



Rep. Norine K. Hammond

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1 AMENDMENT TO HOUSE BILL 2814

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2814 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 11-5.4 as follows:

6 (305 ILCS 5/11-5.4)

7 Sec. 11-5.4. Expedited long-term care eligibility  
8 determination and enrollment.

9 (a) An expedited long-term care eligibility determination  
10 and enrollment system shall be established to reduce long-term  
11 care determinations to 90 days or fewer by July 1, 2014 and  
12 streamline the long-term care enrollment process.  
13 Establishment of the system shall be a joint venture of the  
14 Department of Human Services and Healthcare and Family Services  
15 and the Department on Aging. The Governor shall name a lead  
16 agency no later than 30 days after the effective date of this

1 amendatory Act of the 98th General Assembly to assume  
2 responsibility for the full implementation of the  
3 establishment and maintenance of the system. Project outcomes  
4 shall include an enhanced eligibility determination tracking  
5 system accessible to providers and a centralized application  
6 review and eligibility determination with all applicants  
7 reviewed within 90 days of receipt by the State of a complete  
8 application. If the Department of Healthcare and Family  
9 Services' Office of the Inspector General determines that there  
10 is a likelihood that a non-allowable transfer of assets has  
11 occurred, and the facility in which the applicant resides is  
12 notified, an extension of up to 90 days shall be permissible.  
13 On or before December 31, 2015, a streamlined application and  
14 enrollment process shall be put in place based on the following  
15 principles:

16 (1) Minimize the burden on applicants by collecting  
17 only the data necessary to determine eligibility for  
18 medical services, long-term care services, and spousal  
19 impoverishment offset.

20 (2) Integrate online data sources to simplify the  
21 application process by reducing the amount of information  
22 needed to be entered and to expedite eligibility  
23 verification.

24 (3) Provide online prompts to alert the applicant that  
25 information is missing or not complete.

26 (b) The Department shall, on or before July 1, 2014, assess

1 the feasibility of incorporating all information needed to  
2 determine eligibility for long-term care services, including  
3 asset transfer and spousal impoverishment financials, into the  
4 State's integrated eligibility system identifying all  
5 resources needed and reasonable timeframes for achieving the  
6 specified integration.

7 (c) The lead agency shall file interim reports with the  
8 Chairs and Minority Spokespersons of the House and Senate Human  
9 Services Committees no later than September 1, 2013 and on  
10 February 1, 2014. The Department of Healthcare and Family  
11 Services shall include in the annual Medicaid report for State  
12 Fiscal Year 2014 and every fiscal year thereafter information  
13 concerning implementation of the provisions of this Section.

14 (d) No later than August 1, 2014, the Auditor General shall  
15 report to the General Assembly concerning the extent to which  
16 the timeframes specified in this Section have been met and the  
17 extent to which State staffing levels are adequate to meet the  
18 requirements of this Section.

19 (e) The Department of Healthcare and Family Services, the  
20 Department of Human Services, and the Department on Aging shall  
21 take the following steps to achieve federally established  
22 timeframes for eligibility determinations for Medicaid and  
23 long-term care benefits and shall work toward the federal goal  
24 of real time determinations:

25 (1) The Departments shall review, in collaboration  
26 with representatives of affected providers, all forms and

1 procedures currently in use, federal guidelines either  
2 suggested or mandated, and staff deployment by September  
3 30, 2014 to identify additional measures that can improve  
4 long-term care eligibility processing and make adjustments  
5 where possible.

6 (2) No later than June 30, 2014, the Department of  
7 Healthcare and Family Services shall issue vouchers for  
8 advance payments not to exceed \$50,000,000 to nursing  
9 facilities with significant outstanding Medicaid liability  
10 associated with services provided to residents with  
11 Medicaid applications pending and residents facing the  
12 greatest delays. Each facility with an advance payment  
13 shall state in writing whether its own recoupment schedule  
14 will be in 3 or 6 equal monthly installments, as long as  
15 all advances are recouped by June 30, 2015.

16 (3) The Department of Healthcare and Family Services'  
17 Office of Inspector General and the Department of Human  
18 Services shall immediately forgo resource review and  
19 review of transfers during the relevant look-back period  
20 for applications that were submitted prior to September 1,  
21 2013. An applicant who applied prior to September 1, 2013,  
22 who was denied for failure to cooperate in providing  
23 required information, and whose application was  
24 incorrectly reviewed under the wrong look-back period  
25 rules may request review and correction of the denial based  
26 on this subsection. If found eligible upon review, such

1 applicants shall be retroactively enrolled.

2 (4) As soon as practicable, the Department of  
3 Healthcare and Family Services shall implement policies  
4 and promulgate rules to simplify financial eligibility  
5 verification in the following instances: (A) for  
6 applicants or recipients who are receiving Supplemental  
7 Security Income payments or who had been receiving such  
8 payments at the time they were admitted to a nursing  
9 facility and (B) for applicants or recipients with verified  
10 income at or below 100% of the federal poverty level when  
11 the declared value of their countable resources is no  
12 greater than the allowable amounts pursuant to Section 5-2  
13 of this Code for classes of eligible persons for whom a  
14 resource limit applies. Such simplified verification  
15 policies shall apply to community cases as well as  
16 long-term care cases.

17 (5) As soon as practicable, but not later than July 1,  
18 2014, the Department of Healthcare and Family Services and  
19 the Department of Human Services shall jointly begin a  
20 special enrollment project by using simplified eligibility  
21 verification policies and by redeploying caseworkers  
22 trained to handle long-term care cases to prioritize those  
23 cases, until the backlog is eliminated and processing time  
24 is within 90 days. This project shall apply to applications  
25 for long-term care received by the State on or before May  
26 15, 2014.

