the company, ~~or by~~ the surplus line producer, or an officer of the Illinois Fair Plan, as may be appropriate for that tax return.
- d) Cash shall not be sent as payment for any fee, charge or tax owed pursuant to ~~this Part~~ 50 Ill. Adm. Code, Subchapter ee.
- e) All payments shall identify the person, company or business entity on whose behalf the payment is being made and indicate the Department invoice number, if applicable.
- f) Any fee or charge assessed pursuant to this Part in which a payment due date has not been established must be paid within 30 days after the date of the

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Department's invoice.

- g) Copies of standard forms and returns referenced in this Part can be found on the Department's website or by contacting the Tax and Fiscal Services Section of the Department.
- h) Failure to pay fees, taxes and other charges assessed pursuant to Sections 408, 409, 410, 412, 444 and 444.1 of the Code and Section 12 of the Fire Investigation Act [425 ILCS 25] may result in regulatory action.

(Source: Amended at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.80 Calculation Guidelines

- a) All calculations ~~made pursuant to 50 Ill. Adm. Code, Subchapter ee~~ shall be rounded to whole numbers by rounding down if the first decimal place is five or less and rounding up otherwise.
- b) For all calculated amounts owed, ~~pursuant to 50 Ill. Adm. Code, Subchapter ee~~ a whole dollar amount shall be reported and any amount calculated should be rounded down if \$0.50 or less, and rounded up otherwise.

(Source: Amended at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.90 Fees and Charges

- a) The Director shall charge and collect the payment of fees and charges pursuant to Section 408(1) and 500-35(d) of the Code.
- b) If any person, company or business entity issues a check or other draft to the Director as required by the Code, and that check or draft is not honored, the Director may charge a fee or other charges as authorized by Section 3-806 of the Uniform Commercial Code [810 ILCS 5].
 - 1) The Department will send a written demand by certified mail, return receipt requested, to the last known address of the person, company or business entity having issued the dishonored check or other draft.

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- 2) Within 14 days following payment of both the Code fee and the Not Sufficient Funds (NSF) check fee, the Director may issue to the named person, company or business entity a license or other authority or may take regulatory action.
 - 3) Any person, company or business entity who fails to satisfy the written demand may be subject to regulatory action.
- c) The Director may charge the expenses incurred in any performance examination authorized by law to be paid by the company or person being examined pursuant to Section 408(3) of the Code.
- d) An annual financial regulation fee shall be charged and collected from every domestic company for examination and analysis of its financial condition pursuant to Section 408(6) and (8) of the Code.
- 1) Every affiliate group that intends to utilize the maximum aggregate annual financial regulation fee charged to its domestic companies pursuant to Section 408(6)(c) of the Code must notify the Department of its intention, in writing to the attention of the Tax and Fiscal Section, by April 1 of the following year and must designate one domestic member of the group to be billed by the Director for the entire domestic affiliated group's financial regulation fee.
 - 2) Only domestic group members can be included in aggregating the annual financial regulation fee pursuant to Section 408(6)(c); foreign or alien group members cannot be included.
- e) An annual financial regulation fee shall be charged and collected from every foreign or alien company, except fraternal benefit societies, for the examination and analysis of its financial condition pursuant to Section 408(7) of the Code.
- 1) Every affiliate foreign or alien group that intends to utilize the maximum aggregate annual financial regulation fee charged to foreign or alien companies pursuant to Section 408(7) of the Code must notify the Department of its intention, in writing to the attention of the Tax and Fiscal Section, by April 1 of the following year and must designate one foreign or alien member of the group to be billed by the Director for the entire affiliated group's financial regulation fee.

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- 2) Only foreign and alien group members can be included in aggregating the annual financial regulation fee under Section 408(7); domestic group members cannot be included.
- 3) For purposes of calculating the retaliatory tax under Section 2500.110(a)(1)(C), the foreign or alien affiliated group's aggregate annual financial regulation fee shall be allocated to the included individual group members proportionately based on the percentage of Illinois direct premiums earned by each included individual group member compared to the total Illinois direct premiums of all included group members.

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.100 Annual Privilege Tax

- a) The Department shall collect an annual privilege tax from companies that write certain types of insurance pursuant to Section 409 of the Code.
- b) The "aggregate income taxes paid", calculated pursuant to Section 409(2)(a), shall be reduced by any corporate and replacement income tax cash refunds received in that same calendar year if that cash refund had been considered part of the aggregate income taxes paid for an offset calculation taken in a preceding calendar year. If no deduction was taken in which the corporate and replacement income tax cash refund received was part of the aggregate income taxes paid, then the aggregate income taxes paid for the calendar year in which that corporate and replacement income tax cash refund is received shall not be reduced by that tax cash refund amount.
- c) Pursuant to Section 409(5) of the Code, if the company is part of a State income tax unitary group, each individual company's State aggregate income taxes paid shall be calculated as follows:
 - 1) The income tax offset allocation of each individual unitary member will be based on the percentage of that unitary member's net income compared to the total net income of all unitary members within that unitary group. "Net income", for purposes of this calculation, means net sales within Illinois, non-unitary or combined partnership business income or loss, and net income or loss of members who are not C Corporations, as reported on

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the Schedule UB Step 4 of the IL 1120 filed for the preceding year. That net income percentage is then multiplied by the unitary group's amount of the corporate and replacement income taxes paid in the calendar year, less the unitary group's tax cash refunds received in that same calendar year, if that tax cash refund had been considered part of the aggregate income taxes paid for an offset calculation and resulted in a deduction taken in a preceding calendar year multiplied by that company's allocation percentage.

- 2) Each company may only use its allocated portion for the determination of the aggregate income tax deduction and may not transfer any allocated aggregate income taxes to another company or carry forward to another year.

- d) In cases in which annual privilege taxes are allocated under Sections 409(3) of the Code, no tax deduction, credit or offset shall be transferred as a result of a merger, consolidation, reorganization or reincorporation if the company who holds the tax deduction, credit or offset still exists after the merger, consolidation, reorganization or reincorporation. Additionally, no tax deduction, credit or offset shall be considered transferred or owned by another taxpayer simply as the result of an assumption reinsurance agreement or as a result of a restructuring of a company or companies.

- e) Each company required to file an annual privilege tax return pursuant to Section 409 of the Code must file its annual return, even if no tax is owed, with the following information:
 - 1) The applicable information set forth in the privilege/retaliatory tax return as annually sent and updated by the Department;
 - 2) Proof of payment of all privilege tax deductions taken, such as copies of canceled checks;
 - 3) If filing as part of a unitary group, the Department's Unitary Schedule must be completed and attached; and
 - 4) The applicable premium information from the Direct Business pages filed with the annual statement established by the National Association of Insurance Commissioners (NAIC).

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- f) A company may request in writing that the Director defer, waive or abate the annual privilege tax pursuant to Section 409(5) of the Code. The written request shall contain all financial information necessary for the Director to make his/her determination.

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.110 Annual Retaliatory Tax

- a) Pursuant to Section 444 of the Code, foreign and alien companies are required to pay a retaliatory tax in the amount of the difference between the sum of the state of incorporation's basis minus the sum of the State of Illinois' basis, if the resulting amount is a positive number.
- 1) For calendar years starting January 1, 1998 and thereafter, the State of Illinois' basis is the sum of the amounts actually paid for the following items:
- A) Annual Statement Filing Fee;
 - B) Certificate of Authority Fee;
 - C) Financial Regulation Fee;
 - D) Policy Form Filing Fee;
 - E) The amount of Illinois corporate and replacement income tax, decreased by the amount, if any, of any corporate and replacement income tax cash refund received in the same calendar year, if that cash refund had been considered part of the amount of Illinois corporate and replacement income tax paid in the calculation of the annual retaliatory tax in a preceding year;
 - F) Fire Department tax;
 - G) Annual Privilege tax;

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- H) State Fire Marshal tax paid pursuant to Section 12 of the Fire Investigation Act; and
 - D) Other insurance fees paid pursuant to Section 408 of the Code.
- 2) For calendar years starting January 1, 1998 and thereafter, the state of incorporation's basis is the sum of the amounts that an Illinois domiciled company would have paid in the foreign or alien domiciliary state or country if it transacted similar operations there as did the foreign or alien company in Illinois, for the following items or their equivalent:
- A) Annual Statement Filing Fee;
 - B) Certificate of Authority Fee;
 - C) Financial Regulation Fee;
 - D) Policy Form Filing Fee;
 - E) Fire Department tax;
 - F) Annual Privilege tax, Premium tax or Franchise tax;
 - G) State Fire Marshal tax paid pursuant to Section 12 of the Fire Investigation Act; and
 - H) Other insurance taxes and fees paid in the foreign or alien company's state of domicile, similar to those listed in subsection (b), that may have the following characteristics:
 - i) The basis of the calculation of the tax or fee is a portion of premiums written;
 - ii) The tax or fee is assessed pursuant to state authority; and
 - iii) The tax or fee is assessed on a basis in which the liability for the tax, fee or assessment is intended as an adjustment of past premium charges or as a means of disposing of a

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deficit in any state mandated insurance program in which premium rates were regulated by the state.

- 3) For the purposes of this Section, the State of Illinois' basis and the state of incorporation's basis do not, among others, include the following items, or their equivalent:
- A) Cost Containment Fees or fees principally for collecting underwriting data;
 - B) Workers' Compensation Rate adjustment, Second Injury adjustments, or other assessments of a workers' compensation system;
 - C) Interstate Insurance Receivership Commission assessments;
 - D) Illinois Guaranty Fund assessments;
 - E) Auto Theft assessment; and
 - F) Assessments not referenced by or contained in Article XXV of the Code.
- b) The fact that a foreign or alien company is domiciled in a state or country in which franchise and/or premium taxpayers may be granted an extension of time to pay their franchise and/or premium taxes in that state shall not affect the requirements of Section 444.1 of the Code that the foreign or alien company must file an annual return and pay its retaliatory tax on or before March 15.
- c) Supplemental retaliatory tax returns shall be filed as required by Section 444.1(4) of the Code.

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.115 State Fire Marshal Tax

The Annual State Fire Marshal Tax assessed by the Department pursuant to Section 12 of the Fire Investigation Act [425 ILCS 25] shall be 1% of a company's or other entity's taxable fire premium. "Taxable fire premium" means the gross fire, sprinkler leakage, riot, civil commotion,

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explosion, and motor vehicle fire risk premium receipts from business done in the State of Illinois during the preceding year (see Section 12 of the Fire Investigation Act).

- a) The taxable fire premium for a year is calculated for insurance companies by totaling the direct premium calculation for the following lines of business as reported in the Annual Statement filed pursuant to Section 136 of the Code:
- 1) 100% Fire direct premium less any Illinois FAIR Plan premiums;
 - 2) 25% of the sum of Allied Lines direct premium less any Illinois FAIR Plan premiums;
 - 3) 1% of Private Crop direct premium;
 - 4) 40% of Farm Owners M.P. direct premium;
 - 5) 40% of the sum of Homeowners M.P. direct premium less any Illinois FAIR Plan premiums;
 - 6) 40% of Commercial M.P. (Non-Liability Portion) direct premium;
 - 7) 15% of Ocean Marine direct premium;
 - 8) 15% of Inland Marine direct premium;
 - 9) 25% of Earthquake direct premium;
 - 10) 5% of Private Passenger Auto Physical Damage direct premium;
 - 11) 5% of Commercial Auto Physical Damage direct premium; and
 - 12) 10% of Aircraft (All Perils) direct premium.
- b) The taxable fire premium for a year is calculated for Farm Mutuals by totaling the direct premium for the lines of business as determined in subsection (a) and reported to the Department pursuant to Section 13 of the Farm Mutual Insurance Company Act of 1986 [215 ILCS 120].

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- c) The taxable fire premium for a year is calculated for the Illinois FAIR Plan by totaling the direct premium for the lines of business as determined in subsection (a) and reported to the Department pursuant to Section 143.25 of the Code.
- d) The taxable fire premium for a year is calculated for surplus line producers by totaling the direct premium for the lines of business as determined in subsection (a) and reported to the Department pursuant to Section 445 of the Code.

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.120 Overpayments and Amendments

- a) Pursuant to Section 412(1)(a) of the Code, persons and companies are only entitled to a refund or offset if the overpayment occurred during the 6 year period immediately preceding the discovery of the overpayment. The discovery of the overpayment is the date when an amended tax return is filed with the Department pursuant to subsection (b), or when a written detailed description regarding the overpayment is filed with the Department pursuant to subsection (c).
- b) An overpayment of tax shall be reported by the filing of an amended tax return.
 - 1) An amended return shall be made by filing a copy of the original return that shows the amendments and includes explanations for those amendments.
 - 2) Adjustments (e.g., cash refunds or additional cash payments of prior income or fire department taxes paid) shall be accounted for in the year paid or when issued a cash refund and shall not be the basis for amending a previous privilege or retaliatory tax return.
 - 3) Any overpayment adjustment requested for the amount of fire department taxes or aggregate income taxes paid may not exceed the amount of privilege or retaliatory tax owed in the year the aggregate income tax or fire department tax was paid and for which the overpayment adjustment is now being sought.
- c) An overpayment of a fee or other charge shall be reported in a written detailed description of the fee calculation, stating the differences between the

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Department's and company's or person's calculation, sent to the attention of the Tax and Fiscal Services Section of the Department.

- d) If the Department determines that the reported overpayment is incorrect or does not meet the statutory requirements of Section 412(1)(a) of the Code, the Department shall notify the company or person in writing. The company or person may contest in writing the Department's stated adjustment. The written statement shall include the following information:
- 1) The company's name and Federal Employer Identification Number (FEIN);
 - 2) The reasons why the stated adjustment is incorrect; and
 - 3) A contact person for the company.
- e) If, after the filing of a written response pursuant to subsection (b), the company or person and the Department cannot resolve the matter, the company or person may request an audit pursuant to Section 2500.50.
- f) If verified by the Director, overpayment of a tax, fee or charge will automatically be applied toward the payment of any other taxes, fees or charges already due or that will become due, unless the company or person makes written request that the Department issue a cash refund pursuant to Section 2500.130 or transfer the overpayment to another account balance pursuant to Section 2500.140.
- g) Upon written notice to the company or person at its last known address, any overpayment that has not been used and has not been transferred may be removed from the Department's records after 7 years and will be considered unclaimed monies under the Revised Uniform Unclaimed Property Act [765 ILCS 1026].

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.130 Cash Refunds

- a) The written request for a cash refund must include the following information in addition to any other appropriate supporting documentation:
- 1) The company's name, including the company's FEIN;

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- 2) The cash refund amount being requested;
 - 3) A statement of reasons why the overpayment was generated; and
 - 4) A certification of an officer of the company that the provided information in the written request is true and accurate to the best of his/her knowledge.
- b) In addition to subsection (a), a cash refund may be available if the overpayment was part of a protested payment under the State Officers and Employees Money Disposition Act [30 ILCS 230], and is allowed by the court having jurisdiction of the protest action.
- c) A cash refund will only be provided when the requirements of Section 412(1)(a) of the Code are met.

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

Section 2500.140 Transfer of Overpayments

An overpayment may be transferred in whole or in part to another company upon written approval of the Director. The approval may be an adjustment invoice, letter of credit, or signed Notice of Transfer of Overpayment form. The company or person shall provide a written notice to transfer that includes the following information:

- a) The name of the company that is transferring the overpayment, including that company's FEIN;
- b) The amount of the overpayment being transferred;
- c) The name of the company to which the transfer is being made and the company's FEIN;
- d) The monetary amount, if any, exchanged between the entities; and
- e) A certification of an officer of the company that the provided information is true and accurate to the best of his/her knowledge.

(Source: Added at 44 Ill. Reg. 3419, effective February 24, 2020)

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NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Fees and Charges
- 2) Code Citation: 50 Ill. Adm. Code 2505
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
2505.10	Repealed
2505.20	Repealed
2505.30	Repealed
2505.40	Repealed
2505.50	Repealed
2505.55	Repealed
2505.60	Repealed
2505.70	Repealed
2505.80	Repealed
2505.90	Repealed
2505.100	Repealed
2505.110	Repealed
2505.120	Repealed
2505.ILLUSTRATION A	Repealed
2505.ILLUSTRATION B	Repealed
- 4) Statutory Authority: Implementing Section 408 of the Illinois Insurance Code [215 ILCS 5/408], Section 3-806 of the Uniform Commercial Code [810 ILCS 5/3-806]; and authorized by Sections 401 and 409(5) of the Illinois Insurance Code [215 ILCS 5/401 and 409(5)].
- 5) Effective Date of Repealer: February 24, 2020
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 13517; December 2, 2019

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- 10) Has JCAR issued a Statement of Objection to this repealer? 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? None were made.
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part is being repealed because the majority of the text unnecessarily repeats statutory requirements and some provisions inaccurately describe current Department procedures. The provisions of this Part that are necessary are being moved into Part 2500.
- 16) Information and questions regarding this adopted repealer shall be directed to:

Doug Hollis
Insurance Tax Administration
Department of Insurance
320 West Washington Street
Springfield IL 62767-0001

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NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Annual Privilege Tax
- 2) Code Citation: 50 Ill. Adm. Code 2510
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
2510.10	Repealed
2510.20	Repealed
2510.30	Repealed
2510.40	Repealed
2510.50	Repealed
2510.60	Repealed
2510.70	Repealed
2510.80	Repealed
2510.90	Repealed
2510.100	Repealed
2510.110	Repealed
2510.120	Repealed
2510.ILLUSTRATION A	Repealed
2510.ILLUSTRATION B	Repealed
2510.ILLUSTRATION C	Repealed
2510.ILLUSTRATION D	Repealed
- 4) Statutory Authority: Implementing Section 409 and authorized by Sections 401 and 409(5) of the Illinois Insurance Code [215 ILCS 5/401, 409 and 409(5)].
- 5) Effective Date of Repealer: February 24, 2020
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in *Illinois Register*: 43 Ill. Reg. 13530; December 2, 2019
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No

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NOTICE OF ADOPTED REPEALER

- 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? None were made.
- 13) Will this repealer replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part is being repealed because the majority of the text unnecessarily repeats statutory requirements and some provisions inaccurately describe current Department procedures. The provisions of this Part that are necessary are being moved into Part 2500.
- 16) Information and questions regarding this adopted repealer shall be directed to:

Doug Hollis
Insurance Tax Administration
Department of Insurance
320 West Washington Street
Springfield IL 62767-0001

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DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Annual Retaliatory Tax
- 2) Code Citation: 50 Ill. Adm. Code 2515
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
2515.10	Repealed
2515.20	Repealed
2515.30	Repealed
2515.40	Repealed
2515.50	Repealed
2515.60	Repealed
2515.70	Repealed
2515.80	Repealed
2515.90	Repealed
2515.100	Repealed
2515.ILLUSTRATION A	Repealed
2515.ILLUSTRATION B	Repealed
- 4) Statutory Authority: Implementing Sections 444 and 444.1 and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401, 444 and 444.1].
- 5) Effective Date of Repealer: February 24, 2020
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in *Illinois Register*: 43 Ill. Reg. 13575; December 2, 2019
- 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? None were made.

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NOTICE OF ADOPTED REPEALER

- 13) Will this repealer replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part is being repealed because the majority of the text unnecessarily repeats statutory requirements and some provisions inaccurately describe current Department procedures. The provisions of this Part that are necessary are being moved into Part 2500.
- 16) Information and questions regarding this adopted repealer shall be directed to:

Doug Hollis
Insurance Tax Administration
Department of Insurance
320 West Washington Street
Springfield IL 62767-0001

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NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Annual State Fire Marshal Tax
- 2) Code Citation: 50 Ill. Adm. Code 2520
- 3)

<u>Section Numbers</u> :	<u>Adopted Actions</u> :
2520.10	Repealed
2520.20	Repealed
2520.30	Repealed
2520.40	Repealed
2520.50	Repealed
2520.60	Repealed
2520.70	Repealed
2520.80	Repealed
2520.90	Repealed
2520.ILLUSTRATION A	Repealed
- 4) Statutory Authority: Implementing Section 12 of the Fire Investigation Act [425 ILCS 25/12] and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401].
- 5) Effective Date of Repealer: February 24, 2020
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 13607; December 2, 2019
- 10) Has JCAR issued a Statement of Objection to this repealer? 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? None were made.

