

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Illinois Rural Health Code
- 2) Code Citation: 77 Ill. Adm. Code 596
- 3)
 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
596.10	Repeal
596.20	Amend
596.30	Amend
596.40	Amend
596.45	New
596.50	New
596.60	New
596.70	New
596.80	New
596.90	New
596.95	New
596.120	Amend
596.130	Repeal
596.140	Repeal
596.220	Amend
596.230	Repeal
596.240	Repeal
596.300	Amend
596.320	Amend
596.330	Repeal
596.340	Repeal
- 4) Statutory Authority: Illinois Rural/Downstate Act [410 ILCS 65]
- 5) A Complete Description of the Subjects and Issues Involved: Part 596 will be amended to add definitions for several terms, including Federally Qualified Health Centers. Language will be added to clarify that IDPH can fund projects for a certain time frame, depending on whether clinical services are provided. New Sections are proposed to describe application standards and to integrate requirements from the Grant Funds Recovery Act. Requirements of Public Act 96-1064 will be incorporated into this Part. Specifically, grantees (whose grants equal or exceed \$250,000 for capital construction costs or professional services) are now required to provide certifications that the grantee will comply with the Business Enterprise Program Practices for minority-owned

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business, female-owned businesses and businesses owned by persons with disabilities as stipulated in the Business Enterprise for Minorities, Females and Persons with Disabilities Act. Finally, grantees will also need to certify that they will comply with Section 2-105 of the Illinois Human Rights Act regarding equal employment opportunities and affirmative action policies.

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

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State Mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

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- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals, community health centers and community-based primary care centers
  - B) Reporting, bookkeeping or other procedures required for compliance: Requirements for grant applications, progress reports, and project completion are set forth in the rules.
  - C) Types of professional skills necessary for compliance: Skills necessary to complete the grant application and monitor compliance with the requirements of this Part (e.g., accounting).
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2011

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 g: GRANTS TO INCREASE ACCESS TO PRIMARY HEALTH CARE  
AND SCHOLARSHIPS FOR HEALTH PROFESSIONAL STUDENTS

PART 596  
ILLINOIS RURAL HEALTH CODE

## SUBPART A: GENERAL PROVISIONS

## Section

596.10	Applicability ( <a href="#">Repealed</a> )
596.20	Definitions
596.30	Referenced Materials
596.40	Administrative Hearings
<a href="#">596.45</a>	<a href="#">Request for Proposals</a>
<a href="#">596.50</a>	<a href="#">Grant Application</a>
<a href="#">596.60</a>	<a href="#">Grant Application Evaluation Process</a>
<a href="#">596.70</a>	<a href="#">Grant Awards, Terms and Conditions</a>
<a href="#">596.80</a>	<a href="#">Reporting Requirements</a>
<a href="#">596.90</a>	<a href="#">Grant Funds Recovery</a>
<a href="#">596.95</a>	<a href="#">Rural/Downstate Health Access Fund</a>

SUBPART B: GRANTS TO DEVELOP COMMUNITY-BASED  
PRIMARY CARE CENTERS

## Section

596.100	Eligibility for Grants
596.110	Limitations on Use of Grant Funds
596.120	Project Requirements
596.130	Application for Grants ( <a href="#">Repealed</a> )
596.140	Selection Criteria ( <a href="#">Repealed</a> )

SUBPART C: GRANTS TO HOSPITALS LOCATED IN  
MEDICALLY UNDERSERVED AREAS OR HEALTH  
PROFESSIONAL SHORTAGE AREAS

## Section

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596.200	Eligibility for Grants
596.210	Limitations on Use of Grant Funds
596.220	Project Requirements
596.230	Application for Grants <a href="#">(Repealed)</a>
596.240	Selection Criteria <a href="#">(Repealed)</a>

SUBPART D: GRANTS TO SUPPORT EXPANSION OF  
COMMUNITY HEALTH CENTERS' PROGRAMS

Section	
596.300	Eligibility for Grants
596.310	Limitations on Use of Grant Funds
596.320	Project Requirements
596.330	Application for Grants <a href="#">(Repealed)</a>
596.340	Selection Criteria <a href="#">(Repealed)</a>

AUTHORITY: Implementing and authorized by Illinois Rural/Downstate Health Act [410 ILCS 65].

SOURCE: Adopted at 18 Ill. Reg. 11971, effective July 20, 1994; amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 596.10 Applicability [\(Repealed\)](#)**

- a) ~~This Part is in response to an Act designed to improve accessibility to necessary health care for citizens living in rural and downstate areas of Illinois. The provisions of this Part are organized into four Subparts. Subpart A includes general provisions, such as definitions and administrative hearing rules, which apply to all Sections of the Part.~~
- b) ~~Subpart B includes provisions for awarding grants to develop community based primary care centers. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.~~
- e) ~~Subpart C includes provisions for awarding grants to hospitals located in underserved areas to support diversification strategies designed to improve the~~

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~~hospitals' fiscal position. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.~~

- d) ~~Subpart D includes provisions for awarding grants for the expansion of community health center programs. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.20 Definitions**

"Act" means the Illinois Rural/Downstate Health Act ~~(Ill. Rev. Stat. 1991, ch. 111½, par. 8051 et seq.) [410 ILCS 65].~~

"Administrative cost" means costs to control and direct an organization but not directly identifiable with financing or operations. These costs relate to the entire organization as opposed to specific departments or units.

"Administrative law judge" shall have the meaning ascribed in the Department's Practice and Procedure in Administrative Hearings.

"Applicant" means a person or entity that applies for grant funds under this Part.

"Authorized representative" means a person who has authority to act on behalf of the legal entity or person that is an applicant or grantee. Authorized representatives are: for a corporation, any of its officers or members of its board of directors; for a limited liability company, any of its managers or members; for a partnership, any of its general partners; and for a sole proprietor, the individual who is the sole proprietor.

"Benefits" means compensation that is in addition to direct wages or salary, including paid time off, pension, social security and insurance.

"Business day" means Monday through Friday. It does not include a federal or State government declared holiday, Saturday or Sunday.

