2020

ILLINOIS

REGISTER

Rules of
Governmental Agencies

Volume 44, Issue 17

April 24, 2020

Pages 6,205 - 6,692

Index Department
Administrative Code Division
111 E. Monroe St.
Springfield, IL 62756
217-782-7017

Printed by authority of the State of Illinois. April --- 70 I PUB35

PUBLISHED BY JESSE WHITE • SECRETARY OF STATE

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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

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Riverboat and Casino Gambling

2) Code Citation: 86 Ill. Adm. Code 3000

3)

Section Numbers:	Proposed Actions:
3000.520	New Section
3000.530	New Section
3000.540	New Section

4) Statutory Authority: Sections 5(c)(2), (3) and (7) of the Illinois Gambling Act (IGA) [230 ILCS 10/5(c)(3) and (7)]. Section 5(c)(2) of the IGA confers upon the Illinois Gaming Board (IGB) "jurisdiction and supervision over all riverboat gambling operations authorized under this Act and all persons in places where gambling operations are conducted".

Section 5(c)(3) of the IGA empowers the Illinois Gaming Board (IGB) to "promulgate rules and regulations for the purpose of administering the provisions of this Act and to prescribe rules, regulations and conditions under which all gambling operations subject to this act shall be conducted". These rules and regulations include "the review of any permits or licenses necessary to operate a riverboat, casino, or organization gaming facility under any laws or regulations applicable to riverboats, casinos, or organization gaming facilities and to impose penalties for violations thereof".

Section 5 (c) (7) of the IGA empowers the Board to "adopt appropriate standards for all organization gaming facilities, riverboats, casinos, and other facilities authorized under this Act".

5) A Complete Description of the Subjects and Issues Involved: The rulemaking adds three new sections to the Riverboat and Casino Part [86 Ill. Adm. Code 3000] that implement the provisions of Section 7.7 of the Illinois Gambling Act [230 ICLS 10/7.7] relating to organization gaming facilities, and establishes requirements for temporary gaming facilities that cover both owners licensees and organization gaming licensees.

New Section 3000.520 (Organization Gaming Facilities) provides the following: Organization gaming facilities shall be restricted to persons over 21 years of age (subsection (a)). The organization gaming facility shall be maintained physically separate and apart from inter-track wagering and all other activities conducted at the racetrack (subsection (b)). There may be direct access to organization gaming facilities without entry to their associated licensee racetrack (subsection (c)). All entries and exits

shall be recorded at turnstiles (subsection (d)). If an organization gaming facility is housed in the same structure as racetrack facilities, patrons must have direct access between both facilities (subsection (e)).

New Section 3000.530 (Modification of Organization Gaming Facilities) establishes construction approval procedures as follows:

Subsection (a) provides that before an organization gaming licensee constructs any form of building, or makes alterations to an existing building or structure of its organization gaming facility, it shall provide information that includes a description of where the gaming facilities will be located, clear, legible and proportionate diagrams, plans for surveillance and security systems, and certification of compliance with all applicable building codes and ordinances.

Subsection (b) requires an organization gaming licensee to provide any additional information or documentation requested by the Administrator.

Section (c) authorizes the Administrator to deny approval for construction, modification, or alteration if the Administrator determines that the grounds of the organization licensee will be altered so that the act of live racing becomes ancillary to gaming under the Act. The subsection includes a non-exhaustive list of factors that the Administrator is to consider in making this determination. These factors include: prominence or maintenance of racetrack character relative to the organization gaming facility and gaming operation; proposed placement of gaming operations and use of gaming equipment within existing or new structures; placement of the racetrack grandstand, pari-mutuel betting windows and related facilities; and frequency of live racing.

Subsection (d) provides that, following a denial by the Administrator of a request for modification or construction, the organization gaming licensee may request the Board to review the Administrator's determination.

Subsection (e) requires an organization licensee to convince the Board by clear and convincing evidence that any construction, modification, or alteration does not cause the act of live racing to be ancillary to gaming under the Act. In making this determination, the Board may consider information submitted to the Administrator as well as additional information it deems relevant. The Board may request additional information. Factors to be considered by the Board in

making its determination are the same as those listed for the Administrator's determination under subsection (c).

Subsection (f) requires the Board to provide written notice of its determination to the organization gaming licensee.

Section 3000.540 addresses gaming at temporary facilities by owners licensees and organization gaming licensees. The section authorizes these licensees to conduct gaming at a temporary facility pending the construction or remodeling of a permanent facility to accommodate gaming participants for up to 24 months after the temporary facility begins to conduct gaming.

Subsection (a) provides that a request to operate a temporary gaming facility shall include a description of where the facility will be located; clear, legible and proportionate diagrams; plans for surveillance and security systems; and other information and details as may be required or deemed necessary by the Board.

Subsection (b) contains a non-exhaustive list of factors to be considered by the Board in determining whether to authorize gaming at a temporary facility. These include impact on the security and integrity of gaming; impact on health and safety of patrons; physical appearance and character of the facility; logistics of the gaming operation; or any other factor deemed relevant by the Board.

Subsection (c) establishes the conditions for operation of a temporary gaming facility. These are:

Operation for a maximum of 24 months, unless extended by the Board;

No concurrent operation with a permanent gaming facility; and

Rescission of Board approval for any just cause, including but not limited to failure by the licensee to operate in a manner consistent with the information submitted to the Board; determination by the Board that continued operation poses a risk to the integrity or security of gaming; or determination by the Board that continued operation of the temporary facility may by injurious to the health, safety, morals, good order, or general welfare of the people of the State of Illinois.

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

Subsection (d) provides that upon request of an owners licensee or organization gaming licensee, and upon a showing of good cause by the licensee, the Board shall extend the period during which the licensee may conduct gaming at the temporary facility by up to 12 months.

6) Published studies and reports, and underlying sources of 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 rulemakings pending on this Part? Yes

Section Numbers:	Proposed Actions:	*Illinois Register* Citations:
3000.106	New Section	44 Ill. Reg. 1752, January 24, 2020
3000.286	Amendment	44 Ill. Reg. 5974, April 17, 2020

11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate under 30 ILCS 805.

12) Time, place and manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit comments in writing concerning this proposed rulemaking not later than 45 days after publication of this Notice in the *Illinois Register* to:

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

IGB.RuleComments@igb.illinois.gov

13) Initial Regulatory Flexibility Analysis:

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: Under the proposed amendments, organization gaming licensees must record all entries and exits at turnstiles leading to the gaming facilities [new subsection 3000.520(d)]. In connection with requests by an organization gaming licensee to construct or modify organization gaming facilities, the licensee must submit to the Administrator all of the items listed in new Section 3000.530(a) and (b), together with any additional information or documentation requested by the Administrator. In connection with requests to operate a temporary facility, an owners licensee or organizational gaming licensee must submit all of the information listed in new Section 3000.540(a), together with other or additional information or details as may be required or deemed necessary by the Board.

C) Types of professional skills necessary for compliance: Administration of this provisions of these amendments will require expertise in gaming operations, interior layout as it relates to gaming facilities, and surveillance and security systems.

14) Small Business Impact Analysis:

A) Types of businesses subject to the proposed rules:

23 Construction
55 Management of Companies and Enterprises
72 Accommodation and Food Services

B) Categories that the Agency reasonably believes the rulemaking will impact, including:

i. hiring and additional staffing
ii. regulatory requirements
iii. purchasing
vi. equipment and material needs
viii. record keeping

15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not summarized in a Regulatory Agenda.

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

The full text of the Proposed Amendments is identical to that of the text of the Emergency Amendments for this Part, and begins in this issue of the *Illinois Register* on page 6426.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Required Procedure for Filing and Securing Approval of Policy Forms

2) Code Citation: 50 Ill. Adm. Code 916

3) Section Number: 916.40 Proposed Action: Amendment

4) Statutory Authority: 5 ILCS 175; 215 ILCS 5/143, 5/355, and 5/401; 215 ILCS 109/75; 215 ILCS 110/25; 215 ILCS 125/5-3; 215 ILCS 130/4003; and 215 ILCS 165/10

5) A Complete Description of the Subjects and Issues Involved: Amends Section 916.40 to fix significant regulatory blindspots in the current implementation of the policy form filing process required by the Illinois Insurance Code and associated statutes. A lack of specificity about the current process allows some companies to file their policy forms in a way that hinders the Department from performing thorough reviews of their terms and conditions to verify compliance with Illinois mandates for parity in mental health/substance use disorder coverage, cancer drug parity, and abortion benefits with maternity care benefits, as well as various requirements for life insurance. The amendments to this rule will require companies to submit complete policy forms for all life and health products by prohibiting matrix pages, insert pages, or modular filings. That way, the Department will be able to see each policy form the same way that the policyholder is intended to see it. The rule will also limit variable language to identifying characteristics only: policy name, member name, policy number, other identifiable information, etc. Additionally, the rule will clarify form filing consistency and submission requirements in the System for Electronic Rate and Form Filings (SERFF).

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENT

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

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

Robert Planthold	or	Susan Anders
Assistant General Counsel		Rules Coordinator
Illinois Department of Insurance		Illinois Department of Insurance
122 S. Michigan Ave., Fl. 19		320 W. Washington St., Fl. 4
Chicago IL 60603-6137		Springfield IL 62767-0002
312/814-5445		217/558-0957

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rule applies to small insurance companies offering life or accident and health insurance policies.

B) Reporting, bookkeeping or other procedures required for compliance: No qualitatively new types of forms need to be filed. Companies simply must file complete policy forms to show how the policyholder is intended to see them.

C) Types of professional skills necessary for compliance: Clerical, Administrative

14) Small Business Impact Analysis: No adverse impact anticipated. Companies already issue complete policy forms to policyholders, so they already know how to assemble their matrix pages, insert pages, and modular elements into complete forms.

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

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENT

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER l: PROVISIONS APPLICABLE TO ALL COMPANIES

PART 916
REQUIRED PROCEDURE FOR FILING AND SECURING APPROVAL OF POLICY FORMS

Section
916.10 Authority
916.20 Purpose and Scope
916.30 Definitions
916.40 Filing Procedures
916.50 Certificate of Compliance
916.60 Effective Date (Repealed)

916.EXHIBIT A Certificate of Compliance
916.EXHIBIT B Coding Guide (Repealed)
916.EXHIBIT C Discontinued Acronyms From Exhibit B Coding Guide (Repealed)
916.EXHIBIT G General Transmittal Instructions and Transmittal (Repealed)
916.EXHIBIT H Replacement/Withdrawal Transmittal Instructions and Transmittal (Repealed)
916.EXHIBIT I Certificate of Assumption Transmittal Instructions and Transmittal (Repealed)
916.EXHIBIT J Informational Filing Transmittal Instructions and Transmittal (Repealed)

AUTHORITY: Implementing Section 143 of the Illinois Insurance Code [215 ILCS 5], Section 10 of the Voluntary Health Services Plans Act [215 ILCS 165], Section 25 of the Dental Service Plan Act [215 ILCS 110], Section 75 of the Dental Care Patient Protection Act [215 ILCS 109], Section 4003 of the Limited Health Service Organization Act [215 ILCS 130], Section 5-3 of the Health Maintenance Organization Act [215 ILCS 125] and the Electronic Commerce Security Act [5 ILCS 175], and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5].

SOURCE: Filed November 13, 1975, effective December 1, 1975; codified at 6 Ill. Reg. 14844; amended at 9 Ill. Reg. 18139, effective February 13, 1986; amended at 17 Ill. Reg. 15853, effective September 14, 1993; amended at 20 Ill. Reg. 6848, effective May 1, 1996; amended at 24 Ill. Reg. 3547, effective February 18, 2000; amended at 29 Ill. Reg. 4922, effective March 22, 2005; recodified from the Department of Financial and Professional Regulation to the Department of Insurance pursuant to Executive Order 2009-04 at 38 Ill. Reg. 24062; amended at

39 Ill. Reg. 2590, effective February 6, 2015; amended at 39 Ill. Reg. 16152, effective December 3, 2015; amended at 44 Ill. Reg. _____, effective _____.

Section 916.40 Filing Procedures

a) Certificate of Compliance. Each company doing business in the State of Illinois shall submit with each filing a Certificate of Compliance, as described in Section 916.50 and Exhibit A.

b) Forms Review. Each company shall file with the Director for approval each new policy form in a searchable text PDF before it is issued or delivered in this State. Each filing shall be submitted directly through SERFF and shall include each of the following:

1) A detailed description of~~:A)~~ the purpose for the policy form and the manner in which it will be marketed;~~ and~~

2~~B~~) A~~a~~ cross-reference SERFF tracking number for identical submissions made by affiliated companies; and~~.~~

3~~2~~) The policy forms.~~:~~

A) Policy forms must be submitted in the form of a complete policy.

B) The submission of the following types of documents is prohibited:

i) Matrix pages;

ii) Insert pages; and

iii) Forms in modular format.

C~~A~~) The text of each~~ policy~~ form shall be made out in "John Doe" fashion, bracketing any appropriate variable material.

D) The following variable material is considered appropriate:

i) Cover pages

- Policyholder name
- Policy name
- Policy number
- Product name
- Effective date of policy

ii) Other identifying data such as:

- Corporate officer signatures
- Company address, phone numbers, or URLs

E) Form numbers~~The form number~~ shall appear in the lower left-hand corner of the policy form~~ to be approved~~.

i) Form numbers in a complete policy document must be identical on each page of the document.

ii) Form numbers entered into the SERFF filing must match the form numbers on the corresponding form.

F) Page numbers must appear on every page of each policy form submitted in the policy.

G~~B~~) A combination form shall be submitted in two separate filings. Each filing must be identified with a unique company tracking number and must have an accurate TOI and Sub-TOI selected.

4~~3~~) Informational filings must contain~~ a detailed description of~~:

A) A detailed description of the~~The~~ purpose of submitting the informational filing; and

B) The form number, date of approval, state/company filing number and/or SERFF tracking number for the form to which the informational filing relates.

c) Riders and Endorsements. Riders or endorsements that unilaterally reduce benefits, and are attached to a policy subsequent to the date the policy is issued, shall be reviewed and approved by the Director prior to their issuance or delivery.

d) Replacement Filings. A new policy form that replaces or is substantially similar to a previously approved policy form must have a redlined version submitted detailing the revisions made to the previously approved policy form. A new policy form replacing a form previously approved, when the new policy form bears the same form number as the previously approved form, shall be accompanied by:

1) a statement that the filing is a replacement;

2) the State tracking/company tracking number and/or SERFF tracking number of the previously approved form and the date of the previous approval; and

3) a statement that the previously approved policy form was never issued.

e) Rates

1) Individual and group Medicare supplement policy form filings and individual and group long-term care policy form filings shall be accompanied by rates providing a description of the classification of risks and the premium rates. Data demonstrating the calculation of the rates shall accompany each individual accident and health policy form. The rate data must be submitted in a separate SERFF filing.

2) Any insurance company, health maintenance organization or health service plan authorized to offer health insurance coverage, as that term is defined in the Illinois Health Insurance Portability and Accountability Act [215 ILCS 97] (HIPAA), must file all proposed rate increases with the Department prior to use. All rate filings must be submitted electronically through the Health Rate Review Web Portal.

f) Credit Policies. Individual and group credit policy form filings shall be accompanied by the rate filing that provides a description of the classification of risks and the premium rates. Data demonstrating the calculation of the rates shall accompany each credit policy form.

g) Filing Fee. Fees are paid through Electronic Funds Transfer through SERFF upon submission of the SERFF Filing.

h) Policy Form Withdrawal

1) Filings submitted for the withdrawal of policy forms shall include a letter of explanation providing the form numbers to be withdrawn, along with the SERFF Tracking Number or Company Tracking/State Tracking Number under which the form was originally approved.

2) Health insurance contracts subject to HIPAA shall include requirements set forth in 50 Ill. Adm. Code 2025.

i) Multiple Company Filings. The form language and form numbers in multiple company filings must be identical, and filing fees must be submitted through Electronic Funds Transfer for each form filed for approval by each company.

j) PDF Format. All documents submitted in SERFF must be in a searchable PDF format, regardless of the location of the document in the SERFF filing.

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENT

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

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

3) Section Number: 2001.13 Proposed Action: New Section

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

5) A Complete Description of the Subjects and Issues Involved: The Department would like to clarify the use of corporate names in consumer facing documents, marketing materials, and webpages. Use of multiple names and branding confuses consumers regarding which entity bears the risk associated with their health plan and leads to inadvertent use of out-of-network providers, failure to obtain appropriate referrals, and delay in medical necessity determinations when providers send information to the incorrect entity. The proposed amendment will assist consumers in providing better transparency regarding which entity bears the risk of their insurance or HMO plan, allowing them to ensure they are using appropriate physicians and facilities in order to maximize their benefits.

Health insurers and HMOs are not allowed by our corporate regulatory division to use DBAs (Doing Business As). The Department would also like to maintain requirements across product lines for name usage and maintain continuity between advertising and form filing requirements regarding company names (for reference see 50 Ill. Adm. Code 753.20(a) and 50 Ill. Adm. Code 2002.140(a)).

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 INSURANCE

NOTICE OF PROPOSED AMENDMENT

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

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

Robert Planthold	or	Susan Anders
Assistant General Counsel		Rules Coordinator
Illinois Department of Insurance		Illinois Department of Insurance
122 S. Michigan Ave., Fl. 19		320 W. Washington St., Fl. 4
Chicago IL 60603		Springfield IL 62767
312/814-5445		217/558-0957

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: The Department determined that the rulemaking will not have an adverse impact on small businesses.

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

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENT

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

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

SUBPART A: PROVISIONS APPLICABLE TO INDIVIDUAL AND GROUP POLICIES

Section
2001.1 Applicability
2001.2 Definitions and Cross-References
2001.3 Discretionary Clauses Prohibited
2001.4 Guaranteed Availability and Renewability of Coverage
2001.5 Prohibition of Preexisting Condition Exclusions
2001.6 No Lifetime or Annual Limits
2001.7 Prohibition on Rescissions
2001.8 Coverage of Preventive Health Services
2001.9 Prohibiting Discrimination Against Participants and Beneficiaries Based on Health Status
2001.10 Summary of Benefits and Coverage and Uniform Glossary
2001.11 Essential Health Benefits
2001.12 Cost-Sharing
2001.13 Corporate Name Requirements

SUBPART B: PROVISIONS APPLICABLE TO INDIVIDUAL POLICIES

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

SUBPART C: PROVISIONS APPLICABLE TO GROUP POLICIES

Section
2001.210 Applicability

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENT

2001.220 Ban on Excessive Waiting Periods

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

SOURCE: Filed and effective April 1, 1952; codified at 7 Ill. Reg. 3471; amended at 20 Ill. Reg. 14405, effective October 25, 1996; amended at 29 Ill. Reg. 10172, effective July 1, 2005; amended at 31 Ill. Reg. 8472, effective May 31, 2007; amended at 38 Ill. Reg. 2037, effective January 2, 2014; amended at 38 Ill. Reg. 23379, effective November 25, 2014; amended at 43 Ill. Reg. 9378, effective August 26, 2019; amended at 44 Ill. Reg. _____, effective _____.

SUBPART A: PROVISIONS APPLICABLE TO INDIVIDUAL AND GROUP POLICIES

Section 2001.13 Corporate Name Requirements

The name of the actual health insurance issuer shall be stated on all of its forms. Policy forms or other items incorporated by reference shall not use a trade name, any insurance group designation, name of the parent company of the issuer, name of a particular division of the issuer, service mark, slogan, symbol or other device that, without disclosing the name of the actual issuer, would have the capacity and tendency to mislead or deceive as to the true identity of the issuer.

a) There must be printed at the head of the policy the name of the issuer or issuers issuing the policy and the location of the home office of the issuer or issuers. Devices, emblems or designs, and dates as are appropriate for the issuer issuing the policy may also be added.

b) The complete issuer name, as registered with the Department, shall appear in the footer on all forms filed with the Department.

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

CHIEF PROCUREMENT OFFICER FOR
THE DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Chief Procurement Officer for the Department of Transportation – Contract Procurement

2) Code Citation: 44 Ill. Adm. Code 6

3)

Section Numbers:	Adopted Actions:
6.10	Amendment
6.20	Amendment
6.40	Amendment
6.50	Amendment
6.55	Amendment
6.80	Amendment
6.90	Amendment
6.100	Amendment
6.110	Amendment
6.120	Amendment
6.122	New Section
6.124	New Section
6.125	Renumbered
6.126	New Section
6.160	Amendment
6.210	Amendment
6.220	Amendment
6.230	Amendment
6.300	Amendment
6.320	Amendment
6.340	Amendment
6.380	Amendment
6.385	Amendment
6.388	Amendment
6.700	Amendment
6.800	Repealed
6.801	Renumbered/Amendment
6.803	New Section
6.805	New Section
6.810	Repealed
6.820	Repealed
6.830	Repealed

CHIEF PROCUREMENT OFFICER FOR
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NOTICE OF ADOPTED AMENDMENTS

6.840	Repealed
6.850	Repealed
6.860	Repealed

4) Statutory Authority: Implementing the Illinois Procurement Code [30 ILCS 500], Section 2705-600 of the Department of Transportation Law [20 ILCS 2705/2705-600], and the Public Private Agreements for the Illiana Expressway Act [605 ILCS 130] and authorized by Section 5-25 of the Illinois Procurement Code [30 ILCS 500/5-25], Section 2705-600(7) of the Department of Transportation Law [20 ILCS 2705/2705-600(7)], Section 25-101 of the Electronic Commerce Security Act [5 ILCS 175/25-101], and Section 15(a) of the Public Private Agreements for the Illiana Expressway Act [605 ILCS 130/15(a)].

5) Effective Date of Rules: April 8, 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 materials incorporated by reference, is on file at the Chief Procurement Officer's office at 2300 S. Dirksen Parkway, Springfield IL 62764 and will be made available for public inspection.

9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 14490; December 20, 2019

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

11) Differences between Proposal and Final Version: Pursuant to discussion with JCAR staff, at Section 6.385(c), $30,000 was changed to $100,000 to mirror the other instances in this Section where the small purchase threshold was increased.

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

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

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

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15) Summary and Purpose of Rulemaking: This Part was updated to incorporate recent amendments to the Procurement Code and to provide rules for additional methods of procurement and source selection. In addition, sections related to the Target Market Program were repealed as the Target Market Program statute has expired.

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

Mr. Bill Grunloh, Chief Procurement Officer
Chief Procurement Office
Illinois Department of Transportation
2300 S. Dirksen Parkway
Springfield IL 62764

217/558-5434

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

CHIEF PROCUREMENT OFFICER FOR
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NOTICE OF ADOPTED AMENDMENTS

TITLE 44: GOVERNMENT CONTRACTS, GRANTMAKING,
PROCUREMENT AND PROPERTY MANAGEMENT
SUBTITLE A: PROCUREMENT AND CONTRACT PROVISIONS
CHAPTER III: CHIEF PROCUREMENT OFFICER FOR
THE DEPARTMENT OF TRANSPORTATION

PART 6
CHIEF PROCUREMENT OFFICER FOR
THE DEPARTMENT OF TRANSPORTATION − CONTRACT PROCUREMENT

SUBPART A: GENERAL

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6.10 Authority
6.20 Policy and Application
6.30 Purpose and Policy Interpretations
6.40 Definitions

SUBPART B: PUBLICATION OF PROCUREMENT INFORMATION

Section
6.50 Transportation Procurement Bulletin
6.55 Required Notices
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6.70 Direct Solicitation

SUBPART C: METHODS OF PROCUREMENT

Section
6.80 Competitive Sealed Bids
6.90 Competitive Sealed Proposals
6.100 Small Purchases~~Contracts~~
6.110 Sole Source and Sole Economically Feasible Source Procurement~~Contracts~~
6.120 Emergency Purchases~~Contracts~~
6.122 Requests for Information
6.124 Joint Purchasing
6.125 Small Business Set-Asides (Renumbered)
6.126 Piggyback Contracts

CHIEF PROCUREMENT OFFICER FOR
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NOTICE OF ADOPTED AMENDMENTS

SUBPART D: COMPETITIVE SEALED BID PROCEDURES

Section
6.130 General Conditions for Use
6.140 Invitations for Bids
6.150 Amendments to Invitations for Bids
6.160 Preparation of Bids
6.170 Delivery of Bids
6.180 Change or Withdrawal of Bids
6.190 Combination Bids for Construction Contracts
6.200 Pre-Bid Conferences
6.210 Public Opening of Bids
6.220 Consideration of Bids
6.230 Mistakes
6.240 Award After Bid Evaluation
6.250 Split and Multiple Awards
6.260 Time for Award
6.270 Delay in Award
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6.280 Binding Contract
6.290 Requirement of Contract Bond for Construction Contracts
6.300 Execution of Contracts~~Contract~~
6.310 Publication of Contracts (Repealed)

SUBPART E: COMPETITIVE SEALED PROPOSAL PROCEDURES

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6.320 General Conditions for Use
6.330 Request for Proposals
6.340 Delivery of Proposals
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6.360 Discussions with Responsible Offerors
6.370 Award
6.380 Execution of Contracts

SUBPART F: CONTRACT ADMINISTRATION

CHIEF PROCUREMENT OFFICER FOR
THE DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

Section
6.385 Expenditure in Excess of Contract Price
6.388 Continuing Disclosure~~Multi-year Contracts~~

SUBPART G: PROTESTS

Section
6.390 Application
6.400 Interested Party
6.410 Subject of the Protest
6.420 Filing of a Protest
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SUBPART H: SPECIFICATIONS

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6.460 Contract Documents
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SUBPART I: SUSPENSION OF CONTRACTORS OR SUBCONTRACTORS

Section
6.480 Purpose
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6.510 General
6.520 Causes for Suspension or Debarment
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NOTICE OF ADOPTED AMENDMENTS

6.620 Response and Request for Hearing
6.630 Hearing Date and Hearing Officer
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SUBPART J: MISCELLANEOUS

Section
6.700 Procurement File
6.705 Property Rights
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6.730 No Waiver of Sovereign Immunity
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SUBPART K: TARGET MARKET PROGRAM

Section
6.800 Purpose and Objective (Repealed)
6.801~~6.125~~ Small Business Set-Asides
6.803 Disadvantaged Business Enterprise Program
6.805 Veterans
6.810 Definitions (Repealed)
6.820 Implementation Procedures (Repealed)
6.830 Target Market Remedial Actions (Repealed)
6.840 Participation Eligibility (Repealed)
6.850 Limitations Applicable to Participation (Repealed)
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SUBPART L: ILLIANA EXPRESSWAY PROCUREMENT

Section
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NOTICE OF ADOPTED AMENDMENTS

6.905 Definitions
6.910 General Conditions for Use
6.915 Prequalification and Qualifications
6.920 Information Exchanges
6.925 Competitive Request for Proposals Process
6.930 Organizational Conflict of Interest Requirements
6.935 Proposal Evaluation
6.940 Discussions with Offerors
6.945 Clarifications
6.950 Selection and Negotiations
6.955 Interim Agreements
6.960 Award
6.965 Execution of Contract and Notice to Proceed
6.970 Subsequent Contracts
6.975 Disclosure of Proposal Contents

AUTHORITY: Implementing the Illinois Procurement Code [30 ILCS 500], Governmental Joint Purchasing Act [30 ILCS 525], Section 2705-600 of the Department of Transportation Law [20 ILCS 2705], and the Public Private Agreements for the Illiana Expressway Act [605 ILCS 130] and authorized by Section 5-25 of the Illinois Procurement Code [30 ILCS 500], Section 2 of the Governmental Joint Purchasing Act [30 ILCS 525], Section 2705-600(7) of the Department of Transportation Law [20 ILCS 2705], Section 25-101 of the Electronic Commerce Security Act [5 ILCS 175], and Section 15(a) of the Public Private Agreements for the Illiana Expressway Act [605 ILCS 130].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 11602, effective July 1, 1998, for a maximum of 150 days; adopted at 22 Ill. Reg. 21060, effective November 25, 1998; emergency amendment at 29 Ill. Reg. 7832, effective May 12, 2005, for a maximum of 150 days; emergency expired October 8, 2005; amended at 29 Ill. Reg. 18147, effective October 19, 2005; recodified, pursuant to PA 96-795, from Department of Transportation, 44 Ill. Adm. Code 660, to Chief Procurement Officer for Department of Transportation, 44 Ill. Adm. Code 6, at 35 Ill. Reg. 10158; amended at 35 Ill. Reg. 16518, effective September 30, 2011; amended at 36 Ill. Reg. 230, effective December 21, 2011; expedited correction at 36 Ill. Reg. 14883, effective December 21, 2011; amended at 37 Ill. Reg. 5764, effective April 19, 2013; amended at 37 Ill. Reg. 15878, effective September 27, 2013; amended at 37 Ill. Reg. 19098, effective November 15, 2013; recodified Title of the Part at 39 Ill. Reg. 5903; amended at 40 Ill. Reg. 6693, effective April 7, 2016; amended at 44 Ill. Reg. 6222, effective April 8, 2020.

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NOTICE OF ADOPTED AMENDMENTS

SUBPART A: GENERAL

Section 6.10 Authority

a) The Chief Procurement Officer (CPO) is established in the Illinois Procurement Code (Code) [30 ILCS 500] as the person appointed by the Secretary of Transportation with the consent of the majority of the members of the Executive Ethics Commission for all construction, ~~all~~ construction-related and construction support services, operation of any facility, and the provision of any construction or construction-related service or activity committed by law to the jurisdiction of the Illinois Department of Transportation (Department), including the direct or reimbursable expenditure of all federal funds for which the Department is responsible or accountable for the use thereof in accordance with federal law, regulations or procedure. The CPO has the authority to appoint State Purchasing Officers (SPOs) to carry out the responsibility established in the Code. (See Sections 1-15.15 and 10-10 of the Code.)

b) With respect to construction, ~~and~~ construction-related, and construction support services, the Department is charged by law with the responsibility for the construction, improvement, maintenance and operation of the State Highway System; the rehabilitation, improvement and construction of rail facilities; and the construction, improvement and maintenance of air navigation facilities either on behalf of the State or as agent for units of local government empowered to operate air navigation facilities. In addition, the Department may let contracts for highway construction on highway systems under the jurisdiction of local highway authorities as a condition of the receipt of federal-aid funds or as otherwise provided by law.

c) Procurements undertaken by the Department, as a construction agency and purchasing agency, and subject to the Code will be accomplished in accordance with this Part or the standard procurement rules adopted by the Chief Procurement Officer for General Services (CPO-GS) (see 44 Ill. Adm. Code 1) as indicated in the notice of the relevant procurement. All other procurements subject to the Code and committed to the authority of other Chief Procurement Officers will be conducted in accordance with the rules adopted by those Chief Procurement Officers. Procurements subject to the Architectural, Engineering, and Land Surveying Qualifications Based Selection Act [30 ILCS 535] will be conducted, in all aspects and procedures, including but not limited to prequalification,

publication, evaluation, selection, contract formation and amendment, and performance evaluation, in accordance with the Department's rules promulgated at 44 Ill. Adm. Code 625.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.20 Policy and Application

a) Policy
All Department contract procurements will be accomplished in the most economic and expeditious manner consistent with the principles and practices established in the Code. It is the policy of the CPO for the Department that all activities of the appointed SPOs and other designees related to the procurement process maximize the value of the expenditure of public funds in procuring contracts, and that those appointed and designated act in a manner that maintains public trust in the integrity of the process.

b) Application
This Part does not apply to intergovernmental agreements and contracts;~~,~~ grants;~~,~~ purchase of care agreements;~~,~~ collective bargaining agreements;~~,~~ purchase of real estate;~~,~~ contracts necessary to prepare for anticipated litigation, enforcement actions, or investigations;~~,~~ and utility and railroad cost reimbursement agreements. (See Section 1-10(b) of the Code.)

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.40 Definitions

As used throughout this Part, terms defined in the Illinois Procurement Code have the same meaning as in the Code and as further defined in this Section. Each term listed in this Section has the meaning set forth as follows unless its use clearly requires a different meaning. Terms may be defined in particular Sections for use in that Section.

"Act" – The Illinois Governmental Joint Purchasing Act [30 ILCS 525].

"Amendment" – A written agreement signed by both parties, including a change order, that alters the terms of an existing contract.

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"Bid" – An offer made by a bidder in response to a contract item advertised in an Invitation for Bids.

"Bidder" – Any person or entity that in fact submits a bid.

"Change Order" – A change in a contract term, other than as specifically provided for in the contract, which authorizes or necessitates any increase or decrease in the cost of the contract or the time for completion for procurements subject to the jurisdiction of the Chief Procurement Officers appointed pursuant to Section 10-20. (Section 1-15.12 of the Code)~~"Change Order" – A formal, written directive issued to a contractor or an agreement that amends a contract in order to address contingencies affecting the performance and completion of the contract, including but not limited to such matters as extra work, design changes or alterations to plans, or special provisions or specifications for which no provision is included in the original contract.~~

"Chief Procurement Officer" or "CPO" − The person appointed under Section 1-15.15(2) of the Code.

"Code" – The Illinois Procurement Code [30 ILCS 500].

"Construction Agency" – The Illinois Department of Transportation for construction or maintenance of roads, highways, bridges and airports as an agency that enters into construction contracts as authorized by law or by delegation from the CPO. (See Section 1-15.25 of the Code.)

"Construction-related Services" – Those services including design, layout, inspection, support, feasibility or location study, research, development, planning, or other investigative study undertaken by a construction agency concerning construction or potential construction. (Section 1-15.20 of the Code)

"Construction Support" – All equipment, supplies, and services that are necessary to the operation of a construction agency's construction program. Construction Support does not include construction-related services. (Section 1-15.20 of the Code)

"Contract" – In addition to the definition of contract set forth in Section 1-15.30 of the Code, a contract is the written agreement entered into at the discretion of

the SPO between the Department and the contractor comprising such documents as set forth in each individual agreement, including change orders, contract adjustments, and renewals, and setting forth the obligations of the parties for the performance of the contract.

"Contract Adjustment" – A written price adjustment that adds to or deducts from a contract in accordance with provisions included in the original contract, including but not limited to increases or decreases in quantities, incentives, changed conditions and the addition of missing pay items called for in the specifications.

"Contractor" – Any~~means any~~ person, firm, corporation, organization, partnership or association, however organized, and its affiliates, including its owners, directors, officers, partners, managers, key employees and others engaged in primary managerial or supervisory positions.

"Day" – A calendar day.

"Department" – The Illinois Department of Transportation.

"Electronic Procurement" – Conducting all or some of the procurement function over the internet. (Section 1-15.40 of the Code)

"Emergency Statement~~Affidavit~~" – The statement~~affidavit~~ filed by the CPO with the Procurement Policy Board and the Auditor General setting forth the actual or estimated amount expended, the name of the contractor involved, and the conditions and circumstances requiring the emergency procurement. (See Section 20-30(c) of the Code.)

"Emergency Contract" – The initial written agreement for an emergency procurement.

"Germane" – In relationship to the modification, alteration or amendment of the terms of a contract by change order, the term "germane" means a change that is related to the original terms of the contract but that is not so substantial a departure from the original as to constitute a new contract.

"Governmental Unit" – The State of Illinois, any State agency as defined in

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Section 1-15.100 of the Illinois Procurement Code, officers of the State of Illinois, any public authority that has the power to tax, or any other public entity created by statute. (Section 1-15.47 of the Act)

"Master Contract" – A definite or indefinite quantity or requirements contract awarded in accordance with the Procurement Code, against which subsequent orders may be placed to meet the needs of the Department. A master contract may be for use by the Department or for multiple State purchasing entities and other entities as authorized under the Governmental Joint Purchasing Act. (Section 1-15.47 of the Code)

"Multiple Award" – An award that is made to 2 or more bidders or offerors for similar supplies, services, or construction-related services. (Section 1-15.48 of the Code)

"Multi-year Contract" – A multi-year contract is a contract with a time of performance of more than 12 months.

"No-cost Contract" – A contract in which the State of Illinois does not make a payment to, or receive a payment from, the vendor, but the vendor has the contractual authority to charge an entity other than the State of Illinois for supplies or services at the State's contracted rate to fulfill the State's mandated requirements. (Section 1-15.49 of the Code)

"Offerors" – For purposes of this Part, ~~the term "offerors"~~ includes only persons or entities submitting proposals that are acceptable or potentially acceptable. The term does not include persons or entities who submitted unacceptable proposals.

"Participant Procuring Entity" – Any entity, including any state, that actively contributes to the procurement, such as assisting in the development of specifications, being a member of the evaluation committee, being a required approver of the proposed award, or engaging in other similar activities that assist with a procurement.

"Piggyback Contract" – A form of cooperative purchasing through which the Department is extended the pricing and terms of a contract entered into by another state, another state agency or public department of this or any other state, the federal government, or a group purchasing organization.

"PPB" – The Procurement Policy Board created by Section 5-5 of the Code.

"Procurement Compliance Monitor" or "PCM" − The~~the~~ person appointed under Section 10-15 of the Code.

"Proposal" – A response to a Request for Proposals.

"Purchasing Agency" – A State agency that enters into a contract at the direction of a State purchasing officer or a chief procurement officer. (See Section 1-15.70 of the Code.)

"Renewal" – An agreement between the parties to a contract to authorize an additional contract period under the terms and conditions of the renewal provision in the original contract.

"Responsible" – The capability, integrity and reliability of a bidder, offeror or contractor that, in all respects, will assure good faith performance to undertake and complete fully the requirements of a contract.

"Responsive" – In the context of bidding procedures, the compliance in all meaningful, material respects with the Invitation for Bids.

"Request for Information" or "RFI" – The process of requesting information from interested parties to aid the State in decision making. An RFI is not a procurement method and does not result directly in the award of a contract.

"Satisfactory Evidence of Compliance" – A bidder's certification or other assurance of compliance in the contract bid proposal will constitute satisfactory evidence of compliance and will allow a bidder to be considered a responsible bidder on a construction contract under Section 30-22 of the Code.

"Solicitation" – The document (e.g., IFB or RFP) posted to the Bulletin requesting interested contractors or vendors to submit a bid, offer, or proposal for evaluation by the State. An RFI is not considered a solicitation.

"Special Provisions" – Additions and revisions to the Standard Specifications for Road and Bridge Construction and the Supplemental Specifications and Recurring

Special Provisions (see the Department's website at http://www.idot.illinois.gov/home/resources/Manuals/Manuals-and-Guides)~~http://www.idot.illinois.gov/home/resource/Manuals/Manuals-and-Guides)~~ applicable to an individual contract.

"Specifications" – The body of directions, provisions, and requirements for performance of prescribed work. Specifications include~~includes~~ and may be referred to as the Standard Specifications, which is a Department publication of specifications approved for general application and repetitive use.

"State Purchasing Officer" or "SPO" – The person appointed under Section 10-10 of the Code.

"Subcontract" – A contractual agreement between a person or entity and a person or entity who has a contract subject to the Code and this Part, pursuant to which the subcontractor assumes obligation for performing specified work. (See Section 1-15.107 of the Code.)

"Subcontractor" – A person or entity that enters into a contractual agreement with a total ~~annual~~ value of $50,000 or more with a contractor who has a contract subject to the Code. (See Section 1-15.108 of the Code.)

"Supplemental Specifications" – Additions and revisions to the Department's Standard Specifications.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART B: PUBLICATION OF PROCUREMENT INFORMATION

Section 6.50 Transportation Procurement Bulletin

a) The CPO, in consultation with the Department, possesses the rights to, and is the authority responsible for, publishing the Department's volume of the Illinois Procurement Bulletin. The Department's~~Department~~ volume is entitled the "Transportation Procurement Bulletin" (Bulletin). (See Section 15-1 of the Code.)

b) The Bulletin is the published source for all Department procurement actions,

notices and other information relevant to Department procurement activities undertaken pursuant to this Part, including but not limited to contracts offered in the Invitation for Bids, Requests for Proposals, other methods of source selection, contracts awarded, change orders, emergency purchases and sole source procurements.

c) The Bulletin may be published in subparts designed to enhance and focus the ability of users to find information relevant to the user's interest.

d) The Bulletin or any subpart thereof will be published or updated at least once each month but may be updated more frequently. (See Section 15-15 of the Code.)

e) Notice of all awarded contracts, including renegotiated contracts and change orders, will be posted on the Department's website the next business day. Notice will be posted and published in the Bulletin and will include the following:

1) the name of the successful responsible bidder or offeror;

2) the contract price;

3) the number of unsuccessful responsive bidders; and

4) any other disclosures, such as emergency purchase disclosures or any disclosure required under the Code.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.55 Required Notices

a) Notice of all awarded contracts entered into by the Department pursuant to Subpart D will be published in the Bulletin.

b) Notice of all solicitations~~Invitations for Bids~~ are published in the Bulletin pursuant to Subpart D.

c) Notice of contracts let are published in the Bulletin pursuant to Subpart D.

d) Notice of contract renewals and change orders are published in the Bulletin

pursuant to Subpart F.

e) The CPO or SPO will provide notice of emergency contracts and any hearings to extend any emergency contract in the Bulletin pursuant to Subpart C.

f) The CPO will provide a written description of the intent to enter into a sole source contract, along with a description of the item to be procured and the intended sole source contractor, in the Bulletin prior to entering into the sole source contract. The notice will be posted at least 14 days prior to the sole source hearing pursuant to Subpart C.

g) Notice of exempt contracts as required by Section 1-10 of the Code.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART C: METHODS OF PROCUREMENT

Section 6.80 Competitive Sealed Bids

Except for those circumstances and methods described in Sections 6.90, 6.100, 6.110, ~~and~~ 6.120, and 6.122, all Department contracts will be procured by competitive sealed bidding in accordance with Section 20-10 of the Code and this Part. (See Section 20-5 of the Code.)

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.90 Competitive Sealed Proposals

a) Department contracts may be procured by competitive sealed proposals when the Department determines that competitive sealed bidding is either not practicable or not advantageous to the State. (See Section 20-15(a) of the Code.)

b) The determination to use competitive sealed proposals will be made in writing and provided to the CPO on either a contract-by-contract or a category of contracts basis.

1) "Practicable" Distinguished From "Advantageous." As used in this Subpart, the term "practicable" means that which may be accomplished or put into practical application, and "advantageous" means an assessment of

what is in the State's best interest. Competitive sealed bidding may be practicable, that is, reasonably possible, but not necessarily advantageous, that is, in the State's best interest. Before a contract may be entered into by competitive sealed proposals, the Department will determine in writing that competitive sealed bidding is either not practicable or not advantageous to the State.

2) If competitive sealed bidding is not practicable or is not advantageous, competitive sealed proposals may be used. The competitive sealed proposal method differs from competitive sealed bidding in two principal ways. First, it permits discussions with competing offerors and changes in their proposals, including price. Second, it allows comparative evaluations to be made when selecting among acceptable proposals for award of the contract. Where evaluation factors involve the relative abilities of offerors to perform, including degrees of experience or expertise, where the types of supplies or services may require the use of comparative evaluations to evaluate them adequately, or where the type of need to be satisfied involves weighing values other than price alone, or where prior procurement experience indicates that competitive sealed proposals may result in more beneficial contracts for the State, use of competitive sealed proposals is the appropriate procurement method.

c) Contracts for professional and artistic services are subject to and governed by the applicable Competitive Selection Procedures (44 Ill. Adm. Code 1.2035~~2035~~) adopted by the CPO-GS with the applicable oversight by the CPO-DOT.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.100 Small Purchases~~Contracts~~

a) The following procurements, when they do not exceed $100,000, may be made without notice, competition, or use of any other method of procurement prescribed in the Code or this Part:~~Individual purchases for supplies or services from any one source that do not exceed $80,000 may be made without notice, competition or use of any other method of procurement prescribed in the Code or this Part. (See Section 20-20(a) of the Code.) Contracts for professional and artistic services that do not exceed $20,000 for a nonrenewable term of not more than one year will be procured in accordance with this Section.~~

1) Construction purchases;

2) Individual purchases for supplies or services from any one source;

3) Professional and artistic services for a nonrenewable term of not more than one year. (See Section 20-20(a) of the Code.)

~~b) Construction purchases, construction supply contracts, and construction-related service contracts that do not exceed $100,000 may be procured without notice, competition or use of any other method of procurement prescribed in the Code or this Part. (See Section 20-20 of the Code.)~~

b~~c~~) Estimated needs shall not be divided in any manner to avoid the use of an established method of procurement. (See Section 20-20(a) of the Code.)

c~~d~~) Determination of Small Purchase Status

1) In determining whether a contract is under the small purchase limit, the stated value of the supplies or services, plus any optional supplies and services, determined in good faith, shall be utilized. When the value is calculated month-to-month or in a similar fashion, the amount shall be calculated for a 12-month period.

2) If only a unit price or hourly rate is known, the contract shall be considered small and shall have a not-to-exceed limit applicable to the type of procurement (see subsection (a)).

3) If, after signing the contract, the actual cost of completing the contract is determined to exceed the small purchase amount, and the SPO determines that a supplemental procurement is not economically feasible or practicable because of the immediacy of the agency's needs or other circumstances, the SPO must follow the procedures for sole source or emergency procurement, whichever is applicable, to complete the contract.

de) The CPO may establish policies and procedures regarding the use of the small purchase method of source selection to ensure compliance with policies, including promotion of small business, diversity and transparency.

ef) Each April, the CPO will determine the CPI adjustment to the small purchase thresholds applicable to the next fiscal year. If the CPI is greater than zero, the thresholds identified in Section 20-20(a) of the Code will be reduced in the amount that, with the CPI increase, would result in the small purchase thresholds remaining as stated in Section 20-20(a) of the Code. The CPO and the Procurement Policy Board will review the small purchase thresholds to determine if a modification to the thresholds is needed, and will do so within five years starting July 1, 2019. This review may occur sooner at the call of the CPO or the Procurement Policy Board.~~*Each July 1, the small purchase maximum shall be adjusted for inflation as determined by the Consumer Price Index for All Urban Consumers as determined by the United States Department of Labor and rounded to the nearest $100* by the CPO. (See Section 20-20(c) of the Code.)~~

f) This Section does not apply to construction-related professional services contracts awarded in accordance with the provisions of the Architectural, Engineering, and Land Surveying Qualifications Based Selection Act.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.110 Sole Source and Sole Economically Feasible Source Procurement~~Contracts~~

a) Application
A contract may be procured from a single source without competition or use of any other method of procurement prescribed in the Code or this Part when the single source is the only economically feasible source capable of providing the services, including professional and artistic services, contemplated or the material or product to be supplied. (See Section 20-25 of the Code.)

b) Conditions for Use of Sole Source and Sole Economically Feasible Source Procurement Method
Sole source procurement is permissible when a requirement is available from only a single supplier. Sole economically feasible source is permissible when only one supplier is deemed economically feasible. A requirement for a particular proprietary item does not justify a sole source procurement if ~~there is~~ more than

one vendor is~~potential bidder or offeror~~ authorized to provide that item. The following are examples~~Examples~~ of circumstances that may~~could~~ necessitate sole source and sole economically feasible source procurement, but are not exhaustive: ~~include but are not limited to:~~

1) when the compatibility of equipment, accessories, replacement parts, or service is a primary consideration;

2) when trial use, testing or the development of new technology is the object of the procurement;

3) when a sole supplier's item is to be procured for commercial resale;

4) when utility services are to be procured;

5) when the surety providing a performance bond tenders a completion contractor, acceptable to the Department, to complete a defaulted contract;

6) when the item is copyrighted or patented and the item is not available except from the holder of the copyright or patent or service area licensee.

c) As soon as a need is identified by the Department, the SPO must be contacted to determine the appropriate procurement method. The final determination as to whether a procurement shall be made as a sole source or sole economically feasible source procurement shall be made by the SPO, based on a request made by the Department. The request shall be in writing on a form prescribed by the PPB and shall include the basis for the sole source or sole economically feasible source determination. Prior to authorizing the Department to enter into a contract based on the sole source or sole economically feasible source request, the CPO shall offer to conduct a public hearing and make a final determination as required by Section 20-25(a) of the Code. Any request for hearing must be made at least 5 calendar days prior to the date of the scheduled hearing. If no request for hearing is made, the hearing will be cancelled. No sole source or sole economically feasible source procurement may proceed without final approval by the CPO.

d) When an interested party submits a written request for a public hearing, the CPO will provide notice of intent to contract on a sole source basis to the PPB and publish the notice in the Bulletin at least 14 days prior to the public hearing

required in Section 20-25(a) of the Code. The notice will include the sole source procurement justification form prescribed by the PPB, a description of the item to be procured, the intended sole source contractor, and the date, time and location of the public hearing. (See Section 20-25 of the Code.)

e~~d~~) The CPO may hold a public hearing in accordance with Section 20-25(a) of the Code.

1) Prior to the execution of a sole source contract, the CPO may hold a public hearing and provide written justification for the sole source contract. The Department will also provide written justification for the sole source contract.

2) Any interested party may present testimony at the public hearing.

3) A sole source contract, when a public hearing was requested by an interested party, may be awarded, after the public hearing is conducted, with the approval of the CPO. Approval of the CPO will be granted in accordance with the Code and this Part.

4) A copy of all procurement documents provided at the hearing will be included in the ~~subsequent~~ Bulletin, along with the decision of the CPO to award or not award the sole source contract.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.120 Emergency Purchases~~Contracts~~

a) A contract may be procured without the use of any other method of procurement prescribed in the Code or this Part when there exists a threat to public health or safety, or when an immediate contract is needed to repair State property in order to prevent or minimize further loss or damage to State property, or to prevent or minimize serious disruption in critical State services that affect health, safety or collection of substantial State revenues, including but not limited to completion of a defaulted contract, or to ensure the integrity of State records. (See Section 20-30(a) of the Code.)

b) The term of an initial emergency contract will not exceed 90 days as the time

reasonably needed for a competitive procurement. For the initial emergency contract:

1) The emergency contract will provide a written description of the basis for the emergency and reasons for the selection of the particular contractor to be included in the contract file. (See Section~~Sections~~ 20-30(a) and (c) of the Code.)

2) Notice of the emergency contract will be provided to the PPB and published in the Bulletin no later than 5 calendar days after the contract is awarded. For purposes of this Section, "contract is awarded" means that the contractor has received notification to proceed, which may be oral, and has started the work.

3) Within 10 days after the procurement, the emergency statement~~affidavit~~ will also be posted to the Bulletin and filed with both the PPB and the Auditor General. (See Section 20-30(c) of the Code.) For purposes of this Section, "procurement" means that the contractor has received notification to proceed, which may be oral, and has started the work.

c) An emergency contract may be extended beyond 90 days if the CPO determines additional time is necessary and that the contract scope and duration are limited to the emergency. The CPO will hold a public hearing in accordance with Section 20-30(a) of the Code.

1) Prior to the execution of an extension past 90 days, the CPO will hold a public hearing and provide written justification for the emergency contract. The Department may also provide written justification for the emergency contract.

2) Notice of the hearing will be posted at least 14 calendar days prior to the emergency contract extension hearing date and prior to the expiration of the 90-day term of the initial emergency contract. The notice will include a description of the need for the emergency contract extension, the contractor, and the date, time and location of the public hearing.

3) The PPB and members of the public may present testimony at the public hearing.

4) A copy of the notice and documents provided at the hearing will be included in the ~~subsequent~~ Bulletin, along with the decision of the CPO to extend or not extend the emergency contract.

d) For purposes of this Section, State property includes all property both real and personal. State records include all records regardless of the form of storage. State services include, but are not limited to, all activities committed by law to the jurisdiction or responsibility of the Department, whether provided directly or indirectly by means of contract or intergovernmental agreement.

e) The Department will employ such competition as is practicable under the emergency circumstances to abate the emergency situation, including the use of existing contracts.

f) Emergency contracts are exempt from the requirements of Section 20-80(d) of the Code as long as notice is filed with the PPB and published in the Bulletin, as required.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.122 Requests for Information

a) When the Department does not have sufficient information, including, but not limited to, available supplies, products, or services, to issue a solicitation, the Department, in consultation with the SPO, may issue a request for information (RFI). Public notice of the RFI shall be published in the Bulletin at least 14 days before the date set for the receipt of information. The submission of information by a vendor in response to an RFI is not a prerequisite for that vendor to respond to a subsequent solicitation for which information was solicited, and the issuance of an RFI does not commit the Department to make any procurement of any kind.

b) RFI responses are subject to the Illinois Freedom of Information Act (FOIA) [5 ILCS 140]. Responses that contain confidential information or trade secrets may be exempted from disclosure under FOIA. (See Section 7(1)(g) of FOIA.) The Department may assert this exemption provided the respondent furnishes the Department with both a redacted and unredacted copy of his/her response.

c) An RFI is to be used for information gathering only and is not a vehicle for procuring supplies or services.

(Source: Added at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.124 Joint Purchasing

a) The CPO may authorize the Department to jointly purchase supplies and services with:

1) a governmental unit of this State;

2) a governmental entity of another state;

3) a consortium of governmental entities of one or more states; or

4) any not-for-profit agency that qualifies under Section 45-35 of the Code and that either:

A) acts pursuant to a board established by or controlled by a unit of local government; or

B) receives grant funds from the State or from a unit of local government.

b) If the State is the lead state, all joint purchases shall be conducted in accordance with the Code and this Part. Multiple awards are allowed.

c) If the State is a participant procuring entity, all joint purchases shall be conducted in accordance with the procurement laws of the lead state.

d) All joint procurements shall be by competitive solicitation except when the CPO determines:

1) there is only one economically feasible source for the item; or

2) that a threat exists to the public health or safety or that immediate expenditure is necessary to prevent or minimize serious disruption in critical State services.

e) All awards shall be published in the Bulletin in accordance with the Code.

f) The CPO may designate contracts made through a joint purchase as available to other governmental units in Illinois.

g) If any contract or amendment to a contract is entered into or purchase or expenditure of funds is made at any time in violation of the Act or any other law, the contract or amendment may be declared void by the CPO or may be ratified and affirmed if the CPO determines ratification to be in the best interest of the Department.

(Source: Added at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.125 Small Business Set-Asides (Renumbered)

(Source: Section 6.125 renumbered to Section 6.801 at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.126 Piggyback Contracts

a) The CPO may authorize the purchase or lease of supplies and services that have been procured through a competitive process by:

1) a federal agency;

2) a consortium of governmental, educational, medical, research, or similar entities; or

3) a group purchasing organization of which the CPO or Department is a member or affiliate.

b) Contracting Requirements

1) To piggyback a contract from another entity, the underlying contract must include language allowing other governmental units to utilize the contract.

2) The original contracting entity shall be contacted and advised of the intended piggyback contract and, if necessary, discussions shall be held as to concerns about any potential for diminution of supply or lack of vendor capacity to provide supplies or services.

3) The Department shall obtain from the original contracting entity, and include as part of its procurement file, the following:

A) Solicitation;

B) Bid tabulation or evaluation with the reason for award;

C) Copy of the winning bid or proposal; and

D) Copy of the contract.

c) Prior to utilization, all piggyback contracts shall be submitted to the CPO for review and approval and notice of the award shall be published in the Bulletin.

d) The Department is not required to participate in the procurement activity prior to an award.

e) The CPO may authorize purchases and contracts that have been procured by other methods of procurement if, upon recommendation of the Department, the CPO determines it is in the best interests of the State.

f) If any contract or amendment to a contract is entered into, or purchase or expenditure of funds is made, at any time in violation of the Act or any other law, the contract or amendment may be declared void by the CPO or may be ratified and affirmed if the CPO determines ratification to be in the best interest of the Department.

(Source: Added at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART D: COMPETITIVE SEALED BID PROCEDURES

CHIEF PROCUREMENT OFFICER FOR
THE DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

Section 6.160 Preparation of Bids

a) Bidders shall follow all instructions included in the Invitation for Bids and bid forms for submission of bids on the contract item for which bids are sought.

b) Bidders shall submit their bids in the manner required by the Invitation for Bids.

c) Unless otherwise provided, all prices shall be given in dollars and cents. Separate prices shall be entered for all pricing items indicated in the bid form. When alternate bids are sought for a particular contract item, the alternates will be identified in the bid form. A bid on every alternate is not required unless otherwise specifically provided. When required by the Invitation for Bids, the bidder shall indicate a unit price for each of the separate price items called for in the bid form. The bidder may be required to show the products of the respective quantities and unit prices in a space provided for that purpose, and a gross sum shown in the place indicated in the bid form as the summation of those products. All writing shall be in a permanent, noneraseable form, except the signature of the bidder, which shall be written in permanent, noneraseable ink. Electronic signatures will be accepted for electronically submitted bids in accordance with the security standards established by the Department of Central Management Services. (See~~see~~ 5 ILCS 175/25-101(c) and 14 Ill. Adm. Code 105.300.)~~.~~

d) When required by the Invitation for Bids, each bid shall be accompanied by a bid bond in the form provided by the Department with the bid form package. The bid bond shall be made and tendered by a surety acceptable to the CPO in the amount stated in the Invitation for Bids. The Department will accept a bank cashier's check or a certified check in lieu of a surety bid bond.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.210 Public Opening of Bids

a) Bids shall~~will~~ be opened publicly or through an electronic procurement system~~and made public~~ at the time and place specified in the Invitation for Bids. (See Section 20-10(d) of the Code.)

b) The name of each bidder and the price term of each bid will be read aloud and/or

recorded in a tabulation of bids for each contract item advertised.

c) After execution of the contract, the tabulation of bids in the total amount and unit price items, if applicable, of all bidders will be available for public inspection.

d) The Department or CPO may postpone a bid opening if unforeseen circumstances arise (e.g., severe weather, natural disaster, power or network outage).

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.220 Consideration of Bids

a) After the bids are opened and recorded, the bids will be reviewed for responsiveness to the Invitation for Bids, conformity with all requirements prescribed in this Part, and satisfactory evidence of compliance. If unit prices are required, the bids will be compared on the basis of the summation of the products of the quantities shown in the bid schedule by the unit bid prices.

b) The right is reserved by the Department to reject any or all bids, to waive minor informalities or technicalities, to advertise for new bids, or to request confirmation or clarification from any bidder regarding information contained in a bid.

c) Reasons for rejection of all bids include but are not limited to:

1) The object of the contract being procured is no longer required.

2) The contract provisions require amendment.

3) The solicitation did not provide for consideration of all factors of significance to the Department.

4) The bid prices exceed available funds or the bid prices exceed the anticipated estimate of costs to the extent that, in the judgment of the Department, prices are unreasonable.

5) Evidence of collusion among bidders.

6) Actions or events beyond the control of the Department, such as strikes, acts of God, material shortages, acts of the public enemy or litigation, would have an adverse effect on the completion of the anticipated contract.

d) Reasons for rejection of any individual bids include but are not limited to:

1) More than one bid for the same contract item from a bidder under the same or different names.

2) Evidence of collusion among bidders.

3) Unbalanced bids in which the bid prices for some items are, in the judgment of the Department, out of proportion to the bid prices for other items.

4) If the bid does not contain a unit price for each pay item listed, except in the case of authorized alternate pay items or lump sum pay items.

5) If the bid form is other than that furnished or authorized by the Department, or if the form is altered or any part of the form is detached.

6) If there are omissions, erasures, alterations, unauthorized additions, conditional or alternate bids, or irregularities of any kind that may tend, in the judgment of the Department, to make the bid incomplete, indefinite, or ambiguous as to its meaning.

7) If the bidder adds any provisions reserving the right to accept or reject an award, or to enter into a contract pursuant to an award.

8) If the bid is not accompanied by the proper bid bond or substitute guaranty.

9) If the bid is prepared in any manner other than as indicated in this Part or the Invitation for Bids making the bid not responsive.

10) If the bidder failed to incorporate relevant addenda or revisions.

11) Failure to submit a Disadvantaged Business Enterprise (DBE) utilization plan in accordance with any special provisions, special notices, or bid documents.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.230 Mistakes

a) If a bidder claims a mistake in its bid, the bid may be withdrawn in accordance with this Section without payment of damages to the Department as provided in the terms of a bid bond or other bid security, provided the bidder claiming the mistake demonstrates to the CPO with competent and reliable evidence:

1) that the claimed mistake is related to a material feature of the contract;

2) that the mistake would have serious, material consequences to the bidder such that enforcement of a contract would be unconscionable;

3) that the mistake occurred notwithstanding the exercise of reasonable care by the bidder; and

4) that the bidder has raised the claim of a mistake without delay in order to prevent the CPO from altering its position in such a manner that loss to the State would occur.

b) The CPO reserves the right to correct obvious, apparent errors in bids. A bid may not be withdrawn if a mistake is apparent and the intended correct bid is clearly evident on the face of the bid. Examples of mistakes that may be clearly evident on the face of the bid include but are not limited to typographical errors, errors in extending unit prices, transposition errors, and arithmetic~~arithmetical~~ errors.

c) Mistakes claimed after execution of the contract will not be corrected.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.300 Execution of Contracts~~Contract~~

a) No contract subject to this Subpart D will be executed until the 14~~30~~-day PPB notice period has expired or the Department has received a waiver of the 14~~30~~-day notice period from the PPB. (See Section 5-30 of the Code.)

b) The bid form submitted by the bidders may be in such a form that the signature of the bidder on the form is also the signature of the bidder for purposes of contract execution. In such circumstances, the Department will, after acceptance and approval of the bid for contracting purposes, execute the contract and return a copy to the bidder.

c) If the contract as bid requires additional execution by the bidder, the contract shall be executed by the successful bidder and returned, together with any required contract bond, within 15 days after the contract has been mailed to the bidder. Failure of the successful bidder to execute the contract and file acceptable bonds within 15 days after the contract has been mailed to the bidder is cause for the cancellation of the award and the forfeiture of the proposal guaranty. If the contract is not executed by the Department within 30 days following receipt from the bidder of the properly executed contract and bond, the bidder shall have the right to withdraw the bid without penalty.

d) The CPO or the SPO will execute the contract to demonstrate approval of the procurement process.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART E: COMPETITIVE SEALED PROPOSAL PROCEDURES

Section 6.320 General Conditions for Use

The procedures set forth in this Subpart E will be used for all contracts procured by the CPO by competitive sealed proposals supported by a written determination provided to the CPO that competitive sealed bidding is not practicable or not advantageous. (See Section 20-15(a) of the Code.)

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.340 Delivery of Proposals

a) Proposals shall be sealed and submitted in the manner specified or allowed by the Request for Proposals. When sent by mail, the sealed proposal shall be addressed to the official mailing address specified in the request. All proposals shall be delivered and received by the Department prior to the time and at the official address specified in the Request for Proposals. Proposals received after the time specified will be returned to the offeror unopened. The date and time of receipt will be recorded. Proposals will be held in a secure place until the established due date. After the date and time established for receipt of proposals, a register of proposals will be prepared that will include for all proposals the name of each offeror and a description sufficient to identify the supply or service item offered. The register of proposals is open to public inspection after award of the contract. Proposals will be maintained in a confidential manner during the period prior to execution of a contract. (See Section 20-15(f) of the Code.)

b) Proposals will be opened publicly or via an electronic procurement system in the presence of at least one witness at the time and place indicated, but contents of individual proposals will not be disclosed.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.380 Execution of Contracts

No contract subject to this Subpart E will be executed until the 14~~30~~-day PPB notice period has expired or the Department has received a waiver of the 14~~30~~-day notice period from the PPB.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART F: CONTRACT ADMINISTRATION

Section 6.385 Expenditure in Excess of Contract Price

a) No funds in excess of the contract price may be obligated or expended by change order or contract adjustment unless the additional work to be performed or materials to be furnished are germane to the original contract.

b) A construction contract change order may cause the obligation or expenditure of funds in excess of the original contract amount provided the subject of the change order is germane to the original contract and the Department determines the

additional expenditure is approved in accordance with Section 30-35 of the Code. The Department will approve construction contract change orders without supplemental procurement procedures in accordance with the following requirements and thresholds.

1) A construction contract change order that is germane and that causes the obligation or expenditure in excess of the amounts in Section 30-35(b) of the Code ~~or of more than $30,000 in excess of the contract price, whichever is less,~~ will not be authorized without supplemental procurement procedures unless the scope of the change order is approved as provided in Section 30-35 of the Code.

2) Determination of germaneness and the amount of additional expenditure or obligation thresholds will be determined in accordance with this Part and Section 30-35 of the Code.

3) Prior written approval or disapproval will be made by the Department in accordance with the threshold amounts established in Section 30-35 of the Code, and in all cases if the contemplated construction contract change order will cause an expenditure or obligation of funds of more than $100,000~~$30,000~~ in excess of the contract price even though the threshold levels provided in Section 30-35 of the Code do not require such action. The written approval will state the reasons for the additional obligation or expenditure and the basis for the germaneness determination.

4) For purposes of determining the scope of the change order and the value thereof that is subject to the requirements of this Section, the Department will consider the total net value of all added and deducted work functions related to the object of the change order and the work of the contract to be affected.

5) Notice of approved construction contract change orders in excess of $100,000~~$30,000~~ will be published in the Bulletin.

c) A construction contract adjustment is germane to the original contract. If a contract adjustment requires additional obligation or expenditure in excess of $100,000~~30,000~~, the Department will record the provisions of the original contract in the contract payment file as authority for the addition.

d) Contract change orders and contract adjustments will be processed on a form prescribed by the Department. ~~Form BC22, Authorization of Contract Change.~~

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.388 Continuing Disclosure~~Multi-year Contracts~~

a) *Every person that has entered into a contract for more than one year in duration for the initial term or for any renewal term shall certify, by January 1 of each fiscal year covered by the contract, after the initial fiscal year, to the Chief Procurement Officer any changes that affect its ability to satisfy the requirements of* Article 50 of the Code. (Section 50-2 of the Code)~~Every contractor with a multi-year contract *and every subcontractor with a multi-year subcontract shall certify by July 1 of each fiscal year covered by the contract, after the initial fiscal year*, to the CPO *whether it continues to satisfy the requirements of* Article 50 of the Code. (Section 50-2 of the Code) This obligation may require that the contractor or subcontractor submit a new financial disclosure form.~~

b) If a contractor or subcontractor continues to meet all requirements of Article 50 of the Code, or if the contract has been substantially completed before the contract expiration and the contract has not yet expired, the certification under subsection (a) is not required.

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART J: MISCELLANEOUS

Section 6.700 Procurement File

a) The procurement file will contain all written documentation, forms, and any information generated by the Department or received from a proposer, bidder, or contractor for the procurement.

b) The Department's procurement file will not include trade secrets or other competitively sensitive, confidential, or proprietary information.

c) Multiple procurement file locations may exist, but must be readily available for review or disclosure under the Freedom of Information Act (FOIA).~~The Department's procurement file will not include trade secrets or other competitively sensitive, confidential or proprietary information.~~

(Source: Amended at 44 Ill. Reg. 6222, effective April 8, 2020)

SUBPART K: TARGET MARKET PROGRAM

Section 6.800 Purpose and Objective (Repealed)

~~a) Purpose~~
~~It is the responsibility of the CPO to implement, in collaboration with the Department, appropriate administrative procedures to determine the need for the establishment of a target market program, as required by Section 2705-600 of the Department of Transportation Law [20 ILCS 2705/2705-600], and to establish appropriate administrative procedures governing the scope and implementation of any target market action. The statutory purpose of this Subpart is to authorize the CPO, in consultation with the Department, to implement a target market program applicable to transportation construction project contract procurement, as necessary, to remedy particular incidents and patterns of egregious race or gender discrimination.~~

~~b) Objective~~
~~Coordinated action is required between the CPO and the Department to implement this Subpart, deemed necessary by the CPO, to establish and administer a target market program applicable to contracts entered into by the Department. Adoption of appropriate administrative procedures by rule to implement a target market program requires the CPO and the Department to address the evidentiary tests established by Section 2705-600 of the Law and the courts that govern race-based and gender-based governmental actions and policies. Generally, race-based and gender-based government actions, including contract procurement, have been subject to high levels of judicial scrutiny to ensure that the governmental action addresses a compelling interest in remedying discrimination shown by a strong basis in evidence, and employing remedies that are narrowly tailored to the evidence. It is the objective of this Subpart to ensure that any action to establish and implement a target market program applicable to Department contracts meets the evidentiary tests and that target market remedies~~

~~utilized are narrowly tailored.~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.8016~~.125~~ Small Business Set-Asides

a) The CPO, in consultation with the Department, may determine categories of construction, supply, and service procurements that will be set aside for small businesses. The set-aside designation may be made for current and future procurements for a fair proportion of a specific construction, supply, or service, or for a class of like construction, supplies or services. A fair proportion of construction contracts means no less than 25% nor more than 40% of the annual total contracts for construction. A set-aside designation may last indefinitely or for a stated period of time, as determined by the Department. (See Section 45-45(a) and (c) of the Code.)

b) A business that meets the State (under Section 45-45(b) of the Code) or federal definition of a small business or small business concern on the day of bid or proposal opening will be considered a small business for the duration of the contract. The definition will be stated in the contract proposal.

c) If the Department wishes to make a procurement covered by a small business set-aside designation, the solicitation will note that responses are limited to those from responsible small businesses. Bids or proposals received from businesses other than small businesses will be rejected as nonresponsive. (See Section 45-45(a) of the Code.)

d) If the Department determines that acceptance of the best bid or proposal will result in the payment of an unreasonable price, the Department will reject all bids or proposals and withdraw the designation of small business set-aside for the procurement in question. When a small business set-aside is withdrawn, notification will be published in the Bulletin with an explanation. After withdrawal of the small business set-aside, the procurement will be conducted in accordance with the limitations of the Code and this Part. (See Section 45-45(d) of the Code.)

e) Unless the Department provides a definition for a particular procurement that reflects industrial characteristics or uses a federal standard, a small business is one:

1) Independently owned and operated.

2) Not dominant in its field of operations, which means the business does not exercise a controlling or major influence in a kind of business activity in which a number of business concerns are primarily engaged. In determining dominance, consideration will be given to all appropriate factors, including volume of business, number of employees, financial resources, competitive status or position, ownership or control of materials, processes, patents, license agreements, facilities, sales territory, and nature of business activity.

3) With annual sales for most recently ended fiscal year no greater than:

A) $13,000,000 for wholesale business;

B) $14,000,000 for construction business; or

C) $8,000,000 for retail business.

4) With no more than 250 employees if a manufacturing business.

A) A manufacturing business shall calculate how many people it employs by determining its average full-time equivalent employment, based on the number of persons employed on a full-time, part-time, temporary or other basis, for its most recently ended fiscal year.

B) If a manufacturing business has been in existence for less than a full fiscal year, its average employment should be calculated for the period through one month prior to the bid or proposal due date.

5) If the business is any combination of retailer, wholesaler or construction business, the annual sales for each component may not exceed the amounts shown in subsection (e)(3). For example, a business that is both

a retailer and wholesaler may not have total sales exceeding $21,000,000; the retail component may not exceed $8,000,000; and the wholesale component may not exceed $13,000,000. If the business is also a manufacturer, in addition to meeting the annual sales requirement, the number of manufacturing employees may not exceed the number shown in subsection (e)(4).

6) When computing the size of a business, the number of employees and annual sales and receipts, as applicable, of the business and all affiliates will be considered. Concerns are affiliates when either one directly or indirectly controls or has the power to control the other, or, when a third party or parties controls or has the power to control both. In determining whether concerns are independently owned and operated and whether affiliation exists, consideration will be given to all appropriate factors, including the use of common facilities, common ownership and management and contractual arrangements. However, a franchise relationship will not affect small business status if the franchise has the right to profit commensurate with ownership and bears the risk of loss or failure. (See Section 45-45(b) of the Code.)

f) Small Business Specialist

1) The CPO shall designate one or more individuals to serve as its small business specialist, who shall have the duties set forth in Sections 45-45 and 45-90 of the Code, and who shall also act as coordinator of small business. The designated small business specialist shall compile statistics provided by the Department needed to make the small business annual report to the General Assembly required by Section 45-45(f) of the Code.

2) The small business specialist shall provide written instruction to any business registered as a small business pursuant to Section 45-45 of the Code on how to register for the Bulletin. Notice shall be provided within 30 days after the small business certification as required in Section 15-25 of the Code.

g) Small Business Contracts

1) Goal

A) It is the goal of the State of Illinois to award not less than 10% of the total dollar amount of State contracts to small businesses.

B) Small businesses are defined as those businesses meeting the criteria established in Section 45-45 of the Code and subsection (e) of this Section.

2) Goal Measurement

A) The goal shall be measured on a full fiscal year basis.

B) The Department's expenditures, whether against contracts established by the Department or against contracts established on behalf of the Department, shall be included in the Department's goal attainment statistics.

C) The Department may satisfy its goal, in whole or in part, by counting expenditures made by State vendors to subcontractors that are small businesses.

3) Department Compliance Plan

A) The Department shall submit an annual compliance plan of how it intends to reach its goal, and a timetable for reaching its goal, as required by Section 45-90(c) of the Code. The CPO will establish the format and timetable for submission of the compliance plan. The CPO will approve the plan if it meets the requirements of the Act and this Part.

B) The Department shall submit an annual utilization report of small business contracts during the preceding fiscal year, including lapse period spending and a mid-fiscal year utilization report. The CPO will establish the format and timetable for submission of the utilization plan and will provide a copy of the utilization report to the PPB.

C) The CPO or small business specialist appointed under Section 45-45 of the Code may recommend ways in which the Department may reach its goal. Upon a finding by the CPO that the Department's compliance plan is insufficient to reach the Department's goal, the CPO will recommend ways in which the Department can reach its goal.

D) If the compliance plans or utilization reports indicate the Department goal will not be reached, the CPO may request the Department to explain the Department's noncompliance. If the CPO determines the Department is not making a serious effort to reach the goal, the CPO will prepare a report for submission to the Governor and General Assembly with recommendations for remedial action.

h) Contractors desiring to submit bids or proposals or to otherwise contract for items set aside for small businesses or small business concerns shall submit information verifying that the contractor qualifies as a small business. The Department may establish procedures for verifying such information.

(Source: Section 6.801 renumbered from Section 6.125 and amended at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.803 Disadvantaged Business Enterprise Program

a) In accordance with 49 CFR 26, the Department must implement a DBE program, approved by the U.S. Department of Transportation, to remove barriers to the participation of DBEs in DOT-assisted contracts, as well as other similar objectives.

b) The Department shall review contracts to ensure compliance with its DBE program as required by 49 CFR 26.