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- 13) Will this repealer replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part is being repealed because the majority of the text unnecessarily repeats statutory requirements and some provisions inaccurately describe current Department procedures. The provisions of this Part that are necessary are being moved into Part 2500.
- 16) Information and questions regarding this adopted repealer shall be directed to:

Doug Hollis
Insurance Tax Administration
Department of Insurance
320 West Washington Street
Springfield IL 62767-0001

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NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Overpayments, Refunds, Amendments and Penalties
- 2) Code Citation: 50 Ill. Adm. Code 2525
- 3)

<u>Section Numbers</u> :	<u>Adopted Actions</u> :
2525.10	Repealed
2525.20	Repealed
2525.30	Repealed
2525.40	Repealed
2525.45	Repealed
2525.50	Repealed
2525.60	Repealed
2525.70	Repealed
2525.80	Repealed
2525.85	Repealed
2525.90	Repealed
2525.100	Repealed
2525.110	Repealed
2525.ILLUSTRATION A	Repealed
2525.ILLUSTRATION B	Repealed
2525.ILLUSTRATION C	Repealed
- 4) Statutory Authority: Implementing Section 412 of the Illinois Insurance Code [215 ILCS 5/412] and Section 13 of the Fire Investigation Act [425 ILCS 25/13] and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401].
- 5) Effective Date of Repealer: February 24, 2020
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 13618; December 2, 2019

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NOTICE OF ADOPTED REPEALER

- 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? None were made.
- 13) Will this repealer replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part is being repealed because the majority of the text unnecessarily repeats statutory requirements and some provisions inaccurately describe current Department procedures. The provisions of this Part that are necessary are being moved into Part 2500.
- 16) Information and questions regarding this adopted repealer shall be directed to:

Doug Hollis
Insurance Tax Administration
Department of Insurance
320 West Washington Street
Springfield IL 62767-0001

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- 1) Heading of the Part: Long-Term Care Assistants and Aides Training Programs Code
- 2) Code Citation: 77 Ill. Adm. Code 395
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
395.50	Amendment
395.55	Amendment
395.150	Amendment
395.160	Amendment
395.162	Amendment
395.171	Amendment
395.175	Amendment
395.205	New Section
395.210	New Section
395.215	New Section
395.220	New Section
395.225	New Section
395.230	New Section
395.235	New Section
395.240	New Section
395.245	New Section
395.250	New Section
395.255	New Section
395.260	New Section
395.300	Amendment
395.305	New Section
395.400	Amendment
395.405	New Section
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45], ID/DD Community Care Act [210 ILCS 47], and MC/DD Act [210 ILCS 46]
- 5) Effective Date of Rules: February 21, 2020
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes

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- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in *Illinois Register*: 43 Ill. Reg. 10275; September 20, 2019
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between Proposal and Final Version:

In response to comments received during the First Notice period, the Department amended language in Section 395.305(f)(11)(A)(B) and (D) to include "sepsis and septicemia" in the "Infections" training module and added a new subsection (14) in Section 395.305(f) to cover Diabetes education.

The Department updated Section 395.305(f)(9)(A) to address wound care elements that are currently included in the model program but were not included in the initial draft of the proposed amendments.

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

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking implements an advanced nurse aide training program within the long-term care assistants and aides training programs to include requirements consistent with current federal regulations for instructors who train nurse aides. This rulemaking includes several new Sections to provide the Department direct oversight of requirements for an Advanced Nursing Assistant Training Program (ANATP) and provides updates to the requirements for a Basic Nursing Assistant Training Program (BNATP.) The rulemaking also implements best practices in nurse aide training programs as suggested by nursing professionals and IDPH professional staff.
- 16) Information and questions regarding these adopted rules shall be directed to:

DEPARTMENT OF PUBLIC HEALTH

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Erin Conley
Rules Coordinator
Illinois Department of Public Health
Division of Legal Services
535 W. Jefferson St., 5th Floor
Springfield IL 62761

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

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

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 395

LONG-TERM CARE ASSISTANTS AND AIDES TRAINING PROGRAMS CODE

SUBPART A: PROGRAM APPLICATION AND APPROVAL PROCESS

Section	
395.50	Definitions
395.55	Incorporated and Referenced Materials
395.100	Program Sponsor
395.110	Application for Program Approval
395.120	Review Process and Program Approval
395.130	Review of Approved Training Program
395.140	Inactive Status
395.150	Minimum Hours of Instruction
395.155	Train the Trainer Program (BNATP Only)
395.156	Train the Trainer Model Program (BNATP Only)
395.160	Instructor Requirements (BNATP Only)
395.162	Approved Evaluator (BNATP Only)
395.165	Program Coordinator (BNATP Only)
395.170	Program Operation (BNATP Only)
395.171	Health Care Worker Background Check
395.173	Successful Completion of the Basic Nursing Assistant Training Program
395.174	Successful Completion of the Direct Support Person Training Program
395.175	Program Notification Requirements (BNATP Only)
395.180	Department Monitoring (Repealed)
395.190	Denial, Suspension, and Revocation of Program Approval (BNATP Only)
395.200	Other Programs Conducted by Facilities (Repealed)
395.205	Program Sponsor (ANATP Only)
395.210	Application for Program Approval (ANATP Only)
395.215	Review Process and Program Approval (ANATP Only)
395.220	Review of Approved Program (ANATP Only)
395.225	Inactive Status (ANATP Only)
395.230	Minimum Hours of Instruction (ANATP Only)
395.235	Instructor Requirements (ANATP Only)
395.240	Program Coordinator (ANATP Only)

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395.245	Program Operation (ANATP Only)
395.250	Successful Completion of the Advanced Nursing Assistant Training Program (ANATP)
395.255	Program Notification Requirements (ANATP Only)
395.260	Denial, Suspension, and Revocation of Program Approval (ANATP Only)

SUBPART B: TRAINING PROGRAM CURRICULA REQUIREMENTS

Section	
395.300	Basic Nursing Assistant Training Program
395.305	Advanced Nursing Assistant Training Program
395.310	Developmental Disabilities Aide Training Program (Repealed)
395.320	Direct Support Person Training Program (BNATP Only)
395.330	Psychiatric Rehabilitation Services Aide Training Program
395.333	Waivered Psychiatric Rehabilitation Services Aide Training Program

SUBPART C: PROFICIENCY EXAMINATION

Section	
395.400	Competency Proficiency Examination (BNATP Only)
395.405	Competency Examination (ANATP Only)

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45], the ID/DD Community Care Act [210 ILCS 47], and the MC/DD Act [210 ILCS 46].

SOURCE: Adopted at 13 Ill. Reg. 19474, effective December 1, 1989; amended at 17 Ill. Reg. 2984, effective February 22, 1993; emergency amendment at 20 Ill. Reg. 529, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10085, effective July 15, 1996; amended at 22 Ill. Reg. 4057, effective February 13, 1998; amended at 25 Ill. Reg. 4264, effective March 20, 2001; amended at 26 Ill. Reg. 2747, effective February 15, 2002; ; amended at 26 Ill. Reg. 14837, effective October 15, 2002; amended at 37 Ill. Reg. 10546, effective June 27, 2013; amended at 42 Ill. Reg. 6727, effective March 29, 2018; amended at 44 Ill. Reg. 3455, effective February 21, 2020.

SUBPART A: PROGRAM APPLICATION AND APPROVAL PROCESS

Section 395.50 Definitions

Ability-Centered Care – a comprehensive approach to attaining or maintaining the

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highest practicable physical, mental and psychosocial well-being, in which the resident's abilities and competencies are recognized and incorporated in a plan of care to adapt and modify tasks to provide for the resident's involvement at his or her maximum level.

Act – the Nursing Home Care Act [210 ILCS 45].

Activities of Daily Living or ADL – tasks performed on a day-to-day basis, including, but not limited to, eating, dressing, bathing, toileting, transferring or personal hygiene.

[Advanced Nursing Assistant Training Program or ANATP – a Department-approved course curriculum that prepares individuals for certification as Certified Nursing Assistant II \(CNA II\).](#)

Alzheimer's Instructor – a registered [professional](#) nurse who is approved by the Department based upon meeting the Alzheimer's Instructor requirements of Section 395.160(b) and who is also an approved clinical instructor.

[ANATP Course Schedule – a course schedule for ANATP prescribed by the Department.](#)

[ANATP Instructor – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.235 and who is an approved evaluator in a BNATP.](#)

Approved Evaluator – a registered [professional](#) nurse who is an approved clinical instructor and has completed a Department-sponsored evaluator [courseworkshop](#) pursuant to Section 395.162.

Approved Outside Evaluator – an Approved Evaluator who performs an evaluation of students in a training program sponsored by a long-term care facility, and who has no fiduciary connection, within 30 days before or after the evaluation, with the facility by which the student is employed.

Approved Performance Skills – tasks generally performed by certified nursing assistants (CNAs) for which competency must be demonstrated, including, but not limited to: wash hands; perform oral hygiene; shave a resident; perform nail care; perform perineal care; give a partial bath; give a shower or tub bath; make an

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occupied bed; dress a resident; transfer a resident to a wheelchair using a transfer belt; transfer a resident using a mechanical lift; help a resident to ambulate with a transfer belt; feed a resident; calculate intake and output; place a resident in a side-lying position; perform passive range of motion; apply and remove personal protective equipment; measure temperature, pulse and respiration; measure and record blood pressure; measure and record height; and measure and record weight.

Asepsis – a condition in which living pathogenic organisms are absent.

Basic Nursing Assistant Training Program or BNATP – ~~a Department-approved an approved~~ course curriculum ~~in a community college, community agency, or private business~~ that prepares individuals for employment as Certified Nursing Assistants (CNAs).

Cardiopulmonary Resuscitation Instructor or CPR Instructor – a person approved by the Department, or by the Department of Human Services-Division of Developmental Disabilities and who is certified in cardiopulmonary resuscitation at the health care provider level or health care provider instructor level by a nationally recognized program, by the Department or by DHS-DD.

Care – as used in this Part, the personal, restorative or rehabilitative treatment of a resident in a health care setting by a CNA.

Certified Nursing Assistant or CNA – an individual who does not hold a professional license from the Department of Financial and Professional Regulation, or someone who volunteers to provide licensed services without pay; an individual who was grandfathered in, or has successfully completed the BNATP and competency examination or has met the equivalency requirements of 77 Ill. Adm. Code 300.663 (Skilled Nursing and Intermediate Care Facilities Code); an individual who provides nursing or nursing-related services for monetary compensation under the clinical supervision of a ~~licensed~~ nurse; an individual who has not had a period of 24 consecutive months, since his or her most recent competency examination or the date of being grandfathered in, during which he or she did not provide nursing or nursing-related services for monetary compensation under the clinical supervision of a ~~licensed~~ nurse.

Certified Nursing Assistant II or CNA II – a CNA who has met the training requirements of Section 395.305.

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Clinical Conference – a conference of short duration held during a clinical instruction to communicate information regarding direct resident care. Theory content shall not be presented.

Clinical Instruction – a teaching method used by an approved clinical instructor in a clinical setting in which the student explains and demonstrates competency of skills learned during theory instruction to a level accepted by the instructor.

Clinical Instructor (~~ANATP and BNATP-Only~~) – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.235(b) (ANATP) or Section 395.160(a) (BNATP) and who is an approved evaluator. ~~These are~~This is the minimum ~~requirements~~requirement to teach the clinical component of the ANATP and BNATP curriculum.

Competency Examination-~~(CNA-Only)~~ – a comprehensive multiple choice test meeting the requirements of 42 CFR 483 and administered by the Department or its designee under a contract with the Department. This examination shall be successfully completed within one year after the student's having completed the BNATP or having been deemed equivalent to a CNA through training or training and experience pursuant to 77 Ill. Adm. Code 300.663.

Competency Examination-CNA II – a comprehensive multiple choice test administered by the Department or its designee under a contract with the Department. This examination shall be successfully completed within one year after the student has completed the ANATP or has been deemed equivalent to a CNA II through training or training and experience pursuant to 77 Ill. Adm. Code 300.663.

Course Coordinator (CNA Training Program) – an individual in each Certified Nursing Assistant Training Program who is responsible for planning, organization, management, coordination, compliance, documentation and linkage with the Department. The Course Coordinator is not required to be an instructor.

Course Coordinator (DSP Training Program) – a designated Department of Human Services individual who is responsible for the organization, management and coordination of Direct Support Person (DSP) training. The Course Coordinator~~course coordinator~~ assures that training is in compliance with Department requirements, assures that required documentation is retained, and

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maintains linkage with the Department of Human Services. The [Course Coordinator](#)~~course coordinator~~ is not required to be an instructor.

Cultural Competence – the ability to interact effectively with people of different cultures.

Department – the Illinois Department of Public Health.

DHS – the Illinois Department of Human Services.

DHS-DD – the Illinois Department of Human Services-Division of Developmental Disabilities.

Direct Access Worker – any individual who routinely has access to or has the ability or potential to have access to a resident, a resident's living quarters, or a resident's financial, medical or personal records through employment or through a contract with a facility or provider. A volunteer is included if the volunteer has duties that are equivalent to the duties of an employee or contracted worker who would be a direct access worker.

Direct Care – the provision of nursing care or assistance with feeding, dressing, movement, bathing, toileting or other personal needs, including home services as defined in the Home Health, Home Services and Home Nursing Agency Licensing Act.

Direct Contact – the provision of any services to a client by an individual carrying out tasks usually performed by nursing assistants or Direct Support Persons.

Direct Support Person or DSP – any person who provides habilitative care, services or support to individuals with developmental disabilities and is listed on the Department's Health Care Worker Registry as a trained DSP or DD Aide under its "Program" section. DSPs shall function under the supervision of a Qualified Intellectual Disabilities Professional (QIDP) or a [nurse Licensed/Registered Nurse](#). Other titles often used to refer to Direct Support Persons include, but are not limited to, Developmental Disabilities (DD) Aide, Habilitation/Child Care Aides, Mental Health Technician, Program Aide or Program Technician.

Direct Support Person Training Instructor or DSP Training Instructor – an

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individual who meets the requirements of Section 395.160(c) and is approved by DHS.

Evidence-Based Practice – recommended nursing interventions that have been shown to be effective when tested in clinical research.

Grandfathered CNA – an individual who has previously demonstrated to the satisfaction of the State that he or she had served as a nursing assistant at one or more facilities of the same employer in the State for at least 24 consecutive months before December 19, 1989. A grandfathered CNA may also be an individual who completed a training program before July 1, 1989 that would have met the requirements to be an approved training program if the approval had been offered at that time. Since the date the individual was grandfathered in as a CNA, that individual shall not have had a period of 24 consecutive months during which the individual did not provide nursing or nursing-related services for monetary compensation under the supervision of a ~~licensed~~ nurse. No additional individuals will be considered for grandfathered status.

Holistic Care – care that incorporates the whole person, i.e., physical, psychological, emotional and spiritual dimensions.

Home Health Aide – any person who meets the requirements of a CNA and provides part time and intermittent nursing services to a person in his or her residence according to a plan of treatment for illness or infirmity prescribed by a physician.

Interdisciplinary Team – a group of persons who represent those professions, disciplines or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician and a social worker and may include other professionals. In programs serving individuals with developmental disabilities, at least one member of the team shall be a Qualified Intellectual Disabilities Professional. The interdisciplinary team includes the resident; the resident's guardian; the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. Other terms often used in place of "Interdisciplinary Team" include, but are not limited to, Community Support Team (CST) or Individual Education Plan (IEP).

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Laboratory Environment – a designated location for laboratory instruction that includes a minimum of one bed per five students, access to hand-washing facilities, and clinical instruction equipment and supplies.

Laboratory Instruction – a teaching method used during the theory section of the training program, requiring the student to demonstrate skill competencies in a supervised laboratory environment.

Lead Instructor – the theory instructor who is responsible for providing day-to-day management of the class.

Licensed Practical Nurse or LPN – a person with a valid license to practice as a licensed practical nurse under the Nurse Practice Act.

Methodologies – instructional methods by which content or curriculum information is to be presented in a BNATP, i.e., lecture, discussion, audiovisual, demonstration and group activities.

Nurse – for purposes of this Part, a registered professional nurse (RN), a licensed practical nurse (LPN), or an advanced practice registered nurse (APRN), as these titles are defined in the Nurse Practice Act. ~~Nurse – a registered nurse or a licensed practical nurse as defined in the Nurse Practice Act. (Section 1-118 of the Act)~~

Nursing Assistant Training and Competency Evaluation Program or NATCEP – a training and competency program consisting of an approved ANATP or BNATP, demonstration of required performance skills, and the written competency evaluation.

Nursing Care – activities, performed by a person licensed under the Nurse Practice Act, that carry out the diagnostic, therapeutic and rehabilitative plan prescribed by the physician; care for the resident's environment; observing symptoms and reactions; and taking necessary measures, including the delegation and supervision of tasks, to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Personal Care – assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual, who is incapable of maintaining

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a private, independent residence or who is incapable of managing his or her person whether or not a guardian has been appointed for such individual.
(Section 1-120 of the Act)

Person-Centered Planning – a process through which persons with disabilities and with the support of families direct the planning and allocation of resources to meet their own life vision and goals.

Person-Centered Services – an approach to care focusing on individual rights and personal preferences.

Physician – any person licensed to practice medicine in all of its branches as provided by the Medical Practice Act of 1987.

Plan of Care – a strategy of action by the interdisciplinary team to address the needs of the individual, in keeping with the core values of Person-Centered Services. Other references used in place of "Plan of Care" include, but are not limited to, Individual Service Plan, Program Plan or Individual Habilitation Plan.

Plan of Correction – a written document, subject to the Department's or to DHS-DD's approval, that addresses a situation, condition or practice constituting ~~noncompliance~~~~non-compliance~~ by a training program. It shall include corrective actions specific to the cited deficiency, a procedure for implementation of the corrective actions, a monitoring procedure that ensures compliance with the requirements of this Part, the title of the person responsible for implementation, and the dated signature of the Program Coordinator.

Prerequisite – A requirement of education or training prior to completing additional training. A CNA shall complete and pass a BNATP program and achieve CNA certification as a prerequisite to enrollment in an ANATP.

Probation (BNATP ~~and ANATP~~~~Only~~) – an enforcement measure pursuant to Section 395.190 ~~or Section 395.260~~, applied by the Department for ~~noncompliance~~~~non-compliance~~ of a BNATP or ANATP, respectively.

Program – ANATP and BNATP.

Program Cluster Scores Summary Reports – monthly, annual, and biennial reports that provide a breakdown of training programs' examination results by specific

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content area for the purpose of program improvement and monitoring.

Program Coordinator (BNATP and ANATP~~Only~~) – a registered professional nurse who is approved by the Department, based upon meeting the requirements of Section 395.165(a) or Section 395.240(a). This individual is responsible for the planning, implementation, evaluation, and overall coordination of a BNATP or ANATP.

Program Sponsor (BNATP and ANATP~~Only~~) – an entity that has been approved by the Department to conduct an approved BNATP or ANATP. The entity types that may be approved as a program sponsor are listed~~as described~~ in Section 395.100 or Section 395.205.

Psychiatric Rehabilitation Services Aide or PRSA – an individual who meets the training requirements of a Psychiatric Rehabilitation Services Aide as described in Section 395.330.

Qualified Intellectual Disabilities Professional or QIDP – a person who meets the qualifications defined in 42 CFR 483.430(a).

Quality of Care – the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Quality of Life – care provided in a manner and in an environment that promote maintenance or enhancement of each resident's quality of life.

Registered Professional Nurse or RN – a person with a valid license to practice as a registered professional nurse under the Nurse Practice Act.

Resident or Client – A person who is receiving medical care, personal care, maintenance, or related services and supports. The term resident is used interchangeably in this Part to mean patient, client or person as appropriate to the regulatory setting. The term resident in this Part shall not be construed in any way to restrict the meaning to those living in long-term care facilities.

Special Content Instructor – a person who is approved by the Department or DHS to teach content related to his/her area of expertise, based upon meeting the requirements of Section 395.160(e).

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Suspension – temporary withdrawal of a program sponsor's approval to offer training program classes.

Syllabus (BNATP ~~and ANATP Only~~) – a document provided to the students by the BNATP ~~or ANATP~~ outlining information necessary for completion of the training program; this information shall include, but is not limited to, program policies and requirements, content outline and evaluation methods.

Theory Instruction (BNATP ~~and ANATP Only~~) – a teaching method using principles of education and learning in the classroom and laboratory environments to provide instruction to the student in accordance with the BNATP content outlined in Section 395.300 ~~or ANATP content outlined in Section 395.305~~. Theory instruction includes laboratory instruction and is provided by a Theory Instructor.

Theory Instructor – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.160 and is an approved evaluator or a QIDP who is approved by DHS-DD based upon meeting the requirements of Section 395.160(c).

