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DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

1) **Heading of the Part:** Fees and Charges

2) **Code Citation:** 50 Ill. Adm. Code 2505

3) **Section Numbers:**
   - 2505.50 Amendment
   - 2505.55 New Section
   - 2505.70 Amendment
   - 2505.80 Amendment
   - 2505.110 Amendment
   - ILLUSTRATION A Amendment
   - ILLUSTRATION B Amendment

4) **Statutory Authority:** Implementing Section 408 of the Illinois Insurance Code [215 ILCS 5/308], Section 3-806 of the Uniform Commercial Code [810 ILCS 5/3-860]; and authorized by Sections 401 and 409(5) of the Illinois Insurance Code [215 ILCS 5/401, and 409(5)].

5) **A Complete Description of the Subjects and Issues Involved:** The Division is initiating these amendments in order to formally incorporate the increase in fee structure from PA 93-0032. In addition, this Part will also be amended to include provisions that allow the Division of Insurance to collect fees when a check or other draft that is not honored, because the drawer does not have an account, because the drawer does not have sufficient funds, or because the drawer does not have sufficient credit.

6) **Will these proposed amendments replace any emergency amendments currently in effect?**
   - No

7) **Do these amendments contain an automatic repeal date?**
   - No

8) **Do these proposed amendments contain incorporations by reference?**
   - No

9) **Are there any other proposed amendments pending on this Part?**
   - No

10) **Statement of Statewide Policy Objectives:** This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

11) **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:

Denise Hamilton                      Joseph T. Clennon
Rules Unit Supervisor                Staff Attorney
Department of Financial and          Department of Financial and Professional
Professional Regulation                Regulation
Division of Insurance                  Division of Insurance
320 West Washington or 320 West Washington
(217) 785-8560                       (217) 557-1396

12) **Initial Regulatory Flexibility Analysis:**

A) **Types of small businesses, small municipalities and not for profit corporations affected:** "Persons", as that term is defined herein will be affected by these Amendments.

B) **Reporting, bookkeeping or other procedures required for compliance:** Proper financial record keeping should help a person, company or business entity avoid the imposition of fees now prescribed by Section 2505.55 of this Part.

C) **Types of professional skills necessary for compliance:** Basic accounting and clerical skills.

13) **Regulatory Agenda on which this Amendment was summarized:** January 2004

The full text of the Proposed Amendments begins on the next page:
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER ee: FEES, CHARGES AND TAXES

PART 2505

FEES AND CHARGES

Section

2505.10 Purpose
2505.20 Applicability
2505.30 Severability
2505.40 Definitions
2505.50 Fees and Charges

2505.55 Fee for Not Sufficient Funds (NSF) Check
2505.60 Performance (Market Conduct) Examination Expenses and Fees
2505.70 Financial Regulation Fee for Domestic Companies
2505.80 Financial Regulation Fee for Foreign and Alien Companies
2505.90 Financial Examination Expenses and Fees
2505.100 Payment Due Date of Fees and Charges
2505.110 Civil Penalties and Interest
2505.120 Hearings

2505.ILLUSTRATION A Calculation of Financial Regulation Fee for Affiliated Domestic Companies
2505.ILLUSTRATION B Calculation of Financial Regulation Fee for Affiliated Foreign or Alien Companies


Section 2505.50 Fees and Charges

The Director shall charge and collect the payment of fees and charges pursuant to Section 408(1) of the Code [215 ILCS 5/408(1)], and payment shall be made in accordance with 50 Ill. Adm.
Code 2500.70(a). If payment of a fee or charge authorized by Section 2505.55 of this Part is being made, only a cashier's check or money order will be accepted. All cashier's checks or money orders shall identify the person, company or business entity on whose behalf the payment is being made.

(Source: Amended at 28 Ill. Reg. ______, effective ____________)

Section 2505.55 Fee for Not Sufficient Funds (NSF) Check

a) If any person, company or business entity issues a check or other draft to the Director as required by the Code, and that check or draft is not honored upon presentment because the drawer does not have an account with the drawee, or the drawer does not have sufficient funds in the account, or the drawer does not have sufficient credit with the drawee, the Director may:

1) Charge a fee of $30, the minimum cost incurred by the Division of Insurance, for each returned check or draft; or

2) Impose all costs and expenses, including, but not limited to, attorney's fees; witness fees; court reporting fees; document copying fees; certification fees; hearing officer fees; the costs for transcription; and any other court costs incurred by the Department in connection with the collection of the amount for which the check or other draft was written as authorized by Section 3-806 of the Uniform Commercial Code [810 ILCS 5/3-806].

3) In addition, the person, company or business entity may also be liable for additional penalties and interest, under Section 2505.110 of this Part, upon the amount of the check or other draft at a rate calculated the same as rates are calculated in 50 Ill. Adm. Code 2525.100.

b) The Division will send a written demand by certified mail, return receipt requested, to the last known address of the person, company or business entity having issued the dishonored check or other draft. Payment of both the required Code fee and the NSF check shall be made pursuant to Section 2505.100 of this Part.
c) Within 14 days following payment of both the Code fee and the NSF check fee, the Director may issue to the named person, company or business entity a license or other authority, or may take other regulatory action under the authority of the Code, as appropriate.

d) Any new applicant who fails to satisfy the demand requirements will be subject to the following:

1) License, registration or other authority will be revoked or cancelled; and

2) The person, company or business entity will be subject to additional penalties under subsection (a)(3); and

3) The Director shall publish a list identifying those who have issued NSF checks to the Division, who were given an opportunity to correct such error, but who failed to do so.

e) Any other person, company or business entity who fails to satisfy the demand requirements will be subject to the following:

1) License, registration or other authority will be revoked or cancelled. Should this cancellation affect the renewal of the producer license, an additional penalty in the amount of double the unpaid renewal fee prescribed by Section 408 of the Code will be imposed as authorized by Section 500-35(d) of the Code; and

2) The person, company or business entity will be subject to additional penalties under subsection (a)(3); and

3) The Director shall publish a list identifying those who were issued a demand pursuant to subsection (b), but who failed to provide remittance.

(Source: Added at 28 Ill. Reg. _____, effective ____________)

Section 2505.70  Financial Regulation Fee for Domestic Companies

An annual financial regulation fee shall be charged and collected from every domestic company for examination and analysis of its financial condition. The fee shall be the greater of the
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

amount assessed by either subsection (a) of this Section based on the combination of nationwide direct premium income and nationwide reinsurance assumed income of the domestic company, or by subsection (b) of this Section based on admitted assets.

<table>
<thead>
<tr>
<th>a) If the nationwide direct premium income of the domestic company is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Less than $500,000 and there is no reinsurance assumed premium, the fee is $150,000;</td>
<td></td>
</tr>
<tr>
<td>2) $500,000 or more, but less than $5,000,000 and there is no reinsurance assumed premium; or if the nationwide direct premium is less than $5,000,000 and the reinsurance assumed premium is less than $10,000,000, the fee is $750,000;</td>
<td></td>
</tr>
<tr>
<td>3) Less than $5,000,000 and the reinsurance assumed premium is $10,000,000 or more, the fee is $3,750,000;</td>
<td></td>
</tr>
<tr>
<td>4) $5,000,000 or more, but less than $10,000,000, the fee is $7,500,000;</td>
<td></td>
</tr>
<tr>
<td>5) $10,000,000 or more, but less than $25,000,000, the fee is $18,000,000;</td>
<td></td>
</tr>
<tr>
<td>6) $25,000,000 or more, but less than $50,000,000, the fee is $22,500,000;</td>
<td></td>
</tr>
<tr>
<td>7) $50,000,000 or more, but less than $100,000,000, the fee is $30,000,000; or</td>
<td></td>
</tr>
<tr>
<td>8) $100,000,000 or more, the fee is $37,500,000.</td>
<td></td>
</tr>
</tbody>
</table>

b) If the admitted assets, as defined by Section 3.1 of the Code [215 ILCS 5/3.1], of the domestic company are:

| 1) Less than $1,000,000, the fee is $150,000; |  |
| 2) $1,000,000 or more, but less than $5,000,000, the fee is $750,000; |  |
| 3) $5,000,000 or more, but less than $25,000,000, the fee is $3,750,000; |  |
| 4) $25,000,000 or more, but less than $50,000,000, the fee is $7,500,000; |  |
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

5) $50,000,000 or more, but less than $100,000,000, the fee is $18,000,000;

6) $100,000,000 or more, but less than $500,000,000, the fee is $22,500,000;

7) $500,000,000 or more, but less than $1,000,000,000, the fee is $30,000,000; or

8) $1,000,000,000 or more, the fee is $37,500,000.

c) The sum of financial regulation fees in any single calendar year charged to domestic companies of the same affiliated group shall not exceed $250,000,000, in the aggregate, as calculated pursuant to subsection (c)(2) of this Section.

1) On or before April 1st of every calendar year every affiliated group must notify the Division in writing to the attention of the Tax and Fiscal Section that the affiliated group intends to utilize this Section and must designate one domestic member to be billed by the Director for the entire domestic affiliated group's financial regulation fee.

2) The sum of the financial regulation fees, in the aggregate, shall be calculated by totaling the amount of financial regulation fees paid by the domestic companies of the same affiliated group. No financial regulation fee paid by a foreign or alien company of the same affiliated group shall be included in the aggregate amount of the affiliated group's domestic companies' aggregate sum. Illustration A of this Part is an example of this calculation.

d) The financial regulation fee is due upon receipt of the Division's invoice and must be paid no later than June 30th of each calendar year.

e) The domestic company must include the Division's invoice, if applicable, and make payment pursuant to 50 Ill. Adm. Code 2500.70(a).

(Source: Amended at 28 Ill. Reg. ______, effective ___________)

(Signature: [Signature])

(Date: [Date])
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
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Section 2505.80  Financial Regulation Fee for Foreign and Alien Companies

An annual financial regulation fee shall be charged and collected from every foreign or alien company, except fraternal benefit societies, for the examination and analysis of its financial condition. The fee shall be a fixed amount based upon the Illinois direct premium income and nationwide reinsurance assumed premium income in accordance with the following schedule [215 ILCS 5/408(7)]:

a) If the Illinois direct premium is:

1) Less than $500,000 and there is no reinsurance assumed premium, the fee is $150;

2) $500,000 or more, but less than $5,000,000 and there is no reinsurance assumed premium; or if the Illinois direct premium is less than $5,000,000 and the reinsurance assumed premium is less than $10,000,000, the fee is $750;

3) Less than $5,000,000 and the reinsurance assumed premium is $10,000,000 or more, the fee is $3,750;

4) $5,000,000 or more, but less than $10,000,000, the fee is $7,500;

5) $10,000,000 or more, but less than $25,000,000, the fee is $18,000;

6) $25,000,000 or more, but less than $50,000,000, the fee is $22,500;

7) $50,000,000 or more, but less than $100,000,000, the fee is $30,000;

8) $100,000,000 or more, the fee is $37,500.

b) The sum of financial regulation fees in any single calendar year charged to foreign or alien companies within the same affiliated group shall not exceed $250,000,000, in the aggregate, as calculated in subsection (b)(2) of this Section.
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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NOTICE OF PROPOSED AMENDMENTS

1) On or before April 1st of every calendar year every affiliated group must notify the Division in writing to the attention of the Tax and Fiscal Section that the affiliated group intends to utilize this Section and must designate one foreign or alien member of the group to be billed by the Director for the entire foreign or alien affiliated group's financial regulation fee.

2) The sum of the financial regulation fees, in the aggregate, shall be calculated by totaling the amount of financial regulation fees paid by the foreign or alien companies of the same affiliated group. No financial regulation fee paid by a domestic company of the same affiliated group shall be included in the aggregate amount of the affiliated group's foreign or alien companies' aggregate sum. Illustration B of this Part is an example of this calculation.

3) For purposes of calculating the retaliatory tax pursuant to 50 Ill. Adm. Code 2515, the foreign or alien affiliated group's financial regulation fee shall be allocated by determining the sum of the foreign or alien affiliated group's Illinois direct premiums by totaling each of the affiliated group's individual foreign or alien company's Illinois direct premiums. Do not include any domestic company's Illinois direct premium of the same affiliated group when determining the sum of the foreign or alien affiliated group's Illinois direct premiums. Divide the individual foreign or alien company's Illinois direct premiums by the sum of the foreign or alien affiliated group's Illinois direct premiums to determine that individual foreign or alien company's financial regulation fee allocation percentage. Multiply that individual foreign or alien company's allocation percentage by $100,000 to determine the financial regulation fee paid by that foreign or alien company.

c) The financial regulation fee is due upon receipt of the Division's invoice and must be paid no later than June 30th of each calendar year [215 ILCS 5/408(8)].

d) A foreign or alien company, and foreign or alien companies who are part of an affiliated group which is not proceeding pursuant to subsection (b) of this Section, must each include the Division's invoice, if applicable, and make payment pursuant to 50 Ill. Adm. Code 2500.70(a).
Section 2505.110 Civil Penalties and Interest

Any company, person, or entity failing to make any payment of $150100 or more as required under Section 408 of the Code [215 ILCS 5/408], or this Part, shall be subject to the penalty and interest provisions of Section 412(4) and (7) of the Code [215 ILCS 5/412(4) and (7)] and will be assessed penalties pursuant to 50 Ill. Adm. Code 2525.100(b).

(Source: Amended at 28 Ill. Reg. ______, effective ____________ )
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

Section 2505.ILLUSTRATION A   Calculation of Financial Regulation Fee for Affiliated Domestic Companies

The following insurance companies are part of an affiliated group:

<table>
<thead>
<tr>
<th>Company</th>
<th>Type</th>
<th>Financial Regulation Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Domestic life</td>
<td>$30,000</td>
</tr>
<tr>
<td>B</td>
<td>Domestic property and casualty</td>
<td>$37,500</td>
</tr>
<tr>
<td>C</td>
<td>Domestic property and casualty</td>
<td>$30,000</td>
</tr>
<tr>
<td>D</td>
<td>Domestic mutual property and casualty</td>
<td>$37,500</td>
</tr>
<tr>
<td>E</td>
<td>Domestic mutual life</td>
<td>$37,500</td>
</tr>
<tr>
<td>F</td>
<td>Foreign life</td>
<td>$22,500</td>
</tr>
</tbody>
</table>

Pursuant to Section 2505.70(c)(2) of this Part, the domestic companies, in this example, companies A, B, C, D, and E, would total their financial regulation fees owed to determine if the amount of the domestic affiliated group's members' financial regulation fees are over $250,000. If the amount is over $250,000, the affiliated group must notify the Department by April 1 that it will be filing pursuant to Section 2505.70(c) of this Part and designate a domestic member to pay the $250,000 financial regulation fee.

(Source: Amended at 28 Ill. Reg. _____, effective ___________)
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

Section 2505.ILLUSTRATION B  Calculation of Financial Regulation Fee for Affiliated Foreign or Alien Companies

The following insurance companies are part of an affiliated group:

- Company A is a **foreign** life company that owes a financial regulation fee of $30,000
- Company B is a **foreign** property and casualty company that owes a financial regulation fee of $37,500
- Company C is a **foreign** property and casualty company that owes a financial regulation fee of $30,000
- Company D is a **foreign** mutual property and casualty company that owes a financial regulation fee of $37,500
- Company E is a **foreign** mutual life company that owes a financial regulation fee of $37,500
- Company F is a **domestic** life company with a financial regulation fee of $22,500

Pursuant to Section 2505.80(b)(2) of this Part, the **foreign** companies, in this example, companies A, B, C, D, and E, would total their financial regulation fees owed to determine if the amount of the **foreign** affiliated group's members' financial regulation fees are over $250,000. If the amount is over $250,000, the affiliated group must notify the Division of Insurance by April 1 that it will be filing pursuant to Section 2505.80(b) of this Part and designate a foreign or alien member to pay the $250,000 financial regulation fee.

(Source: Amended at 28 Ill. Reg. _______, effective ____________)
1) **Heading of the Part:** Individualized Plan For Employment (IPE)

2) **Code Citation:** 89 Ill. Adm. Code 572

3) **Section Numbers:** Proposed Action:
   - 572.30 Amendment
   - 572.50 Amendment

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

5) **A Complete Description of the Subjects and Issues involved:** This rulemaking is being promulgated due to recommendations made by the Rehabilitation Services Administration (RSA). RSA has recommended adding language regarding Substantial Services.

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

7) **Does this rulemaking contain an automatic repeal date?** No

8) **Does this rulemaking contain incorporations by reference?** No

9) **Are there any other amendments pending on this Part?** No

10) **Statement of Statewide Policy Objectives (if applicable):** This rulemaking does not create or expand a State mandate.

11) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Interested persons may present their comments concerning these 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, Chief  
    Bureau of Administrative Rules and Procedures  
    Department of Human Services  
    100 South Grand Avenue East  
    Harris Building, 3rd Floor  
    Springfield, Illinois 62762  
    (217) 785-9772
12) **Initial Regulatory Flexibility Analysis:**

   A) **Types of small businesses, small municipalities and not-for-profit corporations affected:** Variable – can affect any type of business or community.

   B) **Reporting, bookkeeping or other procedures required for compliance:** The ability to meet all appropriate business practices is required (i.e., bookkeeping, management, tax reporting, etc.)

   C) **Types of professional skills necessary for compliance:** The skills and knowledge that are necessary to maintain the specific business (i.e., knowledge and experience in a particular trade, business management experience, etc.)

13) **Regulatory agenda on which this rulemaking was summarized:** This rulemaking was not included on either of the 2 most recent regulatory agendas because: This change was not anticipated at the time the July 2004 regulatory agenda was published.

The full text of the Proposed Amendments begins on the next page.
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

PART 572
INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

Section
572.10 General Applicability
572.20 Commencement of the IPE
572.30 Purpose of the IPE
572.40 Coordination of the IPE with an Individualized Educational Program (IEP)
572.50 IPE Development and Content
572.60 Format of the IPE
572.70 Services to Families
572.80 IPE Amendments
572.90 Notice of Changes to the IPE
572.100 Case File Documentation
572.110 Review of IPE
572.200 Reporting of Customer Participation

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


Section 572.30 Purpose of the IPE

a) The IPE is a non-binding agreement between the customer and DHS-ORS that outlines the nature and scope of vocational rehabilitation services to be provided to the customer to meet the established objectives that are related to the customer's vocational goal.
b) The IPE identifies the program of services that will assist the individual to achieve an employment objective consistent with the customer's unique strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choices.

c) The IPE will provide the customer with substantial services. Substantial services are defined as services that, provided in the context of the counseling relationship, collectively and significantly contribute to the achievement of an employment outcome consistent with the informed choice of the individual.

(Source: Amended at 28 Ill. Reg. ______, effective ____________)

Section 572.50 IPE Development and Content

a) The IPE must be developed, agreed to and signed by the customer, or, as appropriate, the customer's parent, family member, guardian, advocate, or authorized representative, and approved and signed by the counselor. The IPE shall be developed and implemented in a manner that affords the customer the opportunity to exercise informed choice in selecting an employment outcome, the specific vocational services to be provided, the provider of the services and the methods used to provide services.

b) The IPE must contain the following:

1) a statement of the specific employment outcome that is chosen by the customer based on the assessment of rehabilitation needs (89 Ill. Adm. Code 553.100), including an assessment of the customer's career interests. The goal shall be, to the maximum extent possible, an employment outcome in an integrated setting;

2) timelines for the initiation of the services and for the achievement of the employment outcome;

3) the customer's rights and remedies, including filing of an appeal under 89 Ill. Adm. Code 510;

4) a description of the Client Assistance Program (CAP), its services, and how to contact CAP;
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

5) a statement of the specific VR services to be provided;

6) identification of the entity or entities that will provide VR services to the customer and how the customer will receive the specific services, including comparable benefits (e.g., by attending an on-site training program, by office visits to a medical services provider, etc.). This shall include a statement describing how service shall be provided or arranged through cooperative agreements with other service providers;

7) how progress toward achieving the employment outcome will be evaluated;

8) an assessment, and a reassessment prior to case closure, of the expected need for post-employment services. If post-employment services are to be provided, the IPE must include a description of the terms and conditions for the provision of any post-employment services, including the anticipated duration of those services; and

9) a description of the terms and conditions under which services will be provided to the customer in the most integrated setting possible.

c) The IPE must be developed as soon as possible, but no later than 90 days after the customer is determined eligible for the VR program, except when the customer is a high school student receiving transition services, in which case the IPE must be developed no later than the last semester of the year in which the student is expected to leave school.

d) In unusual circumstances, the Chief of the Bureau of Field Services or the Bureau of Blind Services may grant an exception to the timeline in subsection (c) upon request and when an appropriate justification is provided by the counselor with acknowledgement from the customer.

(Source: Amended at 28 Ill. Reg. ______, effective ____________)
DEPARTMENT OF HUMAN SERVICES
NOTICE OF PROPOSED AMENDMENT

1) **Heading of the Part:** Closure of a Rehabilitation Case

2) **Code Citation:** 89 Ill. Adm. Code 595

3) **Section Number:** Proposed Action:
   595.40 Amendment

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

5) **A Complete Description of the Subjects and Issues involved:** This rulemaking is being promulgated due to recommendations made by the Rehabilitation Services Administration (RSA). RSA has recommended adding language regarding Substantial Services.

6) **Will this rulemaking replace an emergency rulemaking currently in effect?** No

7) **Does this rulemaking contain an automatic repeal date?** No

8) **Does this rulemaking contain incorporations by reference?** No

9) **Are there any other amendments pending on this Part?** No

10) **Statement of Statewide Policy Objectives (if applicable):** This rulemaking does not create or expand a State mandate.

11) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Interested persons may present their comments concerning these 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, Chief
    Bureau of Administrative Rules and Procedures
    Department of Human Services
    100 South Grand Avenue East
    Harris Building, 3rd Floor
    Springfield, Illinois 62762
    (217) 785-9772

12) **Initial Regulatory Flexibility Analysis:**
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

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

13) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agenda because: This change was not anticipated at the time the July 2004 regulatory agenda was published.

The full text of the Proposed Amendment begins on the next page.
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

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

PART 595
CLOSURE OF A REHABILITATION CASE

Section 595.40  Closure of a Customer Who has Achieved the Employment Outcome of the IPE

A determination that the customer has achieved an employment outcome must meet all the following criteria:

a) The customer has achieved the employment outcome described in the customer's IPE and the employment outcome is:

1) is consistent with the customer's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices; and

2) is in the most integrated setting possible, consistent with the customer's informed choice; and

3) includes substantial services to the customer. Substantial services are defined as services that, provided in the context of the counseling relationship, collectively and significantly contribute to the achievement of an employment outcome consistent with the informed choice of the individual.
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

b) The customer has maintained the employment outcome for an appropriate period of time, not less than 90 days, necessary to ensure the stability of the employment outcome after closure, and no longer needs VR services;

c) At the end of this appropriate period, the customer and the qualified rehabilitation counselor employed by DHS-ORS consider the employment outcome to be satisfactory and agree that the customer is performing well on the job; and

d) The customer is informed of the availability of post-employment services.

(Source: Amended at 28 Ill. Reg. _______, effective ____________)
DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED RULES

1) **Heading of the Part:** Pharmaceutical Assistance Program

2) **Code Citation:** 89 Ill. Adm. Code 119

3) **Section Numbers:**  **Proposed Action:**
   - 119.10  New Section
   - 119.20  New Section
   - 119.30  New Section
   - 119.40  New Section
   - 119.50  New Section
   - 119.60  New Section
   - 119.70  New Section
   - 119.80  New Section
   - 119.90  New Section
   - 119.100 New Section
   - 119.110 New Section
   - 119.120 New Section
   - 119.130 New Section
   - 119.140 New Section

4) **Statutory Authority:** Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Executive Order 2004-3

5) **Complete Description of the Subjects and Issues Involved:** The proposed rulemaking establishes the Pharmaceutical Assistance Program, which is designed to enable low-income senior citizens and disabled persons to afford medication for the treatment of specified medical conditions. The Program, which was initially administered by the Department of Revenue, was transferred to the Department of Public Aid and the Department on Aging by Executive Order 2004-3, effective July 1, 2004. Under the Act, the Department has undertaken reimbursement related activities, while the Department on Aging is responsible for screening and eligibility determinations. However, under Section 119.40, the Department may auto-enroll eligible beneficiaries with a Medicare discount card sponsor authorized under the federal Medicare Modernization Act of 2003 (Public Law 108-391) if the member is potentially eligible for Transitional Assistance under the Act. This will allow the coordination of the members' Medicare prescription drug benefit coverage with coverage under the Pharmaceutical Assistance Program.

The annual cost of the Pharmaceutical Assistance Program is expected to be approximately $74.5 million.
DEPARTMENT OF PUBLIC AID
NOTICE OF PROPOSED RULES

6) Will these proposed amendments replace any emergency amendments currently in effect? No

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

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

   Joanne Scattoloni  
   Office of the General Counsel, Rules Section  
   Illinois Department of Public Aid  
   201 South Grand Avenue East, Third Floor  
   Springfield, Illinois 62763-0002  
   (217)524-0081

   The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

   These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) 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

13) Regulatory Agenda on Which this Rulemaking Was Summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments that appears in this issue of the Illinois Register on page 13816:
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Managed Care Reform & Patient Rights

2) Code Citation: 50 Ill. Adm. Code 5420

3) Section Numbers: Adopted Action:
   5420.20    Amended
   5420.50    Amended
   5420.70    Amended
   5420.90    Amended
   5420.Exhibit C   Amended

4) Statutory Authority: Implementing the Managed Care Reform and Patient Rights Act [215 ILCS 134/1 through 299] and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401]

5) Effective date of amendments: September 28, 2004

6) Do these amendments contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the principal office of the Division of Insurance and is available for public inspection.


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

11) Differences between proposal and final version:
   a) In the Code descriptive header add “FINANCIAL AND PROFESSIONAL REGULATION” following “DEPARTMENT OF” and strike “INSURANCE”.
   b) All source notes have been changed from “27” to “28”.
   c) In the table of contents change “Exhibit” to “EXHIBIT”.


DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

d) In the main source note change “2000” to “1999”.

e) Section 5420.20(b), on the sixth line add a semicolon following “Act”. Also on the ninth line add a comma following “Code” and add “except that complaints shall be handled consistent with the requirements of Section 5420.80(a) of this Part”.

f) Section 5420.20(d), on the fifth line add “Section 4 of” following “Class 3 of”.

g) Section 5420.50(a), in the second sentence delete “immediately” and “of” and add “within 30 days after” following “enrollees”. Also in the last sentence add “Division of Insurance of the” ahead of “Department” and “of Financial and Professional Regulation” following “Department”.

h) Section 5420.70(a), on the second line change “of” to “after”. On the third line, change “which” to “that”. On the last line, change “said” to “the”.

i) Section 5420.70(b), on the last line change “Department” to “Division”.

j) Section 5420.70(c), at the end of the first sentence change “section” to “Section”. Also add the following sentence to the end of this paragraph: “The only exception to this requirement are those complaints that are handled by IDPA consistent with the requirements of Section 5420.80(a) of this Part.”

k) Section 5420.70(d), on the first line add “Division’s” and strike “Department’s”. Also on the last line add “Division” and strike “Department”.

l) Section 5420.90(b), on the first line add “of the Division of Insurance (Director)” following “Director”. On the second line add “that” and strike “which”. Also in the second sentence change “2004” to “2005” and on the last line change “presented” to “prescribed”.

m) Section 5420. Exhibit C, (3)(a) through (i) change “Dissatisfaction” to “dissatisfaction”.

n) Section 5420. Exhibit C, (3)(d) on the fourth line change the period to a semicolon and change “In” to “in”. On the fifth line delete “they” and add “the enrollee or policyholder” in lieu thereof.
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o) Section 5420. Exhibit C, (3)(f) on the second line change the period to a semicolon and change “Solicitation” to “solicitation”.

p) Section 5420. Exhibit C, (3)(g) on the third line change the period to a semicolon and change “Prospective” to “prospective”.

q) Section 5420. Exhibit C, (3)(h) on the third line delete the parenthesis surrounding “s”.

r) Section 5420. Exhibit C, (3)(i) add a stricken semicolon as requested by JCAR.

s) Section 5420. Exhibit C, (3)(i)(I) on the third line change the period to a semicolon and change “This” to “this”.

t) Section 5420. Exhibit C, (3)(i)(II) on the first line change “Complaint” to “complaint”.

u) Section 5420. Exhibit C, (3)(j) on the first line change “Any” to “any”.

v) Section 5420. Exhibit C, (6) add “Division” and strike “Department”.

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

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

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

15) Summary and purpose of rulemaking: The primary objective of this amendment is to more fully and accurately describe the applicability of the Managed Care Reform and Patient Rights Act to insurers and health care plans. In addition, the Department has expanded Section 5420.70 concerning all aspects of the complaint handling procedure; has formalized a complaint reporting requirement to include electronic submission of such complaints and we have added a new Section to the rule which permits the imposition of penalties when the complaint reporting requirement has not been met in a timely fashion. Finally, the Department is amending Section 5420.50 to clarify a plan’s responsibility to notify enrollees when a provider terminates.
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
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16) Information and questions regarding these adopted amendments shall be directed to:

David Grant
HMO Compliance Supervisor
Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62706-0001
217/782-6369

The full text of the Adopted Amendments begins on the next page.
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER kkk: HEALTH CARE SERVICE PLANS

PART 5420
MANAGED CARE REFORM & PATIENT RIGHTS

Section
5420.10 Purpose
5420.20 Applicability and Scope
5420.30 Definitions
5420.40 Provision of Information
5420.50 Notice of Nonrenewal or Termination
5420.60 Transition of Services
5420.70 Health Care Services, Appeals, Complaints and External Independent Reviews
5420.80 Joint Resolution of Complaints – Department of Insurance and Department of Public Health – Notification and Resolution Process
5420.90 Record of Complaints
5420.100 Access and Quality of Care from Providers Without Primary Care Physician Referral or Authorization
5420.110 Emergency Services
5420.120 Post Stabilization Services
5420.130 Registration of Utilization Review Organizations
5420.140 Operational Requirements
5420.EXHIBIT A Description of Coverage – Cover Page
5420.EXHIBIT B Description of Coverage – Worksheet
5420.EXHIBIT C Complaint Reporting Record and Column Descriptions
5420.EXHIBIT D Application for Registration of a Utilization Review Organization
5420.EXHIBIT E Utilization Review Organization Officers and Directors Biographical Affidavit

AUTHORITY: Implementing the Managed Care Reform and Patient Rights Act [215 ILCS 134/1 through 299] and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401].

SOURCE: Emergency rules adopted at 23 Ill. Reg. 12466, effective September 27, 1999, for a maximum of 150 days; adopted at 24 Ill. Reg. 3374, effective February 10, 2000; amended at 24
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Section 5420.20  Applicability and Scope

The requirements of this Part are applicable to:

a) Policies and contracts amended, delivered, issued, or renewed by health care plans pursuant to the Act; and

b) The program of health benefits under the State Employees Group Insurance Act, with the exception of the fee for service program which only needs to comply with Section 85 and the definition of "emergency medical condition" contained in Section 10 of the Act; the Counties Code; the Illinois Municipal Code; the Comprehensive Health Insurance Plan Act; the Health Maintenance Organization Act; the Limited Health Service Organization Act, except for plans offering only dental services, or only vision services; the Voluntary Health Services Plans Act; and the medical assistance program and other programs administered by the Department of Public Aid under the Illinois Public Aid Code, except that complaints shall be handled consistent with the requirements of Section 5420.80(a) of this Part; and

c) Third party administrators, as defined in Article XXXI¼ of the Code, and entities regulated under Article XX½ of the Code, generally referred to as Preferred Provider Organizations (PPOs) must comply with the requirements of Section 5420.90 and Exhibit C of this Part pursuant to Section 55 of the Act; and

d) Any person who conducts a utilization review program in this State, except that the provisions of Section 85 of the Act are not applicable to bodily injury liability claims (including uninsured motorist and underinsured motorist coverage claims) arising under property and casualty contracts issued under Class 2 and Class 3 of Section 4 of the Code [215 ILCS 5/4] and does not include the retrospective review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment. Section 85 is also specifically applicable to third party administrators, PPOs and insurance companies that transact the kinds of insurance authorized under Class 1(b) or Class 2(a) of Section 4 of the Code. For purposes of this Part, an entity shall be considered to be conducting a utilization review program in this State if it
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evaluates the use of health care services, procedures, and facilities by persons who are either covered under contracts of insurance entered into in this State, or enrolled in an entity licensed pursuant to the Health Maintenance Organization Act, the Limited Health Service Organization Act or the Voluntary Health Services Plans Act; and

e) Preferred provider administrators, as defined in Section 370g(g) of the Code, and insurance companies that transact the kinds of insurance authorized under Class 1(b) or Class 2(a) of Section 4 of the Code must also comply with the definition of the term emergency medical condition, as defined in Section 10 of the

(Source: Amended at 28 Ill. Reg. 13711, effective September 28, 2004)

Section 5420.50 Notice of Nonrenewal or Termination

a) All provider agreements shall provide for at least 60 days notice by the provider for termination with cause, as defined in such provider agreement, and at least 90 days notice by the provider for termination without cause. Upon receipt of such notice, the health care plan shall notify enrollees within 30 days after the termination and the proper steps to be taken for selecting a new health care provider. In the event the provider violates the provider agreement and does not give a notice of termination in the appropriate timeframe, the health care plan must provide immediate notice to the enrollees. The health care plan must inform
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the Division of Insurance of the Department of Financial and Professional Regulation immediately of any known or intended termination, with or without cause, of an MCO.

b) A health care plan must give at least 60 days notice of nonrenewal or termination of a health care provider to the health care provider and to the enrollees served by the health care provider. The notice shall include a name and address to which an enrollee or health care provider may direct comments and concerns regarding the nonrenewal or termination. Immediate written notice may be provided without 60 days notice when a health care provider's license has been disciplined by a State licensing board. The notice shall inform the enrollee of the availability of transitional services and that the enrollee must request transitional services within 30 days from receipt of this notice.

(Source: Amended at 28 Ill. Reg. 13711, effective September 28, 2004)

Section 5420.70 Health Care Services, Appeals, Complaints and External Independent Reviews

a) A plan shall affirm or deny liability on claims within a reasonable time and shall offer payment within 30 days after affirmation of liability, if the amount of the claim is determined and not in dispute. For those portions of the claim that are not in dispute and the payee is known, the plan shall tender payment within the 30 days.

b) If a settlement of a claim is less than the amount claimed, or if the claim is denied, the plan shall provide to the insured a reasonable written explanation of the basis of the lower offer or denial within 30 days after the investigation and determination of liability is completed. This explanation shall clearly set forth the policy definition, limitation, exclusion or condition upon which denial was based. The explanation shall clearly inform the enrollee of the right to appeal the claim reduction or denial, the process by which the enrollee (or the enrollee's designee or guardian) may initiate the appeal process and the plan's phone number to call to receive more information concerning the appeal process. Notice of Availability of the Division of Insurance shall accompany this explanation.

c) A health plan shall ensure that an enrollee (or the enrollee's designee or guardian) has a period of not less than 180 days after the date of the explanation of a denial
of a claim for benefits in which to appeal such denial under this Section. The only exception to this requirement are those complaints that are handled by IDPA consistent with the requirements of Section 5420.80(a) of this Part.

d) Every health care plan shall submit for the Division's review, and thereafter maintain, a mechanism for the joint selection of the external independent reviewer. Any proposed changes to the mechanism must be filed for review by the Division.

(Source: Amended at 28 Ill. Reg. 13711, effective September 28, 2004)

Section 5420.90 Record of Complaints

a) Complaint, as used in this Section, means any communication primarily expressing a grievance to the health care plan by, or on behalf of, the enrollee, or by the health care provider. For purposes of this definition, "communication" shall include the following:

1) A written notice relating to the health care plan's determinations, procedures and administration as stated in Sections 45 and 50 of the Act; and

2) Written or oral notice filed under the expedited health care services appeal process or under the utilization review process.

b) The health care plan shall submit to the Director of the Division of Insurance a report by April 1, March 1 for the previous calendar year that which shall include a record of the plan's complaints in the format prescribed in Exhibit C of this Part. Beginning April 1, 2005, all plans or companies must electronically submit the record of complaints to the Director in a format prescribed by the Director.

c) Any plan or company failing to file a complaint report by April 1 for the previous calendar year may be subject to a late fee of $100 for each day the report is late.

(Source: Amended at 28 Ill. Reg. 13711, effective September 28, 2004)
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Section 5420.EXHIBIT C  Complaint Record and Column Descriptions

<table>
<thead>
<tr>
<th>COMPLAINT RECORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column A</td>
</tr>
<tr>
<td>Health Care Plan</td>
</tr>
<tr>
<td>Plan ID</td>
</tr>
</tbody>
</table>

**EXPLANATION**

1. **Column A. Health Care Plan Identification Number** – This is the identification number used by the health care plan to identify the complaint internally. **The identification number must be unique for each complaint.**

2. **Column B. Complaint Origin** – complaint was filed by:
   a) Consumer or enrollee;
   b) Provider;
   c) Any other individual.

3. **Column C. Function Code.** Complaints are to be classified by function(s) or the health care plan involved as follows:
   a) **Denial of care or treatment** *(dissatisfaction regarding prospective non-authorization of a request for care or treatment recommended by a provider excluding diagnostic procedures and referral requests; partial approvals and care terminations are also considered to be denials)*;
   b) **Denial of diagnostic procedure** *(dissatisfaction regarding prospective non-authorization of a request for a diagnostic procedure recommended by a provider; partial approvals are also considered to be denials)*;
   c) **Denial of referral request** *(dissatisfaction regarding non-authorization of a request for a referral to another provider recommended by a PCP)*;
   d) **Sufficient choice and accessibility of health care providers** *(dissatisfaction by an enrollee or policyholder regarding the extent to which the health care plan has...*
practitioners/providers of the appropriate type and number distributed geographically to meet the needs of the member; in addition, dissatisfaction by an enrollee or policyholder regarding the extent to which the enrollee or policyholder may obtain available services at the time they are needed – such service refers to both telephone access and ease of scheduling an appointment);

e) Underwriting (dissatisfaction by an enrollee or policyholder regarding the health care plan's process of examining, accepting, or rejecting insurance risks and classifying those selected in order to charge the proper premiums for each);

f) Marketing and sales (dissatisfaction regarding solicitation or the sale of a policy by the managed care organization; solicitation means any method by which information relative to the health care plan is made known to the public for the purpose of informing or influencing potential enrollees to enroll in the health care plan, regardless of the media or technique used);

g) Claims and utilization review (dissatisfaction regarding the concurrent or retrospective evaluation of the coverage, medical necessity, efficiency or appropriateness of health care services or treatment plans; prospective "Denials of care or treatment," "Denials of diagnostic procedures" and "Denials of referral requests" should not be classified in this category, but the appropriate one above);

h) Member services (dissatisfaction by an enrollee or policyholder related to response time regarding provision of information; handling of a complaint, appeal or external review; or any interaction between plan representatives and enrollee);

i) Provider relations;

I) Quality of Care (dissatisfaction regarding any aspect of care provider by an institution or organization or practitioner that provides services to a managed care organization's members; this category does not include sufficient choice or accessibility of a provider);

II) Provider complaints – Prompt Pay (complaints by providers (prompt pay, etc.), excluding those filed under "Denials of care or treatment," "Denials of diagnostic procedures" and "Denials of referral request" above);

j) Miscellaneous (any "complaint", as defined above, not falling in one of the above
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
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| Column D. Date Received – date received by the health care plan. |
| Column E. Date Closed – date closed by the health care plan. |
| Column F. Illinois Division of Insurance Department of Insurance Complaint File Number – If the complaint was also sent to the health care plan from the Division of Insurance, the health care plan should provide the IDOI complaint number in this column. |
| Column G. Illinois Division of Insurance Complaint File Closed Date. The Division of Insurance will provide the company with the date the complaint was closed by the Division of Insurance. External Review – indicate by placing an "X" in the column if complaint was processed through external review procedure. |
| Column H. External Review – indicate by placing an "X" in the column if complaint was processed through external review procedure. Disposition – a) Relief Granted – If the complaint was resolved in favor of the complainant; b) Partial Relief Granted – If the complaint was only partially resolved in favor of the complainant; c) Information Furnished – The complaint did not require action, only information to be provided to the enrollee; d) No Relief Granted – If the complaint was not resolved in favor of the complainant. |
| Column I. Disposition. |
| a) Relief Granted – If the complaint was resolved in favor of the complainant; |
| b) Partial Relief Granted – If the complaint was only partially resolved in favor of the complainant; |
| c) Information Furnished – The complaint did not require action, only information to be provided to the enrollee; |
| d) No Relief Granted – If the complaint was not resolved in favor of the complainant. |

(Source: Amended at 28 Ill. Reg. 13711, effective September 28, 2004)
DEPARTMENT OF CORRECTIONS

NOTICE OF ADOPTED AMENDMENTS

1) **Heading of the Part**: Internal Investigations

2) **Code Citation**: 20 Ill. Adm. Code 112

3) **Section Numbers**: Adopted Action:
   - 112.10    Amended
   - 112.12    New
   - 112.15    New
   - 112.30    Amended
   - 112.35    Amended
   - 112.37    New
   - 112.40    Amended

4) **Statutory Authority**: Implementing Section 3-2-2 and authorized by Section 3-7-1 of the Unified Code of Corrections (730 ILCS 5/3-2-2 and 5/3-7-1)

5) **Effective date of rulemaking**: October 1, 2004

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this rulemaking contain incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.


10) **Has JCAR issued a Statement of Objection to these rules?** No

11) **Differences between proposal and final version**: The term videotaping was changed to the statutory language of electronic recording. Minor 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?** No

14) **Are there any amendments pending on this Part?** No
15) **Summary and purpose of rulemaking**: To comply with 705 ILCS 405/401.5 and 725 ILCS 5/103-2.1, a new "Interrogations" section has been added to require electronic recording of interrogations of individuals suspected of committing specific offenses. Additionally, due to organizational changes and for clarification purposes, the rules are being amended. Specifically, "Definitions" and "Responsibilities" sections have been added, and the more generic term "offender" is being used instead of "committed person" throughout the rules.

16) **Information and questions regarding this adopted rulemaking shall be directed to**:

   Beth Kiel, Rules Coordinator  
   Illinois Department of Corrections  
   1301 Concordia Court  
   P. O. Box 19277  
   Springfield, Illinois 62794-9277  
   217/522-2666, extension 6511

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

NOTICE OF ADOPTED AMENDMENTS

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I: DEPARTMENT OF CORRECTIONS
SUBCHAPTER a: ADMINISTRATION AND RULES

PART 112
INTERNAL INVESTIGATIONS

Section 112.10 Applicability
This Part applies to all offices and divisions within and bureaus of the Department.

