

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Findings; intent. According to the  
5 Congressional Research Service reporting, approximately 35% to  
6 60% of children placed in foster care have at least one chronic  
7 or acute physical health condition that requires treatment,  
8 including growth failure, asthma, obesity, vision impairment,  
9 hearing loss, neurological problems, and complex chronic  
10 illnesses; as many as 50% to 75% show behavioral or social  
11 competency issues that may warrant mental health services; many  
12 of these physical and mental health care issues persist and,  
13 relative to their peers in the general population, children who  
14 leave foster care for adoption and those who age out of care  
15 continue to have greater health needs.

16 Federal child welfare policy requires states to develop  
17 strategies to address the health care needs of each child in  
18 foster care and mandates coordination of state child welfare  
19 and Medicaid agencies to ensure that the health care needs of  
20 children in foster care are properly identified and treated.

21 The Department of Children and Family Services is  
22 responsible for ensuring safety, family permanence, and  
23 well-being for the children placed in its custody and  
24 protecting these children from further trauma by ensuring

1 timely access to appropriate placements and services,  
2 especially those children with complex emotional and  
3 behavioral needs who are at much greater risk for not achieving  
4 the fundamental child welfare goals of safety, permanence, and  
5 well-being.

6 The Department remains under federal court oversight  
7 pursuant to the B.H. Consent Decree, in part, for failure to  
8 provide constitutionally sufficient services and placements  
9 for children with psychological, behavioral, or emotional  
10 challenges; the 2015 court-appointed Expert Panel found too  
11 many children in the class experience multiple disruptions of  
12 placement, services, and relationships; these children and  
13 their families endure indeterminate waits, month upon month,  
14 for services the child and family need, without a concrete plan  
15 or timeframe; these disruptions and delays and the inaction of  
16 Department officials exacerbate children's already serious and  
17 chronic mental health problems; the Department's approach to  
18 treatment and its system of practice have been shaped by  
19 crises, practitioner preferences, tradition, and system  
20 expediency.

21 The American Academy of Pediatrics cautions that the  
22 effects of managed care on children's access to services and  
23 actual health outcomes are not yet clear; it outlines design  
24 and implementation principles if managed care is to be  
25 implemented for children.

26 It is the intent of the General Assembly to ensure that

1 children are provided a system of health care with full and  
2 inclusive access to physical and behavioral health services  
3 necessary for them to thrive.

4 The General Assembly finds it necessary to protect youth in  
5 care by requiring the Department to plan the use of managed  
6 care services transparently, collaboratively, and deliberately  
7 to ensure quality outcomes and accountable oversight.

8 Section 5. The Open Meetings Act is amended by changing  
9 Section 2 as follows:

10 (5 ILCS 120/2) (from Ch. 102, par. 42)

11 Sec. 2. Open meetings.

12 (a) Openness required. All meetings of public bodies shall  
13 be open to the public unless excepted in subsection (c) and  
14 closed in accordance with Section 2a.

15 (b) Construction of exceptions. The exceptions contained  
16 in subsection (c) are in derogation of the requirement that  
17 public bodies meet in the open, and therefore, the exceptions  
18 are to be strictly construed, extending only to subjects  
19 clearly within their scope. The exceptions authorize but do not  
20 require the holding of a closed meeting to discuss a subject  
21 included within an enumerated exception.

22 (c) Exceptions. A public body may hold closed meetings to  
23 consider the following subjects:

24 (1) The appointment, employment, compensation,

1 discipline, performance, or dismissal of specific  
2 employees of the public body or legal counsel for the  
3 public body, including hearing testimony on a complaint  
4 lodged against an employee of the public body or against  
5 legal counsel for the public body to determine its  
6 validity. However, a meeting to consider an increase in  
7 compensation to a specific employee of a public body that  
8 is subject to the Local Government Wage Increase  
9 Transparency Act may not be closed and shall be open to the  
10 public and posted and held in accordance with this Act.

11 (2) Collective negotiating matters between the public  
12 body and its employees or their representatives, or  
13 deliberations concerning salary schedules for one or more  
14 classes of employees.

15 (3) The selection of a person to fill a public office,  
16 as defined in this Act, including a vacancy in a public  
17 office, when the public body is given power to appoint  
18 under law or ordinance, or the discipline, performance or  
19 removal of the occupant of a public office, when the public  
20 body is given power to remove the occupant under law or  
21 ordinance.

22 (4) Evidence or testimony presented in open hearing, or  
23 in closed hearing where specifically authorized by law, to  
24 a quasi-adjudicative body, as defined in this Act, provided  
25 that the body prepares and makes available for public  
26 inspection a written decision setting forth its

1           determinative reasoning.

2           (5) The purchase or lease of real property for the use  
3           of the public body, including meetings held for the purpose  
4           of discussing whether a particular parcel should be  
5           acquired.

6           (6) The setting of a price for sale or lease of  
7           property owned by the public body.

8           (7) The sale or purchase of securities, investments, or  
9           investment contracts. This exception shall not apply to the  
10          investment of assets or income of funds deposited into the  
11          Illinois Prepaid Tuition Trust Fund.

12          (8) Security procedures, school building safety and  
13          security, and the use of personnel and equipment to respond  
14          to an actual, a threatened, or a reasonably potential  
15          danger to the safety of employees, students, staff, the  
16          public, or public property.

17          (9) Student disciplinary cases.

18          (10) The placement of individual students in special  
19          education programs and other matters relating to  
20          individual students.

21          (11) Litigation, when an action against, affecting or  
22          on behalf of the particular public body has been filed and  
23          is pending before a court or administrative tribunal, or  
24          when the public body finds that an action is probable or  
25          imminent, in which case the basis for the finding shall be  
26          recorded and entered into the minutes of the closed

1 meeting.

2 (12) The establishment of reserves or settlement of  
3 claims as provided in the Local Governmental and  
4 Governmental Employees Tort Immunity Act, if otherwise the  
5 disposition of a claim or potential claim might be  
6 prejudiced, or the review or discussion of claims, loss or  
7 risk management information, records, data, advice or  
8 communications from or with respect to any insurer of the  
9 public body or any intergovernmental risk management  
10 association or self insurance pool of which the public body  
11 is a member.

12 (13) Conciliation of complaints of discrimination in  
13 the sale or rental of housing, when closed meetings are  
14 authorized by the law or ordinance prescribing fair housing  
15 practices and creating a commission or administrative  
16 agency for their enforcement.

17 (14) Informant sources, the hiring or assignment of  
18 undercover personnel or equipment, or ongoing, prior or  
19 future criminal investigations, when discussed by a public  
20 body with criminal investigatory responsibilities.

21 (15) Professional ethics or performance when  
22 considered by an advisory body appointed to advise a  
23 licensing or regulatory agency on matters germane to the  
24 advisory body's field of competence.

25 (16) Self evaluation, practices and procedures or  
26 professional ethics, when meeting with a representative of

1 a statewide association of which the public body is a  
2 member.

3 (17) The recruitment, credentialing, discipline or  
4 formal peer review of physicians or other health care  
5 professionals, or for the discussion of matters protected  
6 under the federal Patient Safety and Quality Improvement  
7 Act of 2005, and the regulations promulgated thereunder,  
8 including 42 C.F.R. Part 3 (73 FR 70732), or the federal  
9 Health Insurance Portability and Accountability Act of  
10 1996, and the regulations promulgated thereunder,  
11 including 45 C.F.R. Parts 160, 162, and 164, by a hospital,  
12 or other institution providing medical care, that is  
13 operated by the public body.