"Calendar day" means all days in a month or prescribed time frame. It includes weekends and federal or State government declared holidays.

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"Center" means the Center for Rural Health of the Illinois Department of Public Health, as established in Section 3 of the Act.

"Certified mail" means mail for which proof of delivery is obtained.

"Commodity" means a consumable item that has a material change or appreciable depreciation with first usage, and equipment having a value not exceeding \$100.

"Community" means one or more incorporated ~~and~~ or unincorporated villages or towns.

"Community-Based Primary Care Center~~Organization~~" means a locally organized and recognized group of individuals whose goals include efforts to maintain or increase the availability or accessibility of necessary health care for the citizens of their community.

"Community Health Center" means *migrant health centers or community health centers or health care for the homeless programs supported under sectionsSections 329, 330, or 340 of the Federal Public Health Service Act, respectively; and Federally Qualified Health Centers, including FQHC Look-Alikes~~look-alikes~~, as designated by the federal Centers for Medicare and Medicaid Services~~Federal Health Care Financing Administration~~ or Illinois Department of Public Health, or the Public Health Service of the U.S. Department of Health and Human Services. (Section 4.1 of the Act)*

"Construction cost" or "modernization cost" means expenses from a construction contract.

"Data Universal Numbering System" or "DUNS" is a system that assigns a unique numeric identifier, referred to as a DUNS number, to a single business entity.

"Center" means the Center for Rural Health of the Illinois Department of Public Health.

"Department" means the Illinois Department of Public Health.

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*"Designated shortage area" means a medically underserved area or health manpower shortage area as defined by the United States Department of Health and Human Services or as otherwise designated by the Illinois Department of Public Health. (Section 2 of the Act)*

"Direct cost" means costs that the grantee incurs that can be traced directly to, or identified with, a specific process or product.

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

"Downstate urban" means ~~these~~ Illinois counties of Winnebago, DeKalb, Kankakee, Rock Island, Peoria, Tazewell, McLean, Champaign, Vermilion, Sangamon, Macon, Madison and St. Clair ~~other than Cook, Lake, McHenry, DuPage, Will, and Kane.~~

"Due diligence" means action taken toward the completion of a project with the diligence and foresight that persons of ordinary prudence and care would exercise under similar circumstances.

"Federal Employer Identification Number" or "FEIN" means a unique nine-digit number assigned by the Internal Revenue Service to business entities operating in the United States.

"Federally Qualified Health Center" or "FQHC" means a health center funded under section 330 of the Public Health Service Act (42 USC 254b).

"Federally Qualified Health Center Look-Alike" or "FQHC Look-Alike" means an organization that meets the requirements for receiving a grant under section 330 of the Public Health Service Act but does not receive federal grants under that authority.

"Fiscal year" means the financial operating year of Illinois State government. It begins on July 1 and ends on June 30 of the next calendar year.

"Funding period" means the time frame during which grant funds are to be expended by a grantee (usually corresponding with the Department's fiscal year).

"Grant" means funds awarded under the Act.



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"Grantor agency" means any agency of State government which dispenses grant funds. (Section 2(a) of the Illinois Grant Funds Recovery Act)

"Grant agreement" means the agreement entered into between the Department and any person or entity for obligation, capital expenditure, or use for a specific purpose.

"Grantee" means a person or entity which may use grant funds. (Section 2(c) of the Illinois Grant Funds Recovery Act)

"Grant funds" means public funds dispensed by the Department to any person or entity for obligation, expenditure or use for a specific purpose. (Section 2(b) of the Illinois Grant Funds Recovery Act)

"Health Professional Shortage Area" or "HPSA" means a designation provided by the U.S. Department of Health and Human Services, Health Resources and Services Administration. The HPSA designation indicates the shortage of primary medical care, dental or mental health providers. The designation may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive FQHC or other public facility). All FQHCs and Rural Health Clinics that provide access to care regardless of an individual's ability to pay receive HPSA designations. (For a map of HPSAs, see <http://bhpr.hrsa.gov/shortage/hpsacrit.htm>.)

"Health Professional Shortage Area Score" or "HPSA score" means a score calculated by the U.S. Department of Health and Human Services that is assigned to areas or facilities having a health professional shortage designation to determine priorities for assignment of clinicians.

"Historic resource" shall have the meaning ascribed in Section 3(c) of the Illinois State Agency Historic Resources Preservation Act.

"Hospital" means any institution, place, building or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis and treatment or care of 2 or more unrelated persons admitted for overnight stay or longer in order to obtain

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*medical, including obstetric, psychiatric and nursing, care of illness, disease, injury, infirmity or deformity. (Section 3 of the Hospital Licensing Act)*

"Legal holiday" means a holiday set by statute, during which government and business working hours are suspended.

"Local health department" means a county, multi-county, municipal or district public health agency certified by the Department.

"Metropolitan Chicago" means the Illinois counties of Cook, Kane, Lake, McHenry, DuPage and Will.

"Metropolitan Statistical Area" means one or more adjacent counties that have at least one urban core area of at least 50,000 in population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.

"Medically underserved population" means individuals who reside in a U.S. Department of Health and Human Services health professional shortage area or medically underserved area; or who are designated a medically underserved population by the U.S. Department of Health and Human Services; or who reside in an area designated by the Department as underserved.

"Mid-level providers" include health professionals who have completed specialized training and who meet the requirements of nationally recognized health professional organizations granting certification to nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and physicians' assistants.

"Not-for-Profit" shall have the meaning ascribed in Section 101.80(a) of the General Not-for-Profit Corporation Act of 1986.

"Obligation" or "obligated" means a requirement for a grantee to make future payments from grant funds that result from financial transactions that have occurred.

"Official State newspaper" means the newspaper identified by the Illinois Office of Communication and Information to publish legal notices and other publications

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for all State agencies, elected officials, and Boards and Commissions. Information on the official State newspaper can be obtained from the following Internet site: [www.illinois.gov/ioci/statenewspaper.cfm](http://www.illinois.gov/ioci/statenewspaper.cfm).