(Source: Added at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.805 Veterans

a) *It is the goal of the State to promote and encourage the continued economic*

development of small businesses owned and controlled by qualified veterans and that qualified service-disabled veteran-owned small businesses and veteran-owned small businesses participate in the State's procurement process as both prime contractors and subcontractors. [30 ILCS 500/45-57]

b) The Department of Central Management Services has delegated to the Department the authority to determine the goal for each individual construction and construction-related services contract. (See 44 Ill. Adm. Code 20.100.)

c) Contracts that are subject to federal reimbursement are exempt from veteran-owned small business goals. (See 44 Ill. Adm. Code 20.120.)

(Source: Added at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.810 Definitions (Repealed)

~~As used throughout this Subpart, each term listed in this Section has the meaning set forth as follows unless its use clearly requires a different meaning. Terms may be defined in particular Sections for use in that Section.~~

~~"Act" means the Business Enterprises for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575].~~

~~"Chief Procurement Officer" or "CPO" means the official appointed and empowered to procure contracts for the Department in accordance with Section 10-20 of the Illinois Procurement Code [30 ILCS 500/10-20].~~

~~"Construction Industry Markets" or "Construction Markets" means the universe (e.g., State, county, district or township, or combinations thereof, and road construction/resurfacing, bridge construction/replacement, airport runway construction/resurfacing, and transportation material supply) of public works construction and maintenance in which contractor and subcontractor availability and expenditures are studied for purposes of evaluating evidence of discrimination related to transportation construction project participation.~~

~~"Department" means the Illinois Department of Transportation.~~

~~"Disadvantaged Business Enterprise" or "DBE" means a business certified in~~

~~accordance with 49 CFR 26 as eligible to participate in USDOT financial assistance programs and in contracts funded exclusively with State funds pursuant to Section 6(d) of the Act.~~

~~"Egregious Race or Gender Discrimination" means flagrant race or gender discrimination documented in specific instances within the geographic market area served by the Department or construction market in which the Department operates. (See also 49 CFR 26.43(b).)~~

~~"Female-Owned Business" means, for purposes of contracts funded exclusively with State funds, the same as defined in Section 2(a)(4) of the Act and, for purposes of federal assistance contracts, a Disadvantaged Business Enterprise.~~

~~"Geographic Market Area" means the geographic area (e.g., State, county, district or township, or combination thereof) in which contractor and subcontractor availability (see the Illinois Unified Certification Program Disadvantaged Business Enterprises Directory (IL UCP DBE Directory) at www.dot.il.gov/ucp/ucp.html) and expenditures are studied for purposes of evaluating evidence of discrimination related to transportation construction project participation.~~

~~"Goal-Oriented Remedial Programs" means participation programs (e.g., the Department's current DBE Program and Small Business Initiative Program) implemented by the Department pursuant to the Act and, for purposes of federal assistance contracts, the DBE program adopted in accordance with 49 CFR 26.~~

~~"Law" means the Department of Transportation Law [20 ILCS 2705/2705-600].~~

~~"Minority-Owned Business" means, for purposes of contracts funded exclusively with State funds, the same meaning as defined in Section 2(A)(3) of the Act and, for purposes of federal assistance contracts, a Disadvantaged Business Enterprise.~~

~~"Strong Basis in Evidence" means the level of specific qualitative and quantitative evidence determined by the Department and CPO to support a prima facie case of clearly identified egregious race or gender discrimination or patterns of deliberate exclusion, public or private, related to transportation construction.~~

~~"Transportation Construction Projects" means the complete scope of services and work related to the construction and maintenance of highway, air and rail transportation facilities and infrastructure undertaken by the Department.~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.820 Implementation Procedures (Repealed)

~~a)~~ ~~Evidentiary Findings~~
~~The Department is required to review any and all evidence of egregious race or gender discrimination related to all contracts awarded to complete the transportation construction projects undertaken during the course of each fiscal year. It is the delegated responsibility of the Department to evaluate any and all evidence of racial or gender discrimination that may have occurred during the performance of its transportation construction projects to determine whether the required factual predicate exists to support the establishment of a target market program by the CPO. Furthermore, the Department is mandated to determine and define a compelling interest in remedying the identified discrimination by making a record of the evidence disclosed by the review. The evidence to be reviewed by the Department includes, but is not limited to:~~

~~1)~~ ~~Utilization of Disadvantaged Business Enterprises, minority-owned businesses and female-owned businesses in Department contracts and subcontracts (e.g., disparity and related utilization studies).~~

~~2)~~ ~~Availability of qualified, willing and able Disadvantaged Business Enterprises, minority-owned businesses and female-owned businesses in the Department's geographic market areas and specific construction industry markets. (See the Illinois Unified Certification Program Disadvantaged Business Enterprises Directory (IL UCP DBE Directory) at www.dot.il.gov/ucp/ucp.html.)~~

~~3)~~ ~~Disparities among the utilization of Disadvantaged Business Enterprises, minority-owned businesses and female-owned businesses in the Department's geographic market areas and the utilization of those firms participating on the Department's contracts and subcontracts in those markets (e.g., disparity and related utilization studies and the FHWA Uniform Report of DBE Awards or Commitments and Payments).~~

~~4)~~ ~~Disparities among the utilization of Disadvantaged Business Enterprises, minority-owned businesses and female-owned businesses in the construction industry markets in which the Department operates and the utilization of those firms in the transportation construction economies in which the Department operates.~~

~~5)~~ ~~Rates of business formation of certified DBEs in the geographic and construction markets and the dollars earned by those businesses (e.g., disparity and related utilization studies).~~

~~6)~~ ~~Quantitative and qualitative anecdotal evidence of discrimination (e.g., letters to the Department, surveys or comments made during a public hearing) related to transportation construction projects.~~

~~7)~~ ~~Documented incidents evidencing discrimination related to transportation construction projects.~~

~~8)~~ ~~Documented and reported results of established goal-oriented remedial programs affecting the geographic market areas or construction markets.~~

~~b)~~ ~~After evaluation of all evidence considered, the Department may issue findings that there is a strong basis in the evidence that there is a compelling interest present to remedy the egregious discrimination identified in the findings against a specific group, race or gender, and that the only remedy for the discrimination is a narrowly tailored target market remedial action. The findings will be provided to the CPO for review in order to determine whether the CPO concurs in the findings. In the event that the Department issues no findings of a compelling interest, the CPO will be informed in writing that the evidentiary review was concluded without findings.~~

~~c)~~ ~~Public Hearing~~
~~The Department will conduct a public hearing if the CPO concurs in the findings that the Department has a strong basis in evidence that there is:~~

~~1)~~ ~~a compelling interest in remedying the identified race or gender discrimination;~~

~~2) insufficient race or gender-neutral means available to remedy the egregious discrimination;~~

~~3) insufficient existing goal-oriented remedial programs available to remedy the egregious discrimination; and~~

~~4) that the only remedy for the race or gender discrimination is a narrowly tailored target market remedial action.~~

~~d) The Department will set a time and place for the hearing. Minority, female and general contractors, contracting organizations, community organizations and other interested parties shall have the opportunity to provide comments before, during and for a period of time determined by the Department, after the hearing. After concurrence by the CPO, the hearing will take place within 30 days. A written record of the public hearing will be made and kept by the CPO. (See Section 2705-600(0.5) of the Law.)~~

~~e) Implementation~~
~~Within 14 calendar days following the public hearing, and after consideration of the comments provided by the public, the CPO, in consultation with the Department, will make a written determination either to implement a narrowly tailored target market remedial action or to discontinue further action. The written determination will identify the type of target market remedial action to be implemented and any race or gender limitations applicable to the action. The written determination will be publicly available on the Department's website at www.dot.il.gov.~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.830 Target Market Remedial Actions (Repealed)

~~a) Narrow Tailoring (See Northern Contracting, Inc. v. Illinois Department of Transportation, 473 F.3d 715 (7th Cir. 2007))~~
~~The procurement of contracts by the CPO to complete transportation construction projects undertaken by the Department is adversely affected by the presence of discrimination. In addition to goal-oriented remedial programs, target market remedial actions will be implemented to eliminate the effects of discrimination in the performance of transportation construction projects. The target market~~

~~remedial measures selected to remedy egregious discrimination will be narrowly tailored to the evidence relied on to support the action. The selection will specify whether, and to what extent, the remedial measure is subject to geographic market areas and/or construction market areas based on the evidence. In addition, the selection will establish specific, definite duration limitations based on the evidence. Target market remedial measures may include, but are not limited to, the following actions selected on the basis of the evidence as the most narrowly appropriate to remedy the identified discrimination:~~

~~1) Contract Formation Actions~~

~~A) The Department, in consultation with the CPO, may designate specific contract work as reserved for performance solely by minority-owned businesses, female-owned businesses or Disadvantaged Business Enterprises, as determined by the funding sources for the contract. This action removes some or all discretion from the bidding contractors or consultants as to the work to be performed by eligible minority, female or disadvantaged participants in the context of existing goal-oriented remedial programs. The contract and procurement documents will be drafted and advertised to require the contractor or consultant to make a good faith effort (see, e.g., 49 CFR 26.53) to have the identified reserved work performed by eligible minority, female or disadvantaged business participants.~~

~~B) The Department, in consultation with the CPO, may implement contract formation and bidding procedures designed to encourage and facilitate bidding and offers by minority-owned, female-owned and disadvantaged businesses. This action includes, but is not limited to, dividing procurements into units conducive to eligible business participation, scheduling contract lettings at alternative locations conducive to eligible business participation, providing for bidding documentation and submission procedures conducive to eligible business participation and removal of bid bond requirements to induce eligible business participation. (See Section 2705-600(2) of the Law.)~~

~~2) Contract Goal Actions~~

~~The Department, in consultation with the CPO, may advertise contracts for award or selection with separate minority-owned and female-owned business participation goals in the context of existing goal-oriented remedial programs. This action may provide for either minority-owned or female-owned business utilization goals, or both, applicable to a particular contract or contracts.~~

~~3)~~ ~~Contract Incentive Actions~~
~~The Department, in consultation with the CPO, may establish incentives for achievement of minority-owned, female-owned or Disadvantaged Business Enterprises goals advertised in contracts for award in the context of existing goal-oriented remedial programs. This action may provide for an incentive advertised as applicable to eligible bidders making the highest commitment to eligible business participation that would reduce the price bid for purposes of price comparison and determination of the lowest bid price for purposes of award.~~

~~4)~~ ~~Contract Set-Aside Actions~~
~~The Department, in consultation with the CPO, may advertise contracts for award or selection set-aside for minority-owned, female-owned or disadvantaged business enterprises exclusively. This action establishes a sheltered procurement process open only to eligible businesses determined to be responsible contractors in accordance with this Part.~~

~~b)~~ ~~Minimum Participation Availability~~
~~No contract will be eligible for inclusion in any target market action unless the Department, in consultation with the CPO, determines that there are at least 3 eligible businesses interested in participating in the contract. The determination will be based on the DBE certifications and other attendant factors. (See Section 2705-600(3) of the Law.)~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.840 Participation Eligibility (Repealed)

~~a)~~ ~~Participation of eligible businesses in the target market program will be limited to minority-owned and female-owned businesses certified as disadvantaged businesses in accordance with the provisions of Section 6(d) of the Act (see~~

~~Section 2705-600(4) of the Law) and the federal Disadvantaged Business Enterprise program certification requirements promulgated at 49 CFR 26 and incorporated by reference as that part was in effect as of October 1, 2010. No later amendments or editions are incorporated. Copies of the appropriate material are available from the Chief Procurement Officer, Illinois Department of Transportation, 2300 S. Dirksen Parkway, Room 200, Springfield, Illinois 62764 or by calling 217/558-5434.~~

~~b)~~ ~~Joint ventures comprised solely of minority-owned businesses and female-owned businesses as venture partners are eligible to participate in the target market program.~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.850 Limitations Applicable to Participation (Repealed)

~~a)~~ ~~Market Domination Prevention~~
~~In order to prevent domination of the target market program by a small number of businesses, no eligible business shall participate in more than 3 target market contracts during any calendar year. Businesses participating in the target market program shall remain eligible to participate in contracts not designated as target market contracts.~~

~~b)~~ ~~Training and Audits~~
~~Businesses eligible for participation in the target market program shall cooperate with the Department by completing any training courses provided by the Department as a condition of eligibility. Participating eligible businesses shall make all books and records related to the performance of target market contracts available for audit by the Department or the CPO.~~

~~c)~~ ~~Exclusion~~
~~A business may be excluded from participation in the target market program for failure to cooperate in any audit or for failure to complete training courses required for participation.~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

Section 6.860 Severability (Repealed)

~~Invalidation of any portion of this Subpart by a court of competent jurisdiction will not operate to invalidate the entire Part, which will remain in full force and effect. (See Section 2705-600(7) of the Law.)~~

(Source: Repealed at 44 Ill. Reg. 6222, effective April 8, 2020)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Corporate Fiduciary Applications and Notices

2) Code Citation: 38 Ill. Adm. Code 396

3)

Section Numbers:	Adopted Actions:
396.10	Amendment
396.210	Amendment
396.310	Repealed
396.320	Repealed
396.330	Repealed

4) Statutory Authority: Corporate Fiduciary Act [205 ILCS 620]

5) Effective Date of Rules: April 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 and is available for public inspection.

9) Notice of Proposal published in *Illinois Register*: 44 Ill. Reg. 50; January 3, 2020

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

11) Differences between Proposal and Final Version: There are no differences between the proposed version and this adopted version of this rule.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? None were made.

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: PA 100-48 repealed the requirement that banks and savings banks file notice under the Corporate Fiduciary Act before establishing a branch office. This adopted rulemaking aligned the Corporate Fiduciary Applications

and Notices with the amended statute by removing the requirement that a corporate fiduciary that is a bank, savings and loan association, or savings bank give notice of intent to establish a branch office to the Secretary of Financial and Professional Regulation 30 days prior to the purchasing or leasing of land, building, or equipment. The adopted rulemaking also defines "Commissioner" as the Secretary of the Illinois Department of Financial and Professional Regulation.

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 38: FINANCIAL INSTITUTIONS
CHAPTER II: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

PART 396
CORPORATE FIDUCIARY APPLICATIONS AND NOTICES

SUBPART A: GENERAL PROVISIONS

Section
396.5 Purpose
396.10 Definitions
396.20 Purpose (Renumbered)
396.30 Factors to be Considered by the Commissioner (Renumbered)

SUBPART B: CORPORATE FIDUCIARY SUBSIDIARIES

396.110 Purpose
396.120 Factors to be Considered by the Commissioner

SUBPART C: CORPORATE FIDUCIARY BRANCH OFFICES – APPROVAL

Section
396.210 Purpose
396.220 Terms and Conditions for Approval
396.230 Application Procedures

SUBPART D: CORPORATE FIDUCIARY BRANCH OFFICES – NOTICE

Section
396.310 Purpose (Repealed)
396.320 Notice Requirements (Repealed)
396.330 Notice Procedures (Repealed)

AUTHORITY: Implementing Sections 1-7(a) and (b) and authorized by Sections 5-1(a) and 1-7(a) of the Corporate Fiduciary Act [205 ILCS 620].

SOURCE: Adopted at 14 Ill. Reg. 15771, effective September 18, 1990; amended at 20 Ill. Reg. 10825, effective August 1, 1996; amended at 44 Ill. Reg. 6272, effective April 24, 2020.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

SUBPART A: GENERAL PROVISIONS

Section 396.10 Definitions

"Commissioner" means the Secretary of the Department of Financial and Professional Regulation~~Commissioner of the Office of Banks and Real Estate~~.

"Corporate fiduciary" shall have the meaning ascribed to it in Section 1-5.05 of the Corporate Fiduciary Act [205 ILCS 620].

"Corporate fiduciary subsidiary" means a subsidiary of a corporation organized for the purposes of accepting and executing trusts which has received a Certificate of Authority from the Commissioner to accept and execute trusts, but shall not include a state bank, a state savings and loan association, a state savings bank or any subsidiary thereof.

(Source: Amended at 44 Ill. Reg. 6272, effective April 24, 2020)

SUBPART C: CORPORATE FIDUCIARY BRANCH OFFICES – APPROVAL

Section 396.210 Purpose

Section 1-7(a) of the Corporate Fiduciary Act requires any corporate fiduciary that is a trust company to apply for and obtain approval from the Commissioner~~ thirty days prior to the purchasing or leasing of land, building, or equipment~~ for the establishment of a branch office. This Subpart sets forth the terms and conditions a trust company must satisfy in order for the Commissioner to approve its application for the establishment of a branch office.

(Source: Amended at 44 Ill. Reg. 6272, effective April 24, 2020)

SUBPART D: CORPORATE FIDUCIARY BRANCH OFFICES – NOTICE

Section 396.310 Purpose (Repealed)

~~Section 1-7(a) of the Corporate Fiduciary Act requires any corporate fiduciary that is a bank savings and loan association, or savings bank, to give notice of its intent to establish a branch to the Commissioner thirty days prior to the purchasing or leasing of land, building, or equipment for the establishment of a branch office. This Subpart sets forth the items to be included in the notice of intent.~~

(Source: Repealed at 44 Ill. Reg. 6272, effective April 24, 2020)

Section 396.320 Notice Requirements (Repealed)

~~The notice of intent to establish a branch office, from a corporate fiduciary that is a bank, savings and loan association, or savings bank, to the Commissioner shall include the following information:~~

~~a) The names and qualifications of the proposed branch management.~~

~~b) A copy of the procedures for operations, controls and audits at the branch office, including but not limited to facilities for safekeeping and recordkeeping.~~

~~c) A list of the activities proposed to be performed at the branch office.~~

(Source: Repealed at 44 Ill. Reg. 6272, effective April 24, 2020)

Section 396.330 Notice Procedures (Repealed)

~~a) A corporate fiduciary that is a bank, savings and loan association, or savings bank that intends to establish a branch office shall file a notice of intent with the Commissioner on forms prescribed by the Commissioner.~~

~~b) The notice of intent shall be deemed filed when the Commissioner has received the applicable filing fee and a completed notice form, including all of the supporting documentation specified in the notice form, that shall include, but not be limited to: a certified copy of the resolution of the establishing corporate fiduciary's board of directors authorizing the establishment of the bank; if the establishing corporate fiduciary intends to lease the property at which the branch will be located or to lease equipment for the branch, a copy of the proposed lease; if a building permit is required for the branch, a copy of the application to be filed with the appropriate authority.~~

(Source: Repealed at 44 Ill. Reg. 6272, effective April 24, 2020)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Child Support Services

2) Code Citation: 89 Ill. Adm. Code 160

3)

Section Numbers:	Adopted Actions:
160.15	Amendment
160.60	Amendment
160.61	Amendment
160.88	Amendment
160.100	Amendment

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

5) Effective Date of Rules: April 13, 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 materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 12811; November 1, 2019

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

11) Differences Between Proposal and Final Version: Changes and clarifications were made regarding: the use of pronouns; the use of the term "IV-D"; the addition of the Department's website for Income Shares; and the general style of the text (in accordance with JCAR recommendations and the Secretary of State's Style Manual for the Illinois Administrative Code).

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

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

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Rulemaking: These rules implement updates to the Illinois Marriage and Dissolution of Marriage Act (IMDMA), the Illinois Parentage Act of 2015 and Section 454 of the Federal Social Security Act.

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

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

HFS.Rules@Illinois.gov

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER f: COLLECTIONS

PART 160
CHILD SUPPORT SERVICES

SUBPART A: GENERAL PROVISIONS

Section
160.1 Incorporation by Reference
160.5 Definitions
160.10 Child Support Enforcement Program
160.12 Administrative Accountability Process
160.15 Fees for IV-D Non-TANF Cases
160.20 Assignment of Rights to Support
160.25 Recoupment

SUBPART B: COOPERATION WITH CHILD SUPPORT ENFORCEMENT

Section
160.30 Cooperation With Support Enforcement Program
160.35 Good Cause for Failure to Cooperate with Support Enforcement
160.40 Proof of Good Cause For Failure to Cooperate With Support Enforcement
160.45 Suspension of Child Support Enforcement Upon a Claim of Good Cause

SUBPART C: ESTABLISHMENT AND MODIFICATION OF
CHILD SUPPORT ORDERS

Section
160.60 Establishment of Support Obligations
160.61 Uncontested and Contested Administrative Paternity and Support Establishment
160.62 Cooperation with Paternity Establishment and Continued Eligibility Demonstration Program (Repealed)
160.64 Compromise of Assigned Obligations
160.65 Modification of Support Obligations

SUBPART D: ENFORCEMENT OF CHILD SUPPORT ORDERS

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

Section
160.70 Enforcement of Support Orders
160.71 Credit for Payments Made Directly to the Title IV-D Client
160.75 Withholding of Income to Secure Payment of Support
160.77 Certifying Past-Due Support Information or Failure to Comply with a Subpoena or Warrant to State Licensing Agencies (Repealed)
160.80 Amnesty – 20% Charge (Repealed)
160.85 Diligent Efforts to Serve Process
160.88 State Case Registry
160.89 Interest

SUBPART E: EARMARKING CHILD SUPPORT PAYMENTS

Section
160.90 Earmarking Child Support Payments

SUBPART F: DISTRIBUTION OF SUPPORT COLLECTIONS

Section
160.95 State Disbursement Unit
160.100 Distribution of Child Support for TANF Recipients
160.110 Distribution of Child Support for Former AFDC or TANF Recipients Who Continue to Receive Child Support Services
160.120 Distribution of Child Support Collected While the Client Was an AFDC or TANF Recipient, But Not Yet Distributed at the Time the AFDC or TANF Case Is Cancelled
160.130 Distribution of Intercepted Federal Income Tax Refunds
160.132 Distribution of Child Support for Non-TANF Clients
160.134 Distribution of Child Support for Intergovernmental Cases
160.136 Distribution of Support Collected in IV-E Foster Care Maintenance Cases
160.138 Distribution of Child Support for Medical Assistance No Grant Cases

SUBPART G: STATEMENT OF CHILD SUPPORT ACCOUNT ACTIVITY

Section
160.140 Quarterly Notice of Child Support Account Activity

SUBPART H: DEPARTMENT REVIEW OF DISTRIBUTION OF CHILD SUPPORT

Section

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

160.150 Department Review of Distribution of Child Support for TANF Recipients
160.160 Department Review of Distribution of Child Support for Former AFDC or TANF Recipients

SUBPART I: INTERGOVERNMENTAL IV-D CASES

Section
160.200 Provision of Services in Intergovernmental IV-D Cases

AUTHORITY: Implementing and authorized by Sections 4-1.7, Art. X, 12-4.3, and 12-13 of the Illinois Public Aid Code [305 ILCS 5].

SOURCE: Recodified from 89 Ill. Adm. Code 112.78 through 112.86 and 112.88 at 10 Ill. Reg. 11928; amended at 10 Ill. Reg. 19990, effective November 14, 1986; emergency amendment at 11 Ill. Reg. 4800, effective March 5, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9129, effective April 30, 1987; amended at 11 Ill. Reg. 15208, effective August 31, 1987; emergency amendment at 11 Ill. Reg. 1563, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 9065, effective May 16, 1988; amended at 12 Ill. Reg. 18185, effective November 4, 1988; emergency amendment at 12 Ill. Reg. 20835, effective December 2, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 22278, effective January 1, 1989; amended at 13 Ill. Reg. 4268, effective March 21, 1989; amended at 13 Ill. Reg. 7761, effective May 22, 1989; amended at 13 Ill. Reg. 14385, effective September 1, 1989; amended at 13 Ill. Reg. 16768, effective October 12, 1989; amended at 14 Ill. Reg. 18759, effective November 9, 1990; amended at 15 Ill. Reg. 1034, effective January 21, 1991; amended at 16 Ill. Reg. 1852, effective January 20, 1992; amended at 16 Ill. Reg. 9997, effective June 15, 1992; amended at 17 Ill. Reg. 2272, effective February 11, 1993; amended at 17 Ill. Reg. 18844, effective October 18, 1993; amended at 18 Ill. Reg. 697, effective January 10, 1994; amended at 18 Ill. Reg. 12052, effective July 25, 1994; amended at 18 Ill. Reg. 15083, effective September 23, 1994; amended at 18 Ill. Reg. 17886, effective November 30, 1994; amended at 19 Ill. Reg. 1314, effective January 30, 1995; amended at 19 Ill. Reg. 8298, effective June 15, 1995; amended at 19 Ill. Reg. 12675, effective August 31, 1995; emergency amendment at 19 Ill. Reg. 15492, effective October 30, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 1195, effective January 5, 1996; amended at 20 Ill. Reg. 5659, effective March 28, 1996; emergency amendment at 20 Ill. Reg. 14002, effective October 15, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 1189, effective January 10, 1997; amended at 21 Ill. Reg. 3922, effective March 13, 1997; emergency amendment at 21 Ill. Reg. 8594, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9220, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 12197, effective August 22, 1997; amended at 21 Ill. Reg. 16050, effective November 26, 1997; amended at 22 Ill. Reg. 14895, effective August 1, 1998;

emergency amendment at 22 Ill. Reg. 17046, effective September 10, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. 2313, effective January 22, 1999; emergency amendment at 23 Ill. Reg. 11715, effective September 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12737, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 14560, effective December 1, 1999; amended at 24 Ill. Reg. 2380, effective January 27, 2000; amended at 24 Ill. Reg. 3808, effective February 25, 2000; emergency amendment at 26 Ill. Reg. 11092, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17822, effective November 27, 2002; amended at 27 Ill. Reg. 4732, effective February 25, 2003; amended at 27 Ill. Reg. 7842, effective May 1, 2003; emergency amendment at 27 Ill. Reg. 12139, effective July 11, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18891, effective November 26, 2003; amended at 28 Ill. Reg. 4712, effective March 1, 2004; emergency amendment at 28 Ill. Reg. 10225, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 15591, effective November 24, 2004; emergency amendment at 29 Ill. Reg. 2743, effective February 7, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 10211, effective June 30, 2005; amended at 29 Ill. Reg. 14995, effective September 30, 2005; emergency amendment at 30 Ill. Reg. 5426, effective March 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 8897, effective May 1, 2006; amended at 30 Ill. Reg. 13393, effective July 28, 2006; amended at 31 Ill. Reg. 12771, effective August 27, 2007; emergency amendment at 32 Ill. Reg. 543, effective January 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 6511, effective March 31, 2008; amended at 32 Ill. Reg. 16805, effective October 6, 2008; amended at 33 Ill. Reg. 591, effective January 5, 2009; amended at 33 Ill. Reg. 9077, effective June 15, 2009; amended at 33 Ill. Reg. 12732, effective September 7, 2009; amended at 34 Ill. Reg. 6809, effective May 1, 2010; amended at 34 Ill. Reg. 15406, effective September 27, 2010; amended at 35 Ill. Reg. 2043, effective January 21, 2011; amended at 35 Ill. Reg. 4513, effective March 1, 2011; amended at 36 Ill. Reg. 1531, effective January 23, 2012; amended at 36 Ill. Reg. 9140, effective June 11, 2012; amended at 37 Ill. Reg. 8017, effective May 28, 2013; amended at 38 Ill. Reg. 4392, effective January 29, 2014; amended at 38 Ill. Reg. 6028, effective February 26, 2014; amended at 41 Ill. Reg. 3338, effective March 7, 2017; amended at 44 Ill. Reg. 6277, effective April 13, 2020.

SUBPART A: GENERAL PROVISIONS

Section 160.15 Fees for IV-D Non-TANF Cases

a) In Title IV-D non-TANF cases where an application for child support services is required, the Department shall charge an application fee of one cent for each applicant and pay the fee out of State funds.

b) In accordance 42 USC 654 and the Illinois Public Aid Code, an annual $35~~$25~~ collection fee shall be imposed for all IV-D non-TANF cases where at least $550~~$500~~ has been collected by the IV-D agency.

(Source: Amended at 44 Ill. Reg. 6277, effective April 13, 2020)

SUBPART C: ESTABLISHMENT AND MODIFICATION OF CHILD SUPPORT ORDERS

Section 160.60 Establishment of Support Obligations

a) Definitions

1) "CSS" means any Child Support Specialist performing assigned duties, his or her supervisory staff and any other person assigned responsibility by the Director of the Department.

2) "Service" or "Served" means notice given:

A) by personal service, substitute service at the individual's usual place of abode with some family member or a person residing there who is at least 13 years old, certified mail (with or without return receipt requested) or restricted delivery;~~,~~

B) *by a person who is licensed or registered as a private detective under the Private Detective, Private Alarm, Private Security, and Locksmith Act of 2004* [225 ILCS 447] *or by a registered employee of a private detective agency certified under that Act*;~~,~~ or

C) by any method provided by law for service of summons. (See Sections 2-202, 2-203 and 2-206 of the Code of Civil Procedure [735 ILCS 5~~/2-202, 2-203 and 2-206~~] and Sections 10-4 and 10-11 of the Public Aid Code [305 ILCS 5~~/10-4 and 10-11~~].)

3) "Support Statutes" means the following:

A) Article X of the Illinois Public Aid Code [305 ILCS 5~~/Art. X~~];

B) The Illinois Marriage and Dissolution of Marriage Act [750 ILCS

5] or "IMDMA";

C) The Non-Support Punishment Act [750 ILCS 16];

D) The Uniform Interstate Family Support Act [750 ILCS 22];

E) The Illinois Parentage Act of 2015 [750 ILCS 46]; and

F) Any other statute in another state that provides for child support.

4) "Retroactive support" means support for a period prior to the date a court or administrative support order is entered.

5) "Needs of the child~~Child's needs~~" means~~:~~ the term as it is used in Section 505(a) of the IMDMA.

~~A) the custodial parent's statement of the associated costs, including, but not limited to, providing a child with: food, shelter, clothing, schooling, recreation, transportation and medical care; or~~

~~B) the State's current minimum hourly wage multiplied by 40 hours per work week, multiplied by 4.3 weeks per month, multiplied by the applicable child support guideline percentage contained in subsection (c)(1).~~

6) The definitions contained in Section 103 of the Illinois Parentage Act of 2015 shall apply to the same terms in this Section.

b) Responsible Relative Contact

1) Timing and Purpose of Contact

A) The Department shall contact and interview responsible relatives in Title IV-D cases to establish support obligations, following the IV-D client interview.

B) The purpose of this contact and interview shall be to obtain relevant facts, including income information (for example, paycheck stubs, income tax returns) necessary to determine the

financial ability of such relatives for use in obtaining stipulated, consent and other court orders for support and in entering administrative support orders, pursuant to the support statutes.

2) At least ten working days in advance of the interview, the Department shall notify each responsible relative in accordance with Section 5/10-4 of the Illinois Public Aid Code~~contacted~~ of ~~his support obligation, by ordinary mail, which notice shall contain~~ the following:

A) the ~~Title~~ IV-D case name and identification number;

B) the names and birthdates of the persons for whom support is sought or other information identifying those persons, such as a prior court number;

C) that the responsible relative has a legal obligation to support the named persons;

D) the date, time, place and purpose of the interview and that the responsible relative may be represented by counsel; and

E) that the responsible relative should bring specified information regarding his or her income and resources to the interview.

3) The Department shall notify each ~~Title~~ IV-D client of the date, time and place of the responsible relative interview and that the client may attend if he or she chooses.

c) Determination of Financial Ability

1) The CSS and other staff designated by the Division of Child Support Services (DCSS) calculate child support and enter administrative support orders in IV-D cases by utilizing and considering the following factors in accordance with Section 505(a) of the IMDMA, including but not limited to:

A) the Gross to Net Income Conversion Table Using Standardized Tax Amounts as published on the Department's website at https://www.illinois.gov/hfs/ChildSupport/parents/Pages/

IncomeShares.aspx;

B) the Schedule of Basic Child Support Obligations Table as published at the link in subsection (c)(1)(A);

C) the Income Shares calculator accessed through the Key Information Delivery System (KIDS) or any successor Department Statewide automated child support system;

D) rebuttable presumption of minimum orders;

E) health care;

F) gross income;

G) net income; and

H) standardized tax amount;

2) In de novo hearings as ascribed in subsection (d)(2)(G) and 89 Ill. Adm. Code 104.102, calculation and review of support orders by Department hearing officers will be conducted in accordance with the following:

A) The Department's hearing officers may utilize and consider the factors in subsection (c)(1) when calculating and reviewing support orders, as well as the following factors:

i) individualized tax amount;

ii) business income;

iii) unemployment or underemployment;

iv) deviation factors;

v) income in excess of the Basic Child Support Obligation Table; and

vi) extracurricular activities and school expenses.

B) Calculations for support made by hearing officers begin with the Income Shares calculator accessed through the KIDS or any successor Department Statewide automated child support system, which contain the standardized factors provided for in Section 505(a) of the IMDMA and subsection (c)(1) of this Section.

C) However, the hearing officer may find the application of subsections (c)(1) and (c)(2)(A) are inappropriate after considering the best interests of the child in light of evidence, and the hearing officer may use discretion to consider other factors, including but not limited to:

i) financial resources and needs of the child;

ii) financial resources and needs of the custodial parent;

iii) standard of living the child would have enjoyed had the marriage or civil union not been dissolved, the separation not occurred, or the parties married;

iv) physical and emotional condition of the child and his or her educational needs;

v) financial resources and needs of the non-custodial parent; and

vi) child's physical care arrangements.

D) Each order requiring support that deviates from the factors in subsection (c)(2)(B) shall state the amount of support that would have been required under those factors and the reasons for the deviation.

3) A copy of the Support Obligation Worksheet or a Shared Physical Care Support Obligation Worksheet is to be attached to each administrative support order. These worksheets contain the information in Section 505(a) of the IMDMA and subsections (c)(1) and (c)(2) of this Section.

4) The Department refers IV-D cases for judicial review, in accordance with

subsection (f), that involve the following factors:

A) child care;

B) shared parenting in accordance with a court order;

C) split care in accordance with a court order; and

D) healthcare, but only when:

i) health insurance is not currently held or available to the parent or parents, and is unlikely to become available to the parent or parents; or

ii) the parents cannot agree as to who should provide coverage for the child.

5) Extra curricular activities and school expenses will not be referred for judicial review, as they are not IV-D functions.

6) The Gross to Net Income Conversion Table, the Schedule of Basic Child Support Obligations Table, and the Illinois Child Support Calculator are based on:

A) the percentage of combined net income that parents living in the same household in this State ordinarily spend on their children;

B) the parents' combined adjusted net income estimated to have been allocated to the child if the parents and children were living in an intact household; and

C) the amount of child support to be paid by each parent based upon the child support order and the child's physical care arrangements.

~~1) In cases handled under subsection (d), the CSS shall determine the amount of child support and enter an administrative support order on the following basis:~~

~~Number of Children~~	~~Percent of Responsible Relative's Net Income~~
~~1~~	~~20%~~
~~2~~	~~28%~~
~~3~~	~~32%~~
~~4~~	~~40%~~
~~5~~	~~45%~~
~~6 or more~~	~~50%~~

~~A)~~ ~~"Net Income" is the total of all income from all sources, minus the following deductions:~~

~~i)~~ ~~Federal income tax (properly calculated withholding or estimated payments);~~

~~ii)~~ ~~State income tax (properly calculated withholding or estimated payments);~~

~~iii)~~ ~~Social Security (FICA payments);~~

~~iv)~~ ~~Mandatory retirement contributions required by law or as a condition of employment;~~

~~v)~~ ~~Union dues;~~

~~vi)~~ ~~Dependent and individual health/hospitalization insurance premiums and premiums for life insurance ordered by the court to reasonably secure payment of ordered child support;~~

~~vii)~~ ~~Prior obligations of support or maintenance actually paid pursuant to a court order or administrative support order;~~

~~viii)~~ ~~Obligations pursuant to a court order for maintenance in the pending proceeding actually paid or payable under Section 504 of the Marriage and Dissolution of Marriage Act to the same party to whom child support is to be payable;~~

~~ix)~~ ~~Expenditures for repayment of debts that represent~~

~~reasonable and necessary expenses for the production of income, including, but not limited to, student loans;~~

~~x)~~ ~~Medical expenditures necessary to preserve life or health;~~

~~xi)~~ ~~Reasonable expenditures for the benefit of the child and the other parent, exclusive of gifts; and~~

~~xii)~~ ~~Foster care payments paid by the Department of Children and Family Services for providing licensed foster care to a foster child.~~

~~B)~~ ~~The deductions in subsections (c)(1)(A)(ix), (x) and (xi) shall be allowed only for the period that the payments are due. The Department shall enter administrative support orders that contain provisions for an automatic increase in the support obligation upon termination of the payment period.~~

~~2)~~ ~~In de novo hearings provided for in subsection (d)(5)(H) and 89 Ill. Adm. Code 104.102, the Department's hearing officer shall determine the minimum amount of child support as follows:~~

~~Number of Children~~	~~Percent of Responsible Relative's Net Income~~
~~1~~	~~20%~~
~~2~~	~~28%~~
~~3~~	~~32%~~
~~4~~	~~40%~~
~~5~~	~~45%~~
~~6 or more~~	~~50%~~

~~A)~~ ~~"Net Income" is the total of all income from all sources, minus the following deductions:~~

~~i)~~ ~~Federal income tax (properly calculated withholding or estimated payments);~~

~~ii)~~ ~~State income tax (properly calculated withholding or estimated payments);~~

~~iii) Social Security (FICA payments);~~

~~iv) Mandatory retirement contributions required by law or as a condition of employment;~~

~~v) Union dues;~~

~~vi) Dependent and individual health/hospitalization insurance premiums and premiums for life insurance ordered by the court to reasonably secure payment of ordered child support;~~

~~vii) Prior obligations of support or maintenance actually paid pursuant to a court order or administrative support order;~~

~~viii) Obligations pursuant to a court order for maintenance in the pending proceeding actually paid or payable under Section 504 of the Marriage and Dissolution of Marriage Act to the same party to whom child support is to be payable;~~

~~ix) Expenditures for repayment of debts that represent reasonable and necessary expenses for the production of income, including, but not limited to, student loans;~~

~~x) Medical expenditures necessary to preserve life or health;~~

~~xi) Reasonable expenditures for the benefit of the child and the other parent, exclusive of gifts; and~~

~~xii) Foster care payments paid by the Department of Children and Family Services for providing licensed foster care to a foster child.~~

~~B) The deductions in subsections (c)(2)(A)(ix), (x) and (xi) shall be allowed only for the period that the payments are due. The Department shall enter administrative support orders that contain provisions for an automatic increase in the support obligation upon termination of the payment period.~~

~~C) The guidelines in this subsection (c)(2) shall be applied in each case unless the Department finds that application of the guidelines would be inappropriate after considering the best interests of the child in light of evidence including but not limited to one or more of the following relevant factors:~~

~~i) the financial resources and needs of the child;~~

~~ii) the financial resources and needs of the custodial parent;~~

~~iii) the standard of living the child would have enjoyed had the marriage not been dissolved, the separation not occurred or the parties married;~~

~~iv) the physical and emotional condition of the child and his or her educational needs; and~~

~~v) the financial resources and needs of the non-custodial parent.~~

~~D) Each order requiring support that deviates from the guidelines shall state the amount of support that would have been required under the guidelines. The reason or reasons for the variance from the guidelines shall be included in the order.~~

~~3) In cases referred for judicial action under subsection (e), the Department's legal representative shall ask the court to determine the amount of child support due in accord with Section 505 and medical support in accordance with Section 505.2 of the Illinois Marriage and Dissolution of Marriage Act [750 ILCS 5/505].~~

d) Contents of Administrative Support Orders

14) All administrative support orders are stated in dollar amounts and address the~~for support shall include a~~ provision of~~for the~~ health care coverage of the child. In all cases in which health insurance coverage is not being furnished ~~by the responsible relative to a child to be covered by a support order~~, the Department shall enter administrative, or request the court to

enter, support orders requiring ~~the relative to provide~~ coverage when a child can be added to an existing health insurance policy at reasonable cost or indicating what alternative arrangement for health insurance coverage is being provided. ~~Net income shall be reduced by the cost of the coverage in determining the minimum amount of support to be ordered.~~

2) An administrative support order shall include the following:

A) the IV-D case name and identification number;

B) the names and birthdates of the persons for whom support is ordered;

C) the beginning date, amount and frequency of support;

D) a provision for retroactive support ordered under subsection (d)(8), including the total retroactive support obligation and the beginning date, amount (that shall not be less than 20 percent of the current support amount) and frequency of payments to be made until the retroactive support obligation is paid in full;

E) the amount of any arrearage that has accrued under a prior support order and the beginning date, amount (that shall not be less than 20 percent of the support order) and frequency of payments to be made until the arrearage is paid in full;

F) a provision requiring that support payments be made to the State Disbursement Unit;

G) a statement informing the client and the responsible relative that they have 30 days from the date of mailing of the administrative support order to petition the Department for a release from, or modification of, the order and petition for a hearing in accordance with subsection (c)(2) and 89 Ill. Adm. Code 104.102. For orders entered as a result of a decision after a de novo hearing, the statement shall inform the client and the responsible relative that the order is a final administrative decision of the Department and that review is available only in accord with provisions of the Administrative Review Law [735 ILCS 5/3], unless:

i) the order was based upon the factors listed in subsection (c); and

ii) other factors listed in Section 802(e) of the Illinois Parentage Act of 2015 and Section 505 of the IMDMA are to be considered. In this case either the responsible relative or the client must request a de novo hearing within 30 days after mailing of the administrative support order;

H) a statement that a support obligation required under the order, including judgments, arrearages or judgments for retroactive support, judgments by operation of law or any portion of a support obligation required under the order, that becomes due and remains unpaid for 30 days or more shall accrue simple interest as required by law at the rate of nine percent per annum (see Sections 10-10, 10-11 and 10-16.5 of the Illinois Public Aid Code, Sections 505(b) and 505(d) of the IMDMA, Sections 801(b), 802(f) and 812 of the Illinois Parentage Act of 2015, Sections 20(e) and 20(j) of the Non-Support Punishment Act, Sections 2-1303 and 12-109(b) of the Code of Civil Procedure; and

I) an income withholding provision based upon and containing the same information in Section 160.75. The Department shall prepare and send income withholding notices after entry of an administrative support order and effect income withholding in the same manner ascribed in Section 160.75.

3~~5~~) In cases in which the net income of the responsible relative cannot be determined because of default or any other reason, and the IV-D client requests that an order for retroactive support be entered or requested, the Department shall order, or request the court to order, the responsible relative to pay retroactive support for the prior period in the amount consistent with subsection (d)(8)~~of the child's needs as defined by subsection (a)(5)(A) or (B) when the IV-D client requests that such an order for retroactive support be entered or requested~~.

~~6) The final order in all cases shall state the support level in dollar amounts.~~

4~~7~~) If there is no net income because of the unemployment of a responsible relative who resides in Illinois and is not receiving General Assistance in the City of Chicago and has children receiving cash assistance in Illinois, the Department, when proceeding under subsection (e~~d~~), shall order, or, when proceeding under subsection (f~~e~~), shall request the court to order the relative to report for participation in job search, training or work programs established for those relatives. In TANF cases, the Department shall order, when proceeding under subsection (e~~d~~), or, when proceeding under subsection (f~~e~~), shall request the court to order payment of past-due support pursuant to a plan and, if the responsible relative is unemployed, subject to a payment plan and not incapacitated, that the responsible relative participate in job search, training and work programs established under Section 9-6 and Article IXA of the Illinois Public Aid Code~~ [305 ILCS 5/9-6 and Art. IXA]~~.

5~~8~~) All~~The Department shall enter~~ administrative support orders, or request the court to enter support orders, shall~~that~~ include a provision requiring the responsible relative to notify the Department, within seven days:

A) of any new address of the responsible relative;

B) of the name and address of any new employer or source of income of the responsible relative;

C) of any change in the responsible relative's Social Security Number;

D) whether the responsible relative has access to health insurance coverage~~ through the employer or other group coverage~~; and

E) if the responsible relative has access to health insurance, the policy name and number and the names of persons covered under the policy.

6~~9~~) All~~The Department shall enter~~ administrative support orders, or request the court to enter support orders, must~~that~~ include a date on which the current support obligation terminates. The administrative support order termination date shall be no earlier than the date on which the child covered by the order will attain the age of majority or is otherwise emancipated. The order for support shall state that the termination date

does not apply to any arrearage that may remain unpaid on that date. The provision of a termination date in the administrative support order shall not prevent the order from being modified.

7~~10~~) All~~The Department shall enter~~ administrative support orders, or request the court to enter support orders, must~~that~~ include a statement that if there is an unpaid arrearage or delinquency equal to at least one month's support obligation on the termination date stated in the order for support or, if there is no termination date stated in the order, on the date the child attains the age of majority or is otherwise emancipated, then the periodic amount required to be paid for current support of that child immediately prior to that date shall automatically continue to be an obligation, not as current support but as periodic payment toward satisfaction of the unpaid arrearage or delinquency.

8~~11~~) At the request of the IV-D client, the Department shall enter administrative support orders, or request to the court to enter support orders, will address~~that include provisions for~~ retroactive support, as follows:

A) The~~In cases handled under subsection (d), the~~ Department shall order the period of retroactive support to begin with the later of two years prior to the date of entry of the administrative support order or the date of the ~~married~~ parties' separation (or the date of birth of the child for whom support is ordered, if the child was born out of wedlock). Retroactive support is calculated by applying the relative's current net income (unless the relative provides necessary information to determine net income for the prior period) to the financial ability factors in accordance with subsection (c) and reducing the total by the amount of actual monetary contributions made by the responsible relative to the IV-D client for the benefit of the child during the retroactive period as specified in the IV-D client's affidavit of direct contribution. In no event shall credit be given in excess of the total amount of the retroactive support determined.

B) In de novo hearings provided for in subsection (d)(2)(G)~~(d)(5)(H)~~ and 89 Ill. Adm. Code 104.102, the Department's hearing officer shall order ~~the period of~~ retroactive support in accordance with

subsection (d)(8)(A),~~to begin with the later of two years prior to the date of entry of the administrative support order or the date of the married parties separation (or the date of birth of the child for whom support is ordered, if the child was born out of wedlock),~~ unless, in cases in which the child was born out of wedlock, the hearing officer, after having examined the factors set forth in Section 802(e) of the Illinois Parentage Act of 2015~~ [750 ILCS 46/802(e)]~~ and Section 505 of the IMDMA~~Illinois Marriage and Dissolution of Marriage Act [750 ILCS 5/505]~~ decides that another date is more appropriate.

C) In cases referred for judicial action under subsection (fe), the Department's legal representative shall ask the court to determine the date retroactive support is to commence in accord with Article X of the Illinois Public Aid Code~~ [305 ILCS 5/Art. X]~~, Sections 510 and 505 of the IMDMA~~Illinois Marriage and Dissolution of Marriage Act [750 ILCS 5/510 and 505]~~, and Section 802(e) of the Illinois Parentage Act of 2015.

ed) Administrative Process

1) Use of Administrative Process

A) Unless otherwise directed by the Department, in IV-D cases, the CSS shall establish support obligations of responsible relatives through the administrative process set forth in this subsection (ed)~~, in Title IV-D cases,~~ wherein the court has not acquired jurisdiction previously, in matters involving:

i) presumed parentage~~paternity~~ as set forth in Section 204 of the Illinois Parentage Act of 2015 and support is sought from one or both parents;

ii) alleged parentage~~paternity~~ and support is sought from the other parent~~mother~~;

iii) an administrative paternity order entered under Section 160.61 and support is sought from the man determined to be the child's father, or from the mother, or both;

iv) an establishment of parentage in accordance with Article 3 of the Illinois Parentage Act of 2015; and

v) an establishment of parentage under the laws of another state, and support is sought from the child's father, ~~or from~~ the mother, other parent, or all three~~both~~.

B) In addition to those items specified in subsection (b)(2), the notice of support obligation shall inform the responsible relative of the following that:

i) ~~that~~ the responsible relative may be required to pay retroactive support as well as current support; ~~and~~

ii) ~~that~~ in its initial determination of child support under subsection (c), the Department will only consider factors listed in subsection~~subsections~~ (c)~~(1)(A)(i) through (xii)~~;

iii) ~~that~~ the Department will enter an administrative support order based only on those factors listed in subsection~~subsections~~ (c)~~(1)(A)(i) through (xii)~~;

iv) ~~that~~ in order for the Department to consider other factors listed in subsection (c)~~(2)(C)~~, Section 802(e) of the Illinois Parentage Act of 2015, and Section 505 of the IMDMA~~Illinois Marriage and Dissolution of Marriage Act~~, either the responsible relative or the client must request a de novo hearing within 30 days after mailing ~~or delivery~~ of the administrative support order;

v) ~~that~~ both the client and the responsible relative have a right to request a de novo hearing not later than ~~within~~ 30 days after the mailing ~~or delivery~~ of an administrative support order, at which time a Department hearing officer may consider other factors listed in subsection (c)~~(2)(C)~~, Section 802(e) of the Illinois Parentage Act of 2015, and Section 505 of the IMDMA~~Illinois Marriage and Dissolution of Marriage Act~~;

vi) ~~that~~ unless the client and/or the responsible relative requests a de novo hearing not later than~~within~~ 30 days after the order's mailing~~ or delivery~~, the administrative support order will become a final enforceable order of the Department; and

vii) ~~that~~ upon failure of the responsible relative to appear for the interview or to provide necessary information to determine net income, an administrative support order may be entered by default or the Department may seek court determination of financial ability based upon the guidelines.

2) The CSS or Department hearing officer shall determine the ability of each responsible relative to provide support by issuing an administrative support order in accordance with subsection (c) when the relative appears in response to the notice of support obligation and provides necessary information to determine net income. ~~An administrative support order shall be entered that shall incorporate the resulting support amount. When requested by the IV-D client, the CSS shall also determine (and incorporate in the administrative support order) the amount of retroactive support the responsible relative shall be required to pay by applying the relative's current net income (unless the relative provides necessary information to determine net income for the prior period) to the support guidelines in accordance with subsection (c). The CSS shall reduce the total amount of retroactive support determined by the amount of cash contributions made by the responsible relative to the IV-D client for the benefit of the child during the retroactive period as specified in the IV-D client's affidavit of direct contribution. In no event shall credit be given in excess of the total amount of the retroactive support determined.~~

3) Failure to Appear

A) In instances in which the responsible relative was served with a notice of support obligation and fails to appear at the interview in response to the notice of support obligation or fails to provide necessary information to determine net income, the CSS or other staff designated by DCSS, shall enter an administrative support

order by default, except as provided in subsection (e~~d~~)(3)(D). ~~The terms of the order shall be based upon the needs of the child for whom support is sought, as defined by subsection (a)(5). No default order shall be entered when a responsible relative fails to appear at the interview unless the relative shall have been served as provided by law with a notice of support obligation.~~

B) The CSS, other staff designated by DCSS, or Department hearing officer may issue a subpoena to a responsible relative who fails to appear for interview, or who appears and furnishes income information, when the CSS, other staff designated by DCSS, or Department hearing officer has information from the ~~Title~~ IV-D client, the relative's employer or any other reliable source indicating that:

i) financial ability, as determined from the factors~~guidelines~~ contained in subsection (c), exceeds the amount indicated in case of default, as indicated in subsection (e~~d~~)(3)(A); or

ii) income exceeds that reported by the relative.

C) The CSS, other staff designated by DCSS, or Department hearing officer will not issue a subpoena under subsection (e~~d~~)(3)(B) when the information from the ~~Title~~ IV-D client, the responsible relative's employer or other source concerning the relative's financial ability is verified through documentation such as payroll records, paycheck stubs or income tax returns.

D) In instances in which the relative fails or refuses to accept or fully respond to a Department subpoena issued to him or her pursuant to subsection (e~~d~~)(3)(B), the CSS, other staff designated by DCSS, or Department hearing officer may enter a temporary administrative support order by default, in accordance with subsection (e~~d~~)(3)(A), and may then, after investigation and determination of the responsible relative's financial ability to support, utilizing existing State and federal sources (for example, Illinois Department of Employment Security), client statements, employer statements, or the use of the Department's subpoena powers, enter a support order in accord with subsection (c)~~(1)~~.

4) The Department shall register, enforce or modify an order entered by a court or administrative body of another state, and make determinations of controlling order where appropriate, in accordance with the provisions of the Uniform Interstate Family Support Act ~~[750 ILCS 22]~~.

~~5) An administrative support order shall include the following:~~

~~A) the Title IV-D case name and identification number;~~

~~B) the names and birthdates of the persons for whom support is ordered;~~

~~C) the beginning date, amount and frequency of support;~~

~~D) any provision for health insurance coverage ordered under subsection (c)(4);~~

~~E) a provision for retroactive support ordered under subsection (c)(11), including the total retroactive support obligation and the beginning date, amount (that shall not be less than 20 percent of the current support amount) and frequency of payments to be made until the retroactive support obligation is paid in full;~~

~~F) the amount of any arrearage that has accrued under a prior support order and the beginning date, amount (that shall not be less than 20 percent of the support order) and frequency of payments to be made until the arrearage is paid in full;~~

~~G) a provision requiring that support payments be made to the State Disbursement Unit;~~

~~H) a statement informing the client and the responsible relative that they have 30 days from the date of mailing of the administrative support order in which to petition the Department for a release from or modification of the order and receive a hearing in accordance with 89 Ill. Adm. Code 104.102 and subsection (c)(2), except that, for orders entered as a result of a decision after a de novo hearing, the statement shall inform the client and the~~

~~responsible relative that the order is a final administrative decision of the Department and that review is available only in accord with provisions of the Administrative Review Law [735 ILCS 5/Art III];~~

~~I)~~ ~~except when the order was entered as a result of a decision after a de novo hearing, a statement that the order was based upon the factors listed in subsection (c)(1)(A) and that in order to have the Department consider other factors listed in subsection (c)(2)(C), Section 802(e) of the Illinois Parentage Act of 2015 and Section 505 of the Illinois Marriage and Dissolution of Marriage Act, either the responsible relative or the client must request a de novo hearing within 30 days after mailing or delivery of the administrative support order; and~~

~~J)~~ ~~in each administrative support order entered or modified on or after January 1, 2002, a statement that a support obligation required under the order, or any portion of a support obligation required under the order, that becomes due and remains unpaid for 30 days or more shall accrue simple interest at the rate of nine percent per annum.~~

~~6)~~ ~~Every administrative support order entered on or after July 1, 1997 shall include income withholding provisions based upon and containing the same information as prescribed in Section 160.75. The Department shall also prepare and serve income withholding notices after entry of an administrative support order and effect income withholding in the same manner as prescribed in Section 160.75.~~

5~~7~~) The Department shall provide to each client and each responsible relative a copy of each administrative support order entered, no later than 14 days after entry of the order, by:

A) delivery at the conclusion of an interview during which financial ability to support was determined. An acknowledgment of receipt signed by the client or relative, or a written statement identifying the place, date and method of delivery signed by the Department's representative, shall be sufficient for purposes of notice to that person.

B) US registered mail, certified mail, or regular mail as specified in Section 5/10-11 of the Public Aid Code, or by any method provided by law for service of summons as provided in subsection (a)(2).~~regular mail to the party not receiving personal delivery when the relative fails or refuses to accept delivery, either party does not attend the interview, or the orders are entered by default.~~

6~~8~~) In any case in which the administrative support process has been initiated for the custodial parent and the ~~non-marital~~ child, and the custodial parent and the ~~non-marital~~ child move outside the original county, the administrative support case shall remain in the original county unless a transfer to the other county in which the custodial parent and the ~~non-marital~~ child reside is requested by either party or the Department and the hearing officer assigned to the original county finds that a change of venue would be equitable and not unduly hamper the administrative support process.

7~~9~~) In any case in which an administrative support order is entered to establish and enforce an arrearage only, and the responsible relative's current support obligation has been terminated, the administrative support order shall require the responsible relative to pay a periodic amount equal to the terminated current support amount until the arrearage is paid in full.

f~~e~~) Judicial Process

1) The Department shall refer ~~Title~~ IV-D cases for court action to establish support obligations of responsible relatives, pursuant to the support statutes ~~(see subsection (a)(3))~~ in matters requiring the determination of parentage (except when paternity is to be determined administratively under Section 160.61), when the court has acquired jurisdiction previously,~~and~~ in instances described in subsection (c~~d~~)(4~~3~~)~~(D)~~, and as otherwise determined by the Department.

2) The Department shall prepare and transmit pleadings, with appropriate signatures, including~~and obtain or affix appropriate signature thereto, which pleadings shall include~~, but not be limited to, petitions to:

A) intervene;

B) modify;

C) change payment path;

D) establish an order for support;

E) establish retroactive support when the IV-D client requests it;

F) establish past-due support;

G) establish parentage;

H) obtain a rule to show cause;

I) enforce judicial and administrative support orders; and

J) Judicial Registration of Administrative Support Orders and Administrative Paternity Orders; and

K~~J~~) combinations of any of the above.

3) Department legal representatives shall request that judicial orders for support require payments to be made to the State Disbursement Unit in accordance with Section 10-10.4 of the Illinois Public Aid Code ~~[305 ILCS 5/10-10.4]~~, Section 507.1 of the Illinois Marriage and Dissolution of Marriage Act ~~[750 ILCS 5/507.1]~~, Section 320 of the Uniform Interstate Family Support Act ~~[750 ILCS 22/320]~~, Section 815 of the Illinois Parentage Act of 2015 ~~[750 ILCS 46/815]~~ and Section 25 of the Non-Support Punishment Act ~~[750 ILCS 16/25]~~.

4) A copy of the Support Obligation Worksheet or a Shared Physical Care Support Obligation Worksheet is to be attached to each judicial support order.

g~~f~~) Petitions for Release from Administrative Support Orders – Extraordinary Remedies

1) Notwithstanding the statements required by subsections (d)(2~~5~~)(G~~H~~) and (d)(2~~5~~)(H~~I~~), more than 30 days after the entry of an administrative support order under subsection (e~~d~~), a party aggrieved by entry of an administrative support order may petition the Department for release from the order on the same grounds as are provided for relief from judgments under Section 2-1401 of the Code of Civil Procedure.

2) Petitions ~~under this subsection (f)~~ must:

A) cite a meritorious defense to entry of the order;

B) cite the exercise of due diligence in presenting that defense to the Department;

C) be filed no later than two years following the entry of the administrative support order, except that the following times shall be excluded when~~in~~ computing the two years:

i) time during which the person seeking relief is under legal disability;

ii) time during which the person seeking relief is under duress;

iii) time during which the ground for relief is concealed from the person seeking relief;

D) be supported by affidavit or other appropriate evidence~~showing~~ as to matters not supported by the record.

3) Notice of the filing of the petition ~~must be given~~ and a copy of the petition must be served on the other parent, caretaker or responsible relative by certified mail, return receipt requested, or by any manner provided by law for service of process. The filing of a petition under this subsection (g~~f~~) does not affect the validity of the administrative support order.

(Source: Amended at 44 Ill. Reg. 6277, effective April 13, 2020)

Section 160.61 Uncontested and Contested Administrative Paternity and Support Establishment

a) Definitions

1) The definitions contained in Section 103 of the Illinois Parentage Act of 2015 [750 ILCS 46] shall apply to the same terms in this Section.~~"Combined paternity index" means a statistic, stated as an odds ratio in a report of genetic testing results, giving the likelihood that the man having undergone the testing is the father of the child relative to the chance that the father is another (unrelated random) man from the same racial background.~~

~~2) "Genetic testing" means deoxyribonucleic acid (DNA) tests.~~

2~~3~~) "Service" or "Served" means notice given:

A) by personal service, substitute service at the individual's usual place of abode with some family member or a person residing there who is at least 13 years old, certified mail (with or without return receipt requested) or restricted delivery;

B) *by a person who is licensed or registered as a private detective under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004* [225 ILCS 447] *or by a registered employee of a private detective agency certified under that Act* [305 ILCS 5/10-4]; or

C) by any method provided by law for service of a summons. (See Sections 2-202, 2-203 and 2-206 of the Code of Civil Procedure [735 ILCS 5~~/2-202, 2-203 and 2-206~~]; Sections 10-4 and 10-11 of the Public Aid Code [305 ILCS 5~~/10-4 and 10-11~~].)

~~4) "Non-marital child", as used in this Section and Section 160.62, means a child born out of wedlock for whom paternity has not been established.~~

~~5) "Alleged father", as used in this Section and Section 160.62, means a man alleged to be the father of a non-marital child.~~

~~6) "Presumed parent" shall have the meaning ascribed to that term in the Illinois Parentage Act of 2015 [750 ILCS 46].~~

~~7) "Probability of paternity" is the value converted from the "Combined Paternity Index" into the percentage of probability.~~

b) Uncontested Administrative Paternity Process

1) Except as otherwise determined, the Department shall establish an individual's ~~a man's~~ paternity of a child through the administrative process set forth in this Section, in Title IV-D cases, wherein the court has not acquired jurisdiction previously, in matters involving:

A) a ~~non-marital~~ child and support is sought from the alleged father;

B) a ~~non-marital~~ child who is in the physical custody of the alleged father or a caretaker relative other than the child's mother, and support is sought from the alleged father, ~~or from~~ the mother, or both; or

C) presumed paternity as set forth in Section 204 of the Illinois Parentage Act of 2015 in which a man other than the presumed father has been alleged to be the child's father, and notice has been provided to the alleged and presumed fathers as set forth in this Section.

2) Contact with Responsible Relatives

A) Following the IV-D client interview, the Department shall contact and interview:

i) alleged fathers to establish paternity and support obligations; and

ii) mothers to establish an alleged father's paternity of a child (where the alleged father or a caretaker relative other than the mother has physical custody of the child) and to establish the support obligation of the alleged father, the mother, or both.

B) The purpose of contact and interview shall be to obtain relevant

facts, including information concerning the child's paternity and responsible relative income information (for example, paycheck stubs, income tax returns) necessary to establish the child's paternity and to determine the responsible relative's financial ability for use in establishing child support obligations.

3) At least ten working days in advance of the interview, the Department shall serve upon or provide to the alleged father from whom child support is sought, by ordinary mail, a notice of alleged paternity and support obligation, which notice shall contain the following:

A) the ~~Title~~ IV-D case name and identification number;

B) the name and birthdate of the ~~non-marital~~ child;

C) that the alleged father has been identified as the biological father of the child named in the notice, and that, if determined to be the child's father, that person~~he~~ will have a legal obligation to support the child;

D) the date, time, place and purpose of the interview and that the alleged father may be represented by counsel;

E) that the alleged father should bring specified information regarding the alleged father's~~his~~ income and resources to the interview;

F) that upon failure of the alleged father to appear for the interview, administrative paternity and support orders may be entered against the alleged father~~him~~ by default; and

G) that the alleged father may be ordered to pay current support and retroactive support, and to provide health insurance coverage for the child.

4) At least ten working days in advance of the interview, the Department shall serve upon or provide to the child's mother, by ordinary mail, a notice of alleged paternity and support obligation, when a man has been alleged to be the father of the child, the alleged father has physical custody of the child, and support is sought from the mother. The notice shall

contain the following:

A) the ~~Title~~ IV-D case name and identification number;

B) the name and birthdate of the ~~non-marital~~ child;

C) that the mother has a legal obligation to support the child;

D) the date, time, place and purpose of the interview and that the mother may be represented by counsel;

E) that the mother should bring specified information regarding the mother's~~her~~ income and resources to the interview;

F) that the mother may be ordered to pay current support and retroactive support, and to provide health insurance coverage for the child;

G) that the alleged father has been identified as the biological father of the child named in the notice, and that, if determined to be the child's father, that person~~he~~ will have a legal obligation to support the child; and

H) that upon failure of the mother to appear for the interview, or to provide necessary information to determine net income:

i) an administrative support order may be entered against the mother by default or the Department may seek court determination of financial ability based upon the guidelines; and

ii) the Department may enter an order finding the alleged father to be the father of the child.

5) At least ten working days in advance of the interview, the Department shall serve upon or provide to the child's mother, by ordinary mail, a notice of alleged paternity and support obligation, when a man has been alleged to be the father of a child, an adult other than a parent of the child has physical custody of the child, and support is sought from the mother

and the alleged father. The notice shall contain the following:

A) the ~~Title~~ IV-D case name and identification number;

B) the name and birthdate of the ~~non-marital~~ child;

C) that the mother has a legal obligation to support the child;

D) the date, time, place and purpose of the interview and that the mother may be represented by counsel;

E) that the mother should bring specified information regarding the mother's~~her~~ income and resources to the interview;

F) that the mother may be ordered to pay current support and retroactive support, and to provide health insurance coverage for the child;

G) that the alleged father has been identified as the biological father of the child named in the notice, and that, if determined to be the child's father, that person~~he~~ will have a legal obligation to support the child; and

H) that upon failure of the mother to appear for the interview, or to provide necessary information to determine net income:

i) an administrative support order may be entered against the mother by default or the Department may seek an administrative or court determination of financial ability based upon the guidelines; and

ii) the Department may enter an order finding the alleged father to be the father of the child on the basis of genetic testing.

6) When the man alleged to be the father of a child is different from a man presumed to be the father under Section 204 of the Illinois Parentage Act of 2015, the Department shall send a notice to the presumed father which shall contain the following:

A) the ~~Title~~ IV-D case name and identification number;

B) the child's name and birthdate;

C) the name of the child's mother;

D) that the man to whom the notice is directed has been identified as the child's presumed father;

E) that another man has been alleged to be the child's father, and the name of that alleged father;

F) that the Department has scheduled an interview with the alleged father for the purpose of determining the child's paternity, and the date, time and place of the interview (the date of the interview shall not be less than ten working days after the date of the notice to the presumed father);

G) that if the presumed father fails to appear at the interview to assert ~~his~~ rights as the presumed father, the Department may enter an administrative order finding the alleged father to be the child's father on the basis of genetic testing, or if the alleged father and the child's mother voluntarily sign an acknowledgment that the alleged father is the father of the child; and

H) that counsel may accompany the presumed father to the interview.

7) The Department shall notify each ~~Title~~ IV-D client of the date, time and place of the alleged father interview and that the client may attend if the client chooses.

8) In cases involving a ~~non-marital~~ child:

A) The Department shall provide the alleged father or presumed father and the child's mother an opportunity to establish paternity by voluntarily signing an acknowledgment of paternity (and, in a case in which there is also a presumed parent, an opportunity for the mother and the presumed parent to sign a denial of parentage),

after being provided with information concerning the implications of signing the acknowledgment (and denial), including parental rights and responsibilities of child support, retroactive support, health insurance coverage, allocation of parental responsibility, allocation of parenting time, the right to obtain and agree to be bound by the results of genetic testing, and the right to deny paternity and obtain a contested hearing. A presumed father may sign or otherwise authenticate an acknowledgment. If the alleged father, who is not the presumed father, and the child's mother establish paternity by completing the voluntary acknowledgment of paternity (and, in a case in which there is also a presumed parent, the denial of parentage), the voluntary acknowledgment of paternity and, if appropriate, the denial of parentage shall:

i) ~~be~~ signed by the appropriate parties in the presence of a witness as required by Section 12 of the Vital Records Act [410 ILCS 535~~/12~~] and this subsection (b). The witness must also sign the voluntary acknowledgment of paternity and, if appropriate, the denial of parentage at the time the appropriate parties sign. For purposes of the voluntary acknowledgment of paternity and, if appropriate, the denial of parentage, a witness must be an adult, age 18 or older, but cannot be a signatory or the child named on the voluntary acknowledgment of paternity or in the case of denial of parentage, cannot be a signatory or child named on the denial; and

ii) ~~be~~ filed with the Department ~~of Healthcare and Family Services within 60 days after being signed and witnessed by the appropriate parties; or after the birth of the child; or the date of an administrative or judicial proceeding relating to the child, including a proceeding to establish a support order, in which the signatory is a party~~. If a voluntary acknowledgment of paternity and/or the denial of parentage is filed prior to or after the birth of a child and the required data elements specified in Section 12(5) of the Vital Records Act are missing, the signatories may be asked to resubmit the document ~~with the date of birth of the child and the name of the child~~.

B) The Department shall enter and, within 14 days after entry, serve or mail the parties a copy of an administrative paternity order finding the alleged father to be the father of the child in the following circumstances. An acknowledgment of receipt signed by the client or relative or a written statement identifying the place, date, and method of delivery signed by the Department's representative shall be sufficient for purposes of notice to that person. The Department shall enter the order where:

i) the alleged father and the child's mother (and any presumed father) have voluntarily signed an agreement to be bound by the results of genetic testing, and the results of such testing show that the alleged father is not excluded and that the combined paternity index is at least 1000 to 1 and there is a 99.9% probability of paternity;

ii) the alleged father fails to appear for interview in response to the Department's notice of alleged paternity and support obligation served upon the alleged father~~him~~ in a case in which support is sought from the alleged father, or fails to appear for scheduled genetic testing after signing an agreement to be bound by the results of genetic testing;

iii) the child's mother fails to appear for interview in response to the Department's notice of alleged paternity and support obligation served upon the child's mother~~her~~ in a case where the alleged father has physical custody of the child;

iv) the child's mother fails to appear for interview in response to the Department's notice of alleged paternity and support obligation served upon the child's mother~~her~~ in a case where an adult other than a parent of the child has physical custody of the child, the alleged father has voluntarily signed an agreement to be bound by the results of genetic testing, the results of genetic testing show that the alleged father is not excluded, and the combined paternity index is at least 1000 to 1 and there is a 99.9% probability of paternity;

v) the alleged father fails to appear for interview in response to the Department's notice of alleged paternity and support obligation served upon the alleged father~~him~~ (or fails to appear for genetic testing after agreeing to be bound by the results of genetic testing) in a case where an adult other than a parent of the child has physical custody of the child;

vi) the presumed father fails to appear in response to the Department's notice to presumed father served upon the presumed father~~him~~, the child's mother, and the alleged father have voluntarily signed an agreement to be bound by the results of genetic testing, the results of genetic testing show that the alleged father is not excluded, and the combined paternity index is at least 1000 to 1 and there is a 99.9% probability of paternity; or

vii) the alleged father fails to appear for interview in response to the Department's notice of alleged paternity and support obligation served upon the alleged father~~him~~, and the presumed father fails to appear in response to the Department's notice to presumed father served upon the presumed father.

C) The Department shall make a determination that the alleged father is not the father of the child where the results of genetic testing exclude the alleged father.

9) An agreement to be bound by the results of genetic testing under subsection (b)(8)(B) shall not be valid when the mother or alleged father is a minor, unless the parent or guardian of the minor mother or minor alleged father also signs the agreement to be bound by the results of genetic testing, except when the mother or alleged father is either emancipated or head of the~~his or her~~ ~~own~~ household that includes~~with~~ the child for whom paternity is being determined.

10) A party aggrieved by entry of an administrative paternity order, pursuant to subsection (b)(8), may have the order vacated if, within 30 days after the authorized mailing or service of the order, the party appears in person

at the office at~~to~~ which the party ~~he or she~~ was given notice to appear for an interview pursuant to subsection (b)(3) and files a written request for relief from the order. The Department shall then proceed with the establishment of paternity under this Section. A party may obtain relief under this subsection (b) only once in any proceeding to establish paternity.

11) Rescission of Voluntary Acknowledgment of Paternity or Denial of Parentage

A) A signatory may rescind a voluntary acknowledgment of paternity, and/or a denial of parentage under Section 12 of the Vital Records Act , Article 3 of the Illinois Parentage Act of 2015 and this subsection (b) by signing a rescission of the voluntary acknowledgment of paternity/denial of parentage in the presence of a witness and filing it with the Department by the earlier of:

i) 60 days after the effective date of the acknowledgment of paternity, and/or the denial of parentage, as provided in section 304 of the Illinois Parentage Act of 2015; or

ii) the date of an administrative or judicial proceeding relating to the child, including a proceeding to establish a support order, in which the signatory is a party.

B) The witness must also sign the rescission of the voluntary acknowledgment of paternity/denial of parentage at the time the parents sign. For purposes of the rescission of the voluntary acknowledgment of paternity/denial of parentage, a witness must be an adult, age 18 or older, but cannot be a signatory or the child named on the rescission.

C) If a signatory of an acknowledgment of paternity or denial of parentage signs a rescission of voluntary acknowledgment of paternity/denial of parentage, the Department shall process the case under this subsection (b).

c) Contested Paternity Hearing Officers

1) Except as otherwise directed by the Department or provided for in this Part, cases in which paternity is contested shall be referred to Department hearing officers to administratively determine paternity. The Department shall provide the alleged father (and any presumed father) with notice and opportunity to contest paternity at a hearing to determine the existence of the father and child relationship. The notice and any administrative hearing shall be governed by 89 Ill. Adm. Code 104.200 through 104.295. Any administrative support order shall be established in accordance with Section 160.60.

2) Notice shall be given to all parties in the manner provided for service of a notice of alleged paternity and support obligation under subsections (a) and (b) or, when necessary, by publication in cases in which the whereabouts of a party or parties are unknown after diligent location efforts by the Department. When service is by publication, the notice shall be published at least once in each week for three consecutive weeks in a newspaper published in the county in which the administrative proceeding is pending. If there is no newspaper published in that county, then the publication shall be in a newspaper published in an adjoining Illinois county having a circulation in the county in which the administrative proceeding is pending. In addition, where service is by publication, the date of the interview stated in the notice shall not be less than 30 days after first publication of the notice.

3) The Department shall enter default paternity determinations in contested administrative cases as provided for under subsection (b). However, when notice of the administrative proceedings was served on a party by publication under subsection (c)(2), a notice of default paternity determination shall be published in the same manner. The notice of default paternity determination shall contain the information required in an administrative paternity order under subsections (d)(1) through (9), except that the notice of default paternity determination shall not include the mother's and father's Social Security numbers. The Department shall not proceed to establish paternity administratively under subsection (c) in those cases in which the court has acquired jurisdiction previously or the custodial parent claims good cause for failing to cooperate in the establishment of paternity and is found to be exempt from cooperating as set forth in Section 160.35.