14 (18) Deliberations for decisions of the Prisoner  
15 Review Board.

16 (19) Review or discussion of applications received  
17 under the Experimental Organ Transplantation Procedures  
18 Act.

19 (20) The classification and discussion of matters  
20 classified as confidential or continued confidential by  
21 the State Government Suggestion Award Board.

22 (21) Discussion of minutes of meetings lawfully closed  
23 under this Act, whether for purposes of approval by the  
24 body of the minutes or semi-annual review of the minutes as  
25 mandated by Section 2.06.

26 (22) Deliberations for decisions of the State

1 Emergency Medical Services Disciplinary Review Board.

2 (23) The operation by a municipality of a municipal  
3 utility or the operation of a municipal power agency or  
4 municipal natural gas agency when the discussion involves  
5 (i) contracts relating to the purchase, sale, or delivery  
6 of electricity or natural gas or (ii) the results or  
7 conclusions of load forecast studies.

8 (24) Meetings of a residential health care facility  
9 resident sexual assault and death review team or the  
10 Executive Council under the Abuse Prevention Review Team  
11 Act.

12 (25) Meetings of an independent team of experts under  
13 Brian's Law.

14 (26) Meetings of a mortality review team appointed  
15 under the Department of Juvenile Justice Mortality Review  
16 Team Act.

17 (27) (Blank).

18 (28) Correspondence and records (i) that may not be  
19 disclosed under Section 11-9 of the Illinois Public Aid  
20 Code or (ii) that pertain to appeals under Section 11-8 of  
21 the Illinois Public Aid Code.

22 (29) Meetings between internal or external auditors  
23 and governmental audit committees, finance committees, and  
24 their equivalents, when the discussion involves internal  
25 control weaknesses, identification of potential fraud risk  
26 areas, known or suspected frauds, and fraud interviews



1 conducted in accordance with generally accepted auditing  
2 standards of the United States of America.

3 (30) Those meetings or portions of meetings of a  
4 fatality review team or the Illinois Fatality Review Team  
5 Advisory Council during which a review of the death of an  
6 eligible adult in which abuse or neglect is suspected,  
7 alleged, or substantiated is conducted pursuant to Section  
8 15 of the Adult Protective Services Act.

9 (31) Meetings and deliberations for decisions of the  
10 Concealed Carry Licensing Review Board under the Firearm  
11 Concealed Carry Act.

12 (32) Meetings between the Regional Transportation  
13 Authority Board and its Service Boards when the discussion  
14 involves review by the Regional Transportation Authority  
15 Board of employment contracts under Section 28d of the  
16 Metropolitan Transit Authority Act and Sections 3A.18 and  
17 3B.26 of the Regional Transportation Authority Act.

18 (33) Those meetings or portions of meetings of the  
19 advisory committee and peer review subcommittee created  
20 under Section 320 of the Illinois Controlled Substances Act  
21 during which specific controlled substance prescriber,  
22 dispenser, or patient information is discussed.

23 (34) Meetings of the Tax Increment Financing Reform  
24 Task Force under Section 2505-800 of the Department of  
25 Revenue Law of the Civil Administrative Code of Illinois.

26 (35) Meetings of the group established to discuss

1        Medicaid capitation rates under Section 5-30.8 of the  
2        Illinois Public Aid Code.

3        (d) Definitions. For purposes of this Section:

4        "Employee" means a person employed by a public body whose  
5        relationship with the public body constitutes an  
6        employer-employee relationship under the usual common law  
7        rules, and who is not an independent contractor.

8        "Public office" means a position created by or under the  
9        Constitution or laws of this State, the occupant of which is  
10       charged with the exercise of some portion of the sovereign  
11       power of this State. The term "public office" shall include  
12       members of the public body, but it shall not include  
13       organizational positions filled by members thereof, whether  
14       established by law or by a public body itself, that exist to  
15       assist the body in the conduct of its business.

16       "Quasi-adjudicative body" means an administrative body  
17       charged by law or ordinance with the responsibility to conduct  
18       hearings, receive evidence or testimony and make  
19       determinations based thereon, but does not include local  
20       electoral boards when such bodies are considering petition  
21       challenges.

22       (e) Final action. No final action may be taken at a closed  
23       meeting. Final action shall be preceded by a public recital of  
24       the nature of the matter being considered and other information  
25       that will inform the public of the business being conducted.

26       (Source: P.A. 99-78, eff. 7-20-15; 99-235, eff. 1-1-16; 99-480,

1 eff. 9-9-15; 99-642, eff. 7-28-16; 99-646, eff. 7-28-16;  
2 99-687, eff. 1-1-17; 100-201, eff. 8-18-17; 100-465, eff.  
3 8-31-17.)

4 Section 10. The Freedom of Information Act is amended by  
5 changing Section 7.5 as follows:

6 (5 ILCS 140/7.5)

7 (Text of Section before amendment by P.A. 100-512 and  
8 100-517)

9 Sec. 7.5. Statutory exemptions. To the extent provided for  
10 by the statutes referenced below, the following shall be exempt  
11 from inspection and copying:

12 (a) All information determined to be confidential  
13 under Section 4002 of the Technology Advancement and  
14 Development Act.

15 (b) Library circulation and order records identifying  
16 library users with specific materials under the Library  
17 Records Confidentiality Act.

18 (c) Applications, related documents, and medical  
19 records received by the Experimental Organ Transplantation  
20 Procedures Board and any and all documents or other records  
21 prepared by the Experimental Organ Transplantation  
22 Procedures Board or its staff relating to applications it  
23 has received.

24 (d) Information and records held by the Department of

1 Public Health and its authorized representatives relating  
2 to known or suspected cases of sexually transmissible  
3 disease or any information the disclosure of which is  
4 restricted under the Illinois Sexually Transmissible  
5 Disease Control Act.

6 (e) Information the disclosure of which is exempted  
7 under Section 30 of the Radon Industry Licensing Act.

8 (f) Firm performance evaluations under Section 55 of  
9 the Architectural, Engineering, and Land Surveying  
10 Qualifications Based Selection Act.

11 (g) Information the disclosure of which is restricted  
12 and exempted under Section 50 of the Illinois Prepaid  
13 Tuition Act.

14 (h) Information the disclosure of which is exempted  
15 under the State Officials and Employees Ethics Act, and  
16 records of any lawfully created State or local inspector  
17 general's office that would be exempt if created or  
18 obtained by an Executive Inspector General's office under  
19 that Act.

20 (i) Information contained in a local emergency energy  
21 plan submitted to a municipality in accordance with a local  
22 emergency energy plan ordinance that is adopted under  
23 Section 11-21.5-5 of the Illinois Municipal Code.

24 (j) Information and data concerning the distribution  
25 of surcharge moneys collected and remitted by carriers  
26 under the Emergency Telephone System Act.

1           (k) Law enforcement officer identification information  
2           or driver identification information compiled by a law  
3           enforcement agency or the Department of Transportation  
4           under Section 11-212 of the Illinois Vehicle Code.

5           (l) Records and information provided to a residential  
6           health care facility resident sexual assault and death  
7           review team or the Executive Council under the Abuse  
8           Prevention Review Team Act.

9           (m) Information provided to the predatory lending  
10          database created pursuant to Article 3 of the Residential  
11          Real Property Disclosure Act, except to the extent  
12          authorized under that Article.