"Personal services" means costs associated with wages and salaries for individuals employed by the grantee.

"Primary care" means health care that encompasses prevention services, basic diagnostic and treatment services, and support services ~~including such as~~ laboratory, radiology, transportation, and pharmacy. Primary care shall be comprehensive in nature and not organ or problem specific, shall be oriented toward the longitudinal care of the patient, and shall be responsible for coordination of other health and social services as they relate to the patients' needs.

"Primary care physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act ~~of 1987 (Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.) [225 ILCS 60]~~ with a specialty in family practice, general internal medicine, obstetrics and gynecology, pediatrics, or combined internal medicine/pediatrics as defined by recognized standards for professional medical practices.

"Project completion" means that the project has been brought to a conclusion based on the objectives in the grant agreement.

~~"Rational service area" means the geographic area surrounding a physician's office, a hospital or clinic, and from which the residents may be reasonably expected to seek health care from the physician, hospital or clinic located within the area.~~

"Rural" means any Illinois county that is not included in either the Metropolitan Chicago or Downstate Urban definitions geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within a Metropolitan Statistical Area but having a population of 60,000 or less; or a community located within a Metropolitan Statistical Area but having a population of 2500 or less.

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"Service area" means the geographic area surrounding a physician's office, a hospital or a clinic, and from which the residents may be reasonably expected to seek health care from the physician, hospital or clinic located within the area.

"Supplies" means the costs incurred for general purpose consumable items that have a shorter life span than equipment and that are stocked for recurring use.

"Travel" means the costs incurred by a grantee's employees to travel to fulfill specific job requirements. These costs could include but are not limited to air travel, local transportation, per diem, mileage allowance and lodging.

(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.30 Referenced Materials**

The following materials are referenced in this Part:

- a) Illinois Statutes
- 1) Medical Practice Act of 1987 (~~Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.~~) [225 ILCS 60] (~~See Section 596.20.~~)
  - 2) Illinois Rural/Downstate Health Act (~~Ill. Rev. Stat. 1991, ch. 111½, par. 8051 et seq.~~) [410 ILCS 65].
  - 3) Hospital Licensing Act (~~Ill. Rev. Stat. 1991, ch. 111½, par. 142 et seq.~~) [210 ILCS 85].
  - 4) [Illinois Grant Funds Recovery Act \[30 ILCS 705\]](#)
  - 5) [General Not-for-Profit Corporation Act of 1986 \[805 ILCS 105\]](#)
  - 6) [Business Enterprise for Minorities, Females and Persons with Disabilities Act \[30 ILCS 575\]](#)
  - 7) [Illinois Human Rights Act \[775 ILCS 5\]](#)
  - 8) [Illinois Administrative Procedure Act \[5 ILCS 100\]](#)

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9) [Illinois State Agency Historic Resources Preservation Act \[20 ILCS 3420\]](#)

10) [Rivers, Lakes and Streams Act \[615 ILCS 5\]](#)

11) [State Finance Act \[30 ILCS 105\]](#)

b) Illinois [Administrative](#) Rules

1) ~~Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100):~~

2) ~~Family Practice Residency Code (77 Ill. Adm. Code 590):~~

3) ~~Certified Local Health Department Code (77 Ill. Adm. Code 600):~~

4) [Construction in Floodways of Rivers, Lakes and Streams \(17 Ill. Adm. Code 3700\)](#)

c) Federal Statutes

1) ~~Designation of Health Professional Shortage Areas, Section 332 of the Public Health Service Act (42 U.S.C. 254e) (1991):~~

2) ~~Designation of Medically Underserved Areas, Section 330 (b)(3) of the Public Health Service Act (42 ~~USCU.S.C.~~ 254c(b)(3)) (1991):~~

d) [Other Referenced Materials](#)  
[Executive Order #5 \(2006\): Construction Activities in Special Flood Hazard Areas](#)

(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.40 Administrative Hearings**

~~Administrative~~Any administrative hearings conducted by the Department concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings (~~See 77 Ill. Adm. Code 100~~).

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(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.45 Request for Proposals**

The requirements of this Section are applicable to the grants referenced in Subparts B, C and D of this Part.

- a) The Department will publish a request for proposals announcing the grant opportunity in the official State newspaper. The notice will also be posted on the Department's web site. This notice shall consist of the following:
  - 1) Identification of the grant opportunity, including a brief description of the program and the date that grant applications can be submitted to the Department;
  - 2) Identification, including mailing address and telephone number, of the Department's unit or section that is responsible for the grant program; and
  - 3) Information regarding where a copy of the applications may be viewed by the public and how copies of the application may be obtained.
- b) As stated in the notice, applicants will have 120 calendar days to submit applications for grant funding. The 120 calendar day time frame begins on the date of publication of the notice. Applications received after the 120 calendar day time frame will not be processed and reviewed.

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.50 Grant Application**

The application requirements of this Section are applicable to the grants referenced in Subparts B, C and D of this Part.

- a) Applications shall be developed and distributed by the Department for eligible applicants.

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- b) Applications submitted to the Department shall describe the applicant's proposed methods to achieve the goals specified in the Department's request for proposals.
- c) Projects that do not develop clinics or provide for direct provision of health care services can apply for and be awarded up to four years of funding. Projects that develop clinics or provide for direct provision of health care services can apply for and be awarded up to six years of funding.
- d) Applications shall include, but not be limited to:
  - 1) The legal name of the applicant;
  - 2) The name and title of the applicant's officers and managers;
  - 3) The applicant's legal address;
  - 4) A general description of the applicant, including its business and business experience;
  - 5) The applicant's telephone number and fax number;
  - 6) The applicant's FEIN;
  - 7) The applicant's Illinois Department of Human Rights number;
  - 8) The applicant's DUNS (Data Universal Numbering System) number;
  - 9) The project director's name and e-mail address;
  - 10) A description of the project, including a summary statement of the applicant's plan to address the goals described in the Department's request for proposal;
  - 11) A description of the service area or special population group to be served by the project, a statement of the special needs of the service area or special population group and a thorough explanation of the manner in which the project would meet those needs;