1           (6) As soon as practicable, but not later than  
2           September 1, 2014, the Department on Aging shall make  
3           available to long-term care facilities and community  
4           providers upon request, through an electronic method, the  
5           information contained within the Interagency Certification  
6           of Screening Results completed by the pre-screener, in a  
7           form and manner acceptable to the Department of Human  
8           Services.

9           (7) Effective 30 days after the completion of 3  
10          regionally based trainings, nursing facilities shall  
11          submit all applications for medical assistance online via  
12          the Application for Benefits Eligibility (ABE) website.  
13          This requirement shall extend to scanning and uploading  
14          with the online application any required additional forms  
15          such as the Long Term Care Facility Notification and the  
16          Additional Financial Information for Long Term Care  
17          Applicants as well as scanned copies of any supporting  
18          documentation. Long-term care facility admission documents  
19          must be submitted as required in Section 5-5 of this Code.  
20          No local Department of Human Services office shall refuse  
21          to accept an electronically filed application.

22          (8) Notwithstanding any other provision of this Code,  
23          the Department of Human Services and the Department of  
24          Healthcare and Family Services' Office of the Inspector  
25          General shall, upon request, allow an applicant additional  
26          time to submit information and documents needed as part of

1 a review of available resources or resources transferred  
2 during the look-back period. The initial extension shall  
3 not exceed 30 days. A second extension of 30 days may be  
4 granted upon request. Any request for information issued by  
5 the State to an applicant shall include the following: an  
6 explanation of the information required and the date by  
7 which the information must be submitted; a statement that  
8 failure to respond in a timely manner can result in denial  
9 of the application; a statement that the applicant or the  
10 facility in the name of the applicant may seek an  
11 extension; and the name and contact information of a  
12 caseworker in case of questions. Any such request for  
13 information shall also be sent to the facility. In deciding  
14 whether to grant an extension, the Department of Human  
15 Services or the Department of Healthcare and Family  
16 Services' Office of the Inspector General shall take into  
17 account what is in the best interest of the applicant. The  
18 time limits for processing an application shall be tolled  
19 during the period of any extension granted under this  
20 subsection.

21 (9) The Department of Human Services and the Department  
22 of Healthcare and Family Services must jointly compile data  
23 on pending applications, denials, appeals, and  
24 redeterminations into a monthly report, which shall be  
25 posted on each Department's website for the purposes of  
26 monitoring long-term care eligibility processing. The

1 report must specify the number of applications and  
2 redeterminations pending long-term care eligibility  
3 determination and admission and the number of appeals of  
4 denials in the following categories:

5 (A) Length of time applications, redeterminations,  
6 and appeals are pending - 0 to 45 days, 46 days to 90  
7 days ~~0 to 90 days~~, 91 days to 180 days, 181 days to 12  
8 months, over 12 months to 18 months, over 18 months to  
9 24 months, and over 24 months.

10 (B) Percentage of applications and  
11 redeterminations pending in the Department of Human  
12 Services' Family Community Resource Centers, in the  
13 Department of Human Services' long-term care hubs,  
14 with the Department of Healthcare and Family Services'  
15 Office of Inspector General, and those applications  
16 which are being tolled due to requests for extension of  
17 time for additional information.

18 (C) Status of pending applications, denials,  
19 appeals, and redeterminations.

20 (f) Beginning on July 1, 2017, the Auditor General shall  
21 report annually to the General Assembly on the performance and  
22 compliance of the Department of Healthcare and Family Services,  
23 the Department of Human Services, and the Department on Aging  
24 in meeting the requirements of this Section and the federal  
25 requirements concerning eligibility determinations for  
26 Medicaid long-term care services and supports, and shall report



1 any issues or deficiencies and make recommendations. The  
2 Auditor General shall, at a minimum, review, consider, and  
3 evaluate the following:

4 (1) compliance with federal regulations on furnishing  
5 services as related to Medicaid long-term care services and  
6 supports as provided under 42 CFR 435.930;

7 (2) compliance with federal regulations on the timely  
8 determination of eligibility as provided under 42 CFR  
9 435.912;

10 (3) the accuracy and completeness of the report  
11 required under paragraph (9) of subsection (e);

12 (4) the efficacy and efficiency of the task-based  
13 process used for making eligibility determinations in the  
14 centralized offices of the Department of Human Services for  
15 long-term care services as opposed to the traditional  
16 caseworker-specific process from which these central  
17 offices have converted;

18 (5) the use of technology systems including the  
19 Integrated Eligibility System, the Application for  
20 Benefits Eligibility website, the Medicaid Management  
21 Information System, and any other technology issues  
22 related to eligibility determinations;

23 (6) the effect of staffing levels and personnel  
24 policies in relation to eligibility determinations; and

25 (7) any issues affecting eligibility determinations  
26 related to the Department of Human Services' staff

1 completing Medicaid eligibility determinations instead of  
2 the designated single-state Medicaid agency in Illinois,  
3 the Department of Healthcare and Family Services.

4 The Auditor General's report shall include any and all  
5 other areas or issues which are identified through an annual  
6 review. Paragraphs (1) through (7) of this subsection shall not  
7 be construed to limit the scope of the annual review and the  
8 Auditor General's authority to thoroughly and completely  
9 evaluate any and all processes, policies, and procedures  
10 concerning compliance with federal and State law requirements  
11 on eligibility determinations for Medicaid long-term care  
12 services and supports.

13 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14;  
14 99-153, eff. 7-28-15.)

15 Section 99. Effective date. This Act takes effect upon  
16 becoming law."