13          (n) Defense budgets and petitions for certification of  
14          compensation and expenses for court appointed trial  
15          counsel as provided under Sections 10 and 15 of the Capital  
16          Crimes Litigation Act. This subsection (n) shall apply  
17          until the conclusion of the trial of the case, even if the  
18          prosecution chooses not to pursue the death penalty prior  
19          to trial or sentencing.

20          (o) Information that is prohibited from being  
21          disclosed under Section 4 of the Illinois Health and  
22          Hazardous Substances Registry Act.

23          (p) Security portions of system safety program plans,  
24          investigation reports, surveys, schedules, lists, data, or  
25          information compiled, collected, or prepared by or for the  
26          Regional Transportation Authority under Section 2.11 of

1 the Regional Transportation Authority Act or the St. Clair  
2 County Transit District under the Bi-State Transit Safety  
3 Act.

4 (q) Information prohibited from being disclosed by the  
5 Personnel Records Review Act.

6 (r) Information prohibited from being disclosed by the  
7 Illinois School Student Records Act.

8 (s) Information the disclosure of which is restricted  
9 under Section 5-108 of the Public Utilities Act.

10 (t) All identified or deidentified health information  
11 in the form of health data or medical records contained in,  
12 stored in, submitted to, transferred by, or released from  
13 the Illinois Health Information Exchange, and identified  
14 or deidentified health information in the form of health  
15 data and medical records of the Illinois Health Information  
16 Exchange in the possession of the Illinois Health  
17 Information Exchange Authority due to its administration  
18 of the Illinois Health Information Exchange. The terms  
19 "identified" and "deidentified" shall be given the same  
20 meaning as in the Health Insurance Portability and  
21 Accountability Act of 1996, Public Law 104-191, or any  
22 subsequent amendments thereto, and any regulations  
23 promulgated thereunder.

24 (u) Records and information provided to an independent  
25 team of experts under Brian's Law.

26 (v) Names and information of people who have applied

1 for or received Firearm Owner's Identification Cards under  
2 the Firearm Owners Identification Card Act or applied for  
3 or received a concealed carry license under the Firearm  
4 Concealed Carry Act, unless otherwise authorized by the  
5 Firearm Concealed Carry Act; and databases under the  
6 Firearm Concealed Carry Act, records of the Concealed Carry  
7 Licensing Review Board under the Firearm Concealed Carry  
8 Act, and law enforcement agency objections under the  
9 Firearm Concealed Carry Act.

10 (w) Personally identifiable information which is  
11 exempted from disclosure under subsection (g) of Section  
12 19.1 of the Toll Highway Act.

13 (x) Information which is exempted from disclosure  
14 under Section 5-1014.3 of the Counties Code or Section  
15 8-11-21 of the Illinois Municipal Code.

16 (y) Confidential information under the Adult  
17 Protective Services Act and its predecessor enabling  
18 statute, the Elder Abuse and Neglect Act, including  
19 information about the identity and administrative finding  
20 against any caregiver of a verified and substantiated  
21 decision of abuse, neglect, or financial exploitation of an  
22 eligible adult maintained in the Registry established  
23 under Section 7.5 of the Adult Protective Services Act.

24 (z) Records and information provided to a fatality  
25 review team or the Illinois Fatality Review Team Advisory  
26 Council under Section 15 of the Adult Protective Services

1 Act.

2 (aa) Information which is exempted from disclosure  
3 under Section 2.37 of the Wildlife Code.

4 (bb) Information which is or was prohibited from  
5 disclosure by the Juvenile Court Act of 1987.

6 (cc) Recordings made under the Law Enforcement  
7 Officer-Worn Body Camera Act, except to the extent  
8 authorized under that Act.

9 (dd) Information that is prohibited from being  
10 disclosed under Section 45 of the Condominium and Common  
11 Interest Community Ombudsperson Act.

12 (ee) Information that is exempted from disclosure  
13 under Section 30.1 of the Pharmacy Practice Act.

14 (ff) Information that is exempted from disclosure  
15 under the Revised Uniform Unclaimed Property Act.

16 (gg) ~~(ff)~~ Information that is prohibited from being  
17 disclosed under Section 7-603.5 of the Illinois Vehicle  
18 Code.

19 (hh) ~~(ff)~~ Records that are exempt from disclosure under  
20 Section 1A-16.7 of the Election Code.

21 (ii) ~~(ff)~~ Information which is exempted from  
22 disclosure under Section 2505-800 of the Department of  
23 Revenue Law of the Civil Administrative Code of Illinois.

24 (ll) Information the disclosure of which is restricted  
25 and exempted under Section 5-30.8 of the Illinois Public  
26 Aid Code.



1 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,  
2 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;  
3 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;  
4 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.  
5 8-28-17; 100-465, eff. 8-31-17; revised 11-2-17.)

6 (Text of Section after amendment by P.A. 100-517 but before  
7 amendment by P.A. 100-512)

8 Sec. 7.5. Statutory exemptions. To the extent provided for  
9 by the statutes referenced below, the following shall be exempt  
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15 general's office that would be exempt if created or  
16 obtained by an Executive Inspector General's office under  
17 that Act.

18 (i) Information contained in a local emergency energy  
19 plan submitted to a municipality in accordance with a local  
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22 (j) Information and data concerning the distribution  
23 of surcharge moneys collected and remitted by carriers  
24 under the Emergency Telephone System Act.

25 (k) Law enforcement officer identification information  
26 or driver identification information compiled by a law

1 enforcement agency or the Department of Transportation  
2 under Section 11-212 of the Illinois Vehicle Code.

3 (l) Records and information provided to a residential  
4 health care facility resident sexual assault and death  
5 review team or the Executive Council under the Abuse  
6 Prevention Review Team Act.

7 (m) Information provided to the predatory lending  
8 database created pursuant to Article 3 of the Residential  
9 Real Property Disclosure Act, except to the extent  
10 authorized under that Article.

11 (n) Defense budgets and petitions for certification of  
12 compensation and expenses for court appointed trial  
13 counsel as provided under Sections 10 and 15 of the Capital  
14 Crimes Litigation Act. This subsection (n) shall apply  
15 until the conclusion of the trial of the case, even if the  
16 prosecution chooses not to pursue the death penalty prior  
17 to trial or sentencing.

18 (o) Information that is prohibited from being  
19 disclosed under Section 4 of the Illinois Health and  
20 Hazardous Substances Registry Act.

21 (p) Security portions of system safety program plans,  
22 investigation reports, surveys, schedules, lists, data, or  
23 information compiled, collected, or prepared by or for the  
24 Regional Transportation Authority under Section 2.11 of  
25 the Regional Transportation Authority Act or the St. Clair  
26 County Transit District under the Bi-State Transit Safety

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4 (r) Information prohibited from being disclosed by the  
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8 (t) All identified or deidentified health information  
9 in the form of health data or medical records contained in,  
10 stored in, submitted to, transferred by, or released from  
11 the Illinois Health Information Exchange, and identified  
12 or deidentified health information in the form of health  
13 data and medical records of the Illinois Health Information  
14 Exchange in the possession of the Illinois Health  
15 Information Exchange Authority due to its administration  
16 of the Illinois Health Information Exchange. The terms  
17 "identified" and "deidentified" shall be given the same  
18 meaning as in the Health Insurance Portability and  
19 Accountability Act of 1996, Public Law 104-191, or any  
20 subsequent amendments thereto, and any regulations  
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22 (u) Records and information provided to an independent  
23 team of experts under Brian's Law.