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- 12) A list of objectives the applicant proposes and a time table for their achievement. These objectives must be specific, measurable and relevant to the Department's request for proposal;
- 13) A process that will allow for an objective evaluation of the project's progress in meeting the needs of the service area or special population group described in subsection (d)(11), including appropriate measuring metrics;
- 14) A budget listing the total dollar amount needed for the project, including the amount to be provided by the applicant and other funding sources and the amount of funding requested through the grant. The applicant shall identify all revenue sources and amounts and provide budget estimates, including expenditures for the duration of the project. The project's budget could include the following costs (if applicable):
- A) Personal services;
  - B) Benefits;
  - C) Travel;
  - D) Commodities/supplies;
  - E) Equipment;
  - F) Facility construction/renovation;
  - G) Contractual;
  - H) Printing;
  - I) Telecommunications;
  - J) Patient/client care; and
  - K) Administrative costs.



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- 15) A plan and timetable for development of the project's self-sufficiency.
- e) In addition to the requirement of subsection (d), applications for projects that will develop or enhance a clinic shall include the following:
- 1) Staffing plan for the clinic;
  - 2) Referral arrangements for services not available at the clinic;
  - 3) A plan for quality assurance and continuing professional education for clinic staff; and
  - 4) A plan for after-hours coverage.
- f) Flood Plain and Historic Preservation Requirements. For construction or modernization projects, the applicant must document:
- 1) Whether the project is or is not in a flood plain and that the location of the project complies with Executive Order #5 (2006): Construction Activities in Special Flood Hazard Areas and the requirements of the Illinois Department of Natural Resources regarding construction in floodways (Construction in Floodways of Rivers, Lakes and Streams.
  - 2) That the Illinois Historic Preservation Agency has determined the project does not affect historic resources. Information on preservation requirements is at: [www.illinoishistory.gov/ps/index.htm](http://www.illinoishistory.gov/ps/index.htm)

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.60 Grant Application Evaluation Process**

Projects that do not develop clinics or directly provide health care diagnostic and treatment services can apply for and be awarded up to four years of funding. Projects that develop clinics or directly provide health care diagnostic and treatment services can apply for and be awarded up to six years of funding.

- a) The criteria referenced in this subsection (a) will be used to evaluate grant applications under Subpart B of this Part.

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- 1) Priority in the selection of applicants for funding shall be given to those projects that demonstrate the greatest cost effective impact on accessibility and availability of quality primary health care services for residents of designated shortage areas or for population groups with special needs. An impact shall be demonstrated by detailing the expected number and type of recipients who were previously unserved or underserved and who will now be served by the project.
  - 2) Additional selection criteria that will cause an application to receive priority consideration include:
    - A) Projects that are closest to operational status at the time of application;
    - B) Projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;
    - C) Projects that have the broadest base of financial support and can become self-supporting when grant funding ends;
    - D) Projects that propose the greatest expenditure of grant dollars in rural areas when a consortium includes urban providers.
  - 3) Of the applications that propose to provide diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
    - A) Those that are eligible for any cost-based reimbursement programs available now (Rural Health Clinic and FQHC programs) or any that develop in the future;
    - B) Those that plan to serve as sites for educational experiences for a variety of health and social service profession students.
- b) The criteria referenced in this subsection (b) will be used to evaluate grant applications under Subpart C of this Part.

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- 1) Priority in the selection of applicants for funding shall be given to those projects that demonstrate the greatest impact on accessibility and availability of primary health care services for residents of the service area or the greatest impact on the fiscal strength of the hospital. The impact shall be demonstrated by detailing the expected number of service area residents who were previously unserved or underserved and who will now be served by the project or by demonstrating an improvement in the financial status of the hospital.
  - 2) Additional selection criteria that will cause an application to receive priority consideration include:
    - A) Projects that are closest to operational status or are already functioning at the time of application;
    - B) Projects that have the broadest range of health and social service providers and other types of community and business organizations actively participating in the organization and on-going policy decisions;
    - C) Projects that develop the highest level of financial support and can become self-supporting when grant funding ends.
  - 3) Of the applications that propose to provide health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
    - A) Eligible for any cost-based reimbursement programs available (Rural Health Clinic and FQHC programs) or any that develop in the future;
    - B) Intent to serve as sites for educational experiences for students in a variety of health and social service professions.
- c) The criteria referenced in subsection (c) will be used to evaluate grant applications under Subpart D.

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- 1) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest cost effective impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. An impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.
- 2) Priority consideration will be given to applications received from health centers funded through section 330 of the Public Health Service Act or from FQHC Look-Alikes.
- 3) Priority consideration will be given to projects that will be developed outside the existing service area of the applicant.
- 4) Additional selection criteria that will cause an application to receive priority consideration include:
  - A) Projects closest to operational status at the time of application;
  - B) Projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions; and
  - C) Projects that have the broadest base of financial support and can become self-supporting when grant funding ends.
- 5) Of the applications that describe projects that will provide primary health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
  - A) Projects that are eligible for any cost-based reimbursement program currently available (Rural Health Clinic and FQHC programs) or any programs that develop in the future; and
  - B) Projects that will serve as a site for educational experiences for a variety of health and social service professions students.

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- 6) When the number of applications is sufficient to support a geographical separation of applicants, efforts will be made to distribute new awards among all geographical regions represented by applicants, including:
- A) Metropolitan Chicago;
  - B) Downstate urban; and
  - C) Rural.
- d) Upon receipt of a grant application, the Department will conduct the following:
- 1) The Department will determine whether the applicant is eligible to apply per the requirements of the Act and subsection (a), (b) or (c) of this Section (as applicable). If the applicant is ineligible to apply, the Department will contact the applicant in writing with the determination.
  - 2) If the applicant is eligible to apply, the Department will determine whether the application is complete. A review will determine if all applicable criteria have been addressed and if all required materials and documentation have been submitted. The Department will determine whether the applicant has fulfilled the requirements of Section 596.50 and subsection (a), (b) or (c) of this Section (as applicable).
    - A) If the application is complete, the Department will proceed with the application evaluation process referenced in this Section.
    - B) If the application is incomplete, the Department will notify the applicant by certified mail. An applicant has 30 calendar days from the date of receipt of the certified letter to address the issues identified by the Department and submit a revised application. If the applicant does not respond to the Department's determination within the prescribed time frame or if a revised application fails to address the issues identified by the Department, the application will be deemed null and void.

