



Rep. Sara Feigenholtz

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1 AMENDMENT TO HOUSE BILL 2275

2 AMENDMENT NO. _____. Amend House Bill 2275 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Act on the Aging is amended by
5 changing Sections 4.01 and 4.02 as follows:

6 (20 ILCS 105/4.01) (from Ch. 23, par. 6104.01)

7 Sec. 4.01. Additional powers and duties of the Department.
8 In addition to powers and duties otherwise provided by law, the
9 Department shall have the following powers and duties:

10 (1) To evaluate all programs, services, and facilities for
11 the aged and for minority senior citizens within the State and
12 determine the extent to which present public or private
13 programs, services and facilities meet the needs of the aged.

14 (2) To coordinate and evaluate all programs, services, and
15 facilities for the Aging and for minority senior citizens
16 presently furnished by State agencies and make appropriate

1 recommendations regarding such services, programs and
2 facilities to the Governor and/or the General Assembly.

3 (2-a) To request, receive, and share information
4 electronically through the use of data-sharing agreements for
5 the purpose of (i) establishing and verifying the initial and
6 continuing eligibility of older adults to participate in
7 programs administered by the Department; (ii) maximizing
8 federal financial participation in State assistance
9 expenditures; and (iii) investigating allegations of fraud or
10 other abuse of publicly funded benefits. Notwithstanding any
11 other law to the contrary, but only for the limited purposes
12 identified in the preceding sentence, this paragraph (2-a)
13 expressly authorizes the exchanges of income, identification,
14 and other pertinent eligibility information by and among the
15 Department and the Social Security Administration, the
16 Department of Employment Security, the Department of
17 Healthcare and Family Services, the Department of Human
18 Services, the Department of Revenue, the Secretary of State,
19 the U.S. Department of Veterans Affairs, and any other
20 governmental entity. The confidentiality of information
21 otherwise shall be maintained as required by law. In addition,
22 the Department on Aging shall verify employment information at
23 the request of a community care provider for the purpose of
24 ensuring program integrity under the Community Care Program.

25 (3) To function as the sole State agency to develop a
26 comprehensive plan to meet the needs of the State's senior

1 citizens and the State's minority senior citizens.

2 (4) To receive and disburse State and federal funds made
3 available directly to the Department including those funds made
4 available under the Older Americans Act and the Senior
5 Community Service Employment Program for providing services
6 for senior citizens and minority senior citizens or for
7 purposes related thereto, and shall develop and administer any
8 State Plan for the Aging required by federal law.

9 (5) To solicit, accept, hold, and administer in behalf of
10 the State any grants or legacies of money, securities, or
11 property to the State of Illinois for services to senior
12 citizens and minority senior citizens or purposes related
13 thereto.

14 (6) To provide consultation and assistance to communities,
15 area agencies on aging, and groups developing local services
16 for senior citizens and minority senior citizens.

17 (7) To promote community education regarding the problems
18 of senior citizens and minority senior citizens through
19 institutes, publications, radio, television and the local
20 press.

21 (8) To cooperate with agencies of the federal government in
22 studies and conferences designed to examine the needs of senior
23 citizens and minority senior citizens and to prepare programs
24 and facilities to meet those needs.

25 (9) To establish and maintain information and referral
26 sources throughout the State when not provided by other

1 agencies.

2 (10) To provide the staff support that may reasonably be
3 required by the Council.

4 (11) To make and enforce rules and regulations necessary
5 and proper to the performance of its duties.

6 (12) To establish and fund programs or projects or
7 experimental facilities that are specially designed as
8 alternatives to institutional care.

9 (13) To develop a training program to train the counselors
10 presently employed by the Department's aging network to provide
11 Medicare beneficiaries with counseling and advocacy in
12 Medicare, private health insurance, and related health care
13 coverage plans. The Department shall report to the General
14 Assembly on the implementation of the training program on or
15 before December 1, 1986.

16 (14) To make a grant to an institution of higher learning
17 to study the feasibility of establishing and implementing an
18 affirmative action employment plan for the recruitment,
19 hiring, training and retraining of persons 60 or more years old
20 for jobs for which their employment would not be precluded by
21 law.

22 (15) To present one award annually in each of the
23 categories of community service, education, the performance
24 and graphic arts, and the labor force to outstanding Illinois
25 senior citizens and minority senior citizens in recognition of
26 their individual contributions to either community service,

1 education, the performance and graphic arts, or the labor
2 force. The awards shall be presented to 4 senior citizens and
3 minority senior citizens selected from a list of 44 nominees
4 compiled annually by the Department. Nominations shall be
5 solicited from senior citizens' service providers, area
6 agencies on aging, senior citizens' centers, and senior
7 citizens' organizations. The Department shall establish a
8 central location within the State to be designated as the
9 Senior Illinoisans Hall of Fame for the public display of all
10 the annual awards, or replicas thereof.

11 (16) To establish multipurpose senior centers through area
12 agencies on aging and to fund those new and existing
13 multipurpose senior centers through area agencies on aging, the
14 establishment and funding to begin in such areas of the State
15 as the Department shall designate by rule and as specifically
16 appropriated funds become available.

17 (17) To develop the content and format of the
18 acknowledgment regarding non-recourse reverse mortgage loans
19 under Section 6.1 of the Illinois Banking Act; to provide
20 independent consumer information on reverse mortgages and
21 alternatives; and to refer consumers to independent counseling
22 services with expertise in reverse mortgages.

23 (18) To develop a pamphlet in English and Spanish which may
24 be used by physicians licensed to practice medicine in all of
25 its branches pursuant to the Medical Practice Act of 1987,
26 pharmacists licensed pursuant to the Pharmacy Practice Act, and

1 Illinois residents 65 years of age or older for the purpose of
2 assisting physicians, pharmacists, and patients in monitoring
3 prescriptions provided by various physicians and to aid persons
4 65 years of age or older in complying with directions for
5 proper use of pharmaceutical prescriptions. The pamphlet may
6 provide space for recording information including but not
7 limited to the following:

8 (a) name and telephone number of the patient;

9 (b) name and telephone number of the prescribing
10 physician;

11 (c) date of prescription;

12 (d) name of drug prescribed;

13 (e) directions for patient compliance; and

14 (f) name and telephone number of dispensing pharmacy.

15 In developing the pamphlet, the Department shall consult
16 with the Illinois State Medical Society, the Center for
17 Minority Health Services, the Illinois Pharmacists Association
18 and senior citizens organizations. The Department shall
19 distribute the pamphlets to physicians, pharmacists and
20 persons 65 years of age or older or various senior citizen
21 organizations throughout the State.

22 (19) To conduct a study of the feasibility of implementing
23 the Senior Companion Program throughout the State.

24 (20) The reimbursement rates paid through the community
25 care program for chore housekeeping services and home care
26 aides shall be the same.

1 (21) From funds appropriated to the Department from the
2 Meals on Wheels Fund, a special fund in the State treasury that
3 is hereby created, and in accordance with State and federal
4 guidelines and the intrastate funding formula, to make grants
5 to area agencies on aging, designated by the Department, for
6 the sole purpose of delivering meals to homebound persons 60
7 years of age and older.

