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INTRODUCTION

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

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

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

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2026

Issue#	Rules Due Date	Date of Issue
1	December 22, 2025	January 2, 2026
2	December 29, 2025	January 9, 2026
3	January 5, 2026	January 16, 2026
4	January 12, 2026	January 23, 2026
5	January 20, 2026	January 30, 2026
6	January 26, 2026	February 6, 2026
7	February 2, 2026	February 13, 2026
8	February 9, 2026	February 20, 2026
9	February 17, 2026	February 27, 2026
10	February 23, 2026	March 6, 2026
11	March 2, 2026	March 13, 2026
12	March 9, 2026	March 20, 2026
13	March 16, 2026	March 27, 2026
14	March 23, 2026	April 3, 2026
15	March 30, 2026	April 10, 2026
16	April 6, 2026	April 17, 2026
17	April 13, 2026	April 24, 2026
18	April 20, 2026	May 1, 2026
19	April 27, 2026	May 8, 2026
20	May 4, 2026	May 15, 2026
21	May 11, 2026	May 22, 2026
22	May 18, 2026	May 29, 2026
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30	July 13, 2026	July 24, 2026
31	July 20, 2026	July 31, 2026
32	July 27, 2026	August 7, 2026
33	August 3, 2026	August 14, 2026
34	August 10, 2026	August 21, 2026
35	August 17, 2026	August 28, 2026
36	August 24, 2026	September 4, 2026
37	August 31, 2026	September 11, 2026
38	September 8 2026	September 18, 2026
39	September 14, 2026	September 25, 2026
40	September 21, 2026	October 2, 2026
41	September 28, 2026	October 9, 2026
42	October 5, 2026	October 16, 2026
43	October 13, 2026	October 23, 2026
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45	October 26, 2026	November 6, 2026
46	November 2, 2026	November 13, 2026
47	November 9, 2026	November 20, 2026
48	November 16, 2026	November 30, 2026
49	November 23, 2026	December 4, 2026
50	November 30, 2026	December 11, 2026
51	December 7, 2026	December 18, 2026
52	December 14, 2026	December 28, 2026

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Application Process

2) Code Citation: 89 Ill. Adm. Code 110

3)

Section Number:	Proposed Action:
110.30	Amendment

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

5) A Complete Description of the Subjects and Issues Involved: Pursuant to the requirements of Public Law 119-21, and in accordance with regulations and guidance provided by federal CMS including the Interim Final Rule (IFR) published on June 3, 2026, this proposal will amend the current rules on work requirements and redetermination periods for ACA Adults and retroactive Medicaid coverage for all coverage groups to reflect changes required under sections 1902(xx), 1902(e)(14), and 1902(a)(34) of the Social Security Act, as added and amended, respectively, by sections 71107, 71112, and 71119 of what is now referred to by federal CMS as the "Working Families Tax Cut" legislation, effective January 1, 2027. This proposal closely follows the federal IFR language, compliance with which is required for Illinois to receive federal funding for the ACA Adult group.

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

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

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

9) Does this proposed amendment contain incorporations by reference? No

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

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Chris Gange
Acting General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue E., 3rd Floor
Springfield IL 62763-0002

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

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

13) Initial Regulatory Flexibility Analysis:

A) Description of the type of small business, not for profit corporations or small municipalities subject to the proposed rulemaking amendment: None

B) Description of the proposed reporting, bookkeeping and other procedures required for compliance with the rulemaking amendment: None

C) Description of the types of professional skills necessary for compliance: None

14) Small Business Economic Impact Analysis: Rulemaking will not have any adverse impact on small business.

15) Regulatory Agenda on which this rulemaking was summarized: July 2026

16) Any other information or justification for the proposed rule or amendment that the agency believes would be helpful to the public regarding the proposed rule or amendment. For example, a discussion or analysis of the benefits of the proposed rule or amendment is projected to have on the Illinois public, consumers, investors or other similar groups: None

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 110
APPLICATION PROCESS

Section
110.1 Incorporation by Reference
110.5 Medical Assistance Application Process
110.10 Application for Medical Assistance
110.15 Consideration of Eligibility
110.20 Time Limitations on the Disposition of an Application
110.30 Approval of an Application and Initial Authorization of Financial Assistance
110.32 Initial Authorization of Medical Assistance (MAG) (Repealed)
110.34 Approval of an Application and Initial Authorization of Medical Assistance
110.36 Initial Authorization of General Assistance – Medical (Repealed)
110.38 General Assistance and Aid to the Medically Indigent Special Approval Provisions (Repealed)
110.40 Denial of an Application

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

SOURCE: Filed and effective December 30, 1977; emergency amendment at 2 Ill. Reg. 44, p. 167, effective October 19, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 6 Ill. Reg. 8125, effective July 1, 1982; codified at 7 Ill. Reg. 5195; amended at 8 Ill. Reg. 6760, effective May 3, 1984; amended at 9 Ill. Reg. 6798, effective April 30, 1985; amended at 9 Ill. Reg. 13087, effective August 16, 1985; amended at 12 Ill. Reg. 11457, effective July 1, 1988; amended at 13 Ill. Reg. 3836, effective March 10, 1989; amended at 13 Ill. Reg. 10628, effective June 22, 1989; amended at 14 Ill. Reg. 13198, effective August 6, 1990; amended at 16 Ill. Reg. 16618, effective October 23, 1992; amended at 17 Ill. Reg. 640, effective December 31, 1992; emergency amendment at 19 Ill. Reg. 8429, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15053, effective October 17, 1995; amended at 20 Ill. Reg. 14834, effective November 1, 1996; amended at 36 Ill. Reg. 4126, effective March 1, 2012; emergency amendment at 36 Ill. Reg. 10219, effective July 1, 2012 through June 30, 2013; amended at 37 Ill. Reg. 10197, effective June 27, 2013; emergency amendment at 37 Ill. Reg. 15968, effective October 1, 2013, for a maximum of 150 days;

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

amended at 38 Ill. Reg. 5954, effective February 26, 2014; amended at 50 Ill. Reg. _____, effective _____.

Section 110.30 Approval of An Application and Initial Authorization of Financial Assistance

a) Financial assistance (for Aid to the Aged, Blind or Persons with Disabilities~~Disabled~~, Interim Assistance and Aid to Families with Dependent Children) shall be authorized effective from the earlier of:

1) The date of decision on the current application; or

2) Thirty days after the date of application provided the case is eligible on that date; or

b) Financial assistance for General Assistance shall be authorized effective:

1) Thirty days following the date of application.

2) If General Assistance (GA) is approved as a result of termination of Aid to Families With Dependent Children (AFDC) or Aid to the Aged, Blind or Persons with Disabilities~~Disabled~~ (AABD) assistance or deletion (AFDC only) for certain non-financial reasons (see 89 Ill. Adm. Code 102.70(f)), assistance shall be authorized with no gap if an application is filed within thirty (30) days of the notice of termination of AFDC or AABD or deletion (AFDC only) (See also 89 Ill. Adm. Code 102.70).

c) If the applicant is determined eligible for financial assistance, the notice (see Section 110.20) shall state the amount of financial assistance to be provided, and a statement of the reasons for any partial grant amounts. Partial grant amount is defined as the maximum grant that a family unit for whom application for public assistance was filed is eligible to receive, less any reductions resulting from the consideration.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Medical Assistance Programs

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

3)

Section Numbers:	Proposed Actions:
120.10	Amendment
120.31	Amendment
120.60	Amendment
120.61	Amendment
120.64	Amendment
120.70	Amendment
120.73	Amendment
120.328	New Section
120.380	Amendment
120.399	Amendment
120.500	Amendment
120.510	Amendment

4) Statutory Authority: Implementing Articles III, IV, V and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5] and implementing the federal Deficit Reduction Act of 2005.

5) A Complete Description of the Subjects and Issues Involved: Pursuant to the requirements of Public Law 119-21, and in accordance with regulations and guidance provided by federal CMS including the Interim Final Rule (IFR) published on June 3, 2026, this proposal will amend the current rules on work requirements and redetermination periods for ACA Adults and retroactive Medicaid coverage for all coverage groups to reflect changes required under sections 1902(xx), 1902(e)(14), and 1902(a)(34) of the Social Security Act, as added and amended, respectively, by sections 71107, 71112, and 71119 of what is now referred to by federal CMS as the "Working Families Tax Cut" legislation, effective January 1, 2027. This proposal closely follows the federal IFR language, compliance with which is required for Illinois to receive federal funding for the ACA Adult group.

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

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

9) Does this proposed amendment contain incorporations by reference? No

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

Section Numbers:	Proposed Actions:	*Illinois Register* Citations:
120.324	Amendment	50 Ill. Reg. 5260; April 17, 2026
120.11	Amendment	50 Ill. Reg. 7614; June 5, 2026
120.31	Amendment	50 Ill. Reg. 7614; June 5, 2026
120.64	Amendment	50 Ill. Reg. 7614; June 5, 2026
120.392	Amendment	50 Ill. Reg. 7614; June 5, 2026
120.580	Amendment	50 Ill. Reg. 7614; June 5, 2026
120.310	Amendment	50 Ill. Reg. 12021; August 21, 2026

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) 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:

Chris Gange
Acting General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue E., 3rd Floor
Springfield IL 62763-0002

(217) 782-1233
HFS.Rules@illinois.gov

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

13) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

A) Description of the type of small business, not for profit corporations or small municipalities subject to the proposed rulemaking amendment: None

B) Description of the proposed reporting, bookkeeping and other procedures required for compliance with the rulemaking amendment: None

C) Description of the types of professional skills necessary for compliance: None

14) Small Business Economic Impact Analysis: Rulemaking will not have any adverse impact on small business.

15) Regulatory Agenda on which this rulemaking was summarized: July 2026

16) Any other information or justification for the proposed rule or amendment that the agency believes would be helpful to the public regarding the proposed rule or amendment. For example, a discussion or analysis of the benefits of the proposed rule or amendment is projected to have on the Illinois public, consumers, investors or other similar groups: None

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120
MEDICAL ASSISTANCE PROGRAMS

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120.1 Incorporation By Reference

SUBPART B: ASSISTANCE STANDARDS

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120.10 Eligibility for Medical Assistance
120.11 Eligibility for Pregnant Women and Children
120.12 Healthy Start – Medicaid Presumptive Eligibility for Pregnant Women (Repealed)
120.14 Presumptive Eligibility for Children (Repealed)
120.20 MANG(AABD) Income Standard
120.30 MANG(C) Income Standard
120.31 MANG(P) Income Standard
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120.40 Exceptions To Use Of MANG Income Standard MANG (AABD) (Repealed)
120.50 AMI Income Standard (Repealed)

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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120.211 Residence (Repealed)
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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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NOTICE OF PROPOSED AMENDMENTS

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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AUTHORITY: Implementing Articles III, IV, V and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5] and implementing the federal Deficit Reduction Act of 2005.

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981;

amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective

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March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective October 17, 1995; amended at 20 Ill. Reg. 5068, effective March 20, 1996; amended at 20 Ill. Reg. 15993, effective

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December 9, 1996; emergency amendment at 21 Ill. Reg. 692, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7423, effective May 31, 1997; amended at 21 Ill. Reg. 7748, effective June 9, 1997; amended at 21 Ill. Reg. 11555, effective August 1, 1997; amended at 21 Ill. Reg. 13638, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 1576, effective January 5, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 7003, effective April 1, 1998; amended at 22 Ill. Reg. 8503, effective May 1, 1998; amended at 22 Ill. Reg. 16291, effective August 28, 1998; emergency amendment at 22 Ill. Reg. 16640, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19875, effective October 30, 1998; amended at 23 Ill. Reg. 2381, effective January 22, 1999; amended at 23 Ill. Reg. 11301, effective August 27, 1999; amended at 24 Ill. Reg. 7361, effective May 1, 2000; emergency amendment at 24 Ill. Reg. 10425, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15075, effective October 1, 2000; amended at 24 Ill. Reg. 18309, effective December 1, 2000; amended at 25 Ill. Reg. 8783, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 10533, effective August 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16098, effective December 1, 2001; amended at 26 Ill. Reg. 409, effective December 28, 2001; emergency amendment at 26 Ill. Reg. 8583, effective June 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 9843, effective June 26, 2002; emergency amendment at 26 Ill. Reg. 11029, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 15051, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16288, effective October 25, 2002; amended at 27 Ill. Reg. 4708, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10793, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18609, effective November 26, 2003; amended at 28 Ill. Reg. 4701, effective March 3, 2004; amended at 28 Ill. Reg. 6139, effective April 1, 2004; emergency amendment at 28 Ill. Reg. 6610, effective April 19, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 7152, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11149, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12921, effective September 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13621, effective September 28, 2004; amended at 28 Ill. Reg. 13760, effective October 1, 2004; amended at 28 Ill. Reg. 14541, effective November 1, 2004; amended at 29 Ill. Reg. 820, effective January 1, 2005; amended at 29 Ill. Reg. 10195, effective June 30, 2005; amended at 29 Ill. Reg. 14939, effective September 30, 2005; emergency amendment at 30 Ill. Reg. 521, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10314, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 15029, effective September 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 2629, effective January 28, 2007; emergency amendment at 31 Ill. Reg. 7323, effective May 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11667, effective August 1, 2007; amended at 31 Ill. Reg. 12756, effective August 27, 2007; emergency amendment at 31 Ill. Reg. 15854, effective November 7, 2007, for a maximum of 150 days; emergency rule suspended at 31 Ill. Reg. 16060, effective November 13, 2007; emergency rule repealed, effective May 10, 2008; peremptory

amendment at 32 Ill. Reg. 7212, effective April 21, 2008; peremptory amendment suspended at 32 Ill. Reg. 8450, effective May 20, 2008; peremptory amendment repealed under Section 5-125 of the Illinois Administrative Procedure Act, effective November 16, 2008; amended at 32 Ill. Reg. 17428, effective November 1, 2008; peremptory amendment at 32 Ill. Reg. 18889, effective November 18, 2008; peremptory amendment suspended at 32 Ill. Reg. 18906, effective November 19, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 33 Ill. Reg. 6551, effective April 28, 2009; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 6712, effective April 28, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 1681, effective February 1, 2009; amended at 33 Ill. Reg. 2289, effective March 1, 2009; emergency amendment at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150 days; emergency expired August 29, 2009; emergency amendment at 33 Ill. Reg. 10785, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 12703, effective September 7, 2009; amended at 33 Ill. Reg. 15707, effective November 2, 2009; amended at 33 Ill. Reg. 17070, effective December 2, 2009; amended at 34 Ill. Reg. 889, effective December 30, 2009; emergency rulemaking at 34 Ill. Reg. 13538, effective September 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 379, effective December 27, 2010; amended at 35 Ill. Reg. 979, effective January 1, 2011; amended at 35 Ill. Reg. 18645, effective January 1, 2012; amended at 36 Ill. Reg. 4133, effective March 1, 2012; amended at 36 Ill. Reg. 9095, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013; amended at 36 Ill. Reg. 17044, effective November 26, 2012; emergency amendment at 36 Ill. Reg. 17549, effective December 3, 2012 through June 30, 2013; amended at 37 Ill. Reg. 10208, effective June 27, 2013; emergency amendment at 37 Ill. Reg. 15976, effective October 1, 2013, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 1139, effective January 1, 2014, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 2925, effective January 10, 2014, for a maximum of 150 days; emergency amendments effective January 1 and January 10, 2014 repealed by emergency rule at 38 Ill. Reg. 7368, effective March 24, 2014, for the remainder of the 150 day effective periods of each of the emergency rules; amended at 38 Ill. Reg. 5967, effective February 26, 2014; emergency amendment at 38 Ill. Reg. 7650, effective March 24, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 15646, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 16214, effective July 17, 2014; amended at 38 Ill. Reg. 18432, effective August 19, 2014; amended at 38 Ill. Reg. 23595, effective December 2, 2014; amended at 39 Ill. Reg. 4376, effective March 11, 2015; amended at 40 Ill. Reg. 2784, effective January 20, 2016; amended at 40 Ill. Reg. 11174, effective August 2, 2016; amended at 41 Ill. Reg. 3279, effective March 8, 2017; amended at 42 Ill. Reg. 8241, effective May 7, 2018; amended at 42 Ill. Reg. 16712, effective August 28, 2018; amended at 44 Ill. Reg. 2829, effective January 29, 2020; amended at 45 Ill. Reg. 9995, effective July 26, 2021; amended at 46 Ill. Reg. 5203, effective March 11, 2022; amended at 46 Ill. Reg. 5705, effective March 25, 2022; emergency amendment at 47 Ill. Reg. 7008, effective May 12, 2023, for a maximum of

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150 days; amended at 47 Ill. Reg. 14104, effective September 21, 2023; amended at 47 Ill. Reg. 16366, effective November 3, 2023; amended at 49 Ill. Reg. 1803, effective January 30, 2025; amended at 49 Ill. Reg. 3055, effective February 26, 2025; amended at 49 Ill. Reg. 4009, effective March 20, 2025; amended at 49 Ill. Reg. 10251, effective July 23, 2025; amended at 49 Ill. Reg. 10397, effective July 29, 2025; amended at 50 Ill. Reg. 4141, effective February 26, 2026; emergency amendment at 50 Ill. Reg. 15362, effective October 1, 2026, for a maximum of 150 days; amended at 50 Ill. Reg. 15551, effective October 6, 2026; amended at 50 Ill. Reg. _____, effective _____.