4) In any case in which the administrative paternity process has been initiated for the custodial parent and the ~~non-marital~~ child, and the custodial parent and the ~~non-marital~~ child move outside the original county, the paternity determination case shall remain in the original county of venue unless a transfer to another county of proper venue is requested by either party and the Department~~hearing officer assigned to the original county~~ finds that a change of venue would be equitable and not unduly hamper the administrative paternity process.

d) An administrative paternity order, whether entered under subsection (b) or (c), shall include the following:

1) the ~~Title~~ IV-D case name and identification number;

2) the name and birthdate of the child for whom paternity is determined;

3) the alleged father's name and ~~his~~ Social Security number, if known;

4) the mother's name and ~~her~~ Social Security number, if known;

5) a finding that the alleged father is the father of the child, and a statement indicating how paternity was determined (for example, agreement to be bound by the results of genetic testing, default, contested hearing);

6) except in cases in which paternity is administratively determined under subsection (b)(8)(B)(ii), (v) or (viii), or in a contested hearing under subsection (c), a statement informing the client and responsible relative that each has 30 days after the date of mailing (or delivery at the interview) of the administrative paternity order to petition the Department for release from the order and receive a hearing in accordance with 89 Ill. Adm. Code 104.105;

7) in cases in which paternity is administratively determined by default under subsection (b)(8)(B)(ii), (v) or (viii), a statement informing the client and responsible relative of the relief available pursuant to subsection (b)(10);

8) a statement that, more than 30 days after entry of an administrative paternity order, a party aggrieved by entry of the administrative paternity order may petition the Department for release from the order under the

provisions of subsection (e); and

9) in cases in which paternity is administratively determined in a contested hearing under subsection (c), a statement informing the client and responsible relative that the order is a final and binding administrative decision, and whether the order is reviewable only under the provisions of the Administrative Review Law [735 ILCS 5/Art. III]; and

10) a statement that the Department shall send a copy of the administrative paternity order to the Department of Public Health (DPH), Office of Vital Records, and that DPH, Office of Vital Records, shall prepare a birth certificate in accordance with the paternity order.

e) Petitions For Release – Extraordinary Remedies

1) Notwithstanding the statements required by subsection (d), more than 30 days after entry of an administrative paternity order under subsection (b) or (c), a party aggrieved by entry of an administrative paternity order may petition the Department for release from the order.

2) Petitions under this subsection (e) must:

A) Cite a meritorious defense to entry of the order.

B) Cite the exercise of due diligence in presenting that defense to the Department.

C) Be filed no later than two years following the entry of the administrative paternity order, except that times listed below shall be excluded in computing the two years:

i) time during which the person seeking relief is under legal disability;

ii) time during which the person seeking relief is under duress; and

iii) time during which the ground for relief is concealed from the person seeking relief.

D) Be supported by affidavit or other appropriate showing as to matters not supported by the record.

3) Notice of the filing of the petition must be given and a copy of the petition must be served on the other parent by certified mail, return receipt requested or by any manner provided by law for service of process. The filing of a petition under this subsection (e) does not affect the validity of the administrative paternity order.

f) When the paternity of a child has been administratively established under subsection (b) or (c), the Department shall enter an administrative support order under the process set forth in Section 160.60.

g) In cases in which a final administrative determination of paternity is pending, but there is clear and convincing evidence of paternity based upon the results of genetic testing and upon motion of a party, the Department shall enter a temporary order for support in the manner provided for in Section 160.60.

h) The Department shall notify the Department of Public Health of final administrative paternity determinations, voluntary acknowledgments of paternity, denials of paternity and rescissions of paternity.

i) In cases in which a child's certificate of birth is on file in a state other than Illinois and any of the circumstances stated in this subsection occur, the Department shall forward to the other state a copy of the final administrative determination of paternity or the voluntary acknowledgment of paternity (and the presumed father's denial of paternity, if applicable) or the rescission of paternity:

1) the Department enters a final administrative determination of paternity; or

2) the paternity of a child is established by voluntary acknowledgment under Section 12 of the Vital Records Act; or

3) the alleged father or the child's mother rescinds a voluntary acknowledgment of paternity under Section 12 of the Vital Records Act.

j) Judicial Process. The Department shall refer ~~Title~~ IV-D cases for judicial action to establish a child's paternity and a responsible relative's support obligation

pursuant to the Illinois Parentage Act of 2015, the Revised Uniform Reciprocal Enforcement of Support Act [750 ILCS 20] or the Uniform Interstate Family Support Act [750 ILCS 22], as appropriate, in matters:

1) involving contested paternity, except when the case is appropriate for referral to a Department hearing officer;

2) when the ~~non-marital~~ child was not conceived in Illinois and the alleged father resides in a state other than Illinois;

3) when the court has acquired jurisdiction previously; or

4) when the results of genetic testing show that the alleged father is not excluded and the combined paternity index is less than 1000 to 1 and there is a 99.9% probability of paternity, except when the case is appropriate for referral to a Department hearing officer under subsection (c).

(Source: Amended at 44 Ill. Reg. 6277, effective April 13, 2020)

SUBPART D: ENFORCEMENT OF CHILD SUPPORT ORDERS

Section 160.88 State Case Registry

a) Pursuant to Section 10-27 of the Illinois Public Aid Code [305 ILCS 5~~/10-27~~], the Department shall establish an automated State Case Registry to contain records concerning child support orders for:

1) all Title IV-D cases; and

2) all other cases entered or modified on or after October 1, 1998, and pursuant to Sections 10-10 and 10-11 of the Illinois Public Aid Code ~~[305 ILCS 5/10-10 and 10-11]~~, and pursuant to the Illinois Marriage and Dissolution of Marriage Act [750 ILCS 5], the Non-Support of Spouse and Children Act [750 ILCS 15], the Uniform Interstate Family Support Act [750 ILCS 22] or the Illinois Parentage Act of 2015 [750 ILCS 46].

b) For IV-D cases, the Department shall maintain in the Registry the following information (and any such updated information) that is filed with the Department, or filed with a clerk of the circuit court and provided by the clerk to the

Department:

1) the names of the custodial and non-custodial parents and of the child or children covered by the order;

2) the dates of birth of the custodial and non-custodial parents, and of the child or children covered by the order;

3) Social Security Numbers or tax identification numbers of the custodial and non-custodial parents and of the child or children covered by the order;

4) the residential and mailing addresses for the custodial and non-custodial parents;

5) the telephone numbers for the custodial and non-custodial parents;

6) the driver's license numbers for the custodial and non-custodial parents;

7) the name, address, and telephone number of each parent's employer or employers;

8) the case identification number;

9) the court docket number and county, for those cases with an order for support entered or modified by the circuit court;

10) the amount of monthly or other periodic support owed under the order and other amounts, including arrearages, interest or late payment penalties, and fees, due or overdue under the order;

11) any amounts described in subsection (b)(10) of this Section that have been collected;

12) the distribution of the collected amounts;

13) the amount of any lien imposed with respect to the order pursuant to Section 10-25 or Section 10-25.5 of the Public Aid Code ~~[305 ILCS 5/10-25 and 10-25.5]~~; and

14) any other information that may be required under Title IV, Part D, of the Social Security Act or by the federal Department of Health and Human Services.

c) For all other cases with an order for support entered or modified on or after October 1, 1998, the Department shall maintain in the Registry the following information (and any such updated information) that is filed with the Department, or filed with a clerk of the circuit court and provided by the clerk to the Department:

1) the names of the custodial and non-custodial parents, and the child or children covered by the order;

2) the dates of birth of the custodial and non-custodial parents, and of the child or children covered by the order;

3) the Social Security Numbers or tax identification numbers of the custodial and non-custodial parents, and of the child or children covered by the order;

4) the mailing addresses for the custodial and non-custodial parents;

5) the court docket number and county in which the order for support was entered;

6) any other information that may be required under Title IV, Part D, of the Social Security Act or by the federal Department of Health and Human Services.

d) The Department shall establish, update, maintain, and monitor IV-D case records in the Registry on the bases of:

1) information on administrative actions, administrative and judicial proceedings and orders relating to paternity and support;

2) information obtained from comparison with federal, state, and local sources of information;

3) information on support collections and distribution; and

4) any other relevant information.

e) Information contained in the Registry shall be subject to all federal and State confidentiality laws and regulations pursuant to 42 USC 654(26); 45 CFR 205.50 and 303.21; 42 CFR 431, Subpart F; 305 ILCS 5/11-9, 11-10, and 11-12; and Illinois Rules of Court.

f) The Department shall exchange data with other federal, state, and local agencies and other sources of information as necessary to maintain the Registry and with the agencies that administer Section IV, Part A, and Title XIX of the Social Security Act, and any other agency as may be required under Section IV, Part D of the Social Security Act, or regulations promulgated thereunder.

g) The Department shall provide to the Federal Case Registry the case information required by the Department of Health and Human Services.

(Source: Amended at 44 Ill. Reg. 6277, effective April 13, 2020)

SUBPART F: DISTRIBUTION OF SUPPORT COLLECTIONS

Section 160.100 Distribution of Child Support for TANF Recipients

a) For the purposes of distribution under this Section, amounts collected shall be treated first as payment on the required support obligation for the month in which the child support was collected and if any amounts are collected which are in excess of such amount, these excess amounts shall be treated as amounts which represent payment on the required support obligation for previous months. Date of collection" shall be as defined in Section 160.5.

b) Child support payments which are received for a month in which a client is a TANF recipient shall be distributed as follows:

1) Pass Through: Of any amount that is collected in a month which represents payment on the required support obligation for that month, the first $100 for one child and $200 for two or more children~~$50~~ of that amount shall be paid to the family. One payment will be forwarded to the family within two business days after the date of initial receipt in the State (see Section 160.5) of the first $100 for one child and $200 for two or

more children~~$50~~ of support collected in a month, or, if less than $100 for one child and $200 for two or more children~~$50~~ is collected in a month, within two business days after the end of the month in which the support is collected. This payment will be disregarded when determining eligibility for TANF and the amount of the TANF grant. However, when there is a served income withholding notice and the payor of income transmits multiple months of support in a lump sum, the family shall receive the first $100 for one child and $200 for two or more children~~$50~~ of each month of support withheld. If the amount collected includes payment on the required support obligation for a previous month or months, the family shall only receive the first $100 for one child and $200 for two or more children~~$50~~ of the amount that represents the required support obligation for the month in which the support was collected. If amounts are collected for a single filing unit (see 89 Ill. Adm. Code 112.300(b)) that represent support payments from two or more responsible relatives, only the first $100 for one child and $200 for two or more children~~$50~~ of the amount collected that represents the total required support obligation for the month in which the support was collected shall be paid to the family under this subsection (b)(1). No payment shall be made to a family under this subsection for a month in which there is no child support collection.

2) Reimbursement of Current TANF: If the amount of child support collected in a month on behalf of a TANF recipient exceeds the amount to be paid to the family pursuant to subsection (b)(1), the excess shall be retained by the Department to reimburse the Department for the assistance payment for the month in which the support was collected or the next month.

3) Current Excess: If the amount of child support collected in a month on behalf of a TANF recipient exceeds the amount to be distributed pursuant to subsections (b)(1) and (b)(2), the family shall be paid the excess up to the difference between the TANF grant for the month in which the amount of the collection was used to redetermine eligibility for TANF and the amount ordered for that month. If the court ordered amount is less than the TANF grant, no amount shall be paid to the family under this subsection. In those cases where there is no court order, the family shall not be paid any amount under this subsection (b)(3).

4) Reimbursement of Past AFDC or TANF: If the amount of child support

collected in a month on behalf of a TANF recipient is in excess of the amount required to be distributed pursuant to subsections (b)(1) through (b)(3), any excess shall be retained by the Department as reimbursement for past assistance payments made to the family for which the Department has not been reimbursed. The Department will apply the amount retained to any sequence of months for which the Department has not yet been reimbursed. If past assistance payments made to the family are greater than the unpaid support obligation, the maximum amount the Department can retain as reimbursement for the assistance payments is the amount of the obligation, unless amounts are collected that represent the required support obligation for periods prior to the first month in which the family received assistance, in which case those amounts can be retained by the Department to reimburse the difference between the support obligation and assistance payments.

5) Past Excess: If the amount of child support collected in a month on behalf of a TANF recipient is in excess of the amount required to be distributed pursuant to subsections (b)(1) through (b)(4), the excess shall be paid to the family.

c) If an amount collected as support represents payment on behalf of a TANF recipient that is in excess of the amount required to be distributed pursuant to subsection (b), and an amount of past-due support exists that is not assigned to the Department after October 1, 2009 pursuant to Section 160.20(b)(3), such amount shall be paid to the family.

d) If an amount collected as support represents payment on the required support obligation for future months, the amount collected shall be applied to future months. However, no such amounts shall be applied to future months unless amounts have been collected that fully satisfy the support obligation assigned for the current month and all past months.

e) Identification of Child Support Payment: Any support payment issued to the family under subsection (b)(3) or (b)(5) shall be identified on its face as being for child support.

(Source: Amended at 44 Ill. Reg. 6277, effective April 13, 2020)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Sexual Assault Survivors Emergency Treatment Code

2) Code Citation: 77 Ill. Adm. Code 545

3)

Section Numbers:	Adopted Actions:
545.10	Amendment
545.20	Amendment
545 25	Amendment
545.35	Amendment
545.40	New Section
545.50	Amendment
545.55	Amendment
545.60	Amendment
545.61	Amendment
545.62	New Section
545.63	New Section
545.64	New Section
545.65	Amendment
545.66	New Section
545.67	Amendment
545.95	Amendment
545.100	Amendment
545.105	New Section

4) Statutory Authority: Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70]

5) Effective Date of Rules: April 10, 2020

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

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted 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. 13635; December 2, 2019

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

11) Differences between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

In response to public comment, language was added to subsection 545.60(g)(5) clarifying how advocates from rape crisis centers are identified in hospital records, and to subsection 545.65(k)(4)(B) and (C) clarifying that a survivors consent must be obtained prior to transferring evidence from a transfer hospital to a treatment hospital.

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

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

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

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

15) Summary and Purpose of Rulemaking: This rulemaking implements PA 100-775, which amended the Sexual Assault Emergency Treatment Center Act to provide for emergency treatment for pediatric sexual assault survivors, whether in a hospital or in a new category of health care provider, an approved pediatric health care facility. Also included in this rulemaking are amendments from PA 100-1087, and PA 101-73.

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

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:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

PART 545
SEXUAL ASSAULT SURVIVORS
EMERGENCY TREATMENT CODE

Section

545.10 Applicability
545.20 Definitions
545.25 Incorporated and Referenced Materials
545.30 Application of Rules (Repealed)
545.35 Development and Approval of Plans
545.40 Qualified Medical Provider and Emergency Department Clinical Staff~~Program Administration (Repealed)~~
545.50 Areawide Sexual Assault Treatment Plans
545.55 Treatment and Transfer of Pediatric Sexual Assault Survivors
545.60 Treatment of Sexual Assault Survivors
545.61 Submitting Sexual Assault Evidence to Law Enforcement
545.62 Pediatric Health Care Facilities
545.63 Treatment Hospitals with Pediatric Transfer
545.64 Out-of-State Hospitals
545.65 Transfer of Sexual Assault Survivors
545.66 Photo Documentation
545.67 Compliance Review
545.70 Approval of a Sexual Assault Transfer Plan
545.75 Approval of a Sexual Assault Treatment Hospital with a Pediatric Transfer Plan
545.80 Approval of a Sexual Assault Treatment Plan
545.85 Approval of a Pediatric Health Care Facility Sexual Assault Treatment Plan
545.90 Approval of an Out-of-State Hospital Sexual Assault Treatment Plan
545.95 Emergency Contraception
545.100 Sexual Assault Services Vouchers and Written Notice to Sexual Assault Survivors
545.105 Treatment Data Required by the Department

545.APPENDIX A Sexual Assault Treatment Plan Form (Repealed)
545.APPENDIX B Sexual Assault Transfer Plan Form (Repealed)
545.APPENDIX C Emergency Contraception Protocols

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

AUTHORITY: Implementing and authorized by the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].

SOURCE: Filed December 30, 1977; rules repealed and new rules adopted at 5 Ill. Reg. 1139, effective January 23, 1981; codified at 8 Ill. Reg. 16334; amended at 11 Ill. Reg. 1589, effective February 1, 1987; amended at 12 Ill. Reg. 20790, effective December 1, 1988; emergency amendment at 26 Ill. Reg. 5151, effective April 1, 2002, for a maximum of 150 days; emergency expired August 28, 2002; amended at 27 Ill. Reg. 1567, effective January 15, 2003; amended at 33 Ill. Reg. 14588, effective October 9, 2009; amended at 34 Ill. Reg. 12214, effective August 4, 2010; amended at 41 Ill. Reg. 14980, effective November 27, 2017; amended at 42 Ill. Reg. 16036, effective August 2, 2018; emergency amendment at 43 Ill. Reg. 1089, effective January 1, 2019, for a maximum of 150 days; amended at 43 Ill. Reg. 4992, effective April 17, 2019; amended at 44 Ill. Reg. 6326, effective April 10, 2020.

Section 545.10 Applicability

This Part establishes requirements for the treatment of sexual assault survivors in emergency departments of hospitals licensed under the Hospital Licensing Act ~~[210 ILCS 85]~~, or operated under the University of Illinois Hospital Act, that provide *general medical and surgical hospital services* (Section 2 of the Act), out-of-state hospitals that consent *to the jurisdiction of the Department in accordance with Section 2.06 of the Act* (Section 5.4(b)(2)(i) of the Act), or approved pediatric health care facilities.~~(Section 2 of the Act).~~

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.20 Definitions

Act – the Sexual Assault Survivors Emergency Treatment Act ~~[410 ILCS 70]~~.

Advanced practice registered nurse or APRN − *has the meaning* ascribed *in Section 50-10 of the Nurse Practice Act* ~~[225 ILCS 65]~~. (Section 1a of the Act)

Alcohol-facilitated sexual assault − the use of any alcoholic beverage in the commission of a sexual assault.

Ambulance provider − an individual or entity that owns and operates a business or service using ambulances or emergency medical services vehicles to transport emergency patients. (Section 1a of the Act)

Approved pediatric health care facility − a health care facility, other than a hospital, with a sexual assault treatment plan approved by the Department to provide medical forensic services to pediatric sexual assault survivors who present with a complaint of sexual assault within seven ~~a minimum of the last 7~~ days after the assault or who have disclosed past sexual assault by a specific individual and were in the care of that individual within ~~a minimum of~~ the last seven~~7~~ days. (Section 1a of the Act)

Areawide sexual assault treatment plan or areawide plan − *a plan, developed by hospitals or by hospitals and approved pediatric health care facilities in a community or area to be served, which provides for medical forensic services to sexual assault survivors that shall be made available by each of the participating hospitals and approved pediatric health care facilities.* (Section 1a of the Act)

Board-certified child abuse pediatrician – a physician certified by the American Board of Pediatrics in child abuse pediatrics. (Section 1a of the Act)

Board-eligible child abuse pediatrician – a physician who has completed the requirements set forth by the American Board of Pediatrics to take the examination for certification in child abuse pediatrics. (Section 1a of the Act)

Caregiver – any person who is legally responsible for providing care to the patient or who renders support to the patient.

Department – the Department of Public Health. (Section 1a of the Act)

Drug-facilitated sexual assault − the use of a chemical submissive agent in the commission of a sexual assault, given without consent of the victim, that produces relaxant effects, blackouts, coma, impaired judgment, or loss of coordination.

Emergency contraception − medication as approved by the federal Food and Drug Administration (FDA) that can significantly reduce the risk of pregnancy if taken within 72 hours after sexual assault. (Section 1a of the Act)

Follow-up health care – health care services related to a sexual assault, including laboratory services and pharmacy services, rendered within 90 days after *the initial visit for medical forensic services.* (Section 1a of the Act)

Health care professional – a physician, a physician assistant, a sexual assault

forensic examiner, an APRN~~advanced practice registered nurse~~, a registered professional nurse, a licensed practical nurse, or a sexual assault nurse examiner. (Section 1a of the Act)

Hospital – a hospital licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act, any outpatient center or freestanding emergency center licensed under 77 Ill. Adm. Code 518 *included in the hospital's sexual assault treatment plan where hospital employees provide medical forensic services, and an out-of-state hospital that has consented to the jurisdiction of the Department under Section 2.06* of the Act. (Section 1a of the Act)

~~*Illinois State Police Sexual Assault Evidence Collection Kit – a prepackaged set of materials and forms to be used for the collection of evidence relating to sexual assault. The standardized evidence collection kit for the State of Illinois shall be the Illinois State Police Sexual Assault Evidence Collection Kit.* (Section 1a of the Act)~~

Law enforcement agency having jurisdiction – the law enforcement agency in the jurisdiction where an alleged sexual assault or sexual abuse occurred. (Section 1a of the Act)

Licensed practical nurse – has the meaning ascribed *in Section 50-10 of the Nurse Practice Act*. (Section 1a of the Act)

Medical forensic services – health care delivered to patients within or under the care and supervision of personnel working in a designated emergency department of a hospital or an approved pediatric health care facility. "Medical forensic services" includes, but is not limited to, taking a medical history, performing photo documentation, performing a physical and anogenital examination, assessing the patient for evidence collection, collecting evidence in accordance with a statewide sexual assault evidence collection program administered by the Illinois~~Department of~~ State Police using the ~~Illinois State Police~~ Sexual Assault Evidence Collection Kit, if appropriate, assessing the patient for drug-facilitated or alcohol-facilitated sexual assault, providing an evaluation of and care for sexually transmitted infection and human immunodeficiency virus (HIV), pregnancy risk evaluation and care, and discharge and follow-up healthcare planning. (Section 1a of the Act)

Pediatric health care facility – a clinic or physician's office that provides medical

services to pediatric patients. (Section 1a of the Act)

Pediatric sexual assault survivor – a person under the age of 13 who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault. (Section 1a of the Act)

Photo documentation – digital photographs or colposcope videos stored and backed-up securely in the original file format. (Section 1a of the Act)

Physician – a person licensed to practice medicine in all its branches as defined in the Medical Practice Act of 1987. (Section 1a of the Act)

Physician assistant – has the meaning ascribed *in Section 4 of the Physician Assistant Practice Act of 1987*. (Section 1a of the Act)

Prepubescent sexual assault survivor – a female who is under the age of 18 years and has not had a first menstrual cycle or a male who is under the age of 18 years and has not started to develop secondary sex characteristics who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault. (Section 1a of the Act)

Qualified medical provider – a board-certified child abuse pediatrician, board-eligible child abuse pediatrician, sexual assault forensic examiner, or sexual assault nurse examiner who has access to photo documentation tools, and who participates in peer review. (Section 1a of the Act)

Registered Professional Nurse – has the meaning ascribed~~*provided*~~ *in Section 50-10 of the Nurse Practice Act*. (Section 1a of the Act)

Sexual assault:

> *An act of sexual conduct; as used in this* Part, *"sexual conduct" has the meaning* ascribed *under Section 11-0.1 of the Criminal Code of 2012; or*
>
> *Any act of sexual penetration; as used in this* Part~~*paragraph*~~, *"sexual penetration" has the meaning* ascribed *under Section 11-0.1 of the Criminal Code of 2012 and includes, without limitation, acts prohibited under Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012*. (Section 1a of the Act)

Sexual Assault Evidence Collection Kit – the Illinois State Police Sexual Assault Evidence Collection Kit; a prepackaged set of materials and forms to be used for the collection of evidence relating to sexual assault. The standardized evidence collection kit for the State of Illinois shall be the Sexual Assault Evidence Collection Kit. (Section 1a of the Act)

Sexual assault forensic examiner − a physician or physician assistant who has completed training that meets or is substantially similar to the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses. (Section 1a of the Act)

Sexual assault nurse examiner – an APRN~~advanced practice registered nurse~~ or *registered professional nurse who has completed a sexual assault nurse examiner* (SANE) *training program that meets the Forensic Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.* (Section 1a of the Act)

Sexual assault services voucher − a document generated by a hospital or approved pediatric health care facility at the time the sexual assault survivor receives outpatient medical forensic services that may be used to seek payment for any ambulance services, medical forensic services, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault. (Section 1a of the Act)

Sexual assault survivor or survivor – *a person who presents for medical forensic hospital emergency services in relation to injuries or trauma resulting from a sexual assault.* (Section 1a of the Act)

Sexual assault transfer plan – a written plan developed by a hospital and approved by the Department, which describes the hospital's procedures for transferring sexual assault survivors to another hospital, and an approved pediatric health care facility, if applicable, in order to receive forensic medical services. (Section 1a of the Act)

Sexual assault treatment plan − a written plan that describes the procedures and protocols for providing medical forensic services to sexual assault survivors who present themselves for such services, either directly or through transfer from a hospital or approved pediatric health care facility. (Section 1a of the Act)

Transfer hospital – a hospital with a sexual assault transfer plan approved by the Department. (Section 1a of the Act)

Transfer services – the appropriate medical screening examination and necessary stabilizing treatment prior to the transfer of a sexual assault survivor to a hospital or an approved pediatric health care facility that provides medical forensic services to sexual assault survivors pursuant to a sexual assault treatment plan or areawide sexual assault treatment plan. (Section 1a of the Act)

Treatment hospital – a hospital with a sexual assault treatment plan approved by the Department to provide medical forensic services to all sexual assault survivors who present with a complaint of sexual assault within seven ~~a minimum of the last 7~~ days after the assault *or who have disclosed past sexual assault by a specific individual and were in the care of that individual within ~~a minimum of~~ the last seven~~7~~ days*. (Section 1a of the Act)

Treatment hospital with approved pediatric transfer – a hospital with a treatment plan approved by the Department to provide medical forensic services to sexual assault survivors 13 years old or older who present with a complaint of sexual assault within seven ~~a minimum of the last 7~~ days after the assault *or who have disclosed past sexual assault by a specific individual and were in the care of that individual within ~~a minimum of~~ the last seven~~7~~ days*. (Section 1a of the Act)

Unauthorized personnel − all individuals whose presence in the examination room is not desired or required either by the hospital or by the survivor (e.g., representatives of the media).

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.25 Incorporated and Referenced Materials

a) The following materials are referenced in this Part:

1) State of Illinois Statutes:

A) Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].

B) Hospital Licensing Act [210 ILCS 85].

C) University of Illinois Hospital Act [110 ILCS 330].

D~~C~~) Criminal Code of 2012 [720 ILCS 5].

E~~D~~) Crime Victims Compensation Act [740 ILCS 45].

F~~E~~) Criminal Identification Act [20 ILCS 2630].

G~~F~~) Code of Criminal Procedure of 1963 [725 ILCS 5].

H~~G~~) Illinois Public Aid Code [305 ILCS 5].

I~~H~~) Illinois Insurance Code [215 ILCS 5].

J~~I~~) Medical Practice Act of 1987 [225 ILCS 60].

K~~J~~) Emergency Medical Treatment Act [210 ILCS 70].

L~~K~~) Nurse Practice Act [225 ILCS 65].

M~~L~~) Consent by Minors to Medical Procedures Act [410 ILCS 210].

N~~M~~) AIDS Confidentiality Act [410 ILCS 305].

O~~N~~) Physician Assistant Practice Act of 1987 [225 ILCS 95].

P) Abused and Neglected Child Report Act [325 ILCS 5].

Q) Abused and Neglected Long Term Care Facility Residence Reporting Act [210 ILCS 30].

R) Adult Protective Services Act [320 ILCS 20].

S) Health Care Surrogate Act [755 ILCS 40].

T) Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

U) Juvenile Court Act of 1987 [705 ILCS 405].

2) State of Illinois Rules

A) Department of Public Health, ~~Rules of~~ Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

B) Department of Public Health, Hospital Licensing Requirements (77 Ill. Adm. Code 250).

C) Healthcare and Family Services, Hospital Services (89 Ill. Adm. Code 148).

D) Freestanding Emergency Center Code (77 Ill. Adm. Code 518).

3) Federal Statute
Emergency Medical Treatment and Active Labor Act (EMTALA) (42 USC 1395dd).

4) Crime Victim Compensation – Frequently Asked Questions by Sexual Assault Victims~~Recover/Rebuild: Crime Victims Assistance~~, which may be obtained from the Office of the Attorney General, 500 S. Second Street, Springfield, Illinois 62706.

b) The following materials are incorporated in this Part:

1) Federal Guidelines

A) Sexually Transmitted Diseases Treatment Guidelines, 2015~~2006~~, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), June 5, 2015, Vol. 64 (RR 3)~~August 4, 2006, Vol. 55 (RR 11)~~; errata published August 28, 2015~~updated April 13, 2007~~; Fluoroquinolones No Longer Recommended for Treatment of Gonococcal Infections, April 13, 2007, Vol. 56, No. 14. Available from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30329-4027~~30333~~.

B) Centers for Disease Control and Prevention, "Sexually Transmitted

Disease Surveillance, 2016," Atlanta: U.S. Department of Health and Human Services, 2017, available~~Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV in the United States, Morbidity and Mortality Weekly Report (MMWR), January 21, 2005, Vol. 54 (RR 02). Available~~ from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30329-4027, or from https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf~~30333~~.

C) Centers for Disease Control and Prevention, "Updated Guidelines for Antiretroviral Postexposure Prohylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV − United States, 2016," available from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30329-4027, or from https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf.

2) Association Standards
Management of the Patient with the Complaint of Sexual Assault, April 2014~~Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, American College of Emergency Physicians, June 1999~~. Available from the American College of Emergency Physicians, Post Office Box 619911, Dallas, Texas 75261-9911.

c) All incorporations by reference of federal guidelines and association standards refer to the guidelines and standards in effect on the date specified and do not include any later editions or amendments.

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.35 Development and Approval of Plans

a) *Every hospital required to be licensed by the Department, pursuant to the Hospital Licensing Act* or operated under the University of Illinois Hospital Act that *provides general medical and surgical hospital services shall provide either transfer services to all sexual assault survivors, medical~~or hospital emergency services and~~ forensic services to all sexual assault survivors, or transfer services to pediatric sexual assault survivors and medical forensic services to sexual*

assault survivors 13 years old or older, *in accordance with* this Part*, to all sexual assault survivors who apply for either transfer services or hospital emergency services and forensic services in relation to injuries or trauma resulting from the sexual assault*. (Section 2(a) of the Act)

b) *Every such hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide either transfer services to all sexual assault survivors, medical or hospital emergency services and forensic services to all sexual assault survivors, or transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years or older*. (Section 2(a) of the Act)

c) The plan shall be submitted to the Department for approval prior to becoming effective. The hospital or approved pediatric health care facility shall submit the plan to the Department within 60 days after receiving the Department's request for the plan.*Such plan shall be submitted* to the Department for approval *prior to becoming effective*. The hospital shall submit the plan to the Department *within 60 days after* receiving *the Department's request for* the plan. (Section 2 of the Act)

d) A sexual assault treatment plan, transfer plan, pediatric transfer plan, approved pediatric health care facility treatment plan, or out-of-state hospital treatment plan shall be completed using the respective forms provided by the Departmentform provided in Appendix A of this Part. A sexual assault transfer plan shall be completed using the form provided in Appendix B of this Part. An emergency contraception protocol consistent with the sample protocols in Appendix C shall be completed. *The Department will shall approve* a *plan for either transfer services to all sexual assault survivors, medical or hospital emergency services and forensic services to all sexual assault survivors, or transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, if it finds that the implementation of the proposed plan would provide adequate transfer services or medical hospital emergency services and forensic services for sexual assault survivors in accordance with the Act* and this Part, *and provide sufficient protections from the risk of pregnancy to sexual assault survivors.* (Section 2(a) of the Act)

e) Every hospital and approved pediatric health care facility shall submit an updated treatment plan, transfer plan, pediatric transfer plan, approved pediatric health care facility treatment plan, or out-of-state hospital treatment plantreatment,

~~transfer, or areawide plan~~ to the Department every three years. A transfer or treatment plan may be part of an areawide plan pursuant to Section 545.50~~ of this Part~~.

1) *The Department will not approve a sexual assault transfer plan unless a treatment hospital has agreed, as a part of an areawide treatment plan, to accept sexual assault survivors from the proposed transfer hospital and a transfer to the treatment hospital would not unduly burden the sexual assault survivor.*

2) *In counties with a population of less than 1,000,000, the Department will not approve a sexual assault transfer plan for a hospital located within a 20-mile radius of a 4-year public university, not including community colleges, unless there is a treatment hospital with a sexual assault treatment plan approved by the Department within a 20-mile radius of the 4-year public university.*

3) *A transfer shall be in accordance with federal and State laws and local ordinances.*

4) *A treatment hospital with approved pediatric transfer shall submit an areawide treatment plan under Section 3 of the Act* and Section 545.50 of this Part *that includes a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to pediatric sexual assault survivors transferred from the treatment hospital with approved pediatric transfer. The areawide treatment plan may also include an approved pediatric health care facility. The Department may approve a sexual assault transfer plan for the provision of medical forensic services until January 1, 2022 if:*

A) *A treatment hospital with approved pediatric transfer has agreed, as part of an areawide treatment plan, to accept sexual assault survivors 13 years of age or older from the proposed transfer hospital; and*

B) *If the treatment hospital with approved pediatric transfer is geographically closer to the transfer hospital than a treatment hospital or another treatment hospital with approved pediatric*

transfer and the transfer is not unduly burdensome on the sexual assault survivor.

5) *A transfer hospital shall submit an areawide treatment plan under Section 3 of the Act* and Section 545.50 of this Part *that includes a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to all sexual assault survivors transferred from the transfer hospital. The areawide treatment plan may also include an approved pediatric health care facility. The Department may approve a sexual assault transfer plan for the provision of medical forensic services until January 1, 2022 if:*

A) *A treatment hospital with approved pediatric transfer has agreed, as part of an areawide treatment plan, to accept sexual assault survivors 13 years of age or older from the proposed transfer hospital, if the treatment hospital with approved pediatric transfer is geographically closer to the transfer hospital than a treatment hospital or another treatment hospital with approved pediatric transfer and the transfer is not unduly burdensome on the sexual assault survivor; and*

B) *A treatment hospital has agreed, as a part of an areawide treatment plan, to accept sexual assault survivors under 13 years of age from the proposed transfer hospital and transfer to the treatment hospital would not unduly burden the sexual assault survivor.* (Section 2(a) of the Act)

f) To provide ~~hospital emergency~~ medical forensic services to sexual assault survivors, a hospital or an approved pediatric health care facility shall have a plan that has been approved by the Department.

g) If the Department disapproves the plan because the plan does not provide adequate medical forensic~~hospital emergency~~ services for the sexual assault survivor, the Department shall send notice of the rejection and the reason for the rejection to the hospital or pediatric health care facility. The hospital or pediatric health care facility shall have 10 days after receipt of the notice of rejection in which to submit a modified plan.

h) *Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility shall enter into a memorandum of understanding with a rape crisis center for medical advocacy services, if these services are available to the treatment hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence.* (Section 2(c) of the Act)

i) *Every treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility's sexual assault treatment plan shall include procedures for complying with mandatory reporting requirements pursuant to the:*

1) *Abused and Neglected Child Reporting Act;*

2) *Abused and Neglected Long Term Care Facility Residents Reporting Act;*

3) *Adult Protective Services Act; and*

4) *Criminal Identification Act.* (Section 2(d) of the Act)

j~~h~~) Questions regarding a hospital's or approved pediatric health care facility's compliance with its approved plan and this Part should be directed to:

Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 West Jefferson St., 4th Floor
Springfield, Illinois 62761
(217) 782-7412

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.40 Qualified Medical Provider and Emergency Department Clinical Staff~~Program Administration (Repealed)~~

a) *Beginning January 1, 2019, each treatment hospital and treatment hospital with approved pediatric transfer shall ensure that emergency department attending physicians, physician assistants, APRNs, and registered professional nurses providing clinical services, who do not meet the definition of a qualified medical*

provider in Section 1a of the Act and Section 545.20 of this Part, *receive a minimum of two hours of sexual assault training by July 1, 2020 or until the treatment hospital or treatment hospital with approved pediatric transfer certifies to the Department, in a form and manner prescribed by the Department, that it employs or contracts with a qualified medical provider in accordance with Section 5(a-7) of the Act, whichever occurs first. Protocols for training shall be included in the hospital's sexual assault treatment plan.* (Section 2(a) of the Act)

b) *After July 1, 2020 or once a treatment hospital or a treatment hospital with approved pediatric transfer certifies compliance with Section 5(a-7) of the Act, whichever occurs first, each treatment hospital and treatment hospital with approved pediatric transfer shall ensure that emergency department attending physicians, physician assistants, APRNs, and registered professional nurses providing clinical services, who do not meet the definition of a qualified medical provider in Section 1a of the Act* and Section 545.20 of this Part, *receive a minimum of two hours of continuing education on responding to sexual assault survivors every two years.* (Section 2(a) of the Act)

c) *Sexual assault training provided under this* Section *may be provided in person or online and shall include, but not be limited to:*

1) *Information provided on the provision of medical forensic services;*

2) *Information on the use of the Sexual Assault Evidence Collection Kit;*

3) *Information on sexual assault epidemiology, neurobiology of trauma, drug-facilitated sexual assault, child sexual abuse, and Illinois sexual assault-related laws; and*

4) *Information on the hospital's sexual assault-related policies and procedures.* (Section 2(a) of the Act)

d) *The online training made available by the Office of the Attorney General under Section 10(b) of the Act may be used to comply with this* Section. (Section 2(a) of the Act)

e) *By January 1, 2022, every hospital with a treatment plan approved by the Department shall employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes* after *the*

patient presenting to the treatment hospital or treatment hospital with approved pediatric transfer. The provision of medical forensic services by a qualified medical provider shall not delay the provision of life-saving medical care. (Section 5(a-7) of the Act)

(Source: Old Section repealed at 27 Ill. Reg. 1567, effective January 15, 2003; new Section added at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.50 Areawide Sexual Assault Treatment Plans

a) *Hospitals and approved pediatric health care facilities in the area to be served may develop and participate in areawide plans that shall describe the medical~~hospital emergency services and~~ forensic services to sexual assault survivors that each participating hospital and approved pediatric health care facility has agreed to make available. Each hospital and approved pediatric health care facility participating in such a plan shall provide ~~such~~ services as it is designated to provide in the plan agreed upon by the participants. An areawide plan~~Areawide plans~~ may include treatment hospitals, treatment hospitals with approved pediatric transfer, transfer hospitals, approved pediatric health care facilities, or out-of-state hospitals as provided in Section 5.4 of the Act~~hospital transfer plans~~.* (Section 3 of the Act)

b) *All areawide plans shall be submitted to the Department for approval prior to becoming effective.* (Section 3 of the Act)

c) *The Department will~~shall~~ approve a proposed plan if it finds that the minimum requirements set forth in Section 5 of the Act* and Section 545.60 of this Part are met *and implementation of the plan would provide for appropriate medical~~hospital emergency services and~~ forensic services,* pursuant to this Part, *for the people of the area to be served.* (Section 3 of the Act)

d) Each plan shall include a description of the role of each hospital or pediatric health care facility participating in the plan, as well as the individual treatment or transfer plans for each hospital or pediatric health care facility, in accordance with Section 545.60, 545.62, 545.63, 545.64 or ~~Section~~ 545.65~~ of this Part~~.

e) Areawide plans shall conform to the~~ requirements of the~~ federal Emergency Medical Treatment and Active Labor Act.

f) Areawide plans shall incorporate all of the requirements set forth in Section 545.55 for the treatment and transfer of pediatric sexual assault survivors.

g) *Until January 1, 2022, the areawide treatment plan may include a written agreement, with a treatment hospital with approved pediatric transfer that is geographically closer than other hospitals providing medical forensic services to sexual assault survivors 13 years of age or older, stating that the treatment hospital with approved pediatric transfer will provide medical services to sexual assault survivors 13 years of age or older who are transferred from the transfer hospital. If the areawide treatment plan includes a written agreement with a treatment hospital with approved pediatric transfer, it must also include a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to sexual assault survivors under 13 years of age who are transferred from the transfer hospital.* (Section 2(a) of the Act)

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.55 Treatment and Transfer of Pediatric Sexual Assault Survivors

a) Transfer of Medically Stable Pediatric Sexual Assault Survivors

1) *If a medically stable pediatric sexual assault survivor presents at a transfer hospital or treatment hospital with approved pediatric transfer that has a plan approved by the Department requesting medical forensic services, then the hospital emergency department staff shall contact an approved pediatric health care facility, if one is designated in the hospital's plan.*

2) *If the transferring hospital confirms that medical forensic services can be initiated within 90 minutes after the patient's arrival at the approved pediatric health care facility following an immediate transfer, then the hospital emergency department staff shall notify the patient and non-offending parent or legal guardian that the patient will be transferred for medical forensic services and shall provide the patient and non-offending parent or legal guardian the option of being transferred to the approved pediatric health care facility or the treatment hospital designated in the hospital's* transfer *plan. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.*

3) *If medical forensic services cannot be initiated within 90 minutes after the patient's arrival at the approved pediatric health care facility, there is no approved pediatric health care facility designated in the hospital's* areawide *plan, or the patient or non-offending parent or legal guardian chooses to be transferred to a treatment hospital, the hospital emergency department staff shall contact a treatment hospital designated in the hospital's* areawide *plan to arrange for the transfer of the patient to the treatment hospital for medical forensic services, which are to be initiated within 90 minutes after the patient's arrival at the treatment hospital. The treatment hospital shall provide medical forensic services and shall not transfer the patient to another facility. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.* (Section 5.3 of the Act)

b) Treatment of Medically Stable Pediatric Sexual Assault Survivors

1) *If a medically stable pediatric sexual assault survivor presents at a treatment hospital that has a plan approved by the Department, and the pediatric sexual assault survivor requests medical forensic services, then the hospital emergency department staff shall contact an approved pediatric health care facility, if one is designated in the treatment hospital's* areawide *treatment plan.*

2) *If medical forensic services can be initiated within 90 minutes after the patient's arrival at the approved pediatric health care facility following an immediate transfer, the hospital emergency department staff shall provide the patient and non-offending parent or legal guardian the option of having medical forensic services performed at the treatment hospital or at the approved pediatric health care facility. If the patient or non-offending parent or legal guardian chooses to be transferred, the pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.*

3) *If medical forensic services cannot be initiated within 90 minutes after the patient's arrival at the approved pediatric health care facility, there is no approved pediatric health care facility designated in the hospital's* areawide *plan, or the patient or non-offending parent or legal guardian chooses not to be transferred, the hospital shall provide medical forensic services to the patient.*

4) *If a pediatric sexual assault survivor presents at an approved pediatric health care facility requesting medical forensic services or the facility is contacted by law enforcement or the Department of Children and Family Services requesting medical forensic services for a pediatric sexual assault survivor, the services shall be provided at the facility if the medical forensic services can be initiated within 90 minutes after the patient's arrival at the facility. If medical forensic services cannot be initiated within 90 minutes after the patient's arrival at the facility, then the patient shall be transferred to a treatment hospital designated in the approved pediatric health care facility's* areawide *plan for medical forensic services. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle*. (Section 5.3 of the Act)

(Source: Added at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.60 Treatment of Sexual Assault Survivors

a) *Every hospital and approved pediatric health care facility providing medical~~hospital emergency services and~~ forensic services to sexual assault survivors shall* comply with the federal Emergency Medical Treatment and Active Labor Act and, *as minimum requirements for such services, provide, with the consent of the sexual assault survivor, and as ordered by the attending physician, an APRN~~advanced practice nurse~~* who possesses clinical privileges recommended by the hospital or approved pediatric health care facility medical staff and granted by the hospital or approved pediatric health care facility, as authorized by the Nurse Practice Act, *or a physician assistant, the services set forth in Section 5(a-5) of the Act* and this Section. (Section 5(a) of the Act)~~*following:*~~

b) *Beginning January 1, 2022, a qualified medical provider shall provide the services set forth in Section 5(a-5) of the Act* and this Section. (Section 5(a) of the Act)

c) *By January 1, 2022, every hospital with a treatment plan approved by the Department shall employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes after the patient presenting to the treatment hospital or treatment hospital with approved pediatric transfer. The provision of medical forensic services by a qualified*

medical provider shall not delay the provision of life-saving medical care. (Section 5(a-7) of the Act)

d) *A treatment hospital, a treatment hospital with approved pediatric transfer, or an approved pediatric health care facility shall provide the following services in accordance with Section 5(a) of the Act*:

1) *Appropriate medical forensic services without delay, in a private, age-appropriate or developmentally appropriate space,~~examinations and laboratory tests~~ required to ensure the health, safety, and welfare of a sexual assault survivor and that~~or which~~ may be used as evidence in a criminal proceeding against a person accused of the sexual assault, in a proceeding under the Juvenile Court Act of 1987, or in an investigation under the Abused and Neglected Child Reporting Act.~~ or both. Records of the results of such examinations and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the sexual assault survivor.~~* (Section 5(a-5) of the Act) Medical forensic services shall~~Examinations and tests shall~~ include, but are not ~~be~~ limited to:

A) A general physical examination;

B) Evaluation and treatment for sexually transmitted infections in accordance with the guidelines of the Centers for Disease Control and Prevention titled Sexually Transmitted Diseases Treatment Guidelines, or the standards of the American College of Emergency Physicians titled Management of the Patient with the Complaint of Sexual Assault~~Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient~~ (see Section 545.25);

C) Evaluation and possible treatment for HIV exposure in accordance with the guidelines of the Centers for Disease Control and Prevention titled Sexually Transmitted Diseases Treatment Guidelines, or the recommendations titled Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV in the United States, or the standards of the American College of Emergency Physicians titled Management of the Patient with the Complaint of Sexual

Assault~~Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient~~. Testing for HIV shall be conducted in accordance with the AIDS Confidentiality Act; and

D) Pregnancy test for females of childbearing age;

2) *An offer to complete the Sexual Assault Evidence Collection Kit for any sexual assault survivor who presents within seven days after the assault or who has disclosed past sexual assault by a specific individual and was in the care of that individual within the last seven days.* Nothing in the Act or this Part prevents a treatment hospital, a treatment hospital with approved pediatric transfer, or an approved pediatric health care facility from offering to complete the Sexual Assault Evidence Collection Kit for any sexual assault survivor who presents more than seven days after the assault;

A) *Appropriate oral and written information concerning evidence-based guidelines for the appropriateness of evidence collection, depending on the sexual development of the sexual assault survivor, the type of sexual assault, and the timing of the sexual assault, shall be provided to the sexual assault survivor.* A qualified medical provider shall educate and offer *prepubescent sexual assault survivors who present to a hospital or approved pediatric health care facility with a complaint of sexual assault within 96 hours after the sexual assault* to agree to evidence collection (however, the seven-day period in subsection (d)(2) still applies)*;*

B) *Before January 1, 2022, the information required under this* subsection (d) *shall be provided in person by the health care professional providing medical forensic services directly to the sexual assault survivor;*

C) *On and after January 1, 2022, the information required under this* subsection (d) *shall be provided in person by the qualified medical provider providing medical forensic services directly to the sexual assault survivor;*

D) *The written information provided shall be the information created*

in accordance with Section 10 of the Act;

E) *Following the discussion regarding the evidence-based guidelines for evidence collection in accordance with* subsection (d)(2)(A), *evidence collection shall be completed at the sexual assault survivor's request. A sexual assault nurse examiner conducting an examination using the Sexual Assault Evidence Collection Kit may do so without the presence or participation of a physician.* (Section 5(a-5) of the Act)

3~~2~~) *Appropriate oral and written information concerning the possibility of infection, sexually transmitted infection, including an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from sexual assault,~~disease~~ and pregnancy resulting from sexual assault* (Section 5(a-5) of the Act);

4~~3~~) *Medically and factually accurate written and oral information about emergency contraception; the indications and contraindications and risks associated with the use of emergency contraception; and a description of how and when* sexual assault survivors *may be provided emergency contraception at no cost upon the written order of a physician, a licensed APRN~~advanced practice nurse~~, or a licensed physician assistant* (Section 2.2(b) of the Act);

5~~4~~) *Appropriate oral and written information concerning accepted medical procedures, laboratory tests, medication, and possible contraindications of that~~such~~ medication available for the prevention or treatment of infection or disease resulting from sexual assault* (Section 5(a-5) of the Act);

6) *After a medical* forensic *or physical examination, access to a shower at no cost, unless showering facilities are unavailable* (Section 5(a) of the Act);

7~~5~~) *An amount of medication, including HIV prophylaxis, for treatment at the hospital or approved pediatric health care facility and after discharge as is deemed appropriate by the attending physician, an APRN~~advanced practice nurse~~, or a physician assistant in accordance with the Centers for Disease Control and Prevention guidelines* in Section 545.25(b)(1) and (2), *and consistent with the hospital's or approved pediatric health care*

facility's current approved protocol for sexual assault survivors. (Section 5(a-5) of the Act) When HIV prophylaxis is deemed appropriate, an initial dose or doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up health care, shall be given to the survivor(Section 5(a) of the Act);

8~~6~~) *Beginning July 1, 2019, photo documentation of the sexual assault survivor's injuries, anatomy involved in the assault, or other visible evidence on the sexual assault survivor's body to supplement the medical forensic history and written documentation of physical findings and evidence. Photo documentation does not replace written documentation of the injury.* (Section 5(a-5) of the Act)*An evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from sexual assault. When HIV prophylaxis is deemed appropriate, an initial dose or doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up health care,* shall be given to the survivor. (Section 5(a) of the Act) In developing policies on risk assessment of HIV exposure and on HIV prophylaxis, hospitals shall consider the guidelines of the Centers for Disease Control and Prevention (CDC) titled Sexually Transmitted Diseases Treatment Guidelines, or the CDC recommendations titled Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV in the United States, or the Standards of the American College of Emergency Physicians titled Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient;

9~~7~~) *Written and oral instructions indicating the need for follow-up examinations and laboratory tests* one to two weeks *after the sexual assault to determine the presence or absence of sexually transmitted infection~~disease~~* (Section 5(a-5) of the Act);

10~~8~~) Appropriate referral to a physician. The survivor shall be referred for follow-up health care and monitoring of medication given or prescribed at the time of the initial hospital or approved pediatric health care facility medical forensic services~~emergency~~ visit as may be deemed appropriate by the attending physician, APRN~~advanced practice nurse~~, or physician assistant;

11~~9~~) *Referral by hospital or approved pediatric health care facility personnel*

for appropriate counseling. (Section 5(a-5) of the Act) Initial referral should be to a community-based rape crisis center, if a center is available, or referral to other counseling shall be provided;

12) *Medical advocacy services provided by a rape crisis counselor whose communications are protected under Section 8-802.1 of the Code of Civil Procedure, if there is a memorandum of understanding between the hospital or approved pediatric health care facility and a rape crisis center. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the medical forensic examination* (Section 5(a-5) of the Act)*;*

13) *Written information regarding services provided by a children's advocacy center and rape crisis center, if applicable* (Section 5(a-5) of the Act)*;*

14~~10~~) The brochure "After Sexual Assault", published by the Illinois Coalition Against Sexual Assault and the Illinois Department of Public Health, and the pamphlet "Crime Victim Compensation – Frequently Asked Questions by Sexual Assault Victims~~Rights in Illinois~~", published by the Illinois Office of the Attorney General;

15~~11~~) Information on drug- or alcohol-facilitated sexual assault testing, including an explanation of the comprehensive scope of a drug test or blood alcohol test, ~~screen~~ and the limited time frame within which evidence can be collected; and

16~~12~~) Information regarding evidence collection, and the process and use of evidence in criminal investigation/cases.

e) *Records of medical forensic services, including results of examinations and tests, the Illinois State Police Medical Forensic Documentation Forms, the Illinois State Police Patient Discharge Materials, and the Illinois State Police Patient Consent: Collect and Test Evidence or Collect and Hold Evidence Form, shall be maintained by the hospital or approved pediatric health care facility as part of the patient's electronic medical record.*

1) *Records of medical forensic services for sexual assault survivors under the age of 18 shall be retained by the hospital for a period of 60 years after the sexual assault survivor reaches the age of 18. Records of medical*

forensic services of sexual assault survivors 18 years of age or older shall be retained by the hospital for a period of 20 years after the date the record was created.

2) *Records of medical forensic services may only be disseminated in accordance with Section 6.5 of the Act*, Section 545.61 of this Part, *and other State and federal law.* (Section 5(a-5) of the Act)

f~~b~~) *Any person who is a sexual assault survivor who seeks medical~~emergency hospital services and~~ forensic services or follow-up healthcare under the~~the~~ Act shall be provided those~~such~~ services without the consent of any parent, guardian, custodian, surrogate, or agent. If a sexual assault survivor is unable to consent to medical forensic services, the services may be provided under the Consent by Minors to Medical Procedures Act, the Health Care Surrogate Act, or other applicable State and federal laws.* (Section 5(b) of the Act)

g~~c~~) The hospital or approved pediatric health care facility shall develop a *uniform system for recording results of medical examinations and all diagnostic tests performed in connection* with the examination *to determine the condition and necessary treatment of sexual assault survivors.* The *results shall be preserved in a confidential manner as part of the hospital's or approved pediatric health care facility's~~hospital~~ record of the sexual assault survivor*. (Section 6.1 of the Act) The medical record shall include the information required in this subsection (g~~c~~):

1) The medical record shall indicate if the sexual assault survivor changed clothes, bathed or douched, defecated, urinated, ate, smoked, or performed oral hygiene between the time of the sexual assault and the time of the examination.

2) The medical record shall indicate presence of all indications of trauma, major or minor, that may be used in a criminal proceeding (e.g., cuts, scratches, bruises, red marks, any minor signs of trauma). Photographs of indications of trauma may be taken for evidentiary purposes with the written consent of the sexual assault survivor or the survivor's parent or guardian if the survivor is under 13 years of age. If the survivor is under 13 years of age and the parent or guardian is not immediately available, photographs may be taken and shall be released to law enforcement personnel and State's Attorney staff with written consent of a parent, guardian, or law enforcement officer, or the Department of Children and

Family Services.

3) The medical record shall not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred.

4) Medical history shall include brief, general information concerning possible injury; drug allergies; and, for female patients, a detailed gynecological history, including~~:~~ whether the patient knows or believes that she is pregnant, history of prior gynecological surgery such as hysterectomy or tubal ligation, history of contraceptive use, history of cancer, and any prior genital injury or trauma.

5) The medical record shall indicate the presence of any and all persons during the examination process. If a medical advocate from a rape crisis center is present, the medical advocate may be listed by first name only, so long as the full name of the rape crisis center is listed in the record.

6) The medical record shall document the compliance with each procedure required by subsection (i)~~(f) of this Section~~.

7) The medical record shall indicate whether a report was filed with the Department of Children and Family Services, or whether the Department on Aging or the Department of Public Health was contacted.

8) The medical record shall include a completed emergency department record.

9) The medical record shall indicate whether the ~~Illinois State Police~~ Sexual Assault Evidence Collection Kit was completed.

h~~d~~) All medical records for sexual assault survivors shall be maintained through a filing system that allows for immediate accessibility during Department surveys. This filing system may be maintained electronically.

i~~e~~) Procedures to ensure the welfare and privacy of the survivor shall be followed and shall include, but not be limited to, the following:

1) A member of the health care team shall respond within minutes to move the survivor to a closed environment to ensure privacy. Health care

personnel shall refer to survivors by code to avoid embarrassment.

2) If, for any reason, the survivor is incapable of receiving oral and written information required in subsection (a)~~ of this Section~~, the information shall be given to the caregiver/guardian.

3) All unauthorized personnel, including law enforcement personnel and security personnel, shall remain outside the examination room during the medical examination. If a survivor who is in the custody of law enforcement or security officers exhibits behavior that may cause physical harm to herself/himself or hospital or approved pediatric health care facility staff, the staff shall request that law enforcement or security officers be posted outside the examination room door.

4) The hospital or approved pediatric health care facility shall~~ offer to~~ call~~ a friend or family member and~~ a sexual assault crisis advocate, where available, and shall offer to call a friend or family member to accompany the survivor.

j~~f~~) *When a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012, the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital*, approved pediatric health care facility*, physician, chiropractic physician, optometrist, APRN, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from the~~such~~ offense. The minor may consent to~~ such~~ counseling, diagnosis or treatment as if the minor had reached his or her age of majority. This~~Such~~ consent shall not be voidable, nor subject to later disaffirmance, because of minority.* (Section 3(b) of the Consent by Minors to Medical Procedures Act~~ [410 ILCS 210/3]~~)

k~~g~~) All hospitals or approved pediatric health care facilities that provide emergency medical services to sexual assault survivors shall comply with the Crime Victims Compensation Act, the Consent by Minors to Medical Procedures Act and any local ordinances, municipal codes, rules, or regulations that may apply to the treatment of sexual assault survivors.

l~~h~~) All hospitals or approved pediatric health care facilities shall comply with the

reporting procedures for sexual assault survivors required by Section 3.2 of the Criminal Identification Act.

m~~i~~) *Nothing in this Section creates a physician-patient relationship that extends beyond discharge from the hospital or approved pediatric health care facility~~emergency department~~.* (Section 5(c) of the Act)

n~~j~~) The hospital or approved pediatric health care facility shall take all reasonable steps to secure the patient's written informed consent to or refusal of the examination and treatment.

o) Nothing in the Act or this Part prohibits a treatment hospital, a treatment hospital with approved pediatric transfer, or an approved pediatric health care facility from treating a sexual assault survivor who presents more than seven days following the assault.

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.61 Submitting Sexual Assault Evidence to Law Enforcement

a) The ~~Illinois State Police~~ Sexual Assault Evidence Collection Kit shall be used in the manner prescribed by the information contained in that kit~~the Evidence Collection Kit~~.

1) With the survivor's consent, as prescribed by subsection (b), the kit~~Evidence Collection Kit~~ shall be completed if the survivor presents himself or herself for medical forensic~~hospital emergency~~ services within *seven days* after the sexual assault *or who has disclosed past sexual assault by a specific individual and was in the care of that individual within the last seven days*~~seven days after the sexual assault~~. (Section 1a of the Act)

2) If the Evidence Collection Kit is not collected by law enforcement upon completion, the hospital or approved pediatric health care facility shall comply with subsection (c).

b) *Written Consent to the Release of Sexual Assault Evidence for Testing*

1) *Upon the completion of medical~~hospital emergency services and~~ forensic*

services, the health care professional providing the medical forensic services shall provide the patient the opportunity to sign a written consent to allow law enforcement to submit the sexual assault evidence for testing, if collected. The written consent shall be on a form included in the sexual assault evidence collection kit and posted on the Illinois State Police website. The consent form shall include whether the survivor consents to the release of information about the sexual assault to law enforcement.

A) *A survivor 13 years of age or older may sign the written consent to release the evidence for testing.*

B) *If the survivor is a minor who is under 13 years of age, the written consent to release the sexual assault evidence for testing may be signed by the parent, guardian, investigating law enforcement officer, or Department of Children and Family Services.*

C) *If the survivor is an adult who has a guardian of the person, a health care surrogate, or an agent acting under a health care power of attorney, the consent of the guardian, surrogate, or agent is not required to release evidence and information concerning the sexual assault or sexual abuse. If the adult is unable to provide consent for the release of evidence and information and a guardian, surrogate, or agent under a health care power of attorney is unavailable or unwilling to release the information, then an investigating law enforcement officer may authorize the release.*

D) *Any health care professional or~~, including any physician, advanced practice nurse, physician assistant, nurse, or sexual assault nurse examiner, and any~~ health care institution, including any hospital or approved pediatric health care facility, who provides evidence or information to a law enforcement officer under a written consent, as specified in this* subsection (b), *is immune from any civil or professional liability that might arise from those actions, with the exception of willful or wanton misconduct. The immunity provision applies only if all of the requirements of the Act* and this Section*~~this Section~~ are met.*

2) *The hospital or approved pediatric health care facility shall keep a copy of*

a signed or unsigned written consent form in the patient's medical record pursuant to 77 Ill. Adm. Code~~Section~~ 250.1510~~ of the~~ (Hospital Licensing Requirements).

3) *If a written consent to allow law enforcement to hold~~test~~ the sexual assault evidence is~~ not~~ signed at the completion of medical~~hospital emergency services and~~ forensic services, the hospital or approved pediatric health care facility shall include the following information in its discharge instructions*:

A) *The sexual assault evidence will be stored for 10~~five~~ years from the completion of a~~an Illinois State Police~~ Sexual Assault Evidence Collection Kit, or 10~~five~~ years from the age of 18 years, whichever is longer*;

B) *A person authorized to consent to the testing of the sexual assault evidence may sign a written consent to allow law enforcement to test the sexual assault evidence at any time during that 10~~five~~-year period for an adult victim, or until a minor victim turns 28~~23~~ years of age by*:

i) *Contacting the law enforcement agency having jurisdiction, or, if unknown, the law enforcement agency contacted by the hospital or approved pediatric health care facility under Section 3.2 of the Criminal Identification Act; or*

ii) *By working with an advocate at a rape crisis center*;

C) *The name, address, and phone number of the law enforcement agency having jurisdiction, or, if unknown, the name, address, and phone number of the law enforcement agency contacted by the hospital under Section 3.2 of the Criminal Identification Act; and*

D) *The name and phone number of a local rape crisis center*. (Section 6.5 of the Act)

c) *Submission of Sexual Assault Evidence*

1) *As soon as practicable, but in no event more than four hours after the*

completion of medical~~hospital emergency services and~~ forensic services, the hospital or approved pediatric health care facility shall make reasonable efforts to determine the law enforcement agency having jurisdiction where the sexual assault occurred, if sexual assault evidence was collected. The hospital or approved pediatric health care facility may obtain the name of the law enforcement agency with jurisdiction from the local law enforcement agency.

2) *Within four hours after the completion of medical~~hospital emergency services and~~ forensic services, the hospital or approved pediatric health care facility shall notify the law enforcement agency having jurisdiction that the hospital or approved pediatric health care facility is in possession of sexual assault evidence and the date and time the collection of evidence was completed. The hospital or approved pediatric health care facility shall document the notification in the patient's medical records and shall include the agency notified, the date and time of the notification, and the name of the person who received the notification. This notification to the law enforcement agency having jurisdiction satisfies the hospital's or approved pediatric health care facility's requirement to contact its local law enforcement agency under Section 3.2 of the Criminal Identification Act.*

3) *If the law enforcement agency having jurisdiction has not taken physical custody of sexual assault evidence within five days after the first contact by the hospital or approved pediatric health care facility, the hospital or approved pediatric health care facility shall renotify the law enforcement agency having jurisdiction that the hospital or approved pediatric health care facility is in possession of sexual assault evidence and the date the sexual assault evidence was collected. The hospital or approved pediatric health care facility shall document the renotification in the patient's medical records and shall include the agency notified, the date and time of the notification, and the name of the person who received the notification.*

4) *If the law enforcement agency having jurisdiction has not taken physical custody of the sexual assault evidence within 10 days after the first contact by the hospital or approved pediatric health care facility and the hospital or approved pediatric health care facility has provided renotification under subsection* (b)(3)*, the hospital or approved pediatric health care facility shall contact the State's Attorney of the county where the law*

enforcement agency having jurisdiction is located. The hospital or approved pediatric health care facility shall inform the State's Attorney that the hospital or approved pediatric health care facility is in possession of sexual assault evidence, the date the sexual assault evidence was collected, the law enforcement agency having jurisdiction, and *the dates, times and names of persons notified under subsections* (b)(2) *and* (b)(3). *The notification shall be made within 14 days* after *the collection of the sexual assault evidence*. (Section 6.6 of the Act)

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.62 Pediatric Health Care Facilities

a) *A pediatric health care facility that submits a plan to the Department for approval under Section 2 of the Act* and Section 85 of this Part *consents to the jurisdiction and oversight of the Department, including, but not limited to, inspections, investigations, and evaluations arising out of complaints relevant to the Act made to the Department.* (Section 2.06 of the Act)

b) *A pediatric health care facility that submits a plan to the Department for approval under Section 2 of the Act* and Section 85 of this Part *shall be deemed to have given consent to annual inspections, surveys, or evaluations relevant to the Act by properly identified personnel of the Department or by such other properly identified persons, including local health department staff, as the Department may designate.* (Section 2.06 of the Act)

c) *Representatives of the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the pediatric health care facility or the facility's representatives, to the extent necessary to carry out the Act* and this Part. (Section 2.06 of the Act)

d) *No representative, agent, or person acting on behalf of the pediatric health care facility in any manner shall intentionally prevent, interfere with, or attempt to impede in any way any duly authorized investigation and enforcement of the Act* and this Part. (Section 2.06 of the Act)

e) *An approved pediatric health care facility may provide medical forensic services, in accordance with* this Part, *to all pediatric sexual assault survivors who present for medical forensic services in relation to injuries or trauma resulting from a*

sexual assault. These services shall be provided by a qualified medical provider. (Section 2(b) of the Act)

f) *A pediatric health care facility shall participate in or submit an areawide treatment plan under Section 3 of the Act* and Section 545.50 of this Part *that includes a treatment hospital. If a pediatric health care facility does not provide certain medical or surgical services that are provided by hospitals, the areawide sexual assault treatment plan shall include a procedure for ensuring a sexual assault survivor in need of these medical or surgical services receives the services at the treatment hospital. The areawide treatment plan may also include a treatment hospital with approved pediatric transfer.* (Section 2(b) of the Act)

g) *The Department will review a proposed sexual assault treatment plan submitted by a pediatric health care facility within 60 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum requirements set forth in Section 5 of the Act and* Section 545.60 of this Part, *and that implementation of the proposed plan would provide medical forensic services for pediatric sexual assault survivors, then the Department will approve the plan.*

1) *If the Department does not approve a plan, then the Department will,* via certified mail, *notify the pediatric health care facility that the proposed plan has not been approved. The pediatric health care facility shall have 30 days* after receipt of the Department's notice of disapproval *to submit a revised plan.*

2) *The Department will review the revised plan within 30 days after receipt of the plan and notify the pediatric health care facility whether the revised plan is approved or rejected.* (Section 2(b) of the Act)

h) *A pediatric health care facility may not provide medical forensic services to pediatric sexual assault survivors until the Department has approved a treatment plan.* (Section 2(b) of the Act)

i) *If an approved pediatric health care facility is not open 24 hours a day, seven days a week, it shall post signage at each public entrance to its facility that:*

1) *Is at least 14 inches by 14 inches in size;*

2) *Directs those seeking services as follows: "If closed, call 911 for services*

or go to the closest hospital emergency department, (insert name) located at (insert address).";

3) *Lists the approved pediatric health care facility's hours of operation;*

4) *Lists the street address of the building;*

5) *Has a black background with white bold capital lettering in a clear and easy to read font that is at least 72-point type, and with "call 911" in at least 125-point type;*

6) *Is posted clearly and conspicuously on or adjacent to the door at each entrance and, if building materials allow, is posted internally for viewing through glass; if posted externally, the sign shall be made of weather-resistant and theft-resistant materials, non-removable, and adhered permanently to the building; and*

7) *Has lighting that is part of the sign itself or is lit with a dedicated light that fully illuminates the sign.* (Section 2(b) of the Act)

j) *A copy of the proposed sign shall be submitted to the Department and approved as part of the approved pediatric health care facility's sexual assault treatment plan.* (Section 2(b) of the Act)

k) *Each approved pediatric health care facility shall enter into a memorandum of understanding with a rape crisis center for medical advocacy services, if these services are available to the approved pediatric health care facility. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence.* (Section 2(c) of the Act)

l) *Every approved pediatric health care facility's sexual assault treatment plan shall include procedures for complying with mandatory reporting requirements pursuant to the:*

1) *Abused and Neglected Child Reporting Act;*

2) *Abused and Neglected Long Term Care Facility Residents Reporting Act;*

3) *Adult Protective Services Act; and*

4) *Criminal Identification Act*. (Section 2(d) of the Act)

m) Pursuant to Section 5.2(b) of the Act, *each employee of an approved pediatric health care facility with access to the Medical Electronic Data Interchange or successor system* shall sign a statement *affirming that system will only be used for the purpose of issuing sexual assault services vouchers*. (Section 5.2(b) of the Act)

n) *Within 60 days after the Department's approval of a treatment plan, an approved pediatric health care facility and any health care professional employed by an approved pediatric health care facility shall develop a billing protocol that ensures that no survivor of sexual assault is sent a bill for any medical forensic services and submit the billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval.* (Section 7.5(d) of the Act)

o) *In carrying out oversight of a pediatric health care facility, the Department will respect the confidentiality of all patient records, including by complying with the patient record confidentiality requirements set out in Section 6.14b of the Hospital Licensing Act*. (Section 2.06 of the Act)

(Source: Added at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.63 Treatment Hospitals with Pediatric Transfer

a) A treatment hospital with approved pediatric transfer shall submit to the Department an areawide plan with a treatment hospital. This areawide plan may also include an approved pediatric health care facility. The treatment hospital with approved pediatric transfer shall comply with Sections 545.55, 545.60 and 545.65 for the treatment of sexual assault survivors and the transfer of pediatric patients.

b) *Each treatment hospital with approved pediatric transfer shall enter into a memorandum of understanding with a rape crisis center for medical advocacy services, if these services are available to the treatment hospital with approved pediatric transfer. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence*. (Section 2(c) of the Act)

c) *Every treatment hospital with approved pediatric transfer's sexual assault treatment plan shall include procedures for complying with mandatory reporting requirements pursuant to the:*

1) *Abused and Neglected Child Reporting Act;*

2) *Abused and Neglected Long Term Care Facility Residents Reporting Act;*

3) *Adult Protective Services Act; and*

4) *Criminal Identification Act.* (Section 2(d) of the Act)

(Source: Added at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.64 Out-of-State Hospitals

a) *An out-of-state hospital that submits an areawide treatment plan to the Department in accordance with Section 5.4(b) of the Act* and Section 545.90 of this Part *consents to the jurisdiction and oversight of the Department, including, but not limited to, inspections, investigations, and evaluations arising out of complaints, relevant to the Act, made to the Department.* (Section 2.06 of the Act)

b) *An out-of-state hospital that submits an areawide treatment plan to the Department in accordance with Section 5.4(b) of the Act* and Section 545.90 of this Part *shall be deemed to have given consent to annual inspections, surveys, or evaluations relevant to the Act by properly identified personnel of the Department or by such other properly identified persons, including local health department staff, as the Department may designate.* (Section 2.06 of the Act)

c) *Representatives of the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the out-of-state hospital or the out-of-state hospital's representative to the extent necessary to carry out the Act* and this Part. (Section 2.06 of the Act)

d) *No representative, agent, or person acting on behalf of the out-of-state hospital in any manner shall intentionally prevent, interfere with, or attempt to impede in any way any duly authorized investigation and enforcement of the Act* and this Part. (Section 2.06 of the Act)

e) *Each* out-of-state *treatment hospital shall enter into a memorandum of understanding with* an Illinois *rape crisis center for medical advocacy services, if these services are available to the* out-of-state *treatment hospital. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence.* (Section 2(c) of the Act)

f) *Every* out-of-state *treatment hospital's sexual assault treatment plan shall include procedures for complying with mandatory reporting requirements pursuant to the:*

1) *Abused and Neglected Child Reporting Act;*

2) *Abused and Neglected Long Term Care Facility Residents Reporting Act;*

3) *Adult Protective Services Act; and*

4) *Criminal Identification Act.* (Section 2(d) of the Act)

g) An out-of-state hospital shall comply with Section 545.60.

h) Out-of-state Hospitals Designated as Trauma Centers

1) *Nothing in the Act* or this Part *shall prohibit the transfer of a patient in need of medical services* to *a hospital that has been designated as a trauma center by the Department in accordance with Section 3.90 of the Emergency Medical Services (EMS) Systems Act.*

2) *A transfer hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility may transfer a sexual assault survivor to an out-of-state hospital that has been designated as a trauma center by the Department under Section 3.90 of the Emergency Medical Services (EMS) Systems Act if the out-of-state hospital*:

A) *Submits an areawide treatment plan approved by the Department; and*

B) *Has certified to the Department, in a form and manner prescribed by the Department, that the out-of-state hospital will*:

i) *Consent to the jurisdiction of the Department in accordance with Section 2.06 of the Act* and this Section;

ii) *Comply with* Section 545.60 and *all requirements of the Act applicable to treatment hospitals, including, but not limited to, offering evidence collection to any Illinois sexual assault survivor who presents with a complaint of sexual assault within seven days* after the assault *or who has disclosed past sexual assault by a specific individual and was in the care of that individual within the last seven days, and not billing the sexual assault survivor for medical forensic services or 90 days of follow-up healthcare*;

iii) *Use a Sexual Assault Evidence Collection Kit to collect forensic evidence from an Illinois sexual assault survivor*;

iv) *Ensure its staff cooperates with Illinois law enforcement agencies and is responsive to subpoenas issued by Illinois courts; and*

v) *Provide appropriate transportation, upon the completion of medical forensic services, back to the transfer hospital, treatment hospital with pediatric transfer, or approved pediatric health care facility where the sexual assault survivor initially presented seeking medical forensic services, unless the sexual assault survivor chooses to arrange his or her own transportation*. (Section 5.4 of the Act)

i) *In carrying out oversight of an out-of-state hospital, the Department will respect the confidentiality of all patient records, including by complying with the patient record confidentiality requirements set out in Section 6.14b of the Hospital Licensing Act*. (Section 2.06 of the Act)

(Source: Added at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.65 Transfer of Sexual Assault Survivors

a) All transfers shall comply with the federal Emergency Medical Treatment and Active Labor Act and with Sections 545.50 and 545.55 of this Part.

b) Sexual assault survivors may be transferred to another hospital or approved pediatric health care facility, in accordance with the requirements of this Section, as part of an areawide plan.

c) The hospital shall provide an appropriate medical screening examination and necessary stabilizing treatment prior to transfer of the survivor. If a survivor has an emergency medical condition that has not stabilized, the requirements of the federal Emergency Medical Treatment and Active Labor Act shall be met.

d) All unauthorized personnel, including law enforcement personnel, shall remain outside the examination room during the medical examination. If a survivor who is in the custody of law enforcement officers exhibits behavior that may cause physical harm to herself/himself or hospital staff, the staff shall request that law enforcement officers be posted outside the examination room door.

e) A member of the health care team at the receiving hospital or approved pediatric health care facility shall respond within minutes to ensure privacy, shall refer to survivors by code to avoid embarrassment, and shall offer a private room if a short wait is unavoidable.

f) The sexual assault survivor shall be given an appropriate explanation concerning the reason for the transfer to another hospital or approved pediatric health care facility for treatment.

g) The emergency department personnel of the transfer hospital shall notify the receiving hospital or approved pediatric health care facility of the transfer of the sexual assault survivor.

h) The receiving hospital or approved pediatric health care facility shall:

1) Have the available space and staff for the treatment of the sexual assault survivor; and

2) Agree to accept the transfer of the sexual assault survivor and to initiate medical forensic services *within 90 minutes after the patient's arrival*~~provide appropriate medical treatment~~ pursuant to the Act and this

Part. (Section 5.3(b) of the Act)

i) An emergency department record shall be completed and a copy transported with the survivor to the receiving hospital or approved pediatric health care facility. This record shall include:

1) A completed emergency department admission form;

2) Clinical findings, if any;

3) Nurses' notes;

4) The name and relationship to the survivor, if known, of any person present during an examination conducted pursuant to this Section;

5) Observations of signs and symptoms and the presence of any trauma or injury (e.g., cuts, scratches, bruises, red marks, and broken bones), if any examination was conducted or treatment rendered pursuant to subsection (c) ~~of this Section~~; and

6) The results of any tests.

j) The emergency department record shall not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred.

k) The hospital shall maintain a chain of custody in the handling of the sexual assault survivor and his or her clothing.

