



Sen. Jil Tracy

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1 AMENDMENT TO HOUSE BILL 4771

2 AMENDMENT NO. _____. Amend House Bill 4771 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 and by adding Section 5-5g as follows:

6 (305 ILCS 5/5-5g new)

7 Sec. 5-5g. Long-term care patient; resident status.
8 Long-term care providers shall submit all changes in resident
9 status, including, but not limited to, death, discharge,
10 changes in patient credit, third party liability, and Medicare
11 coverage, to the Department through the Medical Electronic Data
12 Interchange System, the Recipient Eligibility Verification
13 System, or the Electronic Data Interchange System established
14 under 89 Ill. Adm. Code 140.55(b) in compliance with the
15 schedule below:

16 (1) 15 calendar days after a resident's death;

1 (2) 15 calendar days after a resident's discharge;

2 (3) 45 calendar days after being informed of a change
3 in the resident's income;

4 (4) 45 calendar days after being informed of a change
5 in a resident's third party liability;

6 (5) 45 calendar days after a resident's move to
7 exceptional care services; and

8 (6) 45 calendar days after a resident's need for
9 services requiring reimbursement under the ventilator or
10 traumatic brain injury enhanced rate.

11 (305 ILCS 5/11-5.4)

12 Sec. 11-5.4. Expedited long-term care eligibility
13 determination, renewal, and enrollment, and payment.

14 (a) The General Assembly finds that it is in the best
15 interest of the State to process on an expedited basis
16 applications and renewal applications for Medicaid and
17 Medicaid long-term care benefits that are submitted by or on
18 behalf of elderly persons in need of long-term care services.

19 It is the intent of the General Assembly that the provisions of
20 this Section be liberally construed to permit the maximum
21 number of applicants to benefit, regardless of the age of the
22 application, and for the State to complete all processing as
23 required under 42 U.S.C. 1396a(a)(8) and 42 CFR 435. ~~An~~
24 expedited long term care eligibility determination and
25 enrollment system shall be established to reduce long term care

1 ~~determinations to 90 days or fewer by July 1, 2014 and~~
2 ~~streamline the long term care enrollment process.~~
3 ~~Establishment of the system shall be a joint venture of the~~
4 ~~Department of Human Services and Healthcare and Family Services~~
5 ~~and the Department on Aging. The Governor shall name a lead~~
6 ~~agency no later than 30 days after the effective date of this~~
7 ~~amendatory Act of the 98th General Assembly to assume~~
8 ~~responsibility for the full implementation of the~~
9 ~~establishment and maintenance of the system. Project outcomes~~
10 ~~shall include an enhanced eligibility determination tracking~~
11 ~~system accessible to providers and a centralized application~~
12 ~~review and eligibility determination with all applicants~~
13 ~~reviewed within 90 days of receipt by the State of a complete~~
14 ~~application. If the Department of Healthcare and Family~~
15 ~~Services' Office of the Inspector General determines that there~~
16 ~~is a likelihood that a non allowable transfer of assets has~~
17 ~~occurred, and the facility in which the applicant resides is~~
18 ~~notified, an extension of up to 90 days shall be permissible.~~
19 ~~On or before December 31, 2015, a streamlined application and~~
20 ~~enrollment process shall be put in place based on the following~~
21 ~~principles:~~

22 ~~(1) Minimize the burden on applicants by collecting~~
23 ~~only the data necessary to determine eligibility for~~
24 ~~medical services, long term care services, and spousal~~
25 ~~impoverishment offset.~~

26 ~~(2) Integrate online data sources to simplify the~~

1 ~~application process by reducing the amount of information~~
2 ~~needed to be entered and to expedite eligibility~~
3 ~~verification.~~

4 ~~(3) Provide online prompts to alert the applicant that~~
5 ~~information is missing or not complete.~~

6 (a-5) As used in this Section:

7 "Department" means the Department of Healthcare and Family
8 Services.