24 (v) Names and information of people who have applied  
25 for or received Firearm Owner's Identification Cards under  
26 the Firearm Owners Identification Card Act or applied for

1 or received a concealed carry license under the Firearm  
2 Concealed Carry Act, unless otherwise authorized by the  
3 Firearm Concealed Carry Act; and databases under the  
4 Firearm Concealed Carry Act, records of the Concealed Carry  
5 Licensing Review Board under the Firearm Concealed Carry  
6 Act, and law enforcement agency objections under the  
7 Firearm Concealed Carry Act.

8 (w) Personally identifiable information which is  
9 exempted from disclosure under subsection (g) of Section  
10 19.1 of the Toll Highway Act.

11 (x) Information which is exempted from disclosure  
12 under Section 5-1014.3 of the Counties Code or Section  
13 8-11-21 of the Illinois Municipal Code.

14 (y) Confidential information under the Adult  
15 Protective Services Act and its predecessor enabling  
16 statute, the Elder Abuse and Neglect Act, including  
17 information about the identity and administrative finding  
18 against any caregiver of a verified and substantiated  
19 decision of abuse, neglect, or financial exploitation of an  
20 eligible adult maintained in the Registry established  
21 under Section 7.5 of the Adult Protective Services Act.

22 (z) Records and information provided to a fatality  
23 review team or the Illinois Fatality Review Team Advisory  
24 Council under Section 15 of the Adult Protective Services  
25 Act.

26 (aa) Information which is exempted from disclosure

1 under Section 2.37 of the Wildlife Code.

2 (bb) Information which is or was prohibited from  
3 disclosure by the Juvenile Court Act of 1987.

4 (cc) Recordings made under the Law Enforcement  
5 Officer-Worn Body Camera Act, except to the extent  
6 authorized under that Act.

7 (dd) Information that is prohibited from being  
8 disclosed under Section 45 of the Condominium and Common  
9 Interest Community Ombudsperson Act.

10 (ee) Information that is exempted from disclosure  
11 under Section 30.1 of the Pharmacy Practice Act.

12 (ff) Information that is exempted from disclosure  
13 under the Revised Uniform Unclaimed Property Act.

14 (gg) ~~(ff)~~ Information that is prohibited from being  
15 disclosed under Section 7-603.5 of the Illinois Vehicle  
16 Code.

17 (hh) ~~(ff)~~ Records that are exempt from disclosure under  
18 Section 1A-16.7 of the Election Code.

19 (ii) ~~(ff)~~ Information which is exempted from  
20 disclosure under Section 2505-800 of the Department of  
21 Revenue Law of the Civil Administrative Code of Illinois.

22 (jj) ~~(ff)~~ Information and reports that are required to  
23 be submitted to the Department of Labor by registering day  
24 and temporary labor service agencies but are exempt from  
25 disclosure under subsection (a-1) of Section 45 of the Day  
26 and Temporary Labor Services Act.

1           (11) Information the disclosure of which is restricted  
2           and exempted under Section 5-30.8 of the Illinois Public  
3           Aid Code.

4           (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,  
5           eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;  
6           99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;  
7           100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.  
8           8-28-17; 100-465, eff. 8-31-17; 100-517, eff. 6-1-18; revised  
9           11-2-17.)

10           (Text of Section after amendment by P.A. 100-512)

11           Sec. 7.5. Statutory exemptions. To the extent provided for  
12           by the statutes referenced below, the following shall be exempt  
13           from inspection and copying:

14           (a) All information determined to be confidential  
15           under Section 4002 of the Technology Advancement and  
16           Development Act.

17           (b) Library circulation and order records identifying  
18           library users with specific materials under the Library  
19           Records Confidentiality Act.

20           (c) Applications, related documents, and medical  
21           records received by the Experimental Organ Transplantation  
22           Procedures Board and any and all documents or other records  
23           prepared by the Experimental Organ Transplantation  
24           Procedures Board or its staff relating to applications it  
25           has received.

1           (d) Information and records held by the Department of  
2 Public Health and its authorized representatives relating  
3 to known or suspected cases of sexually transmissible  
4 disease or any information the disclosure of which is  
5 restricted under the Illinois Sexually Transmissible  
6 Disease Control Act.

7           (e) Information the disclosure of which is exempted  
8 under Section 30 of the Radon Industry Licensing Act.

9           (f) Firm performance evaluations under Section 55 of  
10 the Architectural, Engineering, and Land Surveying  
11 Qualifications Based Selection Act.

12           (g) Information the disclosure of which is restricted  
13 and exempted under Section 50 of the Illinois Prepaid  
14 Tuition Act.

15           (h) Information the disclosure of which is exempted  
16 under the State Officials and Employees Ethics Act, and  
17 records of any lawfully created State or local inspector  
18 general's office that would be exempt if created or  
19 obtained by an Executive Inspector General's office under  
20 that Act.

21           (i) Information contained in a local emergency energy  
22 plan submitted to a municipality in accordance with a local  
23 emergency energy plan ordinance that is adopted under  
24 Section 11-21.5-5 of the Illinois Municipal Code.

25           (j) Information and data concerning the distribution  
26 of surcharge moneys collected and remitted by carriers



1 under the Emergency Telephone System Act.

2 (k) Law enforcement officer identification information  
3 or driver identification information compiled by a law  
4 enforcement agency or the Department of Transportation  
5 under Section 11-212 of the Illinois Vehicle Code.

6 (l) Records and information provided to a residential  
7 health care facility resident sexual assault and death  
8 review team or the Executive Council under the Abuse  
9 Prevention Review Team Act.

10 (m) Information provided to the predatory lending  
11 database created pursuant to Article 3 of the Residential  
12 Real Property Disclosure Act, except to the extent  
13 authorized under that Article.

14 (n) Defense budgets and petitions for certification of  
15 compensation and expenses for court appointed trial  
16 counsel as provided under Sections 10 and 15 of the Capital  
17 Crimes Litigation Act. This subsection (n) shall apply  
18 until the conclusion of the trial of the case, even if the  
19 prosecution chooses not to pursue the death penalty prior  
20 to trial or sentencing.

21 (o) Information that is prohibited from being  
22 disclosed under Section 4 of the Illinois Health and  
23 Hazardous Substances Registry Act.

24 (p) Security portions of system safety program plans,  
25 investigation reports, surveys, schedules, lists, data, or  
26 information compiled, collected, or prepared by or for the

1 Regional Transportation Authority under Section 2.11 of  
2 the Regional Transportation Authority Act or the St. Clair  
3 County Transit District under the Bi-State Transit Safety  
4 Act.

5 (q) Information prohibited from being disclosed by the  
6 Personnel Records Review Act.

7 (r) Information prohibited from being disclosed by the  
8 Illinois School Student Records Act.

9 (s) Information the disclosure of which is restricted  
10 under Section 5-108 of the Public Utilities Act.

11 (t) All identified or deidentified health information  
12 in the form of health data or medical records contained in,  
13 stored in, submitted to, transferred by, or released from  
14 the Illinois Health Information Exchange, and identified  
15 or deidentified health information in the form of health  
16 data and medical records of the Illinois Health Information  
17 Exchange in the possession of the Illinois Health  
18 Information Exchange Authority due to its administration  
19 of the Illinois Health Information Exchange. The terms  
20 "identified" and "deidentified" shall be given the same  
21 meaning as in the Health Insurance Portability and  
22 Accountability Act of 1996, Public Law 104-191, or any  
23 subsequent amendments thereto, and any regulations  
24 promulgated thereunder.

25 (u) Records and information provided to an independent  
26 team of experts under Brian's Law.