SUBPART B: ASSISTANCE STANDARDS

Section 120.10 Eligibility for Medical Assistance

a) Eligibility for medical assistance exists when a person meets the non-financial requirements of the program and the person's countable nonexempt income (see Sections 120.64, 120.330 and 120.360) is equal to or less than the applicable Medical Assistance − No Grant (MANG) standard and, for AABD MANG, countable nonexempt resources are not in excess of the applicable resource disregards (Section 120.382). Persons receiving basic maintenance grants under Article III or IV of the Public Aid Code are eligible for medical assistance. Financial eligibility for medical assistance for other persons living in the community is determined according to Section 120.60, unless otherwise specified. Financial eligibility for medical assistance for persons receiving long-term care services, as defined in Section 120.61(a), is determined according to that Section, unless otherwise specified.

b) For AABD MANG, a person's countable income and resources include the person's countable income and resources and the countable income and resources of all persons included in the Medical Assistance standard. The person's responsible relatives living with the child must be included in the standard. The person has the option to request that a dependent child under age 18 in the home who is not included in the MANG unit be included in the MANG standard.

c) For applications received on or after October 1, 2013, eligibility for pregnant women and children, as set forth in Section 120.11, 120.12 and 120.14, and parents and other caretaker relatives, as set forth in Section 120.32, shall be determined as set forth in Section 120.64.

d) For AABD MANG, if a person's countable nonexempt income is greater than the

applicable MANG standard and/or countable nonexempt resources are over the applicable resource disregard, the person must meet the spenddown obligation determined for the applicable time period before becoming eligible to receive medical assistance.

e) Effective January 1, 2014, for pregnant women and children, if countable nonexempt income is greater than the applicable standard, a child or pregnant woman must meet the spenddown obligation determined for the applicable time period before becoming eligible to receive medical assistance.

f) A one month eligibility period is used for persons receiving long-term care services (as defined in Section 120.61(a)). Nonexempt income and nonexempt resources over the resource disregard are applied toward the cost of care on a monthly basis, as provided in Section 120.61.

g) Newborns

1) When the Department becomes aware of the birth of a child to a recipient of medical assistance, the child shall be deemed to have applied for medical assistance, without written request, if the mother had been receiving medical assistance on the date of birth of the child.

2) The newborn shall be eligible to receive medical assistance for a period of time as determined in Section 120.400.

h) ACA Adults

1) Persons not otherwise eligible under this Section~~, who are no younger than age 19 and no older than age 64 in households with income that is at or below 133 percent of the Federal Poverty Level (FPL)~~ are eligible for medical assistance, if they:

A) Are no younger than age 19 and no older than age 64;

B) Are in households with income that is at or below 133 percent of the Federal Poverty Level (FLP);

C) Are determined eligible as set forth in Section 120.64. ~~Eligibility under this subsection (h) shall be determined as set forth in Section~~

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~~120.64, except that no coverage for medical services under this subsection (h) shall begin prior to January 1, 2014.~~

2) Notwithstanding any other provision of this Title 89, effective January 1, 2014, a person may not spend down to become eligible under this subsection (h).

i) Former Foster Care

1) Persons who were in foster care are eligible for former foster care medical assistance if they:

A) Are between ages 18 and 26;

B) Reside in Illinois;

C) Are no longer under the responsibility of any state; and

D) Received medical assistance under any state's Medicaid State Plan 470 or State Plan waiver when they aged out of foster care.

2) No coverage for medical services under this subsection (i) shall begin prior to January 1, 2014.

3) Persons who aged out of foster care outside of Illinois are not eligible for former foster care medical assistance under subsection (i) unless the person attained age 18 on or after January 1, 2023.

4) Notwithstanding any other provision of this Title 89, effective January 1, 2014, a person may not spend down to become eligible under this subsection (i).

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 120.31 MANG(P) Income Standard

a) MANG(P) is available to pregnant women and to children under age 19 who do not qualify as mandatory categorically needy (42 U.S.C. 1396a(a)(10)(A)(i)) whose non-exempt countable income does not exceed the MANG(P) income

standard. If the household's countable monthly income exceeds the appropriate MANG(P) standards, eligibility for MANG(P) does not exist. The MANG(P) income standards are as follows:

1) The MANG(P) income standard shall be 200 percent of the current Federal Poverty Level Income Guidelines, as published annually in the Federal Register, for pregnant women and for infants born to women eligible for and receiving medical assistance on the date of the child's birth, including women determined eligible for the date of birth pursuant to subsection (e)(4).

2) The MANG(P) income standard shall be 313 percent of the current Federal Poverty Level Income Guidelines, as published annually in the Federal Register, for all other children under age 19.

b) MANG(P) is available for a pregnant woman, of any age, whose countable monthly income for the household does not exceed the MANG(P) income standard. If the pregnant woman is married and her spouse lives with her, her pregnancy does not make her spouse eligible for MANG(P). The pregnant woman and her spouse's income are combined and compared to the MANG(P) standard for the number of persons in the family even though only the pregnant woman is eligible to receive MANG(P). An unborn child is counted as a family member.

c) MANG(P) is available for children under age 19 whose countable monthly income for the household does not exceed the appropriate MANG(P) income standards.

d) When financial eligibility for MANG(P) is being determined for a child under age 19, the household's income is combined and compared to the MANG(P) income standard for the family size, including unborn children.

e) When financial eligibility for MANG(P) is being determined for a woman who meets the requirements for MANG(P), income is considered in the following manner:

1) Income is considered for the month of application. When eligibility exists for the month of application, MANG(P) coverage is authorized beginning with the month of application. Income changes occurring after the month

of application are not considered through the 60 day period following the last day of pregnancy.

2) Income is considered for the month following the month of application when the woman is income ineligible for the month of application. If eligibility exists for the month following the month of application, MANG(P) coverage is authorized beginning with the month following the month of application. Income changes occurring after the month following the month of application are not considered through the 60 day period following the last day of pregnancy.

3) When the case is income ineligible for the month of application and the month following the month of application, financial eligibility is determined under Sections 120.10 and 120.60.

4) When determining income eligibility for a backdated month under Section 120.60~~(up to three months before the month of application)~~, eligibility for medical coverage begins with the month income is at or below the MANG(P) income standard. Income changes occurring after the month of authorization are not considered through the 60 day period following the last day of pregnancy.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section 120.60 Community Cases

The following subsections apply to persons or family units who reside in the community or community-based residential facilities or settings (such as a Community Living Facility, Special Home Placement, Home Individual Program or Community and Residential Alternatives (59 Ill. Adm. Code 120.10).

a) The eligibility period shall begin with:

1) the first day of the month of application;

2) the first day of any month, prior to the month of application, in which the person meets financial and non-financial eligibility requirements up to

three months prior to the month of application, if the person so desires; ~~or~~

3) for applications received on or after January 1, 2027, the first day of any month, prior to the month of application, in which the person meets financial and non-financial eligibility requirements up to two months prior to the month of application, if the person so desires; or

4~~3~~) the first day of a month, after the month of application, in which the person meets non-financial eligibility requirements.

b) Eligibility Without Spenddown for MANG

1) For MANG AABD, if the person's countable income available during the eligibility period is equal to or below the applicable MANG AABD income standard (Section 120.20) and nonexempt resources are not in excess of the applicable resource disregard (Section 120.382), the person is eligible for medical assistance from the first day of the eligibility period. The Department will pay for covered services received during the entire eligibility period.

2) For TANF MANG, if the person's countable income available during the eligibility period is equal to or below the applicable MANG standard (Sections 120.20 and 120.30), the person is eligible for medical assistance from the first day of the eligibility period. The Department will pay for covered services received during the entire eligibility period.

3) The person is responsible for reporting any changes that occur during the eligibility period that might affect eligibility for medical assistance. If changes occur, appropriate action shall be taken by the Department, including termination of eligibility for medical assistance. If changes in income, resources or family composition occur that would make the person a spenddown case, a spenddown obligation will be determined and subsection (c) of this Section will apply.

4) A redetermination of eligibility will be made at least every 12 months for TANF MANG and MANG AABD. A redetermination of eligibility will be made at least every six months for ACA Adult MANG unless the person is an American Indian, Alaska Native, an American Urban Indian, a California Indian, a member of a recognized tribe, or qualified to receive

healthcare through the Indian Health Service (IHS), or is an ACA Adult (under age 26) who is a former foster care youth in which case a redetermination of eligibility will be made at least every 12 months.

c) Eligibility with Spenddown for MANG

1) For MANG AABD community cases, if the person's countable income available during the applicable eligibility period is greater than the applicable MANG AABD income standard and/or nonexempt resources are over the applicable resource disregard, the person must meet the spenddown obligation determined for the eligibility period before becoming eligible to receive medical assistance. The spenddown obligation is the amount by which the person's countable income exceeds the MANG AABD income standard and/or the amount of nonexempt resources in excess of the applicable resource disregard (see Section 120.384).

2) For TANF MANG, if a person's countable income available during the applicable eligibility period is greater than the applicable MANG standard (see Sections 120.20 and 120.30 of this Part), the person must meet the spenddown obligation determined for the eligibility period before becoming eligible to receive medical assistance. The spenddown obligation is the amount by which the person's countable income exceeds the MANG standard.

3) A person meets the spenddown obligation by incurring or paying for medical expenses in an amount equal to the spenddown obligation. Persons also have the option of meeting their income or resource spenddown by paying or having a third-party pay the amount of their spenddown obligation to the Department.

A) Incurred expenses are expenses for medical or remedial services:

i) recognized under State law;

ii) rendered to the person, the person's family, or a financially responsible relative;

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iii) for which the person is liable in the current month for which eligibility is being sought or was liable in either month during the~~any of the 3 month~~ retroactive eligibility period described in subsection (a) of this Section; and

iv) for which no third party is liable in whole or in part unless the third party is a State program.

B) Incurred medical expenses shall be applied to the spenddown obligation in the following order:

i) Expenses for necessary medical or remedial services, as funded by DHS or the Department on Aging from sources other than federal funds. The expenses shall be based on the service provider's usual and customary charges to the public. The expenses shall not be based on any nominal amount the provider may assess the person. These charges are considered incurred the first day of the month, regardless of the day the services are actually provided.

ii) Payments made for medical expenses within the previous six months. Payments are considered incurred the first day of the month of payment.

iii) Unpaid medical expenses. These are considered as of the date of service and are applied in chronological order.

C) If multiple medical expenses are incurred on the same day, the expenses shall be applied in the following order:

i) Health insurance deductibles (including Medicare and other co-insurance charges).

ii) All copayment charges incurred or paid on spenddown met day.

iii) Expenses for medical services and/or items not covered by the Department's Medical Assistance Program.

iv) Cost share amounts incurred for in-home care services by individuals receiving services through the Department on Aging (DoA~~DonA~~).

v) Expenses incurred for in-home care services by individuals receiving or purchasing services from private providers.

vi) Expenses incurred for medical services or items covered by the Department's Medical Assistance Program. If more than one covered service is received on the day, the charges will be considered in order of amount. The bill for the smallest amount will be considered first.

D) If a service is provided during the eligibility period but payment may be made by a third party, such as an insurance company, the medical expense will not be considered towards spenddown until the bill is adjudicated. When adjudicated, that part determined to be the responsibility of the person shall be considered as incurred on the date of service.

E) AABD MANG spenddown persons may choose to pay or to have a third-party pay the amount of their spenddown obligation to the Department to meet spenddown. The following rules will govern when persons or third parties choose to pay the spenddown:

i) Payments to the Department will be applied to the spenddown obligation after all other medical expenses have been applied per subsections (c)(3)(A), (B) and (C) of this Section.

ii) Excess payments will be credited forward to meet the spenddown obligation of a subsequent month for which the person chooses to meet spenddown.

iii) The spenddown obligation may be met using a combination of medical expenses and amounts paid.

4) After application for medical assistance for cases eligible with a spenddown obligation that do not have a QMB or MANG(P) member, an

additional eligibility determination will be made.

A) For TANF MANG, if countable income is greater than the income standard (Section 120.30), and for AABD MANG, if countable income is greater than the income standard or countable resources are greater than the resource disregard (Section 120.382(d)), a person will not be enrolled in spenddown unless:

i) the person does not have a spenddown obligation for any month of the 12-month enrollment period;

ii) medical expenses equal the spenddown obligation for at least one month of the 12-month enrollment period; or

iii) the person is on a waiting list or would be on a waiting list to receive a transplant if he or she had a source of payment.

B) Cases that meet any of these conditions will be notified, in writing, of the spenddown obligation. The person will also be notified that his or her case will be reviewed beginning in the seventh month of the 12-month enrollment period. If the person has not had medical eligibility in one of the last six months at the time of review (including the month of review), the case will terminate unless the case contains a person who is on a waiting list or who would be on a waiting list to receive a transplant if he or she had a source of payment. A new application will be required if the person wishes continued medical assistance.

C) When proof of incurred medical expenses equal to the spenddown obligation is provided to the local office, eligibility for medical assistance shall begin effective the first day that the spenddown obligation is met. The Department will pay for covered services received from that date until the end of the eligibility period. The person shall be responsible, directly to the provider, for payment for services provided prior to the time the person meets the spenddown obligation.

5) Cases with a spenddown obligation that do not have a QMB, a MANG(P) member or a person on a waiting list or who would be on a waiting list to

receive a transplant if he or she had a source of payment, will be reviewed beginning in the sixth month of enrollment to determine if they have had medical eligibility within the last three months, including the month of review. If so, enrollment will continue. If not, enrollment will be terminated and the person will be advised that if he or she wishes continued medical assistance, a reapplication must be filed. Upon reapplication, a new 12-month enrollment period will be established (assuming non-financial factors of eligibility are met). If appropriate, a new spenddown obligation will be created.

A) If the person files a reapplication prior to three~~four~~ months after the end of the period of enrollment, the person will be sent through a special abbreviated intake procedure making use of current case record material to verify factors of eligibility not subject to change.

B) Cases that remain eligible in the tenth month of the enrollment period or that have a QMB, a MANG(P) member or a person on a waiting list or who would be on a waiting list to receive a transplant if he or she had a source of payment, will remain enrolled and will be redetermined once every 12 months.

6) The person is responsible for reporting any changes that occur during the enrollment period that might affect eligibility for medical assistance. If changes occur, appropriate action shall be taken by the Department, including termination of eligibility for medical assistance.

7) For MANG AABD, if changes in income, resources or family composition occur, appropriate adjustments to the spenddown obligation and date of eligibility for medical assistance shall be made by the Department. The person will be notified, in writing, of the new spenddown obligation.

A) If income decreases, or resources fall below the applicable resource disregard and, as a result, the person has already met the new spenddown obligation, eligibility for medical assistance shall be backdated to the appropriate date.

B) If income or resources increase and, as a result, the person has not produced proof of incurred medical expenses equal to the new spenddown obligation, the written notification of the new

spenddown amount will also inform the person that eligibility for medical assistance will be interrupted until proof of medical expenses equal to the new spenddown obligation is produced.

8) For TANF MANG, if changes in income or family composition occur, appropriate adjustments to the spenddown obligation and date of eligibility for medical assistance shall be made by the Department. The person will be notified, in writing, of the new spenddown obligation.

A) If income decreases and, as a result, the person has already met the new spenddown obligation, eligibility for medical assistance shall be backdated to the appropriate date.

B) If income increases and, as a result, the person has not produced proof of incurred medical expenses equal to the new spenddown obligation, the written notification of the new spenddown amount will also inform the person that eligibility for medical assistance will be interrupted until proof of medical expenses equal to the new spenddown obligation is produced.

9) Reconciliation of Amounts Paid-in to Meet Spenddown

A) The Department will reconcile payments received to meet an income spenddown obligation for a given month against the amount of claims paid for services received in that month and refund any excess spenddown paid to the person. Excess amounts paid for a calendar month will be determined and refunded to the person six calendar quarters later. Refund payments will be made once per quarter.

B) The Department will reconcile payments received to meet a resource spenddown obligation against the amount of all claims paid during the individual's period of enrollment for medical assistance. Excess amounts paid will be determined and refunded to the individual six calendar quarters after the individual's enrollment for medical assistance ends.

C) When payments are received to meet both a resource and an income spenddown obligation, the Department will first reconcile

the amount of claims paid to amounts paid toward the resource spenddown. If the total amount of claims paid have not met or exceeded the amount paid to meet the resource spenddown by the time the individual's enrollment ends, the excess resource payments shall be handled per subsection (c)(3)(C) of this Section. Once the amount of claims paid equals or exceeds the amount paid toward the resource spenddown, the remaining amount of claims paid will be compared against the amount paid to meet the income spenddown per subsection (c)(3)(B) of this Section.

10) The Department will refund payment amounts received for any months in which the person is no longer in spenddown status and the payment cannot be used to meet a spenddown obligation. These payment amounts shall not be subject to reconciliation under subsection (c)(9) of this Section. Refunds shall be processed within six months after the case status changed.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 120.61 Long Term Care

This Section applies to persons residing in long term care facilities or State-certified, State-licensed, or State-contracted residential care programs who, as a condition of eligibility for medical assistance, are required to pay all of their income, less certain protected amounts, for the cost of their own care.

a) The term "long term care facility" refers to:

1) an institution (or a distinct part of an institution) that meets the definition of a "nursing facility" as that term is defined in 42 U.S.C. 1396r;

2) licensed Intermediate Care Facilities (ICF and ICF/DD), licensed Skilled Nursing Facilities (SNF and SNF/Ped) and licensed hospital-based long term care facilities (see 89 Ill. Adm. Code 148.50(c)); and

3) Supportive Living Facilities (SLF) and Community Integrated Living Facilities (CILA).

b) The eligibility period shall begin with:

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1) the first day of the month of application;

2) up to three months prior to the month of application for any month in which the person meets both financial and non-financial eligibility requirements. Eligibility will be effective the first day of a retroactive month if the person meets eligibility requirements at any time during that month; ~~or~~

3) for applications received on or after January 1, 2027, up to two months prior to the month of application for any month in which the person meets both financial and non-financial eligibility requirements. Eligibility will be effective on the first day of a retroactive month if the person meets eligibility requirements at any time during that month; or

4~~3~~) the first day of a month, after the month of application, in which the person meets non-financial and financial eligibility requirements.

c) Eligibility Without Spenddown

1) A one-month eligibility period will be used. If a person's nonexempt income available during the eligibility period is equal to or below the applicable income standard and nonexempt resources are not in excess of the applicable resource disregard (see Section 120.382), the person is eligible for medical assistance from the first day of the eligibility period without a spenddown.