9 "Managed care organization" has the meaning ascribed to
10 that term in Section 5-30.1 of this Code.

11 "Renewal" has the same meaning as "redetermination" in
12 State policies, administrative rules, and federal Medicaid
13 law.

14 (b) The Department of Healthcare and Family Services must
15 serve as the lead agency assuming primary responsibility for
16 the full implementation of this Section, including the
17 establishment and operation of the system. The Department
18 ~~shall, on or before July 1, 2014, assess the feasibility of~~
19 ~~incorporating all information needed to determine eligibility~~
20 ~~for long-term care services, including asset transfer and~~
21 ~~spousal impoverishment financials, into the State's integrated~~
22 ~~eligibility system identifying all resources needed and~~
23 ~~reasonable timeframes for achieving the specified integration.~~

24 (c) Beginning on June 29, 2018, provisional eligibility, in
25 the form of a recipient identification number and any other
26 necessary credentials to permit an applicant to receive

1 benefits, must be issued to any applicant who has not received
2 a final eligibility determination on his or her application for
3 Medicaid or Medicaid long-term care benefits or a notice of an
4 opportunity for a hearing within the federally prescribed
5 deadlines for the processing of such applications. The
6 Department must maintain the applicant's provisional Medicaid
7 enrollment status until a final eligibility determination is
8 approved or the applicant's appeal has been adjudicated and
9 eligibility is denied. The Department or the managed care
10 organization, if applicable, must reimburse providers for all
11 services rendered during an applicant's provisional
12 eligibility period.

13 (1) The Department must immediately notify the managed
14 care organization, if applicable, in which the applicant is
15 an enrollee of the enrollee's change in status.

16 (2) The Department or the managed care organization,
17 when applicable, must begin processing claims for services
18 rendered by the end of the month in which the applicant is
19 given provisional eligibility status. Claims for services
20 rendered must be submitted and processed by the Department
21 and managed care organizations in the same manner as those
22 submitted on behalf of beneficiaries determined to qualify
23 for benefits.

24 (3) An applicant with provisional enrollment status
25 must have his or her benefits paid for under the State's
26 fee-for-service system until such time as the State makes a

1 final determination on the applicant's Medicaid or
2 Medicaid long-term care application. If an individual is
3 enrolled with a managed care organization for community
4 benefits at the time the individual's provisional status is
5 issued, the managed care organization is only responsible
6 for paying benefits covered under the capitation payment
7 received by the managed care organization for the
8 individual.

9 (4) The Department, within 10 business days of issuing
10 provisional eligibility to an applicant not covered by a
11 managed care organization, must submit to the Office of the
12 Comptroller for payment a voucher for all retroactive
13 reimbursement due. The Department must clearly identify
14 such vouchers as provisional eligibility vouchers. The
15 ~~lead agency shall file interim reports with the Chairs and~~
16 ~~Minority Spokespersons of the House and Senate Human~~
17 ~~Services Committees no later than September 1, 2013 and on~~
18 ~~February 1, 2014. The Department of Healthcare and Family~~
19 ~~Services shall include in the annual Medicaid report for~~
20 ~~State Fiscal Year 2014 and every fiscal year thereafter~~
21 ~~information concerning implementation of the provisions of~~
22 ~~this Section.~~

23 (d) The Department must establish, by rule, policies and
24 procedures to ensure prospective compliance with the federal
25 deadlines for Medicaid and Medicaid long-term care benefits
26 eligibility determinations required under 42 U.S.C.

1 1396a(a)(8) and 42 CFR 435.912, which must include, but need
2 not be limited to, the following:

3 (1) The Department, assisted by the Department of Human
4 Services and the Department on Aging, must establish, no
5 later than January 1, 2019, a streamlined application and
6 enrollment process that includes, but is not limited to,
7 the following:

8 (A) collect only the data necessary to determine
9 eligibility for medical services, long-term care
10 services, and spousal impoverishment offset;

11 (B) integrate online data and other third party
12 data sources to simplify the application process by
13 reducing the amount of information needed to be entered
14 and to expedite eligibility verification;

15 (C) provide online prompts to alert the applicant
16 that information is missing or incomplete; and

17 (D) provide training and step-by-step written
18 instructions for caseworkers, applicants, and
19 providers.