8 (22) To distribute, through its area agencies on aging,
9 information alerting seniors on safety issues regarding
10 emergency weather conditions, including extreme heat and cold,
11 flooding, tornadoes, electrical storms, and other severe storm
12 weather. The information shall include all necessary
13 instructions for safety and all emergency telephone numbers of
14 organizations that will provide additional information and
15 assistance.

16 (23) To develop guidelines for the organization and
17 implementation of Volunteer Services Credit Programs to be
18 administered by Area Agencies on Aging or community based
19 senior service organizations. The Department shall hold public
20 hearings on the proposed guidelines for public comment,
21 suggestion, and determination of public interest. The
22 guidelines shall be based on the findings of other states and
23 of community organizations in Illinois that are currently
24 operating volunteer services credit programs or demonstration
25 volunteer services credit programs. The Department shall offer
26 guidelines for all aspects of the programs including, but not

1 limited to, the following:

2 (a) types of services to be offered by volunteers;

3 (b) types of services to be received upon the
4 redemption of service credits;

5 (c) issues of liability for the volunteers and the
6 administering organizations;

7 (d) methods of tracking service credits earned and
8 service credits redeemed;

9 (e) issues of time limits for redemption of service
10 credits;

11 (f) methods of recruitment of volunteers;

12 (g) utilization of community volunteers, community
13 service groups, and other resources for delivering
14 services to be received by service credit program clients;

15 (h) accountability and assurance that services will be
16 available to individuals who have earned service credits;
17 and

18 (i) volunteer screening and qualifications.

19 The Department shall submit a written copy of the guidelines to
20 the General Assembly by July 1, 1998.

21 (Source: P.A. 95-298, eff. 8-20-07; 95-689, eff. 10-29-07;
22 95-876, eff. 8-21-08; 96-918, eff. 6-9-10.)

23 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

24 Sec. 4.02. Community Care Program. The Department shall
25 establish a program of services to prevent unnecessary

1 institutionalization of persons age 60 and older in need of
2 long term care or who are established as persons who suffer
3 from Alzheimer's disease or a related disorder under the
4 Alzheimer's Disease Assistance Act, thereby enabling them to
5 remain in their own homes or in other living arrangements. Such
6 preventive services, which may be coordinated with other
7 programs for the aged and monitored by area agencies on aging
8 in cooperation with the Department, may include, but are not
9 limited to, any or all of the following:

10 (a) (blank);

11 (b) (blank);

12 (c) home care aide services;

13 (d) personal assistant services;

14 (e) adult day services;

15 (f) home-delivered meals;

16 (g) education in self-care;

17 (h) personal care services;

18 (i) adult day health services;

19 (j) habilitation services;

20 (k) respite care;

21 (k-5) community reintegration services;

22 (k-6) flexible senior services;

23 (k-7) medication management;

24 (k-8) emergency home response;

25 (l) other nonmedical social services that may enable
26 the person to become self-supporting; or

1 (m) clearinghouse for information provided by senior
2 citizen home owners who want to rent rooms to or share
3 living space with other senior citizens.

4 The Department shall establish eligibility standards for
5 such services. In determining the amount and nature of services
6 for which a person may qualify, consideration shall not be
7 given to the value of cash, property or other assets held in
8 the name of the person's spouse pursuant to a written agreement
9 dividing marital property into equal but separate shares or
10 pursuant to a transfer of the person's interest in a home to
11 his spouse, provided that the spouse's share of the marital
12 property is not made available to the person seeking such
13 services.

14 Beginning January 1, 2008, the Department shall require as
15 a condition of eligibility that all new financially eligible
16 applicants apply for and enroll in medical assistance under
17 Article V of the Illinois Public Aid Code in accordance with
18 rules promulgated by the Department.

19 The Department shall, in conjunction with the Department of
20 Public Aid (now Department of Healthcare and Family Services),
21 seek appropriate amendments under Sections 1915 and 1924 of the
22 Social Security Act. The purpose of the amendments shall be to
23 extend eligibility for home and community based services under
24 Sections 1915 and 1924 of the Social Security Act to persons
25 who transfer to or for the benefit of a spouse those amounts of
26 income and resources allowed under Section 1924 of the Social

1 Security Act. Subject to the approval of such amendments, the
2 Department shall extend the provisions of Section 5-4 of the
3 Illinois Public Aid Code to persons who, but for the provision
4 of home or community-based services, would require the level of
5 care provided in an institution, as is provided for in federal
6 law. Those persons no longer found to be eligible for receiving
7 noninstitutional services due to changes in the eligibility
8 criteria shall be given 45 days notice prior to actual
9 termination. Those persons receiving notice of termination may
10 contact the Department and request the determination be
11 appealed at any time during the 45 day notice period. The
12 target population identified for the purposes of this Section
13 are persons age 60 and older with an identified service need.
14 Priority shall be given to those who are at imminent risk of
15 institutionalization. The services shall be provided to
16 eligible persons age 60 and older to the extent that the cost
17 of the services together with the other personal maintenance
18 expenses of the persons are reasonably related to the standards
19 established for care in a group facility appropriate to the
20 person's condition. These non-institutional services, pilot
21 projects or experimental facilities may be provided as part of
22 or in addition to those authorized by federal law or those
23 funded and administered by the Department of Human Services.
24 The Departments of Human Services, Healthcare and Family
25 Services, Public Health, Veterans' Affairs, and Commerce and
26 Economic Opportunity and other appropriate agencies of State,

1 federal and local governments shall cooperate with the
2 Department on Aging in the establishment and development of the
3 non-institutional services. The Department shall require an
4 annual audit from all personal assistant and home care aide
5 vendors contracting with the Department under this Section. The
6 annual audit shall assure that each audited vendor's procedures
7 are in compliance with Department's financial reporting
8 guidelines requiring an administrative and employee wage and
9 benefits cost split as defined in administrative rules. The
10 audit is a public record under the Freedom of Information Act.
11 The Department shall execute, relative to the nursing home
12 prescreening project, written inter-agency agreements with the
13 Department of Human Services and the Department of Healthcare
14 and Family Services, to effect the following: (1) intake
15 procedures and common eligibility criteria for those persons
16 who are receiving non-institutional services; and (2) the
17 establishment and development of non-institutional services in
18 areas of the State where they are not currently available or
19 are undeveloped. On and after July 1, 1996, all nursing home
20 prescreenings for individuals 60 years of age or older shall be
21 conducted by the Department.

22 As part of the Department on Aging's routine training of
23 case managers and case manager supervisors, the Department may
24 include information on family futures planning for persons who
25 are age 60 or older and who are caregivers of their adult
26 children with developmental disabilities. The content of the

1 training shall be at the Department's discretion.

2 The Department is authorized to establish a system of
3 recipient copayment for services provided under this Section,
4 such copayment to be based upon the recipient's ability to pay
5 but in no case to exceed the actual cost of the services
6 provided. Additionally, any portion of a person's income which
7 is equal to or less than the federal poverty standard shall not
8 be considered by the Department in determining the copayment.
9 The level of such copayment shall be adjusted whenever
10 necessary to reflect any change in the officially designated
11 federal poverty standard.