1) The hospital shall handle the survivor and clothing as minimally as possible.

2) The hospital shall not attempt to obtain any specimens for evidentiary purposes (e.g., blood, saliva, hair samples, etc.).

3) If removal of any clothing is necessary to render emergency services as described in subsection (c) ~~of this Section~~, removal should be attempted without cutting, tearing or shaking the garments.

4) All loose or removed articles of clothing or other possessions of the

survivor shall be left to dry if possible, placed in separate paper bags, and then placed in one larger paper bag. The bag shall be sealed and labeled with the survivor's name, the names of the health care personnel in attendance, the contents, the date, and the time collected. ~~The bag shall be transported with the survivor to the receiving hospital.~~

A) Except as otherwise provided in subsection (k)(4)(C), the sealed bag shall not be transported with the survivor to the receiving hospital or approved pediatric health care facility.

B) If the survivor is transferred by a friend or family member, the hospital shall notify the law enforcement agency having jurisdiction that a sexual assault survivor sought medical forensic services related to a sexual assault. The hospital shall maintain and secure the sealed bag with the law enforcement report number until, after obtaining the survivor's written consent, the sealed bag is released to the law enforcement agency having jurisdiction (see Section 545.61).

C) If the survivor is transported by ambulance, the sealed bag, after obtaining the survivor's written consent, shall be released to the law enforcement agency having jurisdiction or transported with EMS personnel only upon completion of a chain of custody form. The chain of custody form shall be signed by the transfer hospital relinquishing custody of the sealed bag, the EMS personnel with custody of the sealed bag during transport, and the receiving hospital or approved pediatric health care facility taking custody of the sealed bag. Each signature shall include the times and dates the sealed bag was handled.

l) If the transfer hospital collects a urine sample from the survivor for testing for a drug-facilitated or alcohol-facilitated sexual assault, the hospital shall follow Illinois State Police guidelines for collection. Pursuant to obtaining the survivor's written consent, the urine sample shall be submitted to the local law enforcement agency having jurisdiction (see Section 545.61).

m~~l~~) If the sexual assault survivor was brought to the transfer hospital by the police, a friend, or a family member, and has no life-threatening conditions, the survivor may be transported by the police or by the friend or family member to a treatment

hospital or approved pediatric health care facility, with the consent of the survivor. All other transfers shall be by ambulance.

n~~m~~) A transfer hospital shall ~~first attempt to~~ transfer a sexual assault survivor to a treatment hospital or approved pediatric health care facility designated in its approved transfer plan.

o~~n~~) The hospital shall offer to call a friend, family member or rape crisis advocate to accompany the survivor.

p~~o~~) The hospital shall take all reasonable steps to secure the sexual assault survivor's written informed consent to a transfer to another hospital.

q~~p~~) The hospital shall comply with the Emergency Medical Treatment Act and the federal Emergency Medical Treatment and Active Labor Act ~~(see Section 245.25)~~.

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.66 Photo Documentation

a) *Photo documentation taken during a medical forensic examination shall be maintained by the hospital or approved pediatric health care facility as part of the patient's medical record.*

b) *Photo documentation shall be stored and backed up securely in its original file format in accordance with* written *facility protocol. The* written *facility protocol shall require limited access to the images and* shall *be included in the sexual assault treatment plan submitted to the Department.*

c) *Photo documentation of a sexual assault survivor under the age of 18 shall be retained for a period of 60 years after the sexual assault survivor reaches the age of 18. Photo documentation of a sexual assault survivor 18 years of age or older shall be retained for a period of 20 years after the record was created.*

d) *Photo documentation of the sexual assault survivor's injuries, anatomy involved in the assault, or other visible evidence on the sexual assault survivor's body may be used in connection with peer review; expert second opinion; or in a criminal proceeding against a person accused of sexual assault, a proceeding under the*

Juvenile Court Act of 1987, or an investigation under the Abused and Neglected Child Reporting Act. Any dissemination under this subsection (d) *shall be in accordance with State and federal law.* (Section 5.1 of the Act)

(Source: Added at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.67 Compliance Review

a) *The Department will conduct on-site reviews of approved sexual assault treatment plans with hospital and approved pediatric health care facility personnel* at least once during each 3-year approval period *to ensure that the established procedures are being followed.* (Section 2.05(a) of the Act)~~*The Department shall conduct on-site reviews of approved plans with hospital personnel* at least once during each three-year approval period *to ensure that the established procedures are being followed.* (Section 2 of the Act)~~

b) *If the Department determines that the hospital or approved pediatric health care facility is not in compliance with its approved plan, the* Department *will provide the hospital or approved pediatric health care facility with a written list of the specific items of noncompliance within 10 working days after the conclusion of the on-site review. The hospital or approved pediatric health care facility shall have 10 working days to submit to the Department a plan of correction that contains the hospital's or approved pediatric health care facility's specific proposals for correcting the items of noncompliance. The Department will~~*shall* *review the plan of correction and notify the hospital or approved pediatric health care facility in writing within 10 working days as to whether the plan is acceptable or unacceptable.* (Section 2.1(a) of the Act)

c) The plan of correction must include the following specific~~Specific~~ proposals for correcting items of noncompliance~~ shall include~~:

1) A time frame for implementing corrections;

2) A description of the activity that will be undertaken to correct the items of noncompliance;

3) Identification of the person or persons responsible for implementing the corrections; and

4) A description of how the requirements of the Act and this Part will be met.

d) *If the Department finds the plan of correction unacceptable, the hospital or approved pediatric health care facility shall have 10 working days to resubmit an acceptable plan of correction. Upon notification that its plan of correction is acceptable, a hospital or approved pediatric health care facility shall implement the plan of correction within 60 days.* (Section 2.1(a) of the Act)

e) *The failure of a hospital to submit an acceptable plan of correction or to implement the plan of correction, within the time frames required in this Section, will subject a hospital to the imposition of a fine by the Department. The Department* will~~shall~~ *impose a fine of up to $500 per day until* the Department has determined that the hospital is in compliance~~*a hospital complies*~~ *with the requirements of the Act* and this Section~~*this Section*~~. (Section 2.1(b) of the Act)

f) *If an approved pediatric health care facility fails to submit an acceptable plan of correction or to implement the plan of correction within the time frames required in the Act* and this Section*, then the Department will notify the approved pediatric health care facility that the approved pediatric health care facility may not provide medical forensic services under the Act* and this Part*. The Department,* subject to subsection (g)*, may impose a fine of up to $500 per patient provided services in violation of the Act* and this Part. (Section 2.1(b) of the Act)

g~~f~~) *Before imposing a fine pursuant to the Act* and this Section~~*this Section*~~*, the Department will~~*shall*~~ provide the hospital or approved pediatric health care facility via certified mail with written notice and an opportunity for an administrative hearing.* A hospital or approved pediatric health care facility shall submit a written hearing request to the Department~~*Such hearings must be requested*~~ *within 10 working days after receipt of the Department's notice. All hearings shall be conducted in accordance with the Department's rules,*~~Rules of~~ Practice and Procedure in Administrative Hearings. (Section 2.1(c) of the Act)

h~~g~~) The Department will~~shall~~ maintain the confidentiality of all patient identities and medical information provided during a site survey or otherwise received by the Department pursuant to this Part.

i) *The Department will comply with the patient record confidentiality requirements set out in Section 6.14b of the Hospital Licensing Act*. (Section 2.06 of the Act)

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.95 Emergency Contraception

a) *Every hospital or approved pediatric health care facility providing services to sexual assault survivors in accordance with a plan approved under Section* 545.35 *shall~~of this Part must~~ develop a protocol* for providing emergency contraception information and treatment to sexual assault survivors. (Section 2.2(b) of the Act)

b) *The Department will~~shall~~ approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of sexual assault* and if the protocol provides for the following as soon as possible and, in any event, no later than 12 hours after the sexual assault survivor presents himself or herself at the hospital or approved pediatric health care facility for emergency care:

1) *Medically and factually accurate written and oral information about emergency contraception;*

2) *The indications and contraindications~~counter-indications~~ and risks associated with the use of emergency contraception;*

3) *A description of how and when victims may be provided emergency contraception at no cost upon the written order of a physician, a licensed APRN~~advanced practice nurse~~* who possesses clinical privileges recommended by the hospital or approved pediatric health care facility medical staff and granted by the hospital or approved pediatric health care facility as authorized by the Nurse Practice Act, *or a licensed physician assistant* (Section 2.2(b) of the Act); and

4) Appropriate referral to a physician.

c) *The hospital or approved pediatric health care facility shall implement the protocol upon approval by the Department.* (Section 2.2(b) of the Act)

d) The Department will~~shall~~ produce medically and factually accurate written materials that all treatment hospitals and approved pediatric health care facilities shall provide to each female sexual assault survivor of childbearing age.

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.100 Sexual Assault Services Vouchers and Written Notice to Sexual Assault Survivors

a) *Every hospital or approved pediatric health care facility providing medical forensic services to sexual assault survivors shall issue a voucher to any sexual assault survivor who is eligible to receive one in accordance with Section 5.2 of the Act. The hospital shall make a copy of the voucher and place it in the medical record of the sexual assault survivor. The hospital shall provide a copy of the voucher to the sexual assault survivor after discharge upon request.* (Section 5(b-5) of the Act)

b~~a~~) *Every hospital and approved pediatric health care facility providing treatment services to sexual assault survivors in accordance with a plan approved under Section 2 of the~~the~~ Act* and this Part~~Section~~ shall *provide a written notice to a sexual assault survivor. The written notice* shall *include, but is not limited to, the following*:

1) *A statement that the sexual assault survivor should not be directly billed by any ambulance provider providing transportation services, or by any hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy for the services the sexual assault survivor received as an outpatient at the hospital or approved pediatric health care facility*;

2) *A statement that a sexual assault survivor who is admitted to a hospital may be billed for inpatient services provided by a hospital, health care professional, laboratory, or pharmacy*;

3) *A statement that, prior to* the sexual assault survivor *leaving the hospital or approved pediatric health care facility~~emergency department of the treating facility~~, the hospital or approved pediatric health care facility will give the sexual assault survivor a sexual assault services voucher for follow-up healthcare if the sexual assault survivor is eligible to receive a sexual assault services voucher*;

4) *The definition of "follow-up healthcare" as set forth in Section 1a of the~~the~~*

Act and Section 545.20 of this Part;

5) *A phone number the sexual assault survivor may call should the sexual assault survivor receive a bill from the hospital or pediatric health care facility for medical~~hospital emergency services and~~ forensic services*; and

6) *The toll-free phone number of the Office of the Illinois Attorney General, Crime Victim Services Division,* that *the sexual assault survivor may call should the sexual assault survivor receive a bill from an ambulance provider, approved pediatric health care facility, a health care professional, a laboratory, or a pharmacy*.

c) *Subsection* (b) *shall not apply to hospitals that provide transfer services as defined under Section 1a of the Act* and Section 545.20 of this Part. (Section 7.5(c) of the Act)

d) *A sexual assault services voucher shall be issued by a treatment hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility at the time a sexual assault survivor receives medical forensic services.*

e) *Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility shall include in its sexual assault treatment plan submitted to the Department in accordance with Section 2 of the Act* and Section 545.35 of this Part *a protocol for issuing sexual assault services vouchers. The protocol shall, at a minimum, include the following*:

1) *Identification of employee positions responsible for issuing sexual assault services vouchers*;

2) *Identification of employee positions with access to the Medical Electronic Data Interchange or successor system*; and

3) For pediatric health care facilities*, a statement to be signed by each employee of that facility with access to the Medical Electronic Data Interchange or successor system affirming that system will only be used for the purpose of issuing sexual assault services vouchers*.

f) *A sexual assault services voucher may be used to seek payment for any*

ambulance services, medical forensic services, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault.

g) *Any treatment hospital, treatment hospital with approved pediatric transfer,* or *approved pediatric health care facility may submit a bill for services provided to a sexual assault survivor as a result of a sexual assault to the Department of Healthcare and Family Services Sexual Assault Emergency Treatment Program. The bill shall include the*:

1) *Name and date of birth of the sexual assault survivor*;

2) *Service provided*;

3) *Charge of service*;

4) *Date the service was provided; and*

5) *Recipient identification number, if known*. (Section 5.2 of the Act)

h) *A hospital, approved pediatric health care facility, health care professional, ambulance provider, laboratory, or pharmacy furnishing medical forensic services, transportation, follow-up healthcare, or medication to a sexual assault survivor shall not:*

1) *Charge or submit a bill for any portion of the costs of the services, transportation, or medications to the sexual assault survivor, including any insurance deductible, co-pay, co-insurance, denial of claim by an insurer, spenddown, or any other out-of-pocket expense;*

2) *Communicate with, harass, or intimidate the sexual assault survivor for payment of services, including, but not limited to, repeatedly calling or writing to the sexual assault survivor and threatening to refer the matter to a debt collection agency or to an attorney for collection, enforcement, or filing of other process;*

3) *Refer a bill to a collection agency or attorney for collection action against the sexual assault survivor;*

4) *Contact or distribute information to affect the sexual assault survivor's*

credit rating; or

5) *Take any other action adverse to the sexual assault survivor or his or her family on account of providing services to the sexual assault survivor.* (Section 7.5(a) of the Act)

i) *Nothing in* subsection (h) *precludes a hospital, health care provider, ambulance provider, laboratory, or pharmacy from billing the sexual assault survivor or any applicable health insurance or coverage for inpatient services.* (Section 7.5(b) of the Act)~~b) *This Section shall not apply to hospitals that provide transfer services as defined under Section 1a of* the *Act* and Section 545.20 of this Part. (Section 7.5 of the Act)~~

(Source: Amended at 44 Ill. Reg. 6326, effective April 10, 2020)

Section 545.105 Treatment Data Required by the Department

a) *Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility shall submit to the Department every six months, in a manner prescribed by the Department, the following information:*

1) *The total number of patients who presented with a complaint of sexual assault; and*

2) *The total number of Sexual Assault Evidence Collection Kits:*

A) *Offered to all sexual assault survivors and pediatric sexual assault survivors pursuant to of Section 5(a-5)(1.5) of the Act;*

B) *Completed for all sexual assault survivors and pediatric sexual assault survivors; and*

C) *Declined by all sexual assault survivors and pediatric sexual assault survivors.*

b) *This information will be made available on the Department's website.* (Section 2(e) of the Act)

(Source: Added at 44 Ill. Reg. 6326, effective April 10, 2020)

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Public Schools Evaluation, Recognition and Supervision

2) Code Citation: 23 Ill. Adm. Code 1

3)

Section Numbers:	Adopted Actions:
1.280	Amendment
1.285	Amendment

4) Statutory Authority: 105 ILCS 5/2-3.130, 10-20.33, and 34-18.20

5) Effective Date of Rules: April 9, 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 *Illinois Register*: 43 Ill. Reg. 14611; December 20, 2019

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

11) Differences between Proposal and Final Version: In response to public comments received by the Agency and in response to negotiations between the Agency and the Joint Committee on Administrative Rules, the following changes were made:

- Section 1.285 is amended to allow for the use of isolated time out in very limited circumstances; conforming changes are made throughout the rules as well.

- In Section 1.285(d)(5), prone physical restraint is allowed under the same circumstances as supine physical restraint. These allowances expire on July 1, 2021.

- Other nonsubstantive, minor and technical changes have been made as well.

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

13) Will this rulemaking replace an emergency rule currently in effect? Yes

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

14) Are there any rulemakings pending on this Part? Yes

Section Number:	Proposed Action:	*Illinois Register* Citation:
1.442	Repealed	43 Ill. Reg. 14596; December 20, 2019

15) Summary and Purpose of Rulemaking: The rules make the following changes to Part 1: Except in very limited circumstances, bans all isolated seclusion practices; Time out shall be utilized only when the student's behavior presents an imminent danger of serious physical harm to the student or others and other less restrictive and intrusive measures have been tried and proven ineffective in stopping the imminent danger of serious physical harm; If time out is utilized, a trained adult must be in the room with the student; Any space used for time out shall remain unlocked; Bans physical restraints that could impair a student's ability to breathe or speak normally, and institutes strict parameters on when physical restraint is allowed; Requires educational entities to submit data to ISBE within 48 hours of any instance of physical restraint or time out; Requires educational entities to document the use of time out and physical restraint on a form created by the State Superintendent. Such form must also be sent to the parents of a student within 24 hours of the time out or physical restraint; Eliminates the option for parents or guardians to waive notification of instances of time out or physical restraint; Creates a complaint procedure for individuals to file complaints related to the use of time out and physical restraint.

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

Azita Kakvand
Agency Rules Coordinator
Illinois State Board of Education
100 North First Street
Springfield IL 62777-0001

217/782-6510
rules@isbe.net

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

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER a: PUBLIC SCHOOL RECOGNITION

PART 1
PUBLIC SCHOOLS EVALUATION, RECOGNITION AND SUPERVISION

SUBPART A: RECOGNITION REQUIREMENTS

Section
1.10 Public School Accountability Framework
1.20 Operational Requirements
1.30 State Assessment
1.40 Adequate Yearly Progress
1.50 Calculation of Participation Rate
1.60 Subgroups of Students; Inclusion of Relevant Scores
1.70 Additional Indicators for Adequate Yearly Progress
1.75 Student Information System
1.77 Educator Licensure Information System (ELIS)
1.79 School Report Card
1.80 Academic Early Warning and Watch Status
1.85 School and District Improvement Plans; Restructuring Plans
1.88 Additional Accountability Requirements for Districts Serving Students of Limited English Proficiency under Title III
1.90 System of Rewards and Recognition − The Illinois Honor Roll
1.95 Appeals Procedure
1.97 Survey of Learning Conditions
1.100 Waiver and Modification of State Board Rules and School Code Mandates
1.110 Appeal Process under Section 22-60 of the School Code

SUBPART B: SCHOOL GOVERNANCE

Section
1.210 Approval of Providers of Training for School Board Members under Section 10-16a of the School Code
1.220 Duties of Superintendent (Repealed)
1.230 Board of Education and the School Code (Repealed)
1.240 Equal Opportunities for all Students

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

1.242 Temporary Exclusion for Failure to Meet Minimum Academic or Attendance Standards
1.245 Waiver of School Fees
1.250 District to Comply with 23 Ill. Adm. Code 180 (Repealed)
1.260 Commemorative Holidays to be Observed by Public Schools (Repealed)
1.270 Book and Material Selection (Repealed)
1.280 Discipline
1.285 Requirements for the Use of Isolated Time Out, Time Out, and Physical Restraint
1.290 Absenteeism and Truancy Policies

SUBPART C: SCHOOL DISTRICT ADMINISTRATION

Section

1.310 Administrative Qualifications and Responsibilities
1.320 Evaluation of Licensed Educators
1.330 Toxic Materials Training

SUBPART D: THE INSTRUCTIONAL PROGRAM

Section

1.410 Determination of the Instructional Program
1.420 Basic Standards
1.422 Electronic Learning (E-Learning) Days Pilot Program
1.423 Competency-Based High School Graduation Requirements Pilot Program
1.425 Additional Criteria for Physical Education
1.430 Additional Criteria for Elementary Schools
1.440 Additional Criteria for High Schools
1.442 State Seal of Biliteracy
1.443 Illinois Global Scholar Certificate
1.445 Required Course Substitute
1.450 Special Programs (Repealed)
1.460 Credit Earned Through Proficiency Examinations
1.462 Uniform Annual Consumer Education Proficiency Test (Repealed)
1.465 Ethnic School Foreign Language Credit and Program Approval
1.470 Adult and Continuing Education
1.480 Correctional Institution Educational Programs

SUBPART E: SUPPORT SERVICES

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

Section
1.510 Transportation
1.515 Training of School Bus Driver Instructors
1.520 Home and Hospital Instruction
1.530 Health Services
1.540 Undesignated Emergency Medications in Schools: Epinephrine; Opioid Antagonists; Asthma Medication

SUBPART F: STAFF LICENSURE REQUIREMENTS

Section
1.610 Personnel Required to be Qualified
1.620 Accreditation of Staff (Repealed)
1.630 Paraprofessionals; Other Unlicensed Personnel
1.640 Requirements for Different Certificates (Repealed)
1.650 Transcripts of Credits
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SUBPART G: STAFF QUALIFICATIONS

Section
1.700 Requirements for Staff Providing Professional Development
1.705 Requirements for Supervisory and Administrative Staff
1.710 Requirements for Elementary Teachers
1.720 Requirements for Teachers of Middle Grades
1.730 Minimum Requirements for Secondary Teachers and Specified Subject Area Teachers in Grades 6 and Above through June 30, 2004
1.735 Requirements to Take Effect from July 1, 1991, through June 30, 2004
1.736 Requirements to Take Effect from July 1, 1994, through June 30, 2004
1.737 Minimum Requirements for the Assignment of Teachers in Grades 9 through 12 Beginning July 1, 2004
1.740 Standards for Reading through June 30, 2004
1.745 Requirements for Reading Teachers and Reading Specialists at all Levels as of July 1, 2004
1.750 Standards for Media Services through June 30, 2004
1.755 Requirements for Library Information Specialists Beginning July 1, 2004
1.760 Standards for School Support Personnel Services
1.762 Supervision of Speech-Language Pathology Assistants
1.770 Standards for Special Education Personnel

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

1.780	Standards for Teachers in Bilingual Education Programs
1.781	Requirements for Bilingual Education Teachers in Prekindergarten, Kindergarten and any of Grades 1-12
1.782	Requirements for Teachers of English as a Second Language in Prekindergarten, Kindergarten and any of Grades 1-12
1.783	Requirements for Administrators of Bilingual Education Programs
1.790	Substitute Teacher
1.792	Short-Term Substitute Teacher
1.794	Substitute Teachers; Recruiting Firms

1.APPENDIX A	Professional Staff Educator Licensure
1.APPENDIX B	Competency-Based High School Graduation Requirements Pilot Program Criteria for Review
1.APPENDIX C	Glossary of Terms (Repealed)
1.APPENDIX D	State Goals for Learning
1.APPENDIX E	Evaluation Criteria – Student Performance and School Improvement Determination (Repealed)
1.APPENDIX F	Criteria for Determination – Student Performance and School Improvement (Repealed)
1.APPENDIX G	Criteria for Determination – State Assessment (Repealed)
1.APPENDIX H	Guidance and Procedures for School Districts Implementing the Illinois Global Scholar Certificate

AUTHORITY: Implementing Sections 2-3.25, 2-3.25g, 2-3.44, 2-3.96, 2-3.159, 10-17a, 10-20.14, 10-21.4a,10-22.43a, 21B-5, 21B-20, 22-30, 22-60, 24-24, 26-13, 27-3.5, 27-6, 27-12.1, 27-13.1, 27-20.3, 27-20.4, 27-20.5, 27-22, 27-23.3 and 27-23.8 and authorized by Section 2-3.6 of the School Code [105 ILCS 5].

SOURCE: Adopted September 21, 1977; codified at 7 Ill. Reg. 16022; amended at 9 Ill. Reg. 8608, effective May 28, 1985; amended at 9 Ill. Reg. 17766, effective November 5, 1985; emergency amendment at 10 Ill. Reg. 14314, effective August 18, 1986, for a maximum of 150 days; amended at 11 Ill. Reg. 3073, effective February 2, 1987; amended at 12 Ill. Reg. 4800, effective February 26, 1988; amended at 14 Ill. Reg. 12457, effective July 24, 1990; amended at 15 Ill. Reg. 2692, effective February 1, 1991; amended at 16 Ill. Reg. 18010, effective November 17, 1992; expedited correction at 17 Ill. Reg. 3553, effective November 17, 1992; amended at 18 Ill. Reg. 1171, effective January 10, 1994; emergency amendment at 19 Ill. Reg. 5137, effective March 17, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 6530, effective May 1, 1995; amended at 19 Ill. Reg. 11813, effective August 4, 1995; amended at 20 Ill. Reg. 6255, effective April 17, 1996; amended at 20 Ill. Reg. 15290, effective November 18, 1996; amended

at 22 Ill. Reg. 22233, effective December 8, 1998; emergency amendment at 24 Ill. Reg. 6111, effective March 21, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 12985, effective August 14, 2000; amended at 25 Ill. Reg. 8159, effective June 21, 2001; amended at 25 Ill. Reg. 16073, effective November 28, 2001; amended at 26 Ill. Reg. 1157, effective January 16, 2002; amended at 26 Ill. Reg. 16160, effective October 21, 2002; amended at 28 Ill. Reg. 8486, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 13637, effective September 27, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 1891, effective January 24, 2005; amended at 29 Ill. Reg. 11811, effective July 13, 2005; amended at 29 Ill. Reg. 12351, effective July 28, 2005; amended at 29 Ill. Reg. 15789, effective October 3, 2005; amended at 29 Ill. Reg. 19891, effective November 23, 2005; amended at 30 Ill. Reg. 8480, effective April 21, 2006; amended at 30 Ill. Reg. 16338, effective September 26, 2006; amended at 30 Ill. Reg. 17416, effective October 23, 2006; amended at 31 Ill. Reg. 5116, effective March 16, 2007; amended at 31 Ill. Reg. 7135, effective April 25, 2007; amended at 31 Ill. Reg. 9897, effective June 26, 2007; amended at 32 Ill. Reg. 10229, effective June 30, 2008; amended at 33 Ill. Reg. 5448, effective March 24, 2009; amended at 33 Ill. Reg. 15193, effective October 20, 2009; amended at 34 Ill. Reg. 2959, effective February 18, 2010; emergency amendment at 34 Ill. Reg. 9533, effective June 24, 2010, for a maximum of 150 days; amended at 34 Ill. Reg. 17411, effective October 28, 2010; amended at 35 Ill. Reg. 1056, effective January 3, 2011; amended at 35 Ill. Reg. 2230, effective January 20, 2011; amended at 35 Ill. Reg. 12328, effective July 6, 2011; amended at 35 Ill. Reg. 16743, effective September 29, 2011; amended at 36 Ill. Reg. 5580, effective March 20, 2012; amended at 36 Ill. Reg. 8303, effective May 21, 2012; amended at 38 Ill. Reg. 6127, effective February 27, 2014; amended at 38 Ill. Reg. 11203, effective May 6, 2014; amended at 39 Ill. Reg. 2773, effective February 9, 2015; emergency amendment at 39 Ill. Reg. 12369, effective August 20, 2015, for a maximum of 150 days; amended at 39 Ill. Reg. 13411, effective September 24, 2015; amended at 40 Ill. Reg. 1900, effective January 6, 2016; amended at 40 Ill. Reg. 2990, effective January 27, 2016; amended at 40 Ill. Reg. 4929, effective March 2, 2016; amended at 40 Ill. Reg. 12276, effective August 9, 2016; emergency amendment at 40 Ill. Reg. 15957, effective November 18, 2016, for a maximum of 150 days; amended at 41 Ill. Reg. 126, effective December 27, 2016; amended at 41 Ill. Reg. 4430, effective April 5, 2017; amended at 41 Ill. Reg. 6924, effective June 2, 2017; emergency amendment at 41 Ill. Reg. 8932, effective June 28, 2017, for a maximum of 150 days; amended at 41 Ill. Reg. 14044, effective November 3, 2017; amended at 42 Ill. Reg. 11512, effective June 8, 2018; amended at 43 Ill. Reg. 3792, effective February 28, 2019; amended at 43 Ill. Reg. 10213, effective August 30, 2019; amended at 43 Ill. Reg. 10718, effective September 11, 2019; amended at 43 Ill. Reg. 13324, effective October 29, 2019; emergency amendment at 43 Ill. Reg. 14305, effective November 20, 2019, for a maximum of 150 days; emergency amendment to emergency rule at 43 Ill. Reg. 14941, effective December 4, 2019, for the remainder of the 150 days; emergency amendment to amended emergency rule at 44 Ill. Reg. 4085, effective February 25, 2020, for the

remainder of the 150 days; amended at 44 Ill. Reg. 1929, effective January 13, 2020; amended at 44 Ill. Reg. 6377, effective April 9, 2020.

SUBPART B: SCHOOL GOVERNANCE

Section 1.280 Discipline

Section 24-24 of the School Code [105 ILCS 5] provides for teachers, other licensed educational employees (except for individuals employed as a paraprofessional educator) and persons providing a related service for or with respect to a student as determined by the board of education to maintain discipline in the schools.

a) The board of education shall establish and maintain a parent-teacher advisory committee as provided in Section 10-20.14 of the School Code .

b) The board of education shall establish a policy on the administration of discipline in accordance with the requirements of Sections 10-20.14 and 24-24 of the School Code and disseminate that policy as provided in Section 10-20.14 of the School Code. Under no circumstance shall the policy authorize the use of time out or physical restraint as a form of discipline or punishment.

~~c) Any use of isolated time out or physical restraint permitted by a board's policy shall conform to the requirements of Section 1.285. If isolated time out or physical restraint is to be permitted, the policy shall include:~~

~~1) the circumstances under which isolated time out or physical restraint will be applied;~~

~~2) a written procedure to be followed by staff in cases of isolated time out or physical restraint;~~

~~3) designation of a school official who will be informed of incidents and maintain the documentation required pursuant to Section 1.285 when isolated time out or physical restraint is used;~~

~~4) the process the district or other administrative entity will use to evaluate any incident that results in an injury that the affected student (or the responsible parent or guardian), staff member, or other individual identifies as serious;~~

~~5) a description of the alternative strategies that will be implemented when determined advisable pursuant to Section 1.285(f)(4); and~~

~~6) a description of the district's or other administrative entity's annual review of the use of isolated time out or physical restraint, which shall include at least:~~

~~A) the number of incidents involving the use of these interventions,~~

~~B) the location and duration of each incident,~~

~~C) identification of the staff members who were involved,~~

~~D) any injuries or property damage that occurred, and~~

~~E) the timeliness of parental notification and administrative review.~~

c)~~d)~~ In addition to, or as part of, its policy on the maintenance of discipline, each board of education shall adopt policies and procedures regarding the use of behavioral interventions for students with disabilities who require intervention. Each board's policies and procedures shall conform to the requirements of Section 14-8.05(c) of the School Code.

(Source: Amended at 44 Ill. Reg. 6377, effective April 9, 2020)

Section 1.285 Requirements for the Use of Isolated Time Out, Time Out, and Physical Restraint

Isolated time out, time out, and physical restraint, as defined in this Section, shall be used only when the student's behavior presents an imminent danger of serious physical harm to the student or others and other less restrictive and intrusive measures have been tried and proven ineffective in stopping the imminent danger of serious physical harm. Isolated time out, time out, or physical restraint shall not be used as discipline or punishment, convenience for staff, retaliation, a substitute for appropriate educational or behavioral support, a routine safety matter, or to prevent property damage in the absence of imminent danger of serious physical harm to the student or others.~~as means of maintaining discipline in schools (that is, as means of maintaining a safe and orderly environment for learning) and only to the extent that they are necessary to preserve the safety of students and others. Neither isolated time out nor physical restraint shall~~

~~be used in administering discipline to individual students, i.e., as a form of punishment. Nothing in this Section or in Section 1.280 of this Part shall be construed as regulating the restriction of students' movement when that restriction is for a purpose other than the maintenance of an orderly environment (e.g., the appropriate use of safety belts in vehicles).~~

a) Isolated Time Out or Time Out

1) "Isolated time out" means the involuntary confinement of a student alone in a time out room or other enclosure outside the classroom without a supervising adult in the time out room or enclosure. Isolated time out is allowed only under limited circumstances. If all other requirements under this Section are met, isolated time out may be used only when the adult in the time out room or enclosure is in imminent danger of serious physical harm because the student is unable to cease actively engaging in extreme physical aggression.

2)~~a)~~ "Time"~~Isolated time~~ out" means a behavior management technique for the purpose of calming or de-escalation that involves the involuntary monitored separation of a student from classmates with an adult trained under subsection (i) for part of the school day, only for a brief time, in a non-locked setting~~the confinement of a student in a time-out room or some other enclosure, whether within or outside the classroom, from which the student's egress is restricted~~. ~~The use of isolated time out shall be subject to the following requirements.~~

3) "Isolated time out" or "time out" does not include a student-initiated or student-requested break, a student-initiated or teacher-initiated sensory break, including a sensory room containing sensory tools to assist a student to calm and de-escalate, an in-school suspension or detention, or any other appropriate disciplinary measure, including a student's brief removal to the hallway or similar environment.

4~~1~~) Any enclosure used for isolated time out or time out shall:

A) meet all of the health/life safety requirements of 23 Ill. Adm. Code 180;

B)~~A)~~ have the same ceiling height as the surrounding room or rooms and be large enough to accommodate not only the student being placed

in isolated time out or time out~~isolated~~ but also, if applicable, any other individual who is required to accompany that student under this Section;

C)~~B)~~ be constructed of materials that cannot be used by students to harm themselves or others, be free of electrical outlets, exposed wiring, and other objects that could be used by students to harm themselves or others, and be designed so that students cannot climb up the walls; ~~(including walls far enough apart so as not to offer the student being isolated sufficient leverage for climbing); and~~

D)~~C)~~ be designed to permit continuous visual monitoring of and communication with the student; and~~.~~

E) if fitted with a door, be fitted with either a steel door or a wooden door of solid-core construction. If the door includes a viewing panel, the panel shall be unbreakable. The door shall not be fitted with a locking mechanism or be physically blocked by furniture or any other inanimate object at any time during the isolated time out or time out.

5) For an isolated time out, an adult who is responsible for supervising the student must remain within two feet of the enclosure. The supervising staff member must always be able to see, hear, and communicate with the student. The door shall not be locked or held to block egress. A student in isolated time out shall not be supervised using cameras, audio recording, or any other electronic monitoring device.

~~2) If an enclosure used for isolated time out is fitted with a door, either a steel door or a wooden door of solid-core construction shall be used. If the door includes a viewing panel, the panel shall be unbreakable.~~

6~~3~~) For time out, an~~An~~ adult trained under subsection (i) who is responsible for supervising the student must~~shall~~ remain in the same room as the student at all times during the time out~~within two feet of the enclosure~~.

7~~4~~) A student placed in isolated time out or time out must have reasonable access to food, water, medication, and toileting facilities. Except in

circumstances in which there is a risk of self-injury or injury to staff or others, a student in isolated time out or time out shall not have his or her clothing removed, including, but not limited to, shoes, shoelaces, boots, or belts.~~The adult responsible for supervising the student must be able to see the student at all times. If a locking mechanism is used on the enclosure, the mechanism shall be constructed so that it will engage only when a key, handle, knob, or other similar device is being held in position by a person, unless the mechanism is an electrically or electronically controlled one that is automatically released when the building's fire alarm system is triggered. Upon release of the locking mechanism by the supervising adult, the door must be able to be opened readily.~~

b) "Physical restraint" means holding a student or otherwise restricting a student's~~his or her~~ movements. "Physical restraint" as permitted pursuant to this Section includes only the use of specific, planned techniques~~ (e.g., the "basket hold" and "team control")~~.

c) The requirements set forth in subsections (d) through (i)~~(h)~~ of this Section shall not apply to the actions described in this subsection (c) because, pursuant to Section 10-20.33 of the School Code [105 ILCS 5~~/10-20.33~~], *"restraint" does not include momentary periods of physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force and designed to:*

1) *prevent a student from completing an act that would result in potential physical harm to himself, herself, or another or damage to property; or*

2) *remove a disruptive student who is unwilling to leave the area voluntarily.*

d) The use of physical restraint shall be subject to the following requirements and limitations.

1) Pursuant to Section 10-20.33 of the School Code, physical restraint may only be employed when:

A) *the student poses a physical risk to himself, herself, or others,*

B) *there is no medical contraindication to its use, and*

C) *the staff applying the restraint have been trained in its safe application* as specified in subsection (i) ~~(h)(2)~~ of this Section.

2) Physical restraint must end immediately when:

A) the threat of imminent danger of serious physical harm ends; or

B) the student indicates that he or she cannot breathe or staff supervising the student recognizes that the student may be in respiratory distress.

3) The staff involved in physically restraining a student must periodically halt the restraint to evaluate if the imminent danger of serious physical harm continues to exist. If the imminent danger of serious physical harm continues to exist, staff may continue to use the physical restraint and the continued use may not be considered a separate instance of physical restraint.

4) A physical restraint shall not impair a student's ability to breathe or communicate normally, obstruct a student's airway, or interfere with a student's ability to speak. If physical restraint is imposed upon a student whose primary mode of communication is sign language or an augmentative mode, the student shall be permitted to have his or her hands free of restraint for brief periods, unless the supervising adult determines that this freedom appears likely to result in harm to the student or others.

5) "Prone physical restraint" means a physical restraint in which a student is held face down on the floor or other surface and physical pressure is applied to the student's body to keep the student in the prone position. "Supine physical restraint" means a physical restraint in which a student is held face up on the floor or other surface and physical pressure is applied to the student's body to keep the student in the supine position. Until July 1, 2021, prone and supine physical restraint is prohibited, unless all of the following criteria are met:

A) Before using a prone or supine physical restraint, the school district or other entity serving the student shall review and determine if there are any known medical or psychological

limitations that contraindicate the use of a prone or supine physical restraint.

B) The school district or other entity serving the student deems the situation an emergency, defined as a situation in which immediate intervention is needed to protect a student or other individual from imminent danger of serious physical harm to himself, herself, or others and less restrictive and intrusive interventions have been tried and proven ineffective in stopping the imminent danger.

C) Prone or supine physical restraint is used in a manner that does not restrict or impair a student's ability to breathe or communicate normally, obstruct a student's airway, or interfere with a student's primary mode of communication.

D) Prone or supine physical restraint is used only by personnel who have completed required training under subsection (i).

E) Prone or supine physical restraint is used only if those interventions are the least restrictive and intrusive interventions to address the emergency and stop the imminent danger of serious physical harm to the student or others. During each incident, one school staff person trained in identifying the signs of distress must be assigned to observe and monitor the student during the entire incident. That staff person may not be involved in the physical holding of the student. The number of staff involved in physically restraining the student may not exceed the number necessary to safely hold the student. Staff involved in the restraint must use the least amount of force and the fewest points of contact necessary and must afford the student maximum freedom of movement while maintaining safety.

F) The prone or supine physical restraint ends immediately when the threat of imminent danger of serious physical harm ends, but in no event shall prone or supine physical restraint last longer than 30 minutes. If after 30 minutes the emergency has not resolved, or if an additional emergency arises the same school day that meets the standards of this subsection (d), a school administrator, in consultation with a psychologist, social worker, nurse, or behavior

specialist, may authorize the continuation of the restraint or an additional prone or supine physical restraint. No restraint may be continued, nor may additional restraints be applied, unless continuation is authorized by a school administrator.

G) If the student is restrained in a prone or supine physical restraint in at least 2 separate instances within a 30-school day period, the school personnel who initiated, monitored, and supervised the incidents shall initiate a Restraint Review, which is a review of the effectiveness of the procedures used. If the personnel involved in the restraints do not include a psychologist, social worker, nurse, or behavior specialist, at least one of those staff members shall be included in the Restraint Review. The Restraint Review must include, but is not limited to:

i) conducting or reviewing a functional behavioral analysis, reviewing data, considering the development of additional or revised positive behavioral interventions and supports, considering actions to reduce the use of restrictive procedures, or, if applicable, modifying the student's individualized educational program, federal Section 504 plan, behavior intervention plan, or other plan of care, as appropriate; and

ii) reviewing any known medical or psychological limitations that contraindicate the use of a restrictive procedure, considering whether to prohibit that restrictive procedure, and, if applicable, documenting any prohibitions in the student's individualized education program, federal Section 504 plan, behavior intervention plan, or other plan of care.

6)~~2)~~ Students shall not be subjected to physical restraint for using profanity or other verbal displays of disrespect for themselves or others. A verbal threat shall not be considered as constituting a physical danger unless a student also demonstrates a means of or intent to immediately carry out the threat.

7)~~3)~~ Except as permitted by the administrative rules of another State agency operating or licensing a facility in which elementary or secondary

educational services are provided (e.g., the Illinois Department of Corrections, the Illinois Department of Juvenile Justice, or the Illinois Department of Human Services), mechanical restraint or chemical restraint, as defined in subsection (d)(12), ~~(i.e., the use of any device other than personal physical force to restrict the limbs, head, or body)~~ shall not be employed.

8)~~4)~~ Medically prescribed restraint procedures employed for the treatment of a physical disorder or for the immobilization of a person in connection with a medical or surgical procedure shall not be used as means of physical restraint for purposes of maintaining discipline.

9)~~5)~~ Any application of physical restraint shall take into consideration the safety and security of the student. Physical~~Further, physical~~ restraint shall not rely upon pain as an intentional method of control.

10)~~6)~~ In determining whether a student who is being physically restrained should be removed from the area where the restraint was initiated, the supervising adult shall consider the potential for injury to the student, the student's need for privacy, and the educational and emotional well-being of other students in the vicinity.

11) "Chemical restraint" means the use of medication to control a student's behavior or restrict a student's freedom of movement. Chemical restraint is prohibited. "Chemical restraint" does not include medication that is legally prescribed and administered as part of a student's regular medical regimen to manage behavioral symptoms and treat medical symptoms.

12) "Mechanical restraint" means the use of any device or equipment to limit a student's movement or hold a student immobile. Mechanical restraint is prohibited. "Mechanical restraint" does not include any restraint used to:

A) treat a student's medical needs;

B) protect a student known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness;

C) position a student with physical disabilities in a manner specified in the student's individualized education program, federal Section 504 plan, or other plan of care;

D) provide a supplementary aid or service or an accommodation, including, but not limited to, assistive technology that provides proprioceptive input or aids in self-regulation; or

E) promote student safety in vehicles used to transport students.

~~7) If physical restraint is imposed upon a student whose primary mode of communication is sign language or an augmentative mode, the student shall be permitted to have his or her hands free of restraint for brief periods, unless the supervising adult determines that this freedom appears likely to result in harm to the student or others.~~

e) Time Limits

1) A student shall be released from isolated time out or time out immediately upon determination by the staff member that the student is no longer an imminent danger of serious physical harm to the student or others.~~not be kept in isolated time out for longer than is therapeutically necessary~~ No less than once every 15 minutes, an adult trained under subsection (i) must assess whether the student has ceased presenting the specific behavior for which the time out was imposed. ~~, which shall not be for more than 30 minutes after he or she ceases presenting the specific behavior for which isolated time out was imposed or any other behavior for which it would be an appropriate intervention.~~

2) A student shall be released from physical restraint immediately upon a determination by the staff member administering the restraint that the student is no longer in imminent danger of causing serious physical harm to the student~~himself, herself,~~ or others.

f) Documentation and Evaluation

1) In a form and manner prescribed by the State Superintendent, a~~A~~ written record of each episode of isolated time out, time out, or physical restraint shall be maintained in the student's temporary record. The official

designated under this Section~~pursuant to Section 1.280(c)(3) of this Part~~ shall also maintain a copy of each of these records. Each record shall include, but is not limited to, all of the following:

A) the student's name;

B) the date of the incident;

C) the beginning and ending times of the incident;

D) a description of any relevant events leading up to the incident;

E) a description of any interventions used prior to the implementation of isolated time out, time out, or physical restraint;

F) a description of the incident ~~and/~~or student behavior that resulted in isolated time out, time out, or physical restraint, including the specific imminent danger of serious physical harm to the student or others;

G) for isolated time out, a description of the rationale of why the needs of the student cannot be met by a lesser restrictive intervention and why an adult could not be present in the time out room;

H~~G~~) a log of the student's behavior in isolated time out, time out, or during physical restraint, including a description of the restraint techniques used and any other interaction between the student and staff;

I~~H~~) a description of any injuries (whether to students, staff, or others) or property damage;

J~~I~~) a description of any planned approach to dealing with the student's behavior in the future, including any de-escalation methods or procedures that may be used to avoid the use of isolated time out, time out, or physical restraint;

K~~J~~) a list of the school personnel who participated in the

implementation, monitoring, and supervision of isolated time out, time out, or physical restraint; and

L~~K~~) the date on which parental or guardian notification took place, as required by subsection (g).

2) The school official designated under subsection (j)(3)~~pursuant to Section 1.280(c)(3) of this Part~~ shall be notified of the incident as soon as possible, but no later than the end of the school day on which it occurred.

~~3) The record described in subsection (f)(1) of this Section shall be completed by the beginning of the school day following the episode of isolated time out or physical restraint.~~

3)~~4)~~ The requirements of this subsection (f)(3)~~(f)(4)~~ shall apply whenever an episode of isolated time out or time out exceeds 30 minutes, an episode of physical restraint exceeds 15 minutes, or repeated episodes have occurred during any three-hour period.

A) A licensed educator or licensed clinical practitioner knowledgeable about the use of isolated time out or time out or trained in the use of physical restraint, as applicable, shall evaluate the situation.

B) The evaluation shall consider the appropriateness of continuing the procedure in use, including the student's potential need for medication, nourishment, or use of a restroom, and the need for alternate strategies (e.g., assessment by a mental health crisis team, assistance from police, or transportation by ambulance).

C) The results of the evaluation shall be committed to writing and copies of this documentation shall be placed into the student's temporary student record and provided to the official designated under subsection (j)(3)~~pursuant to Section 1.280(c)(3) of this Part~~.

4)~~5)~~ When a student experiences~~has first experienced three~~ instances of isolated time out, time out, or physical restraint on 3 days within a 30-day period, the school personnel who initiated, monitored, and supervised the incidents shall initiate a review of the effectiveness of the procedures used and prepare an individual behavior plan for the student that provides either

for continued use of these interventions or for the use of other, specified interventions. The plan shall be placed into the student's temporary student record. The review shall also consider the student's potential need for an alternative program, ~~or~~ for special education eligibility, or, for a student already eligible for special education, for a change in program.

A) The district or other entity serving the student shall invite the student's parents or guardians to participate in this review and shall provide ten days' notice of its date, time, and location.

B) The notification shall inform the parents or guardians that the student's potential need for special education, ~~or~~ an alternative program, or, for students already eligible for special education, the student's potential need for a change in program, will be considered and that the results of the review will be entered into the temporary student record.

g) Notification to Parents or Guardians

1) A district whose policies allow for~~on the maintenance of discipline include~~ the use of isolated time out, time out, or physical restraint shall notify parents or guardians to this effect as part of the information distributed annually or upon enrollment pursuant to Sections 10-20.14 and 14-8.05(c) of the School Code ~~[105 ILCS 5/10-20.14 and 14-8.05(c)]~~.

2) If a student is subject to isolated time out, time out, or physical restraint, the school must make a reasonable attempt to notify the student's parent or guardian on the same day the isolated time out, time out, or physical restraint is imposed.

3)~~2)~~ Within one business day~~24 hours~~ after any use of isolated time out, time out, or physical restraint, the school district or other entity serving the student shall send the form required under subsection (f)(1)~~written notice of the incident~~ to the student's parents or guardians~~, unless the parent has provided the district or other entity with a written waiver of this requirement for notification. The notification shall include the student's name, the date of the incident, a description of the intervention used, and the name of a contact person with a telephone number to be called for further information~~.

h) Report to the State Superintendent

1) No later than 2 school days after any use of isolated time out, time out, or physical restraint, the school district or other entity serving the student shall, in a form and manner prescribed by the State Superintendent, submit the information required under subsection (f)(1) to the State Superintendent.

2) The State Superintendent reserves the authority to require districts to submit the information required under subsection (f)(1) for previous school years.

i)~~h)~~ Requirements for Training

1) Any adult who is supervising a student in isolated time out or time out, or who is involved in a physical restraint, shall receive at least 8 hours of developmentally appropriate training annually. Except for training on physical restraint, online training may be utilized for all training areas under this subsection (i)(1). Training is required in the following areas:

A) crisis de-escalation;

B) restorative practices;

C) identifying signs of distress during physical restraint and time out;

D) trauma-informed practices; and

E) behavior management practices.

2) All adults trained under this subsection (i) must be provided a copy of the district's policies on isolated time out, time out, and physical restraint.

~~1) Isolated Time Out~~
~~Each district, cooperative, or joint agreement whose policy permits the use of isolated time out shall provide orientation to its staff members covering at least the written procedure established pursuant to Section 1.280(c)(2) of this Part.~~

~~2)~~ ~~Physical Restraint~~

3)~~A)~~ Isolated time out, time out, or physical~~Physical~~ restraint, as defined in this Section, shall be applied only by individuals who have received annual systematic training on less restrictive and intrusive strategies and techniques to reduce the use of isolated time out, time out, and physical restraint based on best practices and how to safely use time out and physical restraint when those alternative strategies and techniques have been tried and proven ineffective. This training must include~~that includes~~ all the elements described in this subsection (i)~~(h)(2)(B) of this Section~~ and must result in the receipt of~~who have received~~ a certificate of completion or other written evidence of participation. No individual may use isolated time out, time out, or physical restraint before receiving the required training and certificate. An individual who applies isolated time out, time out, or physical restraint shall use only techniques in which he or she has received prior annual training~~ within the preceding two years~~, as indicated by written evidence of participation.

4)~~B)~~ The training required under this subsection (i)~~Training~~ with respect to isolated time out, time out, or physical restraint may be provided either by the employer or by an external entity.

A) All persons or entities who provide training must be trained and certified in the:

i) effective use of less restrictive and intrusive alternatives to prevent imminent danger of serious physical harm to the student or others; and

ii) safe application of isolated time out, time out, and physical restraint when less restrictive and intrusive alternatives have been tried and proven ineffective.

B) The training~~and~~ shall include, but need not be limited to:

i) the dangers associated with the use of isolated time out, time out, and physical restraint and the need to use interventions that are less restrictive and intrusive to reduce

the risk of harm to students;

ii~~i~~) appropriate procedures for preventing the need for isolated time out, time out, or physical restraint, including the de-escalation of problematic behavior, relationship-building, and the use of alternatives to restraint;

iii) recognizing and responding appropriately to the antecedent of a student's behavior;

iv) recognizing contraindications and other conditions and events that increase risk of death;

v~~ii~~) a description and identification of dangerous behaviors on the part of students that may indicate the need for isolated time out, time out, or physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted;

vi~~iii~~) the simulated experience of administering and receiving a variety of isolated time out, time out, and physical restraint techniques, ranging from minimal physical involvement to very controlling interventions;

vii~~iv~~) instruction regarding the effects of isolated time out, time out, and physical restraint on the person in restraint, isolated time out, or time out~~restrained~~, including instruction on monitoring physical signs of distress and obtaining medical assistance;

viii~~v~~) instruction regarding documentation and reporting requirements and investigation of injuries and complaints; and

ix~~vi~~) demonstration by participants of proficiency in administering isolated time out, time out, and physical restraint.

5)~~C)~~ An individual may provide training to others in a particular method of

time out and physical restraint only if he or she has received written evidence of completing training in those techniques~~that technique~~ that meet~~meets~~ the requirements of this subsection (i) ~~(h)(2)(B) of this Section~~ within the preceding one-year period.

j) Any use of isolated time out, time out, or physical restraint permitted by a board's policy shall be implemented in accordance with written procedures that include:

1) the circumstances under which isolated time out, time out, or physical restraint will be applied;

2) a written procedure to be followed by staff in cases of isolated time out, time out, or physical restraint;

3) designation of a school official who will be informed of incidents and maintain the documentation required under this Section when isolated time out, time out, or physical restraint is used;

4) the process the district or other entity serving public school students will use to evaluate any incident that results in an injury to the affected student; and

5) a description of the district's or other entity's annual review of the use of isolated time out, time out, or physical restraint, which, at a minimum, shall include:

A) the number of incidents involving the use of these interventions;

B) the location and duration of each incident;

C) identification of the staff members who were involved;

D) any injuries or property damage that occurred; and

E) the timeliness of parental or guardian notification, timelines of agency notification, and administrative review.

k) Complaint Procedures

1) Any parent or guardian, individual, organization, or advocate may file a signed, written complaint with the State Superintendent alleging that a local school district or other entity serving the student has violated this Section. The complaint shall include all of the following:

A) the facts on which the complaint is based;

B) the signature and contact information for the complainant;

C) if known, the names and addresses of the students involved and the name of the school of attendance;

D) a description of the nature of the problem, including any facts relating to the problem; and

E) a proposed resolution of the problem to the extent known.

2) The State Superintendent shall only consider a complaint if it alleges a violation occurring not more than one year prior to the date in which the complaint is received.

3) After receiving a complaint that meets the requirements of this subsection (k), the State Superintendent shall:

A) carry out an independent on-site investigation, if deemed necessary by the State Superintendent;

B) give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint; and

C) require that the public entity that is the subject of the complaint submit a written response to the complaint. The public entity shall submit its response and all other documentation to the State Superintendent and the parent, individual, or organization filing the complaint no later than the date indicated in the written correspondence received under this subsection (k).

4) The State Superintendent must issue a written decision to the complainant that addresses each allegation in the complaint and that contains all of the following:

A) findings of fact and conclusion;

B) the reasons for the State Board of Education's final decision; and

C) orders for any action, including technical assistance.

5) The complaint procedure under this subsection (k) does not limit, diminish, or otherwise deny the federal and State rights and procedural safeguards afforded to students.

(Source: Amended at 44 Ill. Reg. 6377, effective April 9, 2020)

OFFICE OF THE STATE TREASURER

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Revised Uniform Unclaimed Property Act

2) Code Citation: 74 Ill. Adm. Code 760

3)

Section Numbers:	Adopted Actions:
721.100	Amendment
721.270	Amendment
721.405	New Section
721.406	New Section
721.620	Amendment

4) Statutory Authority: Implementing and authorized by the Revised Uniform Unclaimed Property Act, 765 ILCS 1026.

5) Effective Date of Rules: April 8, 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 is on file in the State Treasurer's office at 219 State House, Springfield IL 62706 and is available for public inspection.

9) Notice of Proposal published in *Illinois Register*: 44 Ill. Reg. 160; January 3, 2020

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

11) Difference between Proposal and Final Version: Section 760.405(e) was revised to require the rule to be updated if the US DOL issues subsequent guidance or regulations that conflict with this Section. Grammatical changes were made.

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

13) Will this rulemaking replace an emergency rule currently in effect? Yes. An emergency rule containing the "FastTrack" threshold update portion of this rulemaking was published in the March 27th *Illinois Register*.

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

OFFICE OF THE STATE TREASURER

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Rulemaking: This rulemaking updates the existing rule to make changes consistent with PA 101-342, PA 101-546, and PA 101-552. These public acts were enacted in August 2019 and address the reporting of property related to pre-need death care contracts, very small claims made by heirs, and property from public retirement systems, pension funds, and investment boards. This rulemaking also updates the "FastTrack" threshold to aid in the efficiency of processing simple, single-owner claims.

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

Sara Meek
Legislative Director
Illinois State Treasurer
219 State House
Springfield IL 62706

217/524-0530
smeek@illinoistreasurer.gov

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

OFFICE OF THE STATE TREASURER

NOTICE OF ADOPTED AMENDMENTS

TITLE 74: PUBLIC FINANCE
CHAPTER V: TREASURER

PART 760
REVISED UNIFORM UNCLAIMED PROPERTY ACT

SUBPART A: DEFINITIONS

Section
760.100 Definitions

SUBPART B: PRESUMPTION OF ABANDONMENT

Section
760.200 Tax-Deferred Accounts
760.210 Safe Deposit Boxes
760.215 Deposits with Financial Organizations
760.220 Stored Value Cards
760.230 Gift Cards
760.240 Payroll Cards
760.250 Merchandise Credits
760.260 Loyalty Cards
760.270 Property Related to Pre-need Death Care Contracts
760.280 Reporting Securities
760.290 Deceased Owner
760.300 Apparent Owner Interest
760.310 Anti-Limitations Provision

SUBPART C: REPORTING

Section
760.400 Holder Reporting Required
760.405 Reporting and Remitting by Pension Systems Subject to Section 15-1506 of the Act
760.406 Reporting and Remitting by Pension Systems Subject to Section 15-1505 of the Act
760.410 Report Contents
760.420 Filing Dates
760.430 Early Reporting and Remittance of Property

OFFICE OF THE STATE TREASURER

NOTICE OF ADOPTED AMENDMENTS

760.440 Extensions
760.450 Incomplete and Rejected Reports
760.460 Due Diligence Notice by Holder
760.470 Retention of Records by Holder

SUBPART D: NOTICE TO APPARENT OWNERS BY THE ADMINISTRATOR

Section
760.500 Notices by United States Mail
760.510 E-Mail Notices
760.520 Newspaper Notices
760.530 Website
760.540 Tax Return Identification of Apparent Owners
760.550 Updating Apparent Owner Data
760.560 Other Discretionary Means of Providing Notice
760.570 Confidentiality

SUBPART E: CLAIMS

Section
760.600 Claims
760.610 Burden of Proof
760.620 Filing of Claims
760.630 Tax Return Identification of Apparent Owners
760.640 Crediting Income or Gain to Owner's Account
760.650 Finders
760.660 Property Subject to Recovery by Another State
760.670 Debt Collection Agencies
760.680 Holder Reimbursement
760.690 Securities Sale and Claims

SUBPART F: EXAMINATIONS

Section
760.700 Authority
760.710 Purpose
760.720 Contract Auditors
760.730 Holder Advocates
760.740 Notice of Examination

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NOTICE OF ADOPTED AMENDMENTS

760.750 Entrance Conference
760.760 Examination Guidelines
760.770 Confidentiality Agreement
760.780 Evidence of Unpaid Debt or Undischarged Obligation
760.790 Estimation
760.800 Multistate Examinations
760.810 Bankruptcy
760.820 Audit Resolution Agreements
760.830 Report to Holder
760.840 Voluntary Disclosure Agreement Program
760.850 Examination of State-Regulated Financial Organizations

SUBPART G: ENFORCEMENT

Section
760.900 Purpose of Enforcement
760.910 Verified Report of Property
760.920 Administrative Subpoenas
760.930 Determination of Liability
760.940 Interest and Penalties
760.950 Waiver of Interest and Penalties
760.960 Judicial Enforcement
760.970 Action Involving Another State or Foreign Country
760.980 Periods of Limitation and Repose

SUBPART H: CONFIDENTIALITY

Section
760.1000 Confidentiality
760.1010 Confidentiality of Records Obtained During Examination

SUBPART I: MISCELLANEOUS

Section
760.1100 Transition Provisions

760.APPENDIX A Background Information

AUTHORITY: Implementing and authorized by the Revised Uniform Unclaimed Property Act

[765 ILCS 1026].

SOURCE: Filed November 20, 1977; emergency amendment at 3 Ill. Reg. 39, p. 225, effective September 14, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 48, p. 153, effective November 20, 1979; rules repealed, new rules adopted and codified at 8 Ill. Reg. 1464, effective January 18, 1984; amended at 15 Ill. Reg. 8555, effective May 24, 1991; amended at 17 Ill. Reg. 123, effective December 21, 1992; emergency amendment at 17 Ill. Reg. 6321, effective April 6, 1993; amended at 17 Ill. Reg. 9893, effective June 21, 1993; amended at 18 Ill. Reg. 18001, effective December 12, 1994; amended at 20 Ill. Reg. 8325, effective June 8, 1996; recodified from the Department of Financial Institutions (38 Ill. Adm. Code 180) to the State Treasurer, pursuant to PA 91-16, at 26 Ill. Reg. 8164; emergency amendment at 28 Ill. Reg. 13919, effective October 5, 2004, for a maximum of 150 days; emergency expired March 3, 2005; amended at 36 Ill. Reg. 12162, effective July 12, 2012; amended at 37 Ill. Reg. 5886, effective April 18, 2013; amended at 40 Ill. Reg. 16804, effective December 19, 2016; old Part repealed at 43 Ill. Reg. 4251 and new Part adopted at 43 Ill. Reg. 4253, effective March 25, 2019; emergency amendment at 44 Ill. Reg. 5489, effective March 16, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 6403, effective April 8, 2020.

SUBPART A: DEFINITIONS

Section 760.100 Definitions

"Act" or "Revised Act" means the Revised Uniform Unclaimed Property Act [765 ILCS 1026].

"Administrator" means the State Treasurer.

"Administrator's Agent" or "Auditor" *means a person with whom the administrator contracts to conduct an examination under Article 10 of the Act on behalf of the administrator. The term includes an independent contractor of the person and each individual participating in the examination on behalf of the person or contractor.*

"Affiliated Group of Merchants" means 2 or more affiliated merchants or other persons that are related by common ownership or common corporate control and that share the same name, mark, or logo. The term also applies to 2 or more merchants or other persons that agree among themselves, by contract or otherwise, to redeem cards, codes, or other devices bearing the same name, mark, or logo (other than the mark, logo, or brand of a payment network), for the

purchase of goods or services solely at such merchants or persons. However, merchants or other persons are not considered to be affiliated merely because they agree to accept a card that bears the mark, logo, or brand of a payment network.

"Apparent Owner" means a person whose name appears on the records of a holder as the owner of property held, issued or owing by the holder.

"Business Association" means a corporation, joint stock company, investment company, unincorporated association, joint venture, limited liability company, business trust, trust company, land bank, safe deposit company, safekeeping depository, financial organization, insurance company, federally chartered entity, utility, sole proprietorship, or other business entity, whether or not for profit.

"Confidential Information" means information that is "personal information" under the Personal Information Protection Act [815 ILCS 530/5], *"private information" under the Freedom of Information Act* [5 ILCS 140/2(c-5)], *or personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information as provided in the Freedom of Information Act* [5 ILCS 140/7(1)(c)].

"Domicile" means:

for a corporation, the state of its incorporation;

for a business association whose formation requires a filing with a state, other than a corporation, the state of its filing;

for a federally chartered entity or an investment company registered under the Investment Company Act of 1940 (15 USC 80a-1 through 80a-63), *the state of its home office; and*

for any other holder, the state of its principal place of business.

"DOR" means the Illinois Department of Revenue.

"Electronic" means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

"Electronic Mail" or "E-mail" *means a communication by electronic means that is automatically retained and stored and may be readily accessed or retrieved.*

"Escheat Fee" means any charge imposed solely by virtue of property being reported as presumed abandoned.

"Financial Organization" means a bank, savings bank, foreign bank, corporate fiduciary, currency exchange, money transmitter, or credit union.

"Former Act" means the Uniform Disposition of Unclaimed Property Act [765 ILCS 1025], repealed effective January 1, 2018.

"Game-Related Digital Content" means digital content that exists only in an electronic game or electronic game platform. The term includes:

game-play currency such as a virtual wallet, even if denominated in United States currency;

the following, if for use or redemption only within the game or platform or another electronic game or electronic game platform:

points sometimes referred to as gems, tokens, gold and similar names; and

digital codes; and

does not include an item that the issuer:

permits to be redeemed for use outside a game or platform for money or goods/services that have more than minimal value; or

otherwise monetizes for use outside a game or platform.

"Gift Card" means a record evidencing a promise made for consideration by the seller or issuer of the record that goods, services or money will be provided to the owner of the record to the value or amount shown in the record that is either:

a record:

issued on a prepaid basis primarily for personal, family or household purposes to a consumer in a specified amount;

the value of which does not expire;

that is not subject to a dormancy, inactivity or post-sale service fee;

that is redeemable upon presentation for goods or services; and

that, unless required by law, may not be redeemed for or converted into money or otherwise monetized by the issuer; or

a prepaid commercial mobile radio service, as defined in 47 CFR 20.3.

"Holder" means a person obligated to hold for the account of, or to deliver or pay to, the owner, property subject to the Act.

"Insurance Company" means an association, corporation or fraternal or mutual-benefit organization, whether or not for profit, engaged in the business of providing life endowments, annuities or insurance, including accident, burial, casualty, credit-life, contract performance, dental, disability, fidelity, fire, health, hospitalization, illness, life, malpractice, marine, mortgage, surety, wage protection, and workers' compensation insurance.

"Loyalty Card" means a record given without direct monetary consideration under an award, reward, benefit, loyalty, incentive, rebate, or promotional program that may be used or redeemed only to obtain goods or services or a discount on goods or services. The term does not include a record that may be redeemed for money or otherwise monetized by the issuer.

"Merchandise Credit" means in-store credit for returned merchandise redeemable for merchandise, goods or services upon presentation at a single merchant or an affiliated group of merchants.

"Mineral" means gas, oil, coal, oil shale, other gaseous liquid or solid hydrocarbon, cement material, sand and gravel, road material, building stone, chemical raw material, gemstone, fissionable and nonfissionable ores, colloidal

and other clay, steam and other geothermal resources, and any other substance defined as a mineral by other law of this State.

"Mineral Proceeds" means an amount payable for extraction, production, or sale of minerals, or, on the abandonment of the amount, an amount that becomes payable after abandonment. The term includes an amount payable:

for the acquisition and retention of a mineral lease, including a bonus, royalty, compensatory royalty, shut-in royalty, minimum royalty, and delay rental;

for the extraction, production or sale of minerals, including a net revenue interest, royalty, overriding royalty, extraction payment, and production payment; and

under an agreement or option, including a joint-operating agreement, unit agreement, pooling agreement, and farm-out agreement.

"Money Order" means a payment order for a specified amount of money. The term includes an express money order and a personal money order on which the remitter is the purchaser.

"Municipal Bond" means a bond or evidence of indebtedness issued by a municipality or other political subdivision of a state.

"Net Card Value" means the original purchase price or original issued value of a stored-value card, plus amounts added to the original price or value, minus amounts used and any service charge, fee, or dormancy charge permitted by law.

"Non-Freely Transferable Security" means a security that cannot be delivered to the administrator by the Depository Trust Clearing Corporation or similar custodian of securities providing post-trade clearing and settlement services to financial markets or cannot be delivered because there is no agent to effect transfer. The term includes a worthless security.

"Owner", unless the context otherwise requires, means a person that has a legal, beneficial, or equitable interest in property subject to the Act or the person's legal representative when acting on behalf of the owner. The term includes:

a depositor, for a deposit;

a beneficiary, for a trust other than a deposit in trust;

a creditor, claimant or payee, for other property; and

the lawful bearer of a record that may be used to obtain money, a reward, or a thing of value.

"Payroll Card" means a record that evidences a payroll-card account as defined in 12 CFR 1005 (Regulation E).

"Payroll-Card Account" is an account that is directly or indirectly established through an employer and to which electronic fund transfers of the consumer's wages, salary or other employee compensation (such as commissions) are made on a recurring basis, whether the account is operated or managed by the employer, a third-party payroll processor, a depository institution, or any other person.

"Person" means an individual, estate, business association, public corporation, government or governmental subdivision, agency, or instrumentality, or other legal entity, whether or not for profit.

"Property" means tangible property described in Section 15-201 of the Act *or a fixed and certain interest in intangible property held, issued, or owed in the course of a holder's business or by a government, governmental subdivision, agency or instrumentality. The term:*

includes all income from or increments to the property;

includes property referred to as or evidenced by:

money, virtual currency, interest, or a dividend, check, draft, deposit or payroll card;

a credit balance, customer's overpayment, stored-value card, security deposit, refund, credit memorandum, unpaid wage, unused ticket for which the issuer has an obligation to provide a refund, mineral proceeds, or unidentified remittance;

a security except for:

a worthless security; or

a security that is subject to a lien, legal hold, or restriction evidenced on the records of the holder or imposed by operation of law, if the lien, legal hold, or restriction restricts the holder's or owner's ability to receive, transfer, sell, or otherwise negotiate the security;

a bond, debenture, note, or other evidence of indebtedness;

money deposited to redeem a security, make a distribution, or pay a dividend;

an amount due and payable under an annuity contract or insurance policy;

an amount distributable from a trust or custodial fund established under a plan to provide health, welfare, pension, vacation, severance, retirement, death, stock purchase, profitsharing, employee savings, supplemental unemployment insurance, or a similar benefit; and

any instrument on which a financial organization or business association is directly liable; and

does not include:

game related digital content;

a loyalty card; ~~*or*~~

a gift card; *or*~~.~~

funds on deposit or held in trust pursuant to Section 16 of the Illinois Pre-Need Cemetery Sales Act. [815 ILCS 390]

"Putative Holder" means a person believed by the administrator to be a holder, until the person pays or delivers to the administrator property subject to the *Act, or the administrator or a court makes a final determination that the person is or is not a holder.*

"Record" means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

"Records of the Holder" includes records maintained by a third party that~~which~~ has contracted with the holder.

"Security" means:

a security as defined in Article 8 of the Uniform Commercial Code [810 ILCS 5/8-102]*;*

a security entitlement as defined in Article 8 of the Uniform Commercial Code, including a customer security account held by a registered broker-dealer, to the extent the financial assets held in the security account are not:

registered on the books of the issuer in the name of the person for which the broker-dealer holds the assets;

payable to the order of the person; or

specifically indorsed to the person; or

an equity interest in a business association not included in the above paragraph.

"Sign" means, with present intent to authenticate or adopt a record:

to execute or adopt a tangible symbol; or

to attach to or logically associate with the record an electronic symbol, sound or process.

"State", when not limited to the State of Illinois, *means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.* When capitalized, the term "State" means the State of Illinois.

"State Treasurer" means the duly elected Treasurer of the State of Illinois.

"Stored-Value Card" means a card, code, or other device that is:

issued on a prepaid basis primarily for personal, family, or household purposes to a consumer in a specified amount, whether or not that amount may be increased or reloaded in exchange for payment; and

redeemable upon presentation at multiple unaffiliated merchants for goods or services or usable at automated teller machines;

Stored value card does not include a gift card, payroll card, loyalty card, or game related digital content.

"Utility" means a person that owns or operates for public use a plant, equipment, real property, franchise, or license for the following public services:

transmission of communications or information;

production, storage, transmission, sale, delivery, or furnishing of electricity, water, steam or gas; or

provision of sewage or septic services, or trash, garbage or recycling disposal.

"Virtual Currency" means a digital representation of value used as a medium of exchange, unit of account, or store of value that does not have legal tender status recognized by the United States. The term does not include:

the software or protocols governing the transfer of the digital representation of value;

game related digital content; or

a loyalty card or gift card.

"Worthless Security" means a security whose cost of liquidation and delivery to the administrator would exceed the value of the security on the date a report is due under the *Act.* [765 ILCS 1026/15-102]

(Source: Amended at 44 Ill. Reg. 6403, effective April 8, 2020)

SUBPART B: PRESUMPTION OF ABANDONMENT

Section 760.270 Property Related to Pre-need Death Care Contracts

a) Illinois Funeral or Burial Funds Act [225 ILCS 45]

1) Funds on deposit or held in trust pursuant to the Illinois Funeral or Burial Funds Act are covered under the Act pursuant to Section 15-201(9).

2) Proceeds of a life insurance policy or annuity contract, even if used to fund a pre-need contract pursuant to the Illinois Funeral or Burial Funds Act, are covered under the Act pursuant to Sections 15-201(8) and 15-211.

3) The relevant provisions of Section 4 of the Illinois Funeral or Burial Funds Act determine the amount to be reported and remitted as unclaimed property under the Act.

A) *If, after the death of the beneficiary, no funeral merchandise or services are provided or if the funeral is conducted by another provider, the seller may keep no more than 10% of the payments made under the pre-need contract or $300, whichever sum is less. The remainder of the trust funds or insurance or annuity proceeds shall be forwarded to the legal heirs of the deceased beneficiary or as determined by probate action.* [225 ILCS 45/4(c-5)] If the legal heirs of the deceased beneficiary cannot be located and there is not an active probate action, the remainder of trust funds should be reported and remitted as unclaimed property pursuant to Section 15-201(9) of the Act and insurance or annuity proceeds should be reported and remitted pursuant to Sections 15-201(8) and 15-211 of the Act.

B) Refunds provided pursuant to Section 4 of the Illinois Funeral or Burial Funds Act may become unclaimed property as the debt of a business association under Section 15-201(5) of the Act.

4) If a pre-need contract requires entrustment under both the Illinois Funeral or Burial Funds Act and the Illinois Pre-Need Cemetery Sales Act [815 ILCS 390] and the only item that requires entrustment under the Illinois Pre-Need Cemetery Sales Act is an outer burial container, then, for the purposes of determining a presumption of abandonment under the Act, all amounts entrusted under the pre-need contract shall be treated as though they were entrusted under the Illinois Funeral or Burial Funds Act.

5) *Funds on deposit or held in trust pursuant to the Illinois Funeral or Burial Funds Act* are presumed abandoned *the earliest of:*

A) *2 years after the date of death of the beneficiary;*

B) *one year after the date the beneficiary has attained, or would have attained if living, the age of 105 when the holder does not know whether the beneficiary is deceased; or*

C) *40 years after the contract for prepayment was executed, unless the apparent owner has indicated an interest in the property more than 40 years after the contract for prepayment was executed, in which case, 3 years after the last indication of interest in the property by the apparent owner.* [765 ILCS 1026/15-201]

b) Illinois Pre-Need Cemetery Sales Act

1) Burial rights, along with rights of interment, entombment or inurnment are all interests in real property. Interests in real property are not covered by the Act and do not become unclaimed property under the Act.

2) Refunds provided pursuant to Section 18 of the Illinois Pre-Need Cemetery Sales Act ~~[815 ILCS 390]~~ may become unclaimed property as the debt of a business association under Section 15-201(5) of the Act.

3) Funds on deposit or held in trust pursuant to Section 16 of the Illinois Pre-Need Cemetery Sales Act are not property under the Act. Instead, Section 18.5 of the Illinois Pre-Need Cemetery Sales Act provides an alternative mechanism for unclaimed pre-need cemetery trust funds. The Illinois Office of the Comptroller is the primary regulator for these trust funds.

c) Death Master File

1) The Act does not mandate holders of trust funds under the Illinois Funeral or Burial Funds Act or the Illinois Pre-Need Cemetery Sales Act to compare their records against the Social Security Administration's Death Master File.