Train the Trainer Instructor – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.155(f) and is an approved evaluator.

Train the Trainer Program (~~ANATP and BNATP Only~~) – a college-based or Department-approved program, of no fewer than 31 clock hours excluding meals and breaks, designed to prepare a registered professional nurse to teach in an ANATP or a BNATP. The Program includes the Alzheimer's component and may include an approved evaluator course~~Approved Evaluator Workshop~~. The Department will approve a Train the Trainer Program based upon the Program's meeting the requirements of Section 395.155.

Training Program (~~ANATP and BNATP Only~~) – an approved course curriculum, conducted by a program sponsor, that has not been suspended, for training of Certified Nursing Assistants ~~or Psychiatric Rehabilitation Services Aides~~.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

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Section 395.55 Incorporated and Referenced Materials

- a) The following federal statutes are referenced in this Part:
- 1) Americans With Disabilities Act (42 USC 12101)
 - 2) Nursing Home Reform Amendments of the Omnibus Budget Reconciliation Act of 1987 (Public Law 100-203)
 - 3) Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191)
 - 4) Older Americans Act (Public Law 89-73)
- b) The following federal regulations are incorporated in this Part:
- 1) 42 CFR 483.151, State Review and Approval of Nurse Aide Training and Competency Evaluation Programs (October 1, ~~2019~~2010)
 - 2) 42 CFR 483.152, Requirements for Approval of a Nurse Aide Training and Competency Evaluation Program (October 1, ~~2019~~2010)
 - 3) 42 CFR 483.156, Registry of Nurse Aides (October 1, ~~2019~~2010)
 - 4) 42 CFR 483.430(a), Standard: Qualified Intellectual Disability~~Mental Retardation~~ Professional (October 1, ~~2019~~2010)
- c) All incorporations by reference of federal regulations refer to the regulation on the date specified and do not include any amendments subsequent to the date specified.
- d) The following State statutes are referenced in this Part:
- 1) Nursing Home Care Act [210 ILCS 45]
 - 2) Nurse Practice Act [225 ILCS 65]
 - 3) Medical Practice Act of 1987 [225 ILCS 60]

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- 4) Private Business and Vocational Schools Act [of 2012](#) [105 ILCS [426425](#)]
- 5) Hospital Licensing Act [210 ILCS 85]
- 6) Home Health, Home Services, and Home Nursing Agency Licensing Act [210 ILCS 55]
- 7) Health Care Worker Background Check Act [225 ILCS 46]
- 8) Assisted Living and Shared Housing Act [210 ILCS 9]
- 9) ID/DD Community Care Act [210 ILCS 47]
- 10) Specialized Mental Health Rehabilitation Act [of 2013](#) [210 ILCS [4948](#)]
- 11) Community Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]
- [12\) MC/DD Act \[210 ILCS 46\]](#)

e) The following State rules are referenced in this Part:

- 1) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
- 2) Department of Public Health, Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
- 3) Illinois Board of Higher Education, Private Business and Vocational Schools (23 Ill. Adm. Code 1095)
- 4) Department of Human Services, Administration of Medication in Community Settings (59 Ill. Adm. Code 116)
- 5) Department of Human Services, Family Assistance and Home-Based Support Programs for Persons with Mental Disabilities (59 Ill. Adm. Code 117)

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- 6) Department of Human Services, Minimum Standards for Certification of Developmental Training Programs (59 Ill. Adm. Code 119)
- 7) Department of Human Services, Medicaid Home and Community-Based Waiver Services Program for Individuals with Developmental Disabilities (59 Ill. Adm. Code 120)

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.150 Minimum Hours of Instruction

- a) Time frames for Basic Nursing Assistant Training Programs
 - 1) Each program shall include a minimum of 120 hours of instruction, excluding breaks, meals, and any orientation to the program and clinical site.
 - 2) The basic program content shall be presented in a minimum time frame of three weeks, but cannot exceed 120 days, unless the training program is conducted by a community college or other educational institution on a term, semester, or trimester basis.
 - 3) The program shall include a minimum of 80 hours of theory instruction and 40 hours of clinical instruction.
 - 4) The program shall include a minimum of 12 hours of theory instruction related to Alzheimer's disease and other dementias, as described in Section 395.300(i), excluding breaks, meals and clinical conferences.
 - 5) The program shall include a minimum of four hours of theory instruction in CPR. Students shall be certified in CPR before the conclusion of the BNATP, except as provided in Section 395.300(f)(12)(I).
 - 6) The program shall include a minimum of 16 hours of training in the following areas, which shall be conducted prior to any direct contact with a resident (42 CFR 483.152(b)(1)):
 - A) Communication and interpersonal skills;

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- B) Infection control;
 - C) Safety/emergency procedures, including airway obstruction clearing procedures;
 - D) Promoting residents' independence; and
 - E) Promoting residents' rights.
- b) Time frames for Direct Support Person Training Programs
- 1) Each program shall include a minimum of 120 hours of instruction, excluding breaks, meals and any orientation to the specific policies of the employing facility.
 - 2) The basic program content shall be presented in a minimum time frame of three weeks, but cannot exceed 120 days, unless the training program is conducted by a community college or other educational institution on a term, semester, or trimester basis.
 - 3) Training shall consist of 40 hours of approved classroom instruction and at least 80 hours of approved on-the-job training.
- c) Time frame requirements for Psychiatric Rehabilitation Services Aide Training Programs
- 1) Each program shall include a minimum of 120 hours of instruction, excluding breaks, meals and any orientation to the specific policies of the employing facility.
 - 2) The basic program content shall be presented in a minimum time frame of three weeks, but cannot exceed 120 days.
 - 3) For the Health Care Skills Module only, there shall be a ratio of three hours of theory, including supervised laboratory instruction, to each hour of supervised clinical practice instruction. The other two modules shall consist of theory and supervised laboratory instruction.
 - 4) A waived program may contain fewer than 120 hours if all students are

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individuals who have satisfactorily completed an Illinois-approved BNATP, and have at least one year of experience in the last three years working as a nursing assistant with persons with mental illness.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.160 Instructor Requirements (BNATP Only)

- a) Requirements for Clinical and Theory Instructors in a BNATP
 - 1) The Department will evaluate each instructor for minimum requirements set forth in this Section and will approve or deny approval of the instructor before the instructor provides program instruction. The Program Coordinator~~program coordinator~~ shall submit a request for instructor approval 60 days prior to the first day of the course.
 - 2) Each theory and clinical instructor shall:
 - A) Be a registered professional nurse with a minimum of two years of nursing experience;
 - ~~B) Have no other duties while engaged in the training program;~~
 - BC) Have successfully completed a Department-approved evaluator courses~~sponsored Approved Evaluator Workshop~~ prior to initial approval. Registered nurses possessing a Bachelor of Science in Nursing (BSN) degree or higher are exempt from this requirement. An RN may not serve as the Program Coordinator or the sole instructor in a BNATP unless the RN has two years of experience teaching in a BNATP or has taken a Train the Trainer course and an approved evaluator course and complete a Department-sponsored Approved Evaluator Workshop refresher course every five years thereafter; and
 - CD) Have two years'~~one year of~~ experience as a registered professional nurse and one year of experience in one ~~or both~~ of the following areas:
 - i) Teaching theory in an accredited nurse training program;~~or~~

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- ii) Providing nursing care, including personal care and activities of daily living, to older adults or for chronically ill adults; or-
 - iii) One year of experience in the provision of long term care facility services or direct care.
 - 3) Only approved clinical and approved theory instructors shall be used.
 - 4) Each theory course instructor and each clinical instructor shall have completed a Department-approved Train the Trainer program. Registered professional nurses possessing a BSN degree or higher are exempt from this requirement. An RN may not serve as the Program Coordinator or the sole instructor in a BNATP unless the RN has two years of experience teaching in a BNATP or has taken a Train the Trainer course and an approved evaluator course.
 - ~~5) Each theory instructor and each clinical instructor shall complete a Department-approved Train the Trainer review program every five years.~~
- b) Requirements for Instructors of the Alzheimer's Disease and Related Dementias (Section 395.300(i)) portions of a BNATP
- 1) Each instructor shall meet the Clinical Instructor requirements in subsection (a).
 - 2) Each instructor shall also provide documentation of completion of a Department-approved specialized workshop, course, seminar, continuing education unit, or other approved training for instruction in Alzheimer's Disease and related dementias of at least four hours or four CEU credits. Registered professional nurses who possess a BSN degree or higher are not exempt from this requirement.
- c) Requirements for Instructors in a Direct Support Person Training Program
- 1) The Course Coordinatore~~course coordinator~~ shall monitor the Direct Support Person Training Program and shall ensure that instructors are qualified and are instructing the program as required, and that the required

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documentation is maintained.

- 2) Each classroom instructor shall meet at least one of the following requirements:
 - A) Be a QIDP with at least one year of experience with developmental disabilities programs and who has successfully completed a DHS-approved QIDP Orientation Training Program;
 - B) Have a valid Illinois teaching certificate with at least one year of experience with developmental disabilities programs;
 - C) Be a community college or college instructor with at least one year of teaching experience and familiarization with developmental disabilities programs; or
 - D) Be a special content instructor with at least one year of experience in his or her field of expertise and with at least one year of experience working with individuals with developmental disabilities.

- d) Requirements for Instructors in a Psychiatric Rehabilitation Services Aide Training Program
 - 1) Each program instructor shall meet the clinical instructor requirements in subsection (a) for each module taught, approved by the Department of Human Services' Division of Mental Health.
 - 2) Instructors for the Introduction to Mental Illness and Psychiatric Rehabilitation Module and the Psychiatric Rehabilitation Skills Module shall either:
 - A) Be a community college or college instructor with at least one year of teaching experience and familiarization with programs for individuals with serious mental illness; or
 - B) Have a bachelor's degree in a mental health-related field or be a certified psychiatric nurse and have at least three years of experience providing services to persons with serious mental

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illness.

- 3) Instructors for the Health Care Skills Module shall be a registered professional nurse with a minimum of two years of nursing experience. Instructors shall be required to have one year of experience as an RN~~a registered nurse~~ in one or both of the following areas:
 - A) Teaching an accredited nurse training program;
 - B) Caring for persons with serious mental illness through employment in a residential setting.
- e) A Special Content Instructor in an ANATP or~~a~~ BNATP and Direct Support Person Program shall have at least one year experience in his or her field of expertise. These would include, but not be limited to, registered professional nurses, Qualified Intellectual Disabilities Professionals, licensed practical nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. (See 42 CFR 483.152(a)(5)(iv).)
- f) Only Department- or DHS-DD-approved CPR instruction may be used. A CPR instructor shall provide current documentation of training at the health care provider level or health care provider instructor level from a nationally-recognized program. Documentation of current CPR certification at this level shall be maintained and provided to the Department or DHS-DD.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.162 Approved Evaluator (BNATP Only)

- a) Requirements for an Approved Evaluator and an Approved Outside Evaluator:
 - 1) Shall complete a theory/clinical~~be an approved clinical~~ instructor course and meet the requirements in Section 395.160(a); and
 - 2) Shall have successfully completed a Department-~~sponsored~~ approved evaluator course~~Approved Evaluator Workshop~~ prior to initial approval and completed a Department- sponsored Approved Evaluator Workshop

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~~refresher course every five years thereafter.~~ Registered professional nurses possessing a BSN degree are qualified to teach without this course. An RN may not serve as the Program Coordinator or the sole instructor in a BNATP unless he or she has two years of experience teaching in a BNATP or has completed a Train the Trainer course and approved evaluator course.

- b) For a facility-based BNATP, the program's Clinical Instructor/Approved Evaluator shall determine competencies on all approved performance skills. Selected performance skills as determined by the Department shall then be evaluated by an Approved Outside Evaluator, who shall have no fiduciary connection, within 30 days before or after the evaluation, with the facility at which the student is employed or will be employed.
- c) An Approved Evaluator shall have the following responsibilities:
 - 1) Evaluation of performance skills in conjunction with an approved BNATP;
 - 2) Evaluation of performance skills as an Approved Outside Evaluator for a facility-based program; and
 - 3) Evaluation of performance skills as part of the CNA recertification process.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.171 Health Care Worker Background Check

- a) A training program shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.
- b) ~~A training~~The program shall provide counseling to all individuals seeking admission to the training program concerning the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. The counseling shall include, at a minimum:
 - 1) Notification that a fingerprint-based criminal history records check will be initiated;

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- 2) A clear statement that a fingerprint-based criminal history records check is required for the individual to work as a direct access worker, a CNA or a Direct Support Person in Illinois; and
 - 3) A listing of those offenses in Section 25 of the Health Care Worker Background Check Act for which a conviction would disqualify the individual from finding employment as a direct access worker, a CNA or a Direct Support Person unless the individual obtained a waiver pursuant to Section 40 of the Health Care Worker Background Check Act.
- c) An individual shall not be allowed to enroll in a training program unless the individual has had:
- 1) A criminal background check that reveals no disqualifying convictions, unless a waiver has been granted; and
 - 2) No administrative findings of abuse, neglect, or misappropriation of property.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.175 Program Notification Requirements (BNATP Only)

The program sponsor shall submit, within 30 days after program completion, an official roster of all students who have successfully completed the training program. The official roster shall include, but not be limited to, the following required information:

- a) Student identification, including name, complete home address and Social Security number;
- b) Training program identification number;
- c) Program start and end dates;
- d) Signature, or other verification as prescribed by the Department, of the Program Instructor and Approved Evaluator, when appropriate, or Curriculum Coordinator, as applicable. (Any additional signatures are optional.)

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(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.205 Program Sponsor (ANATP Only)

The sponsor of an ANATP shall be a community college, vocational or private business school, long term care facility, or home health agency licensed or certified by the State of Illinois and approved by the Department. Secondary schools shall not operate an ANATP. The sponsor shall already have a Department-approved BNATP.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.210 Application for Program Approval (ANATP Only)

- a) The program sponsor shall submit a letter of application for program approval to the Department at least 90 days prior to the scheduled beginning of the training program. The program sponsor shall not offer the ANATP prior to receipt of written approval from the Department. The Department will not grant retroactive approval of an ANATP. The program sponsor shall submit a letter of application for each theory site operating under the program sponsor's sponsorship.
- b) The application shall include, at a minimum, the following documentation:
- 1) A statement that the training program being proposed is for the ANATP;
 - 2) A statement of the program summary, including the philosophy, rationale, and purpose of the program;
 - 3) A statement that the Department's model program based on this Section is being used. No modifications shall be made to the model program content;
 - 4) An outline indicating the time allocation of each module. Minimum numbers of hours, excluding breaks and meals, are indicated in the model program;
 - 5) A course syllabus;
 - 6) An ANATP course schedule, completed in a form and manner prescribed by the Department;

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- 7) Resumes describing the education, experience, and qualifications of the Program Coordinator and each instructor, including a copy of any valid Illinois licenses and certifications, as applicable;
 - 8) A statement that a clinical site agreement shall be obtained for the use of facilities and equipment that are not owned or operated by the program sponsor. Clinical site agreements shall be in place prior to the commencement of the clinical practicum. Agreements shall be signed by the owner, operator, or administrator of the facilities or equipment and by the program sponsor;
 - 9) A sample of the certificate of completion that will be provided to participants who have successfully completed the ANATP;
 - 10) A description of evaluative methods to be used by the program, including copies of the evaluation tools used in laboratory instruction and the clinical environment;
 - 11) A copy of the attendance policy;
 - 12) A copy of the policy for make-up hours for absences, if allowed by the program, or absences for unforeseen circumstances; and
 - 13) A statement showing an approved and active BNATP, including program code number.
- c) The program sponsor shall submit the application for approval of the ANATP to the Department's Education and Training Division.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.215 Review Process and Program Approval (ANATP Only)

- a) The Department will evaluate the application and proposed ANATP for conformance to the program requirements contained in this Part. Based on the Department review, the Department will either approve or deny the program application.

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- b) If the Department denies the program application for failure to comply with the program requirements contained in this Part, the Department will notify the sponsor in writing and request additional or revised documentation necessary to remedy program application deficiencies.
- c) When the Department finds that a proposed program, along with any additional materials and revisions that have been submitted, complies with the program requirements contained in this Part, the Department will issue a written notice of program approval to the program sponsor.
- d) The Department will issue an identification number to each approved ANATP. The sponsor shall reference that number in any correspondence to the Department.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.220 Review of Approved Program (ANATP Only)

- a) The Department will review each approved program for renewal at least every two years.
- b) The program renewal review shall evaluate compliance with this Part and include, if necessary, an onsite monitoring visit.
- c) Determination of the need of additional onsite visits and other monitoring activities by the Department will be based upon:
 - 1) The proportion of an approved training program's students who successfully complete the training program;
 - 2) The program cluster scores summary reports, which are measures of performance of a BNATP or ANATP;
 - 3) The nature of complaints that may warrant investigation by the Department;
 - 4) Submission of incorrect documentation; and

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- 5) Review of noncompliance issues resulting in probation or suspension of program approval.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.225 Inactive Status (ANATP Only)

- a) The Department shall place an approved program on inactive status upon receipt of a written request from the program sponsor to be placed on inactive status, or if there has been no program activity for 24 consecutive months.
- b) To apply for active status, an approved program that has been on inactive status shall submit an application and materials as required in Section 395.210.
- c) The request for return to active status shall be submitted no fewer than 90 days prior to the scheduled beginning of a CNA II class.
- d) Based on review of the application and materials for return to active status, the Department will approve or disapprove the application pursuant to Section 395.215.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.230 Minimum Hours of Instruction (ANATP Only)

- a) Each program shall include a minimum of 120 hours of instruction, excluding breaks, meals, and any orientation to the program or clinical practicum. The course hours shall be divided between:
- 1) 80 hours of theory/laboratory instruction; and
 - 2) 40 hours of clinical practicum.
- b) The theory/laboratory content shall be presented in a minimum time frame of four weeks. Program sponsors may determine the appropriate length of the program.
- c) Clinical practicum shall not commence until theory/lab instruction is successfully completed.

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(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.235 Instructor Requirements (ANATP Only)Requirements for ANATP Instructor

- a) Each ANATP instructor shall be evaluated for minimum requirements and approved or denied by the Department prior to providing program instruction. A request for instructor approval shall be submitted by the Program Coordinator 60 days prior to the first day of the course.
- b) Each ANATP instructor shall:
 - 1) Be a registered professional nurse with a minimum of two years nursing experience providing direct care; and
 - 2) Have experience as an RN in at least one of the following:
 - A) One year experience teaching theory in an approved BNATP;
 - B) One year experience teaching theory in an accredited nurse's training program and have successfully completed a Department-approved Train the Trainer Program and approved evaluator course; or
 - C) At least one year experience in development, teaching and evaluation in health related courses and have successfully completed a Department-approved Train the Trainer Program and approved evaluator course.
- c) A Clinical Instructor shall:
 - 1) Be a registered professional nurse;
 - 2) Have successfully completed a Department-approved Train the Trainer and approved evaluator course. RN's possessing a BSN degree or higher are exempt from this requirement. An RN may not serve as the Program Coordinator or the sole instructor in an ANATP unless the RN has two

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years of experience teaching in an ANATP or BNATP or has taken a Train the Trainer course and approved evaluator course;

- 3) Be mutually identified and approved by the theory instructor and program sponsor; and
- 4) Have completed clinical instructor orientation as designed by the program sponsor and agreed to comply with established guidelines.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.240 Program Coordinator (ANATP Only)

- a) The Program Coordinator shall be a registered professional nurse. Documentation of approval shall be provided to the Department.
- b) Responsibilities for Program Coordinator include:
 - 1) Planning, implementation, evaluation, and overall coordination of a program as required;
 - 2) Planning, implementation, evaluation, and overall coordination of competency testing submission;
 - 3) Completing, verifying, and submitting accurate documentation as required;
 - 4) Functioning as primary contact in communications with the Department;
 - 5) Formulating, implementing, and communicating corrective measures as required by the Department; and
 - 6) Notifying the Department, in writing, of any change in the Program Coordinator. This notification shall be made within five business days after the change in the Program Coordinator.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.245 Program Operation (ANATP Only)

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- a) An ANATP course schedule shall be submitted to the Department no later than 15 business days prior to the start date of each CNA II class (see Section 395.210(b)(6)).
- b) Each student shall be required to demonstrate competency in the required ANATP performance skills in the laboratory environment.
- c) Student-to-instructor maximum ratio shall be no more than 16 students to one instructor in the laboratory environment.
- d) The program shall provide access to medical equipment and supplies that allow students to practice and demonstrate required skills outlined in the model program.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.250 Successful Completion of the Advanced Nursing Assistant Training Program (ANATP)

- a) Upon successful completion of an ANATP, a student will be a CNA II who is active on the Illinois Department of Public Health's Health Care Worker Registry (HCWR).
- b) A student shall successfully complete all components of the ANATP, including the:
 - 1) Model program content;
 - 2) Model program performance skills; and
 - 3) Program clinical practicum.
- c) Upon successful completion of the ANATP, a student is eligible to take the Department-established written competency exam.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.255 Program Notification Requirements (ANATP Only)

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The program sponsor shall submit, within 30 days after program completion, an official roster of all students who have successfully completed the training program, in a form and manner prescribed by the Department. The information shall include, but is not limited to, the following required information:

- a) Student identification, including name, complete home address, and social security number;
- b) Training program identification number; and
- c) Program start and end dates.