12 The Department, or the Department's authorized
13 representative, may recover the amount of moneys expended for
14 services provided to or in behalf of a person under this
15 Section by a claim against the person's estate or against the
16 estate of the person's surviving spouse, but no recovery may be
17 had until after the death of the surviving spouse, if any, and
18 then only at such time when there is no surviving child who is
19 under age 21, blind, or permanently and totally disabled. This
20 paragraph, however, shall not bar recovery, at the death of the
21 person, of moneys for services provided to the person or in
22 behalf of the person under this Section to which the person was
23 not entitled; provided that such recovery shall not be enforced
24 against any real estate while it is occupied as a homestead by
25 the surviving spouse or other dependent, if no claims by other
26 creditors have been filed against the estate, or, if such

1 claims have been filed, they remain dormant for failure of
2 prosecution or failure of the claimant to compel administration
3 of the estate for the purpose of payment. This paragraph shall
4 not bar recovery from the estate of a spouse, under Sections
5 1915 and 1924 of the Social Security Act and Section 5-4 of the
6 Illinois Public Aid Code, who precedes a person receiving
7 services under this Section in death. All moneys for services
8 paid to or in behalf of the person under this Section shall be
9 claimed for recovery from the deceased spouse's estate.
10 "Homestead", as used in this paragraph, means the dwelling
11 house and contiguous real estate occupied by a surviving spouse
12 or relative, as defined by the rules and regulations of the
13 Department of Healthcare and Family Services, regardless of the
14 value of the property.

15 The Department shall increase the effectiveness of the
16 existing Community Care Program by:

17 (1) ensuring that in-home services included in the care
18 plan are available on evenings and weekends;

19 (2) ensuring that care plans contain the services that
20 eligible participants need based on the number of days in a
21 month, not limited to specific blocks of time, as
22 identified by the comprehensive assessment tool selected
23 by the Department for use statewide, not to exceed the
24 total monthly service cost maximum allowed for each
25 service; the Department shall develop administrative rules
26 to implement this item (2);

1 (3) ensuring that the participants have the right to
2 choose the services contained in their care plan and to
3 direct how those services are provided, based on
4 administrative rules established by the Department;

5 (4) ensuring that the determination of need tool is
6 accurate in determining the participants' level of need; to
7 achieve this, the Department, in conjunction with the Older
8 Adult Services Advisory Committee, shall institute a study
9 of the relationship between the Determination of Need
10 scores, level of need, service cost maximums, and the
11 development and utilization of service plans no later than
12 May 1, 2008; findings and recommendations shall be
13 presented to the Governor and the General Assembly no later
14 than January 1, 2009; recommendations shall include all
15 needed changes to the service cost maximums schedule and
16 additional covered services;

17 (5) ensuring that homemakers can provide personal care
18 services that may or may not involve contact with clients,
19 including but not limited to:

20 (A) bathing;

21 (B) grooming;

22 (C) toileting;

23 (D) nail care;

24 (E) transferring;

25 (F) respiratory services;

26 (G) exercise; or

1 (H) positioning;

2 (6) ensuring that homemaker program vendors are not
3 restricted from hiring homemakers who are family members of
4 clients or recommended by clients; the Department may not,
5 by rule or policy, require homemakers who are family
6 members of clients or recommended by clients to accept
7 assignments in homes other than the client;

8 (7) ensuring that the State may access maximum federal
9 matching funds by seeking approval for the Centers for
10 Medicare and Medicaid Services for modifications to the
11 State's home and community based services waiver and
12 additional waiver opportunities, including applying for
13 enrollment in the Balance Incentive Payment Program by May
14 1, 2013, in order to maximize federal matching funds; this
15 shall include, but not be limited to, modification that
16 reflects all changes in the Community Care Program services
17 and all increases in the services cost maximum; ~~and~~

18 (8) ensuring that the determination of need tool
19 accurately reflects the service needs of individuals with
20 Alzheimer's disease and related dementia disorders; ~~-~~

21 (9) ensuring that services are authorized accurately
22 and consistently for the Community Care Program (CCP); the
23 Department shall implement a Service Authorization policy
24 directive; the purpose shall be to ensure that eligibility
25 and services are authorized accurately and consistently in
26 the CCP program; the policy directive shall clarify service

1 authorization guidelines to Care Coordination Units and
2 Community Care Program providers no later than May 1, 2013;

3 (10) working in conjunction with Care Coordination
4 Units, the Department of Healthcare and Family Services,
5 the Department of Human Services, Community Care Program
6 providers, and other stakeholders to make improvements to
7 the Medicaid claiming processes and the Medicaid
8 enrollment procedures or requirements as needed,
9 including, but not limited to, specific policy changes or
10 rules to improve the up-front enrollment of participants in
11 the Medicaid program and specific policy changes or rules
12 to insure more prompt submission of bills to the federal
13 government to secure maximum federal matching dollars as
14 promptly as possible; the Department on Aging shall have at
15 least 3 meetings with stakeholders by January 1, 2014 in
16 order to address these improvements;

17 (11) requiring home care service providers to comply
18 with the rounding of hours worked provisions under the
19 federal Fair Labor Standards Act (FLSA) and as set forth in
20 29 CFR 785.48(b) by May 1, 2013;

21 (12) implementing any necessary policy changes or
22 promulgating any rules, no later than January 1, 2014, to
23 assist the Department of Healthcare and Family Services in
24 moving as many participants as possible, consistent with
25 federal regulations, into coordinated care plans if a care
26 coordination plan that covers long term care is available

1 in the recipient's area; and

2 (13) maintaining fiscal year 2014 rates at the same
3 level established on January 1, 2013.

4 By January 1, 2009 or as soon after the end of the Cash and
5 Counseling Demonstration Project as is practicable, the
6 Department may, based on its evaluation of the demonstration
7 project, promulgate rules concerning personal assistant
8 services, to include, but need not be limited to,
9 qualifications, employment screening, rights under fair labor
10 standards, training, fiduciary agent, and supervision
11 requirements. All applicants shall be subject to the provisions
12 of the Health Care Worker Background Check Act.

13 The Department shall develop procedures to enhance
14 availability of services on evenings, weekends, and on an
15 emergency basis to meet the respite needs of caregivers.
16 Procedures shall be developed to permit the utilization of
17 services in successive blocks of 24 hours up to the monthly
18 maximum established by the Department. Workers providing these
19 services shall be appropriately trained.

20 Beginning on the effective date of this Amendatory Act of
21 1991, no person may perform chore/housekeeping and home care
22 aide services under a program authorized by this Section unless
23 that person has been issued a certificate of pre-service to do
24 so by his or her employing agency. Information gathered to
25 effect such certification shall include (i) the person's name,
26 (ii) the date the person was hired by his or her current

1 employer, and (iii) the training, including dates and levels.
2 Persons engaged in the program authorized by this Section
3 before the effective date of this amendatory Act of 1991 shall
4 be issued a certificate of all pre- and in-service training
5 from his or her employer upon submitting the necessary
6 information. The employing agency shall be required to retain
7 records of all staff pre- and in-service training, and shall
8 provide such records to the Department upon request and upon
9 termination of the employer's contract with the Department. In
10 addition, the employing agency is responsible for the issuance
11 of certifications of in-service training completed to their
12 employees.

13 The Department is required to develop a system to ensure
14 that persons working as home care aides and personal assistants
15 receive increases in their wages when the federal minimum wage
16 is increased by requiring vendors to certify that they are
17 meeting the federal minimum wage statute for home care aides
18 and personal assistants. An employer that cannot ensure that
19 the minimum wage increase is being given to home care aides and
20 personal assistants shall be denied any increase in
21 reimbursement costs.