2) While the Act does not mandate holders of life insurance or annuities, including those intended to fund a pre-need contract under the Illinois Funeral or Burial Funds Act or Illinois Pre-Need Cemetery Sales Act, to compare their records against the Social Security Administration's Death Master File, holders must still comply with the provisions of the Unclaimed Life Insurance Benefits Act [215 ILCS 185].

(Source: Amended at 44 Ill. Reg. 6403, effective April 8, 2020)

SUBPART C: REPORTING

Section 760.405 Reporting and Remitting by Pension Systems Subject to Section 15-1506 of the Act

a) All retirement systems, pension funds, and investment boards created pursuant to Article 3, 4, or 22 of the Illinois Pension Code (Police, Firefighters' and Miscellaneous Collateral Provisions) must report abandoned property to the administrator.

b) The report must include:

1) Name of the owner and the names of any beneficiaries;

2) Last known address, if known, of owner and beneficiaries, if any;

3) Social Security number or taxpayer identification number of owner and

beneficiaries, if any; and

4) Dollar amount.

c) All retirement systems, pension funds, and investment boards created pursuant to Article 3, 4, or 22 of the Illinois Pension Code shall engage in the following due diligence for presumptively abandoned property with a value of $50 or more:

1) Attempt to contact the apparent owner not less than 90 days before the filing of the report with the administrator, using first-class U.S. Mail, telephone, and email;

2) Send a notice to the apparent owner, not less than 60 days before filing the report with the administrator, using certified U.S. Mail;

3) Check related plan and employer records for more current contact information for the apparent owner, as well as for more current contact information for any beneficiaries;

4) Attempt to contact designated beneficiaries to find updated contact information for the apparent owner;

5) Make reasonable use of free internet search tools to search for an apparent owner; and

6) Conduct additional due diligence, such as the use of internet search tools, commercial locator services, credit reporting agencies, information brokers, investigation databases, and analogous services that may involve charges if the property is valued over $1,000.

d) A retirement system, pension fund, or investment board subject to this Section does not need to send due diligence mail or email to an address that it knows to be invalid.

e) The due diligence requirements of this Section follow the U.S. Department of Labor Employee Benefits Security Administration's Field Assistance Bulletin No. 2014-01. If the U.S. Department of Labor issues subsequent guidance or regulations that require additional due diligence or otherwise conflict with this Section, this subsection will be amended accordingly.

f) All retirement systems, pension funds, and investment boards created pursuant to Article 3, 4, or 22 of the Illinois Pension Code shall enter into an interagency agreement with the administrator concerning the due diligence and reporting requirements of this Section. The interagency agreement shall require an annual certification that the retirement system, pension fund, or investment board meets or exceeds the due diligence requirements of this Section.

g) If a retirement system, pension fund, or investment board created pursuant to Article 3, 4, or 22 of the Illinois Pension Code satisfies the due diligence and certification requirements of Section 15-1506 of the Act, then that retirement system, pension fund, or investment board shall report presumptively abandoned property in an annuity, pension, or benefit fund held in a fiduciary capacity by or on behalf of that retirement system, pension fund, or investment board (see subsections (a) and (b)), but is not required to remit presumptively abandoned property to the administrator.

h) If a retirement system, pension fund, or investment board created pursuant to Article 3, 4, or 22 of the Illinois Pension Code does not meet the due diligence and certification requirements of Section 15-1506 of the Act, then that retirement system, pension fund, or investment board is required to both report and remit all presumptively abandoned property, as required by the Act, including presumptively abandoned property in an annuity, pension, or benefit fund held in a fiduciary capacity.

i) A retirement system, pension fund, or investment board created pursuant to Article 3, 4, or 22 of the Illinois Pension Code is still required to report and remit to the administrator all other presumptively abandoned property that is not in an annuity, pension, or benefit fund held in a fiduciary capacity.

(Source: Added at 44 Ill. Reg. 6403, effective April 8, 2020)

Section 760.406 Reporting and Remitting by Pension Systems Subject to Section 15-1505 of the Act

a) Property in an annuity, pension, or benefit fund held in a fiduciary capacity by or on behalf of a retirement system, pension fund, or investment board created pursuant to any Article of the Illinois Pension Code, except for Articles 3, 4, and

22, that would be presumed abandoned under Article 2 of the Act shall be reported to the administrator but not paid or delivered to the administrator.

b) The report must include:

1) Name of the owner and the names of any beneficiaries;

2) Last known address, if known, of owner and beneficiaries;

3) Social Security number or taxpayer identification number of owner and beneficiaries, if any; and

4) Dollar amount.

c) A retirement system, pension fund, or investment board created pursuant to any Article of the Illinois Pension Code is still required to report and remit to the administrator all other presumptively abandoned property that is not in an annuity, pension, or benefit fund held in a fiduciary capacity.

(Source: Added at 44 Ill. Reg. 6403, effective April 8, 2020)

SUBPART E: CLAIMS

Section 760.620 Filing of Claims

a) Claimants may file claims with the administrator either in writing on forms prescribed by the administrator or through completion of a form on the administrator's website.

b) Claims shall be verified or signed by the claimant under penalty of perjury.

c) If the subject property is valued at more than $500, the signatures of the claimants shall be notarized by a notary public or be guaranteed by an officer of a bank or financial institution with which the claimants currently do business.

d) If the value of the subject property is $2,000 or less~~less than $500~~:

1) a fully completed owner claim and owner indemnification form, submitted to the administrator either in writing or through completion of a form on

the administrator's website, will be accepted as prima facie evidence of validity of the claim, unless the administrator has facts within his or her knowledge that would tend to rebut the claim; and

2) the administrator may waive the requirement to complete a claim form and may pay or deliver property directly to a claimant if the person receiving the property is shown to be the apparent owner of the property included on a report filed pursuant to the Act, and the administrator reasonably believes the claimant is entitled to receive the property or payment.

e) *An heir or agent who files an unclaimed property claim in which the decedent's property does not exceed $100 may submit an affidavit attesting to the heir's or agent's capacity to claim in lieu of submitting a certified copy to verify a claim.* [765 ILCS 1026/15-904]

fe) If the property being claimed is a two-party check, in addition to submitting a fully completed claim form, the claimant must:

1) submit the original check;

2) submit verification in the form of an affidavit from the issuing agent of the check that the claimant is the true owner of the check and the issuing agent would then pay the value of the check to the claimant if the issuing agent had not remitted the funds to the administrator;

3) post a surety bond, issued by an insurance company with an A+ or A rating by A.M. Best and Company, in the amount of the check;

4) submit a release of interest executed by all persons not claiming the property who were listed as apparent owners by the holder;

5) submit an order from a court of competent jurisdiction indicating the claimant is the owner of the unclaimed property; or

6) submit an indemnification form if the administrator does not have facts within its knowledge that would tend to rebut the claim and all the following apply:

A) the original check is missing or has been destroyed;

B) the original check is older than 14 years;

C) incomplete information was reported by the holder and is no longer obtainable; and

D) the amount of the two-party check is $500 or less.

g~~f~~) A claim will be considered complete when a claimant has provided all the information and documentation requested by the administrator as necessary to establish legal ownership and that information or documentation is entered into the unclaimed property system. Unless extended for reasonable cause, the administrator shall issue a decision no later than 90 days after a claim is complete.

h~~g~~) If a claimant is unable to provide documentation sufficient to establish ownership by a preponderance of the evidence, the claimant may request that the administrator formally deny the claim in order to allow the claimant to commence a contested case, pursuant to Article 10 of the Illinois Administrative Procedure Act [5 ILCS 100], for review of the administrator's decision.

i~~h~~) Closing Claims

1) If a claimant fails to provide information and documentation necessary to establish legal ownership of the property by a preponderance of the evidence and the claim is inactive for at least 90 days, the administrator may close the claim without issuing a final decision.

2) If the claimant makes a request in writing for a final decision prior to the administrator's closing of the claim, the administrator shall issue a final decision.

3) If, after a claim is closed, a claimant subsequently provides additional information or documentation concerning the same property, the administrator shall open a new claim and shall incorporate by reference all information and documentation provided for the closed claim.

j~~i~~) *Not later than one year after filing a claim,* a *claimant may commence a contested case pursuant to the Illinois Administrative Procedure Act to establish a claim by*

the preponderance of the evidence after either receiving notice of the denial from the administrator *or the claim is deemed denied*. [765 ILCS 1026/15-906]

(Source: Amended at 44 Ill. Reg. 6403, effective April 8, 2020)

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1) Heading of the Part: Riverboat and Casino Gambling

2) Code Citation: 86 Ill. Adm. Code 3000

3)

Section Numbers:	Emergency Actions:
3000.520	New Section
3000.530	New Section
3000.540	New Section

4) Statutory Authority: 230 ILCS 10/7.7 (j)

5) Effective Date of Rules: April 7, 2020

6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which it is to expire: The emergency rules will expire at the end of the 150-day period or upon adoption of permanent rules, whichever comes first.

7) Date Filed with the Index Department: April 7, 2020

8) A copy of the emergency rules, 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: New Section 7.7 of the Illinois Gambling Act (IGA) [230 ILCS 10/7.7] provides authority for organization licensees licensed under the Horse Racing Act of 1975 to establish gaming facilities. New Section 7.7(j) directs the IGB to adopt emergency rules to implement this section by providing that:

> The Illinois Gaming Board must establish emergency rules in accordance with Section 5-45 of the Illinois Administrative Procedure Act as necessary to assure compliance with this amendatory Act of the 101st General Assembly concerning the conduct of gaming by an organization licensee. The adoption of emergency rules authorized by this subsection (j) shall be deemed to be necessary for the public interest, safety, and welfare.

The present emergency rulemaking implements the provisions of Section 7.7 of the IGA and is thus promulgated in accordance with the emergency rulemaking required of the Illinois Gaming Board (Board) under Section 7.7(j) of the IGA.

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10) A Complete Description of the Subjects and Issues Involved: The rulemaking adds three new Sections to the Riverboat and Casino Part [86 Ill. Adm. Code 3000] that implement the provisions of Section 7.7 of the Illinois Gambling Act [230 ICLS 10/7.7] relating to organization gaming facilities, and establishes requirements for temporary gaming facilities that cover both owners licensees and organization gaming licensees.

New Section 3000.520 (Organization Gaming Facilities) provides the following: Organization gaming facilities shall be restricted to persons over 21 years of age (subsection (a)). The organization gaming facility shall be maintained physically separate and apart from inter-track wagering and all other activities conducted at the racetrack (subsection (b)). There may be direct access to organization gaming facilities without entry to their associated licensee racetrack (subsection (c)). All entries and exits shall be recorded at turnstiles (subsection (d)). If an organization gaming facility is housed in the same structure as racetrack facilities, patrons must have direct access between both facilities (subsection (e)).

New Section 3000.530 (Modification of Organization Gaming Facilities) establishes construction approval procedures as follows:

Subsection (a) provides that before an organization gaming licensee constructs any form of building, or makes alterations to an existing building or structure of its organization gaming facility, it shall provide information that includes a description of where the gaming facilities will be located, clear, legible and proportionate diagrams, plans for surveillance and security systems, and certification of compliance with all applicable building codes and ordinances.

Subsection (b) requires an organization gaming licensee to provide any additional information or documentation requested by the Administrator.

Section (c) authorizes the Administrator to deny approval for construction, modification, or alteration if the Administrator determines that the grounds of the organization licensee will be altered so that the act of live racing becomes ancillary to gaming under the Act. The subsection includes a non-exhaustive list of factors that the Administrator is to consider in making this determination. These factors include: prominence or maintenance of racetrack character relative to the organization gaming facility and gaming operation; proposed placement of gaming operations and use of gaming equipment within existing or new structures; placement of the racetrack grandstand, pari-mutuel betting windows and related facilities; and frequency of live racing.

Subsection (d) provides that, following a denial by the Administrator of a request for modification or construction, the organization gaming licensee may request the Board to review the Administrator's determination.

Subsection (e) requires an organization licensee to convince the Board by clear and convincing evidence that any construction, modification, or alteration does not cause the act of live racing to be ancillary to gaming under the Act. In making this determination, the Board may consider information submitted to the Administrator as well as additional information it deems relevant. The Board may request additional information. Factors to be considered by the Board in making its determination are the same as those listed for the Administrator's determination under subsection (c).

Subsection (f) requires the Board to provide written notice of its determination to the organization gaming licensee.

Section 3000.540 addresses gaming at temporary facilities by owners licensees and organization gaming licensees. The section authorizes these licensees to conduct gaming at a temporary facility pending the construction or remodeling of a permanent facility to accommodate gaming participants for up to 24 months after the temporary facility begins to conduct gaming.

Subsection (a) provides that a request to operate a temporary gaming facility shall include a description of where the facility will be located; clear, legible and proportionate diagrams; plans for surveillance and security systems; and other information and details as may be required or deemed necessary by the Board.

Subsection (b) contains a non-exhaustive list of factors to be considered by the Board in determining whether to authorize gaming at a temporary facility. These include impact on the security and integrity of gaming; impact on health and safety of patrons; physical appearance and character of the facility; logistics of the gaming operation; or any other factor deemed relevant by the Board.

Subsection (c) establishes the conditions for operation of a temporary gaming facility. These are:

Operation for a maximum of 24 months, unless extended by the Board;

No concurrent operation with a permanent gaming facility; and

Rescission of Board approval for any just cause, including but not limited to failure by the licensee to operate in a manner consistent with the information submitted to the Board; determination by the Board that continued operation poses a risk to the integrity or security of gaming; or determination by the Board that continued operation of the temporary facility may by injurious to the health, safety, morals, good order, or general welfare of the people of the State of Illinois.

Subsection (d) provides that upon request of an owners licensee or organization gaming licensee, and upon a showing of good cause by the licensee, the Board shall extend the period during which the licensee may conduct gaming at the temporary facility by up to 12 months.

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

Section Numbers:	Proposed Actions:	*Illinois Register* Citations:
3000.106	New Section	44 Ill. Reg. 1752, January 24, 2020
3000.286	Amendment	44 Ill. Reg. 5974, April 17, 2020

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 these rules shall be directed to:

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

fax: 312/814-7253
Agostino.lorenzini@igb.illinois.gov

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

ILLINOIS GAMING BOARD

NOTICE OF EMERGENCY AMENDMENTS

TITLE 86: REVENUE
CHAPTER IV: ILLINOIS GAMING BOARD

PART 3000
RIVERBOAT AND CASINO GAMBLING

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3000.340 Operating Procedures (Repealed)
3000.350 Modifications (Repealed)

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3000.1155 Transmittal of Record and Recommendation to the Board

AUTHORITY: Implementing and authorized by the Riverboat Gambling Act [230 ILCS 10].

SOURCE: Emergency rule adopted at 15 Ill. Reg. 11252, effective August 5, 1991, for a maximum of 150 days; adopted at 15 Ill. Reg. 18263, effective December 10, 1991; amended at 16 Ill. Reg. 13310, effective August 17, 1992; amended at 17 Ill. Reg. 11510, effective July 9, 1993; amended at 20 Ill. Reg. 5814, effective April 9, 1996; amended at 20 Ill. Reg. 6280, effective April 22, 1996; emergency amendment at 20 Ill. Reg. 8051, effective June 3, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14765, effective October 31, 1996; amended at 21 Ill. Reg. 4642, effective April 1, 1997; emergency amendment at 21 Ill. Reg. 14566, effective October 22, 1997, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 978, effective December 29, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 4390, effective February 20, 1998; amended at 22 Ill. Reg. 10449, effective May 27, 1998; amended at 22 Ill. Reg. 17324, effective September 21, 1998; amended at 22 Ill. Reg. 19541, effective October 23, 1998; emergency amendment at 23 Ill. Reg. 8191, effective July 2, 1999 for a maximum of 150 days; emergency expired November 28, 1999; amended at 23 Ill. Reg. 8996,

effective August 2, 1999; amended at 24 Ill. Reg. 1037, effective January 10, 2000; amended at 25 Ill. Reg. 94, effective January 8, 2001; amended at 25 Ill. Reg. 13292, effective October 5, 2001; proposed amended at 26 Ill. Reg. 9307, effective June 14, 2002; emergency amendment adopted at 26 Ill. Reg. 10984, effective July 1, 2002, for a maximum of 150 days; adopted at 26 Ill. Reg. 15296, effective October 11, 2002; amended at 26 Ill. Reg. 17408, effective November 22, 2002; emergency amendment at 27 Ill. Reg. 10503, effective June 30, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 15793, effective September 25, 2003; amended at 27 Ill. Reg. 18595, effective November 25, 2003; amended at 28 Ill. Reg. 12824, effective August 31, 2004; amended at 31 Ill. Reg. 8098, effective June 14, 2007; amended at 32 Ill. Reg. 2967, effective February 15, 2008; amended at 32 Ill. Reg. 3275, effective February 19, 2008; amended at 32 Ill. Reg. 7357, effective April 28, 2008; amended at 32 Ill. Reg. 8592, effective May 29, 2008; amended at 32 Ill. Reg. 8931, effective June 4, 2008; amended at 32 Ill. Reg. 13200, effective July 22, 2008; amended at 32 Ill. Reg. 17418, effective October 23, 2008; amended at 32 Ill. Reg. 17759, effective October 28, 2008; amended at 32 Ill. Reg. 17946, effective November 5, 2008; amended at 34 Ill. Reg. 3285, effective February 26, 2010; amended at 34 Ill. Reg. 3748, effective March 11, 2010; amended at 34 Ill. Reg. 4768, effective March 16, 2010; amended at 34 Ill. Reg. 5200, effective March 24, 2010; amended at 34 Ill. Reg. 15386, effective September 23, 2010; amended at 36 Ill. Reg. 13199, effective July 31, 2012; amended at 37 Ill. Reg. 12050, effective July 9, 2013; amended at 37 Ill. Reg. 18255, effective November 1, 2013; amended at 38 Ill. Reg. 2808, effective January 8, 2014; amended at 38 Ill. Reg. 21471, effective October 29, 2014; amended at 39 Ill. Reg. 4362, effective March 10, 2015; amended at 39 Ill. Reg. 12312, effective August 18, 2015; amended at 40 Ill. Reg. 12776, effective August 19, 2016; amended at 41 Ill. Reg. 380, effective December 29, 2016; amended at 41 Ill. Reg. 12840, effective September 28, 2017; emergency amendment at 43 Ill. Reg. 9801, effective August 23, 2019, for a maximum of 150 days; emergency amendment at 43 Ill. Reg. 10512, effective September 5, 2019, for a maximum of 150 days; emergency amendment at 43 Ill. Reg. 10733, effective September 13, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 521, effective December 30, 2019; amended at 44 Ill. Reg. 3224, effective February 4, 2020; emergency amendment at 44 Ill. Reg. 6426, effective April 7, 2020, for a maximum of 150 days.

SUBPART E: CRUISING

Section 3000.520 Organization Gaming Facilities
EMERGENCY

a) Organization gaming facilities shall be restricted to patrons over 21 years of age.

b) The organization gaming facility portion of an organization gaming licensee's racetrack facilities shall be maintained physically separate and apart from inter-

track wagering and all other activities conducted at the racetrack. Such separation may be by physical barrier if located within the same structure.

c) Direct access to organization gaming facilities without requiring entry to their associated licensee racetrack is permitted.

d) All entries and exits shall be recorded at turnstiles allowing access to organization gaming facilities regardless of whether a patron is entering from the racetrack facility or from outside.

e) If the organization gaming facility is housed in the same structure as racetrack facilities, patrons must have direct access between both facilities.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 6426, effective April 7, 2020, for a maximum of 150 days)

Section 3000.530 Modification of Organization Gaming Facilities EMERGENCY

a) Construction Approval Procedures. Requests to modify organization gaming facilities shall be submitted to the Administrator before an organization gaming licensee constructs any form of building, or makes alterations to an existing building or structure of its organization gaming facility. Such requests shall include:

1) A description of where the gaming facility or facilities will be located on the property used.

2) Clear and legible diagrams of the interior of the facility or facilities. The diagrams must be representative and proportional, and include specific reference to the size of the gaming floor or areas through the use of detailed measurements.

3) Plans for the surveillance and security systems for the facility or facilities.

4) Certification that such modifications are in compliance with all applicable local building codes and ordinances.

b) The organization gaming licensee shall provide any additional information or documentation requested by the Administrator.

c) The Administrator may deny approval for construction, modification, or alteration if he or she determines that such construction, modification, or alteration alters the grounds of the organization gaming licensee such that the act of live racing is an ancillary activity to gaming under the Act. Factors to be considered include, but are not limited to:

1) Prominence or maintenance of racetrack character relative to the organization gaming facility and gaming operation, including but not limited to the planned and actual locations of all proposed and existing buildings on the subject property to be used to facilitate gaming;

2) Proposed placement of gaming operations and use of gaming equipment within existing or new structures;

3) The placement of the racetrack grandstand, pari-mutuel betting windows, and other related facilities;

4) Organization gaming facility capacity and gaming positions;

5) The frequency of live racing.

d) If the Administrator denies a request for modification or construction, the organization gaming licensee may request the Board review the Administrator's determination. Such a request must be submitted no later than 14 days after service of the Administrator's Notice of Denial.

e) The organization gaming licensee must satisfy the Board by clear and convincing evidence that any construction, modification, or alteration does not cause the act of live racing to be ancillary to gaming under the Act.

1) When reviewing an Administrator's Notice of Denial, the Board shall consider any information that was previously provided to the Administrator.

2) The Board may consider any additional information it deems relevant.

3) The Board may request any additional information from the organization gaming licensee the Board deems necessary.

4) The Board shall make its determination based upon the factors in subsection (c) above.

f) The Board shall provide written notice to the organization gaming licensee of its approval or denial of the request.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 6426, effective April 7, 2020, for a maximum of 150 days)

Section 3000.540 Temporary Facilities
EMERGENCY

An owners licensee or organization gaming licensee may conduct gaming at a temporary facility pending the construction of a permanent facility or the remodeling or relocation of an existing facility to accommodate gaming participants for up to 24 months after the temporary facility begins to conduct gaming.

a) An owners licensee or organization gaming licensee may request to operate a temporary gaming facility. The request shall include:

1) A description of where the gaming facility or facilities will be located on the property used.

2) Clear and legible diagrams of the interior of the facility or facilities. The diagrams must be representative and proportional, and include specific reference to the size of the gaming floor or areas through the use of detailed measurements. Diagrams must be submitted with an initial application that clearly depicts each entrance and exit.

3) Plans for the surveillance and security systems for the facility or facilities.

4) Such other or additional information and details as may be required or deemed necessary by the Board.

b) In determining whether to authorize gaming at a temporary gaming facility, the Board shall consider factors including, but not limited to, the following:

1) Impact on the security and integrity of gaming;

2) Impact on the health and safety of patrons or employees;

3) Physical appearance and character of the facility;

4) Logistics of the gaming operation; or

5) Any other factor deemed relevant by the Board.

c) A temporary gaming facility shall be operated under the following conditions:

1) A temporary gaming shall operate for a maximum of 24 months, unless extended by the Board;

2) A temporary gaming facility shall not operate concurrently with a permanent facility.

3) Board approval for a temporary gaming facility may be rescinded without prior notice for any just cause, including but not limited to:

A) Failure by the licensee to operate in a manner consistent with the information submitted to the Board;

B) A determination by the Board that continued operation of the temporary gaming facility is or may be a risk to the integrity or security of gaming; or

C) A determination by the Board that continued operation of the temporary gaming facility is or may be injurious to the health, safety, morals, good order, or general welfare of the people of the State of Illinois.

d) Upon request by the owners licensee or organization gaming licensee and upon a showing of good cause by the licensee, the Board shall extend the period during which the licensee may conduct gaming at a temporary facility by up to 12 months.

ILLINOIS GAMING BOARD

NOTICE OF EMERGENCY AMENDMENTS

(Source: Added by emergency rulemaking at 44 Ill. Reg. 6426, effective April 7, 2020, for a maximum of 150 days)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Child Care

2) Code Citation: 89 Ill. Adm. Code 50

3)

Section Numbers:	Emergency Actions:
50.210	Amendment
50.230	Amendment
50.235	Amendment
50.310	Amendment

4) Statutory Authority: Implementing Articles I through IXA and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IXA and 12-13].

5) Effective Date of Emergency Rules: April 13, 2020

6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which it is to expire: These emergency amendments will expire at the end of the 150-day period, or upon adoption of permanent rules, whichever comes first.

7) Date Filed with the Index Department: April 13, 2020

8) A copy of the emergency rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: Due to the COVID-19 pandemic, DHS will be lowering parent co-payment fees to ensure that CCAP families can receive childcare benefits during this pandemic. DHS will also waive income guidelines for Priority Essential workers in times of a declared State and/or Federal emergency. This rulemaking adds language that will reduce all parent co-payment fees for CCAP families to $1.00 and waive income guidelines for Priority Essential workers during the COVID-19 pandemic. As a result, this rulemaking will provide relief to CCAP families and a stable cash flow to providers. This rule is proposed as an emergency because it addresses a threat to public interest, including the safety and welfare of the citizens of Illinois.

10) A Complete Description of the Subject and Issues: Due to the COVID-19 pandemic, DHS will be lowering parent co-payment fees to ensure that CCAP families can receive childcare benefits during this pandemic. DHS will also waive income guidelines for Priority Essential workers in times of a declared State and/or Federal emergency. This rulemaking adds language that will reduce all parent co-payment fees for CCAP families

to $1.00 and waive income guidelines for Priority Essential workers during the COVID-19 pandemic. Co-payments and income guidelines will be reinstated to their standard levels at the end of the Emergency Rule Period or when the Governor determines that the State of Illinois is no longer in an emergency, whichever happens first.

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
50.235	Amendment	43 Ill. Reg. 14326; December 13, 2019

12) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate.

13) Information and questions regarding these emergency rules shall be directed to: Interested persons may present their comments concerning these emergency rules within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

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

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 50
CHILD CARE

SUBPART A: GENERAL PROVISIONS

Section
50.101 Incorporation by Reference
50.105 Definitions
50.110 Participant Rights and Responsibilities
50.120 Notification of Available Services
50.130 Child Care Overpayments and Recoveries

SUBPART B: APPLICABILITY

Section
50.210 Child Care
EMERGENCY
50.220 Method of Providing Child Care
50.230 Child Care Eligibility
EMERGENCY
50.235 Income Eligibility Criteria
EMERGENCY
50.240 Qualified Provider (Repealed)
50.250 Additional Service to Secure or Maintain Child Care
50.260 Job Search (Repealed)

SUBPART C: PAYMENT FEES

Section
50.310 Fees for Child Care Services
EMERGENCY
50.320 Maximum Monthly Income and Parent Fee by Family Size, Income Level and Number of Children Receiving Full-time Care

SUBPART D: PROVIDER REQUIREMENTS

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section
50.400 Purpose
50.410 Qualified Provider
50.420 Provider Registration and Certification Requirements
50.430 Provider Background Checks
50.440 Payment for Child Care Services

SUBPART E: GREAT START PROGRAM

Section
50.510 Great START Program
50.520 Method of Providing the Wage Supplement
50.530 Eligibility
50.540 Employer Responsibility
50.550 Notification of Eligibility
50.560 Phase-in of Wage Supplement Scale
50.570 Wage Supplement Scale
50.580 Evaluation

SUBPART F: CHILD CARE COLLABORATION PROGRAM

Section
50.610 Child Care Collaboration Program
50.620 Approvable Models of Collaboration
50.630 Requirements for Approval in the Child Care Collaboration Program
50.640 Notification of Eligibility
50.650 Rules and Reporting for the Child Care Collaboration Program

SUBPART G: GATEWAYS TO OPPORTUNITY CREDENTIALS

Section
50.710 Gateways to Opportunity, the Illinois Professional Development System
50.720 Gateways to Opportunity Credentials
50.730 Application for Credentials
50.740 Framework for Gateways to Opportunity Credentials
50.750 Professional Knowledge
50.760 Gateways to Opportunity Registry

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

SUBPART H: STAFF QUALIFICATIONS AND TRAINING STANDARDS

Section
50.800 Purpose
50.810 Applicability
50.820 Staff Qualifications for License Exempt School-Age Providers
50.830 Training Standards for License Exempt School-Age Providers

AUTHORITY: Implementing Articles I through IXA and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5].

SOURCE: Emergency rules adopted at 21 Ill. Reg. 9502, effective July 1, 1997, for a maximum of 150 days; adopted at 21 Ill. Reg. 14961, effective November 10, 1997; emergency amendment at 22 Ill. Reg. 12816, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 21037, effective November 27, 1998; emergency amendment at 23 Ill. Reg. 10875, effective August 20, 1999, for maximum of 150 days; amended at 24 Ill. Reg. 1058, effective January 10, 2000; emergency amendment at 24 Ill. Reg. 6604, effective April 5, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 13987, effective September 1, 2000; amended at 24 Ill. Reg. 15423, effective October 10, 2000; emergency amendment at 25 Ill. Reg. 2735, effective February 5, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 8176, effective June 23, 2001; emergency amendment at 25 Ill. Reg. 8443, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14854, effective October 31, 2001; emergency amendment at 25 Ill. Reg. 16116, effective December 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 7113, effective April 25, 2002; amended at 27 Ill. Reg. 12090, effective July 14, 2003; amended at 27 Ill. Reg. 18411, effective November 24, 2003; amended at 28 Ill. Reg. 6895, effective April 23, 2004; emergency amendment at 28 Ill. Reg. 10121, effective July 1, 2004, for a maximum of 150 days; emergency expired November 27, 2004; amended at 29 Ill. Reg. 2687, effective February 4, 2005; emergency amendment at 29 Ill. Reg. 13253, effective August 11, 2005, for a maximum of 150 days; emergency expired January 7, 2006; amended at 30 Ill. Reg. 11190, effective June 6, 2006; amended at 31 Ill. Reg. 12584, effective August 20, 2007; emergency amendment at 31 Ill. Reg. 13350, effective September 10, 2007, for a maximum of 150 days; emergency expired February 6, 2008; amended at 32 Ill. Reg. 6048, effective March 31, 2008; emergency amendment at 32 Ill. Reg. 6652, effective April 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 9604, effective June 20, 2008; amended at 32 Ill. Reg. 14742, effective August 28, 2008; amended at 33 Ill. Reg. 8195, effective June 8, 2009; emergency amendment at 33 Ill. Reg. 15889, effective November 1, 2009, for a maximum of 150 days; emergency amendment at 33 Ill. Reg. 16517, effective November 1, 2009, for a maximum of 150 days; emergency expired March 30, 2010; amended at 34 Ill. Reg. 5275, effective March 29, 2010; emergency amendment at 34 Ill. Reg. 8619, effective June 16, 2010, for a maximum of

150 days; emergency expired on November 12, 2010; amended at 34 Ill. Reg. 10512, effective July 8, 2010; amended at 34 Ill. Reg. 19539, effective December 6, 2010; amendment at 35 Ill. Reg. 1397, effective January 6, 2011; amended at 35 Ill. Reg. 3993, effective February 25, 2011; emergency amendment at 35 Ill. Reg. 6583, effective April 1, 2011, for a maximum of 150 days; emergency expired August 28, 2011; amended at 35 Ill. Reg. 8878, effective May 25, 2011; amended at 36 Ill. Reg. 1564, effective January 17, 2012; amended at 36 Ill. Reg. 12104, effective July 10, 2012; amended at 36 Ill. Reg. 14513, effective September 12, 2012; amended at 36 Ill. Reg. 16085, effective October 29, 2012; amended at 38 Ill. Reg. 18490, effective August 22, 2014; amended at 38 Ill. Reg. 19513, effective September 17, 2014; emergency amendment at 39 Ill. Reg. 10072, effective July 1, 2015, for a maximum of 150 days; emergency rule modified in response to JCAR objection at 39 Ill. Reg. 15158, effective November 9, 2015, for the remainder of the 150 days; amended at 39 Ill. Reg. 15540, effective November 23, 2015; emergency amendment at 41 Ill. Reg. 12890, effective October 1, 2017, for a maximum of 150 days; amended at 42 Ill. Reg. 3745, effective February 7, 2018; amended at 42 Ill. Reg. 8491, effective May 8, 2018; emergency amendment at 42 Ill. Reg. 13898, effective July 1, 2018, for a maximum of 150 days; amended at 42 Ill. Reg. 22555, effective November 27, 2018; emergency amendment at 43 Ill. Reg. 7632, effective July 1, 2019, for a maximum of 150 days; amended at 43 Ill. Reg. 11338, effective October 1, 2019; emergency amendment at 43 Ill. Reg. 14416, effective November 26, 2019, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 6442, effective April 13, 2020, for a maximum of 150 days.

SUBPART B: APPLICABILITY

Section 50.210 Child Care
EMERGENCY

a) To the extent resources permit, the Department shall provide child care services:

1) to parents or other relatives who are working and are unable to supervise their children;

2) to parents or other relatives who are participating in employment, training or education programs that are approved by the Department; and

3) to teen parents to enable them to obtain a high school degree or its equivalent, to provide time to find employment after graduation, and to provide a stable learning environment for their children.

4) to families that fall into a Protective Services Child Care category:

A) Homelessness

B) Transitioning from DCFS Intact Family Services

C) Priority Essential workers during a time of declared State or Federal emergency. Priority Essential workers are workers that are employed by Health Care and Public Health Operations, Human Services Operations, Essential Government Functions and Essential Infrastructure as defined by Executive Order No. 2020-10 issued on March 20, 2020.

b) Unless otherwise stipulated for families approved under Protective Services Child Care, in~~In~~ a two-parent household, both parents must be working or in an approved education and training activity and unavailable to care for the children unless one of the parents is unable to care for the children for one of the following reasons:

1) A physical or mental disability that limits the ability of the parent to provide adequate child care;

2) Participation in an alcohol or drug abuse rehabilitation program;

3) Military service away from home; or

4) Participation in a Department approved program such as a Temporary Assistance for Needy Families (TANF) Employment and WorkActivity (see 89 Ill. Adm. Code 112.78) or Teen Parent Services (TPS).

c) The applicant must furnish written documentation to verify the reason why the other parent, if living in the home, is unable to work and unable to provide care for the children that live in the home.

1) To document the other parent's physical or mental health problem or participation in a rehabilitation program, the applicant shall submit written verification from the treating physician, psychiatrist, or other appropriate licensed health care practitioner that includes details of the nature and degree of the person's disability or impairment, the reason the condition

prevents the individual from providing care, and the projected length of disability.

2) To document military service away from home, the applicant must furnish a copy of the orders from the appropriate branch of the military that details the length and location of the assignment, as well as any money allowances for clothing and housing.

3) To document participation in a Department approved program (see subsection (b)(4)), child care staff shall use Department computerized case information systems. If participation in a Department approved program cannot be verified via the Department computerized case information systems, the applicant may be required to submit a copy of the Responsibility and Services Plan (RSP) (FORM 4003) or other relevant Department forms signed by the caseworker.

d) COVID-19
During the COVID-19 pandemic, those applicants and clients defined as Priority Essential workers will be eligible for the Child Care Assistance Program without having to meet income eligibility guidelines. This will remain in place until the Governor declares the state of emergency is over.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6442, effective April 13, 2020, for a maximum of 150 days)

Section 50.230 Child Care Eligibility
EMERGENCY

a) To the extent resources permit, it is the intent of the Department to provide child care services to all applicants that meet the eligibility requirements set forth in this Section. If it is necessary to limit participation to stay within the amounts appropriated or resources available to the Department for child care services, participation will be limited to the priority service groups specified in subsection (c)(6) and that limitation in participation shall remain until such time as sufficient resources are available to serve all eligible applicants.

b) To be eligible for child care services, a child shall at the time of eligibility determination or redetermination:

1) be under 13 years of age (if a child turns 13 years old during the eligibility period, that child shall remain eligible for CCAP for the remainder of the eligibility period); or

2) be under age 19 and under court supervision or have physical, developmental, or intellectual disabilities as documented by a statement from a local health provider or other health professional.

c) Parents and other relatives eligible to receive child care services include:

1) Clients who receive Temporary Assistance for Needy Families (TANF) under Article IV of the Public Aid Code participating in work and/or training-related activities as specified in their Responsibility and Service Plan (RSP) (see 89 Ill. Adm. Code 112.74) as approved by the Department's TANF case worker.

2) Working families, including teen parents enrolled full-time in elementary or high school or high school equivalency classes to obtain a high school diploma or its equivalent, whose monthly incomes do not exceed the following amounts by family size at the time of initial program application:

Family Size	Gross Monthly Base Income
2	$2,819
3	$3,553
4	$4,292
5	$5,029
6	$5,765
7	$6,502
8	$7,239
9	$7,975
10	$8,712

The above income guidelines will be indexed annually so that the thresholds are no less than 185% of the most current Federal Poverty Level (FPL) for each family size.

3) At the end of each eligibility period, families must fall into the following income guidelines to remain eligible for another 12-month eligibility period:

Family Size	Gross Monthly Base Income
2	$3,171
3	$4,000
4	$4,829
5	$5,657
6	$6,486
7	$7,315
8	$8,144
9	$8,929

These income guidelines will be indexed annually so that the thresholds are no less than 185% of the most current FPL for each family size.

4) Any time a family's countable income exceeds 85% of the State Median Income (SMI), the case will be canceled 10 calendar days after the date the termination notice was sent to the family and providers.

Family Size	Gross Monthly Base Income
2	$4,307
3	$5,320
4	$6,333
5	$7,346
6	$8,359
7	$8,549
8	$8,739

These income guidelines will be indexed annually so that the thresholds are no less and no more than 85% of the most current SMI level for each family size.

5) If the countable income for a family is between 225% FPL and 85% SMI at the end of an eligibility period, and all other eligibility factors are met, the family will be eligible for a 90-day graduated phase-out period that begins the first day of the new eligibility period. If the family requests child care assistance at any time after the graduated phase-out period, the request must be treated as a new application and the family must have family income below 200% of FPL to qualify.

6) Families that fall into a Protective Services Child Care category:

A) Homelessness

B) Transitioning from DCFS Intact Family Services

C) Priority Essential workers during a time of declared State of Federal emergency. During the COVID-19 state of emergency, those determined to be Priority Essential workers will have income guidelines waived. Eligibility periods may be extended for all approved families without proof that eligibility criteria are still met.

7~~6~~) Families who do not receive TANF and need child care services in order to attend school or training (up to and including the acquisition of the first Bachelor's Degree) whose monthly income does not exceed the monthly income ceilings in subsection (c)(2). Clients can be approved for education/training activities that will lead to multiple certificates within a designated career path (e.g., from Certified Nursing Assistant to Licensed Practical Nurse) or Associate Degrees, but only the first Bachelor's Degree. Clients may also be approved for additional vocational certificate programs if they are beginning a new career path in a new field or if classes are required to remain certified in their current employment. Child care services approved under this Part must be reasonably related to the education or training activity, including class hours and research, study, laboratory, library and transportation time, and unpaid educationally required work activities such as student teaching, an internship, a clinical, a practicum or an apprenticeship. Teen parents enrolled full-time in elementary or high school or high school equivalency classes will be eligible for full-time, full-year child care, including summers, when using a licensed child care provider, up to and including a three-month period

after graduation, in order to secure employment or to prepare for higher education. If a parent is claimed as a dependent by another person for federal income tax purposes, that parent is only eligible if his or her income, when added to the income of the other person, does not exceed the monthly income ceiling in subsection (c)(2) for that family size. All education programs under this Part must be administered by an educational institution accredited under requirements of State law, including, but not limited to, the Barber, Cosmetology, Esthetics, Hair Braiding, and Nail Technology Act of 1985 [225 ILCS 410], the Real Estate Act of 2000 [225 ILCS 454], the Public Community College Act [110 ILCS 805], the University of Illinois Act [110 ILCS 305], the Chicago State University Law [110 ILCS 660], the Eastern Illinois University Law [110 ILCS 665], the Governors State University Law [110 ILCS 670], the Illinois State University Law [110 ILCS 675], the Northeastern Illinois University Law [110 ILCS 680], the Northern Illinois University Law [110 ILCS 685], the Western Illinois University Law [110 ILCS 690], or the Department of Financial and Professional Regulation. Social service agencies that provide recognized English as a Second Language (ESL) and other adult education courses and programs are not required to hold or maintain any separate type of accreditation, as long as the program they offer is supported by an accredited institution.

A) Below Post-Secondary Education Eligibility and Participation Requirements

This category of education includes literacy and other adult basic education, English as a Second Language, and high school equivalency examination preparation programs. Clients/applicants who have already earned a vocational certificate are still eligible for below post-secondary education activities if they have not already earned a high school diploma or high school equivalency certificate.

i) There is no work requirement for the first 24 non-consecutive months the client participates. Families eligible to receive child care services while they attend an education or training program under this Section must not already possess a Bachelor's, Master's or Doctorate Degree.

ii) From the 25th month on, the client must work at least 20 hours per week. Child care provided to a teen parent to obtain a high school diploma or its equivalent does not count against this 24-month limit. Individuals enrolled in below post-secondary education must maintain a "C" average if this measurement is used by the institution to determine satisfactory progress. The client will be allowed one eligibility period below a "C" average to bring the grades up to a "C" average. When grades are not used, progress will be determined by the written policy of the institution to establish a comparable grade level upon completion of the academic term. The determination of satisfactory progress must be reported upon completion of each eligibility period.

B) Vocational Education Eligibility and Participation Requirements Programs in this category of education may be offered by a public community college, public or private university, or private business/technical school.

i) The program usually results in the receipt of a Certificate of Achievement or Completion and/or prepares the client for a specific job or to obtain a license required by some occupations. Families eligible to receive child care services while they attend an education or training program under this Section must not already possess a Bachelor's, Master's or Doctorate Degree. Clients/applicants may be approved for multiple vocational certificate programs if they are within a designated career path (e.g., from Certified Nursing Assistant to Licensed Practical Nurse) or are beginning a new career path in a new field, or if classes are required to remain certified in their current employment.

ii) There is no work requirement for the first 24 non-consecutive months the client participates. From the 25th month on, the client must work at least 20 hours per week. Individuals enrolled in vocational education must maintain a "C" average if this measurement is used by the institution

to determine satisfactory progress. The client will be allowed one eligibility period below a "C" average to bring the grades up to a "C" average. When grades are not used, progress will be determined by the written policy of the institution to establish a comparable grade level upon completion of the academic term. The determination of satisfactory progress must be reported upon completion of each eligibility period.

C) Post-Secondary Education

i) This category of education includes all undergraduate college level courses that could result in an Associate or the client's first Bachelor's Degree. Families eligible to receive child care services while they attend an education or training program under this Section must:

- be enrolled in a program accredited under requirements of State law as stated in subsection (c)(3).

- not already have a Bachelor's, Master's or Doctorate Degree, if requesting child care to earn an Associate Degree. Child care will not be approved for attainment of a second Associate Degree.

- not be in an, or have completed an, advanced degree program (beyond a Bachelor's Degree). Child care will not be approved for education beyond the attainment of a Bachelor's Degree.

ii) There is no work requirement for the first 48 non-consecutive months the client participates. From the 49th month on, the client must work at least 20 hours per week. Clients who do not work and who need child care to attend college must maintain a 2.5 grade point average (GPA) (on a 4.0 scale) if this measurement is used by the institution to determine satisfactory progress. Clients who work 20 hours or more per week in paid employment while they

attend college must maintain a 2.0 GPA (on a 4.0 scale). In the absence of a GPA, satisfactory progress will be determined by the written policy of the institution. The determination of satisfactory progress, including test/retest results or GPA, must be reported upon completion of each eligibility period. If the client's GPA falls below 2.5 or 2.0 for those students who work or at any time the client does not maintain satisfactory progress, the client may continue to go to school for another eligibility period. If the GPA is below 2.5 or 2.0 two eligibility periods in a row, the client will be ineligible for child care until his or her GPA is at or above 2.5 or 2.0.

D) For child care services received under education/training, a parent enrolled in web-based courses or correspondence learning from an accredited university or college is only eligible for child care assistance if both of the following are met:

i) The class is offered only at a regularly scheduled time (i.e., 11:00 a.m. every Monday and Wednesday) or the parent must leave the home to have access to a computer.

ii) The child or children for whom care is requested must be under the age of six, except during the summer or school breaks. Care shall not be authorized during the hours the child is in school or is home schooled, or if the child is in a two-parent family when the other parent is available to care for the child.

E) Study Time
Child care services may be granted for up to one hour of study time per week for each classroom hour or course credit. When possible, study periods should be arranged around regularly scheduled classes in order to provide a consistent and uninterrupted routine for children in care. Study time granted to add an extra day of care must be approved first by the Department's Bureau of Child Care and Development Policy Unit.

8~~7~~) Relatives (other than parents) who receive child-only TANF benefits as a

Representative Payee for children in need of care while they work.

9~~8~~) Families with active CCAP cases in which all parents in the household are called into active military duty and the relative caregivers are employed or in an approved education/training activity.

10~~9~~) In the event the Department must limit participation due to insufficient appropriations or available resources, applicants included in the priority service groups are:

A) Recipients of Temporary Assistance for Needy Families as described in subsection (c)(1);

B) Teen parents enrolled full-time in elementary school, high school or high school equivalency classes to obtain a high school degree or its equivalent;

C) Families engaged in an eligible employment and/or educational activity with a special needs child and family income that does not exceed 185% of FPL for their family size;

D) Working families whose monthly incomes do not exceed 185% of the most current FPL for their family size;

E) Families that are not recipients of TANF whose monthly incomes do not exceed 185% of the most current FPL for their family size that need child care assistance to participate in education and training.

F) Families that meet the CCAP criteria for Protective Services Child Care.

d) All families must reside in Illinois.

e) Payment for child care services to eligible parents may begin:

1) if care was provided at the time and all eligibility factors are met, on either:

A) the date of the parent's signature on the Child Care Assistance Program (CCAP) application (Form 444-3455); or

B) one week (seven calendar days) prior to the stamped date of receipt of the CCAP application (Form 444-3455) by the Department or its agents, whichever is later; or

2) on the date the child care provider actually begins providing child care services, if the application is received in advance of services being provided and all eligibility factors are met.

f) Approval of payments will cease no less than 10 calendar days after the date of the termination notice sent to the parent by the Department or its agents following a determination of ineligibility. Care will be terminated immediately if it is determined the child is no longer enrolled with the approved provider or the family requests that its case be terminated.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6442, effective April 13, 2020, for a maximum of 150 days)

Section 50.235 Income Eligibility Criteria
EMERGENCY

A family is considered "income eligible" when the combined gross monthly base income (earned and unearned) (see subsection (a)) of all family members is at or below the amounts listed in Section 50.230 for the corresponding family size. In 2 parent families, both incomes must be combined to determine eligibility. Two-parent families include those with 2 or more adults living in the home, such as the applicant and his or her spouse or parents of a common child in the home. Eligibility is determined on the basis of gross monthly base income. To convert weekly income into monthly base income, multiply weekly income by 4.333. To convert bi-weekly income into monthly base income, multiply bi-weekly income by 2.1666. To convert twice monthly income into monthly base income, multiply twice monthly income by 2. Documentation must be secured for all income and maintained in the family eligibility file prior to approval for child care payments. During the COVID-19 state of emergency, those determined to be Priority Essential workers will have income guidelines waived.

a) Income Included (Non-Exempt)

1) gross base wages and salary;

2) net income from farm self-employment;

3) net income from non-farm self-employment;

4) dividends, interest, net rental income and royalties;

5) pensions and annuities;

6) alimony;

7) child support received by the family;

8) ongoing monthly adoption assistance payments from DCFS;

9) veteran's pensions;

10) unemployment compensation;

11) worker's compensation;

12) public assistance and welfare payments;

13) social security payments for all family members, including Supplemental Security Income (SSI) and pensions;

14) survivor's benefits, permanent disability payments, and railroad retirement benefits from the federal government.

b) Exempt Income

1) per capita payments to or funds held in trust for any individual in satisfaction of the Indian Claims Commission or the Court of Claims;

2) payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act (43 USC 1620(a));

3) money received from sale of property, such as stocks, bonds, a house, or a

car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment);

4) non-recurrent or inconsistent pay for overtime, incentives, bonuses, sick, vacation, travel reimbursements or other types of non-recurrent or inconsistent income that is not part of the family's base income;

5) money borrowed, including educational loans to a student who is included in the family unit as authorized in Section 50.210(c);

6) withdrawals of bank deposits;

7) tax refunds, or any Earned Income Tax Credit (EITC) payments;

8) gifts;

9) lottery winnings or proceeds obtained by gambling;

10) lump sum inheritances or insurance payments;

11) capital gains;

12) the value of the coupon allotment or Supplemental Nutrition Assistance Program (SNAP) benefits under the Food Stamp Act of 1977 (PL 95-113) or the Food and Nutrition Act of 2008 (PL 110-246), as amended;

13) the value of United States Department of Agriculture (USDA) donated foods;

14) the value of supplemental food assistance under the Child Nutrition Act of 1966 (42 USC 1771 et seq.) and the special food service for children under the National School Lunch Act (42 USC 1751 et seq.), as amended;

15) any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (42 USC 4651);

16) earnings of a child under age 21 (unless that child is the applicant);

17) grants such as scholarships, obtained and used by a student who is included in the family unit as authorized in Section 50.210(c);

18) any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commission of Education under the Higher Education Act of 1965 (20 USC 1001 et seq.);

19) home produce utilized for household consumption;

20) energy grants or allowances received through the Low-Income Energy Assistance Program authorized by the Low-Income Home Energy Assistance Act of 1981 (42 USC 8625);

21) any DCFS foster care board payments or clothing allowance; and

22) child support paid out of the family's income.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6442, effective April 13, 2020, for a maximum of 150 days)

SUBPART C: PAYMENT FEES

Section 50.310 Fees for Child Care Services
EMERGENCY

All parents must share in the cost of child care as illustrated in Section 50.320, except relatives (other than parents) who receive a child-only TANF benefit for children needing care due to the relatives' employment and families with active CCAP cases in which all parents in the household are called into active military duty and the relative caregivers are employed or in an approved education/training activity. If all of the children in care are of school age and are approved for part-time (less than 5 hours per day) day care for any month September through May, the parent share is 50% of the amount shown in Section 50.320. A school age child is a child whose age is 5 to 13 years and is enrolled in school. Fees may be reduced or waived for families enrolled under Protective Service Child Care policies.

All parent co-payment fees for families receiving CCAP shall be reduced to $1.00 during the COVID-19 pandemic. Co-payment fees will be reassessed to the standard levels at the end of the Emergency Rule Period or when the Governor determines that the State of Illinois is no longer in an emergency, whichever happens first.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6442, effective April 13, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Emergency Medical Services, Trauma Center, Comprehensive Stroke Center, Primary Stroke Center and Acute Stroke Ready Hospital Code

2) Code Citation: 77 Ill. Adm. Code 515

3)

Section Numbers:	Emergency Actions:
515.100	Amendment
515.315	Amendment
515.460	Amendment
515.730	Amendment
515.830	Amendment
515.860	Amendment
515.4000	Amendment
515.4010	Amendment
515.4020	Amendment
515.Appendix K	Amendment
515.Appendix L	Amendment
515.Appendix N	Amendment
515.Appendix O	Amendment

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective Date of Rules: April 10, 2020

6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which they are to expire: This rulemaking will not expire before the end of the 150-day period.

7) Date Filed with the Index Department: April 10, 2020

8) A copy of the emergency rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency rules is adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued during 2020 related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably

constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency rules.

10) A Complete Description of the Subject and Issues: In order to address Emergency Medical Service (EMS) staffing needs, this rulemaking: authorizes Clinical Nurse Specialists to work in hospital emergency departments designated as an Emergency Department Approved for Pediatrics (EDAP), Standby Emergency Department Approved for Pediatrics (SEDP) or Pediatric Critical Care Center (PCCC), in order to afford hospitals more flexible staffing options; helps reduce hospital staffing costs by permitting nurse practitioners, clinical nurse specialists and physician assistants to provide backup coverage during critical situations; expands the scope of the pediatric intensive care unit committee to include advanced practice providers; clarifies the role and qualifications of Pediatric Clinical Nurse Specialist; clarifies the role and qualifications of the Pediatric Clinical Nurse Expert as a member of the pediatric intensive care unit leadership team; expands the types of minimum training requirements of the Pediatric Clinical Nurse Expert to help alleviate staffing shortages and minimize costs; and updates the equipment list to reflect current medical standards.

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

Section Numbers:	Proposed Actions:	*Illinois Register* Citations:
515.100	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.125	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.315	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.445	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.460	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.730	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.830	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.860	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.4000	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.4010	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.4020	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.Appendix K	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.Appendix L	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.Appendix N	Amendment	44 Ill. Reg. 5185; March 27, 2020
515.Appendix O	Amendment	44 Ill. Reg. 5185; March 27, 2020

12) Statement of Statewide Policy Objective: This rulemaking will not create or expand a State mandate.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

13) Information and questions regarding these emergency rules shall be directed to:

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

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

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

PART 515
EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER AND ACUTE STROKE READY HOSPITAL CODE

SUBPART A: GENERAL PROVISIONS

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515.125 Incorporated and Referenced Materials
515.150 Waiver Provisions
515.160 Facility, System and Equipment Violations, Hearings and Fines
515.165 Suspension, Revocation and Denial of Licensure
515.170 Employer Responsibility
515.180 Administrative Hearings
515.190 Felony Convictions

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515.200 Emergency Medical Services Regions
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515.255 Stroke Data Collection Fund

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515.300 Approval of New EMS Systems
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DEPARTMENT OF PUBLIC HEALTH

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515.330 EMS System Program Plan
515.340 EMS Medical Director's Course
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515.360 Approval of Additional Drugs and Equipment
515.370 Automated Defibrillation (Repealed)
515.380 Do Not Resuscitate (DNR) and Practitioner Orders for Life-Sustaining Treatment (POLST) Policy
515.390 Minimum Standards for Continuing Operation
515.400 General Communications
515.410 EMS System Communications
515.420 System Participation Suspensions
515.430 Suspension, Revocation and Denial of Licensure of EMTs (Repealed)
515.440 State Emergency Medical Services Disciplinary Review Board
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515.450 Complaints
515.455 Intra- and Inter-System Dispute Resolution
515.460 Fees
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515.470 Participation by Veterans Health Administration Facilities

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515.500 EMS System Education Program-Emergency Medical Technician
515.510 Advanced Emergency Medical Technician and Emergency Medical Technician-Intermediate Education
515.520 Paramedic Education
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515.540 EMT, A-EMT, EMT-I and Paramedic Licensure
515.550 Scope of Practice – Licensed EMT and Paramedic
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SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, EMERGENCY MEDICAL RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

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DEPARTMENT OF PUBLIC HEALTH

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DEPARTMENT OF PUBLIC HEALTH

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515.2070 Trauma Center Designation Delegation to Local Health Departments
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SUBPART K: COMPREHENSIVE STROKE CENTERS,
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515.5020 Primary Stroke Center (PSC) Designation
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DEPARTMENT OF PUBLIC HEALTH

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515.5060	Acute Stroke-Ready Hospital Designation Criteria without National Certification
515.5070	Request for Acute Stroke-Ready Hospital Designation without National Certification
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515.APPENDIX A	A Request for Designation (RFD) Trauma Center
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515.APPENDIX G	Credentials of General/Trauma Surgeons Level I and Level II
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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

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

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 5714, effective April 15, 2013; amended at 37 Ill. Reg. 7128, effective May 13, 2013; amended at 37 Ill. Reg. 10683, effective June 25, 2013; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended at 37 Ill. Reg. 19610, effective November 20, 2013; amended at 38 Ill. Reg. 9053, effective April 9, 2014; amended at 38 Ill. Reg. 16304, effective July 18, 2014; amended at 39 Ill. Reg. 13075, effective September 8, 2015; amended at 40 Ill. Reg. 8274, effective June 3, 2016; amended at 40 Ill. Reg. 10006, effective July 11, 2016; recodified at 42 Ill. Reg. 10700; amended at 42 Ill. Reg. 17632, effective September 20, 2018; amended at 43 Ill. Reg. 4145, effective March 19, 2019; emergency amendment at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 515.100 Definitions
EMERGENCY

Act – the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

Acute Stroke-Ready Hospital or ASRH – *a hospital that has been designated by the Department as meeting the criteria for providing emergent stroke care. Designation may be provided after a hospital has been certified or through application and designation as* an Acute Stroke-Ready Hospital. (Section 3.116 of the Act)

Advanced Emergency Medical Technician or A-EMT − a person who has successfully completed a course in basic and limited advanced emergency medical care as approved by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part*, and practices within an Intermediate or Advanced Life Support EMS System.* (Section 3.50(b-5) of the Act)

Advanced Life Support Services or *ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the National EMS Education Standards relating to Advanced Life Support and any modifications to that curriculum* or those standards *specified in* this Part. (Section 3.10(a) of the Act)

Advanced Practice Registered Nurse or APRN – a person currently licensed as an advanced practice registered nurse under the Illinois Nurse Practice Act by the Illinois Department of Financial and Professional Regulation.

Aeromedical Crew Member or Watercraft Crew Member or Off-road Specialized Emergency Medical Services Vehicle (SEMSV) Crew Member – an individual, other than an EMS pilot, who has been approved by an SEMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV Program.

Alternate EMS Medical Director or Alternate EMS MD – the physician who is designated by the Resource Hospital to direct the ALS/Advanced/ILS/BLS operations in the absence of the EMS Medical Director.

Alternate Response Vehicle – ambulance assist vehicles and non-transport

vehicles as defined in Section 515.825 and Section 515.827.

Ambulance – any publicly or privately owned on-road vehicle that is specifically designed, constructed or modified and equipped for*, and is intended to be used for, and is maintained or operated for, the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such individuals.* (Section 3.85 of the Act)

Ambulance Assistance Vehicle Provider – a provider of ambulance assistance vehicles that is licensed under the Act and serves a population within the State. (Section 3.88(a) of the Act)

Ambulance Service Provider and Vehicle Service Provider Upgrades – Rural Population – a practice that allows an ambulance, alternate response vehicle, specialized emergency medical services vehicle or vehicle service provider that serves a population of 7,500 or fewer to upgrade the level of service of the provider vehicle using pre-approved System personnel and equipment.

Ambulance Service Provider – any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation of emergency patients.

Applicant – an individual or entity applying for a Department-issued license or certification.

Associate Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting education programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit.

Associate Hospital EMS Coordinator – the paramedic~~Paramedic~~ or registered

professional nurse~~Registered Nurse~~ at the Associate Hospital who shall be responsible for duties in relation to the EMS System, in accordance with the Department-approved EMS System Program Plan.

Associate Hospital EMS Medical Director – the physician at the Associate Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the EMS System, in accordance with the Department-approved EMS System Program Plan.

Basic Emergency Department – a classification of a hospital emergency department where at least one physician is available in the emergency department at all times; physician specialists are available in minutes; and ancillary services, including laboratory, x-ray and pharmacy, are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

Basic Life Support or BLS *Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes medical monitoring, clinical observation, airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in the National EMS Education Standards relating to Basic Life Support and any modifications to that curriculum* or *standards specified in* this Part. (Section 3.10(c) of the Act)

Board Eligible in Emergency Medicine – completion of a residency in Emergency Medicine in a program approved by the Residency Review Committee for Emergency Medicine or the Council on Postdoctoral Training (COPT) for the American Osteopathic Association (AOA).

Continuing Education or CE – ongoing~~Ongoing~~ emergency medical education after licensure that is designated to maintain, update or upgrade medical knowledge and skills.

Certified Registered Nurse Anesthetist or CRNA – a licensed registered professional nurse~~Registered Professional Nurse~~ who has had additional education beyond the registered professional nurse~~Registered Professional Nurse~~ requirements at a school/program accredited by the National Council on Accreditation; who has passed the certifying exam given by the National Council on Certification; and who, by participating in 40 hours of continuing education every two years, has been recertified by the National Council on Recertification.

Child Abuse and Neglect – see the definitions of "abused child" and "neglected child" in Section 3 of the Abused and Neglected Child Reporting Act.

Child Life Specialist – a~~A~~ person whose primary role is to minimize the adverse effects of children's experiences by facilitating coping and the psychosocial adjustment of children and their families through the continuum of care.

Clinical Nurse Specialist – a person who is currently licensed as an APRN and who has met all qualifications for a clinical nurse specialist. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program, the clinical nurse specialist shall have an unencumbered license in the state in which he or she practices.

Clinical Observation – ongoing observation of a patient's condition by a licensed health care professional utilizing a medical skill set while continuing assessment and care. (Section 3.5 of the Act)

Comprehensive Emergency Department – a classification of a hospital emergency department where at least one licensed physician is available in the emergency department at all times; physician specialists shall be available in minutes; ancillary services, including laboratory and x-ray, are staffed at all times; and the pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

Comprehensive Stroke Center or CSC – *a hospital that has been certified and has been designated as* a Comprehensive Stroke Center under Subpart K. (Section 3.116 of the Act)

CPR for Healthcare Providers – a course in cardiopulmonary resuscitation that meets or exceeds the American Heart Association course "BLS for Healthcare Providers".

Critical Care Transport or CCT or Specialty Care Transport or SCT – *pre-hospital or inter-hospital transportation of a critically injured or ill patient by a vehicle service provider, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the paramedic~~Paramedic~~. When medically indicated for a patient, as determined by a physician licensed to practice medicine in all of its branches, an APRN~~Advanced Practice Registered~~*

~~*Nurse*~~*, or a physician assistant, in compliance with Section 3.155(b) and (c) of* the *Act.*(Section 3.10(f-5).

Department or IDPH – *the Illinois Department of Public Health.* (Section 3.5 of the Act)

Director – the Director of the Illinois Department of Public Health or his/her designee. (Section 3.5 of the Act)

Door-to-_____ − the~~The~~ time from patient arrival at the health care facility until the specified result, procedure or intervention occurs.

Dysrhythmia – a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

Electrocardiogram or EKG – a single lead graphic recording of the electrical activity of the heart by a series of deflections that represent certain components of the cardiac cycle.

Emergency – a medical condition of recent onset and severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)

Emergency Communications Registered Nurse or ECRN – a registered professional nurse~~Registered Professional Nurse~~ licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with this Part *and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols.* (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the professional shall have an unencumbered license in the state in which he or she practices.

Emergency Department Approved for Pediatrics or EDAP – a hospital participating in an approved EMS System and designated by the Department

pursuant to Section 515.4000 of this Part as being capable of providing optimal emergency department care to pediatric patients 24 hours per day.

Emergency Medical Dispatch Priority Reference System or EMDPRS – an EMS System's organized approach to the receipt, management and disposition of a request for emergency medical services.

Emergency Medical Dispatcher or EMD – *a person who has successfully completed a training course in emergency medical dispatching in accordance with* this Part, *who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles.* (Section 3.70 of the Act)

Emergency Medical Responder or EMR (AKA First Responder) – a person who has successfully completed a course of instruction for the Emergency Medical Responder as approved by the Department, who provides Emergency Medical Responder services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the National EMS Educational Standards for Emergency Medical Responders as modified by the Department.

Emergency Medical Responder Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the Emergency Medical Responder (EMR) curriculum of the National EMS Education standards and any modifications to that curriculum (standards) *specified in* this Part. (Section 3.10(d) of the Act)

Emergency Medical Services Personnel or EMS Personnel – *persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Dispatcher (EMD), Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic, Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN).* (Section 3.5 or the Act)

Emergency Medical Services System or EMS System or System – *an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS,*

ILS and/or ALS level pursuant to a System Program Plan submitted to and approved by the Department, and pursuant to the EMS Region Plan adopted for the EMS Region in which the System is located. (Section 3.20(a) of the Act)

Emergency Medical Services System Survey – a questionnaire that provides data to the Department for the purpose of compiling annual reports.

Emergency Medical Technician or EMT (AKA EMT-B) – a person who has successfully completed a course in basic life support as approved by the Department, is currently licensed by the Department in accordance with standards prescribed by the *Act and* this Part *and practices within an EMS System.* (Section 3.50(a) of the Act)

Emergency Medical Technician-Coal Miner – for purposes of the Coal Mine Medical Emergencies Act, an EMT, A-EMT, EMT-I or Paramedic who has received additional education emphasizing extrication from a coal mine.

Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course in intermediate life support as approved by the Department, is currently licensed by the Department in accordance with the standards prescribed in this Part *and practices within an Intermediate or Advanced Life Support EMS System.* (Section 3.50(b) of the Act)

Emergent Stroke Care – emergency medical care that includes diagnosis and emergency medical treatment of suspected or known *acute stroke patients.* (Section 3.116 of the Act)

Emergent Stroke Ready Hospital – a hospital that has been designated by the Department as meeting the criteria for providing emergent stroke care as set forth in the Act and Section 515.5060. (Section 3.116 of the Act)

EMS – emergency medical services.

EMS Administrative Director – the administrator, appointed by the Resource Hospital in consultation with the EMS Medical Director, in accordance with this Part, *responsible for the administration of the EMS System*. (Section 3.35 of the Act)

EMSC – Emergency Medical Services for Children.

EMS Lead Instructor or LI – a person who has successfully completed a course of education as approved by the Department in this Part, *and who is currently approved by the Department to coordinate or teach education, training and continuing education courses, in accordance with* this Part. (Section 3.65(a) of the Act)

EMS Medical Director or EMS MD – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

EMS Regional Plan – a plan established by the EMS Medical Director's Committee in accordance with Section 3.30 of the Act.

EMS System Coordinator – an individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the educational and functional aspects of the System program.

EMS System Program Plan – the document prepared by the Resource Hospital and approved by the Department that describes the EMS System program and directs the program's operation.

Fixed-Wing Aircraft – an engine-driven aircraft that is heavier than air, and is supported in-flight by the dynamic reaction of the air against its wings.

Full-Time – on duty a minimum of 36 hours a week.

Half-Duplex Communications – a radio or device that transmits and receives signals in only one direction at a time.

Health Care Facility – a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" that *utilize EMS Personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in* the *Act* and this Part. (Section 3.5 of the Act)

Helicopter or Rotorcraft – an aircraft that is capable of vertical take offs and landings, including maintaining a hover.

Helicopter Shopping − the practice of calling various operators until a helicopter emergency medical services (HEMS) operator agrees to take a flight assignment, without sharing with subsequent operators that the previously called operators declined the flight, or the reasons why the flight was declined.

Hospital – *has the meaning ascribed to that term in* Section 3 of the *Hospital Licensing Act*. (Section 3.5 of the Act)

Hospitalist – a physician who primarily provides unit-based/in-hospital services.

In-Field Service Level Upgrade – a practice that allows the delivery of advanced care from a lower level service provider by a licensed higher level of care ambulance, alternate response vehicle, or specialized emergency medical services vehicle according to a pre-approved written plan approved by the local EMS Medical Director.

Instrument Flight Rules or IFR – the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)

Instrument Meteorological Conditions or IMC – meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

Intermediate Life Support Services or *ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support national curriculum of the United States Department of Transportation and any modifications to that curriculum specified in* this Part. (Section 3.10 of the Act)

Level I Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2030 to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 to provide

optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

Licensee – an individual or entity to which the Department has issued a license.

Limited Operation Vehicle – a vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales. (Section 3.85 of the Act)

Local System Review Board – a group established by the Resource Hospital to hear appeals from EMS Personnel or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.

Medical Monitoring – the performance of medical tests and physical exams to evaluate an individual's on-going exposure to a factor that could negatively impact that person's health. This *includes close surveillance or supervision of patient's liable to suffer deterioration in physical or mental health and checks of various parameters such as pulse rate, temperature, respiration rate, the condition of the pupils, the level of consciousness and awareness, the degree of appreciation of pain, and blood gas concentrations such as oxygen and carbon dioxide.* (Section 3.5 of the Act)

Mobile Radio – a two-way radio installed in an EMS vehicle, which may not be readily removed.

Morbidity – a negative outcome that is the result of the original medical or trauma condition or treatment rendered or omitted.

911 – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone or mobile device to obtain emergency services, including police, fire, medical ambulance and rescue.

Non-emergency Medical Care – medical care, clinical observation, or medical monitoring rendered to patients whose conditions do not meet the *Act's definition of emergency, before or during transportation of such patients to or from health care facilities visited for the purpose of obtaining medical or health care services* that *are not emergency in nature, using a vehicle regulated by* the *Act* and this

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Part. (Section 3.10(g) of the Act)

Nurse Practitioner – a person who is currently licensed as an APRN and who has met all qualifications for a nurse practitioner. ~~licensed as a Nurse Practitioner under the Nurse Practice Act.~~ For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the nurse practitioner~~professional~~ shall have an unencumbered license in the state in which he or she practices.

Off-Road Specialized Emergency Medical Services Vehicle or Off-Road SEMSV or Off-Road SEMS Vehicle – a motorized cart, golf cart, all-terrain vehicle (ATV), or amphibious vehicle that is not intended for use on public roads.

Paramedic or EMT-P – *a person who has successfully completed a course in advanced life support care as approved by the Department, is currently licensed by the Department in accordance with standards prescribed by* the *Act and* this Part *and practices within an Advanced Life Support EMS System.* (Section 3.50 of the Act)

Participating Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital.

Pediatric Critical Care Center or PCCC – a hospital participating in an approved EMS System and designated by the Department as being capable of providing optimal critical and specialty care services to pediatric patients, and of providing all essential services either in-house or readily available 24 hours per day.

Pediatric Patient – patient from birth through 15 years of age.

Physician – any person licensed to practice medicine in all of its branches under the Illinois Medical Practice Act of 1987. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the physician ~~professional~~ shall have an unencumbered license in the state in which he or she practices.

Physician Assistant or PA – a person who is licensed under the Physician Assistant Practice Act. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the PA~~professional~~ shall

have an unencumbered license in the state in which he or she practices.

Pilot or EMS Pilot – a pilot certified by the Federal Aviation Administration who has been approved by an SEMSV Medical Director to fly a helicopter or fixed-wing aircraft used in a Department-certified SEMSV Program.

Police Dog – a specially trained *dog owned or used by a law enforcement department or agency in the course of the department's or agency's* official *work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or State law enforcement agency* for official duties. (Section 3.55(e) of the Act)

Practitioner Order for Life-Sustaining Treatment on POLST or Do Not Resuscitate or DNR – an authorized practitioner order that reflects an individual's wishes about receiving cardiopulmonary resuscitation (CPR) and life-sustaining treatments, including medical interventions and artificially administered nutrition.

Pre-Hospital Advanced Practice Registered Nurse or PHAPRN – an APRN, with an unencumbered APRN license in Illinois, who has successfully completed supplemental education in accordance with this Part and who is approved by an Illinois EMS Medical Director to practice within an EMS System for pre-hospital and inter-hospital emergency care and non-emergency medical transports.

Pre-Hospital Care – those medical services rendered to patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to healthcare facilities. (Section 3.10(e) of the Act)

Pre-Hospital Care Participants – Any EMS Personnel, Ambulance Service Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS Administrative Director, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN, Resource Hospital, Emergency Dispatch Center or physician serving on an ambulance or non-transport vehicle or giving voice orders for an EMS System and who are subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

Pre-Hospital Physician Assistant or PHPA – a graduate PA, with an unencumbered Illinois Physician Assistant License, who has successfully

completed supplemental education in accordance with this Part and who is approved by an Illinois EMS Medical Director to practice within an EMS System for pre-hospital and inter-hospital emergency care and non-emergency medical transports.

Pre-Hospital Registered Nurse or PHRN – *a registered professional nurse~~Registered Professional Nurse~~, with an unencumbered registered professional nurse~~Registered Nurse~~ license in the state in which he or she practices who has successfully completed supplemental education in accordance with* this Part *and who is approved by an Illinois EMS Medical Director to practice within an EMS System for pre-hospital and inter-hospital emergency care and non-emergency medical transports.* (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the professional shall have an unencumbered license in the state in which he or she practices.

Primary Stroke Center or PSC – *a hospital that has been certified by a Department-approved, nationally recognized certifying body and designated as* a Primary Stroke Center *by the Department.* (Section 3.116 of the Act)

Provisional EMR – a person who is at least 16 years of age, who has successfully completed a course of instruction for emergency medical responders as prescribed by the Department and passed the exam, and who functions within an approved EMS System pursuant to Section 515.715.

Regional EMS Advisory Committee – a committee formed within an Emergency Medical Services Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one individual from each level of license provided by the *Act, one pre-hospital registered nurse~~Pre-Hospital Registered Nurse~~ practicing within the Region, and one registered professional*

nurse~~Registered Professional Nurse~~ currently practicing in an emergency department within the Region. Of the two *administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee.* (Section 3.25 of the Act)

Regional EMS Coordinator – the designee of the Chief, Division of Emergency Medical Services and Highway Safety, Illinois Department of Public Health.

Regional EMS Medical Directors Committee – a group *comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department vehicle service provider. For regions that include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other regions, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis.* (Section 3.25 of the Act)

Regional Stroke Advisory Subcommittee – a subcommittee formed within each Regional EMS Advisory Committee to advise the Director and the Region's EMS Medical Directors Committee on the triage, treatment, and transport of possible acute stroke patients and to select the Region's representative to the State Stroke Advisory Subcommittee. (Section 3.116 of the Act) The composition of the Subcommittee shall be as set forth in Section 3.116 of the Act.

Regional Trauma Advisory Committee – a committee formed within an Emergency Medical Services Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each trauma center within the Region, one EMS Medical Director from a Resource Hospital within the Region, one EMS System Coordinator from another Resource Hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each trauma center within the Region, one EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or PHRN representing the highest level of EMS Personnel practicing within the Region, one emergency physician and one trauma nurse specialist~~Trauma Nurse Specialist~~ currently practicing in a trauma center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee. (Section 3.25

of the Act)

Registered Nurse or Registered Professional Nurse or RN – a person who is licensed as an RN under the Illinois Nurse Practice Act. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the registered professional nurse shall have an unencumbered license in the state in which he or she practices.

Resource Hospital – the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and education programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

Rural Ambulance Service Provider – an ambulance service provider licensed under the *Act that serves a rural population of 7,500 or fewer inhabitants.* (Section 3.87(a) of the Act)

Rural In-Field Service Level Upgrade – a practice that allows the delivery of advanced care for a lower level service provider that serves a rural population of 7,500 or fewer inhabitants, through use of EMS System approved EMS personnel.

Rural Vehicle Service Provider – an entity that serves a rural population of 7,500 or fewer inhabitants and is licensed by the Department to provide emergency or non-emergency medical services in compliance with the *Act*, this Part *and an operational plan approved by the entity's EMS System, utilizing at least an ambulance, alternate response vehicle as defined by the Department in* this Part, *or specialized emergency medical services vehicle.* (Section 3.87(a) of the Act)

Screening – a preliminary procedure or assessment, such as a test or examination, to detect the most characteristic sign or signs of a disorder or condition that may require further investigation (for example, assessing for potential abuse or neglect through interview responses and behavioral/physical symptom clues).