(Source: Amended at 28 Ill. Reg. 13723, effective October 1, 2004)

Section 112.12 Definitions

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Electronic Recording" means creating an audio or video record by means such as
motion picture, audiotape, videotape, or digital recording.

"Interrogation" means an interview during which a question is asked that is reasonably likely to elicit an incriminating response.

"Offender" means a person committed to the Department or to the custody of the Department.

(Source: Added at 28 Ill. Reg. 13723, effective October 1, 2004)

Section 112.15 Responsibilities

a) Unless otherwise specified, the Director or Chief Administrative Officer may delegate responsibilities stated in this Part to another person or persons or designate another person or persons to perform the duties specified.

b) No other individual may routinely perform duties whenever a Section in this Part specifically states the Director or Chief Administrative Officer shall personally perform the duties. However, the Director or Chief Administrative Officer may designate another person or persons to perform the duties during periods of his or her temporary absence or in an emergency.

(Source: Added at 28 Ill. Reg. 13723, effective October 1, 2004)

Section 112.30 Reporting of Incidents

a) Each employee shall completely and accurately document any unusual incident which he or she observes or which is reported to him or her, including any:

1) Serious disturbance;
2) Physical or sexual assault or use of force;
3) Death, suicide or suicide attempt;
4) Major loss or damage to property;
5) Fire;
DEPARTMENT OF CORRECTIONS

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6) Use or discharge of a weapon;

7) Use of chemical agents; and

8) Other incidents as determined by the Chief Administrative Officer.

   b) The employee shall promptly prepare the Incident Report and forward the report to the Director, or his designee.

   (Source: Amended at 28 Ill. Reg. 13723, effective October 1, 2004)

Section 112.35 Investigation of Incidents

a) All unusual incidents, suspected violations of criminal law, or serious violations of departmental rules shall be investigated as determined necessary by the Director, or his designee.

b) Employees shall be required to cooperate with all investigations. Employees may be required to truthfully respond to questions related to their employment or ability to perform their job duties. Failure to do so shall be grounds for discipline, including discharge.

   (Source: Amended at 28 Ill. Reg. 13723, effective October 1, 2004)

Section 112.37 Interrogations

a) In accordance with 705 ILCS 405/5-401.5 and 725 ILCS 5/103-2.1, interrogation of individuals suspected of committing the offenses under 720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.2, and 9-3.3 (first degree murder, intentional homicide of an unborn child, second degree murder, voluntary manslaughter of an unborn child, involuntary manslaughter and reckless homicide, involuntary manslaughter and reckless homicide of an unborn child, and drug-induced homicide) shall be electronically recorded.

b) Electronic recording of minors and adults shall be done during an interrogation when a reasonable person in the subject's position would consider himself or herself to be in custody or when a question is asked that is reasonably likely to elicit an incriminating response.

c) All electronic recordings shall:
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1) Be accurate and not altered;

2) Be preserved until the conviction or adjudication is final and all appeals are exhausted, or prosecution is barred by law;

3) Be confidential and exempt from public inspection and copying as provided by the Freedom of Information Act [5 ILCS 140]; and

4) Be secured in a designated area and made part of the investigative file.

(Source: Added at 28 Ill. Reg. 13723, effective October 1, 2004)

Section 112.40 Polygraph Examinations

a) Polygraph examinations may be administered as approved by the Director or his designee.

b) The employee or offender committed person asked to submit to a polygraph examination shall be informed of the nature of the incident being investigated and his or her alleged involvement or knowledge of the incident. An employee or an offender committed person who refuses to take such an examination may not be disciplined for refusing to do so.

c) The scope of the examination shall be limited to matters related to the incident under investigation.

d) The employee or offender committed person shall be advised that the results of the examination will be made known to him or her upon receipt of the results by the correctional or employing facility and that he or she may, upon review of the results, submit a written request for a copy of the results to the Division of Investigations and Intelligence, Bureau of Inspections and Audits. A copy of the results shall be provided within five days after receipt of the written request.

(Source: Amended at 28 Ill. Reg. 13723, effective October 1, 2004)
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1) **Heading of the Part:** County Jail Standards

2) **Code Citation:** 20 Ill. Adm. Code 701

3) **Section Numbers:**

<table>
<thead>
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4) **Statutory Authority:** Implementing and authorized by Section 3-15-2 and 3-15-3 of the Unified Code of Corrections [730 ILCS 5/3-15-2 and 5/3-15-3]

5) **Effective date of rulemaking:** October 1, 2004

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 amendment, 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:** 28 Ill. Reg. 55; January 2, 2004

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Differences between proposal and final version:** In the Authority, changed "Section" to "Sections" and corrected an incorrectly cited statute number.

   In Section 701.5, in the definition of: "Mental Health Professional" changed "Professionals" to "Professional"; added "licensed or certified" before "psychiatrist"; added "or" before "clinically"; added "or" before "an individual"; and deleted, "or an individual with a bachelor's degree and five years supervised experience in mental health or human supervises who functions under the director of a licensed clinical professional".

   In Section 701.10(a)(3), added "primarily" after "personnel" and changed "jail duty" to "correctional duties".
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In Section 701.40(i)(1B), added "indications of" after "any"; changed "health or" to "illness"; and added ", dual diagnosis" after "disabilities".

In Section 701.40(i)(2), changed "examination" to "assessment by a jail officer" and added "screening" after "approved".

In Section 701.40(i)(3)(B), deleted "Mental health professional shall place"; capitalized "detainees"; added "shall be placed" after "ideations"; changed "an appropriate" to "a reasonable"; and changed "ensures" to "provides for".

In Section 701.40(j)(2), added a comma after "medications" in the third line.

In Section 701.70(b)(6), added "Dually Diagnosed" after Disabled".

In Section 701.70(b)(6)(A), changed "and" in the first line to "dually diagnosed, or".

In Section 701.90(h), added "primarily" after "personnel" and changed "jail duty" to "correctional duties".

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

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

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

15) Summary and purpose of rulemaking: In accordance with Public Act 92-469, these amendments address mental health issues in an effort to ensure adequate and humane care of individuals who are mentally ill or developmentally disabled in county jails. Input was solicited from a committee comprised of the Illinois Sheriffs Association, sheriffs, mental health professionals, and Department of Corrections officials. Based on their input, the standards have been updated and clarified. Additional 701.80 was clarified to ensure that architectural plans meet the Department of Corrections' standards.

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

Beth Kiel, Policy and Directive Unit
Illinois Department of Corrections
DEPARTMENT OF CORRECTIONS

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1301 Concordia Court
P.O. Box 19277
Springfield IL 62794-9277
217/522-2666; ext. 6511

The full text of the Adopted amendments begins on the next page:
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TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I: DEPARTMENT OF CORRECTIONS
SUBCHAPTER f: COUNTY STANDARDS

PART 701
COUNTY JAIL STANDARDS

Section
701.5 Definitions
701.10 Administration
701.20 Personnel
701.30 Records
701.40 Admission Procedures
701.50 Orientation
701.60 Release Procedures
701.70 Classification and Separation
701.80 Housing
701.90 Medical and Mental Health Care
701.100 Clothing, Personal Hygiene, Grooming
701.110 Food Services
701.120 Sanitation
701.130 Supervision
701.140 Security
701.150 Safety
701.160 Discipline
701.170 Employment of Detainees
701.180 Mail Procedures
701.190 Telephone
701.200 Visiting
701.210 Social Service Programs
701.220 Education
701.230 Library
701.240 Religious Services
701.250 Commissary
701.260 Recreation and Leisure Time
701.270 Juvenile Detention
701.280 Temporary Detention Standards
701.290 Standards for Detention of Youths Prosecuted Under the Criminal Code of 1961

AUTHORITY: Implementing and authorized by Sections 3-15-2 and 3-15-3 of the Unified
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Section 701.5 Definitions

"Department" means the Illinois Department of Corrections.

"Jail and Detention Standards Unit" means the unit within the Division of Support Services of the Department of Corrections that is authorized to monitor compliance with the County Jail Standards.

"Mental Health Professional" means a licensed or certified psychiatrist, physician, psychiatric nurse, or clinically trained psychologist, or an individual who has a master's degree in social work and clinical training.

"Unit" means the Jail and Detention Standards Unit.

(SOURCE: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)

Section 701.10 Administration

a) Staff Training

1) All full-time jail officers shall be trained as provided by the Police Training Act [50 ILCS 705/8.1]. All personnel assigned jail duties shall be made familiar with these standards. Such training shall include first aid, CPR, and identification of signs and management of detainees with a mental illness or a developmental disability, identification of signs and management of mentally impaired detainees and first aid and CPR training.

2) Jail officers and other personnel assigned to jail duty shall be trained in security measures and handling special incidents such as assaults,
disturbances, fires, natural disasters, evacuation procedures, escapes, emergency medical response, communications, crime scene protection, and suicide prevention.

3) **Jail officers and other personnel primarily assigned to correctional duties shall be trained annually by mental health professionals on suicide prevention and mental health issues.**

4) Written documentation of staff training shall be maintained.

b) **Written Procedures**

A current written manual of policies and regulations for the operation of the jail shall be established by the jail administrator and furnished to each employee. Written procedures for fires, riots, escapes, hostage situations, major disturbances, use of chemical agents, medical emergencies including suicide prevention and crisis intervention, bomb threats, severe weather, and natural disasters shall be a part of this manual.

c) **Post Description**

Comprehensive duty descriptions for each jail operational position shall be in writing and furnished to each employee performing the function.

d) **Records**

The sheriff or jail administrator shall assure that all records required by law or this Part are maintained and available for examination by staff of the Jail and Detention Standards Unit.

e) **Discrimination and Harassment**

The jail administrator shall prohibit unlawful discrimination and harassment of employees, detainees, and any other persons within the jail on the basis of race, gender, age, religion, national origin, and disability, among other matters.

f) A code of conduct shall be established which defines behavioral and ethical standards and shall be provided in writing to all staff, volunteers, and contractual employees.

(Source: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)

**Section 701.40 Admission Procedures**
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a) Posting of Rights
A Notice of Rights, available from the Jail and Detention Standards Unit, and jail rules and regulations shall be conspicuously posted in all receiving rooms and in common areas to provide maximum accessibility to detainees.

b) Frisk Search
Detainees shall be given an immediate frisk search.

c) Legal Confinement Authority
The jail officer accepting persons for confinement must determine that each is being confined under proper legal authority.

d) Identity
1) The identity of the person being admitted must be verified as the person named in the commitment documents. Documents must become a part of the detainee's record.

2) Each detainee must be photographed and fingerprinted and these records shall be maintained in accordance with the Criminal Identification Act [20 ILCS 2630/5] and the Juvenile Court Act of 1987 [705 ILCS 405].

e) Injuries
Any seriously injured, seriously ill, or unconscious person must not be admitted to the jail until a medical examination has been conducted by a licensed physician, except when a properly staffed medical facility staffed by a physician or physician's assistant is a part of the jail.

f) Strip Search
1) A strip search shall be performed in an area that ensures privacy and dignity of the individual. The individual shall not be exposed to the view of others who are not specifically involved in the process.

2) Strip searches shall be conducted by a person of the same sex.

3) All personal clothing shall be carefully searched for contraband.

4) The probing of body cavities may not be done except where there is reasonable suspicion of contraband. Intrusive searches may only be
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carried out:

A) By a medically trained person who is not a detainee, for example, a physician, physician's assistant, registered nurse, licensed practical nurse, or paramedic; and

B) In a private location under sanitary conditions.

g) Personal Property

1) Each item of personal property taken from the detainee shall be listed and described in the presence of the detainee.

2) A receipt shall be issued which shall include the signatures of the admitting officer and the detainee. The original receipt shall be filed in the detainee's personal record file and the duplicate shall be given to the detainee.

3) All personal property of the detainee shall be securely stored until the detainee is released, discharged, or transferred or the detainee approves, in writing, the release of such property to a designated person or its disposal. The jail shall have a policy for the disposal of abandoned property.

4) Personal property released to a third party must have the detainee's authorizing signature and a signature of the receiving individual.

h) Telephone Calls

1) Detained persons shall be permitted to make a reasonable number of completed telephone calls, both local and long distance, to an attorney of their choice and to a family member. Such calls should be afforded to the detainee as soon as practicable, generally within one hour after arrival.

2) The expense for making a telephone call, if any, shall be borne by the detainee or the individual called.

3) When a family member is not available, a friend may be called.

4) The date and time of telephone calls made during the admission process shall be recorded.
i) Physical and Mental Health Assessments

1) The admitting officer shall observe the detainee for any obvious injuries or illnesses requiring immediate emergency medical care, rashes, unusual cough, high temperature, body pests, and general mental status. The officer shall determine by questioning whether the detainee:

A) Has any medical condition that requires medical attention, such as dependence on drugs or alcohol, diabetes, epilepsy, allergies, asthma, heart condition, etc.;

B) Has any indications of mental illness, developmental disabilities, or dual diagnosis; had past treatment for mental disorders;

C) Has any suicidal tendencies as determined by the use of an approved screening instrument or history of medical illness;

D) Is on medication; and

E) If female, is pregnant.

2) Mental health screenings shall include either an assessment by a mental health professional or an assessment by a jail officer using an approved screening instrument for assessing mental health.

3)(2) When a detainee shows signs of or reports unusual physical or mental distress, he or she shall be referred to health care personnel as soon as possible.

A) Detainees exhibiting psychiatric symptoms such as acute psychotic features or mood disturbances, or detainees who have a known psychiatric history shall be evaluated by a mental health professional.

B) Detainees exhibiting suicidal behavior or ideations shall be placed in a reasonable level of care that provides for their safety and stability.

j) Medication
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1) Any medication in the possession of a detainee at admission shall be withheld until verification of its proper use is obtained and documented. This verification shall be made as soon as possible, but within the time interval specified for administration of the medication on the prescription container.

2) Medications shall be administered as prescribed and procedures shall be in place for the emergency involuntary or voluntary administration of medications, including psychotropic medications.

k) Booking and Personal Record Information

1) A record or records for each detainee shall be established at the time of admission and shall be maintained throughout the period of confinement. Expungement of booking and personal record information shall be made in accordance with Section 5 of the Criminal Identification Act [20 ILCS 2630/5].

2) Such record shall include:

A) The detainee's name and social security number.

B) Aliases and nicknames used by the detainee.

C) The detainee's address.

D) Marital status of the detainee.

E) The detainee's age and date of birth.

F) The name of the person to notify in case of an emergency, including the individual's address and telephone number.

G) Physical description and characteristic marks of the detainee.

H) The detainee's occupation.

I) Education level attained by the detainee.
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J) The detainee's religion or religious preference.

K) The holding offense.

L) The date and time of admission and authority to detain.

M) The name and title of officers presenting and receiving the detainee.

N) The name and telephone number of the detainee's attorney.

O) Previous arrest record and convictions of the detainee.

P) The medical record of:
   i) The detainee's health and physical condition: at the time of admission; during confinement, including treatment and medication administered; and at the time of discharge; and
   ii) The detainee's medical and hospitalization insurance carrier and policy numbers.

Q) Itemized record of the detainee's cash and other valuables, expenditures, and receipts while in custody.

R) The dates of temporary absences from the jail, the authority to be absent, and the destination.

S) A record of visitor's names and the dates of visits.

T) A record of detainee misconduct and subsequent discipline administered.

U) The case disposition, judge, and court.

l) Lice and Other Body Pests
   Treatment, directed by the facility physician, shall be initiated immediately when body pests are detected.

m) Showers
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All detainees must shower or bathe when admitted.

n) Cell Assignment

1) The detainee shall be assigned to suitable quarters.

2) Jail staff shall be responsible for cell assignment and shall consider, among other matters:

   A) The status of a new detainee, for example, pre or post-trial detention, etc.;

   B) The detainee's sex, health, age, type of offense charged, and prior record if known;

   C) Whether there are any accomplices or material witnesses already within the jail from whom the detainee should be separated; and

   D) Classification and separation criteria outlined in Section 701.70.

o) Items of Issue

1) Detainees shall be issued clean bedding, a towel, necessary clothing, and soap.

   A) Bedding shall consist of at least a mattress cover, flame retardant mattress, and covering appropriate to the season of the year.

   B) The towel shall be made of cloth and be bath size.

2) Detainees shall be permitted to purchase a toothbrush and dentifrice from the commissary unless furnished by the jail staff. If the detainee is without funds in his or her possession, he or she shall be issued such items by jail staff.

3) Detainees shall be held accountable for all jail property issued to them.

(Source: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)

Section 701.60 Release Procedures
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a) Identification

1) Positive detainee identification shall be made by the releasing officer before discharge, transfer, or release is effected.

2) When a detainee is discharged or is released to the custody of another, a record shall be made of the date, time, and the authority.

b) Physical Inspection

Prior to final release or discharge, each detainee shall receive a physical inspection by a person of the same sex, where possible, and a record shall be made of any wounds or injuries.

c) Contraband

Detainees being discharged, released, or transferred shall be searched by a person of the same sex to prevent detainees from taking property that does not belong to them or other contraband as defined in Section 31A-1.1 of the Criminal Code of 1961 [720 ILCS 5/31A-1.1].

d) Personal Property

All personal property and funds inventoried at the time of admission or added during the period of confinement and not transferred to a third party or expended during confinement, other than those legally confiscated, shall be returned to the detainee upon release.

1) Items shall be carefully inventoried, or otherwise accounted for, with the releasing officer and the detainee signing the inventory form.

2) A copy of the itemized and signed receipt shall be maintained by the jail as a permanent record.

3) Personal property of the detainee being transferred to another facility shall be inventoried and items to be transferred with the detainee shall be documented and turned over to the transporting officer in the presence of the detainee. Personal property allowed by the receiving facility shall be transferred with the detainee. Items not transferred shall be disposed of by the transferring facility in accordance with its procedures, for example, having a relative pick up items, mailing items to a person designated by the detainee.
e) Discharge of Mentally Ill Detainees

1) When a mentally ill detainee is released, he or she shall be given a listing of community mental health resource addresses and telephone numbers and provided with the opportunity to receive a copy of the jail's mental health, medical, and medication records.

2) Linkage and after care may include a referral to a mental health provider, a prescription for medications, or a 2 week supply of prescribed medications.

f) Transfers to Illinois Department of Corrections

Pursuant to Sections 3-8-1, 3-10-1 and 5-4-1 of the Unified Code of Corrections [730 ILCS 5/3-8-1, 3-10-1, and 5-4-1] and Section 5-33 of the Juvenile Court Act [705 ILCS 405/5-33], when a detainee is delivered to the custody of the Department, the following information must be included with the items delivered:

1) The mittimus or judgement order which must include the offender's name, indictment or petition number, sentence or disposition, offense, judge's name and signature, date of sentence, any court findings concerning offender status (such as, Habitual Juvenile Offender, Violent Juvenile Offender, Guilty but Mentally Ill, Sex Offender, or Truth in Sentencing), dates for time served and, where applicable, whether the sentences are to be served concurrently or consecutively. In the case of a youth committed as a delinquent, a certified copy of the court order appointing the Juvenile Division legal custodian is also required.

2) Any statement by the court on the basis for imposing the sentence.

3) Any presentence reports.

4) The number of days, if any, which the detainee has been in custody and for which he or she is entitled to credit against the sentence. Certification of jail credit time shall include any time served in the custody of the Illinois Department of Mental Health and Developmental Disabilities, and time served while on probation or periodic imprisonment.

5) A record of the committed person's time and his or her behavior and conduct while in custody of the county. Any action on the part of the
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committed person, including but not limited to an escape attempt, participation in a riot, assault, battery, intimidation, sexual behavior, arson, or suicide attempt which might affect security status and a record of medical treatment, if any, should be included in the record.

6) State's attorney's statement of facts. If the statement is unavailable at the time of delivery, the statement shall be transmitted within ten days of receipt by the clerk of the court.

7) Any medical or mental health records or summaries.

8) Name of municipality where the arrest of the detainee and the commission of the offense occurred, if such municipality has a population of more than 25,000 persons.

9) All additional matters which the court directs the clerk to transmit.

(Source: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)

Section 701.70 Classification and Separation

a) Classification Information
Each facility shall have written guidelines for the classification of detainees which specify criteria and procedures for determining and changing the status, assignment, or security of a detainee. To determine each detainee's degree of security, housing, programs, and assignments, the following items of information, to the extent available, shall be considered, among other matters:

1) Sex.

2) Age.

3) Offense.

4) Status; that is, pretrial, awaiting sentence, or sentenced.

5) Past criminal history, including known prior institutional history.

6) Probation or parole status.
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7) Medical condition and treatment needs.
8) Mental and emotional condition and needs.
9) History of substance abuse.
10) Homosexuality.
11) Academic and vocational needs.
12) Special services and program needs.
13) Detainee's attitudes regarding him or herself and his or her future.
14) Gang activity.
15) Physical size and stature.

b) Separation by Category

1) Sex
   Male and female detainees, supervised under both the direct and indirect supervision options (see Section 701.130), must be housed separately by sight and sound.

2) Age
   Juvenile and adult detainees, supervised under both the direct and indirect supervision options, must be housed separately by sight and sound.

3) Witnesses
   Persons being detained as witnesses, supervised under both the direct and indirect supervision options, shall be separated from detainees charged with an offense.

4) Non-criminal
   A) Non-criminal offenders such as traffic violators, nonsupport cases, and persons charged with civil contempt who are supervised under the direct supervision option shall be kept separate by cell or detention room from persons charged with criminal offenses.
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B) When possible, non-criminal offenders such as traffic violators, non-support cases, and persons charged with civil contempt who are supervised under the indirect supervision option shall be kept separate by detention room cluster or cell block from persons charged with criminal offenses.