22 The Community Care Program Advisory Committee is created in
23 the Department on Aging. The Director shall appoint individuals
24 to serve in the Committee, who shall serve at their own
25 expense. Members of the Committee must abide by all applicable
26 ethics laws. The Committee shall advise the Department on

1 issues related to the Department's program of services to
2 prevent unnecessary institutionalization. The Committee shall
3 meet on a bi-monthly basis and shall serve to identify and
4 advise the Department on present and potential issues affecting
5 the service delivery network, the program's clients, and the
6 Department and to recommend solution strategies. Persons
7 appointed to the Committee shall be appointed on, but not
8 limited to, their own and their agency's experience with the
9 program, geographic representation, and willingness to serve.
10 The Director shall appoint members to the Committee to
11 represent provider, advocacy, policy research, and other
12 constituencies committed to the delivery of high quality home
13 and community-based services to older adults. Representatives
14 shall be appointed to ensure representation from community care
15 providers including, but not limited to, adult day service
16 providers, homemaker providers, case coordination and case
17 management units, emergency home response providers, statewide
18 trade or labor unions that represent home care aides and direct
19 care staff, area agencies on aging, adults over age 60,
20 membership organizations representing older adults, and other
21 organizational entities, providers of care, or individuals
22 with demonstrated interest and expertise in the field of home
23 and community care as determined by the Director.

24 Nominations may be presented from any agency or State
25 association with interest in the program. The Director, or his
26 or her designee, shall serve as the permanent co-chair of the

1 advisory committee. One other co-chair shall be nominated and
2 approved by the members of the committee on an annual basis.
3 Committee members' terms of appointment shall be for 4 years
4 with one-quarter of the appointees' terms expiring each year. A
5 member shall continue to serve until his or her replacement is
6 named. The Department shall fill vacancies that have a
7 remaining term of over one year, and this replacement shall
8 occur through the annual replacement of expiring terms. The
9 Director shall designate Department staff to provide technical
10 assistance and staff support to the committee. Department
11 representation shall not constitute membership of the
12 committee. All Committee papers, issues, recommendations,
13 reports, and meeting memoranda are advisory only. The Director,
14 or his or her designee, shall make a written report, as
15 requested by the Committee, regarding issues before the
16 Committee.

17 The Department on Aging and the Department of Human
18 Services shall cooperate in the development and submission of
19 an annual report on programs and services provided under this
20 Section. Such joint report shall be filed with the Governor and
21 the General Assembly on or before September 30 each year.

22 The requirement for reporting to the General Assembly shall
23 be satisfied by filing copies of the report with the Speaker,
24 the Minority Leader and the Clerk of the House of
25 Representatives and the President, the Minority Leader and the
26 Secretary of the Senate and the Legislative Research Unit, as

1 required by Section 3.1 of the General Assembly Organization
2 Act and filing such additional copies with the State Government
3 Report Distribution Center for the General Assembly as is
4 required under paragraph (t) of Section 7 of the State Library
5 Act.

6 Those persons previously found eligible for receiving
7 non-institutional services whose services were discontinued
8 under the Emergency Budget Act of Fiscal Year 1992, and who do
9 not meet the eligibility standards in effect on or after July
10 1, 1992, shall remain ineligible on and after July 1, 1992.
11 Those persons previously not required to cost-share and who
12 were required to cost-share effective March 1, 1992, shall
13 continue to meet cost-share requirements on and after July 1,
14 1992. Beginning July 1, 1992, all clients will be required to
15 meet eligibility, cost-share, and other requirements and will
16 have services discontinued or altered when they fail to meet
17 these requirements.

18 For the purposes of this Section, "flexible senior
19 services" refers to services that require one-time or periodic
20 expenditures including, but not limited to, respite care, home
21 modification, assistive technology, housing assistance, and
22 transportation.

23 The Department shall implement an electronic service
24 verification based on global positioning systems or other
25 cost-effective technology for the Community Care Program no
26 later than January 1, 2014.

1 The Department shall require, as a condition of
2 eligibility, enrollment in the medical assistance program
3 under Article V of the Illinois Public Aid Code (i) beginning
4 August 1, 2013, if the Auditor General has reported that the
5 Department has failed to comply with the reporting requirements
6 of Section 2-27 of the Illinois State Auditing Act; or (ii)
7 beginning June 1, 2014, if the Auditor General has reported
8 that the Department has not undertaken the required actions
9 listed in the report required by subsection (a) of Section 2-27
10 of the Illinois State Auditing Act.

11 The Department shall delay Community Care Program services
12 until an applicant is determined eligible for medical
13 assistance under Article V of the Illinois Public Aid Code (i)
14 beginning August 1, 2013, if the Auditor General has reported
15 that the Department has failed to comply with the reporting
16 requirements of Section 2-27 of the Illinois State Auditing
17 Act; or (ii) beginning June 1, 2014, if the Auditor General has
18 reported that the Department has not undertaken the required
19 actions listed in the report required by subsection (a) of
20 Section 2-27 of the Illinois State Auditing Act.

21 The Department shall implement co-payments for the
22 Community Care Program at the federally allowable maximum level
23 (i) beginning August 1, 2013, if the Auditor General has
24 reported that the Department has failed to comply with the
25 reporting requirements of Section 2-27 of the Illinois State
26 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor

1 General has reported that the Department has not undertaken the
2 required actions listed in the report required by subsection
3 (a) of Section 2-27 of the Illinois State Auditing Act.

4 The Department shall provide a bi-monthly report on the
5 progress of the Community Care Program reforms set forth in
6 this amendatory Act of the 98th General Assembly to the
7 Governor, the Speaker of the House of Representatives, the
8 Minority Leader of the House of Representatives, the President
9 of the Senate, and the Minority Leader of the Senate.

10 The Department shall conduct a quarterly review of Care
11 Coordination Unit performance and adherence to service
12 guidelines. The quarterly review shall be reported to the
13 Speaker of the House of Representatives, the Minority Leader of
14 the House of Representatives, the President of the Senate, and
15 the Minority Leader of the Senate. The Department shall collect
16 and report longitudinal data on the performance of each care
17 coordination unit. Nothing in this paragraph shall be construed
18 to require the Department to identify specific care
19 coordination units.

20 In regard to community care providers, failure to comply
21 with Department on Aging policies shall be cause for
22 disciplinary action, including, but not limited to,
23 disqualification from serving Community Care Program clients.
24 Each provider, upon submission of any bill or invoice to the
25 Department for payment for services rendered, shall include a
26 notarized statement, under penalty of perjury pursuant to

1 Section 1-109 of the Code of Civil Procedure, that the provider
2 has complied with all Department policies.

3 (Source: P.A. 96-918, eff. 6-9-10; 96-1129, eff. 7-20-10;
4 97-333, eff. 8-12-11.)

5 Section 9. The Illinois State Auditing Act is amended by
6 adding Section 2-27 as follows:

7 (30 ILCS 5/2-27 new)

8 Sec. 2-27. Certification of Community Care Program reform
9 implementation.

10 (a) No later than July 1, 2013, the Department on Aging
11 shall file a report with the Auditor General, the Governor, the
12 Speaker of the House of Representatives, the Minority Leader of
13 the House of Representatives, the President of the Senate, and
14 the Minority Leader of the Senate listing any necessary
15 amendment to the Illinois Title XIX State plan, any federal
16 waiver request, any State administrative rule, or any State
17 Policy changes and notifications required to implement this
18 amendatory Act of the 98th General Assembly.