SEMSV Medical Control Point or Medical Control Point – the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

SEMSV Medical Director or Medical Director – the physician appointed by the SEMSV Program who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part.

SEMSV Program or Specialized Emergency Medical Services Vehicle Program – a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, using specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

Special-Use Vehicle – any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for, the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk obstetrical patients, neonatal patients). (Section 3.85 of the Act)

Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the *Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.* (Section 3.85 of the Act) "Primarily intended", for the purposes of this definition, means one or more of the following:

Over 50 percent of the vehicle's operational (i.e., in-flight) hours are devoted to the emergency transportation of the sick or injured;

The vehicle is owned or leased by a hospital or ambulance provider and is used for the emergency transportation of the sick or injured;

The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured;

The vehicle is owned, registered or licensed in another state and is used on a regular basis to pick up and transport the sick or injured within or from

within this State; or

The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

Standby Emergency Department – a classification of a hospital emergency department where at least one of the RNs~~Registered Nurses~~ on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

Standby Emergency Department Approved for Pediatrics or SEDP – a hospital participating in an approved EMS System and designated by the Department, pursuant to Section 515.4010, as being capable of providing optimal standby emergency department care to pediatric patients and to have transfer agreements and transfer mechanisms in place when more definitive pediatric care is needed.

State EMS Advisory Council – a group that advises the Department on the administration of the Act and this Part whose members are appointed in accordance with Section 3.200 of the Act.

Stretcher Van – a vehicle used by a licensed stretcher van provider to transport non-emergency passengers in accordance with the Act and this Part.

Stretcher Van Provider – an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with the *Act* and this Part, *utilizing stretcher vans.* (Section 3.86 of the Act)

Stroke Network – a voluntary association of hospitals, including a hospital with a board eligible or board certified neurosurgeon or neurologist, that may, among other activities, share stroke protocols; provide medical consultations on possible or known acute stroke patients or on inter-facility transfers of possible or known acute stroke patients; or provide education specific to improving acute stroke care. Participating hospitals in a stroke network may be in-state or out-of-state.

Substantial Compliance – meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Substantial Failure – the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Sustained Hypotension – two systolic blood pressures of 90 mmHg five minutes apart or, in the case of a pediatric patient, two systolic blood pressures of 80 mmHg five minutes apart.

System Participation Suspension – the suspension from participation within an EMS System of an individual or individual provider, as specifically ordered by that System's EMS Medical Director.

Telecommunications Equipment – a communication system capable of transmitting and receiving voice and electrocardiogram (EKG) signals.

Telemetry – the transmission of data through a communication system to a receiving station for recording, interpretation and analysis.

Trauma – any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)

Trauma Category I – a classification of trauma patients in accordance with Appendix C and Appendix F.

Trauma Category II – a classification of trauma patients in accordance with Appendix C and Appendix F.

Trauma Center – a hospital which: within designated capabilities provides optimal care to trauma patients; participates in an approved EMS System; and is duly designated pursuant to the provisions of the *Act.* (Section 3.90 of the Act)

Trauma Center Medical Director or Trauma Center MD – the trauma surgeon appointed by a Department-designated Trauma Center who has the responsibility and authority for the coordination and management of patient care and trauma services at the Trauma Center. He or she must have 24-hour independent operating privileges and shall be board certified in surgery with at least one year of experience in trauma care.

Trauma Center Medical Directors Committee – a group composed *of the Region's Trauma Center Medical Directors.* (Section 3.25 of the Act)

Trauma Coordinator – an RN~~a Registered Nurse~~ working in conjunction with the Trauma Medical Director. The Trauma Coordinator is responsible for the organization of service and systems necessary for a multidisciplinary approach throughout the continuum of trauma care.

Trauma Nurse Specialist or TNS – an RN~~a Registered Professional Nurse~~ licensed under the Nurse Practice Act who has successfully completed supplemental education and testing requirements as prescribed by the Department, and is licensed in accordance with this Part. (Section 3.75 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program, the professional shall have an unencumbered license in the state in which he or she practices.

Trauma Nurse Specialist Course Coordinator or TNSCC – an RN~~a Registered Nurse~~ appointed by the Chief Executive Officer of a hospital designated as a TNS education site, who meets the requirements of Section 515.750.

Trauma Service – an identified hospital surgical service in a Level I or Level II Trauma Center functioning under a designated trauma director in accordance with Sections 515.2030(c) and 515.2040(c).

Unit Identifier – a number assigned by the Department for each EMS vehicle in the State to be used in radio communications.

Vehicle Service Provider – an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with the *Act* and this Part *and an operational plan approved by its EMS Systems, utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV).* (Section 3.85(a) of the Act)

Watercraft – a nautical vessel, boat, airboat, hovercraft or other vehicle that operates in, on or across water.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

SUBPART C: EMS SYSTEMS

Section 515.315 Bypass Status Review
EMERGENCY

a) *The Department shall investigate the circumstances that caused a hospital in an EMS System to go on bypass status to determine whether that hospital's decision to go on bypass status was reasonable.* (Section 3.20(c) of the Act)

b) The hospital shall notify the Illinois Department of Public Health, Division of Emergency Medical Services, of any bypass~~ or resource limitation~~ decision, at both the time of its initiation and the time of its termination, through status change updates entered into the Illinois EMResource application, accessed at https://emresource.juvare.com/login.~~Hospital Bypass/State Disaster Reporting System online at www.idphnet.illinois.gov.~~ The hospital shall document any inability to access EMResource by contacting IDPH Division of EMS during normal business hours~~the System by immediately contacting the State of Illinois Customer Service Center. If a hospital is unable to update the Hospital Bypass System due to internet outage, the hospital shall notify the Department via fax to the Division's Central Office at (217)557-3481~~.

c) In determining whether a hospital's decision to go on bypass status was reasonable, the Department shall consider the following:

1) The number of critical or monitored beds available in the hospital at the time that the decision to go on bypass status was made;

2) Whether an internal disaster, including, but not limited to, a power failure, had occurred in the hospital at the time that the decision to go on bypass status was made;

3) The number of staff after attempts have been made to call in additional staff, in accordance with facility policy; and

4) The approved Regional Protocols for bypass and diversion at the time that the decision to go on bypass status was made, provided that the Protocols include subsections (c)(1), (2) and (3).

d) For Trauma Centers only, the following situations constitute a reasonable decision

to go on bypass status:

1) All staffed operating suites are in use or fully implemented with on-call teams, and at least one or more of the procedures is an operative trauma case;

2) The CAT scan is not working; or

3) The general bypass criteria in subsection (c).

e) *The Department may impose sanctions, as set forth in Section 3.140 of the Act, upon a Department determination that the hospital unreasonably went on bypass status in violation of the Act.* (Section 3.20(c) of the Act)

f) Each EMS System shall develop a policy addressing response to a system-wide crisis.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

Section 515.460 Fees
EMERGENCY

a) The following fees shall be submitted to the Department at the time of application for examination, initial licensure, licensure renewal, duplicate license, or reciprocity:

1) EMT licensure: $45

2) EMT renewal: $20

3) EMT examination: $20

4) A-EMT or EMT-I licensure: $45

5) A-EMT or EMT-I renewal: $30

6) A-EMT or EMT-I examination: $30

7) Paramedic licensure: $60

8) Paramedic renewal: $40

9) Paramedic examination: $40

10) Trauma Nurse Specialist licensure: $50

11) Trauma Nurse Specialist renewal: $25

12) Trauma Nurse Specialist examination: $25 (see Section 515.750(f))

13) Emergency Communications Registered Nurse licensure: $55

14) Emergency Communications Registered Nurse renewal: $20

15) Emergency Medical Dispatcher licensure: $30

16) Emergency Medical Dispatcher renewal: $20

17) Pre-Hospital RN licensure: $30

18) Pre-Hospital RN renewal: $20

19) Pre-Hospital PA licensure: $30

20) Pre-Hospital PA renewal: $20

21) Pre-Hospital APRN licensure: $30

22) Pre-Hospital APRN renewal: $20

23~~19~~) Lead Instructor licensure: $40

24~~20~~) Lead Instructor renewal: $20

25~~21~~) EMR licensure: $55

26~~22~~) EMR renewal: $20

27~~23~~) Duplicate license: $10

28~~24~~) Reciprocity application processing fee: $50

29~~25~~) Fees for a reciprocity license or reinstatement of a license will be equal to the amount of the initial license fee.

30~~26~~) License status verification documentation for out-of-state or organizational requests: $25

31~~27~~) License renewal late fee during lapse period: $50

b) *An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN or PHRN who is a member of the Illinois National Guard or an Illinois State Trooper or* who *exclusively serves as a volunteer for units of local government with a population base of less than 5,000 or as a volunteer for a not-for-profit organization that serves a service area with a population base of less than 5,000* in this State *may submit an application to the Department for a waiver of the fees* for the EMS Personnel examination, licensure and license renewal *on a form prescribed by the Department.* (Section 3.50(d-5) of the Act) The fee waiver application shall be submitted to the Department and approved prior to examination, licensure or renewal. No fees will be refunded.

c) Fees shall be paid on-line or by certified check or money order made payable to the Department. Personal checks or cash will not be accepted.

d) If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.

e) All fees submitted for licensure examinations are not refundable.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

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

Section 515.730 Pre-Hospital Registered Nurse, Pre-Hospital Physician Assistant, Pre-Hospital Advanced Practice Registered Nurse
EMERGENCY

a) To be approved and licensed as a PHRN, PHPA, PHAPRN:

1) An~~an~~ individual shall:

A~~1~~) Be a licensed RN, PA or APRN in good standing and in accordance with all requirements of the Illinois Department of Financial and Professional Regulation~~an RN in accordance with the Nurse Practice Act~~;

B~~2~~) Complete a~~an~~ supplemental education curriculum, formulated by an EMS System and approved by the Department, that~~which~~ consists of:

i) at least 40 hours of classroom and psychomotor education and measurement of competency equivalent to the entry level Paramedic program;~~ and~~

ii) practical education, including, but not limited to, advanced airway techniques, ambulance operations, *extrication, telecommunications, and pre-hospital cardiac and trauma care* of both the adult and pediatric population (Section 3.80(c)(1)(A) of the Act); and

iii) the EMS System's policies, protocols and standing orders; and

C~~3~~) Complete a minimum of 10 ALS runs supervised by a licensed EMS System, physician, an approved System PHRN, PHPA, PHAPN or a Paramedic, only as authorized by the EMS MD,~~;~~ and shall successfully complete a Paramedic examination approved by the Department.

2~~4~~) New applicants completing course work after January 1, 2018 and before April 1, 2020 shall successfully pass the State of Illinois

Paramedic licensure examination. New applicants completing course work after April 1, 2020 shall successfully pass the National Registry of EMT's Paramedic cognitive assessment exam ~~as the PHRN cognitive competency examination~~; and

3~~5~~) The EMS MD shall electronically submit to the Department, using the Department's Electronic Transaction Form, ~~making~~ a recommendation for licensure for a PHRN, PHPA, PHAPN candidate who has completed and passed all components of the PHRN, PHPA, PHAPN education program and passed the final examination. The application will include demographic information, social security number, child support statement, felony conviction statement, and applicable fees and shall require EMS System authorization.

b) To apply for a four year renewal, the PHRN, PHPA, PHAPN shall comply with Section 515.590.

c) Inactive Status

1) Prior to the expiration of the current license, a PHRN, PHPA, PHAPN may request to be placed on inactive status as outlined in Section 515.600. The request shall be made in writing to the EMS MD.

2) A PHRN, PHPA, PHAPN who wants to restore his or her license to active status shall follow the requirements set forth in Section 515.600.

3) If the PHRN, PHPA, PHAPN inactive status period exceeds 48 months, the licensee shall redemonstrate competencies and successfully pass the State Paramedic examination.

4) The EMS MD shall notify the Department in writing of a PHRN's, PHPA's, PHAPN's approval, reapproval, or granting or denying of inactive status within 10 days after any change in a PHRN's, PHPA's, PHAPN's approval status.

e) A PHRN, PHPA, PHAPN shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail. Addresses may be changed through the Department's online

system: https://emslicensing.dph.illinois.gov/Clients/ILDOHEMS/Private/AddressChange/AddressLogin.aspx. Names and gender changes require legal documents, i.e., marriage license or court documents.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.830 Ambulance Licensing Requirements
EMERGENCY

a) Vehicle Design

1) Each new vehicle used as an ambulance shall comply with the criteria established by the Federal Specifications for Ambulance, KKK-A-1822F, United States General Services Administration, with the exception of Section 3.16.2, Color, Paint and Finish.

2) *A licensed vehicle* shall be exempt *from subsequent vehicle design standards or specifications required by the Department* in this Part, *as long as* the *vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until* the *vehicle's title of ownership is transferred*. (Section 3.85(b)(8) of the Act)

3) The following requirements listed in Specification KKK-A-1822F shall be considered mandatory in Illinois even though they are listed as optional in that publication:

A) 3.7.7.1 Each vehicle will be equipped with either a battery charger or battery conditioner (see 3.15.3 item 7).

B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).

C) 3.12.1 An oxygen outlet will be provided above the secondary patient (see 3.15.4 M9).

D) 3.15.4M3 Electric clock with sweep second hand will be provided.

b) Equipment Requirements – Basic Life Support Vehicles Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:

1) Stretchers, Cots, and Litters

A) Primary Patient Cot
Shall meet the requirements of sections 3.11.5, 3.11.8.1 of KKK-A-1822F.

B) Secondary Patient Stretcher
Shall meet the requirements of sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822F.

2) Oxygen, Portable
Shall meet the operational requirements of section 3.12.2 of KKK-A-1822-F.

3) Suction, Portable

A) Shall meet the operational requirements of section 3.12.4 of KKK-A-1822F.

B) A manually operated suction device is acceptable if approved by the Department.

4) Medical Equipment

A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask, and child size bag-valve-mask ventilation unit with child, infant and newborn size transparent masks

B) Lower-extremity traction splint, adult and pediatric sizes

C) Blood pressure cuff, one each, adult, child and infant sizes and gauge

D) Stethoscopes, two per vehicle

E) Pneumatic counterpressure trouser kit, adult size, optional

F) Long spine board with three sets of torso straps, 72" x 16" minimum

G) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one chin and head strap or equivalent vest type (wrap around) per vehicle; extrication device optional

H) Airway, oropharyngeal – adult, child, and infant, sizes 0-5

I) Airway, nasopharyngeal with lubrication, sizes 14-34F

J) Two adult and two pediatric sized non-rebreather oxygen masks per vehicle

K) Two infant partial re-breather oxygen masks per vehicle

L) Three nasal cannulas, adult and child size, per vehicle

M) Bandage shears, one per vehicle

N) Extremity splints, adult, two long and short per vehicle

O) Extremity splints, pediatric, two long and short per vehicle

P) Rigid cervical collars – one pediatric, small, medium, and large sizes or adjustable size collars per vehicle. Shall be made of rigid material to minimize flexion, extension, and lateral rotation of the head and cervical spine when spine injury is suspected

Q) Patient restraints, arm and leg, sets

R) Pulse oximeter with pediatric and adult probes

S) AED or defibrillator that includes pediatric capability

5) Medical Supplies

A) Trauma dressing – six per vehicle

B) Sterile gauze pads – 20 per vehicle, 4 inches by 4 inches

C) Bandages, soft roller, self-adhering type, 10 per vehicle, 4 inches by 5 yards

D) Vaseline gauze – two per vehicle, 3 inches by 8 inches

E) Adhesive tape rolls – two per vehicle

F) Triangular bandages or slings – five per vehicle

G) Burn sheets – two per vehicle, clean, individually wrapped

H) Sterile solution (normal saline) – four per vehicle, 500 cc or two per vehicle, 1,000 cc plastic bottles or bags

I) Thermal absorbent blanket and head cover, aluminum foil roll or appropriate heat reflective material – minimum one

J) Obstetrical kit, sterile – minimum one, pre-packaged with instruments and bulb syringe

K) Cold packs, three per vehicle

L) Hot packs, three per vehicle, optional

M) Emesis basin – one per vehicle

N) Drinking water – one quart, in non-breakable container; sterile water may be substituted

O) Ambulance emergency run reports – 10 per vehicle, on a form prescribed by the Department or one that contains the data elements from the Department-prescribed form as described in

Section 515.Appendix E or electronic documentation with paper backup

P) Pillows – two per vehicle, for ambulance cot

Q) Pillowcases – two per vehicle, for ambulance cot

R) Sheets – two per vehicle, for ambulance cot

S) Blankets – two per vehicle, for ambulance cot

T) Opioid antagonist, including, but not limited to, Naloxone, with administration equipment appropriate for the licensed level of care

U) Urinal

V) Bedpan

W) Remains bag, optional

X) Nonporous disposable gloves

Y) Impermeable red biohazard-labeled isolation bag

Z) Face protection through any combination of masks and eye protection and field shields

AA) Suction catheters – sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three tonsil tip semi-rigid pharyngeal suction tip catheters per vehicle; all shall have a thumb suction control port

BB) Child and infant or convertible car seats

CC) Current equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart

DD) Flashlight, two per vehicle, for patient assessment

EE) Current Illinois Department of Transportation Safety Inspection sticker in accordance with Section 13-101 of the Illinois Vehicle Code

FF) Illinois Poison Center telephone number

GG) Department of Public Health Central Complaint Registry telephone number posted where visible to the patient

HH) Medical Grade Oxygen

II) Ten disaster triage tags

JJ) State-approved Mass Casualty Incident (MCI) triage algorithms (START/JumpSTART)

c) Equipment Requirements – Intermediate and Advanced Life Support Vehicles
Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) and shall also comply with the equipment and supply requirements as determined by the EMS MD in the System in which the ambulance and its crew participate. Drugs shall include both adult and pediatric dosages. These vehicles shall have a current pediatric equipment/drug dosage sizing tape or pediatric equipment/drug dosage age/weight chart.

d) Equipment Requirements – Rescue and/or Extrication
The following equipment shall be carried on the ambulance, unless the ambulance is routinely accompanied by a rescue vehicle:

1) Wrecking bar, 24"

2) Goggles for eye safety

3) Flashlight – one per vehicle, portable, battery operated

4) Fire Extinguisher – two per vehicle, ABC dry chemical, minimum 5-pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment

e) Equipment Requirements – Communications Capability
Each ambulance shall have reliable ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400.

f) Equipment Requirements – Epinephrine
An EMT, EMT-I, A-EMT or Paramedic who has successfully completed a Department-approved course in the administration of epinephrine shall be required to carry epinephrine (both adult and pediatric doses) *with him or her* in the ambulance or drug box *as part of the EMS Personnel medical supplies whenever he or she is performing official duties, as determined by the EMS System* within the context of the EMS System plan. (Section 3.55(a-7) of the Act)

g) Personnel Requirements

1) Each Basic Life Support ambulance shall be staffed by a minimum of one System authorized EMT, A-EMT, EMT-I, Paramedic or PHRN, PHPA, PHAPN and one other System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN ,PHPA, PHAPN or physician on all responses.

2) Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one System authorized A-EMT, EMT-I, Paramedic or PHRN, PHPA, PHAPN and one other System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPN or physician on all responses.

3) Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one System authorized Paramedic or PHRN, PHPA, PHAPN and one other System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPN or physician on all responses.

h) Alternate Rural Staffing Authorization

1) A Vehicle Service Provider *that serves a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively uses volunteers, paid-on-call* personnel *or a combination* to provide patient care may apply for alternate rural staffing authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle to be staffed by one EMS Personnel licensed at or above the level at which the vehicle is licensed, plus one EMR when two licensed EMTs, A-EMTs, EMT-Is,

Paramedics, PHRNs, PHPAs, PHAPNs or physicians are not available to respond. (Section 3.85(b)(3) of the Act)

2) The EMS Personnel licensed at or above the level at which the ambulance is licensed shall be the primary patient care provider in route to the health care facility.

3) The Vehicle Service Provider shall obtain the prior written approval for alternate rural staffing from the EMS MD. The EMS MD shall submit to the Department a request for an amendment to the existing EMS System plan that clearly demonstrates the need for alternate rural staffing in accordance with subsection (h)(4) and that the alternate rural staffing will not reduce the quality of medical care established by the Act and this Part.

4) A Vehicle Service Provider requesting alternate rural staffing authorization shall clearly demonstrate all of the following:

A) That it has undertaken extensive efforts to recruit and educatelicensed EMTs, A-EMTs, EMT-Is, Paramedics, or PHRNs, PHPAs, PHAPNs;

B) That, despite its exhaustive efforts, licensed EMTs, A-EMTs, EMT-Is, Paramedics or PHRNs, PHPAs, PHAPNs are not available; and

C) That, without alternate rural staffing authorization, the rural or semi-rural population of 10,000 or fewer inhabitants served will be unable to meet staffing requirements as specified in subsection (g).

5) The alternate rural staffing authorization and subsequent authorizations shall include beginning and termination dates not to exceed 48 months. The EMS MD shall re-evaluate subsequent requests for authorization for compliance with subsections (h)(4)(A) through (C). Subsequent requests for authorization shall be submitted to the Department for approval in accordance with this Section.

6) Alternate rural staffing authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate rural staffing authorization may be

summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate rural staffing authorization presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing.

7) Vehicle Service Providers that cannot meet the alternate rural staffing authorization requirements of this Section may apply through the EMS MD to the Department for a staffing waiver pursuant to Section 515.150.

i) Alternate Response Authorization

1) A Vehicle Service Provider that exclusively uses volunteers or paid-on-call personnel or a combination to provide patient care who are not required to be stationed with the vehicle may apply to the Department for alternate response authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department to travel to the scene of an emergency staffed by at least one licensed EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPN or physician.

2) A Vehicle Service Provider operating under alternate response authorization shall ensure that a second licensed EMS Personnel is on scene or in route to the emergency response location.

3) Unless the Vehicle Service Provider is approved for alternate rural staffing authorization under subsection (h), the~~The~~ Vehicle Service Provider shall demonstrate to the Department that it has written safeguards to ensure that no patient will be transported with:

A) fewer than two EMTs, Paramedics or PHRNs, PHPAs, PHAPNs; ~~or~~

B) a physician; or

C) a combination, at least one of whom shall be licensed at or above the level of the license for the vehicle~~, unless the Vehicle Service~~

~~Provider is approved for alternate rural staffing authorization under subsection (h)~~.

4) Alternate response authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate response authorization presents an immediate threat to the health or safety of the public. After summary suspension, the licensee shall have the opportunity for an expedited hearing (see Section 515.180).

j) Alternate Response Authorization – Secondary Response Vehicles

1) A Vehicle Service Provider that uses volunteers or paid-on-call personnel or a combination to provide patient care, and staffs its primary response vehicle with personnel stationed with the vehicle, may apply for alternate response authorization for its secondary response vehicles. The secondary or subsequent ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department at the BLS, ILS or ALS level, when personnel are not stationed with the vehicle, may respond to the scene of an emergency when the primary vehicle is on another response. The vehicle shall be staffed by at least one System authorized licensed EMT, A-EMT, EMT-I, PHRN, PHPA, PHAPN or physician.

2) A Vehicle Service Provider operating under the alternate response authorization shall ensure that a second System authorized licensed EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPN or physician is on the scene or in route to the emergency response location, unless the Vehicle Service Provider is approved for alternate rural staffing authorization, in which case the second individual may be an EMR or First Responder.

3) Unless the Vehicle Service Provider is approved for alternate rural staffing authorization under subsection (h), the~~The~~ Vehicle Service Provider shall demonstrate to the Department that it has written safeguards to ensure that no patient will be transported without at least one EMT who is licensed at or above the level of ambulance, plus at least one of the following: EMT, Paramedic, PHRN, PHPA, PHAPN or physician~~, unless the Vehicle~~

~~Service Provider is approved for alternate rural staffing authorization under subsection (h)~~.

4) Alternate response authorization for secondary response vehicles may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization for secondary response vehicles may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate response authorization for secondary vehicles presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing (see Section 515.180).

k) Operational Requirements

1) An ambulance that is transporting a patient to a hospital shall be operated in accordance with the requirements of the Act and this Part.

2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as required in this subsection (k), each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS, ILS or BLS level, and the coverage shall meet the requirements of this Section.

A) At the time of application for initial or renewal licensure, and upon annual inspection, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.

i) A current roster shall also be submitted that lists the System authorized EMTs, A-EMTs, EMT-Is, Paramedics, PHRNs, PHPAs, PHAPNs or physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, license expiration date and telephone number, and

shall state whether the person is scheduled to be on site or on call.

ii) An actual or proposed four-week staffing schedule shall also be submitted that covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.

B) Licensees shall obtain the EMS MD's approval of their vehicles' hours of operation prior to submitting an application to the Department. An EMS MD may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.

C) A Vehicle Service Provider that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in the advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day. (See Section 515.800(j).)

3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Appendix E.

4) A Vehicle Service Provider shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for the service.

5) A Vehicle Service Provider shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h).)

6) A Vehicle Service Provider shall not operate its ambulance at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless the vehicle is operated pursuant to an EMS System-approved in-field service level upgrade or ambulance service upgrades – rural population.

7) The Department will inspect ambulances each year. If the Vehicle Service Provider has no violations of this Section that threaten the health of safety of patients or the public for the previous five years and has no substantiated complaints against it, the Department will inspect the Vehicle Service Provider's ambulances in alternate years, and the Vehicle Service Provider may, with the Department's prior approval, self-inspect its ambulances in the other years. The Vehicle Service Provider shall use the Department's inspection form for self-inspection. Nothing contained in this subsection (k)(7) shall prevent the Department from conducting unannounced inspections.

l) A licensee may use a replacement vehicle for up to 10 days without a Department inspection, provided that the EMS System and the Department are notified of the use of the vehicle by the second working day.

m) *Patients, individuals who accompany a patient, and* EMS Personnel *may not smoke while inside an ambulance or SEMSV. The Department of Public Health* shall *impose a civil penalty on an individual who violates this subsection* (m) *in the amount of $100.* (Section 3.155(h) of the Act)

n) Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

Section 515.860 Critical Care Transport
EMERGENCY

a) Critical care transport *may be provided by:*

1) *Department-approved critical care transport providers, not owned or operated by a hospital, utilizing EMT-Paramedics with additional training, nurses, or other qualified health professionals; or*

2) *Hospitals, when utilizing any vehicle service provider or any hospital-owned or operated vehicle service provider. Nothing in* the *Act requires a hospital to use, or to be, a Department-approved critical care transport*

provider when transporting patients, including those critically injured or ill. Nothing in the *Act shall restrict or prohibit a hospital from providing, or arranging for, the medically appropriate transport of any patient, as determined by a physician licensed to practice* medicine *in all of its branches, an APRN~~Advanced Practice Nurse~~, or a PA~~physician assistant~~.* (Section 3.10(f-5) of the Act)

b) *All critical care transport providers must function within a Department-approved EMS System. Nothing in* this Part *shall restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a critical care transport provider.* (Section 3.10(g-5) of the Act)

c) For the purposes of this Section, "expanded scope of practice" includes the accepted national curriculum plus additional education, experience and equipment (see Section 515.360) as approved by the Department pursuant to Section 3.55 of the Act. Tier I transports are considered "expanded scope of practice".

d) For the purposes of this Section, CCT plans are defined in three tiers of care. Tier II and Tier III are considered Critical Care Transports.

e) Tier I
Tier I provides a level of care for patients who require care beyond the Department-approved Paramedic scope of practice, up to but not including the requirements of Tiers II and III. Tier I transport includes the use of a ventilator, the use of infusion pumps with administration of medication drips, and maintenance of chest tubes.

1) Personnel Staffing and Licensure

A) Licensure~~:~~

i) Licensed Illinois Paramedic, ~~or~~ PHRN, PHPA or PHAPN;

ii) Scope of practice more comprehensive than the national EMS scope of practice model approved by the Department in accordance with the EMS System plan (see Sections 515.310 and 515.330); and

iii) Approved to practice by the Department in accordance with the EMS System plan.

B) Minimum Staffing~~:~~

i) System authorized EMT, A-EMT, EMT-I, Paramedic, ~~or~~ PHRN, PHPA or PHAPN as driver; and

ii) System authorized expanded scope of practice Paramedic, PHRN, PHPA, PHAPN or physician who shall remain with the patient at all times.

2) Education, Certification and Experience

A) Initial Education.~~:~~ Documentation of initial education and demonstrated competencies of expanded scope of practice knowledge and skills as required by Tier I Level of Care and approved by the Department in accordance with the EMS System plan.

B) CE Requirements~~:~~

i) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed; and

ii) The EMS vehicle service provider shall maintain documentation of competencies and provide documentation to the EMS Resource Hospital upon request.

C) Certifications. ~~—~~ Tier I personnel shall maintain all of the following renewable certifications and credentials in active status:

i) Advanced Cardiac Life Support (ACLS);

ii) Pediatric Education for Pre-Hospital Professionals (PEPP) or Pediatric Advance Life Support (PALS);

iii) International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS); and

iv) Any additional educational course work or certifications required by the EMS MD.

D) Experience~~:~~

i) Minimum of one year of experience functioning in the field at an ALS level or as a physician in an emergency department; and

ii) Documentation of education and demonstrated competencies of expanded scope of practice knowledge and skills required for Tier I Level of Care, approved by the Department and included in the EMS System plan.

3) Medical Equipment and Supplies

A) Ventilator; and

B) Infusion pumps.

4) Vehicle Standards
Any vehicle used for providing expanded scope of practice care shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for expanded scope of practice transport shall be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Treatment and Transport Protocols shall address the following:

A) EMS MD or designee present at established Medical Control;

B) Communication points for contacting System authorized Medical Control and a written Expanded Scope of Practice Standard;

C) Written operating procedures and protocols signed by the EMS MD and approved for use by the Department in accordance with the System plan; and

D) Use of a ventilator, infusion pumps with administration of medication drips, and maintenance of chest tubes.

6) Quality Assurance Program

A) The Tier I transport provider shall develop a written Quality Assurance (QA) plan approved by the EMS System and the Department in accordance with subsection (e)(6)(D). The provider shall provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) An EMS MD or a SEMSV shall oversee the QA program.

D) The QA plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

i) Review of transferring physician orders and evidence of compliance with those orders;

ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;

iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status

and/or changes in neurological examination, and evidence that interventions were appropriate for those events;

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;

v) Review of any Medical Control contact for further direction;

vi) Documentation that any unusual occurrences were promptly communicated to the EMS System; and

vii) A root cause analysis of any event or care inconsistent with standards. The EMS System educator shall assess and carry out a corrective action plan.

E) The QA plan shall be subject to review as part of an EMS System site survey and as deemed necessary by the Department (e.g., in response to a complaint).

f) Tier II

Tier II provides a level of care for patients who require care beyond the Department-approved national EMS scope of practice model and expanded scope of practice ALS (Paramedic) transport program, and who require formal advanced education for ALS Paramedic staff. Tier II transport includes the use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines; accessing central lines; medication-assisted intubation; patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.

1) Personnel Staffing and Licensure

A) Licensure − Licensed Illinois Paramedic, ~~or~~ PHRN, PHPA or PHAPN:

i) Expanded scope of practice more comprehensive than the national EMS scope of practice model and Tier I Level as approved by the Department; and

ii) Approved to practice by the EMS System and the Department in accordance with the EMS System plan.

B) Minimum Staffing:

i) System authorized Paramedic, ~~or~~ PHRN, PHPA or PHAPN; and

ii) System authorized Paramedic, PHRN, PHPA, PHAPN or physician who is critical care prepared and who shall remain with the patient at all times.

2) Education, Certification and Experience

A) Initial Advanced Formal Education.~~:~~

i) At a minimum, 80 didactic hours of established higher collegiate education or equivalent critical care education based on nationally recognized program models; and

ii) Demonstrated competencies, as documented by the EMS MD or SEMSV MD and approved by the Department.

B) CE Requirements~~:~~

i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures;

ii) The following current credentials, as a minimum, shall be maintained: ACLS, PEPP or PALS, ITLS or PHTLS;

iii) A minimum of 40 hours of critical care level education shall be completed every four years;

iv) The EMS provider shall maintain documentation of compliance with subsections (f)(2)(B)(i) through (iii) and shall provide documentation to the EMS Resource Hospital upon request; and

v) Nationally recognized critical care certifications shall be maintained and renewed based on national recertification criteria.

C) Experience. Minimum of two years experience functioning in the field at an ALS level for Paramedics and PHRNs and one year experience in an emergency department for physicians.

3) Medical Equipment and Supplies

A) Ventilator; and

B) Infusion pumps.

4) Vehicle Standards
Any vehicle used for providing critical care transport shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for CCT shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Treatment and Transport Protocols shall address the following:

A) EMS MD or designee present at established Medical Control communication points and a written Expanded Scope of Practice Standard Operating Procedure signed by the EMS MD and approved for use by the Department in accordance with the System plan;

B) The use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines, accessing central lines, and medication-assisted intubation; and

C) Patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.

6) Quality Assurance Program

A) The Tier II transport provider shall develop a written QA plan approved by the EMS System and the Department in accordance with subsection (f)(6)(D). The participating provider shall provide quarterly reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) An EMS MD or SEMSV MD shall oversee the QA program.

D) The QA plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

i) Review of transferring physician orders and evidence of compliance with those orders;

ii) Documentation of vital signs and frequency, and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;

iii) Documentation of any side effects or complications, including, but not limited to, hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in

neurological examination, and evidence that interventions were appropriate for those events;

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;

v) Review of any Medical Control contact for further direction;

vi) Documentation that unusual occurrences were promptly communicated to the EMS System; and

vii) A root cause analysis shall be completed for any event or care inconsistent with standards. The EMS MD or the SEMSV MD shall recommend and implement a corrective action plan.

E) The QA plan shall be subject to review as part of an EMS System site survey and as deemed necessary by the Department (e.g., in response to a complaint).

g) Tier III
Tier III provides the highest level of ground transport care for patients who require nursing level treatment modalities and interventions.

1) Minimum Personnel Staffing and Licensure

A) EMT, A-EMT, EMT-I or Paramedic (as driver); and

B) Two critical care prepared providers, who shall remain with the patient at all times:

i) Paramedic, ~~or~~ PHRN, PHPA or PHAPN; and

ii) RN, ~~or~~ PHRN, PHPA or PHAPN.

2) Education, Certification, and Experience: Paramedic, ~~or~~ PHRN, PHPA or PHAPN

A) Initial Advanced Formal Education

i) Approval to practice by EMS System and the Department in accordance with the EMS program plan;

ii) At a minimum, 80 didactic hours of established higher collegiate education or equivalent critical care education nationally recognized program models;

iii) Demonstrated competencies, as documented by EMS MD and SEMSV MD and approved by the Department; and

iv) Expanded scope of practice more comprehensive than the national EMS scope of practice model and Tier II level as approved by the Department.

B) CE Requirements

i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures;

ii) The following valid credentials, at a minimum, shall be maintained: ACLS, PEPP~~PEPPO~~ or PALS, ITLS or PHTLS;

iii) A minimum of 40 hours of critical care level CE shall be completed every four years;

iv) The EMS provider shall maintain documentation of compliance with subsection (g)(2)(B)(i) and shall provide documentation to the EMS Resource Hospital upon request; and

v) Nationally recognized critical certifications shall be maintained and renewed based on national recertification criteria.

C) Experience

i) Minimum of two years experience functioning in the field at an ALS Level;

ii) Documented demonstrated competencies; and

iii) Completion of annual competencies of expanded scope knowledge, equipment and procedures.

3) Education, Certification and Experience − Registered Professional Nurse~~:~~

A) CE Requirements

i) A minimum of 48 hours of critical care level education shall be completed every four years;

ii) The EMS provider shall maintain documentation of compliance with subsection (g)(3)(A)(i) and shall provide documentation to the EMS Resource Hospital upon request; and

iii) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed.

B) Certifications
Tier III personnel shall maintain the following valid critical care certifications and credentials:

i) ACLS;

ii) PALS, PEPP or ENPC;

iii) ITLS, PHTLS, TNCC or TNS; and

iv) ECRN or equivalent.

C) Advanced Certifications Preferred but not Required

i) Certified Emergency Nurse (CEN);

ii) Critical Care Registered Nurse (CCRN);

iii) Critical Care Emergency Medical Technician-Paramedic (CCEMT-P);

iv) Certified Registered Flight Nurse (CFRN); and

v) Certified Transport Registered Nurse (CTRN).

D) Experience

i) Two years of experience with demonstrated competency in a critical care setting; and

ii) Documented demonstrated EMT System competencies.

4) Medical Equipment and Supplies
Tier III transport requires nursing level treatment modalities and interventions as agreed upon by the sending physician and the accepting physician at the receiving facility. If either physician is not available for consult, the EMS MD or SEMSV MD or designee shall direct care.

5) Vehicular Standards
Any vehicle used for providing CCT shall comply, at a minimum, with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for CCT shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

6) Treatment and Transport Protocols shall address the following:

A) Paramedic, ~~or~~ PHRN, PHPA or PHAPN: EMS MD or designee present at established Medical Control communication points and written Critical Care Standard Operating procedure signed by the EMS MD and approved for use by the Department in accordance with the System plan;

B) Registered Professional Nurse: The provider's EMS MD or SEMSV Critical Care MD may establish standing medical orders for nursing personnel, or the RN may be approved to accept orders from the sending physician or receiving physician.

7) Quality Assurance Program

A) The Tier III transport provider shall have a written QA plan approved by the EMS System and the Department, in accordance with subsection (g)(7)(D). The provider shall provide quarterly reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) An EMS MD or SEMSV MD shall oversee the QA program.

D) The QA plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

i) Review of transferring physician orders and evidence of compliance with those orders;

ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;

iii) Documentation of any side effects or complications, including, but not limited to, hypotension, extreme bradycardia or tachycardia, increasing chest pain,

dysrhythmia, altered mental status or changes in neurological examination, and evidence that interventions were appropriate for those events;

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;

v) Review of any medical control contact for further direction;

vi) Prompt communication of unusual occurrences to the EMS System;

vii) A root cause analysis shall be completed for any event or care inconsistent with standards. The EMS MD or the SEMSV MD shall recommend and implement a corrective action plan.

E) The QA plan will be subject to review as part of an EMS System site survey and as deemed necessary by the Department (e.g., in response to a complaint).

h) The Department will approve vehicle service providers for CCT when the provider demonstrates compliance with an approved EMS System's CCT program plan for Tier II or Tier III transports. Only Department-approved agencies may advertise as CCT providers.

i) The Department will suspend a vehicle service provider's approval for critical care transport if any part of the provider's QA plan is not followed or if a situation exists that poses a threat to the public health and safety. The Department will provide a notice of suspension of CCT approval and an opportunity for hearing. If the vehicle service provider does not respond to the notice within 10 days after receipt, approval will be revoked.

j) The Director may summarily suspend any licensed provider's authorization to perform CCT under this Part if the Director or designee determines that continued CCT by the provider poses an imminent threat to the health or safety of the public. Any order for suspension will be in writing and effective immediately upon service of the provider or its lawful agent. Any provider served with an

order of suspension shall immediately cease accepting all CCT cases and shall have the right to request a hearing if a written request is delivered to the Department within 15 days after receipt of the order of suspension. If a timely request is delivered to the Department, then the Department will endeavor to schedule a hearing in an expedited manor, taking into account equity and the need for evidence and live witnesses at the hearing. The Department is authorized to seek injunctive relief in the circuit court if the Director's order is violated.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section 515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
EMERGENCY

a) Professional Staff: Physicians

1) Qualifications
Twenty-four hour coverage of the emergency department (excluding designated areas utilized to care for minor illnesses or injuries, i.e., fast track, urgent care) shall be provided by one or more physicians responsible for the care of all children. Each physician shall hold one of the following qualifications:

A) Certification in emergency medicine by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) or residency trained/board eligible in emergency medicine and in the first cycle of the board certification process; or

B) Sub-board Certification in pediatric emergency medicine by the American Board of Pediatrics or the ABEM or residency trained/board eligible in pediatric emergency medicine and in the first cycle of the board certification process; or

C) Certification by one of the following boards and current American Heart Association – American Academy of Pediatrics (AHA-AAP)

Pediatric Advanced Life Support (PALS) recognition or American College of Emergency Physicians – American Academy of Pediatrics (ACEP-AAP) Advanced Pediatric Life Support (APLS) recognition. PALS and APLS courses shall include both cognitive and practical skills evaluation.

i) Certification in family medicine by the American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Medicine (AOBFM); or

ii) Certification in pediatrics by the ABP or American Osteopathic Board of Pediatrics (AOBP); or

iii) Residency trained/board eligible in either family medicine or pediatrics and in the first cycle of the board certification process; or

D) Alternate Criteria.~~:~~ The physician has worked in the emergency department prior to January 1, 2018 and has completed 12 months of internship followed by at least 7000 hours of hospital-based emergency medicine, including pediatric patients, over the last 60-month period (including at least 2800 hours within one continuous 24-month period), certified in writing by the hospitals at which the internship and subsequent hours were completed. The physician shall have current AHA-AAP PALS or ACEP-AAP APLS recognition and have completed at least 16 hours of pediatric CME within the past two years.

2) Continuing Medical Education
All full- and part-time emergency physicians caring for children in the emergency department or fast track/urgent care area shall have documentation of completion of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics every two years. CME hours shall be earned by, but not limited to, verified attendance at or participation in formal CME programs (i.e., Category I) or informal CME programs (i.e., Category II), all of which shall have pediatrics as the majority of their content. The CME may be obtained from a pediatric specific program/course or may be a pediatric lecture/presentation from a workshop/conference. To meet Category II,

teaching time needs to have undergone review and received approval by a university/hospital as Category II CME. The Illinois Department of Financial and Professional Regulation can provide guidance related to criteria for acceptable Category I or II credit.

3) Physician Coverage
At least one physician meeting the requirements of subsection (a)(1) shall be on duty in the emergency department 24 hours a day.

4) Consultation
Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation can be with an on-staff physician or in accordance with Appendix M.

5) Physician Backup
A backup physician whose qualifications and training are equivalent to subsection (a)(1) shall be available in person to the EDAP within one hour after notification to assist with critical situations, increased surge capacity or disasters.

6) On-Call Physicians
Guidelines shall be established that address on-site response time for all on-call specialty physicians.

b) Professional Staff: Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant
This subsection (b) pertains to nurse~~Nurse~~ practitioners, clinical nurse specialists, and PAs~~physician assistants~~ working within their scope of practice, and credentialed as defined by the hospital~~under the supervision of a physician who meets the qualifications of subsection (a)(1)~~.

1) Qualifications

A) Nurse practitioners shall: ~~meet the following criteria:~~

~~i) Completion of:~~

~~• a nurse practitioner program with a focus on the pediatric patient, such as a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program; or~~

i) Either:

• Successfully complete a nurse practitioner program with a focus on the pediatric patient. The following are programs that qualify as focused on pediatric patients: acute care pediatric nurse practitioner program, primary care pediatric nurse practitioner program, pediatric critical care nurse practitioner program, emergency nurse practitioner program, or family practice nurse practitioner program; or

•~~ii)~~ Alternate Criteria: The nurse practitioner worked in the emergency department prior to January 1, 2018 and has completed at least 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of pediatric patients. This must be certified in writing by the hospitals at which the hours were completed.

ii) Hold a current~~Current~~ Illinois~~ advanced practice nursing~~ APRN license. For out-of-state facilities with ~~that have~~ Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the nurse practitioner~~professional~~ shall have an unencumbered license in the state in which he or she practices.

iii) Provide credentialing~~Credentialing~~ that reflects orientation, ongoing training, and specific competencies in the care of the pediatric emergency patient, as defined by the hospital credentialing process.

B) Clinical nurse specialists shall:

i) Complete a clinical nurse specialist program that includes pediatrics;

ii) Maintain pediatric clinical nurse specialist certification through a nationally recognized organization (American Association of Critical Care Nurses (AACN), American Nurses Credentialing Center (ANCC), or an equivalent national organization);

iii) Hold a current Illinois APRN license. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the clinical nurse specialist shall have an unencumbered license in the state in which he or she practices; and

iv) Provide credentialing that reflects orientation, ongoing training, and specific competencies in the care of the pediatric emergency patient, as defined by the hospital credentialing process.

C) Physician Assistants~~assistants~~ shall~~ meet the following criteria~~:

i) Hold a current~~Current~~ Illinois Physician Assistant License~~licensure~~. For out-of-state facilities with~~that have~~ Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the PA~~professional~~ shall have an unencumbered license in the state in which he or she practices; and

ii) Provide credentialing~~Credentialing~~ that reflects orientation, ongoing training, and specific competencies in the care of the pediatric emergency patient, as defined by the hospital credentialing process.

2) Continuing Education

A) All full- or part-time nurse practitioners, clinical nurse specialists, and PAs~~physician assistants~~ caring for children in the emergency

department shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS, or the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course (ENPC). PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

B) All full- or part-time nurse practitioners, clinical nurse specialists, and PAs~~physician assistants~~ caring for children in the emergency department and fast track/urgent care area shall have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years that are approved by an accrediting agency.

c) Professional Staff: Nursing

1) Qualifications

A) At least one ~~registered nurse (~~RN~~)~~ on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:

i) AHA-AAP PALS;

ii) ACEP-AAP APLS; or

iii) ENA ENPC.

B) All emergency department nurses shall successfully complete and maintain the current recognition required in subsection (c)(1)(A)~~in one of the above educational requirements~~ within 24 months after employment. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

2) Continuing Education
All nurses assigned to the emergency department shall have documentation of a minimum of eight hours of pediatric emergency or

~~/~~critical care continuing education every two years. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; ~~and/~~or publications. These continuing education hours can be integrated with other existing continuing education requirements, provided that the content is pediatric specific.

d) Guidelines, Policies and Procedures

1) Inter-facility Transfer

A) The hospital shall have current written transfer agreements that cover pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.

B) The hospital shall have written pediatric inter-facility transfer guidelines, ~~and~~ policies or~~/~~ procedures concerning transfer of critically ill and injured patients, which include a defined process for initiation of transfer, including the roles and responsibilities of the referring hospital and referral center; a process for selecting the appropriate care facility; a process for selecting the appropriately staffed transport service to match the patient's acuity level; a process for patient transfer (including obtaining informed consent); a plan for transfer of patient medical record information, signed transport consent, and belongings; and a plan for provision of referral hospital information to family. Incorporating the components of Appendix M~~ of this Part~~ into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse and Neglect
The hospital shall have policies/procedures addressing child abuse and neglect. These policies/procedures shall include, but not be limited to: the identification (including screening), evaluation, treatment and referral to the Department of Children and Family Services (DCFS) of victims of suspected child abuse and neglect in accordance with State law.

3) Emergency Department Treatment Guidelines
The hospital shall have emergency department pediatric specific treatment guidelines, order sets or policies and procedures addressing initial assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).

4) Latex-Allergy Policy
The hospital shall have a policy addressing the assessment of latex allergies and the availability of latex-free equipment and supplies.

5) Disaster Preparedness
The hospital shall integrate pediatric components into its hospital Disaster Plan or/ Emergency Operations Plan.

e) Quality Improvement

1) Multidisciplinary Quality Activities Policy

A) Pediatric emergency medical care shall be included in the EDAP's emergency department or section quality improvement (QI) program and reported to the hospital Quality Committee.

B) Multidisciplinary quality improvement (QI) processes/activities shall be established (e.g., committee).

C) Quality monitors shall be documented that address pediatric care within the emergency department, with identified clinical indicators, monitor tools, defined outcomes for care, feedback loop processes and target timeframes for closure of issues. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all emergency department:

i) Pediatric deaths;

ii) Pediatric inter-facility transfers;

iii) Child abuse and neglect cases;

iv) Critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure); and

v) Pediatric quality and safety priorities of the institution.

D) *All information contained in or relating to any medical audit*/quality improvement monitor *performed of a* PCCC's, EDAP's or SEDP's pediatric services pursuant to this Section *shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure.* (Section 3-110(a) of the Act)

2) Pediatric Physician Champion
The emergency department medical director shall appoint a physician to champion pediatric quality improvement activities. The pediatric physician champion shall work with and provide support to the pediatric quality coordinator.

3) Pediatric Quality Coordinator
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated to serve in the role of the pediatric quality coordinator. The pediatric quality coordinator shall have a job description that includes the allocation of appropriate time and resources by the hospital. This individual may be employed in an area other than the emergency department provided he or she has~~and shall have~~ a minimum of 3600 hours~~two years~~ of pediatric critical care experience or emergency department experience. Working with the pediatric physician champion, the responsibilities of the pediatric quality coordinator shall include:

A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department staff in accordance with subsections (a), (b)~~,~~ and (c).

B) Coordinating data collection for identified clinical indicators and outcomes (see subsection (e)(1)(C)).

C) Reviewing selected pediatric cases transported to the hospital by pre-hospital providers and providing feedback to the EMS Coordinator/System.

D) Participating in regional QI activities, including preparing a written QI report and attending the Regional QI subcommittee. These activities shall be supported by the hospital. One representative from the Regional QI subcommittee shall report to the EMS Regional Advisory Board.

E) Providing QI information to the Department upon request. (See Section 3.110(a) of the Act.)

f) Equipment, Trays~~,~~ and Supplies
See Appendix L.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

Section 515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)
EMERGENCY

a) Professional Staff: Physicians

1) Qualifications

A) All physicians shall have training in the care of pediatric patients through residency training, clinical training, or practice.

B) All physicians shall successfully complete and maintain current recognition in the AHA-AAP PALS or the ACEP-AAP APLS. Physicians who are board certified or eligible in emergency medicine (ABEM or AOBEM) or in pediatric emergency medicine (ABP/ABEM) are excluded from this requirement. PALS and APLS shall include both cognitive and practical skills evaluation.

2) Continuing Medical Education

All full and part-time emergency physicians caring for children in the emergency department or fast track/urgent care area shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics every two years. CME hours shall be earned by, but not limited to, verified attendance at or participation in formal CME programs (i.e., Category I) or informal CME programs (i.e., Category II), all of which shall have pediatrics as the majority of their content. The CME may be obtained from a pediatric specific program/course or may be a pediatric lecture/presentation from a workshop/conference. To meet Category II, teaching time needs to have undergone review and received approval by a university/hospital as Category II CME. The Illinois Department of Financial and Professional Regulation can provide guidance related to criteria for acceptable Category I or II credit.

3) Coverage
At least one physician meeting the requirements of subsection (a)(1), or a nurse practitioner, clinical nurse specialist, or PA~~physician assistant~~ meeting the requirements of subsection (b)(1), shall be on duty in the emergency department 24 hours a day or immediately available in person. A policy shall define when a physician is to be consulted or~~/~~called in at times when the emergency department is covered by one of these clinicians~~a mid-level provider~~.

4) Consultation
Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation may be with an on-call physician or in accordance with Appendix M.

5) Physician, Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant Backup
A backup physician, nurse practitioner, clinical nurse specialist, or PA whose qualifications and training are equivalent to that required by subsections~~subsection~~ (a) and (b)~~(1)~~ shall be available in person to the SEDP, within one hour after notification, to assist with critical situations, increased surge capacity or disasters.

6) On-Call Physicians

Guidelines shall address response time for on-call physicians.

b) Professional Staff: Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant
This subsection (b) pertains to nurse~~Nurse~~ practitioners, clinical nurse specialists, and PAs~~physician assistants~~ working within their scope of practice, and credentialed as defined by the hospital~~under the supervision of a physician who meets the qualifications of subsection (a)(1)~~.

1) Qualifications

A) Nurse practitioners shall~~ meet the following criteria~~:

~~i) Completion of:~~

~~• a nurse practitioner program with a focus on the pediatric patient, such as a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program; or~~

~~• Alternate Criteria: The nurse practitioner worked in the emergency department prior to January 1, 2018 and has completed at least 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of pediatric patients certified in writing by the hospitals at which the hours were completed.~~

i) Successfully Complete a Nurse Practitioner Program with a Focus on the Pediatric Patient. The following are programs that qualify as focused on pediatric patients: acute care pediatric nurse practitioner program, primary care pediatric nurse practitioner program, pediatric critical care nurse practitioner program, emergency nurse practitioner program, or family practice nurse practitioner program; or

ii) Alternate Criteria: The nurse practitioner worked in the emergency department prior to January 1, 2018 and has completed at least 2000 hours of hospital-based emergency department experience or acute care experience as a nurse practitioner over the last 24-month period that includes the care of pediatric patients. This must be certified in writing by the hospitals at which the hours were completed.

iii~~ii~~) Current Illinois APRN~~advanced practice nursing~~ license. For out-of-state facilities with~~that have~~ Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the nurse practitioner~~professional~~ shall have an unencumbered license in the state in which he or she practices.

iv~~iii~~) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient, as defined by the hospital credentialing process.

B) Clinical nurse specialists shall:

i) Complete a clinical nurse specialist program that includes pediatrics;

ii) Maintain pediatric clinical nurse specialist certification through a nationally recognized organization (American Association of Critical Care Nurses (AACN), American Nurses Credentialing Center (ANCC), or an equivalent national organization);

iii) Hold a current Illinois APRN license. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the clinical nurse specialist shall have an unencumbered license in the state in which he or she practices; and

iv) Provide credentialing that reflects orientation, ongoing training, and specific competencies in the care of the

pediatric emergency patient, as defined by the hospital credentialing process.

C~~B~~) Physician Assistants~~assistants~~ shall~~ meet the following criteria~~:

i) Hold a current~~Current~~ Illinois Physician Assistant License~~physician assistant licensure~~. For out-of-state facilities with~~that have~~ Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the professional shall have an unencumbered license in the state in which he or she practices.

ii) Provide credentialing~~Credentialing~~ that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process.

2) Continuing Education

A) All full- and part-time nurse practitioners, clinical nurse specialists, and PAs~~physician assistants~~ caring for children in the emergency department shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course (ENPC). PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

B) All full- and part-time nurse practitioners, clinical nurse specialists, and PAs~~physician assistants~~ caring for children in the emergency department and fast track/urgent care area shall have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years that are approved by an accrediting agency.

c) Professional Staff: Nursing

1) Qualifications

At least one RN on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:

A) AHA-AAP PALS;

B) ACEP-AAP APLS; or

C) ENA ENPC.

2) Continuing Education
At least one RN~~Registered Nurse~~ on duty on each shift who is responsible for the direct care of the child in the emergency department shall have documentation of a minimum of eight hours of pediatric emergency or~~/~~ critical care continuing education every two years. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and publications. The continuing education hours may be integrated with other existing continuing education requirements, provided that the content is pediatric specific. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

d) Policies and Procedures

1) Inter-facility Transfer

A) The hospital shall have current written transfer agreements that cover pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.

B) The hospital shall have written pediatric inter-facility transfer guidelines,~~/~~ policies, or ~~/~~procedures concerning transfer of critically ill and injured patients, which include a defined process for initiation of transfer, including the roles and responsibilities of the referring hospital and referral center; a process for selecting the

appropriate care facility; a process for selecting the appropriately staffed transport service to match the patient's acuity level; a process for patient transfer (including obtaining informed consent); a plan for transfer of patient medical record information, signed transport consent, and belongings; and a plan for provision of referral hospital information to family. Incorporating the components of Appendix M into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse and Neglect
The hospital shall have policies/procedures addressing child abuse and neglect. These policies/procedures shall include, but not be limited to: the identification (including screening), evaluation, treatment and referral to DCFS of victims of suspected child abuse and neglect in accordance with State law.

3) Emergency Department Treatment Guidelines
The hospital shall have emergency department pediatric specific treatment guidelines, order sets or policies and procedures addressing initial assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).

4) Latex-Allergy Policy
The hospital shall have a policy addressing the assessment of latex allergies and the availability of latex-free equipment and supplies.

5) Disaster Preparedness
The hospital shall integrate pediatric components into its Disaster Plan or/ Emergency Operations Plan.

e) Quality Improvement

1) Multidisciplinary Quality Activities Policy

A) Pediatric emergency medical care shall be included in the SEDP's emergency department or section QI program and reported to the hospital Quality Committee.

B) Multidisciplinary quality improvement processes/ activities shall be established (e.g., committee).

C) Quality monitors shall be documented that address pediatric care within the emergency department, with identified clinical indicators, monitor tools, defined outcomes for care, feedback loop processes and target timeframes for closure of issues. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all emergency department:

i) Pediatric deaths;

ii) Pediatric inter-facility transfers;

iii) Child abuse and neglect cases;

iv) Critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure; and

v) Pediatric quality and safety priorities of the institution.

D) *All information contained in or relating to any medical audit/quality improvement monitor performed of a* PCCC's, EDAP's or SEDP's pediatric services *pursuant to* this Section *shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure.* (Section 3.110(a) of the Act)

2) Pediatric Physician Champion
The emergency department medical director shall appoint a physician to champion pediatric quality improvement activities. The pediatric physician champion shall work with and provide support to the pediatric quality coordinator.

3) Pediatric Quality Coordinator
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated to serve in the role of the

pediatric quality coordinator. The pediatric quality coordinator shall have a job description that includes the allocation of appropriate time and resources by the hospital. This individual may be employed in an area other than the emergency department provided he or she has~~and shall have~~ a minimum of 3600 hours~~two years~~ of pediatric critical care experience or emergency department experience. Working with the pediatric physician champion, the responsibilities of the pediatric quality coordinator shall include:

A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department professional staff in accordance with subsections (a), (b) and (c).

B) Coordinating data collection for identified clinical indicators and outcomes (see subsection (e)(1)(C)).

C) Reviewing selected pediatric cases transported to the hospital by pre-hospital providers and providing feedback to the EMS Coordinator/System.

D) Participating in regional QI activities, including preparing a written QI report and attending the Regional QI subcommittee meetings. These activities shall be supported by the hospital. One representative from the Regional QI subcommittee shall report to the EMS Regional Advisory Board.

E) Providing QI information to the Department upon request. (See Section 3.110(a) of the Act.)

f) Equipment, Trays, and Supplies
See Appendix L.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

Section 515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)
EMERGENCY

Any facility seeking PCCC level recognition shall meet requirements for both the EDAP and PCCC levels.

a) Facility Requirements
A facility recognized as a PCCC Center shall provide the following:

1) An EDAP-recognized emergency department;

2) A distinct Pediatric Intensive Care Unit (PICU);

3) A PICU Committee established as a standing (interdisciplinary) committee within the hospital with membership that includes~~including~~, at a minimum, ~~but not limited to,~~one physician~~ physicians~~, one RN~~nurses~~, one respiratory therapist~~respiratory therapists~~, and other~~others~~ specialties as determined by the hospital~~directly involved in PICU activities~~;

4) Helicopter landing capabilities approved by State and federal authorities;

5) Computerized axial tomography (CAT) scan availability 24 hours a day;

6) Laboratory 24 hours a day in-house, providing:

A) Standard analysis of blood, urine and body fluids;

B) Blood typing and cross-matching;

C) Coagulation studies;

D) Comprehensive blood bank or an agreement with a community central blood bank;

E) Blood gases and pH determinations;

F) Microbiology, including the ability to initiate aerobic and anaerobic cultures on site; and

G) Drug and alcohol screening;

7) Hemodialysis capabilities or a transfer agreement;

8) Staff, including a child life specialist, occupational therapy, speech therapy, physical therapy, social work, dietary, psychiatry and child protective services;

9) Hospital support staff to act as a resource and participate in multidisciplinary regional pediatric critical care education;

10) A plan for implementing a program of public information/education concerning emergency care services for pediatrics; and

11) Support for active institutional and collaborative regional research.

b) PICU Medical Director Requirements
A Medical Director shall be appointed, and a record of appointment and acceptance shall be in writing.

1) Qualifications
The PICU shall have a dedicated Medical Director who is:

A) Board certified in Pediatrics by the ABP or the AOBP, and Board certified or in the process of certification in Pediatric Critical Care Medicine by ABP, or Pediatric Intensive Care by AOBP; ~~or~~

B) Board certified in Pediatrics by the ABP or the AOBP, and Board certified in a pediatric subspecialty with at least 50% practice in pediatric critical care. In this situation, a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director; ~~or~~

C) Board certified in Anesthesiology by the American Board of Anesthesiology (ABA), or the American Osteopathic Board of Anesthesiology (AOBA), with practice limited to infants and children and with a subspecialty certification in Critical Care Medicine. In this situation, a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director; or

D) Board certified~~Board-certified~~ in Pediatric Surgery by the American Board of Surgery (ABS) with a subspecialty certification in Surgical Critical Care Medicine by the ABS. In this situation (ABS), a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director.

2) The Medical Director ~~and/~~or Co-Director shall achieve certification within seven years after his/her initial acceptance into the certification process for pediatric critical care or intensive care medicine, and shall maintain certification.

c) PICU Medical Staff Requirements

1) Qualifications

A) The PICU shall have 24-hour in-hospital coverage provided by a board certified~~Board-certified~~ pediatric intensivist, certified by ABP or AOBP, or board eligible~~Board-eligible~~ pediatric intensivist in the process of certification by ABP or AOBP, who is responsible for the supervision of the physicians listed in subsections (c)(1)(A)(i) and (ii), and who is available within 30 minutes in-house after the determination is made that he or she is needed. If the intensivist is not in-house, then one of the following shall be available in-house:

i) Board certified~~Board-certified~~ pediatrician certified by ABP or AOBP, or board eligible~~Board-eligible~~ in pediatrics and in the process of board~~Board~~ certification; or

ii) A resident of PGY-2 or greater under the auspices of a Pediatric Training Program, in the unit, with a PGY-3 in-house.

B) All physicians listed in subsection (c)(1)(A) shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

2) Physician Specialist Availability

If the applying hospital is a Pediatric Trauma Center, the applicable requirements for physician response times that meet Sections 515.2035 and 515.2045 shall be followed.

A) Attending level physician specialists shall be on staff and are required to have the following:

i) Pediatric proficiency as defined by the hospital credentialing process;

ii) Board/sub-board certification in their specialty. If residency trained/board prepared in their specialty, physicians shall achieve certification within seven years after initial acceptance into the board/sub-board certification process, and maintain certification; and

iii) 10 hours per year of pediatric CME (category I or II) in his/her specialty.

B) The following on-call surgeons with pediatric proficiency shall be available in-house within 60 minutes after the determination is made that they are needed:

i) Surgeon; and

ii) Neurosurgeon, or transfer agreement with another facility.

C) On-call attending anesthesiologists with pediatric proficiency shall be available in-house within 60 minutes after the determination is made that they are needed. CRNAs with pediatric proficiency may initiate appropriate procedures as identified in hospital by-laws.

D) On-staff subspecialists with the following pediatric proficiency shall be available to the institution or by phone for consultation within 60 minutes after the determination is made that they are needed:

i) Cardiologist;

ii) Neonatologist;

iii) Nephrologist;

iv) Neurologist;

v) Orthopedic surgeon;

vi) Otolaryngologist; and

vii) Radiologist.

E) The following physician specialists shall be available in the hospital or by consultation or transfer agreement with another hospital:

i) Allergist or immunologist;

ii) Cardiothoracic surgeon;

iii) Craniofacial (plastic) surgeon;

iv) Endocrinologist;

v) Gastroenterologist;

vi) Hand surgeon;

vii) Hematologist-oncologist;

viii) Infectious disease;

ix) Micro-vascular surgeon;

x) Obstetrics/gynecology;

xi) Ophthalmologist;

xii) Oral surgeon;

xiii) Physiatrist (physical medicine & rehabilitation);

xiv) Psychiatrist/psychologist;

xv) Pulmonologist; and

xvi) Urologist.

d) PICU Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant Qualifications

1) Nurse practitionerspractitioner shall have credentialing as evidenced by the following:

A) Successfully completeCompletion of a Pediatric Nurse Practitioner program or Pediatric Critical Care Nurse Practitioner Program and certification as an acute care pediatric nurse practitionerAcute Care Pediatric Nurse Practitioner.

B) Hold a currentCurrent Illinois APRNadvanced practice nursing license. For out-of-state facilities withthat have Illinois recognition under the EMS, trauma, or pediatric programprograms, the nurse practitionerprofessional shall have an unencumbered license in the state in which he or she practices.

C) Provide credentialing that reflects orientation, ongoing training, and specific demonstrated competencies in the care of the critically ill and injured pediatric patient, as defined by the hospital credentialing process.

2) Clinical nurse specialists shall:

A) Successfully complete a clinical nurse specialist program that includes pediatrics.

B) Maintain pediatric clinical nurse specialist certification through a nationally recognized organization (AACN, ANCC or an equivalent national organization).

C) Hold a current Illinois APRN license. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the clinical nurse specialist shall have an unencumbered license in the state in which he or she practices.

D) Provide credentialing that reflects orientation, ongoing training, and specific demonstrated competencies in the care of the critically ill and injured pediatric patient, as defined by the hospital credentialing process.

3~~2~~) PA~~Physician assistant~~ shall~~ have credentialing as evidenced by the following~~:

A) Hold a current~~Current~~ Illinois Physician Assistant License~~licensure~~. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the professional shall have an unencumbered license in the state in which he or she practices.

B) Provide credentialing~~Credentialing~~ that reflects orientation, ongoing training and specific demonstrated competencies in the care of the critically ill and injured pediatric patient as defined by the hospital credentialing process.

4~~3~~) All full- and part-time nurse practitioners, clinical nurse specialists, and PAs~~physician assistants~~ shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

5~~4~~) All full- and part-time nurse practitioners, clinical nurse specialists, and PAs~~physician assistants~~ shall have documentation of a minimum of 50 hours of continuing education in pediatric ~~critical care~~ topics every two years that included a minimum of 25 hours in pediatric critical care, and that are approved by an accrediting agency.

e) PICU Nursing Staff Requirements

1) Nurse manager. The PICU shall have a designated nurse manager who shall:

A) Be licensed as an RN~~a Registered Nurse~~;

B) Have the equivalent of three years full-time~~of~~ clinical critical care experience, with a minimum of one year in clinical pediatric care; and

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

2) Pediatric Clinical Nurse Expert.~~Advanced practice nurse Clinical nurse specialist (CNS), nurse practitioner (NP):~~ The PICU shall have a designated pediatric clinical nurse expert~~CNS or pediatric NP~~ who is a member of the unit leadership and who facilitates the development, provision and conduction of clinical education, quality improvement, and policy development aimed at promoting pediatric evidence-based best practices. This nurse~~available to provide clinical leadership in the nursing management of patients. Certified advanced practice nurses~~ shall:

A) Successfully complete:~~Have completed a Pediatric Nurse Practitioner program or Pediatric Clinical Nurse Specialist Program and hold certification as a Pediatric Nurse Practitioner or Pediatric Clinical Nurse Specialist.~~

i) An acute Care or Primary Care Pediatric Nurse Practitioner Program and hold certification as an acute care or primary care pediatric nurse practitioner;

ii) A Pediatric Clinical Nurse Specialist Program and hold certification as a pediatric clinical nurse specialist; or

iii) A masters or doctorate and hold certification as a certified pediatric nurse (CPN), certified critical care registered nurse in pediatrics (CCRN-P), or certified critical care

registered nurse in pediatrics – knowledge professional (CCRN-K).

B) Hold a current Illinois RN license~~Have an Illinois Advanced Practice Nurse License~~. For out-of-state facilities with~~that have~~ Illinois recognition under the EMS, trauma, or pediatric program, the RN~~professional~~ shall have an unencumbered license in the state in which he or she practices;

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation; and

D) Provide~~Have~~ documentation of a minimum of 50 hours of continuing education in pediatric ~~critical care~~ topics every two years that include a minimum of 25 hours in pediatric critical care and that are approved by an accrediting agency.

3) Nursing Patient Care Services~~patient care services~~
All RNs~~nurses~~ engaged in direct patient care activities shall:

A) Successfully complete a documented hospital and unit orientation according to hospital guidelines before assuming full responsibility for patient care;

B) Complete a yearly competency review of high-risk, low-frequency therapies;

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation; and

D) Complete a minimum of 16 hours of pediatric emergency/critical care continuing education hours every two years. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics or publications.

f) PICU Policies, Procedures, and Treatment Protocols
The PICU will include, but not be limited to, having the following age-specific policies/protocols in place:

1) Admission and discharge criteria;

2) A staffing policy that addresses nursing shift staffing patterns based on patient acuity;

3) A policy for managing the psychiatric needs of the PICU patient; and

4) Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses.

g) Inter-facility Transfer/Transport Requirements
A PCCC shall:

1) Provide necessary consultation to those hospitals with which a transfer agreement is established; accept pediatric transfers from those hospitals; provide feedback as well as quality review to those hospitals on the transfer and management process;

2) Have or be affiliated with a transport system and team to assist referral hospitals in arranging safe pediatric patient transport; and

3) Have a transfer/transport policy that addresses the special needs of the pediatric population during transport.

h) Quality Improvement Requirements

1) Each PCCC shall have members from the PICU, including the Medical Director, and from the Pediatric Department who serve on the Multidisciplinary Pediatric Quality Improvement Committee, which will include, but not be limited to: emergency department, pediatric department, respiratory, laboratory, social service and radiology staff.

2) The Multidisciplinary Pediatric Quality Improvement Committee shall perform focused outcome analyses of its PICU and other pediatric

inpatient unit services on a quarterly basis that consist of a review of at least the following:

A) All pediatric deaths;

B) All pediatric inter-facility transfers;

C) All pediatric morbidities or negative outcomes that are a result of treatment rendered or omitted;

D) Pediatric quality metrics that examine the process of care and identify potential patient care and internal resource problems;

E) Child abuse and neglect cases unless review is performed by another committee in the hospital;

F) All re-admissions within 48 hours after discharge from the emergency department or inpatient care that result in admission to the PICU; and

G) Review of all potential and unanticipated adverse outcomes.

i) PICU Equipment (See Appendix O)
The PCCC shall meet all equipment requirements as outlined in Appendix O. In addition, a specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.

j) Pediatric Inpatient Care Service Requirements

1) Physician Requirements~~requirements~~

A) The Chair of Pediatrics or the Pediatric Inpatient Director shall have certification in pediatrics by the ABP or the AOBP.

B) All hospitalists, credentialed by their hospital to provide pediatric unit care, shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or the ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

C) The Medical Director of the PICU, or his/her designee, shall be available on call and for consultation for all pediatric in-house patients who may require critical care.

2) Nurse Manager Requirements~~manager requirements~~
The nurse manager shall:

A) Be licensed as an RN~~Illinois Registered Nurse~~. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the RN~~professional~~ shall have an unencumbered license in the state in which he or she practices;~~.~~

B) Have the equivalent of three years full-time~~of~~ pediatric experience; and

C) Complete and maintain current recognition in one of the following courses: AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

3) Nursing Patient Care Services~~patient care services~~
All nurses engaged in direct patient care activities shall:

A) Be licensed as an RN~~Illinois Registered Nurse~~. For out-of-state facilities with~~that have~~ Illinois recognition under the EMS, trauma, or pediatric program~~programs~~, the RN~~professional~~ shall have an unencumbered license in the state in which he or she practices;~~.~~

B) Complete a documented hospital and unit orientation according to hospital guidelines before assuming full responsibility for patient care;

C) Complete a yearly competency review of high-risk, low-frequency therapies based on patient population;

D) Complete and maintain current recognition in one of the following courses: AHA-AAP PALS, the ACEP-AAP APLS or the ENA

ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation; and

E) Complete a minimum of 16 hours of pediatric continuing education hours every two years~~within a two-year period~~. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics, ~~and/~~or publications.

k) Hospital General Pediatric Department Policies, Procedures and Treatment Protocols. The pediatric department shall have, but not be limited to:

1) A policy or scope of services that outlines the pediatric department services, ages of patients served, and admission guidelines;

2) A staffing policy that addresses nursing shift staffing patterns based on patient acuity;

3) A safety and security policy for the patient in the unit;

4) An inter-facility transport policy that addresses safety and acuity;

5) An intra-facility transport policy that addresses safety and acuity;

6) A latex allergy policy;

7) A pediatric organ procurement/donation policy;

8) An isolation precautions policy that incorporates appropriate infection control measures;

9) A disaster~~/terrorism~~ policy that addresses the specific medical and psychosocial needs of the pediatric population;

10) Protocols, order sets, pathways or guidelines for management of high-risk and low-frequency diagnoses;

11) A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family and appropriate social work referral for the following indicators:

A) Child death;

B) Child has been a victim of or witness to violence;

C) Family needs assistance in obtaining resources to take the child home;

D) Family needs a payment resource for their child's health needs;

E) Family needs to be linked back to their primary health, social service or educational system;

F) Family needs support services to adjust to their child's health condition or the increased demands related to changes in their child's health conditions; and

G) Family needs additional education related to the child's care needs to care for the child at home.

12) A discharge planning policy or protocol that includes the following:

A) Documentation of appropriate primary care/specialty follow-up provisions;

B) Mechanism to access a primary care resource for children who do not have a provider;

C) Discharge summary provision to appropriate medical care provider, parent/guardian, which includes the following:

i) Information on the child's hospital course;

ii) Discharge instructions and education; and

iii) Follow-up arrangements;

D) Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:

i) Require the assistance of medical technology;

ii) Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms;

iii) Additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services;

iv) Brain injury – mild, moderate or severe;

v) Spinal cord injury;

vi) Seizure behavior exhibited during acute care or a history of seizure disorder and is not currently linked with specialty follow up;

vii) Submersion injury, such as a near drowning;

viii) Burn (other than a superficial burn);

ix) Pre-existing condition that experiences a change in health or functional status;

x) Neurological, musculoskeletal or developmental disability; or

xi) Sudden onset of behavioral change, for example, in cognition, language or affect.

l) Quality Improvement Requirements
Representatives from the pediatric unit shall participate in the multidisciplinary Pediatric Quality Improvement Committee (see subsection (h)).

m) Equipment Requirements (See Appendix O.)
The PCCC shall meet all equipment requirements as outlined in Appendix O. In addition, a specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

Section 515.APPENDIX K Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
EMERGENCY

FACILITY RECOGNITION
Emergency Department with Pediatric Capabilities

Application Instructions

Follow these instructions to initiate the process to obtain recognition as an Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP):

1) Complete the application form and obtain the appropriate signatures.