C) When possible, misdemeanants and felons should be housed separately, except where the detainee's prior history warrants similar housing.

5) Charged and Convicted Offenders

A) Charged offenders who are supervised under the direct supervision option shall be separated from convicted offenders by cell or detention room.

B) Charged offenders who are supervised under the indirect supervision option shall be separated from convicted offenders by detention room cluster or cell block.

6) Mentally Ill, Developmentally Disabled, Dually Diagnosed, or Emotionally Disturbed or Impaired

A) Detainees who are mentally ill, developmentally disabled, dually diagnosed, or emotionally disturbed or impaired shall be housed or tiered and maintained under supervision as recommended by a mental health professional.

B) Action shall be taken to transfer detainees who have been determined by mental health professionals to be severely mentally ill, developmentally disabled, or emotionally disturbed to an appropriate facility. Suspected disturbed or impaired persons shall be immediately examined by a mental health professional, and action shall be taken to transfer them to an appropriate facility. A mental health professional means a psychiatrist, physician, psychiatric nurse, clinically trained psychologist, or an individual who has a master's degree in social work and clinical training.

c) Classification Review
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Review of the committed person's security and assignment classification shall be conducted periodically, but at least every 60 days.

(Source: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)

Section 701.80 Housing

a) Cell and Detention Room Space

1) At least 50 square feet of floor space shall be provided in each cell with a minimum ceiling height of eight feet.

2) At least 64 square feet of floor space shall be provided for each detention room with a minimum ceiling height of eight feet.

3) With regard to existing facilities, the Department of Corrections will not initiate legal action against a county if the only physical noncompliance relates to square footage of the individual cell or detention room.

b) Cell or Detention Room Occupancy

All existing cells and detention rooms should be designated for a maximum of double occupancy (two inmates per cell or detention room).

c) Cell or Detention Room Equipment

Each cell or room shall be equipped with:

1) A rigidly constructed metal bed, with a solid or perforated metal bottom, securely anchored to the floor or wall or a concrete sleeping surface; a flame-retardant mattress with no inner springs; staph-check mattress covering; and bed covers suitable to the season. A sleeping surface constructed of concrete may only be used if the construction design is approved in advance by the Department of Corrections. In determining whether to approve design of concrete beds, the Department will consider, among other matters, the architectural design, whether the concrete is solid, whether beds would be constructed in a manner which would not affect heating of the cell, whether the height and measurements are similar to a standard jail bed, and whether the location of the bed would restrict detainee movement.

2) A washbasin with piped hot and cold water.
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3) A prison type toilet.
4) Illumination sufficient to assure comfortable reading at desk level (at least 20 foot-candles illumination at a height of three feet above the floor). Light fixtures shall be tamper proof.

d) Dormitory Space
1) A dormitory is defined as a multiple occupancy room that is designed to hold more than two inmates who are screened prior to admission for suitability to group living.

2) Floor space for dormitories shall be determined by the number of detainees each individual dormitory is designated to house.

   A) At least 50 square feet of floor space shall be provided per occupant.
   
   B) There shall be a clear floor to ceiling height of not less than eight feet.

E) Dormitory Occupancy
1) The measures outlined in Section 701.70 (Classification, Separation, Segregation) shall be followed prior to placement in a dormitory.

2) Dormitories are to be utilized exclusively for persons who are suitable for group living. It is suggested that the most likely candidates for dormitory style living are work releasees, weekenders, trusties, and sentenced misdemeanants (after intensive screening).

f) Dormitory Room Equipment
Each dormitory shall be equipped with:

1) A bed for each detainee made of rigidly constructed metal, with a solid or perforated metal bottom; the bed shall be securely anchored to the floor or wall.

2) A washbasin with piped hot and cold water for every eight occupants. A
supply of disposable drinking cups shall be provided if the washbasin is not drinking fountain equipped.

3) A prison type toilet for every eight occupants.

4) A shower with piped hot and cold water for every eight occupants.

5) Illumination sufficient to assure comfortable reading at desk level (at least 20 foot-candles at a height of three feet above the floor). Light fixtures shall be tamper proof.

6) Securely anchored metal tables as well as chairs or benches. Tables and chairs do not have to be securely anchored in direct supervision units provided that alternatives would not affect the safety and security of the facility or individuals. Adequate seating shall be provided for detainees.

g) Accessibility
Cells or detention rooms shall conform to current building and accessibility codes. This standard is waived for existing structures.

h) Day Room
Day rooms provide a place for meals to be eaten outside individual cells or detention rooms and for other approved activities.

1) For existing structures, a day room area containing no less than 35 square feet must be provided in conjunction with each cell block or detention room cluster. For new structures or major renovations of existing cell blocks or detention room clusters, a day room area containing no less than 35 square feet per cell or detention room must be provided in conjunction with each cell block or detention room cluster.

2) Each day room shall be equipped with securely anchored metal tables as well as chairs or benches. Tables and chairs do not have to be securely anchored in direct supervision units provided that alternatives would not affect the safety and security of the facility or individuals. Adequate seating shall be provided for detainees.

i) Showers
Showers shall be provided in each cell block area.
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j) Mirror
Cells and detention rooms shall contain a metal mirror anchored securely to the wall.

k) Ventilation
Detention areas shall be comfortably heated and cooled according to the season with a system designed to eliminate disagreeable odors and to routinely provide temperatures within the normal comfort zone.

l) Compliance
1) All requirements of a physical nature shall be complied with by the jails. However, if the Department of Corrections has previously given written approval for final architectural plans for new construction or remodeling, new standards of a physical nature will not be enforced.

2) Those noncompliances relating to physical conditions which adversely affect the treatment of detainees with respect to their health and safety may be considered for further action under the provisions of Section 3-15-2(b) of the Unified Code of Corrections [730 ILCS 5/3-15-2(b)].

m) Variances
1) Variances connected with physical requirements may be granted by the Director of the Department of Corrections for existing facilities for a specific period of time. Variance expiration dates will be determined at the time granted. Variance requests of an administrative nature will not be granted. In determining whether to grant a variance, the Department will consider, among other factors, the nature of the standard, previous noncompliance, the cost, the population, the alternative means of complying with the intent of the standard, the length of time requested for the variance, the consequences if the variance is not granted, and the safety and security of the facility or individuals.

2) The variance request must be in writing, signed by the sheriff, and pertain to a specific standard. The request must describe the reasons for the variance; the period of time for the variance; any hardship the facility might experience by complying with the standard; plans to be implemented to eventually comply with the particular standard; and a statement that the variance would not adversely affect the health and
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safety of detainees or security of the jail.

3) The approval or denial of a variance request will be returned by letter to the requesting governmental agency.

4) The Director of the Department of Corrections, at his or her discretion, may grant a renewal of the variance provided documentation is received from the governing body that indicates a good faith effort on its part to effect necessary actions to comply with the standard in question.

n) Architectural Plans
New construction and remodeling plans of detention facilities must be submitted to the Department for review and approval to ensure the physical plant conforms to the Department's construction standards.

1) The architect's preliminary drawings and final plans and specifications shall be submitted.

2) Plans showing the proposed building location must be submitted to the Illinois Department of Natural Resources, to determine compliance with the Regulation of Construction within Flood Plains (92 Ill. Adm. Code 706) and Construction Activities in Special Flood Hazard Areas (Executive Order 79-4, effective June 1, 1979).

3) Subsections (c)(1), (3), and (4), subsection (f)(6), and subsection (h)(2) of this Section may be waived for those facilities exercising the Direct Supervision Option, as described in Section 701.70(e), provided that alternatives would not affect the safety and security of the facility or individuals.

(Source: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)

Section 701.90 Medical and Mental Health Care

a) Medical and Mental Health Services
All jails shall provide a competent medical authority to ensure that the following documented medical and mental health services are available:

1) Collection and diagnosis of complaints.
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2) Treatment of ailments.

3) Prescription of medications and special diets.

4) Arrangements for hospitalization.

5) Liaison with community medical facilities and resources.

6) Environmental health inspections.

7) Supervision of special treatment programs, as for alcohol and other drug dependent detainees.

8) Administration of medications.

9) Maintenance and confidentiality of accurate medical and mental health records.

10) Maintenance of detailed records of medical supplies, particularly of narcotics, barbiturates, amphetamines, and other dangerous drugs.

b) Physician, Mental Health, and Dental Services

1) A medical doctor shall be available to attend the medical and mental health needs of detainees. Arrangements shall be made for provision of emergency dental care as determined necessary by a dentist or a medical physician.

   A) Arrangements shall be made for provisions of emergency dental care as determined necessary by a dentist or a physician.

   B) Professional mental health services may be secured through linkage agreements with local and regional providers or independent contracts. Linkage agreements and credentials of independent contractors shall be documented.

2) General medical physician services may be provided by:

   A) Staff physicians;
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B) Contractual services; or

C) A nearby hospital.

e) Admission Examination

1) All persons admitted to confinement shall undergo a physical assessment as prescribed in Section 701.40(i).

2) Newly admitted persons suspected of having any type of communicable disease shall be isolated and an immediate referral shall be made to the jail physician for possible transfer to a medical facility unless the admitting facility can safely and effectively segregate and maintain a medically prescribed course of treatment.

3) All detainees confined shall be given a medical screening by a medical doctor, a registered nurse, a licensed practical nurse, or a physician assistant within 14 days after confinement and as required by a medical doctor thereafter.

d) Sick Call

1) A schedule shall be established for daily sick call.

2) The names of those detainees reporting to sick call shall be recorded in the medical log.

3) Detainees with emergency complaints shall receive attention as quickly as possible, regardless of the sick call schedule.

4) Non-medical jail staff may issue any form of over-the-counter medication, providing the attending physician gives prior written approval to the facility for such issue and the issue is made at the request of the detainee.

e) Written Record or Log

A written record shall be maintained, as part of the detainee's personal file, of all treatment and medication prescribed, including the date and hour such treatment and medication is administered. A written record shall be maintained of over-the-counter medication, for example, aspirin, cough medicine, etc., issued by jail staff. A written record shall be kept of all detainees' special diets.
f) Medical Security

1) Security of medical supplies shall be maintained at all times. Drugs, including over-the-counter medication, and other abusable medical supplies shall be secured and accessible only to designated staff.

2) When a physician or other medical personnel attends patients at the facility, a jail officer shall be present to maintain order, prevent theft of medication, equipment, or supplies, and to assure an orderly process.

3) Detainees shall receive one dose of medication at a time and shall be required to ingest medication in the presence of a medical staff member or jail officer.

4) Detainees shall not be assigned to work with or have access to medical supplies, patients, records, or medications.

g) First Aid Training

At least one member of the jail staff on each shift shall have completed a recognized course of first aid training, including cardiopulmonary resuscitation (CPR).

h) Mental Health Training

Annually, mental health professionals shall provide training to all jail officers and other personnel primarily assigned to correctional duties on suicide prevention and mental health issues.

1) Suicide prevention training shall include the nature and symptoms of suicide; the specifics of identification of suicidal individuals through the recognition of verbal and behavioral cues, situational stressors, evaluation of detainee coping skills, and other signs of potential risk; monitoring; evaluation; stabilization; and referral of suicidal individuals.

2) Mental health training shall include the nature of mental illness; symptoms; specifics of identification of mentally ill individuals through the recognition of verbal and behavioral cues symptoms of mental illness, situational stressors, evaluation of detainee coping skills, and other signs of potential risk; monitoring; evaluation; stabilization; and referral of the mentally ill detainee.
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i) First Aid Supplies
Those facilities not having a dispensary shall maintain a stock of first aid supplies for the treatment of cuts, bruises, sprains, and other minor injuries.

j) Tuberculosis (TB) Isolation
The following standards shall be followed for TB isolation rooms, where provided, and associated shower rooms.

1) Supplied air to a room should be a continuous and constant volume. Variable air volume devices should be locked open. Air flow should be measured and balanced to original building specifications. The air supplied must be a minimum of six air changes per hour.

2) Air returns shall be permanently sealed.

3) All air from the room shall be exhausted to the exterior of the building. Exhaust air volume in a room must always be greater than the supplied air volume. Several rooms may be exhausted from one exhaust fan.

   A) Where feasible, the exhaust fan outlet at the exterior of the building shall be situated to prevent room air from being discharged near inhabited areas, building air intakes, and exterior zones of stagnant or trapped air.

   B) Where the above is not feasible, room air should be directly exhausted through a high efficiency particulate air (HEPA) filtration system. If a HEPA system is utilized, the system shall be installed and filters shall be replaced as recommended by the system manufacturer.

4) An air pressure switch or sail switch should be placed in the exhaust air duct. This switch should illuminate a red light at an occupied station when air flow in the duct is disrupted. A sign should be placed next to the red light instructing individuals to call the maintenance department immediately when the red light is illuminated. Facilities using a window exhaust fan or through wall unit shall install a similar indicator light showing loss of power.

5) A differential air pressure gauge should be used to monitor each isolation
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...room. The gauge has two ports. The gauge shall be piped per the manufacturer's instructions. One port shall be piped to the isolation room. The other shall be piped to the hallway outside that room. The gauges shall be placed in a location where they are convenient to read, but are also protected from vandalism and damage. They may require a cover or other protective device. The staff shall be responsible for monitoring these gauges to ensure differential pressure is being maintained.

6) Operable windows must be closed permanently or made inoperable.

7) The corridor door to the isolation room must have a door closer installed. The corridor door must not be allowed to remain in the open position when the room is occupied.

(Source: Amended at 28 Ill. Reg. 13729, effective October 1, 2004)
DEPARTMENT OF HUMAN SERVICES
NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Application

2) Code Citation: 89 Ill. Adm. Code 557

3) Section Number: Adopted Action:
   557.20 Amendment

4) Statutory Authority: Implementing and authorized by Sections 3(a),(b), and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3(a), (b) and (k)]

5) Effective date of amendment: October 1, 2004

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

7) Does this amendment contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency’s principal office and is available for public inspection.


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

11) Differences between proposal and final version: None

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

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

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

15) Summary and purpose of amendment: Due to some confusion on interpreting this rule, the Department has decided to make grammatical changes. This rulemaking is being proposed to clarify language regarding Customer’s Geographic Assignment to DHS-ORS offices.

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

   Tracie Drew, Chief
   Bureau of Administrative Rules and Procedures
   Department of Human Services
   100 South Grand Avenue East
DEPARTMENT OF HUMAN SERVICES
NOTICE OF ADOPTED AMENDMENT

Harris Building, 3rd Floor
Springfield, Illinois  62762
217/785-9772

17) Does this amendment require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code [30 ILCS 50/5-25]? No

The full text of the Adopted Amendment begins on the next page:
DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

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

PART 557
APPLICATION

Section
557.10 General Applicability
557.20 Geographical Customer Assignment
557.30 Application for Vocational Rehabilitation Services
557.40 Parent or Guardian Signature
557.50 Assistance in Attaining Necessary Financial Support
557.60 Application for Services by DHS-ORS Employees, Individuals Holding Contracts with DHS-ORS, DHS-ORS Advisory Council Members, Family Members of DHS-ORS Employees or Close Friends of DHS-ORS Employees

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


Section 557.20 Geographical Customer Assignment

a) VR customers may choose to work with the DHS-ORS office that best meets their needs using the principle of informed choice. Specialty districts exist for certain types of disabilities and for certain universities. Customers will be provided information that will assist them in making informed choice. If the customer chooses an office location that requires further travel, DHS-ORS shall not be responsible for assuming the additional travel expenses.
b) If the customer's case is to be transferred to the DHS-ORS office in the new geographic area, the customer's case shall meet all of the following conditions:

1) The case record indicates VR services are currently being provided or there is a need for future VR services;

2) the customer has been informed of the transfer; and

3) after review by the receiving office, it is confirmed that the customer needs VR services.

If the case meets these conditions, the transfer shall be approved by the receiving supervisor. If the case does not meet these conditions, it should be closed in the current caseload and, if appropriate, a referral made to the new geographic area office.

(Source: Amended at 28 Ill. Reg. 13756, effective October 1, 2004)
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1) Head of the Part: Medical Assistance Programs

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Number: Adopted Action:
   120.530 New Section

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

5) Effective date of amendment: October 1, 2004

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

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.


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

11) Differences Between Proposal and Final Version: No substantive changes have been made to the proposed rulemaking.

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

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

14) Are there any other amendments pending on this Part? Yes

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15) Summary and purpose of amendment: This new Section 120.530, "Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21", is being adopted under Subpart I, Special Programs. Relative to the current waiver provisions at 89 Ill. Adm. Code 140.645, the amendments have been updated to adhere to the current waiver as federally approved by the Centers for Medicare and Medicaid Services (CMS). Under the waiver program, in-home care is provided for disabled persons under the age of 21 years who are medically fragile and technology dependent, and who, without the in-home waiver services, would require the level of care provided in a hospital or skilled nursing facility for children.

The amendments provide:

That the University of Illinois' Division of Specialized Care for Children (DSCC) performs the operational functions under the waiver program pursuant to an interagency agreement with the Department;

The waiver eligibility requirements;

That a determination must be made that lacking the provision of in-home care, the child would require institutionalization;

A description of all eligible services under the waiver;

Clarifications on cost effectiveness criteria and the formula for determining cost effectiveness;

Plan of Care requirements; and

A statement on non-compliance with the Department or DSCC by a family in implementing the Child's plan of care.

Related amendments repeal 89 Ill. Adm. Code 140.645, "Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons under Age 21". Section 140.645 is being repealed to allow a more appropriate placement for the waiver provisions in 89 Ill. Adm. Code 120.530.

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

Joanne Scattoloni
Office of the General Counsel, Rules Section
NOTICE OF ADOPTED AMENDMENT

Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois  62763-0002
217/524-0081

The full text of the Adopted Amendment begins on the next page:
DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120
MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section 120.1 Incorporation by Reference

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120.11 MANG(P) Eligibility
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120.32 KidCare Parent Coverage Waiver Eligibility and Income Standard
120.40 Exceptions To Use Of MANG Income Standard
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SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

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SUBPART D: MEDICARE PREMIUMS

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SUBPART E: RECIPIENT RESTRICTION PROGRAM

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120.200 Elimination Of Aid To The Medically Indigent
120.208 Client Cooperation (Repealed)
120.210 Citizenship (Repealed)
120.211 Residence (Repealed)
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120.215 Relationship (Repealed)
120.216 Living Arrangement (Repealed)
120.217 Supplemental Payments (Repealed)
120.218 Institutional Status (Repealed)
120.224 Foster Care Program (Repealed)
120.225 Social Security Numbers (Repealed)
120.230 Unearned Income (Repealed)
120.235 Exempt Unearned Income (Repealed)
120.236 Education Benefits (Repealed)
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120.240 Unearned Income In-Kind (Repealed)
120.245 Earmarked Income (Repealed)
120.250 Lump Sum Payments and Income Tax Refunds (Repealed)
120.255 Protected Income (Repealed)
120.260 Earned Income (Repealed)
120.261 Budgeting Earned Income (Repealed)
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120.270 Recognized Employment Expenses (Repealed)
120.271 Income From Work/Study/Training Program (Repealed)
120.272 Earned Income From Self-Employment (Repealed)
120.273 Earned Income From Roomer and Boarder (Repealed)
120.275 Earned Income In-Kind (Repealed)
120.276 Payments from the Illinois Department of Children and Family Services (Repealed)
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SUBPART I: SPECIAL PROGRAMS

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120.500 Health Benefits for Persons with Breast or Cervical Cancer
120.510 Health Benefits for Workers with Disabilities
120.520 SeniorCare
120.530 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
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120.TABLE A Value of a Life Estate and Remainder Interest
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SUBPART I: SPECIAL PROGRAMS

Section 120.530 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21

a) The Department shall administer a home and community-based service (HCBS) waiver program as set forth in 305 ILCS 5/5-2(7) and 305 ILCS 5/5-2.05(a) and pursuant to Section 1915(c) of the Social Security Act (42 USC 1396n(c)) for disabled persons under the age of 21 years who are medically fragile and technology dependent. Individuals under the age of 21 years who require institutionalization solely because of a severe mental or developmental impairment are not eligible to receive services under the waiver.

b) A determination must be made that, except for the provision of in-home care, these individuals would require the level of care provided in a hospital or a facility that is Medicaid certified as an Intermediate Care Facility for the Mentally Retarded and licensed by the Department of Public Health under 77 Ill. Adm. Code 390 as a long-term care facility for persons under 22 years of age (SNF/PED).

c) The Division of Specialized Care for Children (DSCC) shall perform operational functions under the HCBS waiver program pursuant to an interagency agreement with the Department.

d) In addition to being eligible for all of the services set forth in 89 Ill. Adm. Code 140.3, individuals covered under the HCBS waiver are eligible for the following waiver services:

1) Respite care;

2) Environmental modifications;

3) Special medical supplies and equipment;
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4) Medically supervised day care;

5) Family and nurse training; and

6) Maintenance counseling.

e) Eligibility is subject to Department review. In order to be eligible for a HCBS waiver, an individual must meet all of the following criteria:

1) The individual is under 21 years of age and has been determined to be disabled as defined in Section 120.314; and

2) A medical needs assessment has been performed by an attending physician and the attending physician has determined that, without home and community-based services, the individual would require the level of care provided by a hospital or SNF/PED and that such level of care can be provided safely in the home and community through the provision of medical support services referenced in subsection (d) of this Section; and

3) The estimated cost to the State for in-home care, as compared to the institutional level of care appropriate to the individual’s medical needs (hospital or SNF/PED), cannot exceed:

A) if the appropriate comparable institutional level of care for a ventilator dependent individual is a hospital, the greater of:

   i) 125 percent of the Statewide average per diem expenditure for hospital care for the previous fiscal year; or

   ii) 100 percent of the average per diem expenditure provided in the hospital from which the individual was placed; or

B) if the appropriate comparable institutional level of care for a non-ventilator dependent individual is a hospital, 125% of the Statewide average per diem expenditure for hospital care in the previous fiscal year; or

C) if the appropriate comparable institutional level of care for the individual is a SNF/PED:
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i) the per diem rate of the geographically closest SNF/PED meeting the individual’s medical needs; or

ii) if the individual requires exceptional care services pursuant to 89 Ill. Adm. Code 144.100, an exceptional care rate based on the individual’s medical needs; and

4) The individual would be eligible for Medicaid if his or her responsible relative's income and resources were excluded from consideration; and

5) A written plan of care has been developed and approved pursuant to subsection (f) of this Section.

f) Plan of Care

1) The Department shall review and approve the level of home and community-based services based on a written plan of care developed by the individual’s attending physician, family or guardian and DSCC.