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.260 Denial, Suspension, and Revocation of Program Approval (ANATP Only)

- a) Denial of Approval of a Proposed Program
If the Department finds that a proposed program, along with any additional information and revisions that are submitted, fails to comply with the program requirements contained in this Part, the Department will notify the sponsor in writing of denial of program approval. The notice to the sponsor shall state the reasons for the denial, the right of the sponsor to appeal the denial, and the right to a hearing before the Department.
- b) Noncompliance By an Approved Program
If the Department, upon evaluation or during monitoring, finds that an approved program does not comply with the program requirements contained in this Part, the Department will notify the sponsor in writing with a Notice of Findings of Noncompliance (Notice).
 - 1) Violations that constitute noncompliance shall include, but are not limited to:
 - A) The instructor is not approved by the Department;
 - B) The instructor does not meet the requirements in accordance with Section 395.235 and is not approved by IDPH;

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- C) The program is not conducted in accordance with the ANATP course schedule;
 - D) The official roster of students was not submitted to the Department within 30 days after program completion;
 - E) The instruction is not following the approved curriculum;
 - F) The instruction is being held at a location other than the approved site or sites;
 - G) The program is less than the minimum requirement of 120 hours of training (see Section 395.230(a));
 - H) The ANATP course schedule was not received within 15 days prior to the first scheduled class day without prior communication with the Department about a delay;
 - I) The program exceeds the 16-to-one student-to-instructor ratio for the laboratory environment;
 - J) The laboratory environment does not meet requirements in Section 395.50;
 - K) There was no review of the approved training program pursuant to Section 395.220;
 - L) The program exceeds the eight-to-one student-to-instructor ratio for the clinical environment.
- 2) The ANATP shall submit a written plan of correction, with completion dates, to address all findings of noncompliance within 10 business days following receipt of the Department's notification.
- 3) The ANATP shall submit evidence of resolution of the findings of noncompliance within 30 days after the date of the ANATP plan of correction.

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4) An ANATP found in noncompliance may be subject to follow-up monitoring by the Department.

c) Probation

If the Department determines that the findings of noncompliance in the Notice (see subsection (b)) have not been corrected, the Department will issue a Notice of Probationary Status that will remain in effect until the deficiencies have been corrected and the Department has notified the ANATP that the probation is lifted.

1) The Notice of Probationary Status will include the conditions of, and the duration of, the probationary period.

2) If the Department determines that the findings in the Notice have been corrected during the probationary period, the Department will remove the ANATP from probationary status.

3) The Department will notify the ANATP in writing when the probationary status has been lifted.

d) Suspension/Revocation

If the Department determines that the findings in the Notice have not been corrected, within 90 days after the Department has issued the Notice of Probationary Status, the Department will suspend or revoke its approval of the program, subject to appeal.

1) Suspension

A) The Department will issue a Notice of Suspension that includes the duration of the suspension and the conditions of reinstatement.

B) An ANATP placed on suspension shall not conduct CNA II classes until notified by the Department in writing that its suspension has been lifted.

C) The Department will notify the ANATP in writing when the suspension has been lifted.

2) Revocation

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An ANATP whose approval has been revoked shall not conduct CNA II classes.

- e) Appeal
If the approval of an ANATP has been denied, suspended, or revoked, the program sponsor may submit a written appeal of the action and a request for a hearing within 10 business days after receiving notification of the action. Failure to request an appeal within 10 business days after notification will result in the immediate implementation of any sanctions, actions, probationary periods, or additional requirements originally listed in the Notice of Findings of Noncompliance.
- f) Hearings
All hearings under this Part will be conducted in accordance with Department hearing rules (Practice and Procedure in Administrative Hearings).

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

SUBPART B: TRAINING PROGRAM CURRICULA REQUIREMENTS

Section 395.300 Basic Nursing Assistant Training Program

The BNATP shall include, at a minimum, the following:

- a) Module I – Introduction to Health Care
- 1) Functions of Health Care Organizations. Objectives: upon completion of this unit, the student will be able to:
- A) Describe the purposes and services of health care facilities/agencies, which include, but are not limited to, the following health care settings:
- i) Long-term care facilities;
- ii) Hospitals;
- iii) Rehabilitation facilities;

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- iv) Home health agencies; and
 - v) Hospice care.
- B) Person-Directed Care Across All Settings. Objectives: upon completion of the unit, the student will be able to:
- i) Explain the philosophy of person-directed care;
 - ii) Discuss the concepts of person-directed care, which are self-determination, individual needs, ability focused, person before task, individualized choices, relationship building, holistic focused, and spontaneous activities;
 - iii) Contrast person-directed care with task-centered care;
 - iv) Explain how the CNA can apply the concepts to provide person-directed care; and
 - v) Discuss the impact of a person-directed care model on those involved, including caregiver, elders and the health care facility.
- 2) The Interdisciplinary Team. Objectives: upon completion of this unit, the student will be able to:
- A) Discuss the purpose of the Interdisciplinary Team;
 - B) Describe ways to enhance the ability of the Interdisciplinary Team to accomplish its purpose;
 - C) Describe the role of each member of the Interdisciplinary Team;
 - D) Examine ways in which a CNA can become an effective team member; and
 - E) Discuss the crucial role of the CNA with the health care team.

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- 3) The CNA Role Across Health Care Settings. Objectives: upon completion of this unit, the student will be able to:
- A) Demonstrate professional behaviors expected of a CNA in appearance and behaviors;
 - B) Describe work ethics for CNAs, including qualities, legal implications and ethical behaviors;
 - C) Identify competency standards in CNA practice, which include standardized testing and maintaining safety;
 - D) Discuss person-directed qualities by describing the attributes of:
 - i) An effective communicator and demonstrate effective interpersonal communication techniques;
 - ii) A resident advocate and describe methods to promote a resident's independence in decision making;
 - iii) A relationship builder and examine ways to build effective interpersonal relationships; and
 - iv) An effective team player and describe ways to promote the quality of life for persons in the CNA's care;
 - E) Discuss the importance of the scope of practice for a CNA;
 - F) Examine the legal limits of the CNA role;
 - G) Explain the importance of a job description for a CNA;
 - H) Explore the components of a CNA job description; and
 - I) Discuss the importance of delegation and list the five rights of delegation:
 - i) Right task;

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- ii) Right circumstance;
 - iii) Right person;
 - iv) Right direction/communication; and
 - v) Right supervision.
- 4) Nursing Assistant as a Para-professional. Objective: upon completion of this unit, the student will be able to:
- A) Discuss current State and federal regulations related to CNA certification;
 - B) Explain the requirements for maintaining CNA certification on the Health Care Worker Registry, which include accessing, updating information and maintaining certification;
 - C) Discuss the purpose of and disqualifying convictions for the Health Care Worker Background Check; and
 - D) Develop awareness of resources to enhance career development for CNAs through CNA organizations, continuing education and career ladders.
- 5) Information Sharing. Objectives: upon completion of this unit, the student will be able to:
- A) Know frequently used medical terminology and abbreviations;
 - B) Describe the purpose and list components of the health care record;
 - C) Discuss pertinent information that should be reported to the [RN nurse](#) and give examples of observations that need to be reported immediately;
 - D) Know the legal aspects of recording in the health care record;

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- E) Discuss the requirements for recording in the health care record;
and
 - F) Describe how the Interdisciplinary Team works together to develop an individualized plan of care:
 - i) Define the nursing process;
 - ii) Differentiate between the role of the CNA and the role of the [RN nurse](#) in the nursing process;
 - iii) List the steps of the nursing process;
 - iv) Differentiate between objective and subjective information;
and
 - v) Discuss the role and the responsibilities of the CNA in reporting observations, developing a plan of care, and following the person's individualized plan of care.
- b) Module II – Rights and Relationships
- 1) Rights. Objectives: upon completion of this unit, the student will be able to:
 - A) Identify basic human rights;
 - B) Discuss the importance of State and federal regulations in promoting resident rights:
 - i) Describe the purpose of the Health Insurance Portability and Accountability Act (HIPAA);
 - ii) Explain the role of the CNA in ensuring compliance with HIPAA;
 - iii) Identify resident rights according to the Omnibus Budget Reconciliation Act of 1987 (OBRA);

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- iv) Discuss how following the State and federal regulations enhances the resident's quality of life;
 - v) Discuss how following the State and federal regulations enhances the resident's quality of care; and
 - vi) Describe the purpose of the Ombudsman Program (Older Americans Act);
- C) Identify key concepts for person-directed care and discuss ways to apply the concepts for person-directed care:
- i) Discuss the importance, principles and methods of building relationships with residents and family. The principles include, but are not limited to, trust, respect and commitment;
 - ii) Discuss methods for building relationships;
 - iii) Discuss ways to promote care partnerships;
 - iv) Discuss strategies the CNA can use to support a culture of home;
 - v) Examine the CNA's role in promoting care partnerships;
 - vi) Differentiate between care practices that are person-directed versus an institutional model; and
 - vii) Discuss some of the limitations that the CNA may encounter focusing on person-directed care;
- D) Discuss the importance and describe the principles of culture competence:
- i) Examine ways in which the culture of an elder may differ from the culture of the caregiver, such as generational, communication, family and religious differences, and differences in customs; and

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- ii) Recognize the impact of the CNA's views and values on the care provided;
- E) Discuss abuse, neglect and theft:
 - i) Describe the types of abuse, neglect and theft that occur in the health care setting;
 - ii) Discuss ways that elder abuse, neglect and theft can be prevented;
 - iii) Describe indications of abuse, neglect and theft;
 - iv) Explain the CNA's role in reporting elder abuse, neglect and theft;
 - v) Discuss requirements for reporting abuse, neglect and theft; and
 - vi) Discuss consequences of abusing, neglecting or stealing from a resident.
- 2) Holistic Care. Objectives: upon completion of this unit, the student will be able to:
 - A) Explain the importance and describe the components of holistic care, which include, but are not limited to:
 - i) Physical;
 - ii) Social;
 - iii) Psychological; and
 - iv) Spiritual;
 - B) Discuss the culture of aging:

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- i) Describe the impact that physical changes may have on a person's self-image;
 - ii) Discuss the psychological effects of loss on the elder;
 - iii) Discuss the impact of aging on the family; and
 - iv) Describe how elders are viewed in society;
- C) Describe ways in which the CNA can meet basic human needs of the elder and implement evidence-based practices to provide holistic care.
- 3) Communication. Objectives: upon completion of this unit, the student will be able to:
- A) List the components of communication;
 - B) Describe the principles of communication;
 - C) Identify the types of communication:
 - i) Distinguish between verbal and non-verbal communication; and
 - ii) Describe the appropriate use of touch in communication;
 - D) Identify effective techniques for enhancing communication, which include, but are not limited to:
 - i) Active listening;
 - ii) Focusing on feelings;
 - iii) Providing feedback;
 - iv) Observing non-verbal clues; and
 - v) Defusing anger;

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- E) Discuss barriers to the communication process, which include, but are not limited to:
 - i) Language;
 - ii) Culture;
 - iii) Perception; and
 - iv) Situation;
 - F) Discuss the CNA's responsibility for effective communication.
- 4) Interpersonal Relationships. Objectives: upon completion of this unit, the student will be able to:
- A) Describe professional boundaries in relationships with residents;
 - B) Discuss the importance of developing therapeutic relationships;
 - C) Discuss the importance of building relationships within the health care team; and
 - D) Describe appropriate relationship boundaries for a CNA as a member of the health care team.
- c) Module III – Infection Control in the Health Care Setting
- 1) Infection Control Issues. Objectives: upon completion of this unit, the student will be able to explain the following:
- A) Microorganisms
 - i) List the different types of microorganisms;
 - ii) Differentiate between non-pathogens and pathogens;
 - iii) Describe the role normal flora play in resisting infection;

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- iv) Explain the importance of practicing asepsis in order to decrease a person's chance of developing a facility-acquired infection;
 - v) Identify common microbes that are drug resistant;
 - vi) Describe the implications of drug-resistant microbes; and
 - vii) List the requirements that microorganisms need for survival and growth;
- B) Chain of infection
- i) Explain the role that each link in the chain of infection plays in transmitting disease; and
 - ii) Identify factors that increase a person's risk of acquiring an infection;
- C) Signs and symptoms of infection
- i) List and describe signs and symptoms of infection, which include, but are not limited to, pain, heat, redness, swelling and change in resident behavior; and
 - ii) List ways in which a CNA can prevent the spread of infection;
- D) Asepsis in health care
- i) Differentiate between clean and sterile techniques; and
 - ii) Describe principles for medical asepsis;
- E) State and federal regulations. Discuss the role of the CNA in meeting current State and federal regulations related to infection control in health care settings;

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- F) Skills in hand hygiene
 - i) Identify situations requiring hand hygiene techniques;
 - ii) Describe techniques for proper hand hygiene; and
 - iii) Demonstrate proper hand hygiene techniques;
- G) Skills in isolation techniques
 - i) Discuss the impact of isolation on a person's well-being;
 - ii) Differentiate between standard precautions and transmission-based precautions;
 - iii) Contrast nursing care for persons with each category of transmission-based precautions;
 - iv) Demonstrate procedures according to established guidelines for Personal Protective Equipment (PPE);
 - v) Select the appropriate PPE for both standard and transmission-based precautions; and
 - vi) Demonstrate the procedure of removing PPE used in isolation.
- 2) Equipment and Supplies. Objectives: upon completion of this unit, the student will be able to:
 - A) Discuss methods of disinfection;
 - B) Discuss methods of sterilization; and
 - C) Explain the role of the CNA in properly caring for equipment and supplies.
- d) Module IV – Emergency Procedures

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- 1) Fire Safety. Objectives: upon completion of this unit, the student will be able to:
 - A) List the three main types of fire:
 - i) Oil/grease;
 - ii) Electrical; and
 - iii) Paper/wood;
 - B) List the three elements necessary for a fire;
 - C) Describe risk factors for a fire, which include, but are not limited to:
 - i) Oxygen;
 - ii) Impaired cognition;
 - iii) Electrical hazards; and
 - iv) Smoking;
 - D) Explain safety precautions when oxygen is in use;
 - E) Describe the responsibility of the CNA in fire prevention;
 - F) Describe the actions a CNA should take in the event of a fire, including:
 - i) Initial response;
 - ii) Demonstrating the proper use of a fire extinguisher; and
 - iii) Listing methods other than a fire extinguisher that may be used to extinguish a fire.

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- 2) Disasters. Objectives: upon completion of this unit, the student will be able to:
 - A) Describe appropriate actions of the CNA in response to natural disasters, which include, but are not limited to:
 - i) Storm/tornado;
 - ii) Severe weather;
 - iii) Floods; and
 - iv) Earthquake;
 - B) Describe appropriate actions of the CNA in response to man-made disasters, which include, but are not limited to:
 - i) Bomb threats; and
 - ii) Terrorist attacks;
 - C) Explain the role of the CNA in relation to emergency preparedness.
- 3) Foreign Body Airway Obstruction. Objectives: upon completion of this unit, the student will be able to:
 - A) Differentiate between partial airway obstruction and complete airway obstruction;
 - B) Demonstrate the procedures for dislodging a foreign body in:
 - i) A conscious victim; and
 - ii) An unconscious victim.
- 4) Incidents. Objectives: upon completion of this unit, the student will be able to:

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- A) Identify the responsibility of the CNA when:
 - i) Assisting a resident who has fallen;
 - ii) A resident has eloped;
 - iii) A resident has sustained a thermal injury;
 - iv) A resident has a skin tear or bruise; and
 - v) A resident has ingested a harmful substance;
 - B) Identify the role of the CNA in providing psychosocial support after an incident/emergency.
- 5) State and Federal Regulations. Objective: upon completion of this unit, the student will be able to review current State and federal regulations pertaining to resident rights during an emergency.
- e) Module V – Injury Prevention in the Health Care Environment
- 1) Risk Management. Objectives: upon completion of this unit, the student will be able to:
 - A) Explain and discuss State and federal regulations:
 - i) Explain the role of the CNA in meeting current State and federal regulations pertaining to injury;
 - ii) Discuss the role of the Occupational Safety and Health Administration (OSHA) in relation to injury prevention; and
 - iii) Explain the purpose of the Material Safety Data Sheets;
 - B) Explain and discuss ergonomics:
 - i) Explain the importance of ergonomics to the health care worker;

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- ii) Describe risk factors for the CNA that may contribute to injury;
 - iii) Demonstrate consistent use of body mechanics while providing care;
 - iv) Explain the principles of body mechanics;
 - v) Discuss techniques to ensure proper body mechanics; and
 - vi) Describe equipment to assist in promoting proper body mechanics.
- 2) Resident Safety. Objectives: upon completion of this unit, the student will be able to:
- A) Discuss the importance of maintaining safety for the resident;
 - B) Identify factors in the elderly that contribute to an increased risk for injury;
 - C) Determine the CNA responsibility regarding each of the following safety issues:
 - i) Falls;
 - ii) Elopement;
 - iii) Resident identification;
 - iv) Thermal injury;
 - v) Skin tears;
 - vi) Choking; and
 - vii) Poisoning;

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- D) Explain and discuss restraint safety:
 - i) Analyze the adverse psychological and physical effects of restraining a resident;
 - ii) Explain how to maintain resident's rights when a safety device or restraint must be applied;
 - iii) Discuss the legal implications of restraint usage;
 - iv) Discuss the right of a resident not to be restrained;
 - v) Discuss industry movement toward restraint-free environments;
 - vi) Explore the various alternatives to applying restraints;
 - vii) Demonstrate application of a less restrictive alternative;
 - viii) Recognize when a device is considered a restraint; and
 - ix) Compare and contrast chemical and physical restraints with less restrictive alternatives and positioning devices;
 - E) Examine the responsibilities of the CNA in maintaining resident safety in regard to:
 - i) Person-directed strategy;
 - ii) Observation of actual risk and potential risk;
 - iii) Documentation; and
 - iv) Reporting.
- 3) Personal Safety. Objectives: upon completion of this unit, the student will be able to:

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- A) Describe environmental factors that have an impact on personal safety in the workplace;
- B) Explain and discuss workplace violence:
 - i) Discuss the various types of violence encountered in the work environment;
 - ii) Explain risk factors for violence in the workplace; and
 - iii) Discuss techniques to decrease the likelihood of encountering workplace violence.
- 4) Equipment Safety. Objectives: upon completion of this unit, the student will be able to:
 - A) Discuss the responsibility of the CNA for assuring safe use of equipment; and
 - B) Examine the importance of proper reporting of unsafe equipment.
- 5) Documentation. Objectives: upon completion of this unit, the student will be able to:
 - A) Describe various types of documentation required when safety infractions have occurred; and
 - B) Discuss the responsibility of the CNA for documenting problems related to safety.
- f) Module VI – Care of the Resident
 - 1) Resident Living Space. Objectives: upon completion of this unit, the student will be able to:
 - A) Explain why a comfortable environment is important to a person's well-being;
 - B) Identify and discuss factors related to residential living space:

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- i) Identify the environmental factors that can affect a person's comfort in his or her living space; and
 - ii) Discuss the importance of personal belongings in the person's environment;
- C) Explain and discuss the role of furniture and equipment in residential living space:
- i) Discuss safety issues when operating a bed;
 - ii) Demonstrate how to operate a bed;
 - iii) Examine reasons for use of various bed positions;
 - iv) Demonstrate placing a hospital bed in various positions;
 - v) Explain how the over-bed table is used by the health care team and the resident;
 - vi) Demonstrate how to raise and lower the over-bed table;
 - vii) Describe how the bedside stand is used by the health care team and the resident;
 - viii) Explain why curtains and screening devices are important for the purposes of privacy;
 - ix) Identify the limitations of curtains and screening devices; and
 - x) Identify other equipment that is generally part of a resident's room;
- D) Explain the rules for proper maintenance of the resident's living space;
- E) Explain and discuss call system devices:

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- i) Demonstrate prompt response to signal lights or call system devices;
 - ii) Explain various types of call systems; and
 - iii) Discuss use of alternatives if a call system fails;
- F) Explain and discuss bed making:
- i) Explain the importance of bed making for the person's comfort and well-being, encouraging personal preferences, and identifying the person's preferences when handling personal linens;
 - ii) Explain and demonstrate aseptic techniques when handling linens;
 - iii) Discuss the guidelines for making beds;
 - iv) Explain the difference between an unoccupied and occupied bed; and
 - v) Demonstrate making a closed bed an open bed and an occupied bed, according to established standards;
- G) Examine the importance of frequent observations of the resident in his/her living space, including, but not limited to:
- i) Side rails;
 - ii) Bed position;
 - iii) Call light;
 - iv) Safety alarms;
 - v) Personal items;

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- vi) Linens; and
 - vii) Personal preferences;
 - H) Demonstrate consistent maintenance of resident's comfort and safety.
- 2) Admission, Transfer, Discharge. Objectives: upon completion of this unit, the student will be able to:
- A) Discuss admission procedures:
 - i) Compare and contrast admission to various types of health care settings;
 - ii) Discuss the emotional responses a person may experience when admitted to a health care facility;
 - iii) Identify the equipment needed to admit a person;
 - iv) Describe the process for admitting a person to the facility; and
 - v) Recognize the CNA's role in the care of a person being admitted;
 - B) Discuss room transfers:
 - i) Identify the need for room transfers;
 - ii) Discuss the emotional responses that a person may experience when transferred to a different room;
 - iii) Describe the process used to transfer a resident from one room to another;
 - iv) Recognize the CNA's role in the care of a person transferring to a different room; and

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- v) Discuss the strategies the CNA uses to support a smooth transition to another room;
- C) Discuss discharge procedures:
 - i) Identify places to which a person may be discharged;
 - ii) Discuss the emotional responses a person may experience when being discharged to various facilities;
 - iii) Described the process for discharging a resident; and
 - iv) Recognize the CNA's role in the care of the person being discharged;
- D) Demonstrate skills: height, weight:
 - i) Identify the purpose of obtaining height and weight measurements; and
 - ii) Demonstrate obtaining a person's height and weight measurements according to established standards.
- 3) Psychosocial Concerns. Objectives: upon completion of this unit, the student will be able to:
 - A) Explain the importance of recognizing psychosocial concerns;
 - B) Discuss psychosocial concerns common to residents;
 - C) Describe common behaviors associated with how a person is feeling;
 - D) Recognize the CNA's role in meeting the resident's psychosocial needs, which include:
 - i) Person-directed strategies;
 - ii) Observations;

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- iii) Documentation; and
 - iv) Reporting.
- 4) Promoting Resident Comfort and Managing Pain. Objectives: upon completion of this unit, the student will be able to:
- A) Recognize indicators that a resident is not comfortable and the CNA's role in maintaining a person's comfort, which includes:
 - i) Person-directed strategies;
 - ii) Observations;
 - iii) Documentation; and
 - iv) Reporting;
 - B) Discuss the importance of identifying when a person is experiencing pain:
 - i) Recognize indicators of a person experiencing pain;
 - ii) Compare various methods used for pain level evaluation;
 - iii) Examine non-pharmacological methods a CNA may use to assist a person in managing pain, which may include massage, imagery, relaxation technique, music or pet therapy;
 - iv) Recognize the CNA's role in caring for a person experiencing pain, which includes person-directed strategies, observations, documentation and reporting.
- 5) Body Structure. Objectives: upon completion of this unit, the student will be able to explain the organization of the human body, including cells, tissue, organs and systems.

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- 6) Integumentary System. Objectives: upon completion of this unit, the student will be able to:
- A) Identify the structures of the integumentary system;
 - B) Identify the functions of the integumentary system;
 - C) Discuss how changes in the skin may affect a person's life physically, psychologically and socially;
 - D) Discuss healthy skin:
 - i) Discuss the importance of maintaining healthy skin;
 - ii) Describe factors affecting the maintenance of healthy skin; and
 - iii) Recognize the CNA's role in promoting healthy skin;
 - E) Discuss common health concerns:
 - i) Identify various skin conditions, such as too moist, too dry, poor skin turgor, alterations in color, fragility and allergic reactions;
 - ii) Discuss common communicable diseases affecting the skin, such as shingles, scabies, fungal infections and pediculosis; and
 - iii) Discuss common injuries to the skin and examine various methods to prevent injuries, which include, but are not limited to, skin tears, contusions and burns;
 - F) Discuss pressure ulcers:
 - i) Identify the persons at risk for developing pressure ulcers;
 - ii) Identify the stages of pressure ulcers;

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- iii) List the sites where pressure ulcers are likely to develop;
 - iv) List the causes of pressure ulcers;
 - v) Explain interventions the CNA can take to prevent pressure ulcers;
 - vi) Describe various treatments for pressure ulcers; and
 - vii) Examine various actions taken by the CNA to care for the person with skin abnormalities;
- G) Recognize the CNA's role in preventing pressure ulcers, which includes:
- i) Person-directed strategies;
 - ii) Observations;
 - iii) Documentation; and
 - iv) Reporting;
- H) Explain and demonstrate oral hygiene skills:
- i) Explain why oral hygiene helps meet the person's basic needs;
 - ii) Identify the supplies needed for oral hygiene;
 - iii) Demonstrate how to assist the person to brush his/her teeth, according to established standards;
 - iv) Demonstrate how to brush a person's teeth according to established standards;
 - v) Describe how to floss a person's teeth according to established standards;

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- vi) Describe special measures a CNA needs to practice when handling dentures;
 - vii) Demonstrate cleaning of dentures, according to established standards;
 - viii) Demonstrate insertion of dentures;
 - ix) Demonstrate removal of dentures;
 - x) Describe the special measures that need to be taken when providing mouth care for the unconscious resident;
 - xi) Explain when mouth care should be given to the unconscious resident;
 - xii) Describe how to perform mouth care on an unconscious resident, according to established standards; and
 - xiii) Recognize the CNA's role when providing oral hygiene;
- I) Discuss bathing skills:
- i) Explain why bathing is important for meeting basic needs;
 - ii) Identify the factors that influence the bathing method chosen by a person and the health care team;
 - iii) Discuss the bathing schedule;
 - iv) Compare various types of skin care products;
 - v) Recognize the CNA's role in the application of skin care products;
 - vi) Describe the procedural steps for various types of bathing, such as complete bed bath, partial bath, tub bath and shower;

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- vii) Perform a complete bed bath, according to established standards;
 - viii) Demonstrate giving a partial bed bath, according to established standards;
 - ix) Explain procedures used when assisting a person to take a tub bath, according to established standards;
 - x) Demonstrate procedures used when assisting a person to take a shower, according to established standards;
 - xi) Discuss alternatives to traditional bathing methods; and
 - xii) Recognize the CNA's role in bathing the resident;
- J) Discuss and identify back massage skills:
- i) Identify the purpose of a back massage; and
 - ii) Demonstrate a back massage, according to established standards;
- K) Explain and discuss perineal care skills:
- i) Explain the purpose of perineal care;
 - ii) Discuss the indications for perineal care;
 - iii) Demonstrate female and male perineal care according to established standards; and
 - iv) Recognize the role of the CNA in providing perineal care;
- L) Identify and demonstrate hair care skills:
- i) Identify the importance of providing hair care;

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- ii) Demonstrate brushing and combing hair, according to established standards;
 - iii) Explain various methods of shampooing hair; and
 - iv) Recognize the CNA's role in providing hair care;
- M) Explain and demonstrate shaving skills:
- i) Explain the importance of shaving as it relates to meeting basic needs;
 - ii) Demonstrate a shave, according to established standards; and
 - iii) Recognize the CNA's role in shaving a resident;
- N) Explain and demonstrate nail care skills:
- i) Identify the importance of nail care;
 - ii) Discuss nail care, for a person with special conditions, such as diabetes, impaired circulation and fungus;
 - iii) Demonstrate nail care, according to established standards;
 - iv) Differentiate between nail care for hands and feet; and
 - v) Recognize the CNA's role in providing nail care to the resident;
- O) Explain and demonstrate dressing and undressing skills:
- i) Identify the importance of being appropriately dressed;
 - ii) Demonstrate dressing and undressing a person, according to established standards;

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- iii) Describe special considerations, such as physical limitation, medical equipment, and special needs in dressing and undressing;
 - iv) Discuss the impact of appropriate dress on a person's quality of life and comfort; and
 - v) Recognize the CNA's role in dressing and undressing a resident;
- P) Discuss therapeutic applications:
- i) Identify various types of applications;
 - ii) Compare and contrast moist and dry applications;
 - iii) Explain the purpose and principles involved in the application of heat;
 - iv) Describe the effects of heat applications;
 - v) Explain the purpose and principles involved in the application of cold;
 - vi) Describe the effects of cold applications;
 - vii) Describe the procedure used for various applications;
 - viii) Identify a person at risk for complications associated with various applications; and
 - ix) Recognize the CNA's role in caring for a person receiving therapeutic application.
- 7) Musculoskeletal System. Objectives: upon completion of this unit, the student will be able to:
- A) Describe the structures of the musculoskeletal system, including the following:

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- i) The types of bones;
 - ii) The function and types of joints;
 - iii) The major functions of muscles; and
 - iv) The types of muscles;
- B) Describe the functions of the musculoskeletal system;
- C) Discuss how age-related changes in the musculoskeletal system may affect a person's life physically, psychologically and socially;
- D) Identify the complications of immobility, including, but not limited to, contractures and atrophy;
- E) Explain the importance of preventing complications of immobility and identify interventions to prevent these complications;
- F) Identify common health concerns:
- i) Arthritis. Identify types of arthritis and recognize the CNA's role in caring for a person with arthritis, such as person-directed strategies, observations, documentation and reporting;
 - ii) Fractures. Identify types of fractures and describe common causes of fractures, including osteoporosis; recognize the CNA's role in caring for a person in a cast or in traction, or who has had a hip fracture or hip replacement;
 - iii) Amputation. Identify common causes of amputation and describe the impact of an amputation on a person's life. Recognize the CNA's role in caring for a person with an amputation;
- G) Discuss range of motion exercise skills:

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- i) Identify the purpose of range of motion;
 - ii) Explain the safety and comfort guidelines for range of motion exercises;
 - iii) Identify types of range of motion exercises, including active, passive and active-assistive;
 - iv) Describe and demonstrate the movements of range of motion exercise, which include abduction, adduction, extension, flexion, plantar flexion, dorsi-flexion, opposition, internal rotation, external rotation, pronation and supination; and
 - v) Recognize the CNA's role in performing range of motion exercises;
- H) Discuss prosthetic and orthotic devices skills:
- i) Identify the purpose of prosthetic and orthotic devices;
 - ii) Describe the types of prosthetic and orthotic devices; and
 - iii) Describe how to apply and remove various prosthetic and orthotic devices;
- I) Discuss lifting and moving skills:
- i) Identify the principles of lifting and moving;
 - ii) Demonstrate various methods for turning a person on his/her side;
 - iii) Demonstrate various methods for moving a person to the head of the bed;
 - iv) Demonstrate various methods for moving a person to the side of the bed;

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- v) Demonstrate various types of lifts; and
 - vi) Recognize the CNA's role in lifting and moving;
- J) Discuss repositioning skills:
- i) Identify the purpose of repositioning;
 - ii) Explain the principles of repositioning;
 - iii) Demonstrate various types of positions; and
 - iv) Recognize the CNA's role in repositioning the resident;
- K) Discuss transfer skills:
- i) Explain the principles of transferring a person safely;
 - ii) Demonstrate various procedures for transferring a resident using a transfer/gait belt, including the proper application of a transfer/gait belt;
 - iii) Demonstrate various procedures for transferring a resident to a stretcher; and
 - iv) Recognize the CNA's role in transferring a resident;
- L) Discuss ambulating skills:
- i) Discuss the importance of ambulation;
 - ii) Explain the principles of ambulation;
 - iii) Describe assistive devices used for ambulation, such as transfer/gait belts, walkers and canes; and
 - iv) Demonstrate various ambulation techniques and recognize the CNA's role in ambulation of a resident;

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- M) Discuss transporting skills:
 - i) Explain the principles of transporting;
 - ii) Demonstrate various methods of transporting a person; and
 - iii) Recognize the CNA's role in transporting the resident.

- 8) Gastrointestinal System. Objectives: upon completion of this unit, the student will be able to:
 - A) Identify the structures of the gastrointestinal system;
 - B) Identify the functions of the gastrointestinal system;
 - C) Discuss how age-related changes in the gastrointestinal system may affect a person's life physically, psychologically and socially;
 - D) Discuss basic nutrition:
 - i) Identify the importance of nutrition;
 - ii) Discuss healthy nutrition based on the daily requirements; and
 - iii) Identify basic food groups and discuss factors affecting a person's nutrition;
 - E) Discuss hydration:
 - i) Identify the importance of hydration;
 - ii) Explain the principles of hydration; and
 - iii) Discuss factors affecting a person's hydration;
 - F) Discuss therapeutic diets/nourishments:
 - i) Identify the purpose of therapeutic diets/nourishments;

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- ii) Explain the principles of therapeutic diets/nourishments;
 - iii) Describe the various types of therapeutic diets;
 - iv) Identify the various types of supplements and nourishments; and
 - v) Recognize the CNA's role in caring for the person receiving a therapeutic diet/nourishment;
- G) Discuss dining experience:
- i) Identify the importance of creating a positive dining experience;
 - ii) Explain the principles involved in the dining experience;
 - iii) Describe methods of creating a person-directed dining experience;
 - iv) Discuss types of dining experiences, including restaurant style and buffet; and
 - v) Recognize the CNA's role in supporting the dining experience;
- H) Discuss assistance with the dining experience:
- i) Identify the importance of providing assistance during dining;
 - ii) Explain the principles involved in providing assistance during dining, which include positioning, prep and set up, and assistive devices;
 - iii) Demonstrate safety measures when assisting with the dining experience;

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- iv) Demonstrate assisting the person to eat according to established standards;
 - v) Demonstrate adaptations for assisting a person with special needs. Special needs may include, but are not limited to, visual and cognitive impairment;
 - vi) Discuss special concerns, such as recognizing indications of dysphagia, squirreling or pocketing of food, and aspiration;
 - vii) Demonstrate aspiration precautions; and
 - viii) Recognize the CNA's role in assisting with the dining experience;
- I) Discuss bowel elimination:
- i) Identify the characteristics of normal bowel elimination;
 - ii) Identify the resident's normal bowel habits/patterns;
 - iii) Discuss the factors affecting bowel elimination;
 - iv) Discuss how age-related changes affect bowel elimination;
 - v) Describe common health concerns association with bowel elimination, which include, but are not limited to, constipation and diarrhea;
 - vi) Recognize the CNA's role regarding bowel elimination;
 - vii) Demonstrate assisting a resident with bowel elimination procedures, which include, but are not limited to, bedpans, commodes, briefs and incontinent care, according to established standards; and
 - viii) Describe the procedures for collecting a stool specimen.

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- 9) Urinary System. Objectives: upon completion of this unit, the student will be able to:
- A) Identify the structures of the urinary system;
 - B) Identify the functions of the urinary system;
 - C) Discuss how age-related changes in the urinary system may affect a person's life physically, psychologically and socially;
 - D) Describe common health concerns associated with urinary elimination, including urinary tract infection and incontinence;
 - E) Discuss intake and output:
 - i) Explain the purpose of measuring intake and output;
 - ii) Describe the guidelines for intake and output;
 - iii) Demonstrate the measurement of intake and output, according to established standards; and
 - iv) Recognize the CNA's role in caring for the person on intake and output;
 - F) Discuss urinary elimination:
 - i) Identify characteristics of normal urinary elimination;
 - ii) Identify the person's urinary elimination habits/patterns;
 - iii) Discuss factors affecting urinary elimination;
 - iv) Demonstrate the procedure for assisting a person to use a urinal, bedpan or commode/toilet;
 - v) Describe the use of various incontinence products;
 - vi) Identify types of urinary incontinence;

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- vii) Describe methods of prevention of urinary incontinence;
 - viii) Describe the CNA's role in the care of the incontinent resident;
 - ix) Discuss the purpose of urinary catheters;
 - x) Describe the types of urinary catheters;
 - xi) Describe the CNA's role in caring for a resident with an indwelling urinary catheter;
 - xii) Describe the procedures for collecting various urinary specimens; and
 - xiii) Recognize the CNA's role in regard to urinary elimination.
- 10) The Reproductive System. Objectives: upon completion of this unit, the student will be able to:
- A) Identify the structures of the reproductive system;
 - B) Identify the functions of the reproductive system;
 - C) Discuss how age-related changes in the reproductive system may affect a person's life physically, psychologically and socially;
 - D) Differentiate between sex and sexuality, including:
 - i) Discuss promoting sexuality;
 - ii) Recognize the importance of maintaining sensitivity related to a person's sexuality; and
 - iii) Discuss ways that a person may inappropriately express sexuality and describe interventions that the CNA may use when caring for sexually aggressive residents and residents

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who display inappropriate sexually explicit public behaviors;

- E) Discuss common health concerns of sexually transmitted diseases:
 - i) Define sexually transmitted diseases;
 - ii) Identify the various types of sexually transmitted diseases;
 - iii) Describe the signs and symptoms of the various sexually transmitted diseases; and
 - iv) Recognize the CNA's role in caring for a person with a sexually transmitted disease.