20 (2) The Department must expedite the eligibility
21 processing system for applicants meeting certain
22 guidelines, regardless of the age of the application. The
23 guidelines must be established by rule and must include,
24 but not be limited to, the following individually or
25 collectively:

26 (A) Full Medicaid benefits in the community for a

1 specified period of time.

2 (B) No transfer of assets or resources during the
3 federally prescribed look-back time period, as
4 specified by federal law.

5 (C) Receives Supplemental Security Income payments
6 or was receiving such payments at the time the
7 applicant was admitted to a nursing facility.

8 (D) Verified income at or below 100% of the federal
9 poverty level when the declared value of the
10 applicant's countable resources is no greater than the
11 allowable amounts pursuant to Section 5-2 of this Code
12 for classes of eligible persons for whom a resource
13 limit applies.

14 (3) The Department must establish, by rule, renewal
15 policies and procedures to reduce the likelihood of
16 unnecessary interruptions in services as a result of
17 improper denials of applicants who would otherwise be
18 approved.

19 (A) Effective January 1, 2019, the Department must
20 implement a paperless passive renewal protocol that
21 provides for the electronic verification of all
22 necessary information including bank accounts.

23 (B) A beneficiary who is a resident of a facility
24 and whose previous renewal application showed an
25 income of no greater than the federal poverty level and
26 who has no discernible means of generating income

1 greater than the federal poverty level must be deemed
2 to qualify for renewal. The beneficiary and the
3 facility must not receive an application for renewal
4 and must instead receive notification of the
5 beneficiary's renewal.

6 (C) A beneficiary for whom the processing of a
7 renewal application exceeds federally prescribed
8 timeframes must be deemed to meet renewal guidelines
9 and the Department must notify the beneficiary and the
10 facility in which the beneficiary resides. The
11 Department must also immediately notify the managed
12 care organization in which the beneficiary is
13 enrolled, if applicable. Both the Department and the
14 managed care organization must accept claims for
15 services rendered to the beneficiary without an
16 interruption in benefits to the enrollee and payment
17 for all services rendered to providers.

18 (4) The Department of Human Services must not penalize
19 an applicant for having an attorney complete a Medicaid
20 application on the applicant's behalf or for seeking to
21 understand the applicant's rights under federal and State
22 Medicaid laws and regulations. This must not include
23 targeting applications and applicants so described for
24 additional scrutiny by the Department of Healthcare and
25 Family Services' Office of the Inspector General.

26 (5) The Department of Healthcare and Family Services'

1 Office of the Inspector General must review applications
2 for long-term care benefits when the Office obtains
3 credible evidence that an applicant has transferred assets
4 with the intent of defrauding the State. If proof of the
5 allegations does not exist, the application must be
6 released by the Office and must be assigned to the
7 appropriate caseworker for an expedited review.

8 (6) The Department of Human Services must implement a
9 process to notify an applicant, the applicant's legally
10 authorized representative, and the facility where the
11 applicant resides of the receipt of an initial or renewal
12 application and supporting documentation within 5 business
13 days of the date the application or supporting documents
14 are submitted. The notices should indicate any
15 documentation required, but not received, and provide
16 instructions for submission.

17 (7) The Department must make available one release form
18 that permits the applicant to grant permission to a third
19 party to pursue approval of Medicaid and Medicaid long-term
20 care benefits, track the status of applications, and pursue
21 a post-denial appeal on behalf of the applicant, which must
22 remain in force after the applicant's death.

23 (8) The Department must develop one eligibility system
24 for both Modified Adjusted Gross Income (MAGI) and non-MAGI
25 applicants by incorporating Affordable Care Act upgrades
26 with the goal of establishing real time approval of

1 applications for Medicaid services and Medicaid long-term
2 care benefits, as permissible.