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- e) Once the Department determines that applications are complete, grant proposals will be forwarded to the Department's grant review committee for consideration.
- f) Applicants shall be allowed to amend the application or provide additional supporting documentation during the evaluation process if requested by the Department's grant review committee.
- g) Upon completion of the grant review committee's evaluation, the Department will award grants to the applicants that meet all of the applicable requirements of the Act and this Part.

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.70 Grant Awards, Terms and Conditions**

To issue a grant award, the Department and grantee will enter into a grant agreement. This agreement will describe the requirements the grantee must fulfill (based on the goals and objectives in the application) and how the grantee will ensure compliance with all applicable stipulations and conditions.

- a) The grant agreement will contain, at a minimum, the following:
  - 1) Identifying information of the grantee, including name, mailing address, phone number, fax number, and e-mail address;
  - 2) A description of the grant's purpose;
  - 3) Information on how payments to the grantee will be made;
  - 4) Details on what constitutes permissible expenditure of grant funds;
  - 5) Reporting requirements applicable to the grant, including the filing of quarterly reports, at a minimum (for those grants exceeding \$25,000), that describe the project's progress and a detailed report of funds expended;
  - 6) The time period of the grant; and

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- 7) Certification that the grantee will comply with all applicable provisions of the Illinois Grant Funds Recovery Act.
- b) Grant funds that the grantee does not expend or obligate by the end of the grant agreement shall be returned to the Department within 45 calendar days (see Section 4(b)(5) of the Illinois Grant Funds Recovery Act). The 45 calendar day time frame begins the day after the grant agreement expires. Returned funds will be deposited into the fund from which the original grant disbursement to the grantee was made.
- c) Grantees are required to keep proper, complete, and accurate accounting records of all grant funds received from the Department.
- d) If a grantee dispenses part or all of the grant funds to another person or entity for obligation or expenditure, those dispensed funds shall be viewed and treated as grant funds. (Section 12 of the Illinois Grant Funds Recovery Act) Thus, the person or entity that receives the grant funds from the grantee will be subject to all applicable Sections of this Part.
- e) Each award by grant of State funds of \$250,000 or more for capital construction costs or professional services is conditioned upon the recipient's written certification that the recipient will comply with the business enterprise program practices for minority-owned businesses, female-owned businesses, and businesses owned by persons with disabilities of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act and the equal employment practices of Section 2-105 of the Illinois Human Rights Act. (Section 45 of the State Finance Act)

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.80 Reporting Requirements**

The reporting requirements of this Section are applicable to the grants referenced in Subparts B, C and D of this Part. Failure of a grantee to comply with the requirements of this Section shall result in the Department's withholding or suspending grant funds and recovering previously disbursed grant funds (see Section 596.90 and Section 4.1 of the Illinois Grant Funds Recovery Act).

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- a) Quarterly Reports. For grants that exceed \$25,000, each grantee shall submit (at a minimum) written progress reports to the Department every three months. The reports are due within 10 calendar days after the quarterly reporting period has expired (see Section 4(b)(2) of the Illinois Grant Funds Recovery Act). The report shall include the following:
- 1) Current status of the project, including the percentage of the project finished;
  - 2) Project components finished and project components yet to be finished;
  - 3) Costs incurred to date, an itemized listing of the total current project costs, and a comparison of those costs to the budget approved in the grant agreement; and
  - 4) Signature of an authorized official of the grantee, stating that this is a true and complete report of the project's status.
- b) Final Report. Grantees shall submit a final written report within 60 calendar days after the conclusion of the grant agreement. The degree to which each objective in the proposal has been met shall be fully addressed in this report. The final report shall contain the following:
- 1) A brief narrative summarizing project accomplishments;
  - 2) A description of any new activities or modifications made to the project as presented in the original grant application, including the causes for change. The description shall include a narrative on the implementation timetable and expected outcomes;
  - 3) A description of problems that developed and how they were addressed;
  - 4) A list of all project costs and sources of funds for the grant; and
  - 5) A certification in the form of a notarized statement, signed by an authorized representative of the grantee, attesting that:
    - A) All funds attributed to the grant have been expended;



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- B) The costs reported are the final costs required to complete the project and there are no additional or associated costs; and
  - C) Funds used for the project were approved by the Department.
- c) A grantee's failure to comply with the requirements of this Section will be considered a material breach of the performance required by the grant agreement and shall be the basis to initiate proceedings to recover all grant funds disbursed to the grantee.

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.90 Grant Funds Recovery**

- a) If a grantee fails to comply with this Part or the terms of the grant agreement, the Department, after notice and opportunity for hearing, shall suspend or revoke the grant or recover any grant funds previously disbursed to the grantee.
- b) If the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Part or the terms of the grant agreement, the grantee shall have the *opportunity for at least one informal hearing* before the Department or the Department's designee *to determine the facts and issues and to resolve any conflicts as amicably as possible before any formal recovery action is taken.* (Section 7 of the Illinois Grant Funds Recovery Act)
- c) If, based on the outcome of the informal hearing, the Department believes that a grant should be suspended, revoked or recovered because of a grantee's failure to comply with this Part or the terms of the grant agreement, written notice of the proposed action shall be given to the grantee identifying the action to be taken and specific facts that permit the action. The grantee shall have 35 calendar days after the receipt of the notice to request a formal hearing (see 77 Ill. Adm. Code 100) to show why recovery is not justified or proper.
- d) If a grantee requests a hearing pursuant to subsection (c), the Department shall hold a hearing at which the grantee or the grantee's attorney is permitted to present evidence and witnesses to show why the action should not be taken.