- 11) The Cardiovascular System. Objectives: upon completion of this unit, the student will be able to:
 - A) Identify the structures of the cardiovascular system;
 - B) Identify the functions of the cardiovascular system;
 - C) Discuss how age-related changes in the cardiovascular system may affect a person's life physically, psychologically and socially;
 - D) Identify the signs/symptoms of various cardiovascular diseases, which include, but are not limited to:
 - i) Hypertension;
 - ii) Coronary artery disease;
 - iii) Angina pectoris;
 - iv) Myocardial infarction; and
 - v) Congestive heart failure;

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- E) Recognize the CNA's role in caring for a person with a cardiovascular disease;
 - F) Discuss dietary modification related to cardiovascular diseases; and
 - G) Describe the role of the CNA in the application and removal of anti-embolism stockings (TED hose).
- 12) The Respiratory System. Objectives: upon completion of this unit, the student will be able to:
- A) Identify the structures of the respiratory system;
 - B) Identify the functions of the respiratory system;
 - C) Discuss how age-related changes in the respiratory system may affect a person's life physically, psychologically and socially;
 - D) Discuss common health concerns:
 - i) Identify various types of chronic obstructive pulmonary diseases (COPD);
 - ii) Discuss the psychosocial needs of the resident with COPD;
 - iii) Describe the signs and symptoms of various respiratory illnesses, which include asthma, pneumonia and tuberculosis; and
 - iv) Recognize the CNA's role in caring for a person with a respiratory illness;
 - E) Discuss oxygen therapy:
 - i) Identify the purpose of oxygen therapy;
 - ii) Explain the principles involved in oxygen therapy;

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- iii) Identify the types of oxygen delivery;
 - iv) Recognize the CNA's role in caring for a person receiving oxygen therapy;
 - v) Identify the purpose of artificial ventilation; and
 - vi) Recognize the CNA's role in caring for a person with a ventilator;
- F) Identify the purposes of sputum collection and explain the procedure used when collecting a sputum specimen;
- G) Discuss vital signs:
- i) Identify the purpose of measuring temperature;
 - ii) Identify the types of thermometers;
 - iii) Identify sites where temperature may be measured;
 - iv) Demonstrate obtaining an oral temperature according to established standards;
 - v) Identify the purpose of measuring the pulse;
 - vi) Identify the sites where a pulse may be measured;
 - vii) Demonstrate obtaining a pulse according to established standards;
 - viii) Identify the purpose of measuring respirations;
 - ix) Discuss various respiratory patterns;
 - x) Demonstrate obtaining respiration according to established standards;
 - xi) Identify the purpose of measuring blood pressure;

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- xii) Explain the principles involved in obtaining a blood pressure;
 - xiii) Demonstrate obtaining a blood pressure according to established standards; and
 - xiv) Recognize the CNA's role in measuring vital signs;
- H) Discuss and be certified in CPR, except as provided in subsection (f)(12)(I):
- i) Discuss the purpose of performing CPR;
 - ii) Explain the principles involved in providing CPR;
 - iii) Demonstrate the performance of CPR, including one-rescuer adult, child and infant CPR and two rescuer adult, child and infant CPR;
 - iv) Demonstrate the performance of foreign airway obstruction for adult, child and infant victims; and
 - v) Recognize the CNA's role related to CPR;
- D) A student who previously has certified in CPR and whose certification is current is exempt from the requirements of subsection (f)(12)(H).
- 13) The Nervous System. Objectives: upon completion of this unit, the student will be able to:
- A) Identify the structures of the nervous system;
 - B) Identify the functions of the nervous system;
 - C) Discuss how age-related changes in the nervous system may affect a person's life physically, psychologically and socially;

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- D) Discuss common health concerns:
- i) Discuss the signs and symptoms of various nervous disorders, including cerebrovascular accident, Parkinson's disease, multiple sclerosis and types of traumatic injuries;
 - ii) Identify communication problems resulting from hearing disorders;
 - iii) Discuss communication strategies when caring for a person with a hearing disorder;
 - iv) Identify special concerns associated with caring for a person with a visual disorder;
 - v) Discuss ways the CNA can promote independence of a person with a visual disorder; and
 - vi) Recognize the CNA's role in caring for a person with various nervous system disorders, including observations, critical thinking, documentation and reporting;
- E) Discuss hearing instrument skills:
- i) Identify the purpose of hearing instruments;
 - ii) Discuss the various types of hearing instruments;
 - iii) Explain the insertion and removal of the hearing instrument; and
 - iv) Recognize the CNA's role in caring for a person with a hearing instrument;
- F) Discuss visual aids skills:
- i) Identify the purpose of visual aids;
 - ii) Discuss the various types of visual aids;

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- iii) Explain the care of visual aids; and
 - iv) Recognize the CNA's role in caring for a person with visual aids;
- g) Module VII – Fundamentals of Rehabilitation/Restorative Care
- 1) Philosophy. Objectives: upon completion of this unit, the student will be able to:
 - A) Explain the philosophy of rehabilitation;
 - B) Review basic human needs;
 - C) Identify individual motivations for a person participating in rehabilitation; and
 - D) Apply holism to the philosophy of rehabilitation.
 - 2) Objective: upon completion of this unit, the student will be able to discuss principles of rehabilitation.
 - 3) Objective: upon completion of this unit, the student will be able to compare and contrast rehabilitation and restorative nursing.
 - 4) Objective: upon completion of this unit, the student will be able to identify the members of the rehabilitation team.
 - 5) Objective: upon completion of this unit, the student will be able to identify State and federal regulations that have an impact on rehabilitation/restorative care.
 - 6) Objective: upon completion of this unit, the student will be able to recognize the CNA's role in providing rehabilitation/restorative care, which includes:
 - A) Importance;

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- B) Care-giving modifications;
 - C) Observations;
 - D) Reporting; and
 - E) Documentation.
- 7) ADL Programs. Objectives: upon completion of this unit, the student will be able to:
- A) Describe the types of ADL programs available for persons needing rehabilitation/restorative care, which include, but are not limited to:
 - i) Eating;
 - ii) Dressing/grooming;
 - iii) Mobility; and
 - iv) Communication;
 - B) Explain the purpose of ADL programs;
 - C) Discuss adaptive devices:
 - i) Describe the adaptive devices available to assist with performance of ADL;
 - ii) Explain the purpose of adaptive devices; and
 - iii) Recognize the CNA's role in caring for the person using an adaptive device, including importance, care-giving modification, observations, reporting and documentation.
- h) Module VIII – End-of-Life Care

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- 1) End-of-Life Issues. Objectives: upon completion of this unit, the student will be able to:
 - A) Discuss attitudes:
 - i) Discuss the impact that spiritual and cultural beliefs have on one's attitudes; and
 - ii) Examine one's feelings about providing care for the terminally ill person;
 - B) Explore legal issues associated with end-of-life care, which include, but are not limited to:
 - i) Self-determination;
 - ii) Guardianship;
 - iii) Advance directives, including the significance of living wills and power of attorney; and
 - iv) Implications of do-not-resuscitate (DNR) orders and the Physician's Order for Life Sustaining Treatment (POLST).
- 2) State and Federal Regulations. Objectives: upon completion of this unit, the student will be able to discuss current State and federal regulations related to end-of-life issues, such as:
 - A) Resident rights;
 - B) Resident behaviors and facility practices;
 - C) Quality of life; and
 - D) Quality of care.
- 3) Care of a Dying Person. Objectives: upon completion of this unit, the student will be able to:

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- A) Discuss physical aspects:
 - i) Identify the signs of approaching death;
 - ii) Discuss how to preserve the dying person's rights;
 - iii) Discuss ways to promote comfort for the dying person; and
 - iv) Recognize the CNA's role in meeting the physical needs of the dying person;
 - B) Discuss psychosocial aspects:
 - i) Discuss the importance of celebrating a person's life;
 - ii) Describe strategies to celebrate a person's life;
 - iii) Describe the grieving process as it may pertain to the dying person, friends/loved ones, and the care givers;
 - iv) Discuss various facility practices to honor deceased residents; and
 - v) Recognize the CNA's role in meeting the psychosocial needs of the dying person, which include observations, critical thinking, documentation and reporting;
 - C) Discuss hospice care and palliative care:
 - i) Discuss the philosophy of hospice and palliative care;
 - ii) Discuss the goals of hospice and palliative care; and
 - iii) Describe ways that hospice and palliative care are incorporated into the plan of care.
- 4) Post-mortem Care. Objectives: upon completion of this unit, the student will be able to:

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- A) Explain the principles involved in caring for the body after death; and
 - B) Perform post-mortem care according to established facility practices.
- i) Module IX – Alzheimer's and Other Dementias
- 1) Cognitive Impairment. Objectives: upon completion of this unit, the student will be able to:
 - A) Differentiate between normal aging and dementias;
 - B) Describe how dementias are diagnosed;
 - C) List types of reversible dementia; and
 - D) List types of non-reversible dementia.
 - 2) Alzheimer's Disease. Objectives: upon completion of this unit, the student will be able to:
 - A) Describe the physical changes that occur as the person progresses through Alzheimer's Disease; and
 - B) List the signs and symptoms of Alzheimer's Disease.
 - 3) Impacts of Cognitive Impairments. Objectives: upon completion of this unit, the student will be able to describe the impact of cognitive impairment on society, the family and the individual.
 - 4) State and Federal Regulations. Objectives: upon completion of this unit, the student will be able to discuss current State and federal regulations related to the care of the person with dementia.
 - 5) Ability Centered Care:
 - A) Overview. Objectives: upon completion of this unit, the student will be able to:

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- i) Discuss the philosophy of person-directed, ability-centered care;
 - ii) Describe the goals of ability-centered care;
 - iii) Discuss the importance of a team approach in caring for a person with dementia; and
 - iv) Discuss the role of the CNA in providing ability-centered care;
- B) Therapeutic Environment. Objectives: upon completion of this unit, the student will be able to:
- i) Discuss elements of a therapeutic environment; and
 - ii) Discuss creative strategies to promote a therapeutic environment;
- C) Communication. Objectives: upon completion of this unit, the student will be able to:
- i) Describe how challenges in communication change as the person progresses through the stages of dementia;
 - ii) Discuss creative strategies to enhance communication; and
 - iii) Discuss appropriate techniques for physical touch with someone with dementia;
- D) Relationships. Objectives; upon completion of this unit, the student will be able to:
- i) Examine the importance of relationships between care givers and the person who has dementia; and
 - ii) Describe ways that the CNA can enhance his/her relationship with the person with dementia;

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- E) Activities. Objectives: upon completion of this unit, the student will be able to:
- i) Discuss examples of activities appropriate for persons in different stages of dementia;
 - ii) Discuss approaches the CNA can use to engage residents in activities;
 - iii) Compare and contrast traditional versus non-traditional activities; and
 - iv) Compare and contrast structured versus spontaneous activities;
- F) Activities of Daily Living (ADL). Objectives: upon completion of this unit, the student will be able to:
- i) Discuss the purpose of restorative goals, including improving performance, maintaining abilities and preventing complications;
 - ii) Explore physical challenges, psychosocial challenges, environmental challenges and approaches to support resident's independence related to each ADL, which include, but are not limited to, dressing, bathing, grooming, oral hygiene, toileting and eating/nutritional issues.
- 6) Understanding Behaviors as Unmet Needs. Objectives: upon completion of this unit, the student will be able to:
- A) Explain the difference between symptoms and behaviors;
 - B) Describe defense mechanism/coping behaviors used to compensate for cognitive impairment;
 - C) Examine ways in which the CNA can diminish behavioral challenges;

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- D) Explore creative strategies to manage common behavioral challenges:
- i) Purposeful wandering;
 - ii) Agitation and aggression;
 - iii) Catastrophic reaction;
 - iv) Combativeness;
 - v) Delusions/hallucinations/paranoia;
 - vi) Rummaging and hoarding;
 - vii) Sexual behavior;
 - viii) Sleep disturbances;
 - ix) Sundowning;
 - x) Wanting to go home;
 - xi) Indifference;
 - xii) Purposeful waking; and
 - xiii) Other behaviors.
- 7) Safety. Objectives: upon completion of this unit, the student will be able to:
- A) Describe challenges in maintaining the safety of the resident while supporting the resident's need to remain active. These include physical, psychosocial and environmental challenges; and
 - B) Investigate creative strategies to provide for the safety of the person with dementia.

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- 8) Psychosocial Needs. Objectives: upon completion of this unit, the student will be able to:
- A) Discuss the Person with Dementia:
 - i) Describe role changes and reversals that the person with dementia experiences;
 - ii) Identify stressors;
 - iii) Discuss grief and loss issues; and
 - iv) Describe coping strategies for the person with dementia, including understanding disease progression, realistic expectations and self-care;
 - B) Discuss Family and Loved Ones:
 - i) Describe the role changes and reversals that family members go through when a loved one has dementia;
 - ii) Describe ways to manage the stresses of caring for persons with cognitive impairment;
 - iii) Discuss grief and loss issues; and
 - iv) Discuss the psychological support that family and loved ones might need in coping with dementia;
 - C) Discuss Caregivers and Staff:
 - i) Identify stressors;
 - ii) Discuss grief and loss issues; and
 - iii) Describe coping strategies for those caring for persons with cognitive impairment, including understanding disease

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progression, realistic expectations, self-care and recognizing burnout.

- 9) Resources. Objectives: upon completion of this unit, the student will be able to identify community resources available to the following:
- A) Persons with dementia;
 - B) Families and loved ones; and
 - C) Caregivers and staff.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

Section 395.305 Advanced Nursing Assistant Training Program

The ANATP shall obtain the model program curriculum from the Department. The ANATP curriculum shall include, at a minimum, the following:

- a) Module I – Introduction to the CNA II Role
 - 1) History of CNA Education. Objectives: upon completion of this unit, the student will be able to:
 - A) Discuss the progression of Certified Nursing Assistant (CNA) education in Illinois; and
 - B) Differentiate the current CNA practice levels.
 - 2) Purpose of CNA II. Objectives: upon completion of this unit, the student will be able to:
 - A) Discuss the role of the CNA II as an agent of change; and
 - B) Describe the various responsibilities of a CNA II in Illinois.
 - 3) CNA II Requirements. Objective: upon completion of this unit, the student will be able to identify the current requirements to practice as a CNA II in Illinois, including:

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- A) Education;
 - B) Experience;
 - C) Criminal Background Check;
 - D) Competency Testing;
 - E) Registry;
 - F) Renewal; and
 - G) Recertification.
- b) Module II – Rules and Regulations Overview
- 1) Rules and Regulations. Objectives: upon completion of this unit, the student will be able to:
 - A) Define the purpose of administrative rules;
 - B) Discuss the impact of standards of care on CNA II practice;
 - C) Discuss the impact of practice Acts on CNA II practice; and
 - D) Examine the expanded role of the CNA II pertaining to administrative rules.
 - 2) Governmental Regulatory Agencies. Objectives: upon completion of this unit, the student will be able to:
 - A) Identify pertinent regulatory agencies; and
 - B) Discuss the purpose of the regulating governmental agencies.
 - 3) Current Regulations. Objectives: upon completion of this unit, the student will be able to:

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- A) Locate sources for current regulations;
 - B) Review information related to abuse, neglect and theft;
 - C) Examine the expanded role of the CNA II regarding abuse, neglect and theft; and
 - D) Discuss the impact of current regulations.
- 4) Facility Policies and Procedures. Objective: upon completion of this unit, the student will be able to analyze policies and procedures found in various health care settings.
- 5) Compliance Issues. Objectives: upon completion of this unit, the student will be able to:
- A) Investigate compliance issues identified in various health care settings by regulatory agencies;
 - B) Discuss the connection between regulatory requirements and policies and procedures in various health care settings; and
 - C) Describe the accreditation options in various health care settings, including type and purpose.
- c) Module III – Person-Directed Care
- 1) Respect of the Individual
 - A) Culture. Objectives: upon completion of this unit, the student will be able to:
 - i) Define culture as it relates to healthcare; and
 - ii) Compare and contrast the previous and current perceptions of healthcare and culture.
 - B) Philosophy. Objective: upon completion of this unit, the student will be able to discuss the philosophy of person-directed care.

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- 2) Advocate for the Individual. Objectives: upon completion of this unit, the student will be able to:
 - A) Review appropriate methods used to deliver person-directed care;
 - B) Examine methods to support the CNA II in his or her role as an advocate; and
 - C) Examine the expanded advocacy role of the CNA II in person-directed care.
- 3) Continuity of Individualized Care. Objectives: upon completion of this unit, the student will be able to:
 - A) Recognize the importance of maintaining individualized care across various health care settings; and
 - B) Model ways that continuity of care can be supported by the CNA II.
- d) Module IV – Professional Relationships
 - 1) Attitude. Objectives: upon completion of this unit, the student will be able to:
 - A) Identify various types of attitudes in the workplace;
 - B) Discuss the impact of attitudes on professional relationships; and
 - C) Examine various influences affecting one's professional attitude.
 - 2) Communication
 - A) Personal. Objectives: upon completion of this unit, the student will be able to:
 - i) Distinguish between various styles of personal communication;

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- ii) Identify one's own personal style of communication; and
 - iii) Demonstrate effective communication utilizing his or her personal style.
- B) Organizational. Objectives: upon completion of this unit, the student will be able to:
- i) Examine the expanded role of the CNA II regarding documentation;
 - ii) Discuss factors affecting staff scheduling;
 - iii) Develop a sample staff schedule;
 - iv) Discuss factors affecting care assignments;
 - v) Develop a sample care assignment;
 - vi) Identify skills required to be an effective committee member;
 - vii) Examine the expanded role of the CNA II regarding organizational evaluation; and
 - viii) Examine the role of the CNA II regarding the utilization of technology in the workplace.
- 3) Motivations. Objectives: upon completion of this unit, the student will be able to:
- A) Compare and contrast various motivational theories;
 - B) Discuss various external motivators; and
 - C) Discuss various internal motivators.

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- 4) Team Building. Objectives: upon completion of this unit, the student will be able to:
- A) Discuss the concepts of team building;
 - B) Examine the role of a leader in team building;
 - C) Identify effective team building techniques utilized by leaders;
 - D) Examine various roles in which team members may serve; and
 - E) Identify various responsibilities of effective team members.
- 5) Conflict Resolution. Objectives: upon completion of this unit, the student will be able to:
- A) Identify common causes of conflict in the workplace;
 - B) Analyze possible effects of workplace conflict; and
 - C) Identify steps of a resolution process, including:
 - i) Discussing appropriate informal conflict resolution strategies, including assertiveness and negotiation; and
 - ii) Discussing appropriate formal conflict resolution strategies, including chain of command and grievance policy.
- 6) Critical Thinking. Objectives: upon completion of this unit, the student will be able to:
- A) Differentiate between critical thinking and problem-solving;
 - B) Identify steps of the critical thinking process, including:
 - i) Interpretation;
 - ii) Analysis;

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- iii) Evaluation;
 - iv) Inference;
 - v) Explanation; and
 - vi) Self-regulation; and
- C) Integrate critical thinking strategies into the CNA II role.
- e) Module V – Mentoring
- 1) Peer Mentor. Objectives: upon completion of this unit, the student will be able to:
 - A) Examine the role of a peer mentor;
 - B) Differentiate peer mentor, preceptor, and trainer roles; and
 - C) Identify qualities and characteristics of an effective peer mentor.
 - 2) Peer Mentor Program. Objectives: upon completion of this unit, the student will be able to:
 - A) Discuss the purpose of a peer mentor program;
 - B) Discuss the role of the CNA II regarding program planning;
 - C) Examine the role of the CNA II regarding program implementation; and
 - D) Examine the role of the CNA II in the evaluative process of the mentee and the program.
 - 3) Education
 - A) Learning Styles. Objectives: upon completion of this unit, the student will be able to:

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- i) Identify various learning styles; and
 - ii) Discuss the importance of recognizing various learning styles.
 - B) Learning Theories. Objective: upon completion of this unit, the student will be able to compare and contrast various learning theories, including Knowles Theory of Adult Learning.
 - C) Influences on Learning. Objective: upon completion of this unit, the student will be able to examine various influences affecting one's ability to learn.
 - D) Teaching Methods. Objective: upon completion of this unit, the student will be able to recognize the importance of matching teaching methods to learning styles.
- 4) Mentor-Mentee Relationship
- A) Recognition. Objectives: upon completion of this unit, the student will be able to:
 - i) Examine the role of the CNA II in welcoming the mentee;
 - ii) Examine the role of the CNA II in appreciating the value of the mentee, including prior experiences and individualism; and
 - iii) Examine the role of the CNA II regarding inclusion of the mentee in the workplace culture.
 - B) Motivation. Objective: upon completion of this unit, the student will be able to examine the role of the CNA II in selecting appropriate motivational methods.
 - C) Communication. Objectives: upon completion of this unit, the student will be able to:

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- C) Alzheimer's Disease and Related Dementias. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Alzheimer's Disease and Related Dementias;
 - ii) Recognize signs and symptoms of Alzheimer's Disease and Related Dementias;
 - iii) Discuss the impact of Alzheimer's Disease and Related Dementias on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Alzheimer's Disease and Related Dementias.
- D) Cerebrovascular Accident. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Cerebrovascular Accident;
 - ii) Recognize signs and symptoms of Cerebrovascular Accident;
 - iii) Discuss the impact of Cerebrovascular Accident on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Cerebrovascular Accident.
- 2) Cardiovascular System
- A) Congestive Heart Failure. Objectives: upon completion of this unit, the student will be able to:

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- i) Demonstrate understanding of the incidence and prevalence of Congestive Heart Failure;
 - ii) Recognize signs and symptoms of Congestive Heart Failure;
 - iii) Discuss the impact of Congestive Heart Failure on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Congestive Heart Failure.
- B) Peripheral Vascular Disease. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Peripheral Vascular Disease;
 - ii) Recognize signs and symptoms of Peripheral Vascular Disease;
 - iii) Discuss the impact of Peripheral Vascular Disease on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Peripheral Vascular Disease.
- C) Coronary Artery Disease. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Coronary Artery Disease;
 - ii) Recognize signs and symptoms of Coronary Artery Disease;

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- iii) Discuss the impact of Coronary Artery Disease on a person; and
- iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Coronary Artery Disease.

3) Respiratory System

A) Chronic Obstructive Pulmonary Diseases. Objectives: upon completion of this unit, the student will be able to:

- i) Demonstrate understanding of the incidence and prevalence of Chronic Obstructive Pulmonary Diseases;
- ii) Recognize signs and symptoms of various Chronic Obstructive Pulmonary Diseases;
- iii) Discuss the impact of Chronic Obstructive Pulmonary Diseases on a person; and
- iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Chronic Obstructive Pulmonary Diseases.

B) Pneumonia. Objectives: upon completion of this unit, the student will be able to:

- i) Demonstrate understanding of the incidence and prevalence of Pneumonia;
- ii) Recognize signs and symptoms of Pneumonia;
- iii) Discuss the impact of Pneumonia on a person; and
- iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Pneumonia.