19 (b) No later than February 1, 2014, the Department on Aging
20 shall provide evidence to the Auditor General that it has
21 undertaken the required actions listed in the report required
22 by subsection (a).

23 (c) No later than April 1, 2014, the Auditor General shall
24 submit a report to the Governor, the Speaker of the House of

1 Representatives, the Minority Leader of the House of
2 Representatives, the President of the Senate, and the Minority
3 Leader of the Senate as to whether the Department on Aging has
4 undertaken the required actions listed in the report required
5 by subsection (a).

6 Section 10. The State Finance Act is amended by changing
7 Section 25 as follows:

8 (30 ILCS 105/25) (from Ch. 127, par. 161)

9 Sec. 25. Fiscal year limitations.

10 (a) All appropriations shall be available for expenditure
11 for the fiscal year or for a lesser period if the Act making
12 that appropriation so specifies. A deficiency or emergency
13 appropriation shall be available for expenditure only through
14 June 30 of the year when the Act making that appropriation is
15 enacted unless that Act otherwise provides.

16 (b) Outstanding liabilities as of June 30, payable from
17 appropriations which have otherwise expired, may be paid out of
18 the expiring appropriations during the 2-month period ending at
19 the close of business on August 31. Any service involving
20 professional or artistic skills or any personal services by an
21 employee whose compensation is subject to income tax
22 withholding must be performed as of June 30 of the fiscal year
23 in order to be considered an "outstanding liability as of June
24 30" that is thereby eligible for payment out of the expiring

1 appropriation.

2 (b-1) However, payment of tuition reimbursement claims
3 under Section 14-7.03 or 18-3 of the School Code may be made by
4 the State Board of Education from its appropriations for those
5 respective purposes for any fiscal year, even though the claims
6 reimbursed by the payment may be claims attributable to a prior
7 fiscal year, and payments may be made at the direction of the
8 State Superintendent of Education from the fund from which the
9 appropriation is made without regard to any fiscal year
10 limitations, except as required by subsection (j) of this
11 Section. Beginning on June 30, 2021, payment of tuition
12 reimbursement claims under Section 14-7.03 or 18-3 of the
13 School Code as of June 30, payable from appropriations that
14 have otherwise expired, may be paid out of the expiring
15 appropriation during the 4-month period ending at the close of
16 business on October 31.

17 (b-2) All outstanding liabilities as of June 30, 2010,
18 payable from appropriations that would otherwise expire at the
19 conclusion of the lapse period for fiscal year 2010, and
20 interest penalties payable on those liabilities under the State
21 Prompt Payment Act, may be paid out of the expiring
22 appropriations until December 31, 2010, without regard to the
23 fiscal year in which the payment is made, as long as vouchers
24 for the liabilities are received by the Comptroller no later
25 than August 31, 2010.

26 (b-2.5) All outstanding liabilities as of June 30, 2011,

1 payable from appropriations that would otherwise expire at the
2 conclusion of the lapse period for fiscal year 2011, and
3 interest penalties payable on those liabilities under the State
4 Prompt Payment Act, may be paid out of the expiring
5 appropriations until December 31, 2011, without regard to the
6 fiscal year in which the payment is made, as long as vouchers
7 for the liabilities are received by the Comptroller no later
8 than August 31, 2011.

9 (b-2.6) All outstanding liabilities as of June 30, 2012,
10 payable from appropriations that would otherwise expire at the
11 conclusion of the lapse period for fiscal year 2012, and
12 interest penalties payable on those liabilities under the State
13 Prompt Payment Act, may be paid out of the expiring
14 appropriations until December 31, 2012, without regard to the
15 fiscal year in which the payment is made, as long as vouchers
16 for the liabilities are received by the Comptroller no later
17 than August 31, 2012.

18 (b-2.7) ~~(b-2.6)~~ For fiscal years 2012 and 2013, interest
19 penalties payable under the State Prompt Payment Act associated
20 with a voucher for which payment is issued after June 30 may be
21 paid out of the next fiscal year's appropriation. The future
22 year appropriation must be for the same purpose and from the
23 same fund as the original payment. An interest penalty voucher
24 submitted against a future year appropriation must be submitted
25 within 60 days after the issuance of the associated voucher,
26 and the Comptroller must issue the interest payment within 60

1 days after acceptance of the interest voucher.

2 (b-3) Medical payments may be made by the Department of
3 Veterans' Affairs from its appropriations for those purposes
4 for any fiscal year, without regard to the fact that the
5 medical services being compensated for by such payment may have
6 been rendered in a prior fiscal year, except as required by
7 subsection (j) of this Section. Beginning on June 30, 2021,
8 medical payments payable from appropriations that have
9 otherwise expired may be paid out of the expiring appropriation
10 during the 4-month period ending at the close of business on
11 October 31.

12 (b-4) Medical payments and child care payments may be made
13 by the Department of Human Services (as successor to the
14 Department of Public Aid) from appropriations for those
15 purposes for any fiscal year, without regard to the fact that
16 the medical or child care services being compensated for by
17 such payment may have been rendered in a prior fiscal year; and
18 payments may be made at the direction of the Department of
19 Healthcare and Family Services (or successor agency) from the
20 Health Insurance Reserve Fund without regard to any fiscal year
21 limitations, except as required by subsection (j) of this
22 Section. Beginning on June 30, 2021, medical and child care
23 payments made by the Department of Human Services, and payments
24 made at the discretion of the Department of Healthcare and
25 Family Services (or successor agency) from the Health Insurance
26 Reserve Fund and payable from appropriations that have

1 otherwise expired may be paid out of the expiring appropriation
2 during the 4-month period ending at the close of business on
3 October 31.

4 (b-5) Medical payments may be made by the Department of
5 Human Services from its appropriations relating to substance
6 abuse treatment services for any fiscal year, without regard to
7 the fact that the medical services being compensated for by
8 such payment may have been rendered in a prior fiscal year,
9 provided the payments are made on a fee-for-service basis
10 consistent with requirements established for Medicaid
11 reimbursement by the Department of Healthcare and Family
12 Services, except as required by subsection (j) of this Section.
13 Beginning on June 30, 2021, medical payments made by the
14 Department of Human Services relating to substance abuse
15 treatment services payable from appropriations that have
16 otherwise expired may be paid out of the expiring appropriation
17 during the 4-month period ending at the close of business on
18 October 31.

19 (b-6) Additionally, payments may be made by the Department
20 of Human Services from its appropriations, or any other State
21 agency from its appropriations with the approval of the
22 Department of Human Services, from the Immigration Reform and
23 Control Fund for purposes authorized pursuant to the
24 Immigration Reform and Control Act of 1986, without regard to
25 any fiscal year limitations, except as required by subsection
26 (j) of this Section. Beginning on June 30, 2021, payments made

1 by the Department of Human Services from the Immigration Reform
2 and Control Fund for purposes authorized pursuant to the
3 Immigration Reform and Control Act of 1986 payable from
4 appropriations that have otherwise expired may be paid out of
5 the expiring appropriation during the 4-month period ending at
6 the close of business on October 31.