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- e) After the conclusion of the hearing, the Department shall issue a written final order setting forth its findings of fact and decision. A copy of the order shall be sent to the grantee.
- f) The Department may suspend payment of grants at any time for failure to comply with Section 596.80 or any situation that constitutes a threat to the public health, safety, or welfare. Notice of opportunity for hearing will be provided with the Notice of Suspension. If a grantee requests a hearing pursuant to subsection (c), the Department may not take any action of recovery until at least 35 calendar days after the Department has issued a final recovery order pursuant to subsection (e). If a grantee does not request a hearing, the Department may proceed with recovery of the grant funds identified in the notice at any time after the expiration of the 35-calendar-day request period established in subsection (c).
- g) Any notice or mailing required or permitted by this Part shall be deemed received five business days after the notice or mailing is deposited in the U.S. mail, properly addressed with the grantee's current business address and with sufficient U.S. postage affixed.

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.95 Rural/Downstate Health Access Fund**

As referenced in Section 5.5 of the Act, the Rural/Downstate Health Access Fund is a special fund in the State Treasury. Moneys from gifts, grants, or donations made to the Center for Rural Health shall be deposited into the Fund.

- a) Subject to appropriation, moneys in the fund shall be used for rural health programs. Disbursements from the fund will be based on the following percentages:
  - 1) 60.2% shall be distributed to the Department of Public Health;
  - 2) 26.3% shall be distributed to the Board of Trustees of Southern Illinois University; and

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- 3) 13.5% shall be distributed to the Board of Trustees of the University of Illinois.
- b) The Department's Center for Rural Health shall administer the Fund. (Section 5.5 of the Act)

(Source: Added at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART B: GRANTS TO DEVELOP COMMUNITY-BASED  
PRIMARY CARE CENTERS

**Section 596.120 Project Requirements**

- a) Projects ~~to be~~ funded through this ~~Subpart~~Part shall respond to requests for proposals distributed by the Department and ~~delineating~~delineate project expectations.
- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
- 1) ~~Use of~~ innovative methods ~~that which~~ expand the ability of existing health and social service providers located in or near the service area to meet the overall primary care needs within a project's service area;
  - 2) ~~Increase~~increase the numbers or types of primary health care providers within a designated shortage area;
  - 3) ~~Increase~~increase the level of collaborative working arrangements among a variety of health and social service providers in a project service area;
  - 4) ~~address public health priorities set forth in the March 1993 draft report Statewide Health Needs Assessment: Towards a Healthy Illinois 2000;~~
  - 45) ~~Target~~target those rural areas (identified by ~~either the federal or State government~~the Center in the report (Rural Primary Health Care Needs Assessment) as having the greatest need for primary health care, ~~as determined by the HPSA score~~and public health interventions.

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- c) Projects shall have a director who is responsible for administrative and fiscal management of the project.
- d) ~~Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.~~
- de) Projects ~~that~~which establish a primary health care clinic using grant funds under this Subpart shall meet the following minimum requirements:
- 1) ~~When provide at a minimum the level of services required by the Rural Health Clinic Act, and when~~ eligible, seek certification as either a Rural Health Clinic, ~~or~~ a Federally Qualified Health Center or an FQHC Look-Alike~~look-alike~~;
  - 2) ~~Make~~make services available and accessible to all residents of the project's service area;
  - 3) ~~Ensure~~ensure that physicians with whom the clinic contracts or whom the clinic employs ~~shall~~ have staff privileges at a minimum of one hospital in or near the service area and ~~are~~shall be responsible for arranging 24 hour coverage; and
  - 4) ~~Have~~have referral arrangements with other service providers to assist clinic patients in receiving needed health and social services.
- ef) Projects shall demonstrate development of a consortium of agencies and providers, with involvement of a minimum of two separate agencies or service providers. Consortium members may include urban entities, ~~including those in the counties of Cook, Lake, Kane, McHenry, DuPage and Will.~~ Services shall be targeted to residents of rural and downstate areas, and the majority of funds shall be used and the applicant shall be located in a rural or downstate area.
- fg) Evidence of the solicitation and consideration of input and potential participation in the project by the local health department, and other health and social service providers in or near the service area, shall be included in an application. ~~This~~Such evidence may include copies of correspondence soliciting input.
- gh) Projects selected for funding ~~that~~which build on existing activities shall

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demonstrate an increase in service recipients and ~~a~~ maintenance of or an increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.

- hi) Projects ~~that~~which propose to provide health care diagnostic and treatment services shall have written statements of cooperation between any other service area providers receiving state or federal grant support for related services.
- ij) Projects ~~that~~which propose to provide health care diagnostic and treatment services shall submit as part of the application a projected budget estimating entire project costs and all revenue sources.
- jk) Projects shall document that local funds (~~i.e., non-State~~non-state, non-federal) equivalent to 5025 percent of the annual project cost will be available and used.

(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.130 Application for Grants (Repealed)**

- ~~a) Applications shall be prepared and available from the Department for eligible applicants.~~
- ~~b) Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goal(s) specified in the Department's request for proposals.~~
- ~~c) Application formats shall include, but not be limited to:
  - ~~1) Summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;~~
  - ~~2) A description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or groups, and a thorough explanation of the manner in which the proposed project would meet those needs;~~
  - ~~3) A statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year as well as its longer term goals;~~~~

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- 4) ~~A work plan and timetable for achievement of the objectives;~~
  - 5) ~~An evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(2) of this Section.~~
  - 6) ~~A detailed budget with narrative description of the request; and~~
  - 7) ~~A plan and timetable for development of the project's self sufficiency.~~
- d) ~~Applications for projects that will develop or enhance a health care diagnostic and treatment clinic shall include the following in addition to the above subsection (c)(1) through (7) of this Section:~~
- 1) ~~staffing plan for the clinic;~~
  - 2) ~~referral arrangements for services not available at the clinic;~~
  - 3) ~~plan for quality assurance and continuing professional education for clinic staff;~~
  - 4) ~~plan for after hours coverage.~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.140 Selection Criteria (Repealed)**