4) Gastrointestinal System

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- A) Gastro-Esophageal Reflux Disorder. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Gastro-Esophageal Reflux Disorder;
 - ii) Recognize signs and symptoms of Gastro-Esophageal Reflux Disorder;
 - iii) Discuss the impact of Gastro-Esophageal Reflux Disorder on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Gastro-Esophageal Reflux Disorder.
- B) Gastrointestinal Ulcers. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Gastrointestinal Ulcers;
 - ii) Recognize signs and symptoms of various Gastrointestinal Ulcers;
 - iii) Discuss the impact of Gastrointestinal Ulcers on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Gastrointestinal Ulcers.
- C) Gallstones. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Gallstones;

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- ii) Recognize signs and symptoms of Gallstones;
 - iii) Discuss the impact of Gallstones on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Gallstones.
- D) Diverticulitis. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Diverticulitis;
 - ii) Recognize signs and symptoms of Diverticulitis;
 - iii) Discuss the impact of Diverticulitis on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Diverticulitis.
- 5) Urinary System
- A) Incontinence. Objectives: upon completion of this unit, the student will be able to:
- i) Identify various types of Incontinence;
 - ii) Demonstrate understanding of the incidence and prevalence of Incontinence;
 - iii) Recognize signs and symptoms of various types of Incontinence;
 - iv) Discuss the impact of Incontinence on a person; and
 - v) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Incontinence.

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- B) Urinary Tract Infections. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Urinary Tract Infections;
 - ii) Recognize signs and symptoms of Urinary Tract Infections;
 - iii) Discuss the impact of Urinary Tract Infections on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Urinary Tract Infections.
- C) Kidney Stones. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Kidney Stones;
 - ii) Recognize signs and symptoms of Kidney Stones;
 - iii) Discuss the impact of Kidney Stones on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Kidney Stones.
- 6) Reproductive System, Male: Prostate Enlargement. Objectives: upon completion of this unit, the student will be able to:
- A) Demonstrate understanding of the incidence and prevalence of Prostate Enlargement;
 - B) Recognize signs and symptoms of Prostate Enlargement;
 - C) Discuss the impact of Prostate Enlargement on a person; and

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D) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Prostate Enlargement.

7) Reproductive System, Female

A) Endometriosis. Objectives: upon completion of this unit, the student will be able to:

- i) Demonstrate understanding of the incidence and prevalence of Endometriosis;
- ii) Recognize signs and symptoms of Endometriosis;
- iii) Discuss the impact of Endometriosis on a person; and
- iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Endometriosis.

B) Menopause. Objectives: upon completion of this unit, the student will be able to:

- i) Demonstrate understanding of the incidence and prevalence of Menopause;
- ii) Recognize signs and symptoms of Menopause;
- iii) Discuss the impact of Menopause on a person; and
- iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Menopause.

C) Hysterectomy. Objectives: upon completion of this unit, the student will be able to:

- i) Demonstrate understanding of the incidence and prevalence of a Hysterectomy;
- ii) Recognize signs and symptoms of problems experienced post-Hysterectomy;

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- iii) Discuss the impact of a Hysterectomy on a person; and
- iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Hysterectomy.

8) Musculoskeletal System

- A) Osteoporosis. Objectives: upon completion of this unit, the student will be able to:
 - i) Demonstrate understanding of the incidence and prevalence of Osteoporosis;
 - ii) Recognize signs and symptoms of Osteoporosis;
 - iii) Discuss the impact of Osteoporosis on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Osteoporosis.
- B) Fractures. Objectives: upon completion of this unit, the student will be able to:
 - i) Demonstrate understanding of the incidence and prevalence of Fractures;
 - ii) Recognize signs and symptoms of various Fractures;
 - iii) Discuss the impact of a Fracture on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Fracture.
- C) Osteoarthritis. Objectives: upon completion of this unit, the student will be able to:
 - i) Demonstrate understanding of the incidence and prevalence of Osteoarthritis;

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- ii) Recognize signs and symptoms of Osteoarthritis;
 - iii) Discuss the impact of Osteoarthritis on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Osteoarthritis.
- 9) Integumentary System
- A) Wounds. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of various Wound types;
 - ii) Discuss measures commonly utilized for Wound prevention;
 - iii) Recognize signs and symptoms of various Wounds;
 - iv) Discuss the impact of Wounds on a person;
 - v) Identify and demonstrate skills in non-sterile dressing changes;
 - vi) Describe and demonstrate techniques for non-sterile dressing changes (e.g., adhesive bandages, non-sterile gauze and tape, and drain sponges/drainage gauze);
 - vii) Describe and demonstrate application of triple antibiotic ointment (TAO) or other over-the-counter antimicrobial creams/ointments;
 - viii) Describe and demonstrate other non-sterile dressing changes (e.g., removal of soiled, and application of new, non-sterile drain sponge/gauze at g-tube/j-tube site and removal of soiled, and application of new, non-sterile drain sponge/gauze at tracheostomy site); and

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- ix) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Wound.
- B) Pressure Ulcers. Objectives: upon completion of this unit, the student will be able to:
 - i) Demonstrate understanding of the incidence and prevalence of Pressure Ulcers;
 - ii) Discuss measures commonly utilized for Pressure Ulcer prevention;
 - iii) Recognize signs and symptoms of various Pressure Ulcers;
 - iv) Discuss the impact of Pressure Ulcers on a person; and
 - v) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Pressure Ulcers.
- C) Circulatory Ulcers. Objectives: upon completion of this unit, the student will be able to:
 - i) Demonstrate understanding of the incidence and prevalence of Circulatory Ulcers;
 - ii) Recognize signs and symptoms of Circulatory Ulcers;
 - iii) Discuss the impact of Circulatory Ulcers on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Circulatory Ulcer.
- D) Dermal Anomalies. Objectives: upon completion of this unit, the student will be able to:
 - i) Identify various types of Dermal Anomalies;

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- ii) Demonstrate understanding of the incidence and prevalence of various Dermal Anomalies;
 - iii) Recognize signs and symptoms of various Dermal Anomalies;
 - iv) Discuss the impact of Dermal Anomalies on a person; and
 - v) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Dermal Anomaly.
- E) Infestations. Objectives: upon completion of this unit, the student will be able to:
- i) Identify various types of Infestations;
 - ii) Demonstrate understanding of the incidence and prevalence of various Infestations;
 - iii) Recognize signs and symptoms of various Infestations;
 - iv) Discuss the impact of an Infestation on a person; and
 - v) Demonstrate understanding of the role of the CNA II in supporting the care of a person with an Infestation.
- 10) Cancer. Objectives: upon completion of this unit, the student will be able to:
- A) Demonstrate understanding of the incidence and prevalence of various Cancers;
 - B) Recognize signs and symptoms of various Cancers;
 - C) Discuss the impact of Cancer on a person; and
 - D) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Cancer.

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- 11) Infections. Objectives: upon completion of this unit, the student will be able to:
- A) Identify various types of Infections, including sepsis and septicemia;
 - B) Demonstrate understanding of the incidence and prevalence of various types of Infections, including sepsis and septicemia;
 - C) Discuss measures commonly utilized to prevent Infections;
 - D) Recognize signs and symptoms of Infections, including sepsis and septicemia;
 - E) Discuss the impact of an Infection on a person; and
 - F) Demonstrate understanding of the role of the CNA II in supporting the care of a person with an Infection.
- 12) Pain. Objectives: upon completion of this unit, the student will be able to:
- A) Identify various types of Pain;
 - B) Demonstrate understanding of the incidence and prevalence of Pain;
 - C) Identify methods of Pain recognition;
 - D) Recognize signs and symptoms of Pain;
 - E) Discuss the impact of Pain on a person; and
 - F) Demonstrate understanding of the role of the CNA II in supporting the care of a person experiencing Pain.
- 13) Mental Health
- A) Anxiety Disorders. Objectives: upon completion of this unit, the student will be able to:

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- i) Demonstrate understanding of the incidence and prevalence of Anxiety Disorders;
 - ii) Recognize signs and symptoms of various Anxiety Disorders;
 - iii) Discuss the impact of an Anxiety Disorder on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with an Anxiety Disorder.
- B) Mood Disorders. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Mood Disorders;
 - ii) Recognize signs and symptoms of various Mood Disorders;
 - iii) Discuss the impact of a Mood Disorder on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Mood Disorder.
- C) Mental Illness. Objectives: upon completion of this unit, the student will be able to:
- i) Demonstrate understanding of the incidence and prevalence of Mental Illness;
 - ii) Recognize signs and symptoms of various Mental Illnesses;
 - iii) Discuss the impact of Mental Illness on a person; and
 - iv) Demonstrate understanding of the role of the CNA II in supporting the care of a person with a Mental Illness.

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- 14) Endocrine System. Diabetes. Objectives: upon completion of this unit, the student will be able to:
- A) Demonstrate understanding of the incidence and prevalence of Diabetes;
 - B) Recognize signs and symptoms of Diabetes;
 - C) Discuss the impact of Diabetes on a person; and
 - D) Demonstrate understanding of the role of the CNA II in supporting the care of a person with Diabetes.
- g) Module VII – Skills
- 1) CNA II as a Procedural Assistant. Objective: upon completion of this unit, the student will be able to examine the role of the CNA II as a procedural assistant to health care practitioners.
 - 2) Sterile Technique. Objectives: upon completion of this unit, the student will be able to:
 - A) Explain the purpose of sterile technique;
 - B) Examine the role of the CNA II regarding sterile technique;
 - C) Demonstrate applying sterile gloves; and
 - D) Demonstrate setting up the sterile field.
 - 3) Respiratory Procedures
 - A) Assisting with Oxygen Delivery. Objectives: upon completion of this unit, the student will be able to:
 - i) Explain the purpose of oxygen delivery;
 - ii) Review the responsibilities of the CNA II in oxygen therapy;

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- iii) Examine the role of the CNA II regarding oxygen delivery;
 - iv) Demonstrate maintenance of correct placement of established oxygen delivery devices, including mask, cannula, and tent;
 - v) Verify rate of oxygen administration ordered with supervisor;
 - vi) Compare rate of administration ordered with rate being delivered;
 - vii) Monitor the person with established oxygen therapy;
 - viii) Review signs and symptoms of respiratory distress;
 - ix) Review appropriate CNA actions utilized for the person experiencing respiratory distress; and
 - x) Transfer oxygen delivery tubing from one oxygen delivery device to another.
- B) Pulse Oximetry. Objectives: upon completion of this unit, the student will be able to:
- i) Explain the purpose of pulse oximetry;
 - ii) Examine the role of the CNA II regarding pulse oximetry; and
 - iii) Demonstrate correct measurement of pulse oximetry.
- 4) Urinary Catheters. Objectives: upon completion of this unit, the student will be able to:
- A) Review the purpose of urinary catheters;
 - B) Review routine catheter care;

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- C) Examine the role of the CNA II regarding urinary catheters; and
 - D) Demonstrate application of external urinary catheters.
- 5) Ostomy Appliances. Objectives: upon completion of this unit, the student will be able to:
- A) Review the purpose of ostomies;
 - B) Examine the role of the CNA II regarding ostomies;
 - C) Differentiate ostomy types;
 - D) Demonstrate cleaning the stoma of an established ostomy; and
 - E) Demonstrate changing an ostomy appliance of an established ostomy.
- 6) Dressings. Objectives: upon completion of this unit, the student will be able to:
- A) Identify various types of dressings;
 - B) Discuss the purpose of various types of dressings;
 - C) Examine the role of the CNA II regarding dressings;
 - D) Describe observations made during care of a person with a dressing;
 - E) Demonstrate various types of non-sterile dressing changes; and
 - F) Demonstrate set-up assistance for sterile dressing changes.
- 7) Drains. Objectives: upon completion of this unit, the student will be able to:
- A) Identify various types of drains;

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- B) Discuss the purpose of drains;
 - C) Examine the role of the CNA II regarding drains; and
 - D) Describe observations made during care of a person with a drain.
- 8) Enteral Feedings. Objectives: upon completion of this unit, the student will be able to:
- A) Review enteral feedings;
 - B) Discuss the purpose of enteral feedings;
 - C) Examine the role of the CNA II regarding enteral feedings;
 - D) Describe observations made during care of a person with an enteral feeding; and
 - E) Demonstrate care of an established enteral tube insertion site.
- 9) Testing
- A) Testing of Occult Blood. Objectives: upon completion of this unit, the student will be able to:
 - i) Discuss the purpose of testing for occult blood;
 - ii) Examine the role of the CNA II regarding testing for occult blood; and
 - iii) Demonstrate testing for occult blood.
 - B) Blood Glucose Testing. Objectives: upon completion of this unit, the student will be able to:
 - i) Discuss the purpose of blood glucose testing;

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- i) [Discuss the purpose of orthostatic blood pressure measurements; and](#)
- ii) [Demonstrate measuring orthostatic blood pressure manually and electronically.](#)

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

SUBPART C: PROFICIENCY EXAMINATION

Section 395.400 ~~Competency~~Proficiency Examination (BNATP Only)

- a) The basic nursing assistant proficiency examination will be the Department-approved competency examination, with written and performance skills components, developed from the curriculum outlined in Section 395.300.
 - 1) The written examination will be developed from a pool of standardized written test questions, only a portion of which are used in any one examination.
 - 2) The Department will verify that the written test questions address each course requirement as specified in the modules presented in Section 395.300.
 - 3) A facility may proctor the examination but shall not score it. Scoring will be done only by the Department or its designee.
 - 4) The skills demonstration part of the evaluation will require the student to exhibit the ability to perform each of the approved performance skills.
 - 5) A record of successful completion of the competency evaluation will be included in the Health Care Worker Registry.
- b) A student who has completed an approved BNATP shall be allowed three opportunities to pass the written competency examination within 12 months after the program completion date.

(Source: Amended at 44 Ill. Reg. 3455, effective February 21, 2020)

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Section 395.405 Competency Examination (ANATP Only)

- a) The ANATP competency examination will be the Department-approved examination with written and performance skills components, developed from the curriculum outlined in Section 395.400.
- b) A student who has completed an approved ANATP shall be allowed three opportunities to successfully pass the written competency examination within 12 months after the ANATP completion date.
- c) A student who has successfully passed the written competency exam will be known as a Certified Nursing Assistant II (CNA II).

(Source: Added at 44 Ill. Reg. 3455, effective February 21, 2020)

ILLINOIS GAMING BOARD

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

- 1) Heading of the Part: Video Gaming (General)
- 2) Code Citation: 11 Ill. Adm. Code 1800
- 3) Section Number: 1800.340 Emergency Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45]. Section 5-45 (a) of the Illinois Administrative Procedure Act (IAPA) defines an "emergency" as any situation that an agency finds reasonably constitutes a threat to the public interest, safety, or welfare. Section 5-45 (b) of the IAPA gives an agency emergency rulemaking authority if it finds that an emergency situation exists. For the reasons set forth in this Notice, the present emergency amendment, which amends the Video Gaming Act to require leave of the Illinois Gaming Board for transfers of ownership in a terminal operator that has received a disciplinary complaint from the Board, addresses an emergency situation as defined in Section 5-45 (a) of the IAPA.
- 5) Effective Date of Rule: February 21, 2020
- 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: The emergency amendment will expire at the end of the 150-day period or upon adoption of a permanent amendment, whichever comes first.
- 7) Date Filed with the Index Department: February 21, 2020
- 8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the Illinois Gaming Board's principal office and is available for public inspection.
- 9) Reason for Emergency: Section 5-45 (b) of the Illinois Administrative Procedure Act (IAPA) authorizes an agency to adopt an emergency rule if it finds that a situation exists constituting a threat to the public interest, safety, or welfare. The present emergency rule addresses such a situation.

Under existing Video Gaming Act rule provisions, and in contrast to the rule provisions governing casino gambling, there is no requirement for the Illinois Gaming Board ("IGB" or "Board") to approve the transfer of ownership interests of a terminal operator. This regulatory gap is particularly acute in situations involving a terminal operator that has

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received a disciplinary complaint from the Board. Instead, a terminal operator seeking to transfer or change its ownership merely has a continuing duty to report transfers of ownership interests to the IGB within 21 days after they occur. 11 Ill. Adm. Code 1800.220 (Continuing Duty to Report Information). Thus, for a period of three weeks following such a transfer, the IGB – the State regulator tasked with protecting the safety and integrity of Illinois gaming – is not entitled to any information whatsoever about, and has no ability to intervene in, a sale involving one of its licensees.

As originally published at 43 Ill. Reg. 13464 (November 22, 2019), the emergency rulemaking mandated disclosure to the Board for all transfers of ownership interest in a terminal operator. The emergency rule language is amended by the present emergency amendment so that the emergency rule applies only to licensed terminal operators that have received disciplinary complaints from the Board. While the Board's position remains that all ownership transfers involving terminal operators should be subject to pre-transaction disclosure and Board approval, it is with respect to these terminal operators facing pending disciplinary complaints that tardy and after-the fact disclosures of ownership interest transfers will most significantly impair public confidence and trust in the credibility and integrity of video gaming operations – a statutory requirement under Section 2 (b) of the Illinois Gambling Act [230 ILCS 10/2 (b)] as incorporated into the Video Gaming Act by Section 80 of that Act [230 ILCS 40/80].

The emergency amendment makes two additional changes to the original emergency rule language. First, it provides that upon conclusion of disciplinary proceedings, the Board shall make a determination within the next two Board meetings on any request to transfer or sell ownership by a terminal operator. This provision will ensure prompt resolution of such a request. Second, the emergency amendment deletes now moot language exempting the rule's coverage over prospective transactions that were fully disclosed to the Board on or before November 7, 2019.

As now written, this emergency rulemaking will bring needed transparency, disclosure, oversight, and accountability to the process. It will accomplish these objectives in three separate ways.

First, the rule's pre-transfer disclosure requirement precludes a terminal operator licensee or owner that is facing probable disciplinary Board action (including license revocation, suspension or nonrenewal) from evading liability from wrongdoing by effectuating a quick ownership or assets transfer without Board knowledge or approval. Without the present amendment, such a person, who has acted unethically and in violation of statutory and administrative requirements, can still earn a potentially large profit derived from the

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license or ownership. The current absence of real time Board oversight over the ownership and asset sales of these terminal operators deprives the public of confidence that video gaming business in Illinois operates in an ethical or transparent manner. The emergency amendment will enhance public confidence in the integrity of video gaming by providing assurance that those who violate video gaming law will not profit from unethical or illegal conduct.

Second, the Board's current lack of timely information regarding ownership transfers and asset sales raises major related concerns pertaining to the financial stability of terminal operators facing disciplinary actions. Deprived of prior notice, the Board cannot act to prevent sales of use agreements by these terminal operators to other terminal operators whose financial circumstances may be precarious and are therefore unable to handle the additional financial requirements that the sales will bring upon them. Without financial stability within the key terminal operator sector of the video gaming industry, video gaming in Illinois will prove incapable of completely fulfilling its statutory purpose of "assisting economic development and promoting Illinois tourism" [230 ILCS 10/2(a)].

Finally, no rational basis exists to justify the inconsistent treatment of transfers of ownership interests among casinos and video gaming terminal operators facing disciplinary action from the Board. The same regulatory, integrity and public safety concerns are implicated in both gaming contexts and these compelling interests should be treated in a consistent manner in the Board's rules.

For all of the above reasons, an emergency within the definition of Section 5-45 (b) exists so as to justify immediate adoption of the present emergency amendment to the emergency rulemaking. This emergency amendment will provide needed transparency and consistency with respect to terminal operator transactions involving terminal operators that are the subject of Board disciplinary complaints. The very foundation of gaming regulation is knowledge of who holds ownership of gaming interests. Without it, the pyramid of effective regulation tumbles. The present emergency amendment will provide both the Board and general public with this knowledge and the accountability and confidence that flow from it.

- 10) A Complete Description of the Subjects and Issues Involved: The emergency amendment provides the following:

Subparagraph (a) provides that an ownership interest in a licensed terminal operator that has received a disciplinary complaint from the Board may only be transferred with leave of the Board. Leave of the Board is also required for the transfer of any ownership

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interest in a business entity (other than a publicly traded company) that has an interest in such a licensed terminal operator.

Under subsection (a), the type of information that must be provided to the Board in connection with the acquisition of an ownership interest in a terminal operator that has received a disciplinary complaint depends on whether it is another terminal operator or other type of business entity that is seeking to acquire the interest. A business entity other than a terminal operator that is seeking to acquire an interest of less than 100% in a terminal operator that has received a disciplinary complaint from the Board must complete either a Business Entity or a Personal Disclosure form as appropriate, as well as any other information specifically requested by the Board. If the business entity seeks 100% ownership of a terminal operator that has received a disciplinary complaint from the Board, it must complete a terminal operator application. A licensed terminal operator seeking to acquire ownership in another licensed terminal operator that has received a disciplinary complaint from the Board must provide any information requested by the Board.