2) A person eligible under this subsection (c) is responsible for reporting any changes that occur during the eligibility period that might affect eligibility for medical assistance. If changes occur, appropriate action shall be taken by the Department, including termination of eligibility for medical assistance. If changes in income, resources or family composition occur that would make the person a spenddown case, a spenddown obligation will be determined and subsection (d) will apply. A redetermination of eligibility shall be made at least every 12 months.

d) Eligibility with Spenddown

1) If countable income available during the eligibility period exceeds the

applicable income standard and/or nonexempt resources exceed the applicable resource disregard, a person has a spenddown obligation that must be met before financial eligibility for medical assistance can be established. The spenddown obligation is the amount by which the person's countable income exceeds the applicable income standard or nonexempt resources exceed the applicable resource disregard.

2) A person meets the spenddown obligation by incurring or paying for medical expenses in an amount equal to the spenddown obligation. Medical expenses shall be applied to the spenddown obligation as provided in Section 120.60(c).

3) Projected expenses for services provided by a long term care facility that have not yet been incurred, but are reasonably expected to be, may also be used to meet a spenddown obligation. The amount of the projected expenses is based on the private pay rate of the long term care facility at which the person resides or is seeking admission.

4) A person who has both an income spenddown and a resource spenddown cannot apply the same incurred medical benefits to both. Incurred medical expenses are first applied to an income spenddown.

e) Post-eligibility Treatment of Income. If non-financial and financial eligibility is established, a person's total income, including income exempt and disregarded in determining eligibility, must be applied to the cost of the person's care, minus any applicable deductions provided under subsection (f).

f) Post-eligibility Income Deductions. From a person's total income that is payable for a person's care, certain deductions are allowed. Allowed deductions shall increase the amount paid by the Department for residential services on behalf of the person, up to the Department's payment rate for the facility. Deductions shall be allowed for the following amounts in the following order:

1) SSI benefits paid under 42 U.S.C. 1382(e)(1)(E) or (G) and, for residents of Supportive Living Facilities, the minimum current SSI payment standard for an individual (or a couple, if spouses reside together), less the personal needs allowance specified in subsection (f)(2)(C) of this Section, shall be deducted for room and board charges (see 89 Ill. Adm. Code 146.225(c) and (d));

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2) a personal needs allowance:

A) for persons other than those specified in subsections (f)(2)(B) through (H):

i) $30 per month, for dates of service before 1/1/24; or

ii) $60 per month, for dates of service on or after 1/1/24.

B) for spouses residing together:

i) $60 per couple per month ($30 per spouse), for dates of service before 1/1/24; or

ii) $120 per month ($60 per spouse), for dates of service on or after 1/1/24.

C) for persons or spouses residing in Supportive Living Facilities:

i) $90 per month, for dates of service before 1/1/25; or

ii) $120 per month, for dates of service on or after 1/1/25.

D) for persons residing in Community Integrated Living Arrangements (see 59 Ill. Adm. Code 115):

i) $50 per month, for dates of service prior to 9/1/14;

ii) $60 per month, for dates of service on or after 9/1/14 through 6/30/15;

iii) $50 per month, for dates of service on or after 7/1/15;

iv) $60 per month, for dates of service on or after 7/1/17;

E) for veterans who have neither a spouse nor dependent child, or surviving spouses of veterans who do not have a dependent child, and whose monthly veterans' benefits are reduced to $90, a $90

income disregard is allowed in lieu of a personal allowance deduction. Persons allowed the $90 per month income disregard are not also permitted the monthly personal allowance under subsection (f)(2)(A);

F) for persons residing in an Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/DD) licensed under the ID/DD Community Care Act [210 ILCS 47]:

i) $30 per month, for dates of service prior to 9/1/14;

ii) $60 per month, for dates of service on or after 9/1/14 through 6/30/15;

iii) $30 per month, for dates of service on or after 7/1/15;

iv) $60 per month, for dates of service on or after 7/1/17;

G) for persons residing in a Specialized Mental Health Rehabilitation Facility licensed under the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49], $60 per month, for dates of service on or after 7/1/17; or

H) for persons residing in a Medically Complex for the Developmentally Disabled facility licensed under the MC/DD Act [210 ILCS 46], $60 per month, for dates of service on or after 7/1/17;

3) a community spouse income allowance pursuant to Section 120.379(e);

4) a family allowance pursuant to Section 120.379(e)(2);

5) an amount to meet the needs of qualifying children (as defined in 26 U.S.C. 152) under age 21 who do not reside with either parent, who do not have enough income to meet their needs and whose resources do not exceed the resource limit. To determine needs and resource limits:

A) the MANG(C) and applicable resource disregard are used (see Sections 120.30 and 120.382); and

B) any payments made on medical bills for the children can be deducted from the person's income;

6) amounts for incurred expenses for certain Medicare and health insurance cost sharing that are not subject to payment by a third party, limited to:

A) Medicare premiums, deductibles, or coinsurance charges not paid by Medicaid or another third party payor;

B) Other health insurance premiums, deductibles or coinsurance (cost sharing) charges provided the insurance meets the definition of a "health benefit plan" and is approved for providing that insurance in Illinois by the Illinois Department of Insurance.

i) "Health benefit plan" means any accident and health insurance policy or certificate, health services plan contract, health maintenance organization subscriber contract, plan provided by a MEWA (Multiple Employer Welfare Arrangement) or plan provided by another benefit arrangement.

ii) Health benefit plan does not mean accident only, credit, or disability insurance; long-term care insurance (except for the month of admission to a long term care facility); dental only or vision only insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance; insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;

7) Expenses Not Subject to Third Party Payment for Necessary Medical Care Recognized under State Law, but Not a Covered Service under the Medical Assistance Program. "Necessary medical care" has the meaning described in Section 2 of the Comprehensive Health Insurance Plan Act

[215 ILCS 105/2] and must be proved as such by a prescription, referral or statement from the patient's doctor or dentist. The following are allowable deductions from a person's post-eligibility income for medically necessary services:

A) expenses incurred within the three months prior to the month of an application, provided those expenses remain a current liability to the person and were not used to meet a spenddown. Medical expenses incurred during a period of ineligibility resulting from a penalty imposed under Section 120.387 or 120.388 are not an allowable deduction;

B) expenses incurred for necessary medical services from a medical provider (subject to reasonable dollar limits on specific services) so long as the provider was not terminated, barred or suspended from participation in the Medical Assistance Program (pursuant to 89 Ill. Adm. Code 140.16, 140.17 or 140.18) at the time the medical services were provided; and

C) expenses for long term care services, subject to the limitations of this subsection (f)(7) and provided that the services were not provided by a facility to a person admitted during a time the facility was subject to the sanction of non-payment for new admissions (see 305 ILCS 5/12-4.25(I)(3));

8) Amounts to maintain a residence in the community for up to six months when:

A) the person does not have a spouse and/or dependent children in the home;

B) a physician has certified that the stay in the facility is temporary and the individual is expected to return home within six months;

C) the amount of the deduction is based on:

i) the rent or property expense allowed under the AABD MANG standard if the person was at home (see 89 Ill. Adm. Code 113.248); and

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ii) the utility expenses that would be allowed under the AABD MANG standard if the person was at home (see 89 Ill. Adm. Code 113.249).

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 120.64 Determination of Eligibility for Cases Subject to Modified Adjusted Gross Income (MAGI) Methodology

a) The eligibility period for a client shall begin with:

1) the first day of the month of application; or

2) the first day of any month prior to the month of application, if the client so desires, up to three months prior to the month of application; ~~or~~

3) for applications filed on or after January 1, 2027, the first day of any month prior to the month of applications, if the client so desires, up to two months prior to the month of application;

4~~3~~) the first day of the month after the month of application; or

5~~4~~) the first day of a month a pregnant woman and/or child under age 19 meets the requirements of Sections 120.11 and 120.31.

b) The pregnant woman shall be eligible to receive medical assistance until 60 days following the last day of pregnancy. The 60 day medical coverage continues through the last day of the calendar month in which the 60 day period ends. The 60 day medical coverage period shall be provided for all women determined eligible for medical assistance under Section 120.11(a)(1), including women who are no longer pregnant at the time of application because the woman gave birth or had a miscarriage or an abortion, and including women who signed an adoption agreement.

c) Children shall be eligible to receive medical assistance as determined pursuant to Section 120.400.

d) Covered services received during the entire eligibility period will be paid by the

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Department (see 89 Ill. Adm. Code 140.3).

e) A redetermination of eligibility will be made every 12 months, excluding ACA Adult cases.

f) A redetermination of eligibility for ACA will be made every six months, excluding ACA Adults who are American Indians or Alaskan Natives and ACA Adults (under age 26) who are former foster care youths.

gf) The client is responsible to report any changes that occur during the eligibility period that might affect eligibility for medical assistance. If changes in income or family composition occur that would make the client ineligible for medical assistance, appropriate action shall be taken by the Department, including evaluation of eligibility for other programs or termination of eligibility for medical assistance. Income changes occurring after a pregnant woman is determined eligible for coverage are not considered through the 60 day postpartum period following the last day of pregnancy.

hg) A review of case eligibility will be conducted for a pregnant woman during the second month of the 60 day extended medical coverage period. If eligible, the case shall be transferred by the Department to the appropriate program without interruption in benefit eligibility. If ineligible, the Department shall notify the client in writing.

ih) A review of case eligibility will be conducted when a child is determined ineligible for medical assistance as a child. If the child is otherwise eligible for medical assistance, the case shall be transferred by the Department without interruption in benefit eligibility. If ineligible, written notification shall be provided to the client.

ji) For applications received on or after October 1, 2013, the determination of eligibility under this Section shall comply with the Modified Adjusted Gross Income (MAGI) methodology established at section 1902(e)(14) of the Social Security Act (42 U.S.C.USC 1396a(e)(14)) and federal regulations established at 42 CFR 435.110 (77 FR 17204, March 3, 2012, as amended at 78 FR 42302, July 15, 2013) regarding parents and other caretaker relatives, 42 CFR 435.116 (77 FR 17204, March 23, 2012, as amended at 78 FR 42302, July 15, 2013) regarding pregnant women, 42 CFR 435.118 (77 FR 17205, March 23, 2012) regarding infants and children under age 19, 42 CFR 435.119 (77 FR 17205, March 23,

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2012, as amended at 78 FR 42302, July 15, 2013) regarding ACA adults, and 42 CFR 435.603 (77 FR 17206, March 23, 2012, as amended at 78 FR 42302, July 15, 2013) regarding application of MAGI methodologies .

1) For the purpose of determining whether a person is a parent or caretaker relative of a "dependent child", a "dependent child" means a child who is younger than age 18.

2) For purposes of determining household size:

A) the total number of children a pregnant woman is expected to deliver shall be counted in the determination of the household size of any person in the household seeking benefits (42 CFR 435.603(b)).

B) For applicants who expect to file a tax return and who are not claimed as a dependent, household size shall be determined in accordance with 42 CFR 435.603(f)(1).

C) For applicants who expect to be claimed as a tax dependent and who do not meet an exception under 42 CFR 435.603(f)(2), household size shall be determined in accordance with 42 CFR 435.603(f)(2).

D) For applicants who do not file a tax return nor expect to be claimed as a tax dependent, or who are tax dependents who meet an exception under 42 CFR 435.603(f)(2), household size shall be determined in accordance with 42 CFR 435.603(f)(3).

E) For purposes of determining household size in accordance with 42 CFR 435.603(f)(3), the specified age is 19.

k~~j~~) This Section 120.64 shall apply to the initial determination of eligibility and, for renewals effective April 1, 2014, and later pursuant to 42 CFR 435.603(a)(3), for persons eligible under Section 5-2(5), (6)(a), (8), (15), (17) and (18) of the Public Aid Code.

l~~k~~) The provisions in this subsection are intended to comport with federal requirements related to eligibility for long term care, in particular, requirements

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under 42 U.S.C.~~USC~~ 1396p (section 1917 of the Social Security Act), federal regulations and guidance from the US Department of Health and Human Services related to those statutory requirements for cases under this Section 120.64. Interpretation and application of this subsection shall be made in light of those requirements. Effective January 1, 2014, for the purposes of determining long term care eligibility for cases under this Section 120.64, the following provisions shall apply: 89 Ill. Adm. Code 120.61, except Section 120.61(e) and (f) until such time as federal rules are promulgated expanding post-eligibility treatment of income to cases under this Section, and those Sections of Subpart H relating to long term care eligibility, including Sections 120.346, 120.347, 120.379, 120.385 and 120.388.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART D: MEDICARE PREMIUMS

Section 120.70 Supplementary Medical Insurance Benefits (SMIB) Buy-In Program

a) The Department shall pay the premium for Supplementary Medical Insurance benefits (SMIB) (Part B of Medicare) for specified clients in accordance with the buy-in agreement with the Social Security Administration (SSA) and the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360). Individuals may previously have enrolled in SMIB themselves or they will be enrolled by the Department.

b) Eligible Individuals

1) The Department shall pay the SMIB premium for the following individuals:

A) individuals who receive financial assistance (including zero grant) under the AABD or TANF program;

B) individuals who, except for the Social Security benefit increase of 1972 (42 CFR 435.134), would still be eligible to receive cash assistance as an aged, blind or disabled person (89 Ill. Adm. Code 113) and who are eligible for both SMIB and medical assistance;

C) individuals with Supplemental Security Income (SSI) income who

receive full Medicaid benefits under the AABD program;

D) Qualified Medicare Beneficiaries (QMBs) (see Section 120.72);

E) Specified Low-Income Medicare Beneficiaries (SLIBs) (see Section 120.73(b)); and

F) to the extent federal matching funds are available, Qualified Individuals-1 (QI-1) (see Section 120.73(c)).

2) Individuals who qualify under subsections (b)(1)(A) through (b)(1)(C) may include individuals not eligible for Part A of Medicare (see Title XVIII of the Social Security Act).

c) Beginning Eligibility

1) Individuals who qualify under subsection (b)(1)(A), (b)(1)(B) or (b)(1)(C) shall be added to the SMIB Buy-in Program for the first month in which they are eligible for both SMIB enrollment and medical assistance. Recipients shall remain in the Buy-in Program while in $0 grant status and for any month in which they qualify under subsections (b)(1)(A) through (b)(1)(D).

2) Individuals who qualify under subsection (b)(1)(D) shall be added to the SMIB Buy-in Program for the first month following the month in which they are determined eligible for QMB status. Recipients shall remain in the SMIB Buy-in Program for any month in which they qualify under subsections (b)(1)(A) through (b)(1)(D).

3) Individuals who qualify under subsection (b)(1)(E) may be added to the SMIB Buy-in Program effective for retroactive months under Sections 120.60(a) and 120.61(b)~~three months~~ prior to the month of application for SLIB or QI-1 benefits only or SLIB or QI-1 benefits and medical assistance. For persons for whom an electronic application from the Social Security Administration (SSA) (pursuant to 89 Ill. Adm. Code 110.10(a)(2)) is received and who the Department determines qualify as SLIBs or QI-1s, eligibility may begin in retroactive~~up to three~~ months (see Section 120.60(a) and 120.61(b)) prior to the application with SSA for low income subsidies (LIS) under 42 U.S.C.~~USC~~ 1395w-114, as that

application date is indicated in the electronic transmission to the Department from SSA. Eligibility for each of the retroactive~~three~~ months prior to the LIS application must be established.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 120.73 Eligibility for Payment of Medicare Part B Premiums for Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified Individiduals-1 (QI-1)

a) To the extent permitted under federal law (42 U.S.C.~~USC~~ 1396a(a)(10)), eligibility for payment of Medicare Part B premiums exists for Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified Individuals-1 (QI-1).

b) A SLIB is an individual who:

1) is a beneficiary of Medicare Part A (i.e., Hospital Insurance);

2) meets the general non-financial factors of eligibility for the Medicaid Program (see Sections 120.310, 120.311, 120.319 and 120.325);

3) has countable monthly income greater than 100 percent of the Federal Poverty Level (FPL), but less than 120 percent of the FPL; and

4) has countable assets that do not exceed the QMB asset disregard (see Section 120.382(f)(1)).

c) A QI-1 is an individual who:

1) is a beneficiary of Medicare Part A (i.e., Hospital Insurance);

2) meets the general non-financial factors of eligibility for the Medicaid Program (see Sections 120.310, 120.311, 120.319 and 120.325);

3) has countable monthly income that is at least 120 percent of the FPL, but less than 135 percent of the FPL;

4) has countable assets that do not exceed the QMB asset disregard (see Section 120.382(f)(1));

5) is not otherwise eligible for medical assistance; and

6) has been selected as a qualifying individual as provided under 42 U.S.C.~~USC~~ 1396u-3.

d) In determining countable monthly income, the monthly amount of Social Security benefits to consider for January through the month following the month in which the annual FPL amounts are announced will not include the annual Retirement Survivors Disability Insurance (RSDI) Cost of Living Adjustment (COLA). For all other months of the year, the full amount of RSDI benefits will be considered.

e) Eligibility for payment of Medicare Part B premiums may be effective up to three months prior to the month of application.

f) For applications received on or after January 1, 2027, eligibility for payment of Medicare Part B premiums may be effective up to two months prior to the month of application.

g~~f~~) Eligibility for SLIB status will be redetermined at least every 12 months.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section 120.328 Work Requirements~~Compliance with Employment and Work Activity Requirements (Suspended; Repealed)~~

This Section implements the provisions contained in Public Law 119-21, section 71119, and including all corresponding federal regulations and requirements issued by the federal Centers for Medicare and Medicaid Services. This Section applies to persons age 19 through 64 who are eligible for medical assistance under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, the Illinois Public Aid Code, Article V - Medical Assistance [305 ILCS 5], and Section 120.10(h), are not pregnant, are not entitled to or enrolled in Medicare, and are not otherwise excluded or exempted ("ACA Adults").

a) Definitions for the purpose of this Section only:

"Caretaker relative" means a relative of a "dependent child" or a "disabled" person, as those terms are defined in this Section, by blood, adoption, or marriage

with whom the child or disabled person is living, who assumes primary responsibility for the dependent child's or disabled person's care, and who is one of the following:

1) The dependent child's or disabled person's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.