7 (b-7) Payments may be made in accordance with a plan
8 authorized by paragraph (11) or (12) of Section 405-105 of the
9 Department of Central Management Services Law from
10 appropriations for those payments without regard to fiscal year
11 limitations.

12 (b-9) Medical payments not exceeding \$150,000,000 may be
13 made by the Department on Aging from its appropriations
14 relating to the Community Care Program for fiscal year 2014,
15 without regard to the fact that the medical services being
16 compensated for by such payment may have been rendered in a
17 prior fiscal year, provided the payments are made on a
18 fee-for-service basis consistent with requirements established
19 for Medicaid reimbursement by the Department of Healthcare and
20 Family Services, except as required by subsection (j) of this
21 Section.

22 (c) Further, payments may be made by the Department of
23 Public Health and the Department of Human Services (acting as
24 successor to the Department of Public Health under the
25 Department of Human Services Act) from their respective
26 appropriations for grants for medical care to or on behalf of

1 premature and high-mortality risk infants and their mothers and
2 for grants for supplemental food supplies provided under the
3 United States Department of Agriculture Women, Infants and
4 Children Nutrition Program, for any fiscal year without regard
5 to the fact that the services being compensated for by such
6 payment may have been rendered in a prior fiscal year, except
7 as required by subsection (j) of this Section. Beginning on
8 June 30, 2021, payments made by the Department of Public Health
9 and the Department of Human Services from their respective
10 appropriations for grants for medical care to or on behalf of
11 premature and high-mortality risk infants and their mothers and
12 for grants for supplemental food supplies provided under the
13 United States Department of Agriculture Women, Infants and
14 Children Nutrition Program payable from appropriations that
15 have otherwise expired may be paid out of the expiring
16 appropriations during the 4-month period ending at the close of
17 business on October 31.

18 (d) The Department of Public Health and the Department of
19 Human Services (acting as successor to the Department of Public
20 Health under the Department of Human Services Act) shall each
21 annually submit to the State Comptroller, Senate President,
22 Senate Minority Leader, Speaker of the House, House Minority
23 Leader, and the respective Chairmen and Minority Spokesmen of
24 the Appropriations Committees of the Senate and the House, on
25 or before December 31, a report of fiscal year funds used to
26 pay for services provided in any prior fiscal year. This report

1 shall document by program or service category those
2 expenditures from the most recently completed fiscal year used
3 to pay for services provided in prior fiscal years.

4 (e) The Department of Healthcare and Family Services, the
5 Department of Human Services (acting as successor to the
6 Department of Public Aid), and the Department of Human Services
7 making fee-for-service payments relating to substance abuse
8 treatment services provided during a previous fiscal year shall
9 each annually submit to the State Comptroller, Senate
10 President, Senate Minority Leader, Speaker of the House, House
11 Minority Leader, the respective Chairmen and Minority
12 Spokesmen of the Appropriations Committees of the Senate and
13 the House, on or before November 30, a report that shall
14 document by program or service category those expenditures from
15 the most recently completed fiscal year used to pay for (i)
16 services provided in prior fiscal years and (ii) services for
17 which claims were received in prior fiscal years.

18 (f) The Department of Human Services (as successor to the
19 Department of Public Aid) shall annually submit to the State
20 Comptroller, Senate President, Senate Minority Leader, Speaker
21 of the House, House Minority Leader, and the respective
22 Chairmen and Minority Spokesmen of the Appropriations
23 Committees of the Senate and the House, on or before December
24 31, a report of fiscal year funds used to pay for services
25 (other than medical care) provided in any prior fiscal year.
26 This report shall document by program or service category those

1 expenditures from the most recently completed fiscal year used
2 to pay for services provided in prior fiscal years.

3 (g) In addition, each annual report required to be
4 submitted by the Department of Healthcare and Family Services
5 under subsection (e) shall include the following information
6 with respect to the State's Medicaid program:

7 (1) Explanations of the exact causes of the variance
8 between the previous year's estimated and actual
9 liabilities.

10 (2) Factors affecting the Department of Healthcare and
11 Family Services' liabilities, including but not limited to
12 numbers of aid recipients, levels of medical service
13 utilization by aid recipients, and inflation in the cost of
14 medical services.

15 (3) The results of the Department's efforts to combat
16 fraud and abuse.

17 (h) As provided in Section 4 of the General Assembly
18 Compensation Act, any utility bill for service provided to a
19 General Assembly member's district office for a period
20 including portions of 2 consecutive fiscal years may be paid
21 from funds appropriated for such expenditure in either fiscal
22 year.

23 (i) An agency which administers a fund classified by the
24 Comptroller as an internal service fund may issue rules for:

25 (1) billing user agencies in advance for payments or
26 authorized inter-fund transfers based on estimated charges

1 for goods or services;

2 (2) issuing credits, refunding through inter-fund
3 transfers, or reducing future inter-fund transfers during
4 the subsequent fiscal year for all user agency payments or
5 authorized inter-fund transfers received during the prior
6 fiscal year which were in excess of the final amounts owed
7 by the user agency for that period; and

8 (3) issuing catch-up billings to user agencies during
9 the subsequent fiscal year for amounts remaining due when
10 payments or authorized inter-fund transfers received from
11 the user agency during the prior fiscal year were less than
12 the total amount owed for that period.

13 User agencies are authorized to reimburse internal service
14 funds for catch-up billings by vouchers drawn against their
15 respective appropriations for the fiscal year in which the
16 catch-up billing was issued or by increasing an authorized
17 inter-fund transfer during the current fiscal year. For the
18 purposes of this Act, "inter-fund transfers" means transfers
19 without the use of the voucher-warrant process, as authorized
20 by Section 9.01 of the State Comptroller Act.

21 (i-1) Beginning on July 1, 2021, all outstanding
22 liabilities, not payable during the 4-month lapse period as
23 described in subsections (b-1), (b-3), (b-4), (b-5), (b-6), and
24 (c) of this Section, that are made from appropriations for that
25 purpose for any fiscal year, without regard to the fact that
26 the services being compensated for by those payments may have

1 been rendered in a prior fiscal year, are limited to only those
2 claims that have been incurred but for which a proper bill or
3 invoice as defined by the State Prompt Payment Act has not been
4 received by September 30th following the end of the fiscal year
5 in which the service was rendered.

6 (j) Notwithstanding any other provision of this Act, the
7 aggregate amount of payments to be made without regard for
8 fiscal year limitations as contained in subsections (b-1),
9 (b-3), (b-4), (b-5), (b-6), and (c) of this Section, and
10 determined by using Generally Accepted Accounting Principles,
11 shall not exceed the following amounts:

12 (1) \$6,000,000,000 for outstanding liabilities related
13 to fiscal year 2012;

14 (2) \$5,300,000,000 for outstanding liabilities related
15 to fiscal year 2013;

16 (3) \$4,600,000,000 for outstanding liabilities related
17 to fiscal year 2014;

18 (4) \$4,000,000,000 for outstanding liabilities related
19 to fiscal year 2015;

20 (5) \$3,300,000,000 for outstanding liabilities related
21 to fiscal year 2016;

22 (6) \$2,600,000,000 for outstanding liabilities related
23 to fiscal year 2017;

24 (7) \$2,000,000,000 for outstanding liabilities related
25 to fiscal year 2018;

26 (8) \$1,300,000,000 for outstanding liabilities related

1 to fiscal year 2019;

2 (9) \$600,000,000 for outstanding liabilities related
3 to fiscal year 2020; and

4 (10) \$0 for outstanding liabilities related to fiscal
5 year 2021 and fiscal years thereafter.