1           (v) Names and information of people who have applied  
2           for or received Firearm Owner's Identification Cards under  
3           the Firearm Owners Identification Card Act or applied for  
4           or received a concealed carry license under the Firearm  
5           Concealed Carry Act, unless otherwise authorized by the  
6           Firearm Concealed Carry Act; and databases under the  
7           Firearm Concealed Carry Act, records of the Concealed Carry  
8           Licensing Review Board under the Firearm Concealed Carry  
9           Act, and law enforcement agency objections under the  
10          Firearm Concealed Carry Act.

11          (w) Personally identifiable information which is  
12          exempted from disclosure under subsection (g) of Section  
13          19.1 of the Toll Highway Act.

14          (x) Information which is exempted from disclosure  
15          under Section 5-1014.3 of the Counties Code or Section  
16          8-11-21 of the Illinois Municipal Code.

17          (y) Confidential information under the Adult  
18          Protective Services Act and its predecessor enabling  
19          statute, the Elder Abuse and Neglect Act, including  
20          information about the identity and administrative finding  
21          against any caregiver of a verified and substantiated  
22          decision of abuse, neglect, or financial exploitation of an  
23          eligible adult maintained in the Registry established  
24          under Section 7.5 of the Adult Protective Services Act.

25          (z) Records and information provided to a fatality  
26          review team or the Illinois Fatality Review Team Advisory

1 Council under Section 15 of the Adult Protective Services  
2 Act.

3 (aa) Information which is exempted from disclosure  
4 under Section 2.37 of the Wildlife Code.

5 (bb) Information which is or was prohibited from  
6 disclosure by the Juvenile Court Act of 1987.

7 (cc) Recordings made under the Law Enforcement  
8 Officer-Worn Body Camera Act, except to the extent  
9 authorized under that Act.

10 (dd) Information that is prohibited from being  
11 disclosed under Section 45 of the Condominium and Common  
12 Interest Community Ombudsperson Act.

13 (ee) Information that is exempted from disclosure  
14 under Section 30.1 of the Pharmacy Practice Act.

15 (ff) Information that is exempted from disclosure  
16 under the Revised Uniform Unclaimed Property Act.

17 (gg) ~~(ff)~~ Information that is prohibited from being  
18 disclosed under Section 7-603.5 of the Illinois Vehicle  
19 Code.

20 (hh) ~~(ff)~~ Records that are exempt from disclosure under  
21 Section 1A-16.7 of the Election Code.

22 (ii) ~~(ff)~~ Information which is exempted from  
23 disclosure under Section 2505-800 of the Department of  
24 Revenue Law of the Civil Administrative Code of Illinois.

25 (jj) ~~(ff)~~ Information and reports that are required to  
26 be submitted to the Department of Labor by registering day

1 and temporary labor service agencies but are exempt from  
2 disclosure under subsection (a-1) of Section 45 of the Day  
3 and Temporary Labor Services Act.

4 (kk) ~~(ff)~~ Information prohibited from disclosure under  
5 the Seizure and Forfeiture Reporting Act.

6 (ll) Information the disclosure of which is restricted  
7 and exempted under Section 5-30.8 of the Illinois Public  
8 Aid Code.

9 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,  
10 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;  
11 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;  
12 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.  
13 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,  
14 eff. 6-1-18; revised 11-2-17.)

15 Section 15. The Children and Family Services Act is amended  
16 by adding Section 5.45 as follows:

17 (20 ILCS 505/5.45 new)

18 Sec. 5.45. Managed care plan services.

19 (a) As used in this Section:

20 "Caregiver" means an individual or entity directly  
21 providing the day-to-day care of a child ensuring the child's  
22 safety and well-being.

23 "Child" means a child placed in the care of the Department  
24 pursuant to the Juvenile Court Act of 1987.

1       "Department" means the Department of Children and Family  
2       Services, or any successor State agency.

3       "Director" means the Director of Children and Family  
4       Services.

5       "Managed care organization" has the meaning ascribed to  
6       that term in Section 5-30.1 of the Illinois Public Aid Code.

7       "Medicaid managed care plan" means a health care plan  
8       operated by a managed care organization under the Medical  
9       Assistance Program established in Article V of the Illinois  
10       Public Aid Code.

11       "Workgroup" means the Child Welfare Medicaid Managed Care  
12       Implementation Advisory Workgroup.

13       (b) Every child who is in the care of the Department  
14       pursuant to the Juvenile Court Act of 1987 shall receive the  
15       necessary services required by this Act and the Juvenile Court  
16       Act of 1987, including any child enrolled in a Medicaid managed  
17       care plan.

18       (c) The Department shall not relinquish its authority or  
19       diminish its responsibility to determine and provide necessary  
20       services that are in the best interest of a child even if those  
21       services are directly or indirectly:

22               (1) provided by a managed care organization, another  
23               State agency, or other third parties;

24               (2) coordinated through a managed care organization,  
25               another State agency, or other third parties; or

26               (3) paid for by a managed care organization, another

1 State agency, or other third parties.

2 (d) The Department shall:

3 (1) implement and enforce measures to ensure that a  
4 child's enrollment in Medicaid managed care supports  
5 continuity of treatment and does not hinder service  
6 delivery;

7 (2) establish a single point of contact for health care  
8 coverage inquiries and dispute resolution systemwide  
9 without transferring this responsibility to a third party  
10 such as a managed care coordinator;

11 (3) not require any child to participate in Medicaid  
12 managed care if the child would otherwise be exempt from  
13 enrolling in a Medicaid managed care plan under any rule or  
14 statute of this State; and

15 (4) make recommendations regarding managed care  
16 contract measures, quality assurance activities, and  
17 performance delivery evaluations in consultation with the  
18 Workgroup; and

19 (5) post on its website:

20 (A) a link to any rule adopted or procedures  
21 changed to address the provisions of this Section, if  
22 applicable;

23 (B) each managed care organization's contract,  
24 enrollee handbook, and directory;

25 (C) the notification process and timeframe  
26 requirements used to inform managed care plan

1 enrollees, enrollees' caregivers, and enrollees' legal  
2 representation of any changes in health care coverage  
3 or change in a child's managed care provider;

4 (D) defined prior authorization requirements for  
5 prescriptions, goods, and services in emergency and  
6 non-emergency situations;

7 (E) the State's current Health Care Oversight and  
8 Coordination Plan developed in accordance with federal  
9 requirements; and

10 (F) the transition plan required under subsection  
11 (f), including:

12 (i) the public comments submitted to the  
13 Department, the Department of Healthcare and  
14 Family Services, and the Workgroup for  
15 consideration in development of the transition  
16 plan;

17 (ii) a list and summary of recommendations of  
18 the Workgroup that the Director or Director of  
19 Healthcare and Family Services declined to adopt  
20 or implement; and

21 (iii) the Department's attestation that the  
22 transition plan will not impede the Department's  
23 ability to timely identify the service needs of  
24 youth in care and the timely and appropriate  
25 provision of services to address those identified  
26 needs.