3 (9) The Department must have operational a fully
4 electronic application process that encompasses initial
5 applications, admission packet, renewals, and appeals no
6 later than 12 months after the effective date of this
7 amendatory Act of the 100th General Assembly. The
8 Department must not require submission of any application
9 or supporting documentation in hard copy. ~~No later than~~
10 ~~August 1, 2014, the Auditor General shall report to the~~
11 ~~General Assembly concerning the extent to which the~~
12 ~~timeframes specified in this Section have been met and the~~
13 ~~extent to which State staffing levels are adequate to meet~~
14 ~~the requirements of this Section.~~

15 (e) The Department must adopt policies and procedures to
16 improve communication between long-term care benefits central
17 office personnel, applicants, or the applicants'
18 representatives, and facilities in which the applicants
19 reside. The Department must establish, by rule, such policies
20 and procedures that are necessary to meet the requirements of
21 this Section, which must include, but need not be limited to,
22 the following:

23 (1) The establishment of a centralized,
24 caseworker-based processing system with contact numbers
25 for caseworkers and supervisors that are made readily
26 available to all affected providers and are prominently

1 displayed on all communications with applicants,
2 beneficiaries, and providers.

3 (2) Allowing facilities access to the State's
4 integrated eligibility system for tracking the status of
5 applications for applicants who have signed appropriate
6 releases, and the development and distribution of
7 applicable instructional materials and release forms. The
8 ~~Department of Healthcare and Family Services, the~~
9 ~~Department of Human Services, and the Department on Aging~~
10 ~~shall take the following steps to achieve federally~~
11 ~~established timeframes for eligibility determinations for~~
12 ~~Medicaid and long term care benefits and shall work toward~~
13 ~~the federal goal of real time determinations:~~

14 ~~(1) The Departments shall review, in collaboration~~
15 ~~with representatives of affected providers, all forms and~~
16 ~~procedures currently in use, federal guidelines either~~
17 ~~suggested or mandated, and staff deployment by September~~
18 ~~30, 2014 to identify additional measures that can improve~~
19 ~~long term care eligibility processing and make adjustments~~
20 ~~where possible.~~

21 ~~(2) No later than June 30, 2014, the Department of~~
22 ~~Healthcare and Family Services shall issue vouchers for~~
23 ~~advance payments not to exceed \$50,000,000 to nursing~~
24 ~~facilities with significant outstanding Medicaid liability~~
25 ~~associated with services provided to residents with~~
26 ~~Medicaid applications pending and residents facing the~~

1 ~~greatest delays. Each facility with an advance payment~~
2 ~~shall state in writing whether its own recoupment schedule~~
3 ~~will be in 3 or 6 equal monthly installments, as long as~~
4 ~~all advances are recouped by June 30, 2015.~~

5 ~~(3) The Department of Healthcare and Family Services'~~
6 ~~Office of Inspector General and the Department of Human~~
7 ~~Services shall immediately forgo resource review and~~
8 ~~review of transfers during the relevant look back period~~
9 ~~for applications that were submitted prior to September 1,~~
10 ~~2013. An applicant who applied prior to September 1, 2013,~~
11 ~~who was denied for failure to cooperate in providing~~
12 ~~required information, and whose application was~~
13 ~~incorrectly reviewed under the wrong look back period~~
14 ~~rules may request review and correction of the denial based~~
15 ~~on this subsection. If found eligible upon review, such~~
16 ~~applicants shall be retroactively enrolled.~~

17 ~~(4) As soon as practicable, the Department of~~
18 ~~Healthcare and Family Services shall implement policies~~
19 ~~and promulgate rules to simplify financial eligibility~~
20 ~~verification in the following instances: (A) for~~
21 ~~applicants or recipients who are receiving Supplemental~~
22 ~~Security Income payments or who had been receiving such~~
23 ~~payments at the time they were admitted to a nursing~~
24 ~~facility and (B) for applicants or recipients with verified~~
25 ~~income at or below 100% of the federal poverty level when~~
26 ~~the declared value of their countable resources is no~~