6 (k) Department of Healthcare and Family Services Medical
7 Assistance Payments.

8 (1) Definition of Medical Assistance.

9 For purposes of this subsection, the term "Medical
10 Assistance" shall include, but not necessarily be
11 limited to, medical programs and services authorized
12 under Titles XIX and XXI of the Social Security Act,
13 the Illinois Public Aid Code, the Children's Health
14 Insurance Program Act, the Covering ALL KIDS Health
15 Insurance Act, the Long Term Acute Care Hospital
16 Quality Improvement Transfer Program Act, and medical
17 care to or on behalf of persons suffering from chronic
18 renal disease, persons suffering from hemophilia, and
19 victims of sexual assault.

20 (2) Limitations on Medical Assistance payments that
21 may be paid from future fiscal year appropriations.

22 (A) The maximum amounts of annual unpaid Medical
23 Assistance bills received and recorded by the
24 Department of Healthcare and Family Services on or
25 before June 30th of a particular fiscal year
26 attributable in aggregate to the General Revenue Fund,

1 Healthcare Provider Relief Fund, Tobacco Settlement
2 Recovery Fund, Long-Term Care Provider Fund, and the
3 Drug Rebate Fund that may be paid in total by the
4 Department from future fiscal year Medical Assistance
5 appropriations to those funds are: \$700,000,000 for
6 fiscal year 2013 and \$100,000,000 for fiscal year 2014
7 and each fiscal year thereafter.

8 (B) Bills for Medical Assistance services rendered
9 in a particular fiscal year, but received and recorded
10 by the Department of Healthcare and Family Services
11 after June 30th of that fiscal year, may be paid from
12 either appropriations for that fiscal year or future
13 fiscal year appropriations for Medical Assistance.
14 Such payments shall not be subject to the requirements
15 of subparagraph (A).

16 (C) Medical Assistance bills received by the
17 Department of Healthcare and Family Services in a
18 particular fiscal year, but subject to payment amount
19 adjustments in a future fiscal year may be paid from a
20 future fiscal year's appropriation for Medical
21 Assistance. Such payments shall not be subject to the
22 requirements of subparagraph (A).

23 (D) Medical Assistance payments made by the
24 Department of Healthcare and Family Services from
25 funds other than those specifically referenced in
26 subparagraph (A) may be made from appropriations for

1 those purposes for any fiscal year without regard to
2 the fact that the Medical Assistance services being
3 compensated for by such payment may have been rendered
4 in a prior fiscal year. Such payments shall not be
5 subject to the requirements of subparagraph (A).

6 (3) Extended lapse period for Department of Healthcare
7 and Family Services Medical Assistance payments.
8 Notwithstanding any other State law to the contrary,
9 outstanding Department of Healthcare and Family Services
10 Medical Assistance liabilities, as of June 30th, payable
11 from appropriations which have otherwise expired, may be
12 paid out of the expiring appropriations during the 6-month
13 period ending at the close of business on December 31st.

14 (1) The changes to this Section made by Public Act 97-691
15 ~~this amendatory Act of the 97th General Assembly~~ shall be
16 effective for payment of Medical Assistance bills incurred in
17 fiscal year 2013 and future fiscal years. The changes to this
18 Section made by Public Act 97-691 ~~this amendatory Act of the~~
19 ~~97th General Assembly~~ shall not be applied to Medical
20 Assistance bills incurred in fiscal year 2012 or prior fiscal
21 years.

22 (m) ~~(k)~~ The Comptroller must issue payments against
23 outstanding liabilities that were received prior to the lapse
24 period deadlines set forth in this Section as soon thereafter
25 as practical, but no payment may be issued after the 4 months
26 following the lapse period deadline without the signed

1 authorization of the Comptroller and the Governor.

2 (Source: P.A. 96-928, eff. 6-15-10; 96-958, eff. 7-1-10;
3 96-1501, eff. 1-25-11; 97-75, eff. 6-30-11; 97-333, eff.
4 8-12-11; 97-691, eff. 7-1-12; 97-732, eff. 6-30-12; 97-932,
5 eff. 8-10-12; revised 8-23-12.)

6 Section 15. The Illinois Public Aid Code is amended by
7 changing Section 12-13.1 as follows:

8 (305 ILCS 5/12-13.1)

9 Sec. 12-13.1. Inspector General.

10 (a) The Governor shall appoint, and the Senate shall
11 confirm, an Inspector General who shall function within the
12 Illinois Department of Public Aid (now Healthcare and Family
13 Services) and report to the Governor. The term of the Inspector
14 General shall expire on the third Monday of January, 1997 and
15 every 4 years thereafter.

16 (b) In order to prevent, detect, and eliminate fraud,
17 waste, abuse, mismanagement, and misconduct, the Inspector
18 General shall oversee the Department of Healthcare and Family
19 Services' and the Department on Aging's integrity functions,
20 which include, but are not limited to, the following:

21 (1) Investigation of misconduct by employees, vendors,
22 contractors and medical providers, except for allegations
23 of violations of the State Officials and Employees Ethics
24 Act which shall be referred to the Office of the Governor's

1 Executive Inspector General for investigation.

2 (2) Prepayment and post-payment audits of medical
3 providers related to ensuring that appropriate payments
4 are made for services rendered and to the prevention and
5 recovery of overpayments.

6 (3) Monitoring of quality assurance programs
7 administered by the Department of Healthcare and Family
8 Services and the Community Care Program administered by the
9 Department on Aging.

10 (4) Quality control measurements of the programs
11 administered by the Department of Healthcare and Family
12 Services and the Community Care Program administered by the
13 Department on Aging.

14 (5) Investigations of fraud or intentional program
15 violations committed by clients of the Department of
16 Healthcare and Family Services and the Community Care
17 Program administered by the Department on Aging.

18 (6) Actions initiated against contractors, vendors, or
19 medical providers for any of the following reasons:

20 (A) Violations of the medical assistance program
21 and the Community Care Program administered by the
22 Department on Aging.

23 (B) Sanctions against providers brought in
24 conjunction with the Department of Public Health or the
25 Department of Human Services (as successor to the
26 Department of Mental Health and Developmental

1 Disabilities).

2 (C) Recoveries of assessments against hospitals
3 and long-term care facilities.

4 (D) Sanctions mandated by the United States
5 Department of Health and Human Services against
6 medical providers.

7 (E) Violations of contracts related to any
8 programs administered by the Department of Healthcare
9 and Family Services and the Community Care Program
10 administered by the Department on Aging.

11 (7) Representation of the Department of Healthcare and
12 Family Services at hearings with the Illinois Department of
13 Financial and Professional Regulation in actions taken
14 against professional licenses held by persons who are in
15 violation of orders for child support payments.

16 (b-5) At the request of the Secretary of Human Services,
17 the Inspector General shall, in relation to any function
18 performed by the Department of Human Services as successor to
19 the Department of Public Aid, exercise one or more of the
20 powers provided under this Section as if those powers related
21 to the Department of Human Services; in such matters, the
22 Inspector General shall report his or her findings to the
23 Secretary of Human Services.