- a) ~~Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.~~
- b) ~~Additional selection criteria which will cause an application to receive priority consideration include:~~

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- 1) ~~projects which are closest to operational status at time of application;~~
  - 2) ~~projects which have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;~~
  - 3) ~~projects which have the broadest base of financial support and can become self-supporting when grant funds end;~~
  - 4) ~~projects which propose the greatest expenditure of grant dollars in rural areas when a consortium includes urban providers.~~
- e) ~~Of the applications that propose to provide diagnostic and treatment services priority consideration will be given to those that have the following characteristics:~~
- 1) ~~those that are eligible for any cost-based reimbursement programs available now (Rural Health Clinic and Federally Qualified Health Center programs) or any that develop in the future;~~
  - 2) ~~those that plan to serve as sites for educational experiences for a variety of health and social service profession students.~~
- d) ~~For those projects not developing clinic sites or the direct provision of health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of four calendar years of funding.~~
- e) ~~For those projects which develop clinic sites or directly provide health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of six calendar years of funding.~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART C: GRANTS TO HOSPITALS LOCATED IN MEDICALLY UNDERSERVED  
AREAS OR HEALTH PROFESSIONAL SHORTAGE AREAS

**Section 596.220 Project Requirements**

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- a) Projects ~~to be~~ funded through this Subpart shall respond to requests for proposals distributed by the Department and delineating project expectations.
- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
- 1) Adapting to changes in service needs and expectations in the hospital's service areas;
  - 2) Collaborating with other providers to efficiently and effectively provide services;
  - 3) Improving access to primary health care or emergency services;
  - 4) Using interactive telecommunications technologies.
- c) Projects shall have a director who is responsible for administrative and fiscal management of the project.
- ~~d) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.~~
- ~~de) Projects ~~that~~which establish a clinic using grant funds shall provide, at a minimum, the level of services required by the Rural Health Clinic Act and, when eligible, shall seek certification as either a Rural Health Clinic or a Federally Qualified Health Center or ~~FQHC Look-Alike~~look-alike.~~
- ~~ef) Projects shall develop a consortium of agencies and providers, with involvement of a minimum of two additional agencies or service providers, local businesses, institutions, service organizations, and other health and social service providers. Consortium members may include urban entities, but services shall be targeted to residents of rural and downstate areas. The majority of funds shall be used in and the applicant shall be located in a rural ~~or~~ downstate area.~~
- ~~fg) Projects selected for funding ~~that~~which build on existing activities shall demonstrate an increase in service recipients and maintenance or increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.~~



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- g) Projects ~~that which~~ propose to provide health care diagnostic and treatment services shall have written statements of cooperation with any other service area providers receiving State or federal grant support for related services.
- h) Projects ~~that which~~ propose to provide health care diagnostic and treatment services shall submit as part of the application a cost report documenting entire project costs and all revenue sources and amounts.
- i) Projects shall document that local funds, cash or in-kind services, equivalent to 50 percent of the annual project cost, will be available and used to support the operations of the project.

(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.230 Application for Grants (Repealed)**

- a) ~~Applications shall be prepared and distributed by the Department to eligible applicants.~~
- b) ~~Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goal(s) specified in the Department's request for proposals.~~
- e) ~~Application formats shall include, but not be limited to:~~
  - 1) ~~Summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;~~
  - 2) ~~A thorough description of the need for the proposed project and the expected impact of the project on the hospital and the community served by the hospital;~~
  - 3) ~~A statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year as well as its longer term goals;~~
  - 4) ~~A work plan and timetable for achievement of the objectives;~~

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- 5) ~~An evaluation plan which will allow documentation of the project's progress in meeting the particular needs described in subsection (c)(2) of this Section.~~
- 6) ~~A detailed budget with narrative description of the requested amounts; and~~
- 7) ~~A plan and timetable for development of the project's self-sufficiency.~~
- d) ~~Applications for projects that will develop or enhance a health care diagnostic and treatment clinic shall include, in addition to subsection (c) of this Section, the following:~~
  - 1) ~~Staffing plan for the clinic;~~
  - 2) ~~Referral arrangements for services not available at the clinic;~~
  - 3) ~~Plan for quality assurance and continuing professional education for clinic staff;~~
  - 4) ~~Plan for after-hours coverage.~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.240 Selection Criteria (Repealed)**

- a) ~~Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of the service area or the greatest impact on the fiscal strength of the hospital. Such an impact shall be demonstrated by detailing the expected number of service area residents who were previously unserved or underserved and who will now be served by the project or by demonstrating an improvement in financial status of the hospital.~~
- b) ~~Additional selection criteria which will cause an application to receive priority consideration include:~~
  - 1) ~~Projects which are closest to operational status or are already functioning at time of application;~~

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- 2) ~~Projects which have the broadest range of health and social service providers and other types of community and business organizations actively participating in the organization and on-going policy decision;~~
- 3) ~~Projects which develop the highest level of financial support and can become self-supporting when grant funds end.~~
- e) ~~Of the applications that propose to provide health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:~~
  - 1) ~~Eligible for any cost-based reimbursement programs available (Rural Health Clinic and Federally Qualified Health Center programs) or any that develop in the future;~~
  - 2) ~~Intent to serve as sites for educational experiences for students in a variety of health and social service professions.~~
- d) ~~For those projects not developing clinic sites or directly providing health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of six calendar years of funding.~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART D: GRANTS TO SUPPORT EXPANSION OF  
COMMUNITY HEALTH CENTERS' PROGRAMS

**Section 596.300 Eligibility for Grants**

The following entities are eligible to apply for grants through this SubpartPart:

- a) Health centers funded through sectionsSections 329, 330 or 340 of the federal Public Health Service Act;
- b) Federally qualified health centers, including FQHC Look-Alikeslook-alikes, as designated by the federal Public Health Service or by the Department; and

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- c) Not-for-profit organizations with an advisory board meeting the FQHC requirements and having the goal to become an FQHC or ~~FQHC Look-Alike~~ ~~look-alike~~.