1 ~~greater than the allowable amounts pursuant to Section 5-2~~
2 ~~of this Code for classes of eligible persons for whom a~~
3 ~~resource limit applies. Such simplified verification~~
4 ~~policies shall apply to community cases as well as~~
5 ~~long term care cases.~~

6 ~~(5) As soon as practicable, but not later than July 1,~~
7 ~~2014, the Department of Healthcare and Family Services and~~
8 ~~the Department of Human Services shall jointly begin a~~
9 ~~special enrollment project by using simplified eligibility~~
10 ~~verification policies and by redeploying caseworkers~~
11 ~~trained to handle long term care cases to prioritize those~~
12 ~~cases, until the backlog is eliminated and processing time~~
13 ~~is within 90 days. This project shall apply to applications~~
14 ~~for long term care received by the State on or before May~~
15 ~~15, 2014.~~

16 ~~(6) As soon as practicable, but not later than~~
17 ~~September 1, 2014, the Department on Aging shall make~~
18 ~~available to long term care facilities and community~~
19 ~~providers upon request, through an electronic method, the~~
20 ~~information contained within the Interagency Certification~~
21 ~~of Screening Results completed by the pre-screener, in a~~
22 ~~form and manner acceptable to the Department of Human~~
23 ~~Services.~~

24 (f) The Department must establish, by rule, policies and
25 procedures to improve accountability and provide for the
26 expedited payment of services rendered, which must include, but

1 need not be limited to, the following:

2 (1) The Department must apply the most current resident
3 income data entered into the Department's Medical
4 Electronic Data Interchange (MEDI) system to the payment of
5 a claim even if a caseworker has not completed a review.

6 (2) The Department and the Department of Human Services
7 must notify the applicant, or the applicant's legal
8 representative, and the facility submitting the initial,
9 renewal, or appeal application of all missing supporting
10 documentation or information and the date of the request
11 when an application, renewal, or appeal is denied for
12 failure to submit such documentation and information.

13 (g) No later than January 1, 2019, the Department of
14 Healthcare and Family Services must investigate the
15 public-private partnerships in use in Ohio, Michigan, and
16 Minnesota aimed at redeploying caseworkers to targeted
17 high-Medicaid facilities for the purpose of expediting initial
18 Medicaid and Medicaid long-term care benefits applications,
19 renewals, asset discovery, and all other things related to
20 enrollment, reimbursement, and application processing. No
21 later than March 1, 2019, the Department of Healthcare and
22 Family Services must post on the long-term care pages of the
23 Department's website the agencies' joint recommendations and
24 must assist provider groups in educating their members on such
25 partnerships.

26 (h) The Director of Healthcare and Family Services, in

1 coordination with the Secretary of Human Services and the
2 Director of Aging, must host a provider association meeting
3 every 6 weeks, beginning no later than 30 days after the
4 effective date of this amendatory Act of the 100th General
5 Assembly, until all applications that are 45 days or older have
6 been adjudicated and the application process has been reduced
7 to 45 or fewer days, at which time the meetings shall be held
8 quarterly, for those associations representing facilities
9 licensed under the Nursing Home Care Act and certified as a
10 supportive living program. Each agency must be represented by
11 senior staff with hands-on knowledge of the processing of
12 applications for Medicaid and Medicaid long-term care
13 benefits, renewals, and such ancillary issues as income and
14 address adjustments, release forms, and screening reports.
15 Agenda items must be solicited from the associations.

16 (i) The Department must not delay the implementation of the
17 presumptive eligibility, as ordered by Koss v. Norwood, Case
18 No. 17 C 2762 (N.D. Ill. Mar. 29, 2018), in anticipation of
19 this amendatory Act of the 100th General Assembly.