2) The disabled person's husband, wife, son, daughter, stepson, stepdaughter, grandson, or granddaughter.

3) The spouse of such parent or relative, even after the marriage is terminated by death or divorce.

4) Another relative of the dependent child or disabled person based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative; or an adult with whom the dependent child or disabled person is living and who assumes the primary responsibility for the dependent child or disabled person's care.

"Community service" means unpaid, non-partisan, work, completed voluntarily or because of a mandate by court order such as in a structured program at a church, school, government, or nonprofit organization.

"Dependent child" means a child 13 years of age or under who relies on another person for care.

"Disabled person" means a person who meets the Americans with Disabilities Act definition of disability at 28 CFR 35.108. A person need not be eligible for Medicaid or other federal programs on the basis of a disability to be a disabled person under this definition.

"Educational program" means a program that is one of the following:

1) An institution of higher education as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001);

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2) A program of career and technical education as defined in section 3(5) of the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2302(5));

3) A high school as defined in title VIII of the Elementary and Secondary Education Act (20 U.S.C. 7801 et seq.); or

4) A State-approved program of study leading to a certificate of high school equivalence for an applicable person who has not received a high school diploma.

"Family caregiver" means an adult family member or other person who has a significant relationship with, and who provides care within a broad range of assistance to, a dependent child or a disabled person as both terms are defined in this Section.

"Guardian" means an adult appointed by a court to care for and make personal decisions for a dependent child or disabled person, as defined in this Section, who cannot care for themselves, in accordance with applicable State law.

"Monthly income" means monthly Modified Adjusted Gross Income as determined under Section 120.64.

"Parent" means a person with the legal status of a mother or father, including by adoption, in accordance with applicable State law, who provides some level of care to a dependent child or disabled person.

"Period of enrollment" means a continuous period of enrollment in coverage under the State plan without the person being disenrolled, regardless of the number of consecutive eligibility periods, of redeterminations or renewals, or of transitions between eligibility groups.

"Seasonal worker" means a person who worked on a seasonal basis at certain periods of the year, typically tied to seasonal demand. An agricultural worker who moves from one seasonal activity to another is employed on a seasonal basis, even though they may continue to be employed during a major portion of the year. This may also include migrant farm workers.

"Work" means:

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1) Work in exchange for money;

2) Work in exchange for goods or services ("in-kind" work); and

3) Unpaid work (other than community service as defined in this paragraph (1)).

"Work program" means a program that is one of the following:

1) A program under title I of the Workforce Innovation and Opportunity Act (WIOA) (Pub. L. 113-128) (29 U.S.C. 3111 et seq.);

2) A program under section 236 of the Trade Act of 1974 (19 U.S.C. 2296);

3) A program of employment and training operated or supervised by a State or political subdivision of a State that meets standards approved by the Governor of the State, including a program under subsection (d)(4) of section 6 of the Food and Nutrition Act of 2008 (7 U.S.C. 2015(d)(4)), other than a supervised job search program or job search training program. However, a program under this subsection may include supervised job search or job search training as subsidiary activities as long as such activity is less than half the required hours of the program;

4) A workforce partnership under subsection (d)(4)(N) of section 6 of the Food and Nutrition Act of 2008 (7 U.S.C. 2015(d)(4)(N)); or

5) A program of employment and training for veterans operated by the Department of Labor or the Department of Veterans Affairs. For the purposes of this paragraph, any employment and training program of the Department of Labor or Veterans Affairs that serves veterans must be an approved work program;

b) Exclusions from Work Requirements. For purposes of this Section, a person is excluded from work requirements if they meet one of the following:

1) The person meets the definition of the eligibility group for former foster care children, described at section 1902(a)(10)(A)(i)(IX) of the Act as amended by Public Law 115- 271, 305 ILCS 5/5-2 (19).

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2) The person meets the definitions related to Indian as defined at 42 C.F.R. 447.51.

3) The person is a parent, guardian, caretaker relative, or family caregiver, as each is defined in this Section, and for family caregivers, meets one of the following criteria:

A) The person primarily resides with a dependent child or disabled person, as these terms are defined in this Section.

B) The person is a relative (as specified in the "caretaker relative" definition in this Section, without regard to the requirements to live with and to assume primary responsibility) of a dependent child or disabled person, as these terms are defined in this Section and with whom they do not reside.

C) The person does not reside with and is not a relative (as specified in the "caretaker relative" definition in this Section, without regard to the requirements to live with and to assume primary responsibility) of a dependent child or disabled person, as these terms are defined in this Section and for whom they provide not less than 80 hours of assistance per month.

D) In residences with more than one parent, guardian, caretaker relative, or family caregiver, multiple persons who meet the relevant definitions at paragraph (b)(3) of this Section may qualify as excluded as described in this Section.

4) The person is a veteran with a disability from the Department of Veterans Affairs, rated as 100 percent (total) under 38 U.S.C. 1155.

5) The person is medically frail or otherwise has special medical needs. For purposes of this exclusion, a person who is medically frail or otherwise has special medical needs is defined as a person whose physical, mental, or other behavioral health condition significantly impairs the person's ability to comply with the community engagement requirement in this subpart and is a person:

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A) Who is blind or disabled (as defined in section 1614 of the Social Security Act);

B) With a substance use disorder, excluding a person in stable recovery (which means, a person who is in recovery for five or more years);

C) With a disabling mental disorder;

D) With a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or

E) With a serious or complex medical condition which is a medical condition that is life threatening, seriously disabling without necessarily being life threatening, causing significant pain or discomfort that can cause serious interruptions to life activities, requiring a major time or effort commitment from caregivers for a substantial period of time, requiring frequent monitoring, associated with severe consequences or negative consequences for someone else, affecting multiple organ systems, requiring management to tight physiological parameters, requiring coordination of multiple specialties, requiring treatment that carries a risk of serious complications, or requiring adjustment in non-medical environments.

6) The person is compliant with any requirements imposed by the State in its administration of the Temporary Assistance for Needy Families (TANF) program, in accordance with section 407 of the Act.

7) The person is a member of a household that receives Supplemental Nutrition Assistance Program (SNAP) benefits under 7 U.S.C. 2015 and is not exempt from a work requirement under such Act.

8) The person is participating in a drug addiction or alcoholic treatment and rehabilitation program, as defined in section 3(h) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(h)).

9) The person is an inmate of a public institution.

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10) The person is pregnant or entitled to postpartum medical assistance under section 1902(e)(5) or (16) of the Act.

d) Assessing compliance with work requirements.

1) If not excluded, persons must comply with work requirements or be deemed to comply with work requirements as a condition of eligibility for medical assistance as of January 1, 2027.

A) Applications received after 5:00 PM central time on December 31, 2026 will be evaluated for eligibility under these rules.

B) Medical assistance redeterminations for persons eligible for medical assistance under Section 120.10(h) are subject to these rules beginning with redeterminations initiated on or after January 1, 2027.

C) Each existing beneficiary who began receiving benefits prior to January 1, 2027, and has a scheduled renewal after the effective date, will receive benefits for the remainder of the individual's eligibility duration and then be transitioned to a redetermination schedule of once every six months.

2) Persons must demonstrate compliance with work requirements:

A) In the one month immediately preceding the month of application for new applicants;

B) Redeterminations: In one month between the effective date of such person's most recent determination or redetermination at renewal, as applicable, and the date the person's renewal is due, consistent with section 1902(e)(14)(L) of the Act and § 435.916;

C) During the period between the effective date of such person's most recent determination or redetermination at renewal, as applicable, and the end of the month prior to the month in which the person is subject to work requirements as a result of a redetermination based on a change in circumstances.

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D) The Department will not review compliance with or exemption from work requirements more frequently than indicated in A) and B) of this section.

e) Demonstrating Work Requirement Compliance

1) A person must demonstrate work requirement compliance under the terms of this subsection as a condition of eligibility unless the person is deemed to comply under 4) of this subsection, or is excluded under subsection (b).

2) Work requirement compliance includes completing one or more qualifying activities in a month, as follows:

A) working not less than 80 hours;

B) performing not less than 80 hours of community service;

C) participating not less than 80 hours in a work program;

D) being enrolled at least half time in an educational program, as determined by the educational institution;

E) engaging in any combination of the activities in subsections A) through C), including any educational program hours resulting from less than half time enrollment, totaling at least 80 hours.

3) A person also meets the requirement in a month by:

A) having a monthly income not less than the applicable federal minimum wage multiplied by 80 hours;

B) being a seasonal worker and having an average monthly income over the previous six months not less than the applicable federal minimum wage multiplied by 80 hours.

4) Persons are deemed to have demonstrated work requirement compliance in a month if they are:

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A) under age 19;

B) entitled to or enrolled in Medicare Part A or enrolled in Medicare Part B;

C) described in any category listed in Section 1902(a)(10)(A)(i)(I) through (VII) of the Social Security Act;

D) excluded as defined in subsection (b) of this Section; or

E) an inmate of a public institution at any point during the 3-month period ending on the first day of that month as defined at 42 CFR 435.1010.

5) A person shall be deemed to meet the work requirement for a month in which the person experiences a short-term hardship event. A short-term hardship event exists when, for part or all of a month, the person:

A) Receives inpatient hospital services, nursing facility services, services in an intermediate care facility for persons with intellectual disabilities, inpatient psychiatric services, or other services of similar acuity including noninstitutional services that a person receives that, but for the receipt of such services, would likely result in the applicable individual receiving the preceding inpatient services, regardless of whether said services are received in an institutional setting;

B) Must travel outside the community for an extended period to obtain necessary medical services for themselves or a dependent for a serious or complex medical condition not available locally or, if the person does not travel with the dependent, the person spends time that could be spent on work or volunteering on helping their dependent with the health condition or travel; or

C) Resides in a county or local governmental area that:

i) is under a federal emergency or disaster declared by the President under the National Emergencies Act (NEA) or

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the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act); or

ii) has an unemployment rate at or above the lesser of 8 percent or 1.5 times the national unemployment rate.

D) Short-term hardship events under A) and B) above must be requested by the person and short-term hardships under C) will be applied by the Department to persons when the listed conditions are met.

E) If the Department chooses to discontinue offering exceptions to compliance with the work requirements due to short-term hardship events, then the Department must notify affected persons a minimum of 10 days in advance of the end date of said exceptions and provide fair hearing rights.

f) Notice of compliance or exclusion from Work Requirements:

1) Applicants and current enrollees for medical assistance under this Section will receive an eligibility determination which includes a clear statement of the basis of eligibility or a statement of the Department's intended action and the specific reasons for the action which must specify whether the person:

A) Meets the criteria for an exclusion; or

B) Demonstrates compliance with work requirements or is deemed to have demonstrated compliance with work requirements for the month(s) reviewed.

2) For the short-term hardship exceptions listed at subsection (e)(5)(C), persons subject to the work requirements who do not meet the criteria for an exclusion will receive notice stating:

A) that a short-term hardship event exists for which a person does not need to request an exception to compliance of the work requirements; and

B) the anticipated end date of such short-term hardship event after which affected persons will need to comply with work requirements.

3) For the short-term hardship events listed at 120.38(e)(A)-(B), persons subject to the work requirements who do not meet the criteria for an exclusion will receive a notice stating:

A) how a person, or someone acting on behalf of a person, may request a short-term hardship exception;

B) the timeframe for requesting a short-term hardship exception;

C) the process for determination;

D) the State's determination and the appeals process for adverse determinations.

g) Verifying compliance with or exclusion from work requirements.

1) The Department shall verify whether a person meets or is exempt from the work requirement using reliable information available to the Department. The Department shall not require additional information from the person when the requirement can be verified using the data sources identified by the Department as providing reliable information.

2) Except with respect to verifying whether a person is excluded on the basis of being medically frail or otherwise having special medical needs, when there is no reliable information available to the Department or the reliable information available to the Department is not reasonably compatible with the information provided by or on behalf of the person, the Department must seek additional information from the person to verify the person has demonstrated or is deemed to have demonstrated compliance with the work requirement or is excluded, in accordance with the following rules:

A) The Department must:

i) Accept information other than documentation, including attestation, to verify a person's eligibility when there is no reasonably available documentation; and

ii) Not deny or terminate eligibility solely because the person is unable to produce documentation where none exists or is reasonably available but may establish criteria for requiring the person to provide specific information considered sufficient to verify the person's eligibility in the absence of reasonably available documentation.

B) Before January 1, 2028, the Department shall accept documentation or other information as provided in Section 435.952(c) of Title 42 of the Code of Federal Regulations when there is no reliable information available to the State or the reliable information is not reasonably compatible with the information provided by or on behalf of the individual;

C) Effective on and after January 1, 2028, when there is no reliable information available to the Department or the reliable information is not reasonably compatible with the information provided by or on behalf of the person, the Department must require documentation whenever documentation is reasonably available. The Department may determine specific circumstances when documentation is not reasonably available as a matter of policy and must also allow persons to establish that documentation is not reasonably available in their specific circumstance.

3) With respect to verifying whether a person is excluded on the basis of being medically frail or otherwise having special medical need as defined at§ 435.554(c)(5), the Department must attempt to verify this exclusion using reliable information available to the State:

A) Before January 1, 2028, when there is no reliable information available to the State or the reliable information is not reasonably compatible with the information provided by or on behalf of the person, the Department may require documentation or accept a statement or other information under penalty of perjury that provides sufficient information, as determined by the Department,

to verify an applicant or beneficiary is medically frail or otherwise has special medical needs, each time the Department verifies a person's medical frailty.

B) Beginning on January 1, 2028, the Department may accept a statement or other information provided under penalty of perjury that provides sufficient information, as determined by the Department, to verify qualification for the exclusion only once during the person's period of enrollment defined at paragraph (a) of this Section when there is no reliable information available to the Department or the reliable information available to the Department is not reasonably compatible with the information provided by or on behalf of the individual.

C) If a person declares an exclusion on the basis of being medically frail or otherwise having special medical needs after having sought such status on or after January 1, 2028, on the basis of a statement provided under penalty of perjury or other information described in paragraph A) in this subsection during the same period of enrollment defined at paragraph a) of this Section, the Department must verify that status using reliable information available to the Department, or, if reliable information available to the Department is not sufficient for verification, using documentation submitted by or on behalf of the person.

D) After verifying a person's exclusion on the basis of being medically frail or otherwise having special medical needs using reliable information available to the Department or documentation submitted by or on behalf of the person, the Department must reverify this status at least every 12 months.

h) Noncompliance

1) If the Department cannot verify that a person meets or is excluded from the work requirement, the Department shall send written notice of noncompliance.

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2) A notice of noncompliance must include clear statements about how persons can make a satisfactory showing of compliance with the work requirement.

3) A person shall have 30 days from receipt of the notice to:

A) demonstrate compliance; or

B) demonstrate that the person is an excluded person or excepted from compliance with the work requirements due to a short term hardship event.

4) If the person is enrolled, eligibility shall continue during the 30-day period.

5) If the person fails to demonstrate that: 1) they meet the criteria for exclusion; or 2) they are in compliance; or 3) they are excepted from work requirements, then, the Department shall evaluate whether the person qualifies for medical assistance on another basis and, if not, shall deny or terminate coverage.

6) The Department shall provide written notice and an opportunity for a fair hearing as otherwise provided by applicable rules.

(Source: Section added by peremptory rulemaking at 32 Ill. Reg. 7212, effective April 21, 2008; peremptory amendment suspended at 32 Ill. Reg. 8450, effective May 21, 2008; peremptory amendment repealed under Section 5-125 of the Illinois Administrative Procedure Act, effective November 16, 2008; new Section added at 50 Ill. Reg. _____, effective _____)

Section 120.380 Resources

a) Unless otherwise specified and for purposes of this Part, the term "resource" (as defined in 42 U.S.C.~~USC~~ 1382b, except subsection (a)(1) of that section, which excludes the home as a resource) means cash or any other personal or real property that a person owns and has the right, authority or power to liquidate.

b) A resource is considered available to pay for a person's own care when at the disposal of that person; when the person has a legal interest in a liquidated sum

and has the legal ability to make the sum available for support, maintenance or medical care; or when the person has the lawful power to make the resource available or to cause the resource to be made available.

c) The value of nonexempt resources shall be considered in determining eligibility for any means-tested public benefit program administered by the Department, the Department of Human Services or the Department on Aging if eligibility is determined, in part, on the basis of resources as provided under this Section.

d) Determination of Resources

1) In determining initial financial eligibility for medical assistance:

A) The Department considers nonexempt verified resources available to a person as of the date of decision on the application for medical assistance. The date of verification (see Section 120.308(f)) may be prior to the date of decision. Resources applied to a spenddown obligation in a retroactive month (see Section 120.61(b)) shall not be treated as available in the determination of initial financial eligibility. Money considered as income for a month is not considered a resource for that same month. If income for a month is added to a bank account that month, the Department will subtract the amount of income from the bank balance to determine the resource level. Any income remaining in the following months is considered a resource.

B) Effective June 16, 2014, clients and applicants who receive Supplemental Security Income (SSI) payments or who were receiving SSI when they entered a nursing home or the supported living program or initiated other long term support services are considered to have their current resources verified.

C) Effective June 16, 2014, individuals who have verified income at or below 100% FPL and report resources at or below the appropriate resource disregard in Section 120.382 or 120.510 are considered to have their current resources verified, unless there is a specific reason to question the value of the resource.

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2) Effective July 1, 2012, an applicant for medical assistance may be eligible for retroactive~~up to 3~~ months (see Section 120.61(b)) prior to the date of application if the person would have been eligible for medical assistance at the time he or she received services if he or she had applied, regardless of whether the person is alive when the application for medical assistance is made. In determining financial eligibility for retroactive months, the Department will consider the amount of income, resources and exemptions available to a person as of the first day of each of the backdated months for which eligibility is sought.