(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.320 Project Requirements**

- a) Projects ~~to be~~ funded through this ~~Subpart~~ ~~Part~~ shall respond to requests for proposals distributed by the Department and delineating project expectations.
- b) Requests for proposals prepared by the Department shall address one or more of the following goals:
- 1) ~~Use of~~ innovative methods ~~that which~~ expand the ability of existing health and social service providers located in or near the service area to meet the overall primary care needs within a project's targeted area;
  - 2) ~~Increase~~ ~~increase~~ the numbers or types of primary health care providers within a designated shortage area;
  - 3) ~~Increase~~ ~~increase~~ the level of collaborative working ~~arrangements~~ ~~arrangement~~ among a variety of health and social service providers in a project's service area;
  - 4) ~~Target~~ ~~target~~ those rural areas identified by the Department as having the greatest need for primary health care and public health interventions.
- c) Projects funded through this Part *shall avoid duplicating resources in areas where primary health care services are already available* (Section 4.1 of the Act) and are meeting health care demands.
- d) Projects shall identify a project director who shall be responsible for administrative and fiscal management of the project.
- e) ~~Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.~~

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- ef) Projects ~~thatwhich~~ establish a primary health care clinic using grant funds under this Subpart shall meet the following minimum requirements:
- 1) ~~Seekseek~~ designation as a Federally Qualified Health Center or FQHC Look-Alike~~look-alike~~;
  - 2) ~~Makemake~~ services available and accessible to all residents of the project's service area;
  - 3) ~~Ensureensure~~ that physicians with whom the clinic contracts or whom the clinic employs ~~shall~~ have staff privileges at a minimum of one hospital in or near the service area and are~~shall be~~ responsible for arranging 24-hour coverage; and
  - 4) ~~Havehave~~ referral arrangements with other service providers, including such as the local health departments, local mental health agencies, dentists, senior services agencies, pharmacies, and, where available, transportation providers to assist clinic patients in receiving needed health and social services.
- fg) Evidence of the solicitation and consideration of input and potential participation in the project by the local health department and other health and social service providers in the service area shall be included in an application. ~~This~~Such evidence may include copies of correspondence soliciting input.
- gh) Projects selected for funding ~~thatwhich~~ build on existing activities shall demonstrate an increase in service recipients and, at a minimum, the maintenance of or an increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.
- hi) Projects ~~thatwhich~~ propose to provide health care diagnostic and treatment services shall submit as part of the application a projected budget estimating entire project costs and all revenue sources.
- ij) Projects developed under the auspices of a Public Health Service Act, section~~Section~~ 329, 330, or 340, funded entity, ~~or a Federally Qualified Health Center an FQHC Look-Alike~~look-alike, ~~thatwhich~~ are outside their service areas, and ~~thatwhich~~ develop a primary health care clinic, shall develop a board of

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directors representative of the new service area.

(Source: Amended at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.330 Application for Grants (Repealed)**

- a) ~~Applications shall be prepared and distributed by the Department to eligible clients.~~
- b) ~~Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goals specified in the Department's request for proposals.~~
- e) ~~Application formats shall include, but not be limited to:~~
  - 1) ~~a summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;~~
  - 2) ~~a description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or group, and a thorough explanation of the manner in which the proposed project would meet those needs;~~
  - 3) ~~a statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year, as well as the applicant's longer term goals;~~
  - 4) ~~a work plan and timetable for achievement of the objectives;~~
  - 5) ~~an evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(2) of this Section;~~
  - 6) ~~a detailed budget with a narrative description of the request;~~
  - 7) ~~a plan and timetable for development of the project's self-sufficiency; and~~

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- ~~8) evidence of service area support for the project, such as letters of organizational support, local funding, and local participation in the original needs assessment.~~
- ~~d) Applications for projects that will develop or enhance a primary health care diagnostic and treatment clinic shall include, in addition to the requirements of subsection (c) of this Section, the following:
  - ~~1) a staffing plan for the clinic;~~
  - ~~2) referral arrangements for services not available at the clinic;~~
  - ~~3) a plan for quality assurance and continuing professional education for clinic staff;~~
  - ~~4) a plan for after hours coverage.~~~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 596.340 Selection Criteria (Repealed)**

- ~~a) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.~~
- ~~b) Priority consideration will be given to applications received from health centers funded through Sections 329, 330 and 340 of the Public Health Service Act or from FQHC look-alikes.~~
- ~~e) Priority consideration will be given to projects which will be developed outside the existing service area of the applicant.~~
- ~~d) Additional selection criteria which will cause an application to receive priority consideration include:~~

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- 1) ~~projects that are closest to operational status at time of application;~~
  - 2) ~~projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;~~
  - 3) ~~projects that have the broadest base of financial support and can become self-supporting when grant funds end.~~
- e) ~~Of the applications that describe projects which will provide primary health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:~~
- 1) ~~projects which are eligible for any cost-based reimbursement program currently available (Rural Health Clinic and Federally Qualified Health Center programs) or any such programs that develop in the future; and~~
  - 2) ~~projects which will serve as a site for educational experiences for a variety of health and social service professions students.~~
- f) ~~For those projects not developing clinic sites or directly providing primary health care diagnostic and treatment services, priority consideration will be given to those projects that can be self-sustaining at least by the end of four calendar years of funding.~~
- g) ~~For those projects developing clinic sites or directly providing primary health care diagnostic and treatment services, priority consideration will be given to those projects that can be self-sustaining at least by the end of six calendar years of funding.~~
- h) ~~When the number of applications is sufficient to support a geographical separation of applicants, efforts will be made to distribute new awards among all geographical regions represented by applicants as follows:~~
- 1) ~~metropolitan Chicago, including the counties of Cook, Kane, Lake, McHenry, DuPage, and Will;~~
  - 2) ~~downstate urban; and~~



DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

3) ~~rural.~~

(Source: Repealed at 35 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)