1       (e) The Child Welfare Medicaid Managed Care Implementation  
2 Advisory Workgroup is established to advise the Department on  
3 the transition and implementation of managed care for children.  
4 The Director of Children and Family Services and the Director  
5 of Healthcare and Family Services shall serve as  
6 co-chairpersons of the Workgroup. The Directors shall jointly  
7 appoint members to the Workgroup who are stakeholders from the  
8 child welfare community, including:

9           (1) employees of the Department of Children and Family  
10 Services who have responsibility in the areas of (i)  
11 managed care services, (ii) performance monitoring and  
12 oversight, (iii) placement operations, and (iv) budget  
13 revenue maximization;

14           (2) employees of the Department of Healthcare and  
15 Family Services who have responsibility in the areas of (i)  
16 managed care contracting, (ii) performance monitoring and  
17 oversight, (iii) children's behavioral health, and (iv)  
18 budget revenue maximization;

19           (3) 2 representatives of youth in care;

20           (4) one representative of managed care organizations  
21 serving youth in care;

22           (5) 4 representatives of child welfare providers;

23           (6) one representative of parents of children in  
24 out-of-home care;

25           (7) one representative of universities or research  
26 institutions;

- 1           (8) one representative of pediatric physicians;  
2           (9) one representative of the juvenile court;  
3           (10) one representative of caregivers of youth in care;  
4           (11) one practitioner with expertise in child and  
5           adolescent psychiatry;  
6           (12) one representative of substance abuse and mental  
7           health providers with expertise in serving children  
8           involved in child welfare and their families;  
9           (13) at least one member of the Medicaid Advisory  
10          Committee;  
11          (14) one representative of a statewide organization  
12          representing hospitals;  
13          (15) one representative of a statewide organization  
14          representing child welfare providers;  
15          (16) one representative of a statewide organization  
16          representing substance abuse and mental health providers;  
17          and  
18          (17) other child advocates as deemed appropriate by the  
19          Directors.

20          To the greatest extent possible, the co-chairpersons shall  
21          appoint members who reflect the geographic diversity of the  
22          State and include members who represent rural service areas.  
23          Members shall serve 2-year terms or until the Workgroup  
24          dissolves. If a vacancy occurs in the Workgroup membership, the  
25          vacancy shall be filled in the same manner as the original  
26          appointment for the remainder of the unexpired term. The

1 Workgroup shall hold meetings, as it deems appropriate, in the  
2 northern, central, and southern regions of the State to solicit  
3 public comments to develop its recommendations. To ensure the  
4 Department of Children and Family Services and the Department  
5 of Healthcare and Family Services are provided time to confer  
6 and determine their use of pertinent Workgroup recommendations  
7 in the transition plan required under subsection (f), the  
8 co-chairpersons shall convene at least 3 meetings. The  
9 Department of Children and Family Services and the Department  
10 of Healthcare and Family Services shall provide administrative  
11 support to the Workgroup. Workgroup members shall serve without  
12 compensation. The Workgroup shall dissolve 5 years after the  
13 Department of Children and Family Services' implementation of  
14 managed care.

15 (f) Prior to transitioning any child to managed care, the  
16 Department of Children and Family Services and the Department  
17 of Healthcare and Family Services, in consultation with the  
18 Workgroup, must develop and post publicly, a transition plan  
19 for the provision of health care services to children enrolled  
20 in Medicaid managed care plans. Interim transition plans must  
21 be posted to the Department's website by July 15, 2018. The  
22 transition plan shall be posted at least 28 days before the  
23 Department's implementation of managed care. The transition  
24 plan shall address, but is not limited to, the following:

25 (1) an assessment of existing network adequacy, plans  
26 to address gaps in network, and ongoing network evaluation;

1           (2) a framework for preparing and training  
2           organizations, caregivers, frontline staff, and managed  
3           care organizations;

4           (3) the identification of administrative changes  
5           necessary for successful transition to managed care, and  
6           the timeframes to make changes;

7           (4) defined roles, responsibilities, and lines of  
8           authority for care coordination, placement providers,  
9           service providers, and each State agency involved in  
10           management and oversight of managed care services;

11           (5) data used to establish baseline performance and  
12           quality of care, which shall be utilized to assess quality  
13           outcomes and identify ongoing areas for improvement;

14           (6) a process for stakeholder input into managed care  
15           planning and implementation;

16           (7) a dispute resolution process, including the rights  
17           of enrollees and representatives of enrollees under the  
18           dispute process and timeframes for dispute resolution  
19           determinations and remedies;

20           (8) the process for health care transition for youth  
21           exiting the Department's care through emancipation or  
22           achieving permanency; and

23           (9) protections to ensure the continued provision of  
24           health care services if a child's residence or legal  
25           guardian changes.

26           (g) Reports.

1           (1) On or before February 1, 2019, and on or before  
2           each February 1 thereafter, the Department shall submit a  
3           report to the House and Senate Human Services Committees,  
4           or to any successor committees, on measures of access to  
5           and the quality of health care services for children  
6           enrolled in Medicaid managed care plans, including, but not  
7           limited to, data showing whether:

8                   (A) children enrolled in Medicaid managed care  
9                   plans have continuity of care across placement types,  
10                   geographic regions, and specialty service needs;

11                   (B) each child is receiving the early periodic  
12                   screening, diagnosis, and treatment services as  
13                   required by federal law, including, but not limited to,  
14                   regular preventative care and timely specialty care;

15                   (C) children are assigned to health homes;

16                   (D) each child has a health care oversight and  
17                   coordination plan as required by federal law;

18                   (E) there exist complaints and grievances  
19                   indicating gaps or barriers in service delivery; and

20                   (F) the Workgroup and other stakeholders have and  
21                   continue to be engaged in quality improvement  
22                   initiatives.

23           The report shall be prepared in consultation with the  
24           Workgroup and other agencies, organizations, or  
25           individuals the Director deems appropriate in order to  
26           obtain comprehensive and objective information about the

1 managed care plan operation.

2 (2) During each legislative session, the House and  
3 Senate Human Services Committees shall hold hearings to  
4 take public testimony about managed care implementation  
5 for children in the care of, adopted from, or placed in  
6 guardianship by the Department. The Department shall  
7 present testimony, including information provided in the  
8 report required under paragraph (1), the Department's  
9 compliance with the provisions of this Section, and any  
10 recommendations for statutory changes to improve health  
11 care for children in the Department's care.

12 (h) If any provision of this Section or its application to  
13 any person or circumstance is held invalid, the invalidity of  
14 that provision or application does not affect other provisions  
15 or applications of this Section that can be given effect  
16 without the invalid provision or application.

17 Section 16. The Nursing Home Care Act is amended by  
18 changing Section 2-217 as follows:

19 (210 ILCS 45/2-217)

20 Sec. 2-217. Order for transportation of resident by an  
21 ambulance service provider. If a facility orders medi-car,  
22 service car, or ground ambulance transportation of a resident  
23 of the facility by an ambulance service provider, the facility  
24 must maintain a written record that shows (i) the name of the

1 person who placed the order for that transportation and (ii)  
2 the medical reason for that transportation. Additionally, the  
3 facility must provide the ambulance service provider with a  
4 Physician Certification Statement on a form prescribed by the  
5 Department of Healthcare and Family Services in accordance with  
6 subsection (g) of Section 5-4.2 of the Illinois Public Aid  
7 Code. The facility shall provide a copy of the Physician  
8 Certification Statement to the ambulance service provider  
9 prior to or at the time of transport. The Physician  
10 Certification Statement is not required prior to the transport  
11 if a delay in transport can be expected to negatively affect  
12 the patient outcome; however, the facility shall provide a copy  
13 of the Physician Certification Statement to the ambulance  
14 service provider at no charge within 10 days after the request.  
15 A facility shall, upon request, furnish assistance to the  
16 transportation provider in the completion of the form if the  
17 Physician Certification Statement is incomplete. The facility  
18 must maintain the record for a period of at least 3 years after  
19 the date of the order for transportation by ambulance.