2) At a minimum, the plan of care must describe the medical and other services to be furnished, the frequency of the services, the type of provider required to render the service and a description of the family's or guardian’s active participation as care givers in meeting the individual’s medical needs.

3) The Department has the authority to approve a cost-effective alternative to services in the plan of care, as long as the alternative services meet the medical needs of the individual.

4) When determining the hours of nursing care necessary to maintain the individual at home, consideration shall be given to the availability of other services, including direct care provided by the individual’s family or guardian, that can reasonably be expected to meet the medical needs of the individual.

5) During the first 18 months of participation in the waiver, the Department will review and approve the individual’s plan of care every six months. After the first 18 months, the Department will review the plan of care
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every six months and, depending upon the individual’s medical condition, may approve the plan of care for a period not to exceed 12 months.

6) Based on the results of the Department’s review, a new plan of care may be developed if warranted by a change in the individual’s need for medical services or a change in the individual’s home environment.

g) Failure of a family or guardian to cooperate with the Department, DSCC, or service providers in implementing a plan of care may result in termination of benefits under the HCBS waiver if the Department determines that, as a result of such non-cooperation, a plan of care cannot be implemented and the health and well-being of the individual could be jeopardized.

(Source: Added at 28 Ill. Reg. 13760, effective October 1, 2004)
DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

1) **Heading of the Part:** Medical Payment

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

3) **Section Number:**
   - 140.645
   - **Adopted Action:** Repeal

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

5) **Effective date of amendment:** October 1, 2004

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this amendment contain incorporations by reference?** No

8) **A copy of the adopted amendment, 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 Illinois Register:** February 27, 2004; 28 Ill. Reg. 3700

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

11) **Differences Between Proposal and Final Version:** No changes have been made to the proposed rulemaking.

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 amendment replace any emergency amendment currently in effect?** No

14) **Are there any other amendments pending on this Part?** Yes

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140.456  Amendment   July 26, 2004 (28 Ill. Reg. 9923)
140.523  Amendment   August 27, 2004 (28 Ill. Reg.12066)

15) Summary and purpose of amendment: Section 140.645, "Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons under Age 21", is being repealed because it is outdated and to allow a more appropriate placement for the waiver provisions in 89 Ill. Adm. Code 120.530 under Subpart I, "Special Programs". The new provisions at Section 120.530 reflect the current waiver requirements as federally approved by the Centers for Medicare and Medicaid Services.

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

   Joanne Scattoloni
   Office of the General Counsel, Rules Section
   Illinois Department of Public Aid
   201 South Grand Avenue East, Third Floor
   Springfield, Illinois  62763-0002
   217/524-0081

The full text of the Adopted Amendment begins on the next page:
DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

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SUBPART E: GROUP CARE

Section 140.645 Home and Community Based Services Waivers For Medically Fragile, Technology Dependent, Disabled Persons Under Age 21 (Repealed)

a) The Department shall operate waiver programs to provide medical and in-home care for disabled persons under age 21, who are medically fragile and technology dependent, to prevent unnecessary institutionalization. The waiver programs,
DEPARTMENT OF PUBLIC AID

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pursuant to Section 1915(c) of the Social Security Act, allow the Department to receive federal financial participation for payments for medical services the Department and the person's physician or physicians agree are necessary.

b) The Department operates two home and community based services waivers for medically fragile and technology dependent persons under age 21.

1) Model Waiver I

A) Serves only a limited number (200) of clients.

B) Clients may receive the following services in the home: home health aides, respite care, environmental modification, private duty nursing, and special medical supplies and equipment.

2) Waiver II

A) Serves a specified number of clients, but is not limited to 200 participants.

B) Clients may receive the following services in the home: home health aides, respite care, environmental modification, private duty nursing, special medical supplies and equipment, medically supervised day care, and maintenance placement counseling.

e) Initial and continuing eligibility for the waivers is dependent upon all of the following criteria being satisfied:

1) the client is 20 years or younger and qualifies as disabled as defined under the Federal Supplemental Security Income Program (20 CFR 416, Subpart I);

2) a physician (licensed to practice medicine in all its branches) has determined that the client requires a level of care provided by a hospital, nursing facility or intermediate care facility for the mentally retarded, and has determined that such level of care can be provided outside of an institution;

3) the estimated cost to the State for care outside of an institution for the client is not greater than the estimated cost to the State for care of the
client in an institution;

4) the client would be eligible for Medicaid if the person's responsible relatives' income and resources were excluded from consideration.

d) With respect to each client who is determined by the Department to meet the criteria listed in subsection (c) above, the Department shall waive eligibility criteria for receipt of federally funded assistance pursuant to Section 1915(c) of the Social Security Act.

e) Medical coverage for a client shall be of the same extent of coverage as that provided to persons receiving medical assistance under Section 140.3.

(Source: Repealed at 28 Ill. Reg. 13775, effective October 1, 2004)
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Conditions of Employment

2) Code Citation: 80 Ill. Adm. Code 303

3) Section Number: Emergency Action:
   303.381 New Section

4) Statutory Authority: Implementing and authorized by the Personnel Code [20 ILCS 415].

5) Effective Date of Amendment: October 1, 2004

6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which it is to expire: This rulemaking has no earlier effective date specified.

7) Date Filed with the Index Department: September 30, 2004

8) A copy of the emergency amendment, 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: Adoption of emergency rules for the administration of this program is required by 30 ILCS 105/14a.5.

10) A Complete Description of the Subjects and Issues Involved: This rulemaking addresses administration of the Contingent Lump Sum Incentive Program, an employment severance incentive program authorized by 30 ILCS 105/14a.5.

11) Are there any proposed amendment to this Part pending? Yes

   303.125 Amendment 28 Ill. Reg. 9217, 7/9/04
   303.130 Amendment 28 Ill. Reg. 9217, 7/9/04
   303.135 Amendment 28 Ill. Reg. 9217, 7/9/04
   303.145 Amendment 28 Ill. Reg. 9217, 7/9/04
   303.148 Amendment 28 Ill. Reg. 9217, 7/9/04

12) Statement of Statewide Policy Objectives: This rulemaking creates no mandates with respect to local government.

13) Information and questions regarding this rulemaking shall be directed to:
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Gina Wilson
Central Management Services
720 Stratton Office Building
Springfield, Illinois  62706
217/785-1793

OR

Jeffrey Shuck
Central Management Services
720 Stratton Office Building
Springfield, Illinois  62706
217/782-5778

The full text of the Emergency Amendments begins on the next page:
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 303
CONDITIONS OF EMPLOYMENT

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SUBPART F: TUITION REIMBURSEMENT
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 303.390 Tuition Reimbursement

AUTHORITY: Implementing and authorized by the Personnel Code [20 ILCS 415] and the Organ Donor Leave Act [5 ILCS 327].


SUBPART E: EMPLOYEE SEPARATIONS

Section 303.381 Contingent Lump Sum Incentive Program

EMERGENCY

a) Under the authority granted at 30 ILCS 105/14a.5, the Department of Central Management Services hereby creates and administers a program of incentive payments for early termination of State service. The program shall be known as the Contingent Lump Sum Incentive program.
b) Persons employed during the time periods established in subsection (c)(2) and subsection (c)(3) below in any position titles with the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, the Minority Leader of the Senate, the Attorney General, the Secretary of State, the Comptroller, the Treasurer, the Auditor General, The Supreme Court, the Court of Claims, and each legislative agency, and meeting the remaining requirements of the Contingent Lump Sum Incentive Program are eligible to participate in the Contingent Lump Sum Incentive Program. Provided, however, that the directors or other heads of the above-listed departments shall limit the number of their employees who may participate, shall receive their employees' written applications, shall specify the amount of the lump sum, and shall specify how the lump sum will be determined and vouchered.

c) Persons employed during the time periods established in subsection (c)(2) and subsection (c)(3) below in any of the position titles listed in Section 14-108.5(b)(1) of the Illinois Pension Code and meeting all of the following requirements are eligible to participate in the Contingent Lump Sum Incentive Program:

1) The State employee must not have had his or her application to participate in the Alternative Retirement Cancellation Payment Plan under Section 14-108.5 of the Illinois Pension Code approved by State Employees' Retirement System. The State Employees' Retirement System shall certify to the Department of Central Management Services on October 5, 2004 a list of all persons whose applications for the Alternative Retirement Cancellation Payment Plan were approved and not previously withdrawn as of close of business September 30, 2004. An employee whose application to participate in the Alternative Retirement Cancellation Payment Plan has been certified by the State Employees' Retirement System as having been approved is not eligible to participate in the Contingent Lump Sum Incentive Program, even if the employee later terminates his or her participation in the Alternative Retirement Cancellation Payment Plan.

2) The State employee must have been an active State employee on payroll on any day during June 2004 in a position listed in Section 14-108.5(b)(1) of the Illinois Pension Code and continuously employed in a position listed in Section 14-108.5(b)(1) of the Illinois Pension Code on and after January 1, 2004.
3) The State employee must terminate his or her State employment no earlier than November 1, 2004 and not later than December 31, 2004. Employment will be considered terminated for the purposes of the Contingent Lump Sum Incentive Program on the date when the employee's resignation becomes effective. Applications that do not specify an effective resignation date will be denied. No employee terminating his or her employment as part of this Contingent Lump Sum Incentive Program shall be denied reinstatement for not having provided sufficient advance notice. Termination for purposes of this Contingent Lump Sum Incentive Program includes only voluntary resignation in conjunction with application to the Contingent Lump Sum Incentive Program and does not include discharge or dismissal for any reason.

4) State employees wishing to participate in the Contingent Lump Sum Incentive Program must apply in writing to the Department of Central Management Services no earlier than October 4, 2004 and not later than October 31, 2004. Applications postmarked or hand delivered before October 4, 2004 will not be processed and will be considered void and of no effect. The applications may mailed via U.S. mail to the following address:

Contingent Lump Sum Incentive Program
Central Management Services
Bureau of Personnel, Room 503
Stratton Office Building
Springfield, Illinois 62706

Applications may also be hand delivered to the address above or to the Department of Central Management Services, Office of Personnel, James R. Thompson Center, Suite 3-300, 100 West Randolph Street, Chicago, Illinois 60601. Hand-delivered applications will be considered received on the date stamped thereon by the Department of Central Management Services. Mailed applications will be considered received on the date postmarked on the envelope by the U.S. Post Office. Applications delivered by any commercial carrier will be considered received on the date stamped thereon by the Department of Central Management Services. No applications will be accepted via facsimile transmission. An application form specifying the required information is available on the Department of Central Management Services' website (http://cms-intra.state.il.us) and at the Department of Central Management Services'
NOTICE OF EMERGENCY AMENDMENTS

addresses indicated above in this subsection (c)(4). Use of the form is not required, but in order to be approved, every application must include the following information:

A) employee's full name;

B) employee's current mailing address;

C) employee's social security number;

D) employee's date of birth;

E) State agency or department where currently employed;

F) employee's vacation earning date (which may be obtained from the employing agency);

G) employee's resignation, which must specify an effective date no earlier than November 1, 2004 and no later than December 31, 2004; and

H) employee's original signature (a photocopy or facsimile will not be accepted).

5) The number of individuals eligible to participate in the Contingent Lump Sum Incentive Program is limited to 3000 employees, minus the number of persons certified by the State Employees' Retirement System on October 5, 2004 to have had their applications for participation in the Alternative Retirement Cancellation Payment Plan approved as of close of business on September 30, 2004. In the event the number of applications for participation in the Contingent Lump Sum Incentive Program exceeds the above-described participation limit, the Department of Central Management Services may randomly select, from among all applications received on the day the limit is reached, the number of applications necessary only to reach the above-described participation limit. On the date the above-described limit has been reached, the Contingent Lump Sum Incentive Program will be closed and only those employees whose applications have been received as of that date will be considered for participation, regardless of whether any of the applications received are denied as being ineligible.
d) The Department of Central Management Services' denial of an application or calculation of lump sum payment amount may be appealed. The Director of the Department of Central Management Services shall appoint a designee to serve as a hearing officer. A written appeal may be submitted within 15 days of the date an application is denied. The appeal shall state the decision being challenged and indicate the alleged error. The appeal may include any documents or written statement the applicant wishes to have considered. No hearing or oral argument will be provided. The determination of the hearing officer shall be final.

e) The lump sum payment to any individual under the Contingent Lump Sum Incentive Program shall be the equivalent of 25% of final monthly rate of pay in effect as of the date of receipt of application for every completed year of State service, up to but not to exceed 13 years. Final monthly rate of pay shall be considered a participant's base salary, calculated on a monthly basis, and does not include such additions as temporary assignment pay, bilingual pay, longevity pay, shift differential, overtime, summer contracts, or other such additions to base salary, nor any reductions such as dock time from base salary.

Under this Contingent Lump Sum Incentive Program, completed years of State service shall be defined as the number of full years between the employee's vacation earning date (as reflected on the records of the employing agency) through the effective date of the employee's resignation. No credit toward completed years of State service shall be granted based on accrued sick or vacation time or any other service not reflected in the vacation earning date.

The formula noted above notwithstanding, in no event shall any participant's lump sum payment under the Contingent Lump Sum Incentive Program exceed the compensation earned by that individual during the 6 months immediately preceding the date of receipt of his or her application. For purposes of calculating this cap, compensation earned shall be defined as all sums paid to a participant for services rendered. Excluded from this definition is any sum not earned, including but not limited to reimbursement of travel expenses, disability or other leave benefits, worker's compensation benefits and unemployment benefits.

The lump sum will be payable out of the personal services appropriation from which the participant's salary was paid. The payment shall be vouchedered as a "Contingent Lump Sum Incentive Program" payment and reflect retirement code 4. Social Security withholding on Contingent Lump Sum Incentive Program payments shall be treated the same as each participant's regular pay. The payment
shall be vouchered separately and not combined with any other payment due to the employee. In no case shall any lump sum payment under the Contingent Lump Sum Incentive Program be paid until at least 30 days after the employee's last pay date.

f) The Contingent Lump Sum Incentive Program does not include any payment to participants or any other party for any amounts representing the cost of the employee's health benefit coverage.

g) Receipt of a lump sum payment under the Contingent Lump Sum Incentive Program does not affect an employee's contributions into or status with respect to any State retirement system.

h) A participant in the Program who returns to State employment (other than as a temporary employee for not more than 75 days per calendar year) thereby forfeits the incentive payments received under the Contingent Lump Sum Incentive Program and must repay those amounts to the Department of Central Management Services in the case of a person listed under Section 14-108.5(b)(1) of the Illinois Pension Code, or to the department or agency at which he is employed in the case of a person listed under Section 14-108.5(b)(2) of the Illinois Pension Code. Such repayment must be made within 60 days of the participant's return to State employment.

(Source: Amended by emergency rulemaking at 28 Ill. Reg. 13795, effective September 30, 2004, for a maximum of 150 days)
DEPARTMENT OF CORRECTIONS

NOTICE OF EMERGENCY AMENDMENT

1) **Heading of the Part**: Health Care

2) **Code Citation**: 20 Ill. Adm. Code 415

3) **Section Number**: 415.40

4) **Emergency Action**: Amend

5) **Statutory Authority**: Implementing Sections 3-2-2, 3-6-2, 3-7-2, 3-8-2, 3-10-2, 3-10-3, and 5-2-6 of the Unified Code of Corrections [730 ILCS 5/3-2-2, 3-6-2, 3-7-2, 3-8-2, 3-10-2, 3-10-3, and 5-2-6] and authorized by Section 3-7-1 of the Unified Code of Corrections [730 ILCS 5/3-7-1].

6) **Effective Date of Amendment**: October 1, 2004

7) **If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which it is to expire**: Not applicable.

8) **Date Filed with the Index Department**: September 29, 2004

9) **A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection**.

10) **Reason for Emergency**: The Department is adopting this amendment to ensure juveniles for whom the Department provides community mental health services continue to have access to the services with providers who have been certified via 59 Ill. Adm. Code 132, Medicaid Community Mental Health Services Program.

11) **A Complete Description of the Subjects and Issues Involved**: The Department is amending this Part to clarify that community mental health services offered through the Department for juveniles released on parole or Mandatory Supervised Release shall be provided in accordance with 59 Ill. Adm. Code 132, Medicaid Community Mental Health Services.

12) **Are there any amendments to this Part pending?**: No

13) **Statement of Statewide Policy Objective**: This rulemaking does not create or expand any State mandate.

14) **Information and questions regarding this emergency amendment shall be directed to**: 
DEPARTMENT OF CORRECTIONS

NOTICE OF EMERGENCY AMENDMENT

Beth Kiel
Illinois Department of Corrections
1301 Concordia Court
P. O. Box 19277
Springfield, Illinois 62794-9277
217/522-2666, extension 6507

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

NOTICE OF EMERGENCY AMENDMENT

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I: DEPARTMENT OF CORRECTIONS
SUBCHAPTER d: PROGRAMS AND SERVICES

PART 415
HEALTH CARE

Section
415.10 Applicability
415.15 Responsibilities
415.20 Definitions
415.30 Medical and Dental Examinations and Treatment
415.40 Mental Health Services

EMERGENCY
415.50 Mental Health Examinations and Treatment for Guilty but Mentally Ill
415.60 Review of Placements in a Specialized Mental Health Setting
415.70 Involuntary Administration of Psychotropic Medication
415.80 Organ Transplants

AUTHORITY: Implementing Sections 3-2-2, 3-6-2, 3-7-2, 3-8-2, 3-10-2, 3-10-3, and 5-2-6 of the Unified Code of Corrections [730 ILCS 5/3-2-2, 3-6-2, 3-7-2, 3-8-2, 3-10-2, 3-10-3, and 5-2-6] and authorized by Section 3-7-1 of the Unified Code of Corrections [730 ILCS 5/3-7-1].


Section 415.40 Mental Health Services
EMERGENCY

a) Persons committed to the Department shall have access to mental health services as determined by a mental health professional.

b) Community mental health services offered through the Department for juveniles released on parole or Mandatory Supervised Release shall be provided in accordance with 59 Ill. Adm. Code 132, Medicaid Community Mental Health
DEPARTMENT OF CORRECTIONS

NOTICE OF EMERGENCY AMENDMENT

Services. Such services shall be provided by entities that are Medicaid certified and periodically reviewed by the Department or by the Department of Human Services in accordance with 59 Ill. Adm. Code 132.

(Source: Amended by emergency rulemaking at 28 Ill. Reg. 13805, effective October 1, 2004, for a maximum of 150 days)
DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENT

1) **Heading of the Part:** General Hunting and Trapping on Department-Owned or -Managed Sites

2) **Code Citation:** 17 Ill. Adm. Code 510

3) **Section Number:** 510.10  
**Emergency Action:** Amendment

4) **Statutory Authority:** Implementing and authorized by Sections 1.2, 1.3, 1.4, 1.13, 1.20, 2.1, 2.2, 2.6, 2.7, 2.9, 2.13, 2.18, 2.20, 2.24, 2.25, 2.26, 2.27, 2.28, 2.30, 2.33 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 1.4, 1.13, 1.20, 2.1, 2.2, 2.6, 2.7, 2.9, 2.13, 2.18, 2.20, 2.24, 2.25, 2.26, 2.27, 2.28, 2.30, 2.33 and 3.5] and by Section 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-515].

5) **Effective Date of Emergency Amendment:** October 1, 2004

6) **If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:** Not applicable.

7) **Date filed with the Index Department:** September 29, 2004

8) **A copy of the emergency amendment, including any material incorporated by reference, is on file in the Department of Natural Resource's principal office and is available for public inspection.**

9) **Reason for Emergency:** Tracking dogs on State sites will not be allowed due to hunter density, in an effort to maintain quality hunting experiences and to keep dogs from flushing deer and other game animals from refuges and restricted areas.

10) **A Complete Description of the Subjects and Issues Involved:** Public Act 93-0807, effective July 24, 2004, made it legal in Illinois for persons to track wounded deer with dogs on a lead up to 50 feet. This emergency is necessary to maintain a quality hunting experience on public properties, and for the public's safety and welfare. Use of tracking dogs on public properties will be prohibited until controls can be implemented to avoid conflicts and hunters can be educated about the presence and use of dogs.

11) **Are there any other proposed amendments pending on this Part?** Yes

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<th>Proposed Action</th>
<th>Illinois Register Citation</th>
</tr>
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<tbody>
<tr>
<td>510.10</td>
<td>Amendment</td>
<td>12548, September 10, 2004</td>
</tr>
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DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENT

12) **Statement of Statewide Policy Objective:** This rulemaking does not affect units of local government.