3) In determining a person's spenddown obligation (see Section 120.384), the Department considers the amount of nonexempt resources available as of the date of decision, in the case of initial eligibility, and the first day of the month, in the case of retroactive eligibility, that are in excess of the applicable resource disregard (see Section 120.382).

e) Subject to subsection (c) of this Section and 89 Ill. Adm. Code 113.140, the entire equity value of jointly held resources shall be considered available in determining a person's eligibility for assistance, unless:

1) The resource is a joint income tax refund, in which case one-half of the refund is considered owned by each person; or

2) The person documents that he or she does not have access to the resource. Appropriate documents may include, but are not limited to, bank documents, signature cards, trust documents, divorce papers, and papers from court proceedings that show the person is legally unable to access the resource; or

3) The resource is held jointly with an individual eligible under any means-tested public health benefit program (other than the Supplemental Nutrition Assistance Program) administered by the Department, the Department of Human Services, or the Department on Aging; or

4) The person can document the amount of his or her legal interest in the resource and that such amount is less than the entire value of the resource, then the documented amount shall be considered. Appropriate documentation may include, but is not limited to, bank documents, trust

documents, signature cards, divorce papers, or court orders that show the person's legal interest is less than the entire value of the resource; or

5) The person documents that the resource or a portion of the resource is not owned by the person and the person's accessibility to the resource is changed (see subsections (e)(2) and (4) for documentation examples).

f) In determining the eligibility of a person for long term care services whose spouse resides in the community, all nonexempt resources owned by the institutionalized spouse, the community spouse, or both shall be considered available to the institutionalized spouse in determining his or her eligibility for medical assistance. From the total amount of such resources may be deducted a Community Spouse Resource Allowance as provided under Section 120.379.

g) Trusts established prior to August 11, 1993 shall be treated in the manner described in Section 120.346.

h) Trusts established on or after August 11, 1993 shall be treated in the manner described in Section 120.347.

i) The value of a life estate shall be determined at the time the life estate in the property is established and at the time the property (for example, resources) is liquidated. In determining the value of a life estate and remainder interest based on the value of the property at the time the life estate is established or of the amount received when the property is liquidated, the Department shall apply the values described in Table A. The life estate and remainder interest are based on the age of the person at the time the life estate in the property is established and at the time the property is liquidated and the corresponding values described in Table A.

j) A person's entrance fee in a continuing care retirement community or life care community (as those entities are described in 42 U.S.C.~~USC~~ 1396r(c)(5)(B)) shall be considered an available resource to the extent that:

1) the person has the ability to use the entrance fee, or the contract provides that the entrance fee may be used to pay for care should other resources or income of the person be insufficient to pay for the care;

2) the person is eligible for a refund of any remaining entrance fee when the person dies or terminates the continuing care retirement community or life care community contract and leaves the community; and

3) the entrance fee does not confer an ownership interest in the continuing care retirement community or life care community.

k) Non-homestead real property, including homestead property that is no longer exempt (see Section 120.381(a)(1)), is considered an available resource unless:

1) the property is exempted as income-producing to the extent permitted under Section 120.381(a)(3), except Section 120.381(a)(3) shall not apply to farmland property and personal property used in the income-producing operations related to the farmland (e.g., equipment and supplies, motor vehicles, tools, etc.) through December 31, 2013;

2) ownership of the property consists of a fractional interest of such a small value that a substantial loss to the person would occur if the property were sold;

3) the property has been listed for sale, in which case the property will not be counted as available for at least six months as long as the person continues to make a good faith effort to sell the property. This effort can be verified by evidence, including advertisements or documentation of the listing of the property with licensed real estate agents or brokers that includes a report of any offer from prospective buyers. The Department will review cases in which the property has not been sold after six months and will consider the following factors in determining if extensions of the initial six months are warranted:

A) the asking price is less than the fair market value of the property;

B) the property is marketed through a qualified realtor who is acting in good faith;

C) there is not a substantial market for the type of property being sold; and

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D) the person has not rejected any reasonable offer to buy the property; or

4) the homestead property that is no longer exempt (see Section 120.381(a)(1)) is producing annual net income for the person in an amount that is not less than six percent of the person's equity value in the property. In determining net income, the Department shall recognize business expenses allowed for federal income tax purposes.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 120.399 Redetermination of Eligibility

It is the Department's responsibility to determine the continued eligibility of all recipients of medical assistance and it is the recipient's responsibility to cooperate in the redetermination of eligibility. A redetermination of eligibility shall be conducted at least every twelve months and at any time it becomes known to the Department that a recipient's circumstances affecting eligibility may have changed. Beginning January 1, 2027, a redetermination of eligibility shall be conducted at least every six months for ACA Adults MANG(see Section 120.10(h)).

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART I: SPECIAL PROGRAMS

Section 120.500 Health Benefits for Persons with Breast or Cervical Cancer

a) A person shall be eligible for medical assistance if the person meets the following eligibility requirements under Health Benefits for Persons with Breast or Cervical Cancer (BCC):

1) Cooperates in establishing eligibility as described in Section 120.308.

2) Meets citizenship/immigration status as described in Section 120.310.

3) Meets residency requirements as described in Section 120.311.

4) Assigns rights to medical support and collection of payment as described in Section 120.319.

5) Furnishes a Social Security number as described in Section 120.327.

6) Is under the age of 65 years.

7) Has been screened for breast or cervical cancer under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) administered by the Illinois Department of Public Health (IDPH) as described in subsection (c) of this Section, and has been found to need treatment, as defined in subsection (d) of this Section, for breast or cervical cancer or a precancerous condition as defined in subsection (e) of this Section.

8) Continues to need treatment as defined in subsection (d) of this Section.

9) Is uninsured, that is, must not have creditable coverage, as defined under the Health Insurance Portability and Accountability Act, for breast or cervical cancer treatment.

b) A person shall not be determined eligible for Health Benefits for Persons with Breast or Cervical Cancer:

1) if, upon screening by the Department, the person is found to be otherwise eligible for medical assistance under Section 120.11, 120.20 or 120.30 without a spenddown; or

2) if the person is in a correctional facility pursuant to 42 CFR 435.1008.

c) A person shall meet the screening requirement if:

1) the person's breast or cervical cancer screening was conducted within the scope of a grant, sub-grant or contract under the NBCCEDP administered by IDPH; or

2) beginning September 1, 2006, the person's diagnosis of breast or cervical cancer or precancerous cervical condition was confirmed by an entity receiving a grant, sub-grant or contract under the NBCCEDP administered by IDPH.

d) A person shall be considered to need treatment if, in the opinion of the person's treating physician, the person requires therapy directed toward cure or palliation

of breast or cervical cancer, including recurrent metastatic cancer that is a known or presumed complication of breast or cervical cancer and complications resulting from the treatment modalities themselves. Treatment includes diagnostic services that may be necessary to determine the extent and proper course of treatment. Persons who require only routine monitoring services (for example, pap smears or mammograms) are not considered to need treatment.

e) For the purposes of this Section, a precancerous condition means:

1) Cervical intraepithelial neoplasia, grade III (CIN III);

2) Severe dysplasia of the cervix;

3) High-grade squamous intraepithelial lesion (HGSIL); or

4) Atypical glandular cells of undetermined significance (AGUS) with a suspicion of adenocarcinoma in situ.

f) All assets shall be exempt from consideration in determining eligibility under this Section.

g) A person's eligibility for medical assistance under this Section shall be terminated when the person no longer meets the requirements of this Section.

h) Application Process

1) The process of applying for medical assistance shall be initiated by the submission to the Department, by an entity designated by IDPH, of a statement certifying that a person meets the condition of eligibility described in subsection (a)(7) of this Section.

2) The Department shall contact the person by telephone, mail or other appropriate means to complete an application.

3) The application date shall be the date a signed application is received in the Department's central breast and cervical cancer eligibility unit.

4) Application may be made by additional methods that the Department establishes.

5) Applications shall meet all requirements found at 89 Ill. Adm. Code 110.10(a), (c), (e) and (i).

6) A BCC application is only an application for Health Benefits for Persons with Breast or Cervical Cancer.

i) Authorization of Medical Assistance Eligibility

1) Eligibility will be effective no earlier than the third month before the month of application if the applicant would have been eligible if he or she had applied. In no case shall eligibility be effective prior to July 1, 2001, for persons meeting the screening requirement described in subsection (c)(1) of this Section, or prior to September 1, 2006, for persons meeting the screening requirement described in subsection (c)(2) of this Section.

2) Beginning January 1, 2027, eligibility will be effective no earlier than the second month before the month of application if the applicant would have been eligible if he or she had applied.

32) Eligibility can begin no earlier than the following:

A) for persons meeting the screening requirement described in subsection (c)(1) of this Section, the month in which the applicant was screened as described in subsection (a)(7) of this Section; or

B) for persons meeting the screening requirement described in subsection (c)(2) of this Section, the month in which the applicant received the test or procedure that resulted in a diagnosis of breast or cervical cancer or one of the precancerous cervical conditions described in subsection (e) of this Section.

j) Persons enrolled in Health Benefits for Persons with Breast or Cervical Cancer shall be exempt from Sections 102.210 and 102.230.

k) Persons enrolled in Health Benefits for Persons with Breast or Cervical Cancer who enter a nursing facility must provide income information sufficient for the Department to calculate a group care credit, as established in Sections 120.40 and 120.60, except that assets shall not be counted. The Department will not pay for

nursing facility services for any person who refuses to provide the required information.

l) Persons applying for or enrolled in Health Benefits for Persons with Breast or Cervical Cancer shall be entitled to appeal rights as described at 89 Ill. Adm. Code 102.80-83.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 120.510 Health Benefits for Workers with Disabilities

a) To be eligible for medical assistance under Health Benefits for Workers with Disabilities, an individual must meet all of the following eligibility requirements:

1) Cooperate in establishing eligibility as described in Section 120.308.

2) Meet citizenship/immigration status as described in Section 120.310.

3) Meet residency requirements as described in Section 120.311.

4) Be disabled as described in Section 120.314.

5) Assign rights to medical support and collection of payment as described in Section 120.319.

6) Furnish a Social Security number(s) as described in Section 120.327.

7) Be 16 through 64 years of age.

8) Have countable monthly income at or below 350 percent of the Federal Poverty Level.

9) Have non-exempt assets at or below $25,000.

10) Be employed pursuant to subsection (l)(1) of this Section or qualify for an exception as described in subsection (l)(2) of this Section.

11) Pay a premium pursuant to subsections (m) and (n) of this Section.

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b) An individual shall not be determined eligible if the individual is otherwise eligible for medical assistance without a spenddown.

c) An individual who is otherwise eligible for medical assistance with a spenddown and who meets the requirements of this Section shall have the option of enrolling in medical assistance with a spenddown or Health Benefits for Workers with Disabilities.

d) An individual's eligibility shall be terminated if the individual no longer meets the requirements of this Section.

e) Certain assets shall be exempt from consideration in determining eligibility in accordance with Section 120.381. In addition, retirement accounts that the individual cannot access without penalty before the age of 59½ and medical savings accounts established pursuant to 26 U.S.C.~~USC~~ 220 shall be exempt.

f) The earned and unearned income of the following persons shall be counted when determining eligibility, except as specified in subsections (g), (h) and (i) of this Section.

1) Income of the individual.

2) Income of the spouse.

3) Unearned income of a dependent child under the age of 18 years who is included in the income standard (see Section 120.20) because it is to the advantage of the individual.

g) Monthly unearned income shall be counted as described in Sections 120.330 through 120.345 and Sections 120.350, 120.355, 120.371 and 120.376.

h) Monthly earned income shall be considered as described in Sections 120.360, 120.361, 120.371, 120.372, 120.373 and 120.375.

i) The Department shall exempt earned income as provided in Section 120.362(a) and (b)(1). In addition, work related expenses that are allowed as deductions for AABD MANG as described in Section 120.370 shall be deducted.

j) Application Process

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1) Individuals can apply by completing an application provided by the Department and submitting it to an address specified by the Department.

2) The application must meet all requirements found at 89 Ill. Adm. Code 110.10(a), (c), (e) and (i).

k) Authorization of Medical Assistance Eligibility

1) Medical assistance coverage will not be provided for any month for which eligibility is established unless a premium is paid in accordance with subsections (m) and (n) of this Section.

2) Subject to subsections (k)(2)(A), (B) and (C) of this Section, the applicant may choose to receive medical assistance for months prior to the initial month of prospective eligibility as determined in accordance with subsections (m) and (n) of this Section.

A) Eligibility will be effective no earlier than the third month before the month of application if the applicant received covered medical services during that period and would have been eligible if he or she had applied for Health Benefits for Workers with Disabilities.

B) Beginning January 1, 2027, eligibility will be effective no earlier than the second month before the month of application if the applicant received covered medical services during that period and would have been eligible if he or she had applied for Health Benefits for Workers with Disabilities.

C~~B~~) Months of backdated coverage selected must be consecutive and must be continuous with the initial month of prospective eligibility.

D~~C~~) Monthly premiums must be paid for all the months of coverage.

l) Individuals Considered Employed

1) For purposes of this program, an individual shall be considered employed if the individual provides verification that current payment under the Federal Insurance Contributions Act (FICA) or Illinois Municipal

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Retirement Fund (IMRF) has been made on behalf of the individual.

2) Under the following circumstances, an individual may be enrolled in this program without providing evidence of employment as described in subsection (l)(1) of this Section:

A) Individuals who are not employed at the time of application, but who can verify that they will be employed within 60 days, may be enrolled but will not be considered eligible until they begin employment and pay the appropriate premium in accordance with subsections (m) and (n) of this Section.

B) Individuals who become unable to work for medical reasons after enrollment in this program who wish to remain in the program. Such individuals:

i) Must report to the Department within 30 days after the first day that they were unable to work.

ii) Must provide a physician's written statement that they are unable to work, but that the anticipated date for the return to work is within 90 days after the first day they were unable to work.

iii) Must pay premiums in accordance with subsections (m) and (n) of this Section for the months during which they do not work.

C) Individuals who cease employment for any other reason may continue to be enrolled for 30 days after the employment ends provided they pay premiums in accordance with subsections (m) and (n) of this Section for the period during which they do not work.

3) Eligibility shall be terminated:

A) If an individual determined to be employed according to subsection (l)(2)(A) of this Section does not provide evidence of employment pursuant to subsection (l)(1) of this Section within 30

days after enrollment.

B) If an individual is unable to work for medical reasons, as described in subsection (l)(2)(B) of this Section, for 90 days or more.

C) If an individual ceases employment for any other reason (subsection (l)(2)(C) of this Section) and does not obtain new employment within 30 days after cessation of employment.

m) Premiums

1) The Department must receive payment of the monthly premium for an applicant's initial prospective month of eligibility before the applicant can be enrolled in this program. If payment of the premium is received by the 20th day of the month, the initial month of prospective eligibility shall begin the first day of the following month. (For example, if the premium payment is received on February 20, coverage shall begin on March 1. If the premium payment is received after February 20 but before March 21, coverage shall begin on April 1.)

2) Premiums for months of backdated coverage must be paid within 90 days after the date of the notice of eligibility approval.

3) Subsequent premiums are due on the 20th day of the month prior to the month of coverage.

4) If payment of the premium is not received in full by the end of the month following the due date of the premium, coverage will terminate effective the end of the second month following the due date and collection action may be initiated by the Department for the unpaid premiums for months of coverage.

n) Determination of Premium Amount

1) Premiums shall be based upon an individual's combined gross unearned and countable earned income as determined at the point of application or review or redetermination of eligibility.

2) The Department shall reset a premium prospectively based on verified

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income.

3) Premium amounts shall be established as set forth in the following monthly premium tables.

$s Per Month

Countable Earned Income	Gross Unearned Income											
	0-250	251-500	501-750	751-1000	1001-1250	1251-1500	1501-1750	1751-2000	2001-2250	2251-2500	2501-2750	2751-3000
0-250	--	19	38	56	75	94	113	131	150	169	188	206
251-500	6	25	44	63	81	100	119	137	156	175	194	212
501-750	13	31	50	69	88	107	126	144	163	182	201	219
751-1000	19	38	56	75	94	113	132	150	169	188	207	225
1001-1250	25	44	63	81	100	119	137	156	175	194	213	231
1251-1500	31	50	79	87	106	125	144	162	181	200	219	237
1501-1750	38	57	76	94	113	132	151	169	188	206	226	244
1751-2000	44	63	82	100	119	138	157	175	194	213	232	250
2001-2250	50	69	88	106	125	144	163	181	200	219	238	256
2251-2500	56	75	94	112	131	150	169	187	206	225	244	262
2501-2750	63	82	101	119	138	157	176	194	213	232	251	269
2751-3000	69	88	107	125	144	163	182	200	219	238	257	275
3001-3250	75	94	113	131	150	169	188	206	225	244	263	281
3251-3500	81	100	119	137	156	175	194	212	231	250	269	287
3501-3750	88	107	126	144	163	182	201	219	238	257	276	294
3751-4000	94	113	132	150	169	188	207	225	244	263	282	300

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4001-4250	100	119	138	156	175	194	213	231	250	269	288	306
4251-4500	106	125	144	162	181	200	219	237	256	275	294	312
4501-4750	113	132	151	169	188	207	226	244	263	282	301	319
4751-5000	119	138	157	175	194	213	232	250	269	288	307	325
5000 +	125	144	163	181	200	219	238	256	275	294	313	331

$s Per Month

Countable Earned Income	Gross Unearned Income								
	3001-3250	3251-3500	3501-3750	3751-4000	4001-4250	4251-4500	4501-4750	4751-5000	5000+
0-250	225	244	263	281	300	319	338	356	375
251-500	231	250	269	287	306	325	344	362	381
501-750	238	257	276	294	313	332	351	369	388
751-1000	244	263	282	300	319	338	357	375	394
1001-1250	250	269	288	306	325	344	363	381	400
1251-1500	256	275	294	312	331	350	369	387	406
1501-1750	263	282	301	319	338	357	376	394	413
1751-2000	269	288	307	325	344	363	382	400	419
2001-2250	275	294	313	331	350	369	388	406	425
2251-2500	281	300	319	337	356	375	394	412	431
2501-2750	288	307	326	344	363	382	401	419	438
2751-3000	294	313	332	350	369	388	407	425	444
3001-3250	300	319	338	356	375	394	413	431	450
3251-3500	306	325	344	362	381	400	419	437	456
3501-3750	313	332	351	369	388	407	426	444	463
3751-4000	319	338	357	375	394	413	432	450	469
4001-4250	325	344	363	381	400	419	438	456	475
4251-4500	331	350	369	387	406	425	444	462	481

4501-4750	338	357	376	394	413	432	451	469	488
4751-5000	344	363	382	400	419	438	457	475	494
5000+	350	369	388	406	425	444	463	481	500

o) Medicaid Buy-In Program Revolving Fund (see 305 ILCS 5/12-10.6)

1) The Medicaid Buy-In Revolving Fund consists of premiums paid by eligible individuals under this Section.