2) Using the Emergency Department Pediatric Plan Guideline and the EDAP or SEDP requirements, complete an Emergency Department Pediatric Plan. Attach all requested supporting documentation (credentialing forms, schedules, policies, procedures, protocols, guidelines, plans, etc.).

3) Submit the original signed application form plus three additional copies of the signed application form and four copies of the Emergency Department Pediatric Plan (including supporting documentation) to:

Chief, Division of EMS & Highway Safety
Illinois Department of Public Health
422 S. 5th Street
Springfield IL 62701

4) The Emergency Department Pediatric Plan shall follow the format outlined in the Emergency Department Pediatric Plan Guideline in this Appendix K and include all required documentation. The plan shall also address how each of the EDAP/SEDP requirements is currently being or will be met. The Pediatric Plan shall be developed through interaction and collaboration with all other appropriate disciplines.

5) Any submitted requests for equipment waivers shall include the criteria by which compliance is considered to be a hardship and demonstrate that there will be no reduction in the provision of medical care.

DEPARTMENT OF PUBLIC HEALTH

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6) The application should be submitted in a single-sided format and unstapled.

7) Appendix M provides additional resource information related to pediatric inter-facility transfer and consultation and can be used in the development of the Emergency Department Pediatrics Plan.

8) For questions regarding the application process, specific requirements, or supporting documentation, please contact the Division of EMS & Highway Safety at 217-785-2080.

RECOGNITION OF EMERGENCY DEPARTMENT
PEDIATRIC CAPABILITIES
APPLICATION FORM

1) Name and address of hospital (typed)

_____

_____

_____

2) Specify the recognition level for which your hospital is applying:

a) Emergency Department Approved for Pediatrics (EDAP) _____

b) Standby Emergency Department Approved for Pediatrics (SEDP) _____

3) The above-named hospital certifies that each requirement in this Request for Recognition is met and will be in operation by the date of recognition.

_____
Typed name – CEO/Administrator

_____
Signature – CEO/Administrator Date

_____
Typed name – Medical Director of Emergency Services

_____
Signature – Medical Director of Emergency Services Date

_____

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

Contact person – Typed name, credentials and title

Contact person – Phone number, fax number and email

EMERGENCY DEPARTMENT PEDIATRIC PLAN
GUIDELINE

Emergency Department Pediatric Plan (Please follow this guideline carefully. It provides information on the components that must be included in the submitted plan. Please include any applicable supplemental documentation.)

A. Emergency Department Organizational Structure

1. Provide a hospital Organizational Table identifying the administrative relationships among all departments in the hospital, especially as they relate to the emergency department. The table must include, but is not limited to, the following:

a. Board of Directors

b. Chief Executive Officers

c. Emergency Department

d. Department of Pediatrics

e. Trauma Service (if applicable)

f. Department of Radiology

2. In addition, provide a separate Emergency Department Organizational Structure table showing the organization structure of the emergency department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the ED Medical Director (to whom he/she reports).

~~a. Emergency Department Organizational Structure (Table)~~

B. Emergency Department Services

1. Description of the emergency department services

- Provide a scope of services or policy outlining emergency department services, emergency department level, a description of the population served, types of pediatric patients seen, and annual emergency department visits that involve the pediatric patient.
- Identify the age range that the hospital uses to define the pediatric patient, i.e., 0-15.
- Provide information on participation/status in EMS system and trauma system as appropriate.

2. Description of the emergency department patient flow

- Provide a narrative description or algorithm of patient path/flow from point of entry through disposition.
- Provide any policies/guidelines that identify triaging/urgency categorization of patients.
- Identify whether pediatric patients are seen in the general emergency department or in a separate area/bed space allocated for the pediatric patient.
- If an emergency department fast-track area exists, provide triage criteria for this area and information on physician and nursing staffing/qualifications for assignment to the fast-track area.

3. Description of emergency medical services communication with identification of dedicated phone line, radio, and telemetry capabilities

- Provide a policy or narrative description of the emergency services dedicated phone/telemetry radio communication capabilities.
- Provide a policy outlining staffing qualifications to access and use such equipment.

4. Description of social service availability and capabilities

- Provide a scope of services or policy that defines the services, capabilities

and availability of social service department/personnel to the emergency department.

- Describe typical mechanism and response by social worker to emergency department requests (i.e., handle over the phone, respond directly to the emergency department, follow-up consult/appointment made).

C. Pediatric Department Services

1. Description of the pediatric department services

- Identify whether there is a dedicated pediatric inpatient unit, dedicated pediatric inpatient beds and pediatric intensive care unit.
- Provide a scope of services/policy outlining pediatric department services.

2. Description of the pediatric staffing and availability

- Provide policy or scope of services outlining pediatric unit shift nursing staffing patterns based on patient acuity and any pediatric continuing education requirements/competencies verification.
- If pediatric patients are admitted for care to an adult inpatient unit, provide documentation that identifies unit pediatrician staffing/coverage for such patients and how RNs ~~nurses~~ are assigned to the inpatient pediatric patient, i.e., only RNs ~~nurses~~ who have completed the PALS course.

3. Documented description~~Description/documentation~~ of pediatric inpatient capabilities with identification of PICU and/or pediatric general floor bed availability and unit resources

- Provide policy or scope of services that identifies what types of pediatric patients are typically admitted, i.e., types of conditions/diagnoses. Are there guidelines in place that define pediatric patients specifically by age parameters ~~and/~~or diagnoses?
- If a PICU is present, then a description of services, unit resources, and capabilities is needed. If a PICU is not present, then a description of where patients requiring such care are transferred, established relationships with pediatric tertiary care center, etc., is needed.

D. Professional Staff

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

1. Emergency Department Director

   a. Copy of curriculum vitae

      - Provide a printed curriculum vitae.
      - Identify any board certification as outlined in the Facility Recognition Criteria (Sections 515.4000 and 515.4010).

   b. Document Board Certification, as identified in the Facility Recognition Criteria, on the Emergency Department Credentialing Form.

2. Emergency Department Physicians
   Documentation of the ability to meet recognition requirements in Section 515.4000 or Section 515.4010.

   Hospital Recognition Requirement – Section 515.4000(a)(1) or 515.4010(a)(1)

   - Provide a policy or description of emergency department physician staffing, coverage and availability (including fast track/urgent care area).
   - Provide a completed Department approved credentialing form for emergency department physician staff and a credentialing form for fast track/urgent care physicians.
   - Provide a one-month staffing schedule/calendar, including fast track/urgent care area (schedule should be from within the three month time period previous to the application submission).
   - Provide documentation of a plan to maintain PALS or APLS recognition.
   - Provide a policy that incorporates Section 515.4000(a)(1) or 515.4010(a)(1).

   Hospital Recognition Requirement – Section 515.4000(a)(2) or 515.4010(a)(2)

   - Provide a copy of the emergency department physician continuing education policy.
   - Provide a description of how physician continuing education is currently tracked.
   - Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into the overall CME tracking process).
   - Provide a policy that incorporates Section 515.4000(a)(2) or

515.4010(a)(2).

Hospital Recognition Requirement – Section 515.4000(a)(3) or 515.4010(a)(3)

- Provide a staffing policy that incorporates Section 515.4000(a)(3) or 515.4010(a)(3).

Hospital Recognition Requirement – Section 515.4000(a)(4) or 515.4010(a)(4)

- Provide a one-month on-call schedule that identifies availability of a board certified/prepared pediatrician or pediatric emergency medicine physician for telephone consultation (schedule should be from within the three month time period previous to the application submission).

Hospital Recognition Requirement – Section 515.4000(a)(5) or 515.4010(a)(5)

- Provide a copy of a policy that identifies physician back-up availability to assist with critical situations, increased surge capacity or disasters.

Hospital Recognition Requirement – Section 515.4000(a)(6) or 515.4010(a)(6)

- Provide a protocol/policy/bylaws that identifies maximum response time for all specialty on-call physicians.

3. Emergency department nurse practitioner, clinical nurse specialist, and PA~~physician assistant~~
Note – Complete this section only if nurse practitioners, clinical nurse specialists, ~~and/~~or PAs~~physician assistants~~ practice in the emergency department and participate in the care of pediatric patients.

Provide documentation of the ability to meet hospital recognition requirements in Section 515.4000(b) or 515.4010(b).

Requirement – Section 515.4000(b)(1) or 515.4010(b)(1)

- Provide a policy of emergency department nurse practitioner, clinical nurse specialist, and~~/or~~ PA~~physician assistant~~ staffing, coverage, availability, responsibilities and credentialing process.
- Provide a completed Department approved credentialing form for all

emergency department~~, and a credentialing form for~~ fast track nurse practitioner, clinical nurse specialist, and PA~~physician assistant~~ staff.

- Provide a copy of a one-month staffing schedule/calendar (schedule should be from within the three month time period previous to the application submission).
- Provide documentation of a plan to maintain PALS, APLS or ENPC recognition.
- Provide a policy that incorporates Section 515.4000(b)(1) or 515.4010(b)(1).

Requirement – Section 515.4000(b)(2) or 515.4010(b)(2)

- Provide a copy of the emergency department and fast track nurse practitioner, clinical nurse specialist, and PA~~physician assistant~~ continuing education policy.
- Provide a description of how nurse practitioner, clinical nurse specialist, and PA~~physician assistant~~ continuing education is currently tracked.
- Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into overall continuing education tracking process).
- Provide a policy that incorporates Section 515.4000(b)(2) or 515.4010(b)(2).

4. Emergency Department Registered Nurses
Provide documentation of the ability to meet hospital recognition requirements in Section 515.4000(c) or 515.4010(c).

Requirement – Section 515.4000(c)(1) or 515.4010(c)(1)

- Provide a policy/documentation outlining current nursing shift staffing plan/patterns.
- Provide a Department approved credentialing form for all emergency department nursing staff.
- Provide a copy of a one-month nursing staffing schedule/calendar (schedule should be from within the three month time period previous to the application submission).
- Provide documentation of a plan to maintain PALS, APLS or ENPC recognition.
- Provide a policy that incorporates Section 515.4000(c)(1) or

515.4010(c)(1).

Requirement – Section 515.4000(c)(2) or 515.4010(c)(2)

- Provide a policy identifying continuing education requirements and competency testing for emergency department nursing staff.
- Provide a description of how continuing education is currently tracked.
- Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours.
- Provide a policy that incorporates Section 515.4000(c)(2) or 515.4010(c)(2).

E. Policies and Procedures

1. Policy/procedure for inter-facility transfer as identified in Section 515.4000(d)(1) or 515.4010(d)(1).

   - Provide a written transfer agreement with a Pediatric Critical Care Center and identification of facilities to which the hospital typically transfers pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.
   - Provide a transfer policy that incorporates the physiologic/other criteria identified in Appendix M: EMSC Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline.

2. Policy/procedure for suspected child abuse and neglect as identified in Section 515.4000(d)(2) or 515.4010(d)(2).

   - Provide a policy that includes age-specific identification, assessment, evaluation and management measures for the suspected child abuse and neglect patient.

3. Pediatric treatment~~Treatment~~ guidelines as identified in Section 515.4000(d)(3) or 515.4010(d)(3).

   - Provide copies of pediatric specific treatment guidelines as described.
   - The hospital shall have emergency department pediatric specific treatment

guidelines, order sets or policies and procedures addressing initial assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).

4. Policy for latex allergy as identified in Section 515.4000(d)(4) or 515.4010(d)(4).

- Provide a policy that addresses assessment of latex allergies and the availability of latex-free equipment and supplies.

F. Quality Improvement

1. Describe and document the ongoing emergency department program for conducting outcome analysis or quality improvement and how pediatrics is integrated into the process.

- Provide a policy/guideline that outlines the emergency department quality improvement program, i.e., describe the quality improvement process, required clinical indicators, "loop closure" and target time frames for closure of issues.
- Provide documentation outlining current and planned pediatric monitoring activities.

2. Document the ability to meet facility recognition requirements in Section 515.4000(e) or 515.4010(e).

Requirement – Section 515.4000(e)(1) or 515.4010(e)(1)

- Define the composition of the multidisciplinary QI committee (recommend broadening composition of committee beyond physician/nursing to include other essential disciplines such as pediatric, social services, respiratory therapy), frequency of committee meetings and reporting structure.
- Provide a copy of the emergency department quality improvement plan, including QI policy, pediatric indicators, feedback loop and target time frames for closure of issues. If implementation of pediatric monitoring activities is pending, define implementation plan and time frame.

Requirement – Section 515.4000(e)(2) or 515.4010(e)(2)

- Provide a curriculum vitae for the physician who will assume the pediatric physician champion role.
- Provide the name and title of the individual who will assume the pediatric quality coordinator role.
- Provide a job description that addresses allocation of time and resources to the role and includes each of the requirements outlined in Section 515.4000(e)(2) or 515.4010(e)(2) that will be carried out by the pediatric quality coordinator.

G. Equipment

Using the equipment list provided in Appendix L, place an "X" next to each equipment item that is currently available (as appropriate for the level applied for). If equipment/supply items are not available, a plan for securing the items shall be identified, i.e., submission of a purchase order to assure that the item is on order, or equipment waiver shall be submitted for each item.

Requests for equipment waivers shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

Site Survey Procedure

1) Within four to six weeks following receipt of the Application Form and supporting documents (schedules, policies, procedures, protocols, guidelines, etc.), the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.

2) The site visit will include a survey of the emergency department and pediatric unit (including intensive care, if applicable), and a meeting with the following individuals:

   a) The hospital's chief administrative/executive officer or designee

   b) The chief nursing executive/director of nursing or designee

   c) The chief of pediatrics or, if the hospital does not have a pediatric department, the designated pediatric consultant

   d) The nursing director or nursing manager of the pediatric unit, if applicable

e) The emergency department medical director or pediatric emergency department medical director

f) The emergency department nursing director or nursing manager

g) The administrator of emergency services

h) The administrator of pediatric services, if applicable

i) The pediatric quality coordinator

j) The hospital quality improvement director or designee

k) The hospital emergency management/disaster preparedness coordinator

l) Nurse practitioner, clinical nurse specialist, or PA~~physician assistant~~, for those hospitals that use these clinicians~~practitioners~~ in their emergency department

m) For EMS Resource or Associate Hospitals only: the EMS Medical Director and EMS Coordinator

3) In preparation for the site visit, hospital personnel shall prepare evidence to verify adherence to the hospital recognition requirements.

Site Survey Team
The EMSC program within the Division~~Chief~~ of EMS & Highway Safety~~, in coordination with the Illinois EMSC Advisory Board,~~ will appoint the survey team. Site survey teams will be composed of a physician/nurse (or two nurse~~nurse/nurse~~) team along with a representative from the Illinois Department of Public Health. All team members shall have attended formal training in the responsibilities, expectations, process and assessment of facility recognition.

Following the Site Survey

1) Within four to six weeks following the site visit, the Department will provide the hospital with the results of the survey. Those hospitals meeting all requirements will receive a formal "recognition" for their emergency department pediatric capabilities.

2) Hospitals may appeal the results of the survey by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.

3) Re-recognition shall occur every four years, with site visits scheduled as necessary.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

Section 515.APPENDIX L Pediatric Equipment Requirements~~Recommendations~~ for Emergency Departments
EMERGENCY

The following list identifies pediatric equipment items that are required~~recommended~~ for the two emergency department facility recognition levels. Equipment items are classified as "essential" (E) and "need to be stocked in the emergency department" (ED).

	EDAP	SEDP
Monitoring Devices		
Blood glucose measurement device (i.e., chemistry strip or glucometer)	E (ED)	E (ED)
Continuous end-tidal PCO_2 monitor and pediatric CO_2 colorimetric detector (disposable units may be substituted)	E (ED)	E (ED)
Doppler ultrasound blood pressure device (neonatal-adult thigh cuffs)	E (ED)	E (ED)
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles, or pads, with pediatric dosage settings and pediatric and adult pacing electrodes	E (ED)	E (ED)
Hypothermia thermometer (Note: with a range of 28-42°C)	E (ED)	E (ED)
Pediatric monitor electrodes	E (ED)	E (ED)
Otoscope/ophthalmoscope/stethoscope	E (ED)	E (ED)
Pulse oximeter with pediatric and adult probes	E (ED)	E (ED)
Sphygmomanometer with cuffs (neonatal-adult thigh)	E (ED)	E (ED)
Vascular Access Supplies and Equipment		
Arm boards (sized infant through adult)	E (ED)	E (ED)
Blood gas kits	E (ED)	E (ED)

Butterfly-type needles (19-25 g)*	E (ED)	E (ED)
Catheter-over-needle devices (16-24 g)*	E (ED)	E (ED)
Central venous catheters (stock one small and one large size)	E (ED)	E (ED)
Infusion pumps, syringe pumps, or devices with microinfusion capability using appropriate tubing & connectors	E (ED)	E (ED)
Intraosseous needles or bone marrow needles (13-18 g size range; stock one large/one small bore) or IO device (pediatric and adult sizes)	E (ED)	E (ED)
IV extension tubing, stopcocks, and T-connectors	E (ED)	E (ED)
IV fluid/blood warmer	E (ED)	E (ED)
IV solutions: standard crystalloid ~~and colloid~~ solutions (D10W, D5/.2 NS, D5/.45 NS, D5/.9 NS and 0.9 NS)	E (ED)	E (ED)
Syringes (1 mL~~1ml~~ through 20 mL~~ml~~)	E (ED)	E (ED)
Tourniquets	E (ED)	E (ED)
Umbilical vein catheters (3.5 and 5 Fr; the same size feeding tube may be used for 5 Fr)*	E (ED)	E (ED)
Respiratory Equipment and Supplies		
Bag-valve-mask device, self-inflating infant/child and adult (1000 ml) with O_2 reservoir and clear masks (neonatal through large adult sizes)*; PEEP valve	E (ED)	E (ED)
Manometer	E (ED)	E (ED)
Bulb syringe	E (ED)	E (ED)
Endotracheal tubes:*		

Cuffed or Uncuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5 and 8.0)	E (ED)	E (ED)
Stylets for endotracheal tubes (pediatric and adult)	E (ED)	E (ED)
Laryngoscope handle (pediatric and adult)	E (ED)	E (ED)
Laryngoscope blades (curved 2, 3; straight or Miller 0, 1, 2, 3)*	E (ED)	E (ED)
Magill forceps (pediatric and adult)	E (ED)	E (ED)
Meconium aspirator	E (ED)	E (ED)
Nasopharyngeal airways (sizes 14, 16, 20, 24, 28, 30 Fr)*	E (ED)	E (ED)
Nebulized medication, administration set with pediatric and adult masks	E (ED)	E (ED)
Oral airways (sizes 0, 1, 2, 3, 4, 5 or size 50 mm, 60 mm, 70 mm, 80 mm, 90 mm, 100 mm)*	E (ED)	E (ED)
Oxygen delivery device with flow meter and tubing	E (ED)	E (ED)
Oxygen delivery adjuncts:		
Tracheostomy collar	E (ED)	E (ED)
Standard masks, clear (pediatric and adult sizes)	E (ED)	E (ED)
Partial-non-rebreather or non-rebreather masks, clear (pediatric and adult sizes)	E (ED)	E (ED)
Nasal cannula (infant, pediatric and adult)	E (ED)	E (ED)
Peak flow meter	E (ED)	E (ED)
Supplies/kit for patients with difficult air way conditions (must have one of the following):	E (ED)	E (ED)

- Supraglottic airway devices~~LMA~~ (sizes 1, 1.5, 2, 2.5, 3, 4 and 5; or sizes appropriate for a neonate through adult); ~~or~~
- Cricothyrotomy kit (pediatric size); or

- Cricothyrotomy capabilities (i.e., 10 g needle and 3.5 mm ET tube adapter or 14 g needle and ~~3.5~~ 3.0 mm ET tube adapter)

Suction capability (wall)	E (ED)	E (ED)
Suction capability (portable)	E (ED)	E (ED)
Suction catheters (sizes 5/6, 8, 10, 12, 14, 16, 18 Fr and Yankauer-tip catheter)*	E (ED)	E (ED)
Tracheostomy tubes (sizes PED* 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)* (correspond to PT 00, 0, 1, 2, 3, 4, in old schematization)	E (ED)	---
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 12-32 Fr)*	E (ED)	---
Medications (unit dose, prepackaged)		
Access to the Illinois Poison Center 1-800-222-1222 through posting of phone number in ED	E (ED)	E (ED)
Activated charcoal (consider with and without Sorbitol)	E (ED)	E (ED)
Adenosine	E (ED)	E (ED)
Amiodarone	E (ED)	E (ED)
Antiemetics	E (ED)	E (ED)
Antimicrobial agents (parenteral and oral)	E (ED)	E (ED)
Antipyretics	E (ED)	E (ED)
Atropine	E (ED)	E (ED)
Barbiturates, e.g., Phenobarbital, Pentobarbital	E (ED)	E (ED)
Benzodiazepines, e.g., Lorazepam, Midazolam, Diazepam	E (ED)	E (ED)

Beta agonist for inhalation (Albuterol, Levalbuterol)	E (ED)	E (ED)
Beta blockers, e.g., Propranolol, Metoprolol	E (ED)	E (ED)
Calcium (chloride or gluconate)	E (ED)	E (ED)
Corticosteroids, e.g., Dexamethasone, Hydrocortisone, Methylprednisolone	E (ED)	E (ED)
Dextrose (25% and 50%)	E (ED)	E (ED)
Diphenhydramine	E (ED)	E (ED)
Dobutamine	E (ED)	---
Dopamine	E (ED)	---
Epinephrine (1 mg/mL and 0.1mg/mL~~1:1,000 and 1:10,000~~)	E (ED)	E (ED)
Epinephrine (Racemic)	E (ED)	E (ED)
Fosphenytoin ~~and/~~or Phenytoin	E (ED)	E (ED)
Furosemide	E (ED)	E (ED)
Glucagon or Glucose Paste	E (ED)	E (ED)
Insulin, regular	E (ED)	E (ED)
Lidocaine 1%	E (ED)	E (ED)
Magnesium Sulfate	E (ED)	E (ED)
Mannitol	E (ED)	E (ED)
Narcotics	E (ED)	E (ED)

Neuromuscular blocking agents (i.e., succinylcholine, rocuronium, vecuronium)	E (ED)	E (ED)
Ocular anesthetics	E (ED)	E (ED)
Poison Specific Antidotes		
Acetylcysteine	E (ED)	E (ED)
Cyanide antidote (Sodium Thiosulfate with or without Sodium Nitrite therapy; or Hydroxocobalamin single agent therapy)	E (ED)	E (ED)
Flumazenil	E (ED)	E (ED)
Naloxone	E (ED)	E (ED)
Sodium bicarbonate – 8.4% and 4.2%	E (ED)	E (ED)
Sedative/Hypnotic (e.g., Ketamine, Etomidate)	E (ED)	E (ED)
Tetanus Immune Globulin (Human)	E (ED)	E (ED)
Tetanus Vaccines (single or in combination with other vaccines)	E (ED)	E (ED)
Topical Anesthetics	E (ED)	E (ED)
Miscellaneous Equipment		
Dosing device – length or weight based system for dosing and equipment	E (ED)	E (ED)
Dosing/equipment chart by weight	E (ED)	E (ED)
EMS communication equipment (i.e., telemetry, MERCI, cellular or dedicated phone)	E (ED)	E (ED)
Examination gloves, disposable	E (ED)	E (ED)
Fluorescein (eye strips)	E (ED)	E (ED)
Infant formulas, dextrose in water with various nipple sizes	E (ED)	E (ED)
Lubricant, water soluble	E (ED)	E (ED)

Nasogastric tubes 8 through-18 Fr* (may substitute feeding tubes 5F and 8F)	E (ED)	E (ED)
Oral rehydrating solution	E (ED)	E (ED)
Pain scale assessment tools appropriate for age	E (ED)	E (ED)
Pediatric emergency/crash cart or bag with defined list of contents attached to bag/cart	E (ED)	E (ED)
Restraining device/methods~~, pediatric~~ (e.g., papoose, distraction devices, comfort hold, swaddling)	E (ED)	E (ED)
Resuscitation board	E (ED)	E (ED)
Urinary catheters (8-22 Fr)*	E (ED)	E (ED)
Warming devices, age appropriate	E (ED)	E (ED)
Weighing scales (in kilograms only) for infants~~infant~~ and children	E (ED)	E (ED)
Woods lamp (blue light)	E (ED)	E (ED)
Specialized Pediatric Trays		
~~Initial newborn resuscitation equipment (can include warming device, feeding tubes, neonatal mask)~~	~~E (ED)~~	~~E (ED)~~
Lumbar puncture tray, including a selection of needle sizes (size 18-22 g, 1½-3 inch needle)	E (ED)	E (ED)
Minor surgical instruments and sutures	E (ED)	E (ED)
Newborn kit/OB kit (including umbilical clamp, bulb syringe, towel). Maintain newborn resuscitation equipment/supplies together for easy access (as outlined in this equipment list: warming device, feeding tubes, neonatal mask, meconium	E (ED)	E (ED)

aspirator).

Fracture Management Devices

Extremity splints	E (ED)	E (ED)
Femur splint (child and adult)	E (ED)	E (ED)
Semi-rigid neck collars (child through adult) or cervical immobilization equipment suitable for children	E (ED)	E (ED)
Spinal immobilization board ~~(child and adult)~~	E (ED)	E (ED)

* Shall minimally stock a range of each commonly available size noted or comparable sizes.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

Section 515.APPENDIX N Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application
EMERGENCY

Application Instructions

Follow these instructions to initiate the process to request recognition as a Pediatric Critical Care Center (PCCC) and Emergency Department Approved for Pediatrics (EDAP). The Pediatric Plan shall be developed through interaction and collaboration with all appropriate disciplines:

1. Complete the Request for Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form and obtain the appropriate signatures.

2. Using the Pediatric Critical Care Center Plan Application Guideline and the PCCC/EDAP requirements, complete a PCCC and EDAP Pediatric Plan. The Pediatric Plan should follow the Pediatric Critical Care Center Plan Application Guideline checklist format provided in this application and include all requested supporting documentation, including, but not limited to, scope of services/care, credentialing forms, policies (both administrative and department specific), procedures, protocols, guidelines, flow charts, rosters, calendars, schedules, etc.

3. Complete and obtain signatures on the Department-approved physician, nurse practitioner, clinical nurse specialist, ~~and~~ physician assistant, and nursing credentialing forms.

4. Complete the EDAP, PICU and Pediatric Unit Equipment Checklists.

5. Submit four copies of the hospital's Pediatric Plan (an original signed copy plus three additional copies) that each contain the following:

    a. Signed Request for Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form;

    b. Completed PCCC Plan and EDAP Plan (including supporting documentation);

    c. Completed physician, nurse practitioner, clinical nurse specialist, ~~and~~ physician assistant, and nursing credentialing forms;

d. Completed EDAP, PICU and Pediatric Inpatient Unit Equipment Checklists.

6. Submit these documents (including all supporting documentation) in the order listed in this application to: Division of EMS & Highway Safety, Illinois Department of Public Health, 422 S. 5th Street, Springfield IL 62701.

7. The Pediatric Plan shall be submitted in a single-sided format and unstapled.

8. Any submitted requests to waive any of the EDAP or PCCC equipment requirements shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

Site Survey Procedure

1. Within four to six weeks following the Department's receipt of the PCCC Pediatric Plan and supporting documents, the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.

2. In preparation for the site visit, hospital personnel shall prepare evidence to verify adherence to the facility recognition requirements.

3. The site visit will include a survey of the Emergency Department, Pediatric Intensive Care Unit, Pediatric Units and a meeting with the following individuals:

a. chief administrative/executive officer or designee

b. chief of pediatrics

c. medical director of the pediatric intensive care services

d. medical directors of the pediatric units

e. medical director of pediatric ambulatory care

f. nursing director or nurse manager of the pediatric intensive care services

g. nursing director or nurse manager of the pediatric units

h. administrator of pediatric services

i. administrator of emergency services

j. pediatric quality coordinator

k. hospital quality improvement department director or designee

l. emergency department medical director and the pediatric emergency department medical director

m. emergency department nurse manager and the pediatric emergency department nurse manager

n. hospital emergency management/disaster preparedness coordinator

o. transport team medical director

p. transport team nurse coordinator

q. Clinical nurse specialist, nurse practitioner or physician assistant for those facilities that use these clinicians~~practitioners~~

r. For EMS Resource or Associate Hospitals: The EMS MD and EMS coordinator

Site Survey Team

The EMSC program within the~~Director or the Chief,~~ Division of EMS & Highway Safety~~, in coordination with the Illinois EMSC Advisory Board,~~ will appoint the site survey team. Site survey teams will be composed of a physician/nurse team along with a representative from the Illinois Department of Public Health. All team members will attend formal training in the site survey responsibilities, expectations and process.

Following the Site Survey

1. Within four to six weeks following the site visit, the hospital shall receive the results of the survey from the Department. Those hospitals meeting all requirements will receive a formal recognition of their Pediatric Critical Care capabilities.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

2. Hospitals that do not meet the requirements will receive a letter from the Illinois Department of Public Health outlining the areas of non-compliance. The Department shall deny a request for recognition if findings show failure to substantially comply with the EDAP and~~/or~~ PCCC requirements. Hospitals may appeal the denial by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.

3. Re-recognition shall occur every three years, with site visits scheduled as necessary.

ILLINOIS EMSC
FACILITY RECOGNITION

Request for Recognition of Pediatric Critical Care Center (PCCC) and
Emergency Department Approved for Pediatrics (EDAP) Status

Application Form

Name of hospital and address (typed)

_____

_____

_____

The above-named hospital is requesting PCCC and EDAP recognition. In addition, the above-named hospital certifies that each requirement in this Request for Recognition is met.

_____
Typed name – CEO/Administrator

_____
Signature – CEO/Administrator Date

_____
Typed name – Chairman of the Department of Pediatrics

_____
Signature – Chairman of the Department of Pediatrics Date

_____

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Typed name – Medical Director of Emergency Services

Signature – Medical Director of Emergency Services Date

Contact Person – Typed name, credentials and title

Contact Person – Phone number, fax number and email

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

Section 515.APPENDIX O Pediatric Critical Care Center Plan
EMERGENCY

I. PEDIATRIC CRITICAL CARE CENTER PLAN

Application Checklist
Instructions: Please follow and complete this checklist carefully. It outlines the components that must be included in the submitted plan. Please include any applicable supplemental documentation.

A. Organizational Structure

1. Enclosed is an organizational table identifying the administrative relationships among all departments in the hospital, especially as they relate to the pediatrics department. The table shall include, but is not limited to, the following:

☐ board of directors
☐ chief executive officers
☐ emergency department
☐ department of pediatrics
☐ pediatric ambulatory care
☐ trauma service
☐ department of radiology
☐ laboratory services
☐ transport service team
☐ social services

2. Enclosed is an organizational table showing the organizational structure of the department of pediatrics, including the relationship of the physician, nursing and ancillary services for both the PICU and pediatric units. Include the reporting structure for the pediatric chairman (to whom he/she reports).

☐ Department of Pediatrics Organizational Structure (Table)

3. Enclosed is an organizational table showing the organizational structure of the emergency department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the emergency department director (to whom he/she reports).

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☐ Emergency Department Organizational Structure (Table)

EDAP Checklist

Review the criteria in Section 515.4000(a)(1) and (2) for the physician staff qualifications and continuing medical education and submit each of the following:

- ☐ A policy or medical staff bylaws that incorporate the physician qualifications and CME requirements.
- ☐ A completed Credentials of Emergency Department Physicians form
- ☐ A completed Credentials of Fast Track Physicians form
- ☐ The curriculum vitae for the ED medical director
- ☐ A current one-month physician schedule for the ED

Review the criteria in Section 515.4000(a)(3) for the ED physician coverage and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(a)(4) for ED consultation and submit a one-month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians.

Review the criteria in Section 515.4000(a)(5) for ED physician back-up and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(a)(6) for all on-call specialty physician response time and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(b)(1) and (2) for nurse practitioner and physician assistant qualifications and continuing medical education and submit the following (as applicable):

- ☐ A policy(s) that incorporates the mid-level provider qualifications and continuing education requirements
- ☐ A completed Credentials of Emergency Department and Fast Track Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant form
- ☐ A current one-month schedule for the emergency department and fast track area as applicable.

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NOTICE OF EMERGENCY AMENDMENTS

Review the criteria in Section 515.4000(c)(1) and (2) for nursing qualifications and continuing education and submit the following:

- ☐ A policy that incorporates the nursing qualifications and CE requirements
- ☐ A completed Credentials of Emergency Department Nursing Staff form
- ☐ A one-month nurse staffing schedule for the emergency department

Review the criteria in Section 515.4000(d)(1) for inter-facility transfer and submit the following:

- ☐ An inter-facility transfer policy that addresses pediatric transfers
- ☐ A copy of current pediatric-specific transfer agreements with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at your facility

Review the criteria in Section 515.4000(d)(2) for suspected child abuse and neglect and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(d)(3) for treatment protocols and submit all pediatric treatment protocols.

Review the criteria in Section 515.4000(d)(4) for latex allergy policy and submit a policy that addresses latex allergies and the availability of latex-free equipment and supplies.

Review the criteria in Section 515.4000(d)(5) for disaster preparedness and submit a completed pediatric disaster preparedness checklist.

Review the criteria in Section 515.4000(e)(1) for quality improvement activities and the multidisciplinary quality improvement committee and submit the following:

- ☐ A quality improvement plan, including a QI policy, pediatric indicators, feedback loop and target time frames for closure of issues
- ☐ The composition of the multidisciplinary QI committee

Review the criteria in Section 515.4000(e)(2) and (3) for the pediatric physician champion and the pediatric quality coordinator responsibilities and submit the following:

- ☐ A curriculum vitae for the pediatric physician champion
- ☐ A curriculum vitae and job description for the pediatric quality coordinator

- ☐ Documentation detailing the participation of the pediatric quality coordinator in regional QI activities and how that has affected pediatric quality care in the ED

Review the criteria in Section 515.4000(f) for the list of emergency department equipment requirements and submit a completed checklist indicating the availability of all equipment.

Indicate in the pediatric plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order) or an equipment waiver request shall be submitted for each item. Requests for waiver shall include the criteria by which compliance is considered to be a hardship and demonstrate that there will be no reduction in the provision of medical care.

~~If assistance is needed in identifying specific vendors for any of the equipment or supply items in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.~~

B. PCCC Checklist

1. Hospital Requirements

Review the criteria in Section 515.4020(a) of the PCCC requirements as related to hospital resources and submit documentation identifying the ability to meet each of the following:

- ☐ A scope of services/policy outlining PICU services, unit resources and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and~~/or~~ diagnoses
- ☐ A list of the members of the PICU Committee, as well as their disciplines, to meet subsection (a)(3)
- ☐ Documentation to substantiate that Section 515.4020(a)(4) (Helicopter landing) is met
- ☐ A statement regarding 24-hour availability to meet Section 515.4020(a)(5) (CAT scan)
- ☐ A statement regarding the ability to meet Section 515.4020(a)(6) (Laboratory)
- ☐ A statement of availability or transfer agreement to meet Section 515.4020(a)(7) (Hemodialysis capabilities)
- ☐ A statement or scope of service from each program identifying the availability of staff as required in Section 515.4020(a)(8) (Other staffing/services)
- ☐ A list of professional pediatric critical care educational trainings that staff have provided in the past year to meet Section 515.4020(a)(9) (include information on

trainings held within the facility, within the region or surrounding geographic area)

☐ A list of pediatric emergency care classes that staff have provided in the past year to meet Section 515.4020(a)(10) (i.e., CPR, first aid, health fairs, etc., conducted for the patient population and the community, region or surrounding geographic area)

☐ Documentation of any pediatric research the facility has been engaged in during the past year to meet Section 515.4020(a)(11) (include the research project abstract, summary of projects or listing of research activities)

II. PICU SERVICE REQUIREMENTS

A. Professional Staff

1. PICU Medical Director

Review the criteria in Section 515.4020(b) for the Medical Director and Co-Director requirements and submit each of the following:

☐ A curriculum vitae for the appointed PICU medical director

☐ A copy of board certification or verification of board certification

☐ A curriculum vitae and board certification for the co-director (as applicable − see Section 515.4020(b)(1)

2. PICU Medical Staff Requirements

Review the criteria in Section 515.4020(c) and submit each of the following:

PICU Medical Staff

☐ A policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporates Section 515.4020(c)(1)(A) and (B)

☐ A completed Credentials of PICU Physicians form that includes the medical director (and co-director as applicable)

☐ A one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)

Physician Specialist Availability (Section 515.4020(c)(2))

☐ A policy or by-laws that address the response time and on-call scheduling of pediatric surgeons

- ☐ A policy/process outlining board or sub-board certification or board preparedness for all specialist physicians
- ☐ A policy/process outlining how pediatric proficiency is defined and assuring that all specialist physicians maintain 10 hours of pediatric CME per year
- ☐ A policy/process outlining anesthesiologist on-call staffing and response time, subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by institution, and 10 hours of pediatric CME per year; for Certified Registered Nurse Anesthetists, provide a copy of the by-laws that address their responsibilities and back up
- ☐ On-call schedules from the last month that list physician availability to meet Section 515.4020(c)(2)(C) and (D)

3. PICU Nurse Practitioner, Clinical Nurse Specialist, or Physician Assistant Requirements

NOTE – Complete this section only if physician assistants, clinical nurse specialists, or nurse practitioners practice in the PICU.

Review the criteria in Section 515.4020(d) and submit each of the following:

Nurse Practitioner (Section 515.4020(d)(1))

- ☐ A policy outlining PICU nurse practitioner staffing, coverage, availability, responsibilities and credentialing process
- ☐ A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)
- ☐ A completed Credentials of PICU Nurse Practitioner, Clinical Nurse Specialist, and~~or~~ Physician Assistant form

Clinical Nurse Specialist (Section 515.4020(d)(2))

- ☐ A policy outlining PICU clinical nurse specialist staffing, coverage, availability, responsibilities and credentialing process
- ☐ A copy of a one-month staffing schedule or calendar (schedule should be from within the three-month time period previous to the application submission)
- ☐ A completed Credentials of PICU Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant form

Physician Assistant (Section 515.4020(d)(3~~2~~))

- ☐ A policy outlining PICU physician assistant staffing, coverage, availability, responsibilities and credentialing process

- ☐ A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)
- ☐ A completed Credentials of PICU Nurse Practitioner, Clinical Nurse Specialist, and ~~or~~ Physician Assistant form

Education (Section 515.4020(d)(4~~3~~) and (54))

- ☐ A policy that incorporates APLS, PALS or ENPC (Section 515.4020(d)(3))
- ☐ A copy of the PICU nurse practitioner, clinical nurse specialist, and physician assistant continuing education policy that incorporates Section 515.4020(d)(4)

4. PICU Nursing Staff Requirements

Review the criteria in Section 515.4020(e) and submit each of the following:

PICU Nurse Manager

- ☐ A curriculum vitae for the PICU manager
- ☐ A policy or job description that incorporates Section 515.4020(e)(1)(C)

PICU Pediatric Clinical Nurse Expert~~Advanced Practice Nurse~~

- ☐ A policy or job description of the role and responsibilities of the pediatric clinical nurse expert ~~advanced practice nurse~~ in the PICU
- ☐ A resume of the PICU pediatric clinical nurse expert~~advanced practice nurse~~
- ☐ A policy that incorporates Section 515.4020(e)(2)(C) and (D)

Nursing Patient Care Services

- ☐ A policy/documentation outlining current nursing shift staffing plan/patterns
- ☐ A completed Credentials of PICU Nursing Staff form that includes the PICU nurse manager and PICU pediatric clinical nurse expert~~advanced practice nurse~~
- ☐ A policy or job description for the PICU nurse that outlines the orientation process to the unit responsibilities and requirements of the Department (Section 515.4020(e)(3)(C) and (D))
- ☐ A copy of a one-month nurse staffing schedule/calendar (schedule shall be from within the three-month time period previous to the application submission)
- ☐ A policy reflecting yearly competency review requirements for the PICU staff

D. Policies, Procedures and Treatment Protocols

Review the criteria in Section 515.4020(f) and submit each of the following:

- ☐ An admission and discharge criteria policy
- ☐ A staffing policy that addresses nursing shift staffing patterns based on patient acuity
- ☐ A policy for managing the psychiatric needs of the PICU patient
- ☐ Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses

E. Inter-facility Transfer/Transport Requirements

Review the criteria in Section 515.4020(g) and submit each of the following:

- ☐ A copy of the last annual report containing the number of annual transfers to the facility from transferring institutions
- ☐ A policy outlining the feedback process to transferring hospitals on the status of the referral patient and the methods for quality review of the transfer process
- ☐ Documentation outlining the pediatric inter-facility transport system capabilities and resources
- ☐ A transfer policy that addresses pediatric inter-facility transfers

F. Quality Improvement Requirements

Review the criteria in Section 515.4020(h) and submit each of the following:

- ☐ A list of the members of the Multidisciplinary Pediatric Quality Improvement Committee and their respective positions/disciplines
- ☐ An institutional Quality Improvement Organizational Chart
- ☐ The PICU outcome analysis plan and pediatric monitoring activities that meet Section 515.4020(h)(2) (minutes from the past year that reflect the activities of the Multidisciplinary Pediatric Quality Improvement Committee will be requested at the time of site survey)

G. Equipment

Review the criteria in Section 515.4020(i) and submit the following:

Indicate in the Pediatric Plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order); if the item is not on order, an equipment waiver request shall be submitted for each item. Requests for an equipment waiver shall include

the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

~~If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.~~

III. PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS

A. Professional Staff

1. Pediatric Unit Physician Requirements

Review the criteria in Section 515.4020(j) and submit each of the following:

- ☐ A curriculum vitae and a copy of board certification for the pediatric inpatient director
- ☐ A policy or a scope of services for the pediatric unit that defines responsibility for medical management of care
- ☐ If pediatric hospitalists are used, documentation that defines their scope of service, including their responsibilities to other attending physicians
- ☐ A completed Credentials of Pediatric Unit Hospitalists form
- ☐ A policy that incorporates Section 515.4020(j)(1)(B)
- ☐ A policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care

2. Pediatric Unit Nurse Manager Requirements

Review the criteria in Section 515.4020(j)(2) and submit each of the following:

- ☐ A curriculum vitae for the pediatric unit manager
- ☐ A job description or policy incorporating Section 515.4020(j)(2)(C)

3. Pediatric Unit Nursing Care Services

Review the criteria in Section 515.4020(j)(3) and submit each of the following:

- ☐ A policy/documentation outlining current nursing shift staffing plan/patterns

- ☐ A policy describing annual competency review requirements for the pediatric nursing staff (Section 515.4020(j)(3)(B))
- ☐ A policy or job description for the pediatric unit nurse that outlines the orientation process to the unit responsibilities and requirements of the Department that address Section 515.4020(j)(3)(A) through (D)
- ☐ A copy of a one-month nursing staffing schedule/calendar (schedule shall be from within the three-month time period previous to the application submission)
- ☐ A completed Credentials for the Pediatric Unit Nursing Staff form that includes the Pediatric Unit Nurse Manager

B. Policies, Procedures and Treatment Protocols

Review the criteria in Section 515.4020(k) and submit each of the following:

- ☐ A policy or scope of services that outlines the pediatric department services, ages of patients served and admission guidelines
- ☐ A staffing policy that addresses nursing shift staffing patterns based on patient acuity
- ☐ A safety and security policy for the patient in the unit
- ☐ An inter-facility transport policy that addresses safety and acuity
- ☐ An intra-facility transport policy that addresses safety and acuity
- ☐ A latex allergy policy
- ☐ A pediatric organ procurement/donation policy
- ☐ An isolation precautions policy that incorporates appropriate infection control measures
- ☐ A disaster~~/terrorism~~ policy that addresses the specific medical and psychosocial needs of the pediatric population
- ☐ Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses
- ☐ A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators (see Pediatric Bill of Rights in Appendix N):
  - Child death
  - Child has been a victim of or witness to violence
    Family needs assistance in obtaining resources to take the child home
  - Family needs a payment resource for their child's health needs
    Family needs to be linked back to their primary health, social service or educational system

- Family needs support services to adjust to their child's health condition or the increased demands related to changes in their child's health condition
- Family needs additional education related to the child's care needs to care for the child at home

☐ A discharge planning policy or protocol that includes the following:

1. Documentation of appropriate primary care/specialty follow-up provisions
2. Mechanism to access a primary care resource for children who do not have a provider
3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
   - Information on the child's hospital course
   - Discharge instructions and education
   - Follow-up arrangements
4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
   - Require the assistance of medical technology
   - Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral or social/emotional realms
   - Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health or speech/language services
   - Have a brain injury – mild, moderate or severe
   - Have a spinal cord injury
   - Exhibit seizure behavior during an acute care episode or have a history of seizure disorder and are not currently linked with specialty follow-up
   - Have a submersion injury, such as a near drowning
   - Have a burn (other than a superficial burn)
   - Have a pre-existing condition that experiences a change in health or functional status
   - Have a neurological, musculoskeletal or developmental disability
   - Have a sudden onset of behavioral change, for example, in cognition, language or affect

C. Quality Improvement Requirements

Review the criteria in Section 515.4020(l) and submit the following:

☐ The titles of the pediatric unit representatives that serve on the Multidisciplinary Pediatric Quality Improvement Committee

D. Equipment Requirements

Review the criteria in Section 515.4020(m) and submit the following:

Indicate in the Pediatric Plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order); if the item is not on order, an equipment waiver request shall be submitted for each item. Requests for an equipment waiver shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

~~If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.~~

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Health Care Worker Background Check Code

2) Code Citation: 77 Ill. Adm. Code 955

3) Section Number: 955.2 — Emergency Action: New Section

4) Statutory Authority: Implemented and Authorized by the Health Care Worker Background Check Act [225 ILCS 46].

5) Effective Date of Rule: April 10, 2020

6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which they are to expire: This rulemaking will not expire before the end of the 150-day period.

7) Date Filed with the Index Department: April 10, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: This emergency rule is adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued during 2020 related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency rules.

10) A Complete Description of the Subject and Issues: Specifically, this emergency rule temporarily amends the provisions of the Healthcare Worker Background Check Code to require an individual to have their fingerprints collected within 30 days (increased from 10 working days) after being hired.

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
955.1	New Section	44 Ill. Reg. 5951; April 10, 2020

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

12) Statement of Statewide Policy Objective: This rulemaking will not create or expand a State mandate.

13) Information and questions regarding this emergency rule shall be directed to:

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

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

PART 955
HEALTH CARE WORKER BACKGROUND CHECK CODE

Section

955.1 COVID-19 Emergency Provisions
955.2 COVID-19 Emergency Provisions – Fingerprint Requirements EMERGENCY
955.100 Applicability
955.110 Definitions
955.115 Initiation of Fingerprint-Based Criminal History Records Checks as a Fee Applicant Inquiry
955.120 Incorporated and Referenced Materials
955.130 Exceptions
955.135 Contracted or Subcontracted Workers
955.140 Policies Defining Employee Work Positions
955.145 Employment Verification
955.150 Employment Prohibition
955.160 Disqualifying Offenses
955.165 Fingerprint-Based Criminal History Records Check
955.170 Non-Fingerprint-Based UCIA Criminal History Records Check (Repealed)
955.180 Criminal History Records Checks after Implementation
955.190 Notification to Student, Applicant, or Employee
955.200 Submission of Criminal History Records Check Results to Nurse Aide Registry (Repealed)
955.210 Offer of Permanent Employment
955.220 Health Care Employer Files
955.230 Invalid Non-Fingerprint-Based Records Check (Repealed)
955.240 Fingerprint-Based UCIA Criminal History Records Check (Repealed)
955.250 Additional Conviction (Repealed)
955.260 Application for Waiver
955.270 Department Review of Waiver Application
955.275 Rehabilitation Waiver
955.280 Employment Pending Waiver
955.285 Livescan Vendor Authorization

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

955.290 Recovery of Back Pay
955.300 Health Care Worker Registry
955.310 Department Findings of Abuse, Neglect, or Misappropriation of Property
955.320 Removal from Registry of a Department Finding of Neglect

955.APPENDIX A Offenses that Are Always Disqualifying Except Through the Appeal Process
955.APPENDIX B Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver
955.APPENDIX C Disqualifying Offenses that May Be Considered for a Waiver by the Submission of a Waiver Application

AUTHORITY: Implementing and authorized by the Health Care Worker Background Check Act [225 ILCS 46].

SOURCE: Adopted at 28 Ill. Reg. 14133, effective October 15, 2004; amended at 33 Ill. Reg. 5378, effective March 26, 2009; amended at 43 Ill. Reg. 3665, effective March 1, 2019; emergency amendment at 44 Ill. Reg. 5951, effective March 25, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 6597, effective April 10, 2020, for a maximum of 150 days.

Section 955.2 COVID-19 Emergency Provisions – Fingerprint Requirements EMERGENCY

The following provisions shall apply to this Part:

a) The period of time in Section 955.165(h) in which a student, applicant, or employee must go to a livescan vendor for fingerprint collection is increased from 10 working days to 30 working days.

b) Section 955.165(h)(4) is suspended.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 6597, effective April 10, 2020, for a maximum of 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Business Corporation Act

2) Code Citation: 14 Ill. Adm. Code 150

3) Section Number: 150.740 — Emergency Action: Amendment

4) Statutory Authority: Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Art. I] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5] and Section 2(b)(2) of the Illinois Identification Card Act [15 ILCS 335].

5) Effective Date of Emergency Rule: April 9, 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: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subjects and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for corporate filings, and other matters. When we re-open, we will have to conduct normal operations as well as address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

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

Section Number: Proposed Action: *Illinois Register* Citation:

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

150.740	New Section	44 Ill. Reg. 5710; April 3, 2020

12) Statement of Statewide Policy Objective:

13) Information and questions regarding this emergency rule shall be directed to:

Terrence McConville
Senior Legal Advisor
100 W. Randolph, #5-400
Chicago IL 60601

tmcconville@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATE

PART 150
BUSINESS CORPORATION ACT

SUBPART A: HEARING PROCEDURES

Section
150.10 Applicability
150.20 Definitions
150.30 Right to Counsel
150.40 Appearance of Attorney
150.50 Special Appearance
150.60 Substitution of Parties or Attorneys
150.70 Commencement of Action; Notice of Hearing
150.80 Motions
150.90 Form of Papers
150.100 Conduct of Hearings
150.110 Orders
150.120 Record of Hearings
150.130 Invalidity

SUBPART B: SALE AND RELEASE OF INFORMATION

Section
150.200 Annual List of Corporations
150.210 Monthly List of Corporations
150.220 Daily List of Corporations
150.230 Computer Access to Information
150.240 Abstracts of Corporate Record
150.250 Invalidity

SUBPART C: ERRORS, REFUNDS, CORRECTIONS, ADJUSTMENTS, OBJECTIONS, AND OTHER RELIEF

Section
150.300 Errors or Defects

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

150.305 Financial Data as Support Documentation
150.310 Invalidity

SUBPART D: NAMES

Section
150.400 Preliminary Determination of Availability
150.405 Final Determination of Availability
150.410 Response as to Basis of Unavailability
150.415 Reconsideration Procedure
150.420 Effect of Final Determination
150.425 Applicability
150.430 Availability of Names: Statutory Requirements
150.435 Standards − Conflicting Names
150.440 Distinguishable − Defined
150.445 Matters Not Considered
150.450 Differences
150.455 Surnames
150.460 Alphabet Names
150.465 Government Affiliation
150.470 Restricted and Professional Words
150.475 Acceptable Characters of Print
150.480 Invalidity
150.485 Improper Names

SUBPART E: SERVICE OF PROCESS ON THE SECRETARY OF STATE

Section
150.500 Preamble
150.510 Manner of Service
150.520 Place of Service
150.530 Payment of Fees
150.540 Invalidity

SUBPART F: FEES, FRANCHISE TAX AND LICENSE FEES: ANNUAL REPORT

Section
150.600 Payment of Fees, Franchise Tax and License Fee
150.610 Definitions

150.620 Annual Report
150.621 Confidentiality of Annual Report Financial Data
150.630 Shares Having a Par Value
150.631 Amended Annual Report
150.640 Invalidity

SUBPART G: INTERPRETIVE COMMENTS AND GENERAL PROVISIONS

Section
150.700 Interpretive Comments Applicable Generally
150.705 Paid-In Capital
150.710 Advice to the Public
150.720 Incorporating Licensed Professionals
150.725 Corporation Acting as an Incorporator
150.730 Business Hours
150.735 Electronic Filing
150.740 Extension of Filing Deadlines
EMERGENCY

AUTHORITY: Implementing and authorized by the Business Corporation Act of 1983 [805 ILCS 5].

SOURCE: Adopted at 9 Ill. Reg. 1433, effective February 1, 1985; amended at 10 Ill. Reg. 5146, effective March 21, 1986; amended at 11 Ill. Reg. 10302, effective June 1, 1987; amended at 17 Ill. Reg. 11571, effective July 15, 1993; amended at 18 Ill. Reg. 7783, effective May 15, 1994; amended at 20 Ill. Reg. 7026, effective May 8, 1996; amended at 21 Ill. Reg. 16173, effective December 1, 1997; amended at 27 Ill. Reg. 550, effective December 27, 2002; amended at 28 Ill. Reg. 3504, effective February 3, 2004; amended at 29 Ill. Reg. 14047, effective September 1, 2005; amended at 30 Ill. Reg. 12961, effective July 11, 2006; amended at 31 Ill. Reg. 9469, effective July 16, 2007; amended at 32 Ill. Reg. 12039, effective July 16, 2008; emergency amendment at 42 Ill. Reg. 807, effective December 29, 2017, for a maximum of 150 days; emergency amendment to emergency rule at 42 Ill. Reg. 2073, effective January 9, 2018, for the remainder of 150 days; emergency amendment at 44 Ill. Reg. 5786, effective March 20, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6601, effective April 9, 2020, for the remainder of the 150 days.

SUBPART G: INTERPRETIVE COMMENTS AND GENERAL PROVISIONS

Section 150.740 Extension of Filing Deadlines

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

EMERGENCY

Filing of organizational documents, annual reports, and other business entity materials.

a) All organizational documents, annual reports, and other business entity materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes shall be filed with the Business Services Department, Howlett Building, Room 350, Springfield, IL, 62756 or 69 West Washington, Suite 1240, Chicago, IL, 60602.

b) Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, and for a period of 90~~30~~ days thereafter, the filing deadlines for materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes and which were due to be filed on or after March 17, 2020. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for late filings of materials shall be waived for materials subject to this Section.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5786, effective March 20, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6601, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: General Not For Profit Corporations

2) Code Citation: 14 Ill. Adm. Code 160

3) Section Number: 160.30 — Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by the General Not for Profit Corporation Act of 1986 [805 ILCS 105].

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for filings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

11) Are there any rules to this Part pending? Yes

Section Number:	Proposed Action:	*Illinois Register* Citation:
160.30	New Section	44 Ill. Reg. 5712; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Terry McConville
Senior Legal Advisor
100 W. Randolph St. #5-400
Chicago IL 60601

tmcconville@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATE

PART 160
GENERAL NOT FOR PROFIT CORPORATIONS

Section

160.10 Definitions
160.11 Office Location and Business Hours
160.12 Sale of Information
160.13 Fees
160.14 Abstracts and Records
160.15 Hearings
160.16 Names
160.17 Service of Process
160.18 Electronic Filing
160.19 Errors or Defects
160.20 Amended Annual Report
160.30 Extension of Filing Deadlines
EMERGENCY

AUTHORITY: Implementing and authorized by the General Not for Profit Corporation Act of 1986 [805 ILCS 105].

SOURCE: Adopted at 11 Ill. Reg. 10309, effective June 1, 1987; amended at 20 Ill. Reg. 7045, effective May 8, 1996; amended at 30 Ill. Reg. 12966, effective July 11, 2006; amended at 31 Ill. Reg. 8549, effective June 15, 2007; amended at 42 Ill. Reg. 16917, effective September 5, 2018; emergency amendment at 44 Ill. Reg. 5792, effective March 20, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6607, effective April 9, 2020, for the remainder of the 150 days.

Section 160.30 Extension of Filing Deadlines
EMERGENCY

Filing of organizational documents, annual reports, and other business entity materials.

a) All organizational documents, annual reports, and other business entity materials required to be filed with the Secretary of State pursuant to Chapter 805 of the

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

Illinois Compiled Statutes shall be filed with the Business Services Department, Howlett Building, Room 350, Springfield, IL, 62756 or 69 West Washington, Suite 1240, Chicago, IL, 60602.

b) Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, and for a period of 90~~30~~ days thereafter, the filing deadlines for materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes and which were due to be filed on or after March 17, 2020. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for late filings of materials shall be waived for materials subject to this Section.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5792, effective March 20, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6607, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Uniform Partnership Act (1997)

2) Code Citation: 14 Ill. Adm. Code 166

3) Section Number: 166.85 — Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by Section 1208 of the Uniform Partnership Act [805 ILCS 206/1208].

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for filings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
166.85	New Section	44 Ill. Reg. 5714; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Terry McConville
Senior Legal Advisor
100 W. Randolph St. #5-400
Chicago IL 60601

tmcconville@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATE

PART 166
UNIFORM PARTNERSHIP ACT (1997)

Section

166.10 Prohibited Terms in Title
166.15 Improper Names
166.20 Definitions
166.25 Applicability
166.30 Filing Location
166.35 Business Hours
166.40 Filing Requirements
166.45 Additional Requirements for Forms
166.50 Renewal Reports
166.55 Payment of Fees
166.60 Sale of Information
166.65 Refunds
166.70 Service of Process
166.75 Interrogatories
166.80 Right to Counsel
166.85 Extension of Filing Deadlines

EMERGENCY

AUTHORITY: Implementing and authorized by Section 1208 of the Uniform Partnership Act [805 ILCS 206/1208].

SOURCE: Adopted at 32 Ill. Reg. 332, effective January 7, 2008; amended at 33 Ill. Reg. 9129, effective July 6, 2009; amended at 35 Ill. Reg. 8226, effective May 13, 2011; amended at 37 Ill. Reg. 12568, effective July 17, 2013; emergency amendment at 44 Ill. Reg. 5796, effective March 20, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6611, effective April 9, 2020, for the remainder of the 150 days.

Section 166.85 Extension of Filing Deadlines
EMERGENCY

Filing of organizational documents, annual reports, and other business entity materials.

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

a) All organizational documents, annual reports, and other business entity materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes shall be filed with the Business Services Department, Howlett Building, Room 350, Springfield, IL, 62756 or 69 West Washington, Suite 1240, Chicago, IL, 60602.

b) Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, and for a period of 90~~30~~ days thereafter, the filing deadlines for materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes and which were due to be filed on or after March 17, 2020. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for late filings of materials shall be waived for materials subject to this rule.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5796, effective March 20, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6611, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Uniform Limited Partnership Act (2001)

2) Code Citation: 14 Ill. Adm. Code 171

3) Section Number: 171.90 — Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 108, 108.5, 109 and 902 of the Illinois Uniform Limited Partnership Act [805 ILCS 215/108, 108.5, 109 and 902].

5) Effective Date of Emergency Rule: April 9, 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: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by any subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subjects and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for filings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
171.90	New Section	44 Ill. Reg. 5716; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Terrence McConville
Senior Legal Advisor
100 W. Randolph St. #5-400
Chicago IL 60601

tmcconville@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATE

PART 171
UNIFORM LIMITED PARTNERSHIP ACT (2001)

Section

171.10 Prohibited Terms in Title
171.15 Improper Names
171.20 Assumed Names
171.25 Definitions
171.30 Applicability
171.35 Filing Location
171.40 Business Hours
171.45 Filing Requirements
171.50 Additional Requirements for Forms
171.55 Payment of Fees
171.60 Sale of Information
171.65 Refunds
171.70 Service of Process
171.75 Interrogatories
171.80 Right to Counsel
171.85 New Practices and Technologies
171.90 Extension of Filing Deadlines
EMERGENCY

AUTHORITY: Implementing and authorized by Sections 108, 108.5, 109 and 902 of the Illinois Uniform Limited Partnership Act [805 ILCS 215/108, 108.5, 109 and 902].

SOURCE: Adopted at 29 Ill. Reg. 19696, effective November 28, 2005; amended at 32 Ill. Reg. 346, effective January 7, 2008; amended at 32 Ill. Reg. 17971, effective December 1, 2008; amended at 35 Ill. Reg. 8233, effective May 13, 2011; amended at 37 Ill. Reg. 12573, effective July 17, 2013; emergency amendment at 44 Ill. Reg. 5800, effective March 20, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6615, effective April 9, 2020, for the remainder of the 150 days.

Section 171.90 Extension of Filing Deadlines
EMERGENCY

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

Filing of organizational documents, annual reports, and other business entity materials.

a) All organizational documents, annual reports, and other business entity materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes shall be filed with the Business Services Department, Howlett Building, Room 350, Springfield, IL, 62756 or 69 West Washington, Suite 1240, Chicago, IL, 60602.

b) Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, and for a period of 90~~30~~ days thereafter, the filing deadlines for materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes and which were due to be filed on or after March 17, 2020. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for late filings of materials shall be waived for materials subject to this rule.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5800, effective March 20, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6615, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Limited Liability Company Act

2) Code Citation: 14 Ill. Adm. Code 178

3) Section Number: 178.70 — Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by the Limited Liability Company Act [805 ILCS 180].

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for filings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
178.70	New Section	44 Ill. Reg. 5718; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Terry McConville
Senior Legal Advisor
100 W. Randolph St. #5-400
Chicago IL 60601

tmcconville@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATE

PART 178
LIMITED LIABILITY COMPANY ACT

SUBPART A: RIGHTS AND REQUIREMENTS

Section
178.10 Definitions
178.15 Applicability
178.20 Filing Requirements
178.25 Additional Requirements for Forms
178.30 Filing Location
178.35 Business Hours
178.40 Sale of Information
178.45 Right to Counsel
178.50 Service of Process
178.55 Payment of Fees
178.60 Refunds
178.65 New Practices and Technologies
178.70 Extension of Filing Deadlines
EMERGENCY

SUBPART B: NAMES

Section
178.100 Availability of Names: Statutory Requirements
178.105 Preliminary Determination of Availability
178.110 Final Determination of Availability
178.115 Response as to Basis of Unavailability
178.120 Reconsideration Procedure
178.125 Effect of Final Determination
178.130 Standards – Conflicting Names
178.135 Distinguishable – Defined
178.140 Matters Not Considered
178.145 Differences
178.150 Surnames

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

178.155 Alphabet Names
178.160 Government Affiliation
178.165 Restricted and Professional Words
178.170 Acceptable Characters of Print
178.175 Invalidity
178.180 Assumed Names
178.185 Foreign LLC with Prohibited Name
178.190 Improper Names

AUTHORITY: Implementing and authorized by the Limited Liability Company Act [805 ILCS 180].

SOURCE: Adopted at 17 Ill. Reg. 22055, effective January 1, 1994; amended at 20 Ill. Reg. 7050, effective May 8, 1996; amended at 21 Ill. Reg. 16178, effective December 1, 1997; amended at 27 Ill. Reg. 8884, effective May 19, 2003; amended at 28 Ill. Reg. 3509, effective February 3, 2004; amended at 29 Ill. Reg. 19699, effective November 28, 2005; amended at 31 Ill. Reg. 8553, effective June 15, 2007; amended at 32 Ill. Reg. 12046, effective July 16, 2008; emergency amendment at 42 Ill. Reg. 813, effective December 29, 2017, for a maximum of 150 days; amended at 42 Ill. Reg. 9550, effective May 24, 2018; emergency amendment at 44 Ill. Reg. 5804, effective March 20, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 6619, effective April 9, 2020, for the remainder of the 150 days.

Section 178.70 Extension of Filing Deadlines
EMERGENCY

Filing of organizational documents, annual reports, and other business entity materials.

a) All organizational documents, annual reports, and other business entity materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled Statutes shall be filed with the Business Services Department, Howlett Building, Room 350, Springfield IL, 62756 or 69 West Washington, Suite 1240, Chicago IL, 60602.

b) Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, and for a period of 90~~30~~ days thereafter, the filing deadlines for materials required to be filed with the Secretary of State pursuant to Chapter 805 of the Illinois Compiled

Statutes and which were due to be filed on or after March 17, 2020. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for late filings of materials shall be waived for materials subject to this Section.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5804, effective March 20, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6619, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Filing Fees/Methods of Payment/Overpayment and Underpayment Policies

2) Code Citation: 14 Ill. Adm. Code 180

3)

Section Number:	Emergency Action:
180.13	Amendment

4) Statutory Authority: Implementing and authorized by Article 9 of the Uniform Commercial Code [810 ILCS 5/Art. 9].

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, and as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for filings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

11) Are there any rulemakings to the Part pending? Yes

Section Number:	Proposed Action:	*Illinois Register* Citation:
180.13	Amendment	44 Ill. Reg. 5720; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Terry McConville
Senior Legal Advisor
100 W. Randolph St. #5-400
Chicago IL 60601

tmcconville@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATE

PART 180
UNIFORM COMMERCIAL CODE

Section
180.10 Definitions
180.11 Tender of UCC Records for Filing/Search Request Delivery
180.12 Forms
180.13 Filing Fees/Methods of Payment/Overpayment and Underpayment Policies and Extension of Filing Deadlines
EMERGENCY
180.14 Public Record Services
180.15 Acceptance and Refusal of Records
180.16 UCC Information Management System
180.17 Filing and Data Entry Procedures
180.18 Search Requests and Reports
180.19 XML Documents

AUTHORITY: Implementing and authorized by Article 9 of the Uniform Commercial Code [810 ILCS 5/Art. 9].

SOURCE: Adopted at 12 Ill. Reg. 17431, effective November 1, 1988; amended at 18 Ill. Reg. 2101, effective February 1, 1994; amended at 20 Ill. Reg. 7064, effective May 8, 1996; emergency amendment at 25 Ill. Reg. 9984, effective July 23, 2001, for a maximum of 150 days; emergency expired December 19, 2001; amended at 26 Ill. Reg. 7448, effective May 2, 2002; amended at 29 Ill. Reg. 19704, effective November 28, 2005; amended at 30 Ill. Reg. 12977, effective July 11, 2006; amended at 31 Ill. Reg. 8559, effective June 15, 2007; amended at 32 Ill. Reg. 12057, effective July 16, 2008; amended at 34 Ill. Reg. 1411, effective February 1, 2010; amended at 36 Ill. Reg. 3931, effective February 27, 2012; amended at 37 Ill. Reg. 15745, effective September 19, 2013; amended at 38 Ill. Reg. 15638, effective July 1, 2014; emergency amendment at 44 Ill. Reg. 5809, effective March 20, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6624, effective April 9, 2020, for the remainder of the150 days.

Section 180.13 Filing Fees/Methods of Payment/Overpayment and Underpayment Policies and Extension of Filing Deadlines

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

EMERGENCY

a) Filing Fees.

1) The fee for filing and indexing a UCC record communicated in a paper-based format or electronically is $20.

2) A fee of $20 shall be paid for an initial financing statement that indicates that it is filed in connection with a public-finance transaction and a fee of $20 shall be paid for an initial financing statement that indicates that it is filed in connection with a manufactured-home transaction.

3) UCC search fee. The fee for a UCC search request communicated on paper or in a paper-based format is $10 per name searched.

4) UCC search – copies. The fee for UCC search copies is $1 per page.

b) Methods of Payment. Filing fees and fees for public records services may be paid by the following methods:

1) Cash. Payment in cash shall be accepted, if paid in person at the filing office.

2) Checks. Personal checks, cashier's checks and money orders made payable to the filing office shall be accepted for payment if they are drawn on a bank acceptable to the filing office or if the drawer is acceptable to the filing office. Checks made payable to the filing office are acceptable to the filing office if drawn on a bank insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Savings and Loan Insurance Corporation (FSLIC), or the National Credit Union Association (NCUA).

3) Electronic funds transfer. The filing office may accept payment via electronic funds transfer under National Automated Clearing House Association (NACHA) rules from remitters who have entered into appropriate NACHA-approved arrangements for the EFT and who authorize the relevant transfer pursuant to the arrangements and rules. NACHA rules are available at NACHA, 13665 Dulles Technology Drive, Suite 300, Herndon VA 20171. The NACHA rules were effective as of January 1, 2001 and do not include any later amendments or editions.

4) Credit cards. The UCC Division shall accept payment by credit cards issued by approved issuers. Remitters shall provide the filing officer with the card number, the expiration date of the card, the name of the card issuer, the name of the person or entity to whom the card was issued, the daytime telephone number of the remitter and the billing address for the card. Payment will not be deemed tendered until the issuer or its agent has confirmed payment. A current list of approved credit card issuers is available from the filing office.

5) Debit cards. The UCC Division shall accept payment by debit cards issued by approved issuers (e.g., Visa, MasterCard). Remitters shall provide the filing officer with the card number, the expiration date of the card, the name of the card issuer, the name of the person or entity to whom the card was issued, the daytime telephone number of the remitter and the billing address for the card. Payment will not be deemed tendered until the issuer or its agent has confirmed payment. A current list of approved debit card issuers is available from the filing office.

c) Overpayment and Underpayment Policies.

1) Overpayment. The filing officer shall refund an overpayment only upon the written request of the remitter. Requests for refund shall contain the debtor's name and address, the file number and date of filing the record for which overpayment was made. If the record for which a refund is requested is a UCC-3, the request must also include the file number of the original filing.

2) Underpayment. Upon receipt of a record with an insufficient fee, the filing officer shall return the record to the remitter as provided in Section 180.15. The tendered payment shall be included with the record.

3) Non-sufficient funds. Upon notification from Accounting/Revenue that non-sufficient funds or an unacceptable form of payment was receipted for a UCC filing, that filing will be reversed and removed from the Secretary of State information management system as though it were never received and was refused for acceptance under the provisions of 810 ILCS 5/9-516(b)(2).

d) Filing of Uniform Commercial Code (UCC) documents, federal tax liens, and other UCC-related materials.

1) All UCC documents, federal tax liens, and other UCC-related materials required to be filed with the Secretary of State pursuant to Chapter 810 of the Illinois Compiled Statutes shall be filed with the Business Services Department, Howlett Building, Room 350, Springfield, IL, 62756.

2) Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent disaster proclamations, and for a period of 90~~30~~ days thereafter, the filing deadlines for materials required to be filed with the Secretary of State pursuant to Chapter 810 of the Illinois Compiled Statutes and which were due to be filed on or after March 17, 2020. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for late filings of materials shall be waived for materials subject to this Section.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 5809, effective March 20, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6624, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Merit Commission

2) Code Citation: 80 Ill. Adm. Code 50

3) Section Number: 50.150 — Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 8-9a of the Secretary of State Merit Employment Code [15 ILCS 310].

5) Effective Date of Emergency Rule: April 9, 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: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A statement that a copy of the emergency rule including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A complete Description of the Subjects and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for requests for hearings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
50.150	New Section	44 Ill. Reg. 5724; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Brenda Glahn
Senior Legal Advisor
298 Howlett Building
Springfield IL 62756

bglahn@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE A: MERIT EMPLOYMENT SYSTEMS
CHAPTER II: SECRETARY OF STATE MERIT COMMISSION

PART 50
MERIT COMMISSION

Section
50.10 Meetings of the Merit Commission
50.20 Classification Plan
50.30 Personnel Rules
50.40 Jurisdiction B Exemptions
50.50 Orders of Compliance
50.60 Disciplinary Hearings and Demotions
50.70 Geographical Transfers
50.80 Allocation Appeals
50.90 Layoff Appeals
50.100 Personnel Code and Personnel Rule Violations
50.110 Record of Hearings and General Procedural Rules
50.120 Authority of the Hearing Officer
50.130 Authority of Commission Over Hearing Officer
50.140 Administrative Review
50.150 Extension of Hearing Dates
EMERGENCY

AUTHORITY: Implementing and authorized by Sections 8-9a of the Secretary of State Merit Employment Code [15 ILCS 310].

SOURCE: Filed September 15, 1977; amended at 7 Ill. Reg. 17496, effective January 1, 1984; amended at 8 Ill. Reg. 1988, effective February 10, 1984; codified at 8 Ill. Reg. 15000; amended at 11 Ill. Reg. 6285, effective April 15, 1987; amended at 35 Ill. Reg. 12801, effective July 14, 2011; amended at 39 Ill. Reg. 436, effective December 18, 2014; emergency amendment at 44 Ill. Reg. 5820, effective March 17, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6630, effective April 9, 2020, for the remainder of the 150 days.