Subsection (a) further requires the Board to investigate persons acquiring an ownership interest in a licensed terminal operator that has received a disciplinary complaint from the Board, with the costs of the investigation to be borne by the person seeking to acquire the ownership interest.

The Board shall grant leave for a transfer of ownership interest in a terminal operator that has received a disciplinary complaint from the Board only after it is satisfied that the transaction:

Does not adversely affect public confidence and trust in gaming;

Does not pose a threat to the public interests of the State or to the security and integrity of video gaming; and

Does not discredit or tend to discredit the gaming industry or the State of Illinois.

The Board shall consider, without limitation, the licensing criteria found in the Act, Section 1800.420 of the Video Gaming (General) Part, and undue economic concentration.

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If the Board denies a transfer of ownership interests, it shall issue a Notice of Denial, and the denied entity may request a hearing under Subpart F (Denials of Applications for Licensure).

Upon the conclusion of disciplinary proceedings, the Board shall make a determination within the next two Board meetings on any request to transfer or sell ownership by a terminal operator.

Subsection (b) addresses the transfer of video gaming assets. It provides that, except for equipment, no video gaming asset held by a terminal operator that has received a disciplinary complaint from the Board, including the right to place video gaming terminals at a licensed establishment, may be assigned or transferred to another terminal operator without prior approval from the Administrator.

Subsection (c) establishes standards to be followed by the Administrator in denying the request of a terminal operator that has received a disciplinary complaint from the Board to transfer or assign a video gaming asset to another licensed terminal operator. The Administrator shall issue such a denial only if the Administrator finds that the request is not in the best interest of gaming in the State. In making this determination, the Administrator shall consider all relevant factors, including but not limited to:

Undue economic concentration;

Integrity of the State's video gaming industry; and

Status of the licensees with the Board.

Subsection (d) requires the Administrator to notify the parties in writing whenever the Administrator denies a request to transfer or assign a video gaming asset.

Finally, subsection (e) provides that following a denial by the Administrator of a request to transfer or assign a video gaming asset, the terminal operator may only transfer or assign the asset with leave from the Board.

11) Are there any other rulemakings pending to this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
1800.340	New Section	43 Ill. Reg. 13354; November 22, 2019
1800.2110	New Section	43 Ill. Reg. 13488, December 2, 2019

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1800.2120	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.2130	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.2140	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.2150	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.2160	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.2170	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.EXHIBIT A	New Section	43 Ill. Reg. 13488, December 2, 2019
1800.EXHIBIT B	New Section	43 Ill. Reg. 13488, December 2, 2019

- 12) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate under 30 ILCS 805.
- 13) Information and questions regarding this rulemaking shall be directed to:

Agostino Lorenzini
General Counsel
Illinois Gaming Board
160 North LaSalle Street
Chicago IL 60601

IGB.RuleComments@igb.illinois.gov

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

ILLINOIS GAMING BOARD

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING
SUBTITLE D: VIDEO GAMING
CHAPTER I: ILLINOIS GAMING BOARD

PART 1800
VIDEO GAMING (GENERAL)

SUBPART A: GENERAL PROVISIONS

Section	
1800.110	Definitions
1800.115	Gender
1800.120	Inspection
1800.130	Board Meetings

SUBPART B: DUTIES OF LICENSEES

Section	
1800.210	General Duties of All Video Gaming Licensees
1800.220	Continuing Duty to Report Information
1800.230	Duties of Licensed Manufacturers
1800.240	Duties of Licensed Distributors
1800.250	Duties of Terminal Operators
1800.260	Duties of Licensed Technicians and Licensed Terminal Handlers
1800.270	Duties of Licensed Video Gaming Locations

SUBPART C: STANDARDS OF CONDUCT FOR LICENSEES

Section	
1800.310	Grounds for Disciplinary Actions
1800.320	Minimum Standards for Use Agreements
1800.330	Economic Disassociation
1800.340	Change in Ownership of Terminal Operators and Assets Held by Terminal Operators

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SUBPART D: LICENSING QUALIFICATIONS

Section	
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ILLINOIS GAMING BOARD

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1800.410	Coverage of Subpart
1800.420	Qualifications for Licensure
1800.430	Persons with Significant Influence or Control
1800.440	Undue Economic Concentration

SUBPART E: LICENSING PROCEDURES

Section

1800.510	Coverage of Subpart
1800.520	Applications
1800.530	Submission of Application
1800.540	Application Fees
1800.550	Consideration of Applications by the Board
1800.555	Withdrawal of Applications and Surrender of Licenses
1800.560	Issuance of License
1800.570	Renewal of License
1800.580	Renewal Fees and Dates
1800.590	Death and Change of Ownership of Video Gaming Licensee

SUBPART F: DENIALS OF APPLICATIONS FOR LICENSURE

Section

1800.610	Coverage of Subpart
1800.615	Requests for Hearing
1800.620	Appearances
1800.625	Appointment of Administrative Law Judge
1800.630	Discovery
1800.635	Subpoenas
1800.640	Motions for Summary Judgment
1800.650	Proceedings
1800.660	Evidence
1800.670	Prohibition on Ex Parte Communication
1800.680	Sanctions and Penalties
1800.690	Transmittal of Record and Recommendation to the Board
1800.695	Status of Applicant for Licensure Upon Filing Request for Hearing

SUBPART G: DISCIPLINARY ACTIONS AGAINST LICENSEES

Section

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1800.710	Coverage of Subpart
1800.715	Notice of Proposed Disciplinary Action Against Licensees
1800.720	Hearings in Disciplinary Actions
1800.725	Appearances
1800.730	Appointment of Administrative Law Judge
1800.735	Discovery
1800.740	Subpoenas
1800.745	Motions for Summary Judgment
1800.750	Proceedings
1800.760	Evidence
1800.770	Prohibition on Ex Parte Communication
1800.780	Sanctions and Penalties
1800.790	Transmittal of Record and Recommendation to the Board
1800.795	Persons Subject to Proposed Orders of Economic Disassociation

SUBPART H: LOCATION OF VIDEO GAMING TERMINALS IN
LICENSED VIDEO GAMING LOCATIONS

Section	
1800.810	Location and Placement of Video Gaming Terminals
1800.815	Licensed Video Gaming Locations Within Malls
1800.820	Measurement of Distances from Locations
1800.830	Waivers of Location Restrictions

SUBPART I: SECURITY INTERESTS

Section	
1800.910	Approvals Required, Applicability, Scope of Approval
1800.920	Notice of Enforcement of a Security Interest
1800.930	Prior Registration

SUBPART J: TRANSPORTATION, REGISTRATION,
AND DISTRIBUTION OF VIDEO GAMING TERMINALS

Section	
1800.1010	Restriction on Sale, Distribution, Transfer, Supply and Operation of Video Gaming Terminals
1800.1020	Transportation of Video Gaming Terminals into the State
1800.1030	Receipt of Video Gaming Terminals in the State

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- 1800.1040 Transportation of Video Gaming Terminals Between Locations in the State
- 1800.1050 Approval to Transport Video Gaming Terminals Outside of the State
- 1800.1060 Placement of Video Gaming Terminals
- 1800.1065 Registration of Video Gaming Terminals
- 1800.1070 Disposal of Video Gaming Terminals

SUBPART K: STATE-LOCAL RELATIONS

- Section
- 1800.1110 State-Local Relations

SUBPART L: FINGERPRINTING OF APPLICANTS

- Section
- 1800.1210 Definitions
- 1800.1220 Entities Authorized to Perform Fingerprinting
- 1800.1230 Qualification as a Livescan Vendor
- 1800.1240 Fingerprinting Requirements
- 1800.1250 Fees for Fingerprinting
- 1800.1260 Grounds for Revocation, Suspension and Denial of Contract

SUBPART M: PUBLIC ACCESS TO INFORMATION

- Section
- 1800.1310 Public Requests for Information

SUBPART N: PAYOUT DEVICES AND REQUIREMENTS

- Section
- 1800.1410 Ticket Payout Devices
- 1800.1420 Redemption of Tickets Following Removal or Unavailability of Ticket Payout Devices

SUBPART O: NON-PAYMENT OF TAXES

- Section
- 1800.1510 Non-Payment of Taxes

SUBPART P: CENTRAL COMMUNICATIONS SYSTEM

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Section

1800.1610 Use of Gaming Device or Individual Game Performance Data

SUBPART Q: RESPONSIBLE GAMING

Section

1800.1710 Conversations About Responsible Gaming

1800.1720 Responsible Gaming Education Programs

1800.1730 Problem Gambling Registry

1800.1740 Utilization of Technology to Prevent Problem Gambling

SUBPART R: IMPLEMENTATION OF TECHNOLOGY

Section

1800.1810 Implementation of Technology

SUBPART S: INDEPENDENT TESTING LABORATORIES

Section

1800.1910 Independent Outside Testing Laboratories

1800.1920 Minimum Duties of an Independent Outside Testing Laboratory

1800.1930 Testing of Video Gaming Equipment

1800.1940 Approval of Video Gaming Equipment

SUBPART T: IN-LOCATION PROGRESSIVE GAMES

Section

1800.2010 In-location Progressive Games

1800.2020 Optional Nature of In-location Progressive Games

1800.2030 Procedures Within Licensed Video Gaming Locations

1800.2040 Payments of Progressive Jackpot Amount

1800.2050 Deductions from Progressive Jackpots

1800.2060 Progressive Jackpot Coordinator

AUTHORITY: Implementing and authorized by the Video Gaming Act [230 ILCS 40].

SOURCE: Adopted by emergency rulemaking at 33 Ill. Reg. 14793, effective October 19, 2009, for a maximum of 150 days; adopted at 34 Ill. Reg. 2893, effective February 22, 2010;

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emergency amendment at 34 Ill. Reg. 8589, effective June 15, 2010, for a maximum of 150 days; emergency expired November 11, 2010; amended at 35 Ill. Reg. 1369, effective January 5, 2011; emergency amendment at 35 Ill. Reg. 13949, effective July 29, 2011, for a maximum of 150 days; emergency expired December 25, 2011; amended at 36 Ill. Reg. 840, effective January 6, 2012; amended by emergency rulemaking at 36 Ill. Reg. 4150, effective February 29, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 5455, effective March 21, 2012; amended at 36 Ill. Reg. 10029, effective June 28, 2012; emergency amendment at 36 Ill. Reg. 11492, effective July 6, 2012, for a maximum of 150 days; emergency expired December 2, 2012; emergency amendment at 36 Ill. Reg. 12895, effective July 24, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 13178, effective July 30, 2012; amended at 36 Ill. Reg. 15112, effective October 1, 2012; amended at 36 Ill. Reg. 17033, effective November 21, 2012; expedited correction at 39 Ill. Reg. 8183, effective November 21, 2012; amended at 36 Ill. Reg. 18550, effective December 14, 2012; amended at 37 Ill. Reg. 810, effective January 11, 2013; amended at 37 Ill. Reg. 4892, effective April 1, 2013; amended at 37 Ill. Reg. 7750, effective May 23, 2013; amended at 37 Ill. Reg. 18843, effective November 8, 2013; emergency amendment at 37 Ill. Reg. 19882, effective November 26, 2013, for a maximum of 150 days; emergency amendment suspended by the Joint Committee on Administrative Rules at 38 Ill. Reg. 3384, effective January 14, 2014; suspension withdrawn at 38 Ill. Reg. 5897; emergency repeal of emergency amendment at 38 Ill. Reg. 7337, effective March 12, 2014, for the remainder of the 150 days; amended at 38 Ill. Reg. 849, effective December 27, 2013; amended at 38 Ill. Reg. 14275, effective June 30, 2014; amended at 38 Ill. Reg. 19919, effective October 2, 2014; amended at 39 Ill. Reg. 5401, effective March 27, 2015; amended at 39 Ill. Reg. 5593, effective April 1, 2015; amended at 40 Ill. Reg. 2952, effective January 27, 2016; amended at 40 Ill. Reg. 8760, effective June 14, 2016; amended at 40 Ill. Reg. 12762, effective August 19, 2016; amended at 40 Ill. Reg. 15131, effective October 18, 2016; emergency amendment at 41 Ill. Reg. 2696, effective February 7, 2017, for a maximum of 150 days; amended at 41 Ill. Reg. 2939, effective February 24, 2017; amended at 41 Ill. Reg. 4499, effective April 14, 2017; amended at 41 Ill. Reg. 10300, effective July 13, 2017; amended at 42 Ill. Reg. 3126, effective February 2, 2018; amended at 42 Ill. Reg. 3735, effective February 6, 2018; emergency amendment at 43 Ill. Reg. 9261, effective August 13, 2019, for a maximum of 150 days; emergency amendment, except for the definition of "in-location bonus jackpot game" or "in-location progressive game" and the definition of "progressive jackpot" in Section 1800.110 and except for Section 1800.250(x), suspended at 43 Ill. Reg. 11061, effective September 18, 2019; emergency amendment at 43 Ill. Reg. 9788, effective August 19, 2019, for a maximum of 150 days; emergency amendment at 43 Ill. Reg. 11688, effective September 26, 2019, for a maximum of 150 days; emergency amendment at 43 Ill. Reg. 13464, effective November 8, 2019, for a maximum of 150 days; emergency amendment suspended by the Joint Committee on Administrative Rules at 43 Ill. Reg. 13479, effective November 12, 2019; amended at 43 Ill. Reg. 14099, effective November 21, 2019; amended at 44 Ill. Reg. 489, effective December 27, 2019; amended at 44 Ill. Reg. 1961, effective December 31, 2019;

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amended at 44 Ill. Reg. 3205, effective February 7, 2020; suspension withdrawn at 44 Ill. Reg. 3583; emergency amendment to emergency rule at 44 Ill. Reg. 3568, effective February 21, 2020, for the remainder of the 150 days.

SUBPART C: STANDARDS OF CONDUCT FOR LICENSEES

Section 1800.340 Change in Ownership of Terminal Operators and Assets Held by Terminal Operators
EMERGENCY

- a) Notwithstanding any other Subpart, any ownership interest in a licensed terminal operator that has received a disciplinary complaint from the Board may only be transferred with leave of the Board. ~~unless all material terms of the prospective transaction were fully disclosed to the Board on or before November 7, 2019.~~ Any ownership interest in a business entity, other than a publicly traded corporation ~~that, which~~ has an interest in a licensed terminal operator and has received a disciplinary complaint from the Board, may only be transferred with leave of the Board. ~~unless all material terms of the prospective transaction were fully disclosed to the Board on or before November 7, 2019.~~
- 1) Any person, other than a licensed terminal operator, seeking to acquire less than a 100% ownership interest in a licensed terminal operator that has received a disciplinary complaint from the Board must complete either a Business Entity or Personal Disclosure Form, whichever is applicable, and provide any other information specifically requested by the Board.
 - 2) Any person, other than a licensed terminal operator, seeking to acquire a 100% ownership interest in a licensed terminal operator that has received a disciplinary complaint from the Board must complete a terminal operator application.
 - 3) Any licensed terminal operator seeking to acquire an ownership interest in another licensed terminal operator that has received a disciplinary complaint from the Board must provide any information requested by the Board.
 - 4) The Board shall investigate persons seeking to acquire an ownership interest in a licensed terminal operator that has received a disciplinary complaint from the Board. The licensed terminal operator shall bear the

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costs for all investigations relating to the person seeking to acquire the ownership interest.

- 5) The Board shall grant leave to transfer an ownership interest in a terminal operator that has received a disciplinary complaint from the Board only after the Board is satisfied that the transaction does not adversely affect public confidence and trust in gaming, does not pose a threat to the public interests of the State or to the security and integrity of video gaming, and does not discredit or tend to discredit the Illinois gaming industry or the State of Illinois. The Board shall consider, without limitation, the licensing criteria found in the Act, Section 1800.420, and undue economic concentration in deciding whether to grant leave to transfer an ownership interest.
 - 6) If the Board denies a request to transfer an ownership interest of a licensed terminal operator that has received a disciplinary complaint from the Board, the Board shall issue a Notice of Denial in accordance with Subpart F. The denied person may request a hearing under Subpart F.
 - 7) Upon conclusion of disciplinary proceedings, the Board shall make a determination within the next two Board meetings on any request to transfer or sell ownership by a terminal operator.
- b) Except for equipment, no video gaming asset, including the right to place video gaming terminals at a licensed establishment, held by a licensed terminal operator that has received a disciplinary complaint from the Board may be transferred or assigned to another licensed terminal operator without prior approval from the Administrator.
 - c) The Administrator may deny the request of any terminal operator that has received a disciplinary complaint from the Board~~any licensed terminal operator's request~~ to transfer or assign a video gaming asset to another licensed terminal operator if the Administrator finds that the request is not in the best interest of gaming in the State. The Administrator shall determine whether a request to transfer or assign a video gaming asset is in the best interest of gaming in the State after considering all relevant factors, including but not limited to:
 - 1) Undue economic concentration;

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- 2) The integrity of the State's video gaming industry; and
 - 3) The status of the licensees with the Board.
- d) If the Administrator denies a request to transfer or assign a video gaming asset [under this Section](#), the Administrator shall notify the parties in writing.
- e) If the Administrator denies a request to transfer or assign a video gaming asset [under this Section](#), the terminal operator may only transfer or assign the video gaming asset with leave from the Board.

(Source: Added by emergency rulemaking at 43 Ill. Reg. 13464, effective November 8, 2019, for a maximum of 150 days; suspended by the Joint Committee on Administrative Rules at 43 Ill. Reg. 13479, effective November 12, 2019; suspension withdrawn at 44 Ill. Reg. 3583; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 3568, effective February 21, 2020, for the remainder of the 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

NOTICE OF WITHDRAWAL OF SUSPENSION OF EMERGENCY RULE

ILLINOIS GAMING BOARD

Heading of the Part: Video Gaming (General)

Code Citation: 11 Ill. Adm. Code 1800

Section Number: 1800.340

Date Originally Published in the Illinois Register: 11/22/19
43 Ill. Reg. 13464

Date Suspension Published in Illinois Register: 11/22/19
43 Ill. Reg. 13479

Date Suspension Became Effective: 11/12/19

Date Suspension Withdrawn: 2/18/20

Pursuant to Section 5-125 of the Illinois Administrative Procedure Act, the Joint Committee, at its meeting on 2/18/20, has withdrawn the Suspension of the Illinois Gaming Board's emergency rule, contingent upon, and effective with, IGB adopting the agreed-upon modifications to this emergency rule. The Committee originally issued this Suspension at its 11/12/19 meeting.

Please take notice that the emergency rule will become effective for the remainder of the 150-day period for which it was originally adopted.

JOINT COMMITTEE ON ADMINISTRATIVE RULES

SECOND NOTICES RECEIVED

The following second notices were received during the period of February 18, 2020 through February 24, 2020. The rulemakings are scheduled for the March 18, 2020 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
4/3/20	<u>Department on Aging</u> , Community Care Program (89 Ill. Adm. Code 240)	12/20/19 43 Ill. Reg. 14475	3/18/20
4/3/20	<u>Aging</u> , Adult Protection and Advocacy Services (89 Ill. Adm. Code 270)	1/3/20 44 Ill. Reg. 1	3/18/20
4/4/20	<u>Treasurer</u> , Revised Uniform Unclaimed Property Act (74 Ill. Adm. Code 760)	1/3/20 44 Ill. Reg. 160	3/18/20
4/4/20	<u>Public Health</u> , Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545)	12/2/19 43 Ill. Reg. 13635	3/18/20
4/4/20	<u>Human Services</u> , Child Care (89 Ill. Adm. Code 50)	12/13/19 43 Ill. Reg. 14326	3/18/20
4/4/20	<u>Human Services</u> , Temporary Assistance for Needy Families (89 Ill. Adm. Code 112)	12/13/19 43 Ill. Reg. 14328	3/18/20
4/4/20	<u>Human Services</u> , Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)	12/13/19 43 Ill. Reg. 14330	3/18/20

JOINT COMMITTEE ON ADMINISTRATIVE RULES

SECOND NOTICES RECEIVED

4/4/20	<u>Human Services</u> , Supplemental Nutrition Assistance Program (SNAP) (89 Ill. Adm. Code 121)	12/13/19 43 Ill. Reg. 14332	3/18/20
4/8/20	<u>Education</u> , Public School Evaluation, Recognition and Supervision (23 Ill. Adm. Code 1)	12/20/19 43 Ill. Reg. 14611	3/18/20

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 44, Issue 10 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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**JOINT COMMITTEE ON
ADMINISTRATIVE RULES**

STATEMENTS OF SUSPENSION

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