20 (j) As mandated by federal regulations under 42 CFR
21 435.912, the Department and the Department of Human Services
22 must not deny applications for Medicaid or Medicaid long-term
23 care benefits to comply with the federal timeliness standards
24 or avoid authorizing provisional eligibility under this
25 Section. To ensure compliance, the percentage of denials in a
26 given month must not increase by more than 1% of the denial

1 rate that occurred in the same month of the preceding year.

2 (k) The Department of Human Services must prioritize
3 processing applications on a last-in, first-out basis. The
4 Department is expressly prohibited from prioritizing the
5 processing of applications from applicants who have been issued
6 provisional eligibility status over other applicants.

7 (l) Unless otherwise specified, all provisions of this
8 amendatory Act of the 100th General Assembly must be fully
9 operational by January 1, 2019.

10 (m) Nothing in this Section shall defeat the provisions
11 contained in the State Prompt Payment Act or the timely pay
12 provisions contained in Section 368a of the Illinois Insurance
13 Code.

14 (n) The Department must offer regionally based training
15 covering all aspects of this Section and must include long-term
16 care provider associations in the design and presentation of
17 the training. The training shall be recorded and posted on the
18 Department's website to allow new employees to be trained and
19 older employers to complete refresher courses.

20 (o) The Department and the Department of Human Services
21 must not require an applicant for Medicaid or Medicaid
22 long-term care benefits to submit a new application solely
23 because there is a change in the applicant's legal
24 representative.

25 (p) The Department and the Department of Human Services
26 must implement the requirements under this Section even if the

1 required rules are not yet adopted by the dates specified in
2 this Section. If the Department is required to adopt rules
3 under this Section or if the Department determines that rules
4 are necessary to achieve full implementation, the Department
5 must adopt policies and procedures to allow for full
6 implementation by the date specified in this Section and must
7 publish all policies and procedures on the Department's
8 website. The Department must submit proposed permanent rules
9 for public comment no later than January 1, 2019.

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

23 (r) ~~(8)~~ Notwithstanding any other provision of this Code,
24 the Department of Human Services and the Department of
25 Healthcare and Family Services' Office of the Inspector General
26 shall, upon request, allow an applicant additional time to

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

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

1 pending long-term care eligibility determination and admission
2 and the number of appeals of denials in the following
3 categories:

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

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

17 (3) ~~(C)~~ Status of pending applications, denials,
18 appeals, and renewals ~~redeterminations~~.

19 (4) For applications, renewals, and appeals pending
20 more than 45 days, the reason for the delay as required by
21 federal regulations under 42 CFR 435.912.

22 (t) ~~(f)~~ Beginning on July 1, 2017, the Auditor General
23 shall report every 3 years to the General Assembly on the
24 performance and compliance of the Department of Healthcare and
25 Family Services, the Department of Human Services, and the
26 Department on Aging in meeting the requirements of this Section

1 and the federal requirements concerning eligibility
2 determinations for Medicaid long-term care services and
3 supports, and shall report any issues or deficiencies and make
4 recommendations. The Auditor General shall, at a minimum,
5 review, consider, and evaluate the following:

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

9 (2) compliance with federal regulations on the timely
10 determination of eligibility as provided under 42 CFR
11 435.912;

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

14 (4) the efficacy and efficiency of the task-based
15 process used for making eligibility determinations in the
16 centralized offices of the Department of Human Services for
17 long-term care services, including the role of the State's
18 integrated eligibility system, as opposed to the
19 traditional caseworker-specific process from which these
20 central offices have converted; and

21 (5) any issues affecting eligibility determinations
22 related to the Department of Human Services' staff
23 completing Medicaid eligibility determinations instead of
24 the designated single-state Medicaid agency in Illinois,
25 the Department of Healthcare and Family Services.

26 The Auditor General's report shall include any and all

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

9 (Source: P.A. 99-153, eff. 7-28-15; 100-380, eff. 8-25-17.)

10 Section 99. Effective date. This Act takes effect upon
11 becoming law."