13) **Information and questions regarding this amendment shall be directed to:**

   Jack Price, Legal Counsel  
   Department of Natural Resources  
   One Natural Resources Way  
   Springfield IL  62702-1271  
   217/782-1809

The full text of the Emergency Amendment begins on the next page:
DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENT

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFE

PART 510
GENERAL HUNTING AND TRAPPING ON
DEPARTMENT-OWNED OR -MANAGED SITES

Section 510.10 General Site Regulations

EMERGENCY

510.20 Hunting and Trapping by Special Permit

AUTHORITY: Implementing and authorized by Sections 1.2, 1.3, 1.4, 1.13, 1.20, 2.1, 2.2, 2.6, 2.7, 2.9, 2.13, 2.18, 2.20, 2.24, 2.25, 2.26, 2.27, 2.28, 2.30, 2.33 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 1.4, 1.13, 1.20, 2.1, 2.2, 2.6, 2.7, 2.9, 2.13, 2.18, 2.20, 2.24, 2.25, 2.26, 2.27, 2.28, 2.30, 2.33 and 3.5] and by Section 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-515].


Section 510.10 General Site Regulations

EMERGENCY

a) Regulations
All the regulations cited in this Part apply to all Department species rules, unless the species rule is more restrictive.
b) Definitions:

1) Unauthorized person – any individual who is not a Department employee or an individual who is not present for the purpose of hunting or trapping.

2) Designated area – a defined location at a site with a set boundary within which only a specified recreational activity such as hunting or trapping may take place during a publicly announced time period.

3) Hunting/Trapping area – any portion of a site where actual hunting and/or trapping takes place. It does not include places such as parking lots, check stations, pavilions, or picnic areas associated with a hunting/trapping area.

4) Restricted area – a defined location at a site with a set boundary within which hunting and/or trapping is prohibited.

5) Refuge area – a defined location at a site with a set boundary within which no public activity or presence is allowed, except as authorized by the Department when it is determined that activity such as nature studies, hiking, fishing or camping would not be detrimental to the purpose of the refuge.

6) Adult – a person 18 years of age or older.

7) Waterfowl rest area – a defined location at a site with a set boundary within which no public activity or presence is allowed for a specified period of time, except as authorized by the Department.

8) Hunter or trapper quota – The maximum number of hunters or trappers that can be accommodated at a site at any one time. Hunter and trapper quotas are determined by the formula of one hunter or trapper per 10-40 huntable acres. The number of huntable acres is determined by, but not limited to, the biological studies on the number of available animals within a species, the condition, topography and configuration of the land at the site, the condition of the roads at the site and the number of employees available to work at the site.

9) Publicly announced – The information referred to will be included on the Department's Internet Home Page at http://dnr.state.il.us, published in Outdoor Illinois, provided to outdoor writers for newspapers, and placed
DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENT

on the Department's Toll Free Hotline.

c) It shall be unlawful:

1) For any person to possess any alcoholic beverage while in any hunting/trapping area for the purpose of hunting or trapping.

2) To hunt or trap on any site with a manned check station without first declaring game killed on a previous hunt and in possession either on the hunter's person or in his vehicle.

3) To construct or use any tree stand using nails, screws or any device which pierces or cuts the bark of the tree on which it is installed.

4) To hunt or trap in a restricted area.

5) For unauthorized persons to use or occupy in any manner designated hunting areas during the permit dove hunting season and controlled pheasant hunting season at sites holding such seasons, or during any hunting season where such restrictions are so posted at the site, when authorized hunting is in progress.

6) To enter a refuge, restricted area or waterfowl rest area unless authorized by the Department.

7) To hunt or trap on any Department-owned or -managed land that is not a designated area pursuant to applicable species rules (17 Ill. Adm. Code 530, 550, 570, 590, 650, 660, 670, 680, 690, 710, 715, 720, 730, and 740).

8) To buy, sell or commercialize hunting or trapping rights, directly or indirectly, except that this does not apply to Department of Natural Resources hunting or trapping fees or to the operation of controlled pheasant hunting on Department lands pursuant to a written concession agreement.

9) To hunt or trap without a valid permit where permits are required.

10) To hunt with any weapon except shotgun or bow and arrow unless otherwise specified.
DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENT

11) to track deer with dogs on any Department owned or managed site.

d) Specific Management Procedures

1) Specific management procedures will be posted at either check stations or site parking lots at the site so the procedures will be visible to the public.

2) Where there is a check station in operation, or where designated, hunters must sign in and/or sign out, and report their kill within fifteen minutes, or as posted, after completing their hunt. Some areas require the wearing of a back patch and depositing hunting license (or Firearm Owner's Identification card if the hunter is exempt from buying a license).

3) In the event that Department budget reductions or site staffing reductions make the operation of check stations impractical, State sites that now require check stations and other restrictive hunter regulations may be opened to statewide regulations or closed to hunting by posting such notice at the site.

4) At sites where windshield permits are issued, such permits must be displayed in a location visible through the windshield of the vehicle while hunting.

5) Department will have the authority to issue site specific deer permits in addition to any other deer permits issued by the Department (see Parts 650, 660, 670 and 680); and to designate the sex of deer (antlered or antlerless) that hunters may harvest through site-specific regulations.

6) All hunter or trapper quotas are filled on a first come-first served basis unless a drawing or special permit is used. The Department shall use a special permit or drawing whenever past hunter or trapper participation at a particular site reveals that the demand exceeds the quota established by the Department. Hunters or trappers will be notified as expeditiously as possible through site postings, news releases or public announcements when quotas are established.

7) During pheasant, rabbit, quail and partridge season, hunters and trappers are required to wear a cap and upper outer garment of solid and vivid blaze orange of at least 400 square inches while trapping or hunting pheasant, quail, Hungarian partridge, rabbit, snipe, rail and woodcock.
DEPARTMENT OF NATURAL RESOURCES

NOTICE OF EMERGENCY AMENDMENT

(Source: Amended by emergency rulemaking at 28 Ill. Reg. 13809, effective October 1, 2004, for a maximum of 150 days)
1) **Heading of the Part:** Pharmaceutical Assistance Program

2) **Code Citation:** 89 Ill. Adm. Code 119

3) **Section Numbers:**
   - 119.10 New Section
   - 119.20 New Section
   - 119.30 New Section
   - 119.40 New Section
   - 119.50 New Section
   - 119.60 New Section
   - 119.70 New Section
   - 119.80 New Section
   - 119.90 New Section
   - 119.100 New Section
   - 119.110 New Section
   - 119.120 New Section
   - 119.130 New Section
   - 119.140 New Section

4) **Statutory Authority:** Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Executive Order 2004-3

5) **Effective Date:** October 1, 2004

6) **If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:** Not Applicable

7) **Date Filed with the Index Department:** October 1, 2004

8) **A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.**

9) **Reason for Emergency:** This emergency rulemaking is being filed pursuant to Executive Order 2004-3 under which reimbursement related responsibilities for the Pharmaceutical Assistance Program were transferred to the Department, effective July 1, 2004. This Program enables low-income senior citizens and disabled persons to afford medication for the treatment of specified medical conditions. Immediate implementation of these rules is necessary to ensure that recipients have continued access to necessary medications and to allow rapid access to benefits for new beneficiaries under the automatic enrollment provisions of the rules.
10) **Complete Description of the Subjects and Issues Involved:** This emergency rulemaking establishes the Pharmaceutical Assistance Program, which is designed to enable low-income senior citizens and disabled persons to afford medication for the treatment of specified medical conditions. The Program, which was initially administered by the Department of Revenue, was transferred to the Department of Public Aid and the Department on Aging by Executive Order 2004-3, effective July 1, 2004. Under the Act, the Department has undertaken reimbursement related activities, while the Department on Aging is responsible for screening and eligibility determinations. However, under Section 119.40, the Department may auto-enroll eligible beneficiaries with a Medicare discount card sponsor authorized under the federal Medicare Modernization Act of 2003 (Public Law 108-391) if the member is potentially eligible for Transitional Assistance under the Act. This will allow the coordination of the members’ Medicare prescription drug benefit coverage with coverage under the Pharmaceutical Assistance Program.

The annual cost of the Pharmaceutical Assistance Program is expected to be approximately $74.5 million.

11) **Are there any other amendments pending on this Part?** No

12) **Statement of Statewide Policy Objectives:** These emergency amendments neither create nor expand any State mandate affecting units of local government.

13) **Information and questions regarding these amendments shall be directed to:**

   Joanne Scattoloni  
   Office of the General Counsel, Rules Section  
   Illinois Department of Public Aid  
   201 South Grand Avenue East, Third Floor  
   Springfield, Illinois 62763-0002  
   (217) 524-0081

The full text of the Emergency Amendments begins on the next page:
DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY RULES

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 119
PHARMACEUTICAL ASSISTANCE PROGRAM

Section 119.10 Purpose of the Pharmaceutical Assistance Program
EMERGENCY

119.20 Definitions
EMERGENCY

119.30 Covered Prescription Drugs
EMERGENCY

119.40 Automatic Enrollment of Program Beneficiaries
EMERGENCY

119.50 Fees and Co-Payments
EMERGENCY

119.60 Determination of Cost of Covered Prescription Drugs
EMERGENCY

119.70 Authorized Pharmacy Qualifications
EMERGENCY

119.80 Assignment and Coordination of Benefits
EMERGENCY

119.90 Payments to Authorized Pharmacies
EMERGENCY

119.100 Execution of Contracts
EMERGENCY

119.110 Limitation on Prescription Size
EMERGENCY

119.120 Inspection and Disclosure of Records
EMERGENCY

119.130 Establishment of Liens
EMERGENCY

119.140 Penalties
EMERGENCY

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SOURCE: Adopted by emergency rulemaking at 28 Ill. Reg. 13816, effective October 1, 2004, for a maximum of 150 days.

Section 119.10 Purpose of the Pharmaceutical Assistance Program

The Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (Act) [320 ILCS 25] provides for the establishment of a program of pharmaceutical assistance to be administered by the Department of Revenue. Executive Order 2004-3 transfers this program to the Department on Aging and Department of Public Aid, effective July 1, 2004. The purpose for this program is to enable low-income senior citizens and disabled persons to afford medication for the treatment of heart disease and its related conditions, diabetes and arthritis; and beginning January 1, 2001, cancer, Alzheimer's disease, Parkinson's disease, glaucoma, lung disease and smoking related illnesses; and beginning July 1, 2001, osteoporosis; and beginning January 1, 2004, multiple sclerosis.

Section 119.20 Definitions

The following definitions apply to the terms used in this Part:

"Act" means the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act [320 ILCS 25].

"Additional resident" means any person who is not filing a separate claim for the same claim year under this Act and who is living in the same residence with a claimant and for whom the household has provided more than half of that person's total financial support for a claim year.

"Applicant" means a claimant, any person in a household who has requested pharmaceutical assistance benefits on a claim filed by a claimant and any additional resident who would become a beneficiary if the claim is approved by the Department on Aging.

"Beneficiary" means a person whose claim for pharmaceutical assistance benefits under the Act has been approved by the Department on Aging.

"Card" means an identification card issued to a beneficiary by the Department of Revenue prior to January 1, 2001, and a Pharmaceutical Assistance Card issued to a beneficiary by the Department of Revenue or Department on Aging on and after January 1, 2001.
"Claim" means an original paper application (IDOR Form No. IL-1363, possibly using Schedule A, Schedule B, and/or Schedule P), an amended paper application (IDOR Form No. IL-1363-X), or an electronic application filed by a verified Internet Filer for pharmaceutical assistance benefits under the Act.

"Claimant" means a person who has filed a claim for pharmaceutical assistance benefits under the Act [320 ILCS 25/3.01].

"Claim year" means the calendar year prior to the year in which an applicant files a claim for pharmaceutical assistance benefits.

"Coverage year" means the period of time during which a beneficiary receives pharmaceutical assistance benefits for a claim year.

"Covered prescription drug" means any drug included in the categories listed in Section 119.30 for which the Department on Aging approves a claim for pharmaceutical assistance benefits.

"Current income" means household income for a claim year unless an applicant requests and is allowed by the Department on Aging to use projected income for a coverage year.

"Department" means the Illinois Department of Public Aid.

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

"Disabled person" means a person who is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. [320 ILCS 25/3.14]

"Disease" means a chronic and possibly recurrent illness of long duration, as distinguished from an acute illness that is of short duration with recovery due to limited medical treatment (such as in the case of colds, flu, pneumonia, bronchitis, or other similar illnesses).

"Electronic application" means the electronic document set forth in subsection (a) of 86 Ill. Adm. Code 530.305.
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"Household" means a claimant or a claimant and his or her spouse living together in the same residence. [320 ILCS 25/3.05]

"Household income" means the combined income of the members of a household for a claim year. [320 ILCS 25/3.06]

"Program" means the Pharmaceutical Assistance Program provided for under the Act.

"Projected income" means household income expected to be received for a coverage year.

"Verified Internet Filer" means a person who meets the eligibility qualifications under subsection (b) of 89 Ill. Adm. Code 530.310 and receives a confirmation number from the Department on Aging acknowledging transmission of a timely filed electronic application.

Section 119.30 Covered Prescription Drugs

EMERGENCY

a) Drugs which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act [225 ILCS 60], physician assistant licensed pursuant to the Physician Assistant Practice Act [225 ILCS 95], or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act [225 ILCS 65/Title 15] for treatment of heart disease and its related conditions, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Antihypertensives
2) Antianginals
3) Antiarrhythmics
4) Antihyperlipidemicals
5) Beta Blockers
6) Digitalis Glycosides
DEPARTMENT OF PUBLIC AID

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7) Hypertension/Shock

8) Diuretics

9) Potassium

10) Anticoagulants

b) Drugs purchased on or after January 1, 1987, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of diabetes, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Insulin

2) Insulin, Syringes and Needles

3) Oral Hypoglycemics

4) Pituitary Hormones

5) Glucose Elevators

c) Drugs purchased on or after January 1, 1987, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of arthritis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Hormones/Adrenal Cortical Steroids

2) Analgesics/Antirheumatics

3) Analgesics/Nonopiate Agonists

4) Antiprotozoals
DEPARTMENT OF PUBLIC AID

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5) Penicillamine
6) Analgesics/Narcotic Antagonists: Gout
7) Oncolytic/Antineoplastic: Antimetabolites
8) Immunosuppressives

d) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of cancer, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Alkylating Agents
2) Antimetabolites
3) Antimitotic Agents
4) Epipodophyllotoxins
5) Antibiotics
6) Hormones
7) Enzymes
8) Platinum Coordination Complexes
9) Anthracenedione
10) Substituted Ureas
11) Methylhydrazine Derivatives
12) Cytoprotective Agents
DEPARTMENT OF PUBLIC AID

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13) DNA Topoisomerase Inhibitors
14) Biological Response Modifiers
15) Retinoids
16) Monoclonal Antibodies
17) Miscellaneous Antineoplasticts
18) Narcotic Agonist Analgesics
19) Narcotic Analgesic Combinations
20) Anticonvulsants

e) Cholinesterase Inhibitor drugs purchased on or after January 1, 2001, which are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of Alzheimer's disease, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs.

f) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of Parkinson's disease, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Anticholinergics
2) Amantadine
3) Bromocriptine Mesylate
4) Carbidopa
5) Levodopa
6) Levodopa and Carbidopa
7) Pergolide Mesylate
8) Selegiline Hydrochloride
9) Entacapone
10) Tolcapone
11) Dopaminergics
12) Clonazepam

Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, therapeutically certified optometrist licensed pursuant to the Illinois Optometric Practice Act [225 ILCS 80/15.1], physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of glaucoma, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Alpha-2 Adrenergic Agonists
2) Sympathomimetics
3) Alpha-Adrenergic Blocking Agents
4) Beta-Adrenergic Blocking Agents
5) Miotics, Direct Acting
6) Miotics, Cholinesterase Inhibitors
7) Carbonic Anhydrase Inhibitors
8) Prostaglandin Agonists
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9) Miscellaneous Combinations

h) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of lung disease and smoking related illnesses, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Sympathomimetic Bronchodilators
2) Diluents
3) Xanthine Derivatives
4) Anticholinergic Bronchodilators
5) Leukotriene Receptor Antagonists
6) Leukotriene Formation Inhibitors
7) Corticosteroid Respiratory Inhalants
8) Mucolytics
9) Mast Cell Stabilizers
10) Respiratory Enzymes
11) Digestive Enzymes
12) Antiasthmatic Combinations
13) Antituberculosal Agents
14) Zyban
15) Nicotine
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i) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of osteoporosis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Bisphosphonates
2) Selective Estrogen Receptor Modulator
3) Calcitonin-Salmon

j) Drugs purchased on or after January 1, 2001, that fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act, physician assistant licensed pursuant to the Physician Assistant Practice Act, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of multiple sclerosis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

1) Corticosteroids
2) Immunomodulatory Agents (including Interferon Beta-1a and Interferon Beta-1b)
3) Immunosuppressants
4) Antineoplastics

k) A covered prescription drug must be approved by the Food and Drug Administration of the federal Department of Health and Human Services for the treatment of a specific disease category.

l) The specific covered prescription drugs which fall within each category will be listed in a handbook to be prepared and disseminated on the internet Web site of the Department. Updates regarding changes in the categories and specific covered prescription drugs will be made as necessary.

Section 119.40  Automatic Enrollment of Program Beneficiaries
EMERGENCY

The Department may auto-enroll beneficiaries with a Medicare discount card sponsor authorized under the federal Medicare Modernization Act of 2003 (P.L. 108-391) if the member is potentially eligible for Transitional Assistance under that Act. The Department shall enroll the eligible beneficiaries into the discount card sponsored by the claims administrator for the Program in order to coordinate the members' Medicare prescription drug benefit coverage with coverage under the Program.

Section 119.50 Fees and Co-Payments

EMERGENCY

a) Fees

1) An applicant must pay a fee to the Department on Aging for a card as follows:

A) An applicant must pay $5 for a card if his or her household income for a claim year is below the poverty line.

B) An applicant must pay $25 for a card if his or her household income for a claim year is at or above the poverty line. [320 ILCS 25/4(f)]

2) The term "poverty line" means the official poverty line as defined by the Federal Office of Management and Budget at 42 USC 9902(2).

3) Fees paid for cards will not be prorated if coverage is valid for a longer or shorter period than one year as determined by the Department on Aging in converting coverage to a fiscal year basis.

b) Covered Prescription Drug Co-Payments

1) A beneficiary must make co-payments to an authorized pharmacy for covered prescription drugs as follows:

A) A beneficiary who pays $5 for a card will pay no additional prescription costs until the accumulated total paid by this program reaches $2,000 for the State fiscal year, at which point the beneficiary must pay a co-payment equal to 20 percent of the cost
DEPARTMENT OF PUBLIC AID

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_of each prescription paid by this program for the remainder of the State fiscal year._

B)  _A beneficiary who pays $25 for a card must pay $3 for each prescription until the accumulated total paid by this program reaches $2,000 for the State fiscal year, at which point the beneficiary must continue to pay $3 for each prescription plus a co-payment equal to 20 percent of the cost of each prescription paid by this program for the remainder of the State fiscal year._

[320 ILCS 25/4(f)]

2) A beneficiary also must pay to an authorized pharmacy an ancillary charge for any covered prescription drug that is a brand name product if the pharmacy is reimbursed at the generic price as provided in Section 119.60(d)(2).

Section 119.60  Determination of Cost of Covered Prescription Drugs

EMERGENCY

a) The Department will pay an authorized pharmacy the reasonable cost of pharmaceutical services that such pharmacy provided to a beneficiary pursuant to a physician's oral or written prescription authorization.

b) Determination of Reasonable Cost. For contracts executed and in effect on or after July 1, 2002, the Department will determine the rate for the reasonable cost of covered prescription drugs for which payment will be made to an authorized pharmacy in an amount equal to:

1) the lesser of:

   A) the Average Wholesale Price (AWP) for the covered prescription drug minus 14 percent, based on the National Drug Code (NDC) number for the original package size from which such drug was dispensed (AWP is determined by the most current information provided by drug pricing services such as First DataBank or other source nationally recognized in the retail prescription drug industry selected by the Department's claims processing vendor); or

   B) the Maximum Allowable Cost (MAC) for the covered prescription drug, based on the MAC list for this program (MAC is determined by the Department's claims processing vendor); or
DEPARTMENT OF PUBLIC AID
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C) the usual and customary cost for the covered prescription drug; plus

2) the professional dispensing fee; less

3) any applicable co-payments, deductibles, and ancillary charges.

c) Professional Dispensing Fee. For contracts executed and in effect on or after July 1, 2002, the Department shall determine the professional dispensing fee to be charged by authorized pharmacies. The professional dispensing fee shall be in the amount of $2.55 per prescription.

d) Payment

1) Payment to authorized pharmacies will be allowed for covered prescription drugs legally marketed in accordance with the rules and regulations of the Food and Drug Administration of the federal Department of Health and Human Services.

2) Payment will be at the generic price as provided in subsection (b) unless the following conditions exist:

A) an oral prescription is filled, refilled, or renewed for a covered prescription drug that is a brand name product for which no generic equivalent is available; or

B) a written prescription is filled, refilled, or renewed for a covered prescription drug that is a brand name product for which no generic equivalent is available; or

C) beginning January 1, 2001, an oral prescription is filled, refilled, or renewed for a covered prescription drug that is a brand name product containing one or more ingredients defined as a narrow therapeutic index drug at 21 CFR 320.33 and the prescriber stipulates "brand medically necessary" and that substitution is not permitted; or

D) beginning January 1, 2001, a written prescription is filled, refilled, or renewed for a covered prescription drug that is a brand name product containing one or more ingredients defined as a narrow
DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY RULES

therapeutic index drug at 21 CFR 320.33 and indicates on its face "brand medically necessary" and that substitution is not permitted.

e) Pharmacy's Cost of On-line Communications. Each authorized pharmacy participating in this program shall pay all costs, charges and fees incurred by the pharmacy that are related to on-line communication and the processing of claims or other information sent to or from the Department or the Department's claims processing vendor.

f) The reasonable cost of covered prescription drugs available to beneficiaries in this program shall not exceed the cost of such drugs when dispensed to the general public.

g) In the event that generic equivalents for covered prescription drugs are available at lower cost, the Department shall establish the maximum allowable cost for such covered prescription drugs at the lower generic cost as provided in subsection (b).

Section 119.70 Authorized Pharmacy Qualifications

EMERGENCY

Only pharmacies that are registered in Illinois under the Pharmacy Practice Act [225 ILCS 85] are authorized pharmacies eligible to participate in this program. [320 ILCS 25/6(d)]

Section 119.80 Assignment and Coordination of Benefits

EMERGENCY

a) Where a beneficiary is entitled to benefits from any private plan of assistance, including any insurance plan, public assistance program, or third party for covered prescription drugs under this program, he or she must execute an assignment of those benefits to the Department. [320 ILCS 25/6(d)(4)]

b) The Department shall charge or collect payments from any private plan of assistance, including any insurance plan, public assistance program, or third party for any claims assigned by a beneficiary. (See 320 ILCS 25/4(f) and 6(d).)

Section 119.90 Payments to Authorized Pharmacies

EMERGENCY

Payments to authorized pharmacies under the Act shall be made in accordance with the State Prompt Payment Act [30 ILCS 540]. [320 ILCS 25/6(d)(7)]
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NOTICE OF EMERGENCY RULES

Section 119.100  Execution of Contracts

EMERGENCY

a) The Director or his or her designee has the authority to enter into written contracts with any State agency, instrumentality or political subdivision, or a fiscal intermediary for the purpose of making payments to authorized pharmacies who participate in this program and coordinating this program with other public assistance programs. [320 ILCS 25/6(d)]

b) Contracts entered into by or on behalf of the Department and authorized pharmacies shall stipulate the terms and conditions for participation in this program and the right of the Department to terminate participation for breach of contract or violation of federal or State law. [320 ILCS 25/6(d)(1)]

Section 119.110  Limitation on Prescription Size

EMERGENCY

An authorized pharmacy may not provide a beneficiary with more than a 34-day supply of any covered prescription drug in filling, refilling, or renewing a prescription, except as otherwise specified for medical or utilization control reasons in the handbook prepared and disseminated on the internet Web site of the Department. [350 ILCS 25/6(d)(2)] Such an exception is specified in the handbook for covered prescription drugs classified as maintenance drugs which are less expensive to dispense in greater quantities due to larger daily dose requirement.

Section 119.120  Inspection and Disclosure of Records

EMERGENCY

a) In order to ensure compliance with the requirements of the Act and to prevent fraud, the Department, or its designee, shall have the right:

1) to inspect the books and records of all authorized pharmacies [320 ILCS 25/6(d)(5)]; and

2) to require disclosure of information on individuals who receive health coverage, pharmaceutical benefits, or related services as policyholders, subscribers, or plan participants from entities subject to the Illinois Insurance Code [215 ILCS 5], Comprehensive Health Insurance Plan Act [215 ILCS 105], Dental Service Plan Act [225 ILCS 25], Children’s Health Insurance Program Act [215 ILCS 106], Health Care Purchasing Group Act [215 ILCS 123], Health Maintenance Organization Act [215 ILCS 125], Limited Health Service Organization Act [215 ILCS 130]
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Voluntary Health Services Plans Act [215 ILCS 165], and Worker's Compensation Act [820 ILCS 305].

b) Information received by the Department or its designee shall be confidential except for official purposes and as otherwise provided in the Act. [320 ILCS 25/4.1]

Section 119.130 Establishment of Liens

EMERGENCY

The Director is entitled to establish a lien on any and all causes of action which accrue to a beneficiary as a result of injuries for which covered prescription drugs are directly or indirectly prescribed and for which payment was made under this program. [320 ILCS 25/6(d)(3)]

Section 119.140 Penalties

EMERGENCY

a) Any person who takes either of the following actions is guilty of a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense:

1) on behalf of an authorized pharmacy, files a fraudulent claim for payment; or

2) fraudulently uses a card to obtain covered prescription drugs. [320 ILCS 25/9]

b) The Department, in cooperation with the Department on Aging, will recover from any beneficiary or authorized pharmacy any amount paid under this program on account of an erroneous or fraudulent claim, together with 6 percent interest per year.

c) A prosecution for violation of the provisions of the Act may be undertaken at any time within three years after the commission of that violation. [320 ILCS 25/9]
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

1) Heading of the Part: Food Stamps

2) Code Citation: 89 Ill. Adm. Code 121

3) Section Numbers: Peremptory Action:
   121.60 Amendment
   121.61 Amendment
   121.63 Amendment
   121.64 Amendment

4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute Which Requires this Peremptory Rulemaking: These changes are being made to conform with Food and Nutrition Service regulations.

5) Statutory Authority: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].

6) Effective Date of Amendment: October 1, 2004

7) A Complete Description of the Subjects and Issues involved: In accordance with regulations from the Food and Nutrition Service, this rulemaking revises the income eligibility standards and the benefit allowances for the Food Stamp Program.

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

9) Date Filed with the Index Department: September 30, 2004

10) A copy of the peremptory amendment, including any material incorporated by reference, is on file in the agency’s principal office and is available for public inspection.

11) This rulemaking is in compliance with Section 5-50 of the Illinois Administrative Procedure Act.

12) Are there any proposed amendments pending on this Part? Yes

<table>
<thead>
<tr>
<th>Section Numbers</th>
<th>Proposed Action</th>
<th>Illinois Register Citation</th>
</tr>
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<tbody>
<tr>
<td>121.57</td>
<td>Amendment</td>
<td>28 Ill. Reg. 10531; 07-30-04</td>
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<tr>
<td>121.58</td>
<td>Amendment</td>
<td>28 Ill. Reg. 10531; 07-30-04</td>
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<tr>
<td>121.108</td>
<td>New Section</td>
<td>28 Ill. Reg. 9818; 07-16-04</td>
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</tbody>
</table>
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

13) **Statement of Statewide Policy Objectives:** This rulemaking does not create or expand a State mandate.

14) **Information and questions regarding these peremptory amendments shall be directed to:**

   Tracie Drew, Acting Chief  
   Bureau of Administrative Rules and Procedures  
   Department of Human Services  
   100 South Grand Avenue East  
   3rd Floor, Harris Bldg.  
   Springfield, IL 62762  
   (217) 785-9772

   The full text of the Peremptory Amendments begins on the next page:
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 121
FOOD STAMPS

SUBPART A: APPLICATION PROCEDURES

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121.1 Application for Assistance
121.2 Time Limitations on the Disposition of an Application
121.3 Approval of an Application and Initial Authorization of Assistance
121.4 Denial of an Application
121.5 Client Cooperation
121.6 Emergency Assistance
121.7 Expedited Service
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SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
121.18 Work Requirement
121.19 Ending a Voluntary Quit Disqualification (Repealed)
121.20 Citizenship
121.21 Residence
121.22 Social Security Numbers
121.23 Work Registration/Participation Requirements
121.24 Individuals Exempt from Work Registration Requirements
121.25 Failure to Comply with Work Provisions
121.26 Period of Sanction
121.27 Voluntary Job Quit/Reduction in Work Hours
121.28 Good Cause for Voluntary Job Quit/Reduction in Work Hours
121.29 Exemptions from Voluntary Quit/Reduction in Work Hours Rules

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121.30 Unearned Income
121.31 Exempt Unearned Income
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121.32 Education Benefits (Repealed)
121.33 Unearned Income In-Kind
121.34 Lump Sum Payments and Income Tax Refunds
121.40 Earned Income
121.41 Budgeting Earned Income
121.50 Exempt Earned Income
121.51 Income from Work/Study/Training Programs
121.52 Earned Income from Roomer and Boarder
121.53 Income From Rental Property
121.54 Earned Income In-Kind
121.55 Sponsors of Aliens
121.57 Assets
121.58 Exempt Assets
121.59 Asset Disregards

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121.62 Income Which Must Be Annualized
121.63 Deductions from Monthly Income
121.64 Food Stamp Benefit Amount

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121.71 Living Arrangement
121.72 Nonhousehold Members
121.73 Ineligible Household Members
121.74 Strikers
121.75 Students
121.76 Households Receiving AFDC, SSI, Interim Assistance and/or GA – Categorical Eligibility

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121.82  Definition of Fraud (Renumbered)
121.83  Notification To Applicant Households (Renumbered)
121.84  Disqualification Upon Finding of Fraud (Renumbered)
121.85  Court Imposed Disqualification (Renumbered)
121.90  Monthly Reporting and Retrospective Budgeting (Repealed)
121.91  Monthly Reporting (Repealed)
121.92  Budgeting
121.93  Issuance of Food Stamp Benefits
121.94  Replacement of the EBT Card or Food Stamp Benefits
121.95  Restoration of Lost Benefits
121.96  Uses For Food Coupons
121.97  Supplemental Payments
121.98  Client Training for the Electronic Benefits Transfer (EBT) System
121.105  State Food Program (Repealed)
121.107  New State Food Program
121.120  Redetermination of Eligibility
121.125  Redetermination of Earned Income Households
121.130  Residents of Shelters for Battered Women and their Children
121.131  Fleeing Felons and Probation/Parole Violators
121.135  Incorporation By Reference
121.140  Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers
121.145  Quarterly Reporting (Repealed)

SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

Section
121.150  Definition of Intentional Violations of the Program
121.151  Penalties for Intentional Violations of the Program
121.152  Notification To Applicant Households
121.153  Disqualification Upon Finding of Intentional Violation of the Program
121.154  Court Imposed Disqualification

SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

Section
121.160  Persons Required to Participate
121.162  Program Requirements
121.163  Vocational Training
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121.164 Orientation (Repealed)
121.165 Community Work
121.166 Assessment and Employability Plan (Repealed)
121.167 Counseling/Prevention Services
121.170 Job Search Activity
121.172 Basic Education Activity
121.174 Job Readiness Activity
121.176 Work Experience Activity
121.177 Illinois Works Component (Repealed)
121.178 Job Training Component (Repealed)
121.179 JTPA Employability Services Component (Repealed)
121.180 Grant Diversion Component (Repealed)
121.182 Earnfare Activity
121.184 Sanctions for Non-cooperation with Food Stamp Employment and Training
121.186 Good Cause for Failure to Cooperate
121.188 Supportive Services
121.190 Conciliation
121.200 Types of Claims (Recodified)
121.201 Establishing a Claim for Intentional Violation of the Program (Recodified)
121.202 Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)
121.203 Collecting Claim Against Households (Recodified)
121.204 Failure to Respond to Initial Demand Letter (Recodified)
121.205 Methods of Repayment of Food Stamp Claims (Recodified)
121.206 Determination of Monthly Alotment Reductions (Recodified)
121.207 Failure to Make Payment in Accordance with Repayment Schedule (Recodified)
121.208 Suspension and Termination of Claims (Recodified)

SUBPART I: WORK REQUIREMENT FOR FOOD STAMPS

Section
121.220 Work Requirement Components (Repealed)
121.221 Meeting the Work Requirement with the Earnfare Component (Repealed)
121.222 Volunteer Community Work Component (Repealed)
121.223 Work Experience Component (Repealed)
121.224 Supportive Service Payments to Meet the Work Requirement (Repealed)
121.225 Meeting the Work Requirement with the Illinois Works Component (Repealed)
121.226 Meeting the Work Requirement with the JTPA Employability Services Component (Repealed)
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AUTHORITY: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

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SUBPART D: ELIGIBILITY STANDARDS

Section 121.60 Net Monthly Income Eligibility Standards

a) Eligible households whose net monthly income does not exceed the maximum monthly income standards shall be assigned food stamp benefits based on the net monthly food stamp income.

b) The maximum net monthly income standards are:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1..................</td>
<td>$ 776</td>
</tr>
<tr>
<td>2..................</td>
<td>1,041</td>
</tr>
<tr>
<td>3..................</td>
<td>1,306</td>
</tr>
<tr>
<td>4..................</td>
<td>1,571</td>
</tr>
<tr>
<td>5..................</td>
<td>1,836</td>
</tr>
<tr>
<td>6..................</td>
<td>2,101</td>
</tr>
<tr>
<td>7..................</td>
<td>2,366</td>
</tr>
<tr>
<td>8..................</td>
<td>2,631</td>
</tr>
<tr>
<td>Each additional member</td>
<td>265</td>
</tr>
</tbody>
</table>

Derived from Office of Management and Budget non-farm, income poverty guidelines.
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

(Source: Peremptory amendment at 28 Ill. Reg. 13834, effective October 1, 2004)

Section 121.61 Gross Monthly Income Eligibility Standards

a) Gross Monthly Income Eligibility Standards

1) The gross income standards of eligibility shall be 130 percent of the nonfarm income poverty guidelines prescribed by the Office of Management and Budget (see 7 CFR 273.9(a)(1)(2003)). However, categorically eligible households and households containing a member who is elderly, blind or disabled will be exempt from this gross income check (see also 7 CFR 273.9(c) (2003)). To qualify for increased benefits, a household must contain a member who meets one of the following requirements:

A) A member is 60 years of age or older. An individual is considered age 60 in the fiscal month in which he or she becomes 60.

B) A member receives Supplemental Security Income (SSI) benefits under Title XVI of the Social Security Act, (this includes the household where the member is receiving SSI income pending a final decision from the Social Security Administration. This SSI income is being provided on a temporary or emergency basis).

C) A member receives Social Security disability or blindness benefits under Title II (RSDI) of the Social Security Act.

D) A member receives State Supplemental Payment (SSP) due to blindness or disability.

E) A veteran with a service-connected disability rated or paid as totally disabled by the Department of Veterans Affairs (VA).

F) A veteran considered by the VA to be in need of regular aid and attendance or permanently housebound.

G) A veteran's surviving spouse who is considered in need of aid and attendance or considered permanently housebound by the VA or a veteran's surviving child who is considered permanently incapable of self-support by the VA.
DEPARTMENT OF HUMAN SERVICES

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H) A veteran's surviving spouse or child entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death from the VA, if the spouse or child also has a disability considered permanent under Social Security requirements.

I) A member receives federal, state, or local government disability pension and is considered permanently disabled under Social Security requirements.

J) A member receives Railroad Retirement disability benefits.

K) A member receives an annuity payment from Railroad Retirement and is eligible for Medicare.

L) A member receives disability-related medical assistance benefits (Categories 92, 93 and P3) under Title XIX (Medicaid) of the Social Security Act.

2) For those veterans, surviving spouses, or children mentioned in subsections (a)(1)(F) and (G) of this Section, proof of receipt of VA disability benefits is sufficient verification of disability. For those veterans mentioned in subsection (a)(1)(E) of this Section, a verified statement, in writing, from the VA that the individual is totally disabled must be provided. To verify disability for those individuals mentioned in subsection (a)(1)(H) of this Section, the individual must provide a statement from the Social Security Administration or from a physician licensed under the Medical Practice Act of 1987 [225 ILCS 60], or a licensed or certified psychologist under the Clinical Psychologist Licensing Act [225 ILCS 15] that the individual suffers from one of the disabilities listed in the preamble to Section 221(i) of the Social Security Act (42 USC 421(i)) or if the disability is obvious, by the observation of the caseworker (for example, permanent loss of use of both hands).

3) Legally obligated child support payments paid by a household member shall be excluded from gross income when comparing income to the gross income standard to determine eligibility.

b) Household Size
   Gross Income
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

<table>
<thead>
<tr>
<th>Household Size</th>
<th>New Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Person</td>
<td>$1,009</td>
</tr>
<tr>
<td></td>
<td>+ $973</td>
</tr>
<tr>
<td>Two Persons</td>
<td>$1,354</td>
</tr>
<tr>
<td></td>
<td>+ $1,313</td>
</tr>
<tr>
<td>Three Persons</td>
<td>$1,698</td>
</tr>
<tr>
<td></td>
<td>+ $1,654</td>
</tr>
<tr>
<td>Four Persons</td>
<td>$2,043</td>
</tr>
<tr>
<td></td>
<td>+ $1,994</td>
</tr>
<tr>
<td>Five Persons</td>
<td>$2,387</td>
</tr>
<tr>
<td></td>
<td>+ $2,334</td>
</tr>
<tr>
<td>Six Persons</td>
<td>$2,732</td>
</tr>
<tr>
<td></td>
<td>+ $2,674</td>
</tr>
<tr>
<td>Seven Persons</td>
<td>$3,076</td>
</tr>
<tr>
<td></td>
<td>+ $3,014</td>
</tr>
<tr>
<td>Eight Persons</td>
<td>$3,421</td>
</tr>
<tr>
<td></td>
<td>+ $3,354</td>
</tr>
<tr>
<td>Each Additional Member</td>
<td>+ $345</td>
</tr>
<tr>
<td></td>
<td>+ $341</td>
</tr>
</tbody>
</table>

(Source: Peremptory amendment at 28 Ill. Reg. 13834, effective October 1, 2004)

Section 121.63 Deductions from Monthly Income

a) The deductions described in this Section shall be allowed in the determination of the adjusted net monthly food stamp income.

b) Earned Income Deduction. Eighty percent of total gross earned income is considered. See Sections 121.40 through 121.54 for a description of earned income.

c) Standard Deduction. The standard deduction for a household size of one through four persons is $134. The standard deduction for a household size of five persons is $153. The standard deduction for a household size of six or more persons, the standard deduction is $175.

d) Dependent Care Deduction

1) The dependent care deduction consists of payments for the care of a child or other dependent when necessary for a household member to accept or continue employment or to seek employment in compliance with the job...
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

2) The amount of the deduction is to be determined by the actual costs for care and is not to exceed $200 per month for each child under age 2 and $175 per month for each other dependent household member.

e) Child Support Deduction. The child support deduction is the amount of legally obligated child support paid by a household member to or for a nonhousehold member.

f) Shelter Costs Deduction

1) The shelter deduction is the amount of shelter costs that exceeds 50% of the household's total income after the allowable deductions in subsections (b), (c), (d), and (e) of this Section have been made. The shelter deduction shall not exceed $388378.

2) If the household contains a member who is elderly or disabled, as defined at 7 CFR 271.2 (2003) and Section 121.61, there is no limit on the amount of the excess shelter deduction.

3) Shelter costs include only the following:

A) continuing charges for the shelter occupied by the household (rent, mortgage and other charges leading to the ownership of the shelter, including interest on such charges);

B) property taxes, State and local assessments and insurance on the structure itself; and

C) utility costs, as described in subsection (g) of this Section.

4) Shelter costs for a home temporarily unoccupied by the household because of employment or training away from home, illness or abandonment caused by a natural disaster or casualty loss, if:

A) the household intends to return to the home;
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

B) the current occupants of the home, if any, are not claiming the shelter costs for food stamp purposes; and

C) the home is not leased or rented during the absence of the household.

5) Charges for repair of a home which was damaged or destroyed due to a natural disaster. Shelter costs shall not include repair charges which have been or will be reimbursed by private or public relief agencies, insurance companies or any other source.

g) Utility Costs

1) Utility costs include:

A) the cost of heating and cooking fuel, air conditioning, electricity, water, sewerage, garbage and trash collection;

B) basic service fee for one telephone (including tax on the basic fee) of $27; and

C) fees charged by the utility provider for initial installation.

2) Utility deposits are not considered to be utility costs.

3) A standard must be used if the household is billed for utilities. See Section 121.63(g)(7) for households that claim utility expenses for an unoccupied home. Households that are billed for heating or air conditioning, or both, or heating, air conditioning and electricity, must use the air conditioning/heating standard allowance of $259. Those households that are not billed for air conditioning or heating but are billed for at least two other utilities must use the limited utility standard allowance of $155. Those households that are not billed for air conditioning or heating but are billed for a single utility, other than telephone, must use the single utility standard allowance of $32. If only a separately-billed telephone expense is claimed, the basic telephone allowance of $27 per month will be allowed. Households living in rental housing who are billed on a regular basis by a landlord for costs for utilities must use the appropriate standard.
DEPARTMENT OF HUMAN SERVICES

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4) A household that is billed less often than monthly for its costs for utilities must continue to use the appropriate standard between billing months.

5) Households in public housing or privately-owned rental units that receive a bill for over-usage are entitled to use the air conditioning/heating standard allowance. When households (as defined at 7 CFR 273.1(a) (2003)) live together, the air conditioning/heating standard allowance, the limited utility standard allowance, or the single utility standard allowance, whichever is appropriate, shall be allowed for each household that contributes toward the utility costs whether or not each household participates in the program.

6) Households whose expense for heat or electricity, or both, is covered by indirect energy assistance payments under the Low Income Home Energy Program (47 Ill. Adm. Code 100) shall be entitled to the air conditioning/heating standard allowance (7 CFR 273.9 and 273.10(d)(6) (2003)). Households who receive, apply for, or anticipate applying for a Low Income Energy Assistance Program (IHEAP) (47 Ill. Adm. Code 100) payment during the 12-month period, beginning with the date of the food stamp application, shall be allowed the air conditioning/heating standard (7 CFR 273.9). The provisions of subsection (f)(3) of this Section are applicable to households whose expenses for heating or electricity, or both, are covered by indirect energy assistance payments.