2) Monies in the Fund may be used to pay costs incurred by the Department for:

A) Administering the Health Benefits for Workers with Disabilities (HBWD) program, including, but not limited to, staff, equipment, travel, outreach activities and other operating costs.

B) Personal assistance services (PAS) provided at an individual's work site. PAS under the HBWD program is limited to individuals who do not already receive PAS, have a need for such services on the basis of a disability as described in Section 120.314, and, except for their income and non-exempt assets, would be eligible for the Community Care Program as described at 89 Ill. Adm. Code 240. The need, amount and duration of PAS will be assessed through a determination of need process.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

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1) Heading of the Part: The Illinois Oil and Gas Act

2) Code Citation: 62 Ill. Adm. Code 240

3)

Section Numbers:	Proposed Actions:
240.1020	Amendment
240.1130	Amendment
240.1205	Amendment
240.1500	Amendment
240.1630	Amendment

4) Statutory Authority: Implementing and authorized by the Illinois Oil and Gas Act [225 ILCS 725], the Illinois Underground Natural Gas Storage Safety Act [415 ILCS 160], and Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100].

5) A Complete Description of the Subjects and Issues Involved: This Part is being amended pursuant to P.A. 104-0567, to update application requirements for a permit to drill a Test Well or Drill Hole and correct references.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: P.A. 104-0567

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

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

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

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

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit their written comments concerning this rulemaking within 45 days from the publication date of this issue of the *Illinois Register*. All comments should be submitted to:

Carrie Leitner, Legal Counsel

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Department of Natural Resources
One Natural Resources
Springfield, IL 62702

217-782-1809
dnr.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Description of the type of small business, not for profit corporations or small municipalities subject to the proposed amendment: Oil and gas operators

B) Description of the proposed reporting, bookkeeping and other procedures required for compliance with the amendment: None

C) Description of the types of professional skills necessary for compliance: None

14) Small Business Economic Impact Analysis: None

15) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because it was not anticipated at the time of the Department's most recent Regulatory Agenda.

16) Any other information or justification for the proposed rule or amendment that the agency believes would be helpful to the public regarding the proposed rule or amendment. For example, a discussion or analysis of the benefits of the proposed rule or amendment is projected to have on the Illinois public, consumers, investors or other similar groups. None

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 62: MINING
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES

PART 240
THE ILLINOIS OIL AND GAS ACT

SUBPART A: GENERAL PROVISIONS

Section

240.10 Definitions
240.20 Prevention of Waste (Repealed)
240.30 Jurisdiction (Repealed)
240.40 Enforcement of Act (Repealed)
240.50 Delegation of Authority (Repealed)
240.60 Right of Inspection (Repealed)
240.70 Right of Access (Repealed)
240.80 Sworn Statements (Repealed)
240.90 Additional Reports (Repealed)
240.100 When Rules Become Effective (Repealed)
240.110 Notice of Rules (Repealed)
240.120 Forms (Repealed)
240.125 Notice
240.130 Hearings – Notices (Repealed)
240.131 Unitization Hearings
240.132 Integration Hearings
240.133 Hearings to Establish Pool-Wide Drilling Units
240.134 Lease Validation Petitions
240.135 Falsification or Misstatement of Information
240.140 Notice of Noncompliance
240.150 Notice of Violation
240.155 Civil Complaint
240.160 Director's Decision
240.170 Cessation Order (Repealed)
240.180 Enforcement Hearings
240.185 Cessation of Operations Orders
240.186 Cessation of Conditions Creating an Imminent Danger to Public Health and Safety and the Environment (Repealed)
240.190 Temporary Relief Hearings
240.195 Subpoenas

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SUBPART B: PERMIT APPLICATION PROCEDURES FOR PRODUCTION WELLS

Section
240.200 Applicability
240.210 Application for Permit to Drill, Deepen or Convert to a Production Well
240.220 Contents of Application
240.230 Authority of Person Signing Application
240.240 Additional Requirements for Directional Drilling
240.245 Additional Requirements for Horizontal Drilling
240.250 Issuance of Permit to Drill or Operate
240.251 Revocation of Permit to Drill
240.255 Conversion of a Production Well to a Water Well
240.260 Change of Well Location
240.270 Application for Approval of Enhanced Recovery Injection and Disposal Operations (Repealed)
240.280 Duration of Underground Injection Well Orders (Repealed)

SUBPART C: PERMIT APPLICATION PROCEDURES FOR CLASS II UIC WELLS

Section
240.300 Applicability
240.305 Transfer of Management (Recodified)
240.310 Application for Permit to Drill, Deepen, or Convert or Amend to a Class II UIC Well
240.311 Application for Freshwater Aquifer Exemption
240.312 Freshwater Aquifer Exemptions
240.320 Contents of Application
240.330 Authority of Person Signing Application
240.340 Proposed Well Construction and Operating Parameters
240.350 Groundwater and Potable Water Supply Information
240.360 Area of Review
240.370 Public Notice
240.380 Issuance of Permit
240.385 Conversion of a Class II Well to a Water Well
240.390 Permit Amendments
240.395 Update of Class II UIC Well Permits Issued Prior to July 1, 1987

SUBPART D: SPACING OF WELLS

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Section
240.400 Definitions
240.410 Drilling Units
240.420 Well Location Exceptions within Drilling Unit
240.425 Change of a Permitted Drilling Location
240.430 Drilling Unit Exceptions
240.440 More Than One Well on a Drilling Unit
240.450 Directional Drilling
240.455 Horizontal Drilling
240.460 Modified Drilling Unit
240.465 Special Drilling Unit
240.470 Establishment of Pool-Wide Drilling Units Based Upon Reservoir Characteristics

SUBPART E: WELL DRILLING,
COMPLETION AND WORKOVER REQUIREMENTS

Section
240.500 Definitions
240.510 Department Permit Posted
240.520 Drilling Fluid Handling and Storage
240.525 Saltwater or Oil Based Drilling Fluid Handling and Storage
240.530 Completion Fluid and Completion Fluid Waste Handling and Storage
240.540 Drilling and Completion Pit Restoration
240.550 Disposal of General Oilfield Wastes and Other Wastes

SUBPART F: WELL CONSTRUCTION, OPERATING AND REPORTING
REQUIREMENTS FOR PRODUCTION WELLS

Section
240.600 Applicability
240.605 Drilled Out Plugged Hole (DOPH) Notification
240.610 Construction Requirements for Production Wells
240.620 Remedial Cementing of Leaking Wells
240.630 Operating Requirements
240.640 Reporting Requirements
240.650 Confidentiality of Well Data
240.655 Mechanical Integrity Testing for Class II Injection Wells (Repealed)
240.660 Monitoring and Reporting Requirements for Enhanced Recovery Injection and

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Disposal Wells (Repealed)
240.670 Avoidable Waste of Gas (Repealed)
240.680 Escape of Unburned Gas Prohibited (Repealed)

SUBPART G: WELL CONSTRUCTION, OPERATING AND REPORTING REQUIREMENTS FOR CLASS II UIC WELLS

Section
240.700 Applicability and Definitions
240.710 Surface and Production Casing Requirements for Newly Drilled Class II UIC Wells
240.720 Surface and Production Casing Requirements for Conversion to Class II UIC Wells
240.730 Surface and Production Casing Requirements for Existing Class II UIC Wells
240.740 Other Construction Requirements for Class II UIC Wells
240.750 Operating Requirements for Class II UIC Wells
240.760 Establishment of Internal Mechanical Integrity for Class II UIC Wells
240.770 Establishment of External Mechanical Integrity for Class II UIC Wells
240.780 Reporting Requirements for Class II UIC Wells
240.790 Confidentiality of Well Data
240.795 Commercial Saltwater Disposal Well
240.796 Operating and Reporting Requirements, Hydraulic Fracturing Operations, Seismicity

SUBPART H: LEASE OPERATING REQUIREMENTS

Section
240.800 Definitions
240.805 Lease and Well Identification
240.810 Tanks, Tank Batteries and Containment Dikes
240.815 Permanent Well Site Equipment Setback
240.820 Flowlines
240.830 Power Lines
240.840 Equipment Storage
240.850 Concrete Storage Structures
240.860 Pits
240.861 Existing Pit Exemption For Continued Production Use
240.862 Existing Pit Exemption For Alternative Use
240.870 Leaking Unpermitted Drill Hole

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240.875 Leaking Previously Plugged Well
240.880 Initial Spill Notification
240.890 Crude Oil Spill Remediation Requirements
240.891 Crude Oil Spill Waste Disposal and Remediation
240.895 Produced Water Spill Remediation Requirements

SUBPART I: LIQUID OILFIELD WASTE HANDLING AND DISPOSAL

Section
240.900 Definitions
240.905 Application for Permit to Operate a Liquid Oilfield Waste Transportation System
240.906 Application for a Liquid Oilfield Waste Transportation Vehicle Permit
240.910 Inspection of Vehicles (Tanks)
240.920 Issuance of Liquid Oilfield Waste Transportation System and Vehicle Permits
240.925 Liquid Oilfield Waste Recordkeeping Requirements
240.926 Liquid Oilfield Waste Transportation System and Vehicle Operating Requirements
240.930 Produced Water
240.940 Crude Oil Bottom Sediments
240.945 Lease Road Oiling
240.950 Crude Oil Spill Waste Disposal (Repealed)
240.960 Oil Field Brine Hauling Permit Conditions (Repealed)
240.970 Inspection of Vehicles (Repealed)
240.980 Transfer of Permits (Repealed)
240.985 Revocation of Oil Field Brine Hauling Permit (Repealed)
240.990 Records and Reporting Requirements (Repealed)
240.995 Bonds − Blanket Surety Bond (Repealed)

SUBPART J: VACUUM

Section
240.1000 Definitions
240.1005 Applicability
240.1010 Application for Vacuum Permit
240.1020 Contents of Application
240.1030 Authority of Person Signing Application
240.1040 Notice and Hearing
240.1050 Issuance of Permit
240.1060 Permit Amendments

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SUBPART K: PLUGGING OF WELLS

Section
240.1105 Plugging of Non-Productive Wells (Repealed)
240.1110 Definitions
240.1115 Plugging Responsibility
240.1120 Plugging of Uncased Wells
240.1130 Plugging and Temporary Abandonment of Inactive Production Wells
240.1131 Extension of Future Use Status for Production Wells (Repealed)
240.1132 Plugging and Temporary Abandonment of Inactive Class II UIC Wells
240.1140 General Plugging Procedures and Requirements
240.1150 Specific Plugging Procedures
240.1151 Procedures for Plugging Coal Seams
240.1160 Plugging Fluid Handling and Storage
240.1170 Plugging Fluid Waste Disposal and Well Site Restoration
240.1180 Lease Restoration
240.1181 Lease Restoration Requirements (Repealed)
240.1190 Filing Plugging Report

SUBPART L: REQUIREMENTS FOR OTHER TYPES OF WELLS

Section
240.1200 Applicability
240.1205 Application for Permit to Drill a Test Well or Drill Hole
240.1210 Contents of Application for Permit to Drill or Convert to an Observation, Gas Storage Well or Service Well (Repealed)
240.1220 Contents of Application for Coal Test Hole, Mineral Test Hole, Structure Test Hole, or Coal or Mineral Groundwater Monitoring Well
240.1230 Authority of Person Signing Application
240.1240 Issuance of Permit
240.1250 When Wells Shall Be Plugged and Department Notification
240.1260 Plugging and Restoration Requirements
240.1270 Confidentiality
240.1280 Converting to Water Well

SUBPART M: PROTECTION OF WORKABLE COAL BEDS

Section

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240.1300 Introduction
240.1305 Permit Requirements in Mine Areas
240.1310 Workable Coal Beds Defined
240.1320 Mining Board may Determine Presence of Coal Seams
240.1330 Well Locations Prohibited
240.1340 Notice to Mining Board
240.1350 Casing and Protective Work
240.1360 Operational Requirements Over Active Mine
240.1370 Inspection of Vehicles (Recodified)
240.1380 Transfer of Permits (Recodified)
240.1385 Revocation of Oil Field Brine Hauling Permit (Recodified)
240.1390 Records and Reporting Requirements (Recodified)
240.1395 Bonds − Blanket Surety Bond (Recodified)

SUBPART N: ISSUANCE OR TRANSFER OF PERMIT TO OPERATE

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240.1400 Definitions
240.1405 Transfer of Management (Repealed)
240.1410 Applicability
240.1420 Notification of Transfer
240.1425 Authority of Person Signing Notification of Transfer
240.1430 Responsibilities of Current Permittee
240.1440 Responsibilities of New Permittee
240.1450 Authority of Person Signing Notification of Acceptance
240.1460 Conditions for and Effect of Issuance or Transfer of Permit to Operate
240.1465 Condition for and Effect of Transfer of PRF Wells
240.1470 Revocation of Permit to Operate
240.1480 Involuntary Transfer
240.1485 Administrative Record Correction
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240.1500 When Required, Amount and When Released
240.1510 Definitions
240.1520 Bond Requirements
240.1530 Forfeiture of Bonds

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SUBPART P: WELL PLUGGING AND RESTORATION PROGRAM

Section
240.1600 Definitions
240.1610 Plugging Leaking or Abandoned Wells
240.1620 Plugging Orphaned Wells
240.1625 Plugging Abandoned Wells Through Landowner Grant
240.1630 Emergency Well Plugging, Emergency Repair Work, Emergency Projects
240.1635 Emergency Well Plugging and Emergency Project Reimbursement
240.1640 Repayment of Funds
240.1650 Authorization for a Permittee to Operate Its Wells Placed into the Plugging and Restoration Fund Program for Abandonment
240.1660 Authorization for a Permittee to Operate Its Wells Placed into the Plugging and Restoration Fund Program for Non-Payment of Annual Well Fees

SUBPART Q: ANNUAL WELL FEES

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240.1710 Annual Permittee Reporting
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240.1730 Opportunity to Contest Billing
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240.1805 Definitions
240.1810 Submission of Underground Gas Storage Field Map
240.1820 Permit Requests in a Underground Gas Storage Field
240.1830 Application for Permit to Drill or Convert Wells
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240.1840 Authority of Person Signing Application
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240.1851 Gas Storage and Observation Well Safety, Construction, and Operating Requirements
240.1852 Inspection and Maintenance Plan
240.1853 Gas Storage and Observation Well Records and Reporting Requirements
240.1854 Notice of Probable Violation, Complaints, Hearings and Civil Penalties
240.1855 Civil Complaint
240.1856 Determination of Penalty
240.1857 Director's Approval of Penalty or Agreed Compromise
240.1858 Enforcement Hearings
240.1859 Emergency Abatement Orders
240.1860 Temporary Relief Hearings
240.1861 Subpoenas
240.1862 Well Drilling Completion and Workover Requirements
240.1865 Liquid Oilfield Waste Disposal
240.1870 Plugging of Gas Storage and Observation Wells
240.1880 Sole Source Aquifer: Natural Gas Incident Notice to Department
240.1890 Sole Source Aquifer: Inspection Fees for Underground Natural Gas Storage Fields
240.1892 Sole Source Aquifer: When Annual Inspection Fees Are Due
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240.1905 Application for Permit to Drill or Convert to Other Types of Wells or Drill Holes
240.1910 Contents of Application for Permit to Drill or Convert to a Service Well
240.1920 Authority of Person Signing Application
240.1930 Issuance of Permit
240.1940 When Wells Shall Be Plugged and Department Notification
240.1950 Plugging and Restoration Requirements
240.1960 Converting to Water Well

AUTHORITY: Implementing and authorized by the Illinois Oil and Gas Act [225 ILCS 725], the Illinois Underground Natural Gas Storage Safety Act [415 ILCS 160], and Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100].

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SOURCE: Adopted November 7, 1951; emergency amendment at 6 Ill. Reg. 903, effective January 15, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5542, effective April 19, 1982; codified at 8 Ill. Reg. 2475; amended at 11 Ill. Reg. 2818, effective January 27, 1987; amended at 14 Ill. Reg. 2317, effective January 25, 1990; recodified at 14 Ill. Reg. 3053; amended at 14 Ill. Reg. 13620, effective August 8, 1990; amended at 14 Ill. Reg. 20427, effective January 1, 1991; amended at 15 Ill. Reg. 2706, effective January 31, 1991; recodified at 15 Ill. Reg. 8566; recodified at 15 Ill. Reg. 11641; emergency amendment at 15 Ill. Reg. 14679, effective September 30, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 15493, effective October 10, 1991; amended at 16 Ill. Reg. 2576, effective February 3, 1992; amended at 16 Ill. Reg. 15513, effective September 29, 1992; expedited correction at 16 Ill. Reg. 18859, effective September 29, 1992; emergency amendment at 17 Ill. Reg. 1195, effective January 12, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2217, effective February 8, 1993; amended at 17 Ill. Reg. 14097, effective August 24, 1993; amended at 17 Ill. Reg. 19923, effective November 8, 1993; amended at 18 Ill. Reg. 8061, effective May 13, 1994; emergency amendment at 18 Ill. Reg. 10380, effective June 21, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16361, effective November 18, 1994; amended at 19 Ill. Reg. 10981, effective July 14, 1995; amended at 21 Ill. Reg. 7164, effective June 3, 1997; emergency amendment at 22 Ill. Reg. 988, effective December 22, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 8422, effective April 28, 1998; amended at 22 Ill. Reg. 8845, effective April 28, 1998; amended at 22 Ill. Reg. 22314, effective December 14, 1998; amended at 25 Ill. Reg. 9045, effective July 9, 2001; amended at 35 Ill. Reg. 13281, effective July 26, 2011; amended at 38 Ill. Reg. 18717, effective August 29, 2014; amended at 38 Ill. Reg. 22052, effective November 14, 2014; amended at 40 Ill. Reg. 7051, effective April 22, 2016; expedited correction at 40 Ill. Reg. 11042, effective April 22, 2016; emergency amendment at 40 Ill. Reg. 13265, effective September 1, 2016, for a maximum of 150 days; emergency expired January 28, 2017; amended at 41 Ill. Reg. 2957, effective February 21, 2017; amended at 42 Ill. Reg. 5811, effective March 14, 2018; emergency amendment at 43 Ill. Reg. 4650, effective April 4, 2019, for a maximum of 150 days; emergency expired August 31, 2019; amended at 43 Ill. Reg. 10459, effective September 6, 2019; amended at 43 Ill. Reg. 11524, effective September 24, 2019; amended at 45 Ill. Reg. 13907, effective October 25, 2021; amended at 46 Ill. Reg. 20013, effective January 1, 2023; amended at 48 Ill. Reg. 5734, effective March 27, 2024; amended at 49 Ill. Reg. 565, effective December 30, 2024; amended at 50 Ill. Reg. 7226, effective April 29, 2026; amended at 50 Ill. Reg. _____, effective _____.