20 (Source: P.A. 94-1063, eff. 1-31-07.)

21 Section 17. The Specialized Mental Health Rehabilitation  
22 Act of 2013 is amended by adding Section 5-104 as follows:

23 (210 ILCS 49/5-104 new)

24 Sec. 5-104. Therapeutic visit rates. For a facility

1 licensed under this Act by June 1, 2018 or provisionally  
2 licensed under this Act by June 1, 2018, a payment shall be  
3 made for therapeutic visits that have been indicated by an  
4 interdisciplinary team as therapeutically beneficial. Payment  
5 under this Section shall be at a rate of 75% of the facility's  
6 rate on the effective date of this amendatory Act of the 100th  
7 General Assembly and may not exceed 20 days in a fiscal year  
8 and shall not exceed 10 days consecutively.

9 Section 18. The Hospital Licensing Act is amended by  
10 changing Section 6.22 as follows:

11 (210 ILCS 85/6.22)

12 Sec. 6.22. Arrangement for transportation of patient by an  
13 ambulance service provider.

14 (a) In this Section:

15 "Ambulance service provider" means a Vehicle Service  
16 Provider as defined in the Emergency Medical Services (EMS)  
17 Systems Act who provides non-emergency transportation  
18 services by ambulance.

19 "Patient" means a person who is transported by an  
20 ambulance service provider.

21 (b) If a hospital arranges for medi-car, service car, or  
22 ground ambulance transportation of a patient of the hospital ~~by~~  
23 ~~ambulance~~, the hospital must provide the ambulance service  
24 provider, at or prior to transport, a Physician Certification



1 Statement formatted and completed in compliance with federal  
2 regulations or an equivalent form developed by the hospital.  
3 Each hospital shall develop a policy requiring a physician or  
4 the physician's designee to complete the Physician  
5 Certification Statement. The Physician Certification Statement  
6 shall be maintained as part of the patient's medical record. A  
7 hospital shall, upon request, furnish assistance to the  
8 ambulance service provider in the completion of the form if the  
9 Physician Certification Statement is incomplete. The Physician  
10 Certification Statement or equivalent form is not required  
11 prior to transport if a delay in transport can be expected to  
12 negatively affect the patient outcome; however, a hospital  
13 shall provide a copy of the Physician Certification Statement  
14 to the ambulance service provider at no charge within 10 days  
15 after the request.

16 (c) If a hospital is unable to provide a Physician  
17 Certification Statement or equivalent form, then the hospital  
18 shall provide to the patient a written notice and a verbal  
19 explanation of the written notice, which notice must meet all  
20 of the following requirements:

21 (1) The following caption must appear at the beginning  
22 of the notice in at least 14-point type: Notice to Patient  
23 Regarding Non-Emergency Ambulance Services.

24 (2) The notice must contain each of the following  
25 statements in at least 14-point type:

26 (A) The purpose of this notice is to help you make

1 an informed choice about whether you want to be  
2 transported by ambulance because your medical  
3 condition does not meet medical necessity for  
4 transportation by an ambulance.

5 (B) Your insurance may not cover the charges for  
6 ambulance transportation.

7 (C) You may be responsible for the cost of  
8 ambulance transportation.

9 (D) The estimated cost of ambulance transportation  
10 is \$(amount).

11 (3) The notice must be signed by the patient or by the  
12 patient's authorized representative. A copy shall be given  
13 to the patient and the hospital shall retain a copy.

14 (d) The notice set forth in subsection (c) of this Section  
15 shall not be required if a delay in transport can be expected  
16 to negatively affect the patient outcome.

17 (e) If a patient is physically or mentally unable to sign  
18 the notice described in subsection (c) of this Section and no  
19 authorized representative of the patient is available to sign  
20 the notice on the patient's behalf, the hospital must be able  
21 to provide documentation of the patient's inability to sign the  
22 notice and the unavailability of an authorized representative.  
23 In any case described in this subsection (e), the hospital  
24 shall be considered to have met the requirements of subsection  
25 (c) of this Section.

26 (Source: P.A. 94-1063, eff. 1-31-07.)

1           Section 20. The Illinois Public Aid Code is amended by  
2 changing Sections 5-4.2, 5-5.4h, and 5A-16 and by adding  
3 Sections 5-5.07 and 5-30.8 as follows:

4           (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

5           Sec. 5-4.2. Ambulance services payments.

6           (a) For ambulance services provided to a recipient of aid  
7 under this Article on or after January 1, 1993, the Illinois  
8 Department shall reimburse ambulance service providers at  
9 rates calculated in accordance with this Section. It is the  
10 intent of the General Assembly to provide adequate  
11 reimbursement for ambulance services so as to ensure adequate  
12 access to services for recipients of aid under this Article and  
13 to provide appropriate incentives to ambulance service  
14 providers to provide services in an efficient and  
15 cost-effective manner. Thus, it is the intent of the General  
16 Assembly that the Illinois Department implement a  
17 reimbursement system for ambulance services that, to the extent  
18 practicable and subject to the availability of funds  
19 appropriated by the General Assembly for this purpose, is  
20 consistent with the payment principles of Medicare. To ensure  
21 uniformity between the payment principles of Medicare and  
22 Medicaid, the Illinois Department shall follow, to the extent  
23 necessary and practicable and subject to the availability of  
24 funds appropriated by the General Assembly for this purpose,

1 the statutes, laws, regulations, policies, procedures,  
2 principles, definitions, guidelines, and manuals used to  
3 determine the amounts paid to ambulance service providers under  
4 Title XVIII of the Social Security Act (Medicare).

5 (b) For ambulance services provided to a recipient of aid  
6 under this Article on or after January 1, 1996, the Illinois  
7 Department shall reimburse ambulance service providers based  
8 upon the actual distance traveled if a natural disaster,  
9 weather conditions, road repairs, or traffic congestion  
10 necessitates the use of a route other than the most direct  
11 route.

12 (c) For purposes of this Section, "ambulance services"  
13 includes medical transportation services provided by means of  
14 an ambulance, medi-car, service car, or taxi.

15 (c-1) For purposes of this Section, "ground ambulance  
16 service" means medical transportation services that are  
17 described as ground ambulance services by the Centers for  
18 Medicare and Medicaid Services and provided in a vehicle that  
19 is licensed as an ambulance by the Illinois Department of  
20 Public Health pursuant to the Emergency Medical Services (EMS)  
21 Systems Act.

22 (c-2) For purposes of this Section, "ground ambulance  
23 service provider" means a vehicle service provider as described  
24 in the Emergency Medical Services (EMS) Systems Act that  
25 operates licensed ambulances for the purpose of providing  
26 emergency ambulance services, or non-emergency ambulance

1 services, or both. For purposes of this Section, this includes  
2 both ambulance providers and ambulance suppliers as described  
3 by the Centers for Medicare and Medicaid Services.

4 (c-3) For purposes of this Section, "medi-car" means  
5 transportation services provided to a patient who is confined  
6 to a wheelchair and requires the use of a hydraulic or electric  
7 lift or ramp and wheelchair lockdown when the patient's  
8 condition does not require medical observation, medical  
9 supervision, medical equipment, the administration of  
10 medications, or the administration of oxygen.

11 (c-4) For purposes of this Section, "service car" means  
12 transportation services provided to a patient by a passenger  
13 vehicle where that patient does not require the specialized  
14 modes described in subsection (c-1) or (c-3).

15 (d) This Section does not prohibit separate billing by  
16 ambulance service providers for oxygen furnished while  
17 providing advanced life support services.