7) A household that has both an occupied home and an unoccupied home is entitled to only one standard. The appropriate utility standard may be used for the home the household chooses.

h) Excess Medical Deduction. A deduction for excess medical expenses shall be allowed for households which contain an elderly or disabled member as defined at 7 CFR 271.2 (2003) and Section 121.61. The medical expenses incurred by the qualifying household member which are over $35 will be deducted, if the expenses will not be reimbursed by insurance or a third party.

(Source: Peremptory amendment at 28 Ill. Reg. 13834, effective October 1, 2004)

Section 121.64 Food Stamp Benefit Amount

a) The monthly food stamp benefit amount is determined by subtracting 30% of the adjusted net monthly income from the maximum monthly food stamp benefit
b) Maximum Monthly Food Stamp Benefit Amount:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$149</td>
</tr>
<tr>
<td>2</td>
<td>$274</td>
</tr>
<tr>
<td>3</td>
<td>$393</td>
</tr>
<tr>
<td>4</td>
<td>$499</td>
</tr>
<tr>
<td>5</td>
<td>$592</td>
</tr>
<tr>
<td>6</td>
<td>$711</td>
</tr>
<tr>
<td>7</td>
<td>$786</td>
</tr>
<tr>
<td>8</td>
<td>$898</td>
</tr>
<tr>
<td>Each additional member</td>
<td>$112</td>
</tr>
</tbody>
</table>

c) All one and two-person households will receive a minimum monthly food stamp benefit amount of $10.

d) September Food Stamp Benefit Amount Adjustment
The annual revisions of maximum gross and net income standards, standard deduction, maximum excess shelter deduction and food stamp benefit amounts are effective October 1st of each year. Because the September fiscal month of certain households includes days which fall in the October calendar month, the
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

portion of the September fiscal food stamp benefit amount covering October 1st and later must be increased to reflect the new standards.

(Source: Peremptory amendment at 28 Ill. Reg. 13834, effective October 1, 2004)
SECOND NOTICE RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of September 28, 2004 through October 4, 2004 and have been scheduled for review by the Committee at its November 9, 2004 meeting in Springfield. 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.

<table>
<thead>
<tr>
<th>Second Notice Expires</th>
<th>Agency and Rule</th>
<th>Start Of First Notice</th>
<th>JCAR Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10/04</td>
<td><strong>State Board of Education, Gifted Education (Repeal)</strong> (23 Ill. Adm. Code 227)</td>
<td>7/2/04 28 Ill. Reg. 8994</td>
<td>11/9/04</td>
</tr>
<tr>
<td>11/10/04</td>
<td><strong>State Board of Education, Summer School for Gifted and Remedial Education</strong> (23 Ill. Adm. Code 230)</td>
<td>7/2/04 28 Ill. Reg. 9007</td>
<td>11/9/04</td>
</tr>
<tr>
<td>11/10/04</td>
<td><strong>State Board of Education, Driver Education</strong> (23 Ill. Adm. Code 252)</td>
<td>7/2/04 28 Ill. Reg. 9013</td>
<td>11/9/04</td>
</tr>
</tbody>
</table>
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF REMOVAL OF SUSPENSION UNDER

THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5 (h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banks and Real Estate, of the State of Illinois has removed the suspension against Mortgageclose.com, MB.0006612 of Orange, California, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 28, 2004. For further reference link to: http://www.obre.state.il.us/
DEPARTMENT OF LABOR

NOTICE OF PUBLIC INFORMATION

CONTRACTOR PROHIBITED FROM AN AWARD
OF A CONTRACT OR SUBCONTRACT
FOR PUBLIC WORKS PROJECTS

Pursuant to the findings in Re: Charlet’s Roofing & More, IDOL File No. 2004-PW-TM12-1141, the Director of the Department of Labor gives notice that [Charlet’s Roofing & More], its member(s), officer(s), manager(s), agent(s), and all persons acting in Charlet’s Roofing & More’s interest and/or on Charlet’s Roofing & More’s behalf, and any business entity, including, but not limited to, any firm, corporation, partnership or association in which Charlet’s Roofing & More, its member(s), officer(s), manager(s), agent(s), and all other persons acting in Charlet’s Roofing & More’s interest and/or on Charlet’s Roofing & More’s behalf have an interest, pecuniary or otherwise, is(are) prohibited from bidding, accepting or working on any contract or subcontract for a public works project covered by the Prevailing Wage Act, 820 ILCS 130/0.01-12 (2001), commencing October 1, 2004 and continuing through October 1, 2006.

Copies of the Prevailing Wage Act are available on the internet at http://www.legis.state.il.us/ilcs/ch820act130.htm, and at the:

Illinois Department of Labor
Conciliation and Mediation Division
One West Old State Capital Plaza, Room 300
Springfield, Illinois 62701-1217
Sudden Infant Death Syndrome Awareness Month

WHEREAS, Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an infant under the age of one. A death is determined to be SIDS after a complete examination is performed, including an autopsy, a review of clinical history, and a death scene examination; and

WHEREAS, SIDS is most likely to strike while an infant is asleep. While there is still no scientific explanation for SIDS, many scientists concur that it is triggered when infants sleep on their stomachs; and

WHEREAS, the occurrence of SIDS is greatest in infants younger than 6 months. Native-American children run the greatest risk of dying from SIDS, while African-American children are the second highest at-risk group. Unfortunately, approximately 2,500 infants die from SIDS each year; and

WHEREAS, there is currently no known cure or exact preventative measures available for SIDS, but there are many steps parents can take to reduce the risk of SIDS happening to their child; and

WHEREAS, the Back to Sleep campaign was launched in 1994 to encourage parents to begin laying their children on their backs when they put them down to sleep. According to the National Institutes of Health, the death rate of SIDS dropped over 40% percent in the last ten years. However, it still remains the leading cause of death in young infants; and

WHEREAS, there are several organizations in Illinois who work to promote these risk-reducing precautions, as well as provide assistance to those families who have experienced this terrible tragedy:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 2004 as SUDDEN INFANT DEATH SYNDROME AWARENESS MONTH in Illinois, and encourage all citizens to educate themselves on precautions against this very unfortunate occurrence.

Issued by the Governor September 28, 2004.
Filed by the Secretary of State September 28, 2004.

40th Anniversary of the Department of Children and Family Services Days

WHEREAS, the welfare of our children is of the utmost importance. In order to produce well-adjusted, functioning adults who will make great contributions to society, children need to be nurtured through all stages of life; and

WHEREAS, created in 1974 as an expansion of the Division of Child Welfare, the Illinois Department of Children and Family Services (DCFS) is committed to overseeing all child welfare functions in this State; and

WHEREAS, DCFS acts in the best interest of every child it serves and helps families by increasing their ability to offer a safe environment for their children; and
WHERAS, among their many excellent services, DCFS provides child protection, placement permanency and guardianship and advocacy programs. In addition, they work hard each day to ensure that working families are able to place their children in safe and nurturing day care facilities; and

WHERAS, 2004 marks DCFS’ 40th Anniversary. Over these last 40 years, they have been successful in keeping millions of Illinois children safe, and placing a multitude of orphaned children in permanent homes across the State. So it is important that we, as a state, take the time to recognize their terrific accomplishments over the past 40 years;

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim December 9-10, 2004 as 40th ANNIVERSARY OF THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES DAYS in Illinois, and encourage all citizens to join in celebrating the long and productive life of this essential State agency.

Issued by the Governor September 29, 2004.
Filed by the Secretary of State September 29, 2004.

2004-278
2004 National Primary Care Week

WHERAS, primary care is first-contact, comprehensive care provided by health professionals, encompassing a variety of medical specialties including family medicine, internal medicine, pediatrics, obstetrics, gynecology, psychiatry, and others; and

WHERAS, primary care practitioners provide a source of preventive health-care services and reliable care for patients who may have acute and/or chronic diseases; and

WHERAS, a staggering number of people in this country do not receive the medical attention that they need and deserve. The Bureau of Health Professions at the United States Department of Health reports 187 separate areas in the State of Illinois alone that have a shortage of health professionals; and

WHERAS, there are many career opportunities for health professionals throughout the State of Illinois to help those less fortunate. Since primary care practitioners often present the most cost-effective health care choices to patients, they are viable resource to underprivileged individuals and families who are in need of health care services;

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 17 – October 23, 2004 as 2004 NATIONAL PRIMARY CARE WEEK in Illinois, and encourage all citizens to recognize the important work that general practitioners and primary care providers do every day to serve healthcare needs within this great state, and across the country.

Issued by the Governor September 29, 2004.
Filed by the Secretary of State September 29, 2004.

2004-279
Illinois’ Safe Schools Week
PROCLAMATIONS

WHEREAS, schools contribute to the future prosperity of our state, nation, and global community by helping to develop our nation’s young people as intelligent, responsible, and productive individuals; and

WHEREAS, educational excellence and efficiency are dependent upon stable, peaceful, and secure settings. Each day, the safety and well-being of schools and the students and teachers therein are needlessly threatened by wrongdoing such as substance abuse, gang violence, weapons possession, bullying, poor discipline, racism, parental apathy, vandalism, and non-attendance. With this in mind, it is important that we work to make our schools safer and healthier learning environments; and

WHEREAS, it is the duty of all citizens to maximize the educational careers of young people by promoting effective school administration, equality in academic opportunity, and the general safety and security of our schools; and

WHEREAS, all leaders, from elected officials to parents, and educators to businesspeople, should work toward solving the problems of our nation’s schools; and

WHEREAS the observance of America’s Safe Schools Week will help to promote efforts to provide all our nation’s schools with positive and safe learning climates:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 17-23, 2004 as ILLINOIS’ SAFE SCHOOLS WEEK, and encourage all citizens to join in these important efforts on behalf of our young people.

Issued by the Governor September 29, 2004.
Filed by the Secretary of State September 29, 2004.

2004-280
Sonographer Awareness Week

WHEREAS, sonographers are a critical part of the medical community, performing vital work each day to benefit patients and medical professionals; and

WHEREAS, the first use of ultrasound as a diagnostic tool was in 1942 during a study of brain tissue. Today, sonographers use ultrasound technology to collect images of internal organs and fetuses for the purpose of diagnosing a variety of diseases and conditions; and

WHEREAS, sonography was officially declared a healthcare profession in 1973, and in 1975, it became mandatory for all sonographers to be certified in their profession; and

WHEREAS, there are over 45,000 certified sonographers in the United States, 1,800 of which work in the State of Illinois; and

WHEREAS, Illinois continues to be a purveyor of advances in ultrasound technology. With these advances, the healthcare industry will continue to make great strides in the diagnosing and treating of patients:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 3-9, 2004 as SONOGRAPHER AWARENESS WEEK in Illinois, and encourage all citizens to recognize the important place that these healthcare professionals have in the world of patient care.

Issued by the Governor September 29, 2004.
PROCLAMATIONS

Filed by the Secretary of State September 29, 2004.

2004-281
Y-ME National Breast Cancer Organization Day

WHEREAS, in 2004, approximately 216,000 women will be diagnosed with breast cancer, the second most common type of cancer in women; and

WHEREAS, the Y-ME National Breast Cancer Organization was founded in 1978 by two breast cancer patients, Mimi Kaplan and Ann Marcou. Through their hard work and perseverance, Y-ME has become one of the most recognized help-centered breast cancer organizations in the country; and

WHEREAS, Y-ME has a multitude of programs and services available to family and friends of breast cancer patients. The ShareRing Network is a monthly, one-hour teleconference featuring a breast cancer related presentation by a medical professional followed by a question and answer session. Y-ME also provides the Lifeline quarterly newsletter which presents the latest information on breast cancer issues; and

WHEREAS, Y-ME provides many free services to the community, such as their 24 hour hotline, which matches callers with a survivor, patient, or supporter who have had similar experiences with breast cancer; and

WHEREAS, Y-ME works diligently to ensure that individuals from underserved communities, minorities, and persons with limited English proficiency have access to their programs and services; and

WHEREAS, October has been widely recognized as BREAST CANCER AWARENESS MONTH, so it is fitting that we take a day during this month to honor the terrific efforts of the Y-ME organization:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 24, 2004 as Y-ME NATIONAL BREAST CANCER ORGANIZATION DAY in Illinois, and encourage all citizens to recognize the noble and caring work of this great organization.

Issued by the Governor October 1, 2004.
Filed by the Secretary of State October 1, 2004.

2004-282
Drive Safely Work Week

WHEREAS, home to 6.3 million workers, Illinois has many fast paced roads on which an accident occurs every 5 seconds. In 2003, there were approximately 1,198 traffic crashes per day; and

WHEREAS, according to the National Highway Traffic and Safety Administration, human error is a factor in 90 percent of crashes. Drive Safely Work Week is a campaign that places special emphasis on the importance of practicing sound automobile safety while driving to and from work; and
PROCLAMATIONS

WHEREAS, this year’s campaign spotlights five positive driving practices that all drivers can follow to guarantee their safety as well as the safety of others as they commute to and from work. They include:

- Add another second—Keep a safe following distance
- Steer clear of trouble—Expect bad decisions by other drivers
- Use good judgment—Just because you can, doesn’t mean you should
- Look Ahead—Be alert to changing traffic conditions
- Stay alert and focused—No one is crash proof; and

WHEREAS, if every working commuter in the US participates in this campaign, it is projected that 800 lives and $3 billion can be saved over time; and

WHEREAS, to promote the week, employees of the Illinois Department of Transportation will be passing out palm cards with tips for safe driving at various locations throughout the State; and

THEREFORE, I, Governor Rod Blagojevich, do hereby proclaim the week of October 4-8, 2004 as DRIVE SAFELY WORK WEEK in Illinois, and invite all citizens to unite with us in acknowledging this lifesaving observance.

Issued by the Governor October 1, 2004.
Filed by the Secretary of State October 1, 2004.

2004-283
National Physical Therapy Month

WHEREAS, physical therapists treat a multitude of conditions including injuries of the knee, ankle and shoulder, sprains, muscle strains, low back and neck pain. They also provide rehabilitation services for those recovering from various types of surgery; and

WHEREAS, there are many different techniques utilized by physical therapists. They include therapeutic exercise, joint and soft tissue mobilization, gait training, and general patient education. All treatments are used to promote proper movement, maximize function and reduce pain; and

WHEREAS, the ultimate goal of physical therapy is to teach the patient how to manage their own pathology and how to become responsible for their own health care status; and

WHEREAS, participating in physical activity is a large part of staying mobile and reducing the risk of injury. Physical therapists stand behind the recommendations of the U.S. Surgeon General and the Centers for Disease Control stating that children need 60 minutes of physical exercise most days, and that children from pre-kindergarten through the twelfth grade should participate in physical education classes every day in school; and

WHEREAS, during the month of October, physical therapists across the State take time to celebrate their accomplishments and to educate the public about their profession:
ILLINOIS REGISTER

PROCLAMATIONS

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 2004 as NATIONAL PHYSICAL THERAPY MONTH in Illinois, and encourage all citizens to recognize the important role that these rehabilitation practitioners play in many people’s lives.

Issued by the Governor October 1, 2004.
Filed by the Secretary of State October 1, 2004.

2004-284
Daniel Pearl Music Day

WHEREAS, Daniel Pearl was a foreign correspondent for the Wall Street Journal who’s life was taken from him by terrorists in Pakistan in early 2002; and
WHEREAS, Daniel was not only a journalist, but excelled as a musician as well. As a classically trained violinist, fiddler, and mandolin player, music was his passion and he shared it with everyone he came across. Through music, Daniel Pearl was able to bring cultures together; and
WHEREAS, Daniel Pearl Music Day was created to unite people around the world through music. Any concert held on October 10, dedicated to Daniel becomes part of “Harmony for Humanity,” a global network of concerts performed in his honor. Through this connectivity, everyone in the world community will be encouraged to stand up to the hatred and intolerance that took Daniel’s life; and
WHEREAS, these concerts are dedicated to promoting tolerance, understanding and global harmony; and
WHEREAS, in Illinois, the Chicago Philharmonic orchestra and the Chicago Symphony orchestra are dedicating their performances on this day to the life of Daniel and the legacy of tolerance he left behind:
THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois do hereby proclaim October 10, 2004 as DANIEL PEARL MUSIC DAY and encourage all citizens to use this day as an opportunity to remember Daniel, and all the innocent victims of terrorism throughout the world.

Issued by the Governor October 1, 2004.
Filed by the Secretary of State October 1, 2004.

2004-285
National Martial Arts Day

WHEREAS, martial arts seek to instill the values of respect, discipline, courage, and integrity in its participants, regardless of their age, gender, race, ability level, or social situation; and
WHEREAS, participation in martial arts provides a basis for emotional development and the building of self-confidence and success skills that last a lifetime; and
PROCLAMATIONS

WHEREAS, martial arts teach participants goal-setting, anger management, and self-defense, while always emphasizing non-violent conflict resolution; and

WHEREAS, participation in martial arts has been shown to help many students greatly improve their academic grades, attendance, and behavior, helping them to maximize their scholarly careers and facilitating their development as honorable members of society; and

WHEREAS, the National Association of Professional Martial Artists and the Project Action Foundation seek to continue and promote interest in martial arts and the cultural and historical traditions they represent; and

WHEREAS, on National Martial Arts Day, each year martial arts schools across the United States partner with The National Association of Professional Martial Artists and the Project Action Foundation to heighten the visibility of the arts and encourage participation and the grassroots level:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 16, 2004 as NATIONAL MARTIAL ARTS DAY in Illinois, and encourage all citizens to take a moment to recognize the benefits of the martial arts to both the individual and community as a whole.

Issued by the Governor October 1, 2004.
Filed by the Secretary of State October 1, 2004.

2004-286
Resident’s Rights Week

WHEREAS, according to the 2000 U.S. Census Bureau, there are over 1.5 million Illinois citizens over the age of 65; and

WHEREAS, there are approximately 100,000 senior citizens living in long-term-care facilities throughout the State; and

WHEREAS, in 1973, the Long Term Care Ombudsman Program was created as part of the Illinois Act on Aging, and the U.S. Older Americans Act. This Program seeks to protect and promote the rights of residents of long-term-care facilities, as well as improve their quality of life within those facilities; and

WHEREAS, this program ensures that long-term-care residents have the right to safety and privacy, participation in their own care, manage their own money, and the right to apply for Medicare and Medicaid; and

WHEREAS, the Illinois Department on Aging encourages seniors to know their rights as residents of long-term-care facilities to help ensure that they are not abused or neglected:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 3-9, 2004 as RESIDENT’S RIGHTS WEEK in Illinois, and encourage all citizens to be aware of the many different issues facing the senior citizens of this State.

Issued by the Governor October 1, 2004.
Filed by the Secretary of State October 1, 2004.
PROCLAMATIONS

Lights on Afterschool! Day

WHEREAS, structured environments are necessary for youth to develop into mature, responsible members of society; and
WHEREAS, after school programs provide youth with safe, unique, and engaging activities and situations, which can help develop their physical, social, emotional, and academic skills; and,
WHEREAS, after school programs help to build greater communities by involving students, parents, volunteers, and businesses in the lives of young people, thus promoting greater relationships among members of society; and,
WHEREAS, fourteen and a half million children in the United States have no place to go after school; and in Illinois, sixty-four percent of school age children come from homes where both, or the only parent, are in the workforce; and,
WHEREAS, after school programs help reduce the instability in the lives of children by reducing crime and the risk of unhealthy and unsafe behavior among young people; and,
WHEREAS, Lights On Afterschool! seeks to bring nationwide attention to the needs of after school programs, and promotes their development in our society:
THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 14, 2004 as LIGHTS ON AFTERSCHOOL! DAY in Illinois, and encourage all citizens to take time to support after school programs and recognize the benefits they offer to the youth and communities of Illinois.
Issued by the Governor October 4, 2004.
Filed by the Secretary of State October 4, 2004.

2004-288
German-American Day

WHEREAS, the United States of America is a land of opportunity where people are recognized for their diverse heritage; and
WHEREAS, Germans have been immigrating to the US throughout the course of 300 years. Among the first group to immigrate were 13 Mennonite families from Krefeld on October 6, 1683, who founded Germantown, Pennsylvania; and
WHEREAS, across the country, more than 45 million citizens are of German descent, accounting for more than 25 percent of our nation’s population. In the State of Illinois, more than 2.4 million people are of German ancestry, composing almost 20 percent of our citizenry; and
WHEREAS, over 700 students across the US, including several from Illinois, strengthen their understanding of both German and American history through their participation in the German-American Fulbright Program. This program was established after Senator Fulbright of Arkansas created an act that provided for the exchange of teachers and students between countries; and
WHEREAS, German-Americans contribute significantly to this country working in a variety of different professions. It is important that we recognize their valuable contributions to making the United States a world leader in business and politics, and the bravery they have displayed in serving our country during times of war, dating as far back as the American Revolution; and

WHEREAS, German-American Day is an opportunity to celebrate and recognize the positive impact German-Americans have had on our nation over the years:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim October 6, 2004 as GERMAN-AMERICAN DAY in Illinois, and encourage all citizens to be appreciative of the impact that German-Americans have had on our country, while taking the opportunity to learn about their rich heritage.

Issued by the Governor October 4, 2004,
Filed by the Secretary of State October 4, 2004.
ILLINOIS ADMINISTRATIVE CODE
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