SUBPART J: VACUUM

Section 240.1020 Contents of Application

The application for a permit to use a vacuum device on a production well shall include:

a) the name and address of the Permittee;

b) the name of the well;

c) the legal location of the well;

d) the names and depths of the formations subject to a vacuum;

e) a map showing:

1) the boundaries of the leasehold or enhanced oil recovery unit in which the vacuum device will be located;

2) the exact location of the well on which the vacuum device will be installed;

3) the location of all unplugged production wells on the lease or unit;

4) the names of all permittees of producing lease holds within ¼ mile of the well on which the vacuum device will be located; and

5) the location of all offset production wells located within ¼ mile of the well on which the vacuum device will be located;

f) submit~~Submit~~ evidence of Notice required under Section 240.1040;~~.~~

g) a non-refundable fee of $300.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART K: PLUGGING OF WELLS

Section 240.1130 Plugging and Temporary Abandonment of Inactive Production Wells

a) Any idle production well on an active lease or unit that has not had commercial production during the last 24 consecutive months shall be deemed abandoned, in accordance with Section 240.1600, and plugged in accordance with Section 240.1140 unless the well has been approved for Temporary Abandonment status

in accordance with subsection (c).

b) Any idle production well on an inactive lease or unit, if the lease or unit has not had commercial production during the last 24 consecutive months, shall be deemed abandoned and not eligible for Temporary Abandonment status, pending a hearing held in accordance with Section 240.1610.

c) The permittee shall apply for Temporary Abandonment status by making written application on forms provided by the Department. The Department shall place the well on Temporary Abandonment status, if the following conditions (which shall be continuing requirements) are met:

1) The well:

A) shall have proper bond in effect in accordance with the Act, if applicable; and

B) is not in the Plugging and Restoration Fund.

2) The well shall have an intact leak free wellhead, or be capped with a valve, and configured to monitor casing or annular pressure. The well shall be configured to include a one quarter inch female fitting, with shut-off valve, to allow monitoring of the annulus.

3) If the well is a permitted gas well and the well has a sustained gas pressure at the surface, the requirements of subsection (d~~e~~) do not apply.

4) The wellhead shall be above ground level.

5) The permittee complies with the requirements of subsection (d).

d) Prior to the Department placing the well on Temporary Abandonment status, the permittee shall conduct a fluid level test upon the fluid in the well bore, after notice to and under the supervision of a Department representative, using acoustical, wire line or string line measuring methods. If the Department authorizes the permittee to conduct a fluid level test without the presence of a Department representative, the permittee shall report the fluid level test on a form prescribed by the Department.

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1) If the fluid level in the wellbore is no higher than 100 feet below the base of the fresh water, the Department may grant Temporary Abandonment status if the conditions in subsections (c)(1) through (4) are met. Unless the permittee elects to satisfy the conditions of subsections (d)(3)(A) or (B), the permittee shall perform additional fluid level tests, as prescribed in subsection (d), every 5 years or until the well is removed from Temporary Abandoned status.

2) If the fluid level, as tested, is higher than 100 feet below the base of the fresh water and, at the time of the Temporary Abandonment request, the well is listed in Active status in the Department's records, the permittee may:

   A) After notice to and under the supervision of a Department representative, remove any fluid to a level 100 feet below the base of the fresh water. At least 48 hours, but not more than 96 hours after the fluid has been removed, the permittee shall measure the fluid level as prescribed in subsection (d).

      i) If the fluid level is higher than 100 feet below the base of fresh water, the permittee shall follow the requirements in subsection (d)(3)(A) or (B); or

      ii) If the fluid level remains more than 100 feet below the base of fresh water, at least 9, but no longer than 12 months from the date that fluid was removed from the well bore, the permittee shall measure the fluid level in accordance with subsection (d). If, after the subsequent fluid level test, the fluid level within the wellbore has remained at least 100 feet below the base of fresh water, and the conditions in subsections (c)(1) through (4) continue to be met, the Department shall grant Temporary Abandonment status for 5 years from the date of the subsequent fluid level test. Thereafter, the permittee shall perform additional fluid level tests, as prescribed in subsection (d), every 5 years or until the well is removed from Temporary Abandonment status.

   B) Elect to follow the requirements of subsections (d)(3)(A) or (B).

3) If the fluid level, as tested, is higher than 100 feet below the base of fresh water and, at the time of the Temporary Abandonment request, the well is listed in Temporary Abandonment status in the Department's records, the permittee may, after notice to, and under the supervision of, a Department representative:

A) set a cast iron plug within 200 feet above the uppermost perforated or open hole interval in the cemented portion of the production casing, but no less than 100 feet below the base of the fresh water, remove any fluid to a level at least 100 feet below the base of the freshwater zone, and monitor the fluid level every 5 years in accordance with subsection (d); or

B) set a cast iron plug within 200 feet above the uppermost perforated or open hole interval in the cemented portion of the production casing, but no less than 100 feet below the base of the fresh water, and pressure test the casing by maintaining a pressure of 300 PSIG (which may vary no more than 5%) for a period of 30 minutes. Subsequent pressure tests shall be conducted every 5 years or until the well is removed from Temporary Abandonment status.

e) If the Department finds that a well that is in Temporary Abandonment status is in violation of the operational requirements set forth in subsection (c) or (d), the Department shall issue a Director's Decision requiring that the well be properly plugged, re-plugged or repaired. If the permittee has not complied with a Director's Decision issued by the Department pursuant to this subsection (e) and after a final administrative decision is issued, the well is found to be in violation of subsection (c) or (d), the Temporary Abandonment status for the well shall be revoked until the violation has been remediated and the well is in compliance with this Section.

f) The permittee shall monitor the well and certify annually, on a form provided by the Department, that there is no pressure on the casing or any annuls of a well that has been granted Temporary Abandonment status.

g) If a Temporary Abandonment request is denied, the permittee shall, within 90 days, plug the well or correct the deficiency that caused the denial and secure an approved Temporary Abandonment permit.

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h) Beginning January 1, 2023, Temporary Abandonment status shall terminate 5 years from the date that Temporary Abandonment status was granted unless the permittee complies with the requirements of subsection (d) for each 5-year period that a well is in Temporary Abandonment status. Temporary Abandonment status may be terminated upon application for termination of Temporary Abandonment status by the permittee and a Temporary Abandonment request being approved by the Department following a well inspection by a Department well inspector. Temporary Abandonment termination requests shall be on a form prescribed by the Department.

i) Wells On Temporary Abandonment Status On January 1, 2023

1) Beginning January 1, 2023, wells on Temporary Abandonment status on January 1, 2023, shall be granted an additional Temporary Abandonment status of 5 years upon the expiration of the original Temporary Abandonment designation, provided:

A) the well remains in compliance with subsections (c) and (d);

B) the lease or unit which the wells are located remains active; and

C) the permittee submits an application pursuant to subsection (c) and that application is approved by the Department.

2) Temporary Abandonment status may be renewed for successive 5-year periods if the well remains in compliance with this Section.

j) The Department shall assess and collect annual fees of $100 per well for each well that is in Temporary Abandonment status.

k) The Department shall grant Temporary Abandonment status for successive 5 year periods if a well remains in compliance with this Section and upon the permittee's submission of detailed geological, engineering, or economical evidence that, based on industry standards, the well remains viable for future oil and gas development purposes.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

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SUBPART L: REQUIREMENTS FOR OTHER TYPES OF WELLS

Section 240.1205 Application for Permit to Drill a Test Well or Drill Hole

a) No person shall drill a test well or hole covered by this Subpart without a permit from the Department.

b) An application for a permit to drill a coal test hole, mineral test hole, structure test hole, or coal or mineral groundwater monitoring well shall:

1) Be made on forms prescribed by the Department.

2) Be executed under penalties of perjury, and accompanied by the nonrefundable fee of $400 per section, or part of a section, as delineated by the United States Public Land Survey.

3) Contain a statement indicating whether the well or drill hole is located over an underground gas storage field as defined in Section 240.1805(c) or the gas storage rights are owned by someone other than the lessor under the oil and gas lease; the applicant shall submit documentation establishing compliance with Section 240.1820.

4) Be accompanied by the bond required under Subpart O.

5) Include the name and location of the well surveyed by an Illinois licensed land surveyor or Illinois registered professional engineer, the GPS (Global Positioning System) latitude and longitude location, and ground elevation of the well; the GPS location shall be recorded as degrees and decimal degrees recorded to six decimal places in the North American Datum 1983 projection and shall be accurate to within three feet; the reported GPS location is required to be an actual GPS field measurement and not a calculated or conversion measurement.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART O: BONDS

Section 240.1500 When Required, Amount and When Released

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a) To Drill, Deepen, Convert or Operate an Oil or Gas Well

1) A bond, in the amount provided in this Section, shall be submitted, along with an application to drill, deepen, convert, operate or transfer a production or Class II well, if:

A) the applicant was not an owner on April 29, 2026~~January 1, 2025~~ of the right to drill and produce the well or wells in the transfer request; or

B) the applicant was not a permittee of record on April 29, 2026~~January 1, 2026~~; or

C) the applicant has had a bond forfeited or is the subject of an unappealed, unabated Department final administrative decision requiring wells to be plugged; or

D) the applicant was not assessed an annual well fee as of July 1 preceding the application date, unless applicant was a permittee of record of an unplugged well in the previous fiscal year and not the subject of an unappealed, unabated Department final administrative decision; or

E) the applicant has had funds expended and/or wells plugged on its behalf by the Department using funds from the PRF; or

F) the applicant is not an appointed trustee or receiver in accordance with Section 240.1410(a)(4).

2) When a bond is required to be filed with the Department to drill, deepen, convert or operate an oil or gas well or Class II well, the amount of the bond shall be:

A) *$10,000 for one well*;

B) *$25,000 for up to 10 wells of a permittee;*

C) *$50,000 for up to 50 wells of a permittee;*

D) *$100,000 for up to 100 wells of a permittee; or*

E) *Any blanket bond covering over 100 wells shall be increased to include the bond amount, as listed above, for the total number of wells over 100 that will be covered by the blanket bond.* [225 ILCS 725/6(2.5)]

3) Failure to provide the required bond will result in the issuance of a cessation of operations order in accordance with Section 240.185(b).

4) A bond submitted pursuant to Section 240.1500(a) shall be released when:

A) all wells covered by the bond are plugged and restored in accordance with Subpart K; or

B) all wells covered by the bond are transferred in accordance with Subpart N; or

C) the permittee has paid assessments to the Department in accordance with Section 19.7 for 5 consecutive years and the permittee is not in violation of the Act.

b) To Operate a Liquid Oilfield Waste Transportation System
The amount of bond required to be filed with the Department before a permit is issued authorizing a person to operate a liquid oilfield waste system shall be *$10,000*. [225 ILCS 725/8c] When requested by permittee, bond shall be released when the permittee ceases operation and this system and the permittee's system is not in violation of the Act.

c) To Drill a Test Hole
The amount of bond required to be filed with the Department before a permit is issued to drill a geological structure, coal or other mineral test hole, or a monitoring well in connection with any activity regulated by the Department shall be *$2,500 for each permit or a blanket bond of $25,000 for all permits*. [225 ILCS 725/2] The bond requirements of this Subpart shall not apply to a hole or well drilled on acreage permitted and bonded under the Surface-Mined Land Conservation and Reclamation Act [225 ILCS 715] or the Surface Coal Mining Land Conservation and Reclamation Act [225 ILCS 720]. When requested by permittee, bonds shall be released when the hole or holes are plugged and restored

in accordance with Section 240.1260 and the permittee is not in violation of the Act.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART P: WELL PLUGGING AND RESTORATION PROGRAM

Section 240.1630 Emergency Well Plugging, Emergency Repair Work, Emergency Projects

a) If the Department determines that any condition or practice exists, or that any person or permittee is in violation of any requirement of the Act, this Part or any permit condition, and this practice, condition or violation creates an imminent danger to the health or safety of the public or an imminent danger of significant environmental harm or significant damage to property, the Department shall issue a cessation order ~~pursuant to Section 240.186 of this Part~~ to the last known permittee of record or the permittee responsible for the condition in accordance with Sections 240.870 and 240.875 of this Part. If the responsible party cannot be readily located or refuses to abate the violation after written notification or is no longer in existence, the Department is not required to issue a cessation order and may take any action deemed necessary to correct the condition.

b) Upon the expiration of time within which abatement was required under the cessation order, if issued, the Department may take any action, including well and facility repair, well plugging, well site restoration, facility remediation, or emergency remediation, deemed necessary to cause a cessation of the danger to the public health and safety or environmental harm and abatement of any condition.

c) The cost of all emergency well plugging, emergency repair work and emergency remediation projects completed under this Section shall be paid from the Annual Well Fee portion of the Plugging and Restoration Fund. Permittees or responsible parties for which funds were expended under this Section shall be required to reimburse the Plugging and Restoration Fund for all the expenditures.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

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NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Health Care Worker Background Check Code

2) Code Citation: 77 Ill. Adm. Code 955

3)

Section Numbers:	Proposed Actions:
955.260	Amendment
955.270	Amendment
955.APPENDIX B	Amendment

4) Statutory Authority: Implementing and authorized by the Health Care Worker Background Check Act [225 ILCS 46].

5) A Complete Description of the Subjects and Issues Involved: These proposed amendments to 77 Ill. Adm. Code 955 clarify, in Sections 955.260 (Application for Waiver) and 955.270 (Department Review of Waiver Application), why a request for a waiver will be automatically denied, and add disqualifying offenses to 955.APPENDIX B (Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver).

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

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

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

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

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

11) Statement of Statewide Policy Objectives: This rulemaking is not expected to create a State mandate.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their written comments concerning this rulemaking within 45 days after this issue of the *Illinois Register*. Written comments suggesting amendments to the rulemaking must provide the reason for the suggested amendment. An edited version of the rulemaking is acceptable if submitted with the written comments and supporting reasons. Send written comments to:

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Department of Public Health
Attention: Tracey Trigillo, Rules Coordinator
Lincoln Plaza
524 South 2nd Street, 6th Floor
Springfield, IL 62701

(217) 782-1159
dph.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Description of the type of small business, not for profit corporations or small municipalities subject to the proposed amendments: Most of the businesses that are affected by the Department's rules fall under the definition of small businesses, small municipalities, and not for profit corporations. The Department's policy is to adopt only minimum standards and thus not cause undue hardship on these small businesses, small municipalities, and not for profit corporations. The proposed rules were written with small businesses, small municipalities, and not for profit corporations in mind and the requirements are the bare minimum requirements needed to assure the public health, safety, and welfare of the citizens of the State of Illinois.

B) Description of the proposed reporting, bookkeeping and other procedures required for compliance with the amendments: With the addition of some disqualifying offenses to APPENDIX B, health care providers required to comply with 77 Ill. Adm. Code 955 that hire employees with APPENDIX B offences will be required to ensure that those offenses meet the requirements for a rehabilitation waiver.

C) Description of the types of professional skills necessary for compliance: None

14) Small Business Economic Impact Analysis: No small business impact is anticipated because this rulemaking imposes no new regulatory requirements on facilities.

15) Regulatory Agenda on which this rulemaking was summarized: July 2026

16) Any other information or justification for the proposed rule or amendment that the agency believes would be helpful to the public regarding the proposed rule or amendment. For example, a discussion or analysis of the benefits of the proposed rule or

amendment is projected to have on the Illinois public, consumers, investors or other similar groups. None

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

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

PART 955
HEALTH CARE WORKER BACKGROUND CHECK CODE

Section

955.100 Applicability
955.110 Definitions
955.115 Initiation of Fingerprint-Based Criminal History Records Checks as a Fee Applicant Inquiry
955.120 Incorporated and Referenced Materials
955.130 Exceptions
955.135 Contracted or Subcontracted Workers
955.140 Policies Defining Employee Work Positions
955.145 Employment Verification
955.150 Employment Prohibition
955.160 Disqualifying Offenses
955.165 Fingerprint-Based Criminal History Records Check
955.170 Non-Fingerprint-Based UCIA Criminal History Records Check (Repealed)
955.180 Criminal History Records Checks after Implementation
955.190 Notification to Student, Applicant, or Employee
955.200 Submission of Criminal History Records Check Results to Nurse Aide Registry (Repealed)
955.210 Offer of Permanent Employment
955.220 Health Care Employer Files
955.230 Invalid Non-Fingerprint-Based Records Check (Repealed)
955.240 Fingerprint-Based UCIA Criminal History Records Check (Repealed)
955.250 Additional Conviction (Repealed)
955.260 Application for Waiver
955.270 Department Review of Waiver Application
955.275 Rehabilitation Waiver
955.280 Employment Pending Waiver
955.285 Livescan Vendor Authorization
955.290 Recovery of Back Pay
955.300 Health Care Worker Registry
955.310 Department Findings of Abuse, Neglect, or Misappropriation of Property
955.320 Removal from Registry of a Department Finding of Neglect

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955.APPENDIX A	Offenses that Are Always Disqualifying Except Through the Appeal Process
955.APPENDIX B	Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver
955.APPENDIX C	Disqualifying Offenses that May Be Considered for a Waiver by the Submission of a Waiver Application

AUTHORITY: Implementing and authorized by the Health Care Worker Background Check Act [225 ILCS 46].