Section 50.150 Extension of Hearing Dates
EMERGENCY

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

Pursuant to the powers vested in him by Section 5(7) of the Secretary of State Act, and pursuant to the provisions of Executive Order No. 2020-08, issued on March 17, 2020, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent disaster proclamations, and for a period of 90~~30~~ days thereafter, the date for all hearings conducted pursuant to Section 9 of the Secretary of State Merit Employment Code. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rulemaking.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5820, effective March 17, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6630, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Procedures and Standards

2) Code Citation: 92 Ill. Adm. Code 1001

3) Section Number: 1001.800 — Emergency Action: Amendment

4) Statutory Authority: 625 ILCS 5/2-104(b)

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days of the original emergency or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, and as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for requests for hearings and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

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

Section Numbers:	Proposed Actions:	*Illinois Register* Citations:
1001.400	Amendment	44 Ill. Reg. 2246; February 7, 2020
1001.440	Amendment	44 Ill. Reg. 2246; February 7, 2020
1001.441	Amendment	44 Ill. Reg. 2246; February 7, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1001.442	Amendment	44 Ill. Reg. 2246; February 7, 2020
1001.444	Amendment	44 Ill. Reg. 2246; February 7, 2020
1001.465	Amendment	44 Ill. Reg. 2246; February 7, 2020
1001.800	New Section	44 Ill. Reg. 5726; April 3, 2020

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Brenda Glahn
Senior Legal Advisor
298 Howlett Building
Springfield IL 62756

blgahn@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1001
PROCEDURES AND STANDARDS

SUBPART A: FORMAL ADMINISTRATIVE HEARINGS

Section
1001.10 Applicability
1001.20 Definitions
1001.30 Right to Counsel
1001.40 Appearance of Attorney
1001.50 Special Appearance
1001.60 Substitution of Parties
1001.70 Commencement of Actions; Notice of Hearing
1001.80 Motions
1001.90 Form of Papers − Original Documents Required
1001.100 Conduct of Formal Hearings
1001.110 Orders; Notification; Time Limits on Obtaining Relief
1001.120 Record of Hearings
1001.130 Invalidity

SUBPART B: ILLINOIS SAFETY RESPONSIBILITY HEARINGS

Section
1001.200 Applicability
1001.210 Definitions
1001.220 Hearings: Notice; Location; Procedures; Record
1001.230 Rules of Evidence
1001.240 Scope of Hearings
1001.250 Decisions and Orders
1001.260 Rehearings
1001.270 Judicial Review
1001.280 Invalidity

SUBPART C: RULES ON THE CONDUCT OF INFORMAL HEARINGS IN DRIVER'S LICENSE SUSPENSIONS AND REVOCATIONS

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

Section
1001.300 Applicability
1001.310 Definitions
1001.320 Right to Representation
1001.330 Record and Reports
1001.340 Location of Hearings
1001.350 Duties and Responsibilities
1001.360 Decisions; Time Limits on Obtaining Relief
1001.370 Invalidity

SUBPART D: STANDARDS FOR THE GRANTING OF RESTRICTED DRIVING PERMITS, REINSTATEMENT, AND THE TERMINATION OF CANCELLATIONS OF DRIVING PRIVILEGES BY THE OFFICE OF THE SECRETARY OF STATE

Section
1001.400 Applicability; Statement of Principle and Purpose
1001.410 Definitions
1001.420 General Provisions Relating to the Issuance of Restricted Driving Permits
1001.430 General Provisions for Reinstatement of Driving Privileges after Revocation
1001.440 Provisions for Alcohol and Drug Related Revocations, Suspensions, and Cancellations
1001.441 Procedures for Breath Alcohol Ignition Interlock Device Conditioned RDPs
1001.442 BAIID Provider Certification Procedures and Responsibilities; Certification of BAIIDs; Inspections; BAIID Installer's Responsibilities; Decertification of a BAIID Provider
1001.443 Breath Alcohol Ignition Interlock Device Multiple Offender – Compliance with Interlock Program
1001.444 Monitoring Device Driving Permit (MDDP) Provisions
1001.450 New Hearings
1001.460 Requests for Modification of Revocations and Suspensions
1001.465 Cancellation of Driving Privileges; Hearing to Contest and Show Cause Hearing
1001.470 Renewal, Correction and Cancellation of RDPs
1001.480 Unsatisfied Judgment Suspensions
1001.485 Reinstatement Application Based Upon Issuance of Drivers License in a State Which is a Member of the Driver License Compact
1001.490 Invalidity

SUBPART E: FORMAL MEDICAL HEARINGS

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

Section
1001.500 Applicability
1001.510 Definitions
1001.520 Procedure
1001.530 Conduct of Medical Formal Hearings
1001.540 Subsequent Hearings

SUBPART F: ZERO TOLERANCE SUSPENSION OF DRIVING PRIVILEGES; PERSONS UNDER THE AGE OF 21 YEARS; IMPLIED CONSENT HEARINGS; RESTRICTED DRIVING PERMITS

Section
1001.600 Applicability
1001.610 Definitions
1001.620 Burden of Proof
1001.630 Implied Consent Hearings; Religious Exception
1001.640 Implied Consent Hearings; Medical Exception
1001.650 Rebuttable Presumption
1001.660 Alcohol and Drug Education and Awareness Program
1001.670 Petitions for Restricted Driving Permits
1001.680 Form and Location of Hearings
1001.690 Invalidity

SUBPART G: MOTOR VEHICLE FRANCHISE ACT

Section
1001.700 Applicability
1001.710 Definitions
1001.720 Organization of Motor Vehicle Review Board
1001.730 Motor Vehicle Review Board Meetings
1001.740 Board Fees
1001.750 Notice of Protest
1001.760 Hearing Procedures
1001.770 Conduct of Protest Hearing
1001.780 Mandatory Settlement Conference
1001.785 Technical Issues
1001.790 Hearing Expenses; Attorney's Fees
1001.795 Invalidity

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

SUBPART H: MISCELLANEOUS

Section
1001.800 Extension of Hearing Dates
EMERGENCY

1001.APPENDIX A BAIID Regions and Minimum Installation/Service Center Site Location Guidelines (Repealed)

AUTHORITY: Subpart A implements Sections 2-113, 2-118, 6-108, 6-205, and 6-206 and is authorized by Sections 2-103 and 2-104 of the Illinois Vehicle Code [625 ILCS 5]. Subpart B implements Chapter 7 and is authorized by Sections 2-103, 2-104, 2-106, 2-107, 2-108, 2-113, and 2-114, and Ch. 7 of the Illinois Vehicle Code. Subpart C implements Sections 6-205(c) and 6-206(c)3 and is authorized by Sections 2-103 and 2-104 of the Illinois Vehicle Code. Subpart D is authorized by Sections 2-104 and 11-501 of the Illinois Vehicle Code and implementing Sections 6-103, 6-205(c), 6-206(c)3, and 6-208 of the Illinois Vehicle Code. Subpart E implements Sections 2-113, 2-118, 2-123, 6-103, 6-201, 6-906, and 6-908 and is authorized by Sections 2-103, 2-104, 6-906, and 6-909 of the Illinois Vehicle Code. Subpart F implements Sections 2-113, 2-118, 6-208.2, 11-501.1, and 11-501.8 and is authorized by Sections 2-103, 2-104, and 11-501.8 of the Illinois Vehicle Code. Subpart G implements and is authorized by the Motor Vehicle Franchise Act [815 ILCS 710].

SOURCE: Adopted and codified at 7 Ill. Reg. 7501, effective June 17, 1983; amended at 8 Ill. Reg. 4220, effective April 1, 1984; emergency amendment at 9 Ill. Reg. 17030, effective October 18, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 4558, effective March 18, 1986; amended at 11 Ill. Reg. 17844, effective October 15, 1987; amended at 13 Ill. Reg. 15803, effective October 1, 1989; amended at 14 Ill. Reg. 2601, effective February 15, 1990; amended at 14 Ill. Reg. 16041, effective October 1, 1990; emergency amendment at 16 Ill. Reg. 19926, effective December 8, 1992, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 2047, effective January 27, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 6274, effective May 1, 1993; amended at 17 Ill. Reg. 8528, effective June 1, 1993; emergency amendment at 18 Ill. Reg. 7916, effective May 10, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 15127, effective September 21, 1994; emergency amendment at 19 Ill. Reg. 54, effective January 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 6667, effective May 1, 1995; emergency amendment at 20 Ill. Reg. 1626, effective January 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 8328, effective June 12, 1996; emergency amendment at 20 Ill. Reg. 9355, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15773, effective November 28, 1996; amended at 23 Ill. Reg. 692, effective January 15, 1999; amended at 24 Ill. Reg. 19257, effective December 15, 2000; expedited correction at

25 Ill. Reg. 7352, effective December 15, 2000; emergency amendment at 25 Ill. Reg. 13790, effective October 15, 2001, for a maximum of 150 days; emergency expired on March 13, 2002; emergency amendment at 25 Ill. Reg. 14979, effective November 9, 2001, for a maximum of 150 days; emergency expired on April 7, 2002; amended at 26 Ill. Reg. 9380, effective June 13, 2002; amended at 26 Ill. Reg.13347, effective August 21, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 14706, effective September 20, 2002, for a maximum of 150 days; emergency expired on February 16, 2003; amended at 27 Ill. Reg. 5969, effective March 31, 2003; amended at 27 Ill. Reg. 13577, effective August 1, 2003; amended at 28 Ill. Reg. 12123, effective September 1, 2004; amended at 28 Ill. Reg. 15804, effective November 19, 2004; amended at 31 Ill. Reg. 6185, effective May 1, 2007; amended at 31 Ill. Reg. 14837, effective November 1, 2007; amended at 33 Ill. Reg. 282, effective January 1, 2009; emergency amendment at 35 Ill. Reg. 3848, effective February 15, 2011, for a maximum of 150 days; amended at 35 Ill. Reg. 10934, effective June 21, 2011; amended at 36 Ill. Reg. 7300, effective April 30, 2012; amended at 37 Ill. Reg. 5844, effective April 19, 2013; amended at 39 Ill. Reg. 2718, effective February 6, 2015; amended at 40 Ill. Reg. 834, effective December 31, 2015; amended at 40 Ill. Reg. 6158, effective March 23, 2016; amended at 41 Ill. Reg. 473, effective December 28, 2016; amended at 42 Ill. Reg. 16921, effective September 5, 2018; emergency amendment at 44 Ill. Reg. 5824, effective March 17, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6634, effective April 9, 2020, for the remainder of the 150 days.

SUBPART H: MISCELLANEOUS

Section 1001.800 Extension of Hearing Dates
EMERGENCY

Pursuant to the power vested in him by Section 5(7) of the Secretary of State Act, and pursuant to the provisions of the Executive order No. 2020-08, issued on March 17, 2020, and Executive Order No. 2020-18, issued April 1, 2020, the Secretary of State extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent disaster proclamations, and for a period of 120~~30~~ days thereafter the date for all hearings conducted pursuant to Section 2-118(a) of the Illinois Vehicle Code. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rulemaking.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5824, effective March 17, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6634, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Certificates of Title, Registration of Vehicles

2) Code Citation: 92 Ill. Adm. Code 1010

3)

Section Number:	Emergency Action:
1010.630	Amendment

4) Statutory Authority: 625 ILCS 5/2-104(b)

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: Due to the COVID-19 virus and the recommendations of the health and safety experts, all Secretary of State offices were closed effective Tuesday, March 17, 2020. In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for issuance of registrations and other matters. When we re-open we will have to conduct normal operations as well as address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 120 days.

11) Are there any rulemakings to the Part pending? Yes

Section Numbers:	Proposed Actions:	*Illinois Register* Citations:
1010.540	Amendment	44 Ill. Reg. 3341; March 6, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1010.630 Amendment 44 Ill. Reg. 5728; April 3, 2020

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Brenda Glahn
Senior Legal Advisor
298 Howlett Building
Springfield IL 62756

blgahn@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 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 EMERGENCY AMENDMENT TO EMERGENCY RULE

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 EMERGENCY AMENDMENT TO EMERGENCY RULE

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
1010.630 Extension of Expiration Date
EMERGENCY

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1010.756 Suspension or Revocation of Illinois Mileage Weight Tax Plates
1010.760 Transfer for "For-Hire" Loads
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. 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; emergency amendment at 44 Ill. Reg. 5831, effective March 17, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6641, effective April 9, 2020, for the remainder of the 150 days.

SUBPART G: MISCELLANEOUS

Section 1010.630 Extension of Expiration Dates
EMERGENCY

a) Pursuant to the powers vested in him by Section 2-104(b) of the Illinois Vehicle Code, and pursuant to the provisions of Executive Order No. 2020-08 issued on March 17, 2020, and Executive Order No. 2020-18, issued April 1, 2020, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent proclamations,~~and for a period of 30 days thereafter~~ the expiration dates of ~~all~~ vehicle registrations as set forth in subsection (b)~~which expire on or after March 17, 2020~~, including but not limited to those set forth in the following statutes:

625 ILCS 5/3-414
625 ILCS 5/3-414.1
625 ILCS 5/3-414.5
625 ILCS 5/3-402.1
625 ILCS 5/3-407

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

b) The expiration dates of vehicle registrations are extended as follows:

1) All expired vehicle registrations that were due to be renewed at any point before or during the duration of the disaster proclamation are extended by 120 days from the date on which the disaster terminates and the Secretary of State's office resumes operations;

2) All vehicle registrations that expire during the month in which the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations;

3) All vehicle registrations that are due to expire in the first full month after the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations;

4) All vehicle registrations that are due to expire in the second full month after the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations;

5) All vehicle registrations that are due to expire in the third full month after the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations;

6) All vehicle registrations that are due to expire in the fourth full month after the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations;

7) All vehicle registrations that are due to expire in the fifth full month after the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations; and

8) All vehicle registrations that are due to expire in the sixth full month after

the disaster terminates and the Secretary of State's office resumes operations are extended by 120 days beyond the original expiration date for those registrations.

c) To be eligible for the extensions set forth in this Section, vehicles must be otherwise eligible for registration.

d) Any penalties imposed due to the late filing of vehicle registrations shall be waived for any vehicles subject to this Section.

e) These extension periods may be altered or rescinded by the Secretary of State through the adoption of an emergency rule.~~To be eligible for such extension, the vehicle must be otherwise eligible for registration. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule. Any fees for the late filing of vehicle registrations shall be waived for any vehicles subject to this Section.~~

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5831, effective March 17, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6641, effective April 9, 2020, for a maximum of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Issuance of Licenses

2) Code Citation: 92 Ill. Adm. Code 1030

3) Section Number: 1030.160 Emergency Action: Amendment

4) Statutory Authority: Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Art. I] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5] and Section 2(b)(2) of the Illinois Identification Card Act [15 ILCS 335].

5) Effective Date of Emergency Rule: April 9, 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: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, and as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subjects and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for issuance of driver's licenses, permits, identification cards, vehicle registrations, requests for hearings, corporate filings, and other matters. For example, under normal operations SOS issues over 15,000 driver's licenses and identification cards and registers over 45,000 vehicles every business day. When we re-open, we will have to conduct normal operations as well as address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

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

Section Number:	Proposed Action:	*Illinois Register* Citation:
1030.160	New Section	44 Ill. Reg. 5730; April 3, 2020

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Brenda Glahn
Senior Legal Advisor
298 Howlett Building
Springfield IL 62756

bglahn@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1030
ISSUANCE OF LICENSES

Section
1030.1 Definitions
1030.5 Procedure for Obtaining a Standard Driver's License or Identification Card
1030.6 Procedure for Obtaining a Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a)
1030.7 Procedure for Obtaining a Non-Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a-5)
1030.8 Procedure for Obtaining a Real ID Compliant Driver's License or Identification Card
1030.10 What Persons Shall Not Be Licensed or Granted Permits
1030.11 Procedure for Obtaining a Driver's License/Temporary Visitor's Driver's License (Renumbered)
1030.12 Identification Cards for the Homeless
1030.13 Denial of License or Permit
1030.14 Emergency Contact Database
1030.15 Cite for Re-testing
1030.16 Physical and Mental Evaluation
1030.17 Errors in Issuance of Driver's License/Cancellation
1030.18 Medical Criteria Affecting Driver Performance
1030.20 Classification of Drivers – References (Repealed)
1030.22 Medical Examiner's Certificate − CLP or CDL Holders
1030.25 Safe Driver License Renewals
1030.26 Identification Cards for IDOC/IDJJ Applicants
1030.27 Identification Cards for Youth in Care
1030.30 Classification Standards
1030.40 Fifth Wheel Equipped Trucks
1030.50 Bus Driver's Authority, Religious Organization and Senior Citizen Transportation
1030.55 Commuter Van Driver Operating a For-Profit Ridesharing Arrangement
1030.60 Third-Party Certification Program
1030.63 Religious Exemption for Social Security Numbers (Repealed)
1030.65 Instruction Permits
1030.66 Adult Driver Education
1030.70 Driver's License Testing/Vision Screening

1030.75 Driver's License Testing/Vision Screening With Vision Aid Arrangements Other Than Standard Eye Glasses or Contact Lenses
1030.80 Driver's License Testing/Written Test
1030.81 Endorsements
1030.82 Charter Bus Driver Endorsement Requirements
1030.83 Hazardous Material Endorsement
1030.84 Vehicle Inspection
1030.85 Driver's License Testing/Road Test
1030.86 Multiple Attempts − Written and/or Road Tests
1030.88 Exemption of Facility Administered Road Test
1030.89 Temporary Driver's Licenses and Temporary Instruction Permits
1030.90 Requirement for Photograph and Signature of Licensee on Driver's License
1030.91 Person with a Disability Identification Card
1030.92 Restrictions
1030.93 Restricted Local Licenses
1030.94 Duplicate or Corrected Driver's License or Instruction Permit
1030.95 Consular Licenses (Repealed)
1030.96 Seasonal Restricted Commercial Driver's License
1030.97 Invalidation of a Driver's License, Permit and/or Driving Privilege
1030.98 School Bus Endorsement or Learner's Permit
1030.100 Anatomical Gift Donor (Repealed)
1030.110 Emergency Medical Information Card
1030.115 Change-of-Address
1030.120 Issuance of a Probationary License
1030.130 Grounds for Cancellation of a Probationary License
1030.140 Use of Captured Images
1030.150 Veteran Designation on Driver's License or Identification Card
1030.160 Extension of Expiration Dates
EMERGENCY

1030.APPENDIX A Questions Asked of a Driver's License Applicant
1030.APPENDIX B Acceptable Identification Documents – Applicants for a Standard Identification Card, Driver's License, Instruction Permit, Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a) or Visa Status Temporary Visitor's Instruction Permit (Non-Real ID)
1030.APPENDIX C Acceptable Identification Documents – Applicants for a Non-Visa Status Temporary Visitor's Driver's License or Non-Visa Status Temporary Visitor's Instruction Permit Pursuant to IVC Section 6-

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

	105.1(a-5)
1030.APPENDIX D	Acceptable Identification Documents – Applicants for a Real ID Compliant Driver's License or Identification Card

AUTHORITY: Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Art. I] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5] and Section 2(b)(2) of the Illinois Identification Card Act [15 ILCS 335].

SOURCE: Filed March 30, 1971; amended at 3 Ill. Reg. 7, p. 13, effective April 2, 1979; amended at 4 Ill. Reg. 27, p. 422, effective June 23, 1980; amended at 6 Ill. Reg. 2400, effective February 10, 1982; codified at 6 Ill. Reg. 12674; amended at 9 Ill. Reg. 2716, effective February 20, 1985; amended at 10 Ill. Reg. 303, effective December 24, 1985; amended at 10 Ill. Reg. 15130, effective September 2, 1986; amended at 10 Ill. Reg. 18182, effective October 14, 1986; amended at 11 Ill. Reg. 9331, effective April 28, 1987; amended at 11 Ill. Reg. 18292, effective October 23, 1987; amended at 12 Ill. Reg. 3027, effective January 14, 1988; amended at 12 Ill. Reg. 13221, effective August 1, 1988; amended at 12 Ill. Reg. 16915, effective October 1, 1988; amended at 12 Ill. Reg. 19777, effective November 15, 1988; amended at 13 Ill. Reg. 5192, effective April 1, 1989; amended at 13 Ill. Reg. 7808, effective June 1, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 13898, effective August 22, 1989; amended at 13 Ill. Reg. 15112, effective September 8, 1989; amended at 13 Ill. Reg. 17095, effective October 18, 1989; amended at 14 Ill. Reg. 4570, effective March 8, 1990; amended at 14 Ill. Reg. 4908, effective March 9, 1990; amended at 14 Ill. Reg. 5183, effective March 21, 1990; amended at 14 Ill. Reg. 8707, effective May 16, 1990; amended at 14 Ill. Reg. 9246, effective May 16, 1990; amended at 14 Ill. Reg. 9498, effective May 17, 1990; amended at 14 Ill. Reg. 10111, effective June 11, 1990; amended at 14 Ill. Reg. 10510, effective June 18, 1990; amended at 14 Ill. Reg. 12077, effective July 5, 1990; amended at 14 Ill. Reg. 15487, effective September 10, 1990; amended at 15 Ill. Reg. 15783, effective October 18, 1991; amended at 16 Ill. Reg. 2182, effective January 24, 1992; emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; emergency expired on December 13, 1992; amended at 16 Ill. Reg. 18087, effective November 17, 1992; emergency amendment at 17 Ill. Reg. 1219, effective January 13, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2025, effective February 1, 1993; amended at 17 Ill. Reg. 7065, effective May 3, 1993; amended at 17 Ill. Reg. 8275, effective May 24, 1993; amended at 17 Ill. Reg. 8522, effective May 27, 1993; amended at 17 Ill. Reg. 19315, effective October 22, 1993; amended at 18 Ill. Reg. 1591, effective January 14, 1994; amended at 18 Ill. Reg. 7478, effective May 2, 1994; amended at 18 Ill. Reg. 16457, effective October 24, 1994; amended at 19 Ill. Reg. 10159, effective June 29, 1995; amended at 20 Ill. Reg. 3891, effective February 14, 1996; emergency amendment at 20 Ill. Reg. 8358, effective June 4, 1996, for a

maximum of 150 days; emergency amendment repealed in response to an objection of the Joint Committee on Administrative Rules at 20 Ill. Reg. 14279; amended at 21 Ill. Reg. 6588, effective May 19, 1997; amended at 21 Ill. Reg. 10992, effective July 29, 1997; amended at 22 Ill. Reg. 1466, effective January 1, 1998; emergency amendment at 23 Ill. Reg. 9552, effective August 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13947, effective November 8, 1999; amended at 24 Ill. Reg. 1259, effective January 7, 2000; emergency amendment at 24 Ill. Reg. 1686, effective January 13, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 6955, effective April 24, 2000; emergency amendment at 24 Ill. Reg. 13044, effective August 10, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18400, effective December 4, 2000; amended at 25 Ill. Reg. 959, effective January 5, 2001; amended at 25 Ill. Reg. 7742, effective June 5, 2001; amended at 25 Ill. Reg. 12646, effective September 24, 2001; emergency amendment at 25 Ill. Reg. 12658, effective September 24, 2001, for a maximum of 150 days; emergency expired February 20, 2002; amended at 26 Ill. Reg. 9961, effective June 24, 2002; amended at 27 Ill. Reg. 855, effective January 3, 2003; emergency amendment at 27 Ill. Reg. 7340, effective April 14, 2003, for a maximum of 150 days; emergency expired September 10, 2003; emergency amendment at 27 Ill. Reg. 16968, effective October 17, 2003, for a maximum of 150 days; emergency expired March 14, 2004; emergency amendment at 28 Ill. Reg. 384, effective January 1, 2004, for a maximum of 150 days; emergency expired May 29, 2004; amended at 28 Ill. Reg. 8895, effective June 14, 2004; amended at 28 Ill. Reg. 10776, effective July 13, 2004; amended at 29 Ill. Reg. 920, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2469, effective January 31, 2005, for a maximum of 150 days; emergency expired June 29, 2005; amended at 29 Ill. Reg. 9488, effective June 17, 2005; amended at 29 Ill. Reg. 12519, effective July 28, 2005; amended at 29 Ill. Reg. 13237, effective August 11, 2005; amended at 29 Ill. Reg. 13580, effective August 16, 2005; amended at 30 Ill. Reg. 910, effective January 6, 2006; amended at 30 Ill. Reg. 5621, effective March 7, 2006; amended at 30 Ill. Reg. 11365, effective June 15, 2006; emergency amendment at 30 Ill. Reg. 11409, effective June 19, 2006, for a maximum of 150 days; emergency expired November 15, 2006; amended at 31 Ill. Reg. 4782, effective March 12, 2007; amended at 31 Ill. Reg. 5096, effective March 15, 2007; amended at 31 Ill. Reg. 5864, effective March 29, 2007; amended at 31 Ill. Reg. 6370, effective April 12, 2007; amended at 31 Ill. Reg. 7643, effective May 16, 2007; amended at 31 Ill. Reg. 11342, effective July 18, 2007; amended at 31 Ill. Reg. 14547, effective October 9, 2007; amended at 31 Ill. Reg. 14849, effective October 22, 2007; amended at 31 Ill. Reg. 16543, effective November 27, 2007; amended at 31 Ill. Reg. 16843, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 208, effective January 2, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 6544, effective April 4, 2008; amended at 33 Ill. Reg. 2391, effective January 21, 2009; amended at 33 Ill. Reg. 8489, effective June 5, 2009; amended at 33 Ill. Reg. 9794, effective June 29, 2009; amended at 33 Ill. Reg. 11620, effective July 22, 2009; amended at 33 Ill. Reg. 14185, effective September 28, 2009; amended at 34 Ill. Reg. 563, effective December 22, 2009; amended at 34 Ill. Reg. 9457, effective June 23, 2010; amended at

34 Ill. Reg. 15418, effective September 22, 2010; amended at 34 Ill. Reg. 19071, effective November 22, 2010; amended at 35 Ill. Reg. 2197, effective January 21, 2011; amended at 35 Ill. Reg. 4692, effective March 3, 2011; amended at 35 Ill. Reg. 19664, effective November 23, 2011; amended at 36 Ill. Reg. 3924, effective February 27, 2012; amended at 36 Ill. Reg. 7255, effective April 26, 2012; amended at 36 Ill. Reg. 14755, effective September 18, 2012; amended at 37 Ill. Reg. 7776, effective May 22, 2013; amended at 37 Ill. Reg. 14176, effective September 1, 2013; amended at 37 Ill. Reg. 19342, effective November 28, 2013; amended at 38 Ill. Reg. 7946, effective March 28, 2014; emergency amendment at 38 Ill. Reg. 8429, effective April 4, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 12515, effective July 1, 2014; amended at 38 Ill. Reg. 16366, effective July 21, 2014; amended at 38 Ill. Reg. 20039, effective October 1, 2014; amended at 39 Ill. Reg. 1182, effective January 5, 2015; amended at 39 Ill. Reg. 5083, effective March 23, 2015; amended at 39 Ill. Reg. 8028, effective May 21, 2015; amended at 39 Ill. Reg. 11531, effective July 28, 2015; amended at 39 Ill. Reg. 14930, effective October 29, 2015; amended at 40 Ill. Reg. 1882, effective January 12, 2016; amended at 40 Ill. Reg. 7330, effective May 2, 2016; amended at 40 Ill. Reg. 13637, effective September 19, 2016; amended at 40 Ill. Reg. 15397, effective October 26, 2016; amended at 41 Ill. Reg. 438, December 29, 2016; amended at 41 Ill. Reg. 3009, effective February 24, 2017; amended at 41 Ill. Reg. 13665, effective October 30, 2017; amended at 42 Ill. Reg. 1886, effective January 3, 2018; amended at 42 Ill. Reg. 2891, effective January 29, 2018; amended at 42 Ill. Reg. 4969, effective March 5, 2018; amended at 42 Ill. Reg. 11499, effective June 8, 2018; amended at 42 Ill. Reg. 20548, effective October 30, 2018; amended at 43 Ill. Reg. 3724, effective March 4, 2019; amended at 43 Ill. Reg. 5322, effective April 24, 2019; amended at 44 Ill. Reg. 2041, effective December 31, 2019; emergency amendment at 44 Ill. Reg. 5477, effective March 16, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 5839, effective March 17, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6650, effective April 9, 2020, for the remainder of the 150 days.

Section 1030.160 Extension of Expiration Dates
EMERGENCY

a) Pursuant to the powers vested in him by Section 2-104(b) of the Illinois Vehicle Code and Section 2(b)(2) of the Illinois Identification Card Act, and pursuant to the provisions of Executive Order No. 2020-08, issued on March 17, 2020, and Executive Order No. 2020-18, issued April 1, 2020, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent disaster proclamations, and for a period of 90~~30~~ days thereafter the expiration dates of any driver's licenses, instruction permits, permits

and identification cards ~~which expire on or after March 17, 2020~~, including but not limited to those set forth in the following statutes:

625 ILCS 5/6-105
625 ILCS 5/6-105.1
625 ILCS 5/6-107.1
625 ILCS 5/6-107.4
625 ILCS 5/6-115
625 ILCS 5/6-205
625 ILCS 5/6-206.1
625 ILCS 5/6-507.5
625 ILCS 5/6-106.1
625 ILCS 5/6-113(c)
15 ILCS 335/4
15 ILCS 335/8

b) To be eligible for such extension, the person's driver's license, instruction permit, permit or identification card must be valid as of the date of this emergency rulemaking. All conditions and restrictions under which the driver's licenses, instruction permits, permits and identification cards were issued shall remain in full force and effect during the period of this extension. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5839, effective March 17, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6650, effective April 9, 2020, for the remainder of the 150 days)

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Rules of the Road – Persons with Disabilities Parking Program

2) Code Citation: 92 Ill. Adm. Code 1100

3)

Section Number:	Emergency Action:
1100.50	Amendment

4) Statutory Authority: 625 ILCS 5/2-104(b).

5) Effective Date of Emergency Rule: April 9, 2020

6) If this emergency rule will expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of 150 days or the date on which the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, and as extended by subsequent proclamations, terminates, whichever occurs first.

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: In the Gubernatorial Proclamation issued April 1, 2020, the Governor extended the COVID-19 disaster proclamation by an additional 30 days, resulting in an on-going closure of most Secretary of State operations.

10) A Complete Description of the Subject and Issues Involved: The longer this disaster related shut-down continues, the larger the backlog becomes for issuance of permits and other matters. When we re-open we will have to conduct normal operations and address the backlog of transactions. With the continuation of the disaster proclamation, we will not be able to completely address that backlog within 30 days. Therefore, we are continuing the validity of expired items by 90 days.

11) Are there any rulemakings to the Part pending? Yes

Section Number:	Proposed Action:	*Illinois Register* Citation:
1100.50	Amendment	44 Ill. Reg. 5732; April 3, 2020

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

12) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.

13) Information and questions regarding this emergency rule shall be directed to:

Brenda Glahn
Senior Legal Advisor
298 Howlett Building
Springfield IL 62756

blgahn@ilsos.gov

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

OFFICE OF THE SECRETARY OF STATE

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1100
RULES OF THE ROAD − PERSONS WITH DISABILITIES PARKING PROGRAM

Section
1100.5 Definitions
1100.10 Application Procedures for Plates and Decals or Devices
1100.15 Authorized Issuing Agents for Person with Disabilities Parking Decals or Devices
1100.20 Person with Disabilities Parking Decals or Devices
1100.25 Random Professional License Number Checks with the Department of Financial and Professional Regulation
1100.30 Corporations, School Districts and Special Education Cooperatives
1100.35 Revocation of Plates and Decals or Devices
1100.40 Revocation Authority for Plates and Decals or Devices (Repealed)
1100.50 Extension of Expiration Dates
EMERGENCY

AUTHORITY: Implementing and authorized by Sections 2-104(b) and 3-616 of the Illinois Vehicle Title and Registration Law and Section 11-1301.2 of the Illinois Rules of the Road [625 ILCS 5].

SOURCE: Adopted at 4 Ill. Reg. 11, p. 74, effective February 29, 1980; codified at 6 Ill. Reg. 12703; amended at 9 Ill. Reg. 12868, effective August 2, 1985; amended at 12 Ill. Reg. 8448, effective May 2, 1988; old Part repealed and new Part adopted at 22 Ill. Reg. 2280, effective January 1, 1998; amended at 30 Ill. Reg. 917, effective January 6, 2006; amended at 37 Ill. Reg. 19866, effective November 27, 2013; emergency amendment at 44 Ill. Reg. 5847, effective March 17, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6658, effective April 9, 2020, for the remainder of the 150 days.

Section 1100.50 Extension of Expiration Dates
EMERGENCY

Pursuant to the powers vested in him by Section 2-104(b) of the Illinois Vehicle Code, and pursuant to the provisions of Executive Order No. 2020-08 issued on March 17, 2020, and Executive Order No. 2020-18, issued April 1, 2020, the Secretary of State hereby extends for the duration of the disaster proclaimed by the Governor in Gubernatorial Proclamation number 2020-038 issued on March 9, 2020, as extended by subsequent disaster proclamations, and for a

period of 90~~30~~ days thereafter the expiration dates of any person with disabilities motorist decal or device which expires on or after March 17, 2020, issued pursuant to Sec. 11-1301.2 of the Illinois Vehicle Code. This extension period may be rescinded by the Secretary of State through the adoption of an emergency rule.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5847, effective March 17, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6658, effective April 9, 2020, for the remainder of the 150 days)

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: State Universities Civil Service System

2) Code Citation: 80 Ill. Adm. Code 250

3) Section Number: 250.90 — Emergency Action: Amendment

4) Statutory Authority: Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70].

5) Effective Date of Rule: April 10, 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: This rulemaking will not expire before the end of the 150 day period.

7) Date Filed with the Index Department: April 10, 2020

8) A copy of the emergency rule, including any materials incorporated by reference are on file in the Agency's principal office and is available for public inspections.

9) Reason for Emergency: Due to the Gubernatorial Statement, Disaster Proclamation, and/or other Executive Orders issued limiting public and private gatherings and/or suspending standard business operations, the agency is allowing universities and agencies under the jurisdiction of the State Universities Civil Service Act to extend probationary periods for current and newly hired employees.

10) A Complete Description of the Subjects and Issues Involved: This emergency rule will allow universities and agencies under the State Universities Civil Service Act to extend a probationary period for an employee who has been designated a temporary work location that is different from the employee’s designated work location or for an employee who has been provided an employment contract but has never reported to work due to the COVID-19 disaster.

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

12) Statement of Statewide Policy Objective: This emergency rule will not create or expand a State mandate.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENT

13) Information and questions regarding this emergency rule shall be directed to:

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

217/278-3151
rulemaking@sucss.illinois.gov

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

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF EMERGENCY AMENDMENT

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

PART 250
STATE UNIVERSITIES CIVIL SERVICE SYSTEM

Section

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

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

SOURCE: Rules: State Universities Civil Service System, approved January 16, 1952, effective January 1, 1952; amended at 3 Ill. Reg. 13, p. 68, effective April 1, 1979; amended at 4 Ill. Reg. 10, p. 262, effective February 25, 1980; amended at 6 Ill. Reg. 2620, effective February 22, 1982; amended at 6 Ill. Reg. 7236, effective June 3, 1982; amended at 8 Ill. Reg. 4948 and 4950, effective March 29, 1984; codified at 8 Ill. Reg. 12936; amended at 8 Ill. Reg. 24732, effective December 6, 1984; amended at 9 Ill. Reg. 17422, effective October 23, 1985; amended at 11 Ill. Reg. 8942, effective May 8, 1987; amended at 12 Ill. Reg. 3457, effective February 1, 1988; amended at 12 Ill. Reg. 17079, effective October 7, 1988; amended at 13 Ill. Reg. 7324, effective

May 1, 1989; amended at 13 Ill. Reg. 19427, effective February 6, 1990; amended at 18 Ill. Reg. 1901, effective January 21, 1994; amended at 20 Ill. Reg. 4440, effective February 29, 1996; amended at 30 Ill. Reg. 17384, effective October 23, 2006; amended at 31 Ill. Reg. 15848, effective November 13, 2007; amended at 32 Ill. Reg. 17268, effective October 16, 2008; amended at 33 Ill. Reg. 11644, effective July 22, 2009; amended at 36 Ill. Reg. 6014, effective April 6, 2012; amended at 37 Ill. Reg. 419, effective December 26, 2012; amended at 39 Ill. Reg. 13504, effective December 1, 2015; amended at 40 Ill. Reg. 3105, effective January 26, 2016; emergency amendment at 40 Ill. Reg. 3772, effective March 1, 2016, for a maximum of 150 days; amended at 40 Ill. Reg. 11192, effective August 4, 2016; amended at 40 Ill. Reg. 16302, effective December 12, 2016; amended at 41 Ill. Reg. 11576, effective August 30, 2017; amended at 42 Ill. Reg. 24268, effective December 3, 2018; amended at 43 Ill. Reg. 6829, effective May 23, 2019; emergency amendment at 44 Ill. Reg. 6662, effective April 10, 2020, for a maximum of 150 days.

Section 250.90 Probationary Period
EMERGENCY

a) Purpose of Probationary Period. The probationary period is an integral part of the examination process, and shall be utilized by the employer for close observation and evaluation of the employee's work, for obtaining the most effective adjustment of a new employee to his/her position, and to determine whether an employee demonstrates the ability and qualifications necessary to furnish satisfactory service. Periodically, throughout the probationary period, the employer should discuss with the employee his/her progress on the job. An employee who is dismissed during a probationary period shall be given the reasons for his/her dismissal, with the understanding that the reason is not reviewable.

b) Duration of Probationary Period

1) Candidates employed from the reemployment register shall not be required to serve a new probationary period.

2) An employee who has accepted a status appointment shall be on probation for no less than six months and no longer than 12 months. The probationary period shall be extended by a comparable amount of time for the following personnel actions: a paid or unpaid leave of absence that exceeds more than five consecutive work days; a layoff of any duration; a suspension of any duration; or a designated off-site formalized training

session, provided the Executive Director has approved the off-site training for that extension. The probationary period shall begin on the date of assignment to duty and shall expire at the close of business on the last working day that completes the probationary period for the class, regardless of percentage of time of employment during the probationary period. If the employee is not dismissed during the probationary period, the employee shall become a status employee at its conclusion.

3) An employee reinstated to a register in accordance with Section 250.60(j)(4) who is subsequently appointed to a position of his/her former class shall complete his/her probationary period in the former class, if he/she has not already done so.

4) An employee who goes on layoff status during the probationary period may, upon written request of the employer, be reinstated by the Executive Director on either the original entry register or promotional register, as appropriate, in accordance with total service earned as of the date of the layoff and may be appointed thereafter to the same or similar position. The reinstated employee shall complete the probationary period for the class in which eligibility has been established, although his/her service may be interrupted by one or more layoffs.

5) Service in a higher class shall count toward completion of the probationary period in a lower class in the same promotional line. Service in a lower class shall not be counted toward completion of probationary period in a higher class of the same promotional line.

6) A provisional employee shall begin a probationary period on the date of entrance into a status appointment for which the employee is eligible.

7) Extension of Probationary Period

A) The probationary period of an employee may be extended by a comparable amount of time:

i) when the employee is assigned by the employer to a temporary work location that is different from the employee's designated work location, and with less-direct supervision than experienced by the employee immediately

prior to the temporary assignment, provided that more time is needed to determine the employee's ability and qualifications necessary to furnish satisfactory service; or

ii) if the employee has never reported to work.

B) Extension of the probationary period can occur in the following situations:

i) the employer issues a declaration of an existing or impending emergency, in accordance with Section 250.160; or

ii) a Gubernatorial Statement, Disaster Proclamation, or Executive Order is issued that limits public and private gatherings and/or similar declarations suspend standard business operations other than those that provide essential goods or services that have a direct, material, and immediate impact on the employer.

C) This policy change is effective for the duration of Gubernatorial Proclamation 2020-38, as continued by further proclamations.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 6662, effective April 10, 2020, for a maximum of 150 days)

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Pupil Transportation Reimbursement

2) Code Citation: 23 Ill. Adm. Code 120

3) Section Number: 120.30 — Emergency Action: Amendment

4) Statutory Authority: 105 ILCS 5/2-3.6

5) Effective Date of Rule: April 9, 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: No

7) Date Filed with the Index Department: April 9, 2020

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: The Agency finds that this amendment is necessary to ensure that contracts related to the provision of transportation or a transportation provider under a written agreement, regardless of any service that may be provided, are allowable and reimbursed.

10) A Complete Description of the Subjects and Issues Involved: Section 120.30 is further amended to allow contracts related to the provision of transportation or a transportation provider under a written agreement, regardless of any service that may be provided, to be allowable and reimbursed under the School Code.

11) Are there any rulemakings pending on this Part? No

12) Statement of Statewide Policy Objective: This rulemaking will not create or enlarge a State mandate.

13) Information and questions regarding this emergency rule shall be directed to:

Azita Kakvand
Agency Rules Coordinator
Illinois State Board of Education

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

100 North First Street
Springfield IL 62777-0001

217/782-6510
rules@isbe.net

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

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER c: FINANCE

PART 120
PUPIL TRANSPORTATION REIMBURSEMENT

SUBPART A: SCHOOL REIMBURSEMENT

Section
120.10 Definitions
120.20 Transportation and Student Discipline
120.30 Pupil Transportation Services Eligible for Reimbursement
EMERGENCY
120.40 Pupil Transportation Services and Costs Not Eligible for Reimbursement
120.50 Reimbursable Direct Operating Costs
120.60 Reimbursable Annual Depreciation Allowances
120.70 Deductions from Direct Operating Costs
120.80 Reimbursable Indirect Cost for Pupil Transportation Services
120.90 Cost Proration Related to Pupil Transportation
120.100 Reimbursement Formulas
120.110 Reporting Requirements
120.115 Fully Allocated Costs of Transportation
120.120 Bus Scheduling Services and Software
120.130 Seat Back Reimbursement (Repealed)

SUBPART B: CUSTODIAN REIMBURSEMENT FOR PUPIL TRANSPORTATION

Section
120.200 Definitions
120.210 Custodians Eligible for Reimbursement
120.220 Custodians Not Eligible for Reimbursement
120.230 Responsibilities of Schools
120.235 Responsibilities of Public and Nonpublic Chief Administrative Officers (Repealed)
120.240 Reimbursement
120.245 Responsibilities of the Regional Superintendents of Schools
120.250 Dispute Resolution

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

120.260 Audit and Enforcement

AUTHORITY: Implementing and authorized by Article 29 of the School Code [105 ILCS 5].

SOURCE: Adopted at 10 Ill. Reg. 19438, effective October 31, 1986; amended at 10 Ill. Reg. 21675, effective December 11, 1986; amended at 12 Ill. Reg. 4147, effective February 5, 1988; amended at 13 Ill. Reg. 7731, effective May 8, 1989; amended at 16 Ill. Reg. 10213, effective June 10, 1992; emergency amendment at 18 Ill. Reg. 12853, effective August 9, 1994, for a maximum of 150 days; emergency expired January 6, 1995; amended at 21 Ill. Reg. 2165, effective February 1, 1997; amended at 26 Ill. Reg. 1169, effective January 16, 2002; amended at 28 Ill. Reg. 4575, effective February 24, 2004; amended at 29 Ill. Reg. 12422, effective July 28, 2005; amended at 33 Ill. Reg. 15848, effective November 2, 2009; amended at 39 Ill. Reg. 10026, effective June 30, 2015; emergency amendment at 44 Ill. Reg. 5910, effective March 30, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6668, effective April 9, 2020, for the remainder of the 150 days.

SUBPART A: SCHOOL REIMBURSEMENT

Section 120.30 Pupil Transportation Services Eligible for Reimbursement
EMERGENCY

Each school district that files a claim for State reimbursement for pupil transportation shall be subject to the requirements of this Subpart A in order to be eligible for such reimbursement. Pupil transportation services eligible for reimbursement are listed below:

a) Regular Pupil Transportation Services for Pupils in Kindergarten or Any of Grades 1 through 12

1) Transportation services provided for pupils residing at a distance of 1½ miles or more from the attendance center to which they are assigned.

A) *The distance shall be measured from the exit of the property where the pupil resides to the point where pupils are normally unloaded at the attendance center to which they are assigned* (Section 29-3 of the School Code [105 ILCS 5/29-3]).

B) *If a pupil is at a location within the school district other than his/her residence for child care purposes at the time for transportation to and/or from school, that location may be*

considered for purposes of determining the 1½ miles from the school attended (Section 29-5 of the School Code). A district that chooses to consider locations other than individual students' residences shall adopt a written policy establishing this practice. At the district's discretion, its policy may limit pick-up and drop-off to students in day care locations along the district's regular routes, or it may extend services via newly established routes. In either case, the district shall not discriminate among types of locations where day care is provided, which may include, but need not be limited to, the premises of licensed providers, the homes of relatives, or the homes of neighbors, any of which must be located within the district's boundaries.

C) A *school board may comply with the provisions of this Section by providing free transportation for pupils to and from an assigned school and a pick-up point located not more than one and one-half miles from the home of each pupil assigned to such point* (Section 29-3 of the School Code).

2) Transportation services provided for pupils residing within a distance of 1½ miles from the attendance center to which they are assigned from pickup points at the beginning of the school day and back again at the close of the school day, effective on the date that the Illinois Department of Transportation grants written approval pursuant to 92 Ill. Adm. Code 556 (Rules on Transporting Pupils Where Walking Constitutes a Serious Safety Hazard) that a serious safety hazard exists due to vehicular traffic, for specific areas and specific ages.

3) Transportation services provided for nonpublic school pupils when pupil transportation services for the nonpublic school pupils are provided on the same basis as the transportation services for public school pupils as provided in Section 29-4 of the School Code.

4) Transportation services provided to a pupil who is required to be transported but is also required for disciplinary reasons to serve a detention period either before or after the regular school day.

5) Transportation which is provided prior to or following voluntary, extracurricular and/or cocurricular activities, including sport practices,

club meetings, drama rehearsals, or choral and band practices where such activities are scheduled before or after the school day, qualifies as transportation provided at the beginning or end of the school day and is therefore subject to reimbursement with respect to students who are required to be transported.

6) Transportation services provided for pupils between attendance centers during the school day. This includes transportation of vocational pupils between attendance centers or a building or other trades skill development site of less than one and one-half miles.

b) Vocational pupil transportation services provided during the school day for vocational pupils transported one and one-half miles or more one way from their assigned attendance center to a vocational program located at:

1) An area vocational center;

2) Another school district; or

3) A building or other trades skill development site.

c) Special education pupil transportation services, including field trips, provided for special education pupils in accordance with Sections 14-7.02 and 14-13.01(b) of the School Code [105 ILCS 5/14-7.02 and 14-13.01(b)] and with 23 Ill. Adm. Code 226 (Special Education). This includes field trips (community based instruction) when approved by the district's state approved director of special education as defined in 23 Ill. Adm. Code 226.

d) Transportation provided to any student in connection with a field trip:

1) that occurs during a day of student attendance included on the official school calendar of the school district;

2) whose hours are part of the claimable clock hours on the General State Aid Claim (i.e., the destination of the trip is considered to be the assigned attendance center for all students enrolled in the class);

3) that is provided free of charge to the pupil;

4) that is part of the school's curriculum for which pupils earn credit for graduation; and

5) that is not listed in Section 120.40(a)(1) or (2) of this Part.

e) Due to the outbreak of the Coronavirus Disease 2019 (COVID-19), beginning on March 17, 2020, and through the end of the 2019-2020 school year, to ensure the continuity of education, including the provision of any direct or related service for the health and well-being of all public school students in pre-kindergarten through grade 12, all transportation costs incurred that are beyond transporting students, such as costs paid by a local education agency for all employees related to the provision of transportation or a transportation provider under a written agreement, regardless of any service that may be provided, or costs related to the distribution of food, distribution and pick-up of student assignments and work, and use of vehicles to provide wi-fi and other similar costs, shall be allowable and reimbursed by the formula under Section 29-5 of the School Code.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5910, effective March 30, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6668, effective April 9, 2020, for the remainder of the 150 days)

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

1) Heading of the Part: Special Education

2) Code Citation: 23 Ill. Adm. Code 226

3) Section Number: 226.335 Emergency Action: Amendment

4) Statutory Authority: 105 ILCS 5/2-3.6

5) Effective Date of Rule: April 9, 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: No

7) Date Filed with the Index Department: April 9, 2020

8) A statement that a copy of the emergency rule including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: The amendment is based on concerns from school districts and entities that serve students with special needs that reimbursements will not be processed by the agency. The Agency believes that this amendment will alleviate any confusion on the issue.

10) A Complete Description of the Subjects and Issues Involved: The emergency amendment provides that school districts will be reimbursed for special education private facility tuition expenditures per the statutory formula under Section 14-7.02 of the School Code. It also notes that school districts will be reimbursed for special education room and board expenditures under Part B of the federal Individuals with Disabilities Education Act, as prescribed in Section 14-8.01 of the School Code.

11) Are there any rulemakings pending on this Part? No

12) Statement of Statewide Policy Objective: This rulemaking will not create or enlarge a State mandate.

13) Information and questions regarding this emergency rule shall be directed to:

Azita Kakvand

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

Agency Rules Coordinator
Illinois State Board of Education
100 North First Street
Springfield IL 62777-0001

217/782-6510
rules@isbe.net

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

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONS

PART 226
SPECIAL EDUCATION

SUBPART A: GENERAL

Section
226.10 Purpose
226.50 Requirements for a Free Appropriate Public Education (FAPE)
226.60 Charter Schools
226.75 Definitions

SUBPART B: IDENTIFICATION OF ELIGIBLE CHILDREN

Section
226.100 Child Find Responsibility
226.110 Evaluation Procedures
226.120 Reevaluations
226.125 Specific Learning Disability: Dyslexia
226.130 Additional Procedures for Students Suspected of or Having a Specific Learning Disability
226.135 Additional Procedures for Students Suspected of or Having an Intellectual Disability
226.140 Modes of Communication and Cultural Identification
226.150 Evaluation to be Nondiscriminatory
226.160 Medical Review
226.170 Criteria for Determining the Existence of a Specific Learning Disability (Repealed)
226.180 Independent Educational Evaluation
226.190 Reevaluation (Repealed)

SUBPART C: THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Section
226.200 General Requirements

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

226.210 IEP Team
226.220 Development, Review, and Revision of the IEP
226.230 Content of the IEP
226.240 Determination of Placement
226.250 Child Aged Three Through Five
226.260 Child Reaching Age Three

SUBPART D: PLACEMENT

Section
226.300 Continuum of Alternative Placement Options
226.310 Related Services
226.320 Service to Students Living in Residential Care Facilities
226.330 Placement by School District in State-Operated or Nonpublic Special Education Facilities
226.335 Nonpublic Special Education Placement of Public School Students
EMERGENCY
226.340 Nonpublic Placements by Parents Where FAPE is at Issue
226.350 Service to Parentally-Placed Private School Students
226.360 Placement by School Districts in Remote Educational Programs

SUBPART E: DISCIPLINE

Section
226.400 Disciplinary Actions
226.410 Manifestation Determination Review (Repealed)
226.420 Appeals (Repealed)
226.430 Protection for Children Not Yet Eligible for Special Education (Repealed)
226.440 Referral to and Action by Law Enforcement and Judicial Authorities (Repealed)

SUBPART F: PROCEDURAL SAFEGUARDS

Section
226.500 Language of Notifications
226.510 Notification of Parents' Rights
226.520 Notification of District's Proposal
226.530 Parents' Participation
226.540 Consent
226.550 Surrogate Parents

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

226.560 Mediation
226.570 State Complaint Procedures

SUBPART G: DUE PROCESS

Section
226.600 Calculation of Timelines
226.605 Request for Hearing; Basis (Repealed)
226.610 Information to Parents Concerning Right to Hearing
226.615 Procedure for Request
226.620 Denial of Hearing Request (Repealed)
226.625 Rights of the Parties Related to Hearings
226.630 Qualifications, Training, and Service of Impartial Due Process Hearing Officers
226.635 Appointment, Recusal, and Substitution of Impartial Due Process Hearing Officers
226.640 Scheduling the Hearing and Pre-Hearing Conference
226.645 Conducting the Pre-Hearing Conference
226.650 Child's Status During Due Process Hearing (Repealed)
226.655 Expedited Due Process Hearing
226.660 Powers and Duties of Hearing Officer
226.665 Record of Proceedings
226.670 Decision of Hearing Officer; Clarification
226.675 Monitoring and Enforcement of Decisions; Notice of Ineligibility for Funding
226.680 Reporting of Decisions (Repealed)
226.690 Transfer of Parental Rights

SUBPART H: ADMINISTRATIVE REQUIREMENTS

Section
226.700 General
226.710 Policies and Procedures
226.720 Facilities and Classes
226.730 Class Size for 2009-10 and Beyond
226.731 Class Size Provisions for 2007-08 and 2008-09 (Repealed)
226.735 Work Load for Special Educators
226.740 Records; Confidentiality
226.750 Additional Services
226.760 Evaluation of Special Education
226.770 Fiscal Provisions

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

226.780 Procedures for Withdrawal Hearings before the Regional Board of School Trustees

SUBPART I: PERSONNEL

Section
226.800 Personnel Required to be Qualified
226.810 Special Education Teaching Approval
226.820 Authorization for Assignment
226.830 List of Independent Evaluators
226.840 Qualifications of Evaluators
226.850 List of Qualified Workers
226.860 List of Other Employees Qualifying for Reimbursement

AUTHORITY: Implementing Article 14 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/Art.14 and 2-3.6].

SOURCE: Adopted August 12, 1976; rules repealed and new emergency rules adopted at 2 Ill. Reg. 37, p. 29, effective September 1, 1978, for a maximum of 150 days; rules repealed and new rules adopted at 3 Ill. Reg. 5, p. 932, effective February 1, 1979; emergency amendment at 4 Ill. Reg. 38, p. 328, effective September 15, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 8021, effective July 22, 1981; amended at 6 Ill. Reg. 558, effective December 23, 1981; emergency amendment at 7 Ill. Reg. 6511, effective May 6, 1983, for a maximum of 150 days; emergency amendment at 7 Ill. Reg. 8949, effective July 15, 1983, for a maximum of 150 days; codified at 8 Ill. Reg. 6669; amended at 8 Ill. Reg. 7617, effective May 17, 1984; emergency amendment at 10 Ill. Reg. 3292, effective January 27, 1986, for a maximum of 150 days; emergency expired June 24, 1986; amended at 10 Ill. Reg. 18743, effective October 22, 1986; amended at 10 Ill. Reg. 19411, effective October 31, 1986; amended at 13 Ill. Reg. 15388, effective September 14, 1989; emergency amendment at 14 Ill. Reg. 11364, effective June 26, 1990, for a maximum of 150 days; emergency expired November 23, 1990; amended at 15 Ill. Reg. 40, effective December 24, 1990; amended at 16 Ill. Reg. 12868, effective August 10, 1992; emergency amendment at 17 Ill. Reg. 13622, effective August 3, 1993, for a maximum of 150 days; emergency expired December 31, 1993; amended at 18 Ill. Reg. 1930, effective January 24, 1994; amended at 18 Ill. Reg. 4685, effective March 11, 1994; amended at 18 Ill. Reg. 16318, effective October 25, 1994; amended at 19 Ill. Reg. 7207, effective May 10, 1995; amended at 20 Ill. Reg. 10908, effective August 5, 1996; amended at 21 Ill. Reg. 7655, effective July 1, 1997; Part repealed, new Part adopted at 24 Ill. Reg. 13884, effective August 25, 2000; amended at 27 Ill. Reg. 8126, effective April 28, 2003; amended at 31 Ill. Reg. 9915, effective June 28, 2007; amended at 32 Ill. Reg. 4828, effective March 21, 2008; amended at 34 Ill. Reg.

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY AMENDMENT TO EMERGENCY RULE

17433, effective October 28, 2010; amended at 35 Ill. Reg. 8836, effective May 26, 2011; peremptory amendment, pursuant to PA 97-461, at 35 Ill. Reg. 14836, effective August 22, 2011; amended at 36 Ill. Reg. 12648, effective July 18, 2012; amended at 36 Ill. Reg. 12870, effective July 24, 2012; amended at 37 Ill. Reg. 16788, effective October 2, 2013; amended at 40 Ill. Reg. 2220, effective January 13, 2016; emergency amendment at 44 Ill. Reg. 5917, effective March 25, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 6675, effective April 9, 2020, for the remainder of the 150 days.

SUBPART D: PLACEMENT

Section 226.335 Nonpublic Special Education Placement of Public School Students EMERGENCY

During the mandated suspension of in-person instruction pursuant to ~~the Gubernatorial Disaster Proclamation 2020-038 and~~ Executive Orders 2020-05, ~~and~~ 2020-06, and 2020-18, and for the duration of the Gubernatorial Disaster Proclamations~~Proclamation~~, all approved special education private facilities may continue to invoice school districts and school districts shall continue to pay the per diem approved by the Illinois Purchased Care Review Board under Section 14-7.02 of the School Code. The State Board of Education will reimburse school districts for all approved special education private facility expenditures. School districts will be reimbursed for special education private facility tuition expenditures per the statutory formula under Section 14-7.02 of the School Code. School districts will be reimbursed for special education room and board expenditures under Part B of the federal Individuals with Disabilities Education Act, as prescribed in Section 14-8.01 of the School Code.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 5917, effective March 25, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 44 Ill. Reg. 6675, effective April 9, 2020, for the remainder of the 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES

SECOND NOTICES RECEIVED

The following second notices were received during the period of March 31, 2020 through April 6, 2020. The SBE rulemaking is scheduled for the April 21, 2020 meeting and the EPA and DOI rulemakings are scheduled for the May 19, 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
5/16/20	State Board of Education, State Seal of Biliteracy (23 Ill. Adm. Code 680)	12/20/19 43 Ill. Reg. 14636	4/21/20
5/24/20	Environmental Protection Agency, Public Participation in the Air Pollution Control Permit Program (35 Ill. Adm. Code 252)	6/21/19 43 Ill. Reg. 7028	5/19/20
5/27/20	Department of Insurance, Corporate Governance Annual Disclosure (50 Ill. Adm. Code 630)	1/3/20 44 Ill. Reg. 88	5/19/20
5/27/20	Department of Insurance, Pharmacy Benefit Managers (50 Ill. Adm. Code 3145)	1/31/20 44 Ill. Reg. 2207	5/19/20
5/27/20	Department of Insurance, Third Party Prescription Administrators (50 Ill. Adm. Code 3150)	1/31/20 44 Ill. Reg. 2211	5/19/20

2020-21 (Revised)
EXECUTIVE ORDER IN RESPONSE TO COVID-19
(COVID-19 EXECUTIVE ORDER NO. 19)

WHEREAS, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 (First Gubernatorial Disaster Proclamation) in response to the outbreak of Coronavirus Disease 2019 (COVID-19); and,

WHEREAS, I again declared all counties in the State of Illinois as a disaster area on April 1, 2020 (Second Gubernatorial Disaster Proclamation, and, together with the First Gubernatorial Disaster Proclamation, the Gubernatorial Disaster Proclamations) in response to the exponential spread of COVID-19; and,

WHEREAS, in a short period of time, COVID-19 has rapidly spread throughout Illinois, necessitating updated and more stringent guidance from federal, state, and local public health officials; and,

WHEREAS, for the preservation of public health and safety throughout Illinois, and to ensure that our healthcare delivery system is capable of serving those who are sick, I find it necessary to take additional significant measures consistent with public health guidance to slow and stop the spread of COVID-19; and,

WHEREAS, social distancing, which consists of maintaining at least a six-foot distance between people, is the paramount strategy for minimizing the spread of COVID-19 in our communities; and,

WHEREAS, certain populations are at a higher risk of experiencing more severe illness as a result of COVID-19, including older adults and people who have serious chronic health conditions such as heart disease, diabetes, lung disease or other conditions; and,

WHEREAS, the Illinois Department of Corrections (IDOC) currently has a population of more than 36,000 male and female inmates in 28 facilities, the vast majority of whom, because of their close proximity and contact with each other in housing units and dining halls, are especially vulnerable to contracting and spreading COVID-19; and,

WHEREAS, the IDOC currently has limited housing capacity to isolate and quarantine inmates who present as symptomatic of, or test positive for, COVID-19; and,

WHEREAS, to ensure that the Director of the IDOC may take all necessary steps, consistent with public health guidance, to prevent the spread of COVID-19 in the IDOC facilities and provide necessary healthcare to those impacted by COVID-19, it is critical to provide the

Director with discretion to use medical furloughs to allow medically vulnerable inmates to temporarily leave IDOC facilities, when necessary and appropriate and taking into account the health and safety of the inmate, as well as the health and safety of other inmates and staff in IDOC facilities and the community;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, and pursuant to Sections 7(1), 7(2), 7(8), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, I hereby order the following, effective immediately and for the remainder of the duration of the Gubernatorial Disaster Proclamations:

Section 1. The following provisions of the Illinois Unified Code of Corrections, 730 ILCS 5/3-11-1, allowing for the furlough of IDOC inmates are hereby suspended as follows: (a) as set forth in Section (a), providing the allowable time period for furloughs, the phrase "for a period of time not to exceed 14 days", is suspended and furlough periods shall be allowed for up to the duration of the Gubernatorial Disaster Proclamations as determined by the Director of IDOC; and (b) as set forth in Section (a)(2), the phrase "to obtain medical, psychiatric or psychological services when adequate services are not otherwise available" shall be suspended and furloughs for medical, psychiatric or psychological purposes shall be allowed at the Director's discretion and consistent with the guidance of the IDOC Acting Medical Director.

Section 2. The IDOC shall file emergency rules as needed to effectuate the intent of this Executive Order.

Issued by the Governor April 6, 2020
Filed by the Secretary of State April 6, 2020

2020-22
EXECUTIVE ORDER IN RESPONSE TO COVID-19
(COVID-19 EXECUTIVE ORDER NO. 20)

WHEREAS, Coronavirus 2019 (COVID-19) is a novel severe acute respiratory illness that can spread among people through respiratory transmissions and present with symptoms similar to those of influenza; and,

WHEREAS, in a short period of time, COVID-19 has rapidly spread throughout Illinois, necessitating updated and more stringent guidance from federal, state, and local public health officials; and,

WHEREAS, social distancing, which requires maintaining at least a six-foot distance between people, is a paramount strategy for minimizing the spread of COVID-19 and as cases increase,

drastic social distancing measures are needed even in communities where confirmed cases have not yet been identified; and,

WHEREAS, the number of COVID-19 cases in Illinois is increasing exponentially and across more locations in Illinois and is resulting in an increasing number of deaths; and,

WHEREAS, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 (the First Gubernatorial Disaster Proclamation) in response to the outbreak of COVID-19; and,

WHEREAS, I again declared all counties in the State of Illinois as a disaster area on April 1, 2020 (the Second Gubernatorial Disaster Proclamation, and, together with the First Gubernatorial Disaster Proclamation, the Gubernatorial Disaster Proclamations) in response to the exponential spread of COVID-19; and,

WHEREAS, I find it necessary to take additional measures for the preservation of public health and safety throughout the entire State of Illinois, to ensure that our healthcare delivery system is capable of serving those who are sick, and to ensure that funeral services can be provided appropriately for those who lives are lost during this public health crisis; and,

WHEREAS, social distancing guidelines, the order to stay at home except for essential operations, widespread teleworking, and the reduction of many governmental and business functions to minimum essential operations has led to challenges with respect to meeting certain government deadlines and adhering to certain in-person and other requirements;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to Sections 7(1), 7(2), 7(8), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, I hereby order the following:

Section 1. The provisions of the Township Code, 60 ILCS 1/30-5(a) and 30-5(b), requiring that each township's annual township meeting for calendar year 2020 be held on either April 14, 2020 or April 21, 2020 are suspended through the duration of the Gubernatorial Disaster Proclamations.

Section 2: During the duration of the Gubernatorial Disaster Proclamations, section 10-35 of the Funeral Directors and Embalmers Licensing Code, 225 ILCS 41/10-35, stating that no license of a funeral director and embalmer intern shall be renewed more than twice, is suspended. Licensees must meet all other requirements for renewal as set forth by the Department of Financial and Professional Regulation.

Section 3: During the duration of the Gubernatorial Disaster Proclamations, sections 1-15 and 1-20 of the Funeral Directors and Embalmers Licensing Code, 225 ILCS 41/1-15 and 225 ILCS 41/1-20, requiring that the transportation of deceased human remains to a cemetery, crematory or other place of final disposition shall be under the immediate direct supervision of a licensee, are suspended as they pertain to licensed funeral director interns. Licensed funeral director interns must meet all other requirements as set forth by the Funeral Directors and Embalmers Licensing Code and its accompanying provisions at Title 68, Part 1250 of the Illinois Administrative Code, 68 IAC 1250.

Section 4: During the duration of and for sixty days following the termination of the Gubernatorial Disaster Proclamations, the definition of "child" under Section 2.01 of the Child Care Act of 1969, 225 ILCS 10/2.01, is suspended for the limited purpose of ensuring that persons in the care of the Illinois Department of Children and Family Services who are 18 years of age or older and are in a placement identified in the Child Care Act of 1969, are permitted to remain in their placement.

Section 5. During the duration of the Gubernatorial Disaster Proclamations, the requirement in the Health Care Worker Background Check Act, 225 ILCS 46/33(e), and the accompanying regulations, that designated students, applicants, and employees must have their fingerprints collected electronically and transmitted to the Illinois Department of State Police within 10 working days is suspended, provided that the fingerprints are transmitted within 30 working days of enrollment in a CNA training program or the start of employment.

Savings Clause. If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Issued by the Governor April 7, 2020
Filed by the Secretary of State April 7, 2020

2020-23
EXECUTIVE ORDER IN RESPONSE TO COVID-19
(COVID-19 EXECUTIVE ORDER NO. 21)

WHEREAS, Coronavirus 2019 (COVID-19) is a novel severe acute respiratory illness that can spread among people through respiratory transmissions and present with symptoms similar to those of influenza; and,

WHEREAS, in a short period of time, COVID-19 has rapidly spread throughout Illinois, necessitating updated and more stringent guidance from federal, state, and local public health officials; and,

WHEREAS, the number of COVID-19 cases in Illinois is increasing exponentially and across more locations in Illinois and is resulting in an increasing number of deaths; and,

WHEREAS, eliminating obstacles or barriers to the provision of supplies and health care services is necessary to ensure the Illinois healthcare system has adequate capacity to provide care to all who need it; and,

WHEREAS, the ongoing spread of COVID-19 and the danger the virus poses to the public's health and wellness requires an expansion of the healthcare workforce to ensure there are sufficient practitioners to help support the healthcare response to the COVID-19 pandemic in Illinois; and,

WHEREAS, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 (the First Gubernatorial Disaster Proclamation) in response to the outbreak of COVID-19; and,

WHEREAS, I again declared all counties in the State of Illinois as a disaster area on April 1, 2020 (the Second Gubernatorial Disaster Proclamation, and, together with the First Gubernatorial Disaster Proclamation, the Gubernatorial Disaster Proclamations) in response to the exponential spread of COVID-19; and,

WHEREAS, I find it necessary to take additional measures for the preservation of public health and safety throughout the entire State of Illinois, to ensure that our healthcare delivery system is capable of serving those who are sick, including by ensuring that individuals experiencing symptoms of COVID-19 are able to be tested and treated in an effective and expeditious manner; and,

WHEREAS, the Department of Professional Regulation Law, 20 ILCS 2105-400, and its accompanying regulations, authorize the Secretary of the Department of Financial and Professional Regulation (IDFPR) to take certain critical actions during the period of a gubernatorial disaster proclamation to address the need to increase the number of licensed professionals responding to the disaster; and,

WHEREAS, the actions that the Secretary of IDFPR may take to increase the number of licensed professionals engaged in disaster response include (a) suspending requirements for permanent and temporary licensure of persons who are licensed in another state, (b) modifying

the scope of practice restrictions under any licensing act administered by the Department, and (c) expanding the exemption in Section 4(a) of the Pharmacy Practice Act; and,

WHEREAS, the Department of Professional Regulation Law, 20 ILCS 2105-400(a)(1), (2) and (3), authorizes the Secretary to take these actions for licensed professionals who are "working under the direction of the Illinois Emergency Management Agency and the Department of Public Health pursuant to a declared disaster";

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to Sections 7(1), 7(2), 7(8), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, I hereby order the following:

Section 1. During the duration of the Gubernatorial Disaster Proclamations, the requirement in the Department of Professional Regulation Law, 20 ILCS 2105-400, and its accompanying regulations, authorizing the Secretary of the Department of Financial and Professional Regulation to take certain actions to increase the number of licensed professionals responding to the disaster is suspended to the extent it limits the Secretary's authority to those persons working under the direction of the Illinois Emergency Management Agency and the Illinois Department of Public Health pursuant to a declared disaster by the Governor. The requirement that the Secretary shall only exercise this authority "in coordination with the Illinois Emergency Management Agency and the Department of Public Health" remains in effect. In exercising this authority, the Secretary shall work closely with the Directors of the Emergency Management Agency and the Department of Public Health to ensure any impacted licensed professionals are aiding in the response to the disaster.

Issued by the Governor April 9, 2020
Filed by the Secretary of State April 9, 2020

2020-24
EXECUTIVE ORDER IN RESPONSE TO COVID-19
(COVID-19 EXECUTIVE ORDER NO. 22)

WHEREAS, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 (First Gubernatorial Disaster Proclamation) in response to the outbreak of Coronavirus Disease 2019 (COVID-19); and,

WHEREAS, I again declared all counties in the State of Illinois as a disaster area on April 1, 2020 (Second Gubernatorial Disaster Proclamation, and, together with the First Gubernatorial Disaster Proclamation, the Gubernatorial Disaster Proclamations) in response to the exponential spread of COVID-19; and,

WHEREAS, in a short period of time, COVID-19 has spread rapidly throughout Illinois, necessitating updated and more stringent guidance from federal, state, and local public health officials; and,

WHEREAS, for the preservation of public health and safety throughout the entire State of Illinois, and to ensure that our healthcare delivery system is capable of serving those who are sick, I find it necessary to take additional, significant measures consistent with public health guidance to slow and stop the spread of COVID-19; and,

WHEREAS, social distancing, which consists of maintaining at least a six-foot distance between people, is the paramount strategy for minimizing the spread of COVID-19 in our communities; and,

WHEREAS, certain populations are at a higher risk of experiencing more severe illness as a result of COVID-19, including older adults and people who have serious chronic health conditions such as heart disease, diabetes, lung disease, or other mental or physical conditions; and,

WHEREAS, the Illinois Department of Human Services ("DHS") currently houses defendants referred to its State-Operated Forensic Treatment Programs (DHS Forensic Treatment Programs) for mental health services, the vast majority of whom, because of their close proximity and contact with each other in housing units and dining halls, are especially vulnerable to contracting and spreading COVID-19; and,

WHEREAS, a number of courts continue to hear these matters and to order individuals adjudicated unfit to stand trial or not guilty by reason of insanity to be transferred to DHS Forensic Treatment Programs and, conversely, in an effort to slow the spread of COVID-19, some county jails are closed to re-admissions from DHS Forensic Treatment Programs after completion of restoration services; and

WHEREAS, as a result, DHS currently has limited housing capacity to further house additional persons, as well as isolate and quarantine its mental health population, who may present as symptomatic of, or test positive for, COVID-19; and,

WHEREAS, because of their close proximity to and contact with numerous individuals, persons in county jails who have been adjudicated unfit to stand trial or not guilty by reason of insanity and are awaiting transfer to DHS Forensic Treatment Programs, may be or may become symptomatic of COVID-19; and,

WHEREAS, to ensure that the Secretary of DHS may take all necessary steps, consistent with public health guidance, to prevent the spread of COVID-19 in DHS Forensic Treatment Programs, it is critical to temporarily limit any increases in the number of persons admitted to such programs whenever possible and appropriate by allowing the Secretary to work closely with county Sheriffs and other partners to control the pace of transfers; and,

WHEREAS, DHS employees have already, and may in the future, become symptomatic of COVID-19 or test positive for COVID-19, thereby interrupting their ability to perform their essential functions; and,

WHEREAS, it is essential that DHS maintain an adequate workforce both in its State-Operated Developmental Centers and its State-Operated Psychiatric Hospitals both for the safety of the general public and to ensure that persons who are mental health patients or residents with intellectual or developmental disabilities are provided with necessary services throughout the COVID-19 crisis; and,

WHEREAS, the DHS Office of Inspector General investigates allegations of abuse, neglect, and financial exploitation in State-Operated Psychiatric Hospitals and Developmental Centers and during the course of its investigations may make preliminary findings as to whether the allegations are substantiated, unsubstantiated, or unfounded, prior to the issuance of its final investigative report; and,

WHEREAS, 405 ILCS 5/3-210 provides that "[w]hen an investigation of a report of suspected abuse of a recipient of services indicates, based upon credible evidence, that an employee of a mental health or developmental disability facility is the perpetrator of the abuse, that employee shall immediately be barred from any further from any further contact with recipients of services of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee"; and,

WHEREAS, 20 ILCS 1305/1-17(s) provides that "[t]he Inspector General shall report to the Department of Public Health's Health Care Worker Registry, a public registry, the identity and finding of each employee of a facility or agency against whom there is a final investigative report containing a substantiated allegation of physical or sexual abuse, financial exploitation, or egregious neglect of an individual"; and

WHEREAS, pursuant to 405 ILCS 5/3-210, after being barred from contact with recipients of services while the allegations are thoroughly and independently investigated, the law allows State employees to return to work in their direct care positions if the DHS Office of Inspector General has issued a final investigative report concluding that either: (i) the allegations are unsubstantiated or unfounded; or (ii) the allegations are substantiated but do not rise to the level

of conduct that must be reported to the Illinois Department of Public Health's Health Care Worker Registry (HCWR); and,

WHEREAS, in many instances, there is a delay between the DHS Office of Inspector General reaching a conclusion that an allegation is unsubstantiated, unfounded, or substantiated but not reportable to the HCWR, and the issuance of the final investigative report; and,

WHEREAS, suspending the statutory requirement that such a return to work must be delayed until the DHS Office of Inspector General has issued its final investigative report will allow for employees, who will be returning to a direct care position pursuant to the determination of the DHS Office of Inspector General, to return to that direct care position more quickly in order to be able to provide adequate staffing for and necessary services to mental health patients or residents with intellectual or developmental disabilities throughout the COVID-19 crisis;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, and pursuant to Sections 7(1), 7(2), 7(8), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, and consistent with the powers set forth in the State's public health laws, I hereby order the following, effective April 10, 2020 and for the remainder of the duration of the Gubernatorial Disaster Proclamations:

Section 1. During the duration of and for no more than thirty days following the termination of the Gubernatorial Disaster Proclamations, the following statutory provisions are suspended: Sections 104-17(b), 104-23(b)(3), 104-25(b), and 104-26(c)(2) of the Illinois Code of Criminal Procedure of 1963, as well as Sections 5-2-4(a) of the Illinois Unified Code of Corrections. Accordingly, all admissions to Illinois Department of Human Services Forensic Treatment Programs from all Illinois county jails are suspended, with exceptions at the sole discretion of the Secretary of the Illinois Department of Human Services for limited essential admissions. The Secretary is directed to work closely with county Sheriffs and other partners to ensure the safety of the persons who would be transferred to the DHS Forensic Treatment Programs, as well as the county jails and the DHS facilities.

Section 2. During the duration of and for no more than thirty days following the termination of the Gubernatorial Disaster Proclamations, certain provisions of 405 ILCS 5/3-210 are hereby suspended, as they apply to the Illinois Department of Human Services employees, as determined by the independent DHS Office of Inspector General, in any of the following categories: (1) employees that are being investigated for conduct that, if substantiated, would not result in their termination or placement on the HCWR (including allegations for which, if substantiated, the DHS Inspector General: (a) would not be statutorily required to report to the HCWR; or (b) would stipulate do not warrant the employee's placement on the HCWR, based on the nature of the conduct alleged); or (2) employees who are the subject of an OIG investigation that is either complete or materially complete, and where the DHS Office of Inspector General

has reached an independent conclusion that the allegations against the employee will be unsubstantiated or unfounded in the OIG Final Investigative Report.

Section 3. If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Issued by the Governor April 10, 2020
Filed by the Secretary of State April 10, 2020

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