24 (c) Notwithstanding, and in addition to, any other
25 provision of law, the Inspector General shall have access to
26 all information, personnel and facilities of the Department of

1 Healthcare and Family Services and the Department of Human
2 Services (as successor to the Department of Public Aid), their
3 employees, vendors, contractors and medical providers and any
4 federal, State or local governmental agency that are necessary
5 to perform the duties of the Office as directly related to
6 public assistance programs administered by those departments.
7 No medical provider shall be compelled, however, to provide
8 individual medical records of patients who are not clients of
9 the programs administered by the Department of Healthcare and
10 Family Services. State and local governmental agencies are
11 authorized and directed to provide the requested information,
12 assistance or cooperation.

13 For purposes of enhanced program integrity functions and
14 oversight, and to the extent consistent with applicable
15 information and privacy, security, and disclosure laws, State
16 agencies and departments shall provide the Office of Inspector
17 General access to confidential and other information and data,
18 and the Inspector General is authorized to enter into
19 agreements with appropriate federal agencies and departments
20 to secure similar data. This includes, but is not limited to,
21 information pertaining to: licensure; certification; earnings;
22 immigration status; citizenship; wage reporting; unearned and
23 earned income; pension income; employment; supplemental
24 security income; social security numbers; National Provider
25 Identifier (NPI) numbers; the National Practitioner Data Bank
26 (NPDB); program and agency exclusions; taxpayer identification

1 numbers; tax delinquency; corporate information; and death
2 records.

3 The Inspector General shall enter into agreements with
4 State agencies and departments, and is authorized to enter into
5 agreements with federal agencies and departments, under which
6 such agencies and departments shall share data necessary for
7 medical assistance program integrity functions and oversight.
8 The Inspector General shall enter into agreements with State
9 agencies and departments, and is authorized to enter into
10 agreements with federal agencies and departments, under which
11 such agencies shall share data necessary for recipient and
12 vendor screening, review, and investigation, including but not
13 limited to vendor payment and recipient eligibility
14 verification. The Inspector General shall develop, in
15 cooperation with other State and federal agencies and
16 departments, and in compliance with applicable federal laws and
17 regulations, appropriate and effective methods to share such
18 data. The Inspector General shall enter into agreements with
19 State agencies and departments, and is authorized to enter into
20 agreements with federal agencies and departments, including,
21 but not limited to: the Secretary of State; the Department of
22 Revenue; the Department of Public Health; the Department of
23 Human Services; and the Department of Financial and
24 Professional Regulation.

25 The Inspector General shall have the authority to deny
26 payment, prevent overpayments, and recover overpayments.

1 The Inspector General shall have the authority to deny or
2 suspend payment to, and deny, terminate, or suspend the
3 eligibility of, any vendor who fails to grant the Inspector
4 General timely access to full and complete records, including
5 records of recipients under the medical assistance program for
6 the most recent 6 years, in accordance with Section 140.28 of
7 Title 89 of the Illinois Administrative Code, and other
8 information for the purpose of audits, investigations, or other
9 program integrity functions, after reasonable written request
10 by the Inspector General.

11 (d) The Inspector General shall serve as the Department of
12 Healthcare and Family Services' primary liaison with law
13 enforcement, investigatory and prosecutorial agencies,
14 including but not limited to the following:

15 (1) The Department of State Police.

16 (2) The Federal Bureau of Investigation and other
17 federal law enforcement agencies.

18 (3) The various Inspectors General of federal agencies
19 overseeing the programs administered by the Department of
20 Healthcare and Family Services.

21 (4) The various Inspectors General of any other State
22 agencies with responsibilities for portions of programs
23 primarily administered by the Department of Healthcare and
24 Family Services.

25 (5) The Offices of the several United States Attorneys
26 in Illinois.

1 (6) The several State's Attorneys.

2 (7) The offices of the Centers for Medicare and
3 Medicaid Services that administer the Medicare and
4 Medicaid integrity programs.

5 The Inspector General shall meet on a regular basis with
6 these entities to share information regarding possible
7 misconduct by any persons or entities involved with the public
8 aid programs administered by the Department of Healthcare and
9 Family Services.

10 (e) All investigations conducted by the Inspector General
11 shall be conducted in a manner that ensures the preservation of
12 evidence for use in criminal prosecutions. If the Inspector
13 General determines that a possible criminal act relating to
14 fraud in the provision or administration of the medical
15 assistance program has been committed, the Inspector General
16 shall immediately notify the Medicaid Fraud Control Unit. If
17 the Inspector General determines that a possible criminal act
18 has been committed within the jurisdiction of the Office, the
19 Inspector General may request the special expertise of the
20 Department of State Police. The Inspector General may present
21 for prosecution the findings of any criminal investigation to
22 the Office of the Attorney General, the Offices of the several
23 United States Attorneys in Illinois or the several State's
24 Attorneys.

25 (f) To carry out his or her duties as described in this
26 Section, the Inspector General and his or her designees shall

1 have the power to compel by subpoena the attendance and
2 testimony of witnesses and the production of books, electronic
3 records and papers as directly related to public assistance
4 programs administered by the Department of Healthcare and
5 Family Services or the Department of Human Services (as
6 successor to the Department of Public Aid). No medical provider
7 shall be compelled, however, to provide individual medical
8 records of patients who are not clients of the Medical
9 Assistance Program.

10 (g) The Inspector General shall report all convictions,
11 terminations, and suspensions taken against vendors,
12 contractors and medical providers to the Department of
13 Healthcare and Family Services and to any agency responsible
14 for licensing or regulating those persons or entities.

15 (h) The Inspector General shall make annual reports,
16 findings, and recommendations regarding the Office's
17 investigations into reports of fraud, waste, abuse,
18 mismanagement, or misconduct relating to any programs
19 administered by the Department of Healthcare and Family
20 Services or the Department of Human Services (as successor to
21 the Department of Public Aid) to the General Assembly and the
22 Governor. These reports shall include, but not be limited to,
23 the following information:

24 (1) Aggregate provider billing and payment
25 information, including the number of providers at various
26 Medicaid earning levels.

1 (2) The number of audits of the medical assistance
2 program and the dollar savings resulting from those audits.

3 (3) The number of prescriptions rejected annually
4 under the Department of Healthcare and Family Services'
5 Refill Too Soon program and the dollar savings resulting
6 from that program.

7 (4) Provider sanctions, in the aggregate, including
8 terminations and suspensions.

9 (5) A detailed summary of the investigations
10 undertaken in the previous fiscal year. These summaries
11 shall comply with all laws and rules regarding maintaining
12 confidentiality in the public aid programs.

13 (i) Nothing in this Section shall limit investigations by
14 the Department of Healthcare and Family Services or the
15 Department of Human Services that may otherwise be required by
16 law or that may be necessary in their capacity as the central
17 administrative authorities responsible for administration of
18 their agency's programs in this State.

19 (j) The Inspector General may issue shields or other
20 distinctive identification to his or her employees not
21 exercising the powers of a peace officer if the Inspector
22 General determines that a shield or distinctive identification
23 is needed by an employee to carry out his or her
24 responsibilities.

25 (Source: P.A. 96-555, eff. 8-18-09; 96-1316, eff. 1-1-11;
26 97-689, eff. 6-14-12.)

1 (320 ILCS 50/15 rep.)

2 Section 20. The Senior Pharmaceutical Assistance Act is
3 amended by repealing Section 15.

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.".