SOURCE: Adopted at 28 Ill. Reg. 14133, effective October 15, 2004; amended at 33 Ill. Reg. 5378, effective March 26, 2009; amended at 43 Ill. Reg. 3665, effective March 1, 2019; emergency amendment at 44 Ill. Reg. 5951, effective March 25, 2020, for a maximum of 150 days; emergency expired August 21, 2020; emergency amendment at 44 Ill. Reg. 6597, effective April 10, 2020, for a maximum of 150 days; emergency expired September 6, 2020; emergency amendment at 44 Ill. Reg. 14355, effective August 24, 2020, for a maximum of 150 days; emergency expired January 20, 2021; amended at 44 Ill. Reg. 18422, effective October 29, 2020; emergency amendment at 45 Ill. Reg. 1738, effective January 21, 2021, for a maximum of 150 days; emergency expired June 19, 2021; emergency amendment at 45 Ill. Reg. 8109, effective June 20, 2021 through June 26, 2021; emergency amendment at 46 Ill. Reg. 2763, effective January 28, 2022, for a maximum of 150 days; emergency expired June 26, 2022; amended at 46 Ill. Reg. 6104, effective April 4, 2022; amended at 47 Ill. Reg. 6567, effective April 27, 2023; amended at 48 Ill. Reg. 3367, effective February 20, 2024; amended at 49 Ill. Reg. 7999, effective May 22, 2025; amended at 50 Ill. Reg. _____, effective _____.

Section 955.260 Application for Waiver

a) *Any student, applicant, enrollee in a training program, individual receiving services from a workforce intermediary or organization providing pro bono legal services, or employee listed on the Health Care Worker Registry may request a waiver of the prohibition against employment by*:

1) *Completing a waiver application on a form prescribed by the Department of Public Health*:

A) If the individual has previously been employed, the individual shall provide a work history or attach a resumé covering the most recent five-year period;

B) If the individual has been convicted in another state, the individual shall provide information concerning those convictions or attach the complete results of a criminal history records check from the other state; and

C) If the individual has a federal conviction, the individual shall provide information concerning that conviction or attach the complete results of a criminal history records check from the Federal Bureau of Investigation.

2) *Providing a written explanation of each conviction, to include:*

A) *what happened;*

B) *how many years have passed since the offense;*

C) *the individuals involved;*

D) *the age of the applicant~~individual~~ at the time of the offense; and*

E) *any other circumstances surrounding the offense* (Section 40(a) of the Act);

3) Providing proof of completion of a rehabilitation program, if the use of alcohol or other drugs was involved in the offense, and the individual was ordered to participate in a rehabilitation program as part of the judgment;

4) *Providing official documentation showing that all fines have been paid, if applicable,* except in the instance of payment of court-imposed fines or restitutions in which the individual is adhering to a payment schedule, *and the date probation* (or mandatory supervised release) *or parole was satisfactorily completed, if applicable* (Section 40(a) of the Act); and

5) Submitting the results of a fingerprint-based criminal history records check.

b) *The applicant~~individual~~ may, but is not required to, submit employment and character references and any other evidence demonstrating the ability of the*

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applicant~~individual~~ or employee to perform the employment responsibilities competently and evidence that the applicant or employee~~individual~~ does not pose a threat to the health or safety of residents, patients, or clients. (Section 40(b) of the Act)

~~c)~~ ~~A request for a waiver will automatically be denied unless the individual has met the time periods in Section 955.270(d).~~

c~~d~~) Each request for waiver consideration shall be accompanied by a fully completed waiver application. The waiver application will not be deemed complete until the Department has received all of the information required by this Section.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 955.270 Department Review of Waiver Application

a) The Department will consider an application for a waiver from individuals who have been convicted of committing or attempting to commit one or more of the offenses listed in Appendix C upon receipt of a complete application and the results of a fingerprint-based criminal history records check in accordance with Sections 955.115 and 955.165.

b) An application for a waiver will~~shall~~ be denied unless the individual meets the following requirements and submits documentation thereof with the waiver application:

1) Except in the instance of payment of court-imposed fines or restitutions in which the individual is adhering to a payment schedule, the individual shall have met all obligations to the court and under terms of parole (i.e., probation or mandatory supervised release has been successfully completed); and

2) The individual shall have satisfactorily completed a drug and/or alcohol recovery program, if drugs and/or alcohol were involved in the offense and the individual was ordered to participate in a rehabilitation program as part of the judgment.

c) A request for a waiver will automatically be denied:

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1) If the time frames in Section 955.270(e) have not been met; or

2) If a request for waiver of the same conviction has been denied within the previous twelve months, unless that denial was based upon failure to meet the time frames in Section 955.270(e) and those time frames have now been met.

d~~e~~) The Department may grant a waiver based on the following information provided by the individual and the results of the fingerprint-based criminal history records check:

1) *The age of the* individual *at the time of the offense;*

2) *A written explanation of each conviction to include what happened, how many years have passed since the offense, the individuals involved, and any other circumstances surrounding the offense* (Section 40(a) of the Act);

3) The individual's work history;

4) The individual's criminal history since the disqualifying conviction, to include the results of the Illinois criminal history records report, convictions in other states, and federal convictions;

5) The individual's record on another state's registry for certified nursing assistants, if the individual was certified as a nursing assistant in another state;

6) The individual's completion of rehabilitation if ordered as part of the judgment to participate in a rehabilitation program;

7) *Official documentation showing that all fines have been paid, if applicable*; if on a court-imposed payment schedule for fines or restitution, whether the individual is adhering to a payment schedule; *the date probation* or mandatory supervised release *or parole was satisfactorily completed, if applicable*; and whether all terms of parole (i.e., conditional discharge, probation or mandatory supervised release) have been successfully completed (Section 40(a) of the Act);

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8) *Employment and character references,* if the individual submits references*; and*

9) Any other *evidence demonstrating the ability of the* individual *to perform the employment responsibilities competently and evidence that the* individual *does not pose a threat to the health or safety of residents, patients, or clients,* if submitted by the individual, which may include, but is not limited to, the individual's participation in anger management or domestic violence prevention programs. (Section 40(b) of the Act)

ed) Waivers will not be granted to individuals who have not met the following time frames.

1) Single disqualifying misdemeanor conviction – no earlier than one year after the conviction date;

2) Two to three disqualifying misdemeanor convictions – no earlier than three years after the most recent conviction date;

3) More than three disqualifying misdemeanor convictions – no earlier than five years after the most recent conviction date;

4) Single disqualifying felony convictions – no earlier than three years after the conviction date;

5) Two to three disqualifying felony convictions – no earlier than five years after the most recent conviction date;

6) More than three disqualifying felony convictions – no earlier than 10 years after the most recent conviction date.

fe) Waivers will not be granted to individuals who have been convicted of committing or attempting to commit one or more of the offenses listed in Appendix A.

gf) The Department will *inform health care employers if a waiver is being sought by entering a record* notation *on the Health Care Worker Registry that a waiver is pending and must act upon the waiver request within 30 days* after *receipt of all necessary information* pursuant to Section 955.260. If a waiver is granted,

denied, or revoked, that information will be entered on the Health Care Worker Registry. *The Department will send an* individual *written notification of its decision whether to grant a waiver, including listing the specific disqualifying offenses for which the waiver is being granted or denied. The Department shall issue additional copies of this written notification upon the* individual's *request.* (Section 40(c) of the Act)

hg) Appeal Process for Convictions Listed in Appendix A:

1) An appeal process is available for individuals who have been denied a waiver because of a conviction for committing or attempting to commit one or more offenses listed in Appendix A. All of the following must be provided for an appeal to be considered:

A) A letter appealing the denial of the waiver, in which the individual states his or her reasons for requesting the appeal;

B) The original waiver application that was completed pursuant to Section 955.260 and any additional information provided when the waiver was denied;

C) A copy of the police report generated at the time of arrest for all disqualifying convictions listed in Section 955.160; and

D) A transcript of the trial or court proceedings for all disqualifying convictions listed in Section 955.160.

2) An appeal will be denied unless the individual meets the following requirements and submits documentation with the appeal:

A) Except in the instance of payment of court-imposed fines or restitutions in which the individual is adhering to a payment schedule, the individual shall have met all obligations to the court and under terms of parole (i.e., probation or mandatory supervised release has been successfully completed) 10 or more years prior to the submission of the appeal;

B) The individual shall have satisfactorily completed a drug and/or alcohol recovery program 10 or more years prior to the submission

of the appeal, if drugs and/or alcohol were involved in the disqualifying offense and the individual was ordered to participate in a rehabilitation program as part of the judgment. The individual shall not have been ordered to participate in another drug and/or alcohol program during the 10 years prior to the submission of the appeal for any offense.

3) The Director or designee will consider the information submitted with the appeal application and the results of a fingerprint-based criminal history records check to determine whether to grant a waiver as a result of an appeal. If the Director or designee determines that the individual does not pose a threat to the health or safety of residents, patients, or clients, the Director will issue a waiver.

i~~h~~) Waiver Revocation

1) The Department will automatically revoke a waiver if the waiver recipient is convicted of any additional disqualifying offense.

2) The Department will automatically revoke a waiver granted for a conviction of an offense listed in Appendix A if the waiver recipient is convicted of any additional crimes, other than a minor traffic violation, regardless of whether the offense is disqualifying.

j~~i~~) *The entity responsible for inspecting, licensing, certifying, or registering the health care employer and the Department of Public Health shall be immune from liability for any waivers granted* or not granted~~*or not granted*~~ *under this Section.* (Section 40(e) of the Act)

(Source: Amended at 50 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Section 955.APPENDIX B Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
225 ILCS 65/10-5;	Practice of Nursing without a License	1/1/04
225 ILCS 65/50-50		8/25/17
720 ILCS 5/16-1	Theft (as a misdemeanor)	7/1/95
720 ILCS 5/16-2	Theft of Lost or Mislaid Property	1/1/04
720 ILCS 5/16A-3	Retail Theft (as a misdemeanor)	7/1/95
720 ILCS 5/19-4	Criminal Trespass to Residence	7/1/95
720 ILCS 5/17-32(b)	Possession of Another's Credit or Debit Card	8/25/17
720 ILCS 5/17-33	Possession of Lost or Mislaid Credit or Debit Card	8/25/17
720 ILCS 5/17-34	Sale of Credit or Debit Card	8/25/17
720 ILCS 5/17-36	Use of Counterfeited, Forged, Expired, Revoked, or Unissued Credit or Debit Card	8/25/17
720 ILCS 5/17-44	Fraudulent Use of Electronic Transmission	8/25/17
720 ILCS 5/24-1.5	Reckless Discharge of a Firearm	1/1/98
225 ILCS 65/10-5	Practice of Nursing without a License	1/1/04
720 ILCS 250/4	Receiving Stolen Credit Card or Debit Card	1/1/04
720 ILCS 250/5	Receiving a Credit or Debit Card that He Knows to Have Been Lost with Intent to Use, Sell, or Transfer	1/1/04
720 ILCS 250/6	Selling a Credit Card or Debit Card, without the Consent of the Issuer	1/1/04
720 ILCS 250/8	Using a Credit or Debit Card with the Intent to Defraud	1/1/04
720 ILCS 250/17.02	Fraudulent Use of Electronic Transmission	1/1/04

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

720 ILCS 550/5(c), (d)	Manufacture, Delivery, or Possession with Intent to Deliver, or Manufacture, Cannabis	8/25/17
720 ILCS 550/5.2(a), (b), (c)	Delivery of Cannabis on School Grounds	1/1/98
720 ILCS 550/7	Delivering Cannabis to a Person under 18	1/1/98
720 ILCS 570/404	Distribution, Advertisement, or Possession with Intent to Manufacture or Distribute a Look-alike Substance	7/1/95

(Source: Amended at 50 Ill. Reg. _____, effective _____)

DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Animal Control Act

2) Code Citation: 8 Ill. Adm. Code 30

3) Register Citation to Notice of Proposed Amendments: 50 Ill. Reg. 12891; September 4, 2026

4) Date, Time and Location of Public Hearing:

November 10, 2026
Registration – 9:00 am
Hearing – 10:00 am
John R. Block Auditorium
Illinois Department of Agriculture
State Fairgrounds
801 E. Sangamon Avenue
Springfield, IL 62702

5) Other Pertinent Information:

The hearing will be held for the purpose of gathering public comments on the Proposed Amendments. Persons interested in presenting testimony at this hearing are advised that the Department of Agriculture will adhere to the following procedures in the conduct of the hearing:

Each person presenting oral testimony must register prior to the beginning of the hearing. A registration will begin outside of the Auditorium at 9:00 am on the date of the hearing.

Organizations are asked to select one spokesperson to present oral testimony on behalf of the organization.

The Department of Agriculture encourages each person presenting oral testimony to provide a written copy of such testimony at the time the oral testimony is presented.

To the extent that a presenter has accompanying documents with his/her presentation, a copy of those documents must be submitted. Those documents will be made part of the hearing transcript.

DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

To facilitate the orderly conduct of the hearing and to provide for a balanced presentation of views, the hearing officer may impose such other rules of procedure as they deem fit and proper, including, but not limited to, adjusting the time limit or the order of presentation.

Individuals in need of interpreters or other special accommodations must contact the agency contact person at least one calendar week prior to the meeting to effectuate the request for special accommodations. Reasonable accommodations will be made free of charge.

6) Name and Address of Agency Contact Person:

Shauna Collins
Illinois Department of Agriculture
State Fairgrounds, P.O. Box 19281
Springfield IL 62794-9281

(217) 782-2172
AGR.Legal@illinois.gov

JOINT COMMITTEE ON ADMINISTRATIVE RULES

SECOND NOTICES RECEIVED

The following second notices were received during the period of October 13, 2026 through October 19, 2026. These rulemakings are scheduled for the November 17, 2026 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
11/27/26	Pollution Control Board, Management of Used EV Batteries (35 Ill. Adm. Code 1220)	2/20/26 50 Ill. Reg. 2313	11/17/26
11/27/26	State Employees' Retirement System, The Administration and Operation of the State Employees' Retirement System of Illinois (80 Ill. Adm. Code 1540)	8/14/26 50 Ill. Reg. 11850	11/17/26
11/29/26	State Board of Education, Public Schools Evaluation, Recognition and Supervision (23 Ill. Adm. Code 1)	6/22/26 50 Ill. Reg. 8477	11/17/26
11/29/26	State Board of Education, Pupil Transportation Reimbursement (23 Ill. Adm. Code 120)	6/22/26 50 Ill. Reg. 8490	11/17/26

PROCLAMATION

2026-275
GUBERNATORIAL DISASTER PROCLAMATION

WHEREAS, throughout this year, the State of Illinois has experienced record-breaking weather patterns of severe storms generating tornadoes, heavy rainfall, flash flooding, hail, and straight-line winds that have caused widespread damage and destruction; and,

WHEREAS, in 2026, the State of Illinois has led the nation in tornadoes with an approximate 212 tornadoes thus far verified by the National Weather Service; and,

WHEREAS, with the aid of State resources and mutual aid partners, Cook County continues the recovery process from the severe storms and tornadoes, including but not limited to the removal of debris; and,

WHEREAS, local resources and capabilities in Cook County and the affected communities have been exhausted, and State resources are needed to assist responding to and recovering from the effects of these storms including protecting public health and safety and lessening or averting the threats of more severe and lasting harm; and,

WHEREAS, these conditions provide legal justification under section 7 of the Illinois Emergency Management Agency Act for the issuance of a proclamation of disaster.

NOW, THEREFORE, I, JB Pritzker, Governor of the State of Illinois, pursuant to the executive authority vested in me by the Illinois Constitution and laws, and in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, hereby proclaim as follows:

Section 1: Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster continues to exist within the State of Illinois and specifically declare Cook County a disaster area.

Section 2: IEMA-OHS is directed to continue implementation of the State Emergency Operations Plan and coordinate State resources to support local governments in disaster response and recovery operations.

Section 3: The Illinois Department of Transportation, Illinois Environmental Protection Agency, and Illinois Department of Commerce and Economic Opportunity shall assist local governments with response and recovery efforts as appropriate. All other State agencies are directed to collaborate with IEMA-OHS to identify and enable capabilities for disaster response and recovery activities.

PROCLAMATION

Section 4: To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code, Joint Purchasing Act, and State Property Control Act that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law.

Section 5: To aid with disposal of debris caused by these severe storms, including but not limited to the use of incineration devices, all statutory and regulatory provisions that require permitting or licensing that in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law.

Section 6: This proclamation can facilitate requests for federal and State disaster assistance as identified by the State agencies. To aid with recovery efforts, provisions of the Grant Accountability and Transparency Act (GATA) and regulations promulgated thereunder that in any way prevent, hinder or delay necessary action in coping with the disaster, are suspended to the extent they are not required by federal law.

Section 7: In accordance with 15 ILCS 30/3, the Governor's Office of Management and Budget (GOMB) and IEMA-OHS are hereby authorized to draw upon the Disaster Response and Recovery Fund in order to provide necessary services to respond, provided that all public agencies responding to this emergency must first spend any funds specifically appropriated to it for disaster relief or response.

Section 8: This proclamation shall be effective immediately and remain in effect for 30 days.

Date: October 13, 2026
Filed: October 13, 2026

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 50, Issue 44 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

PROPOSED RULES

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