18 (e) Beginning with services rendered on or after July 1,  
19 2008, all providers of non-emergency medi-car and service car  
20 transportation must certify that the driver and employee  
21 attendant, as applicable, have completed a safety program  
22 approved by the Department to protect both the patient and the  
23 driver, prior to transporting a patient. The provider must  
24 maintain this certification in its records. The provider shall  
25 produce such documentation upon demand by the Department or its  
26 representative. Failure to produce documentation of such

1 training shall result in recovery of any payments made by the  
2 Department for services rendered by a non-certified driver or  
3 employee attendant. Medi-car and service car providers must  
4 maintain legible documentation in their records of the driver  
5 and, as applicable, employee attendant that actually  
6 transported the patient. Providers must recertify all drivers  
7 and employee attendants every 3 years.

8 Notwithstanding the requirements above, any public  
9 transportation provider of medi-car and service car  
10 transportation that receives federal funding under 49 U.S.C.  
11 5307 and 5311 need not certify its drivers and employee  
12 attendants under this Section, since safety training is already  
13 federally mandated.

14 (f) With respect to any policy or program administered by  
15 the Department or its agent regarding approval of non-emergency  
16 medical transportation by ground ambulance service providers,  
17 including, but not limited to, the Non-Emergency  
18 Transportation Services Prior Approval Program (NETSPAP), the  
19 Department shall establish by rule a process by which ground  
20 ambulance service providers of non-emergency medical  
21 transportation may appeal any decision by the Department or its  
22 agent for which no denial was received prior to the time of  
23 transport that either (i) denies a request for approval for  
24 payment of non-emergency transportation by means of ground  
25 ambulance service or (ii) grants a request for approval of  
26 non-emergency transportation by means of ground ambulance

1 service at a level of service that entitles the ground  
2 ambulance service provider to a lower level of compensation  
3 from the Department than the ground ambulance service provider  
4 would have received as compensation for the level of service  
5 requested. The rule shall be filed by December 15, 2012 and  
6 shall provide that, for any decision rendered by the Department  
7 or its agent on or after the date the rule takes effect, the  
8 ground ambulance service provider shall have 60 days from the  
9 date the decision is received to file an appeal. The rule  
10 established by the Department shall be, insofar as is  
11 practical, consistent with the Illinois Administrative  
12 Procedure Act. The Director's decision on an appeal under this  
13 Section shall be a final administrative decision subject to  
14 review under the Administrative Review Law.

15 (f-5) Beginning 90 days after July 20, 2012 (the effective  
16 date of Public Act 97-842), (i) no denial of a request for  
17 approval for payment of non-emergency transportation by means  
18 of ground ambulance service, and (ii) no approval of  
19 non-emergency transportation by means of ground ambulance  
20 service at a level of service that entitles the ground  
21 ambulance service provider to a lower level of compensation  
22 from the Department than would have been received at the level  
23 of service submitted by the ground ambulance service provider,  
24 may be issued by the Department or its agent unless the  
25 Department has submitted the criteria for determining the  
26 appropriateness of the transport for first notice publication

1 in the Illinois Register pursuant to Section 5-40 of the  
2 Illinois Administrative Procedure Act.

3 (g) Whenever a patient covered by a medical assistance  
4 program under this Code or by another medical program  
5 administered by the Department, including a patient covered  
6 under the State's Medicaid managed care program, is being  
7 transported ~~discharged~~ from a facility and requires  
8 non-emergency transportation including ground ambulance,  
9 medi-car, or service car transportation, a Physician  
10 Certification Statement ~~, a physician discharge order~~ as  
11 described in this Section shall be required for each patient  
12 ~~whose discharge requires medically supervised ground ambulance~~  
13 ~~services.~~ Facilities shall develop procedures for a licensed  
14 medical professional ~~physician with medical staff privileges~~  
15 to provide a written and signed Physician Certification  
16 Statement ~~physician discharge order.~~ The Physician  
17 Certification Statement ~~physician discharge order~~ shall  
18 specify the level of transportation ~~ground ambulance~~ services  
19 needed and complete a medical certification establishing the  
20 criteria for approval of non-emergency ambulance  
21 transportation, as published by the Department of Healthcare  
22 and Family Services, that is met by the patient. This ~~order and~~  
23 ~~the medical~~ certification shall be completed prior to ordering  
24 the transportation ~~an ambulance~~ service and prior to patient  
25 discharge. The Physician Certification Statement is not  
26 required prior to transport if a delay in transport can be



1 expected to negatively affect the patient outcome. discharge.

2 The medical certification specifying the level and type of  
3 non-emergency transportation needed shall be in the form of the  
4 Physician Certification Statement on a standardized form  
5 prescribed by the Department of Healthcare and Family Services.  
6 Within 75 days after the effective date of this amendatory Act  
7 of the 100th General Assembly, the Department of Healthcare and  
8 Family Services shall develop a standardized form of the  
9 Physician Certification Statement specifying the level and  
10 type of transportation services needed in consultation with the  
11 Department of Public Health, Medicaid managed care  
12 organizations, a statewide association representing ambulance  
13 providers, a statewide association representing hospitals, 3  
14 statewide associations representing nursing homes, and other  
15 stakeholders. The Physician Certification Statement shall  
16 include, but is not limited to, the criteria necessary to  
17 demonstrate medical necessity for the level of transport needed  
18 as required by (i) the Department of Healthcare and Family  
19 Services and (ii) the federal Centers for Medicare and Medicaid  
20 Services as outlined in the Centers for Medicare and Medicaid  
21 Services' Medicare Benefit Policy Manual, Pub. 100-02, Chap.  
22 10, Sec. 10.2.1, et seq. The use of the Physician Certification  
23 Statement shall satisfy the obligations of hospitals under  
24 Section 6.22 of the Hospital Licensing Act and nursing homes  
25 under Section 2-217 of the Nursing Home Care Act.  
26 Implementation and acceptance of the Physician Certification

1 Statement shall take place no later than 90 days after the  
2 issuance of the Physician Certification Statement by the  
3 Department of Healthcare and Family Services.

4 Pursuant to subsection (E) of Section 12-4.25 of this Code,  
5 the Department is entitled to recover overpayments paid to a  
6 provider or vendor, including, but not limited to, from the  
7 discharging physician, the discharging facility, and the  
8 ground ambulance service provider, in instances where a  
9 non-emergency ground ambulance service is rendered as the  
10 result of improper or false certification.

11 Beginning October 1, 2018, the Department of Healthcare and  
12 Family Services shall collect data from Medicaid managed care  
13 organizations and transportation brokers, including the  
14 Department's NETSPAP broker, regarding denials and appeals  
15 related to the missing or incomplete Physician Certification  
16 Statement forms and overall compliance with this subsection.  
17 The Department of Healthcare and Family Services shall publish  
18 quarterly results on its website within 15 days following the  
19 end of each quarter.

20 (h) On and after July 1, 2012, the Department shall reduce  
21 any rate of reimbursement for services or other payments or  
22 alter any methodologies authorized by this Code to reduce any  
23 rate of reimbursement for services or other payments in  
24 accordance with Section 5-5e.

25 (Source: P.A. 97-584, eff. 8-26-11; 97-689, eff. 6-14-12;  
26 97-842, eff. 7-20-12; 98-463, eff. 8-16-13.)

1 (305 ILCS 5/5-5.4h)

2 Sec. 5-5.4h. Medicaid reimbursement for medically complex  
3 for the developmentally disabled facilities licensed under the  
4 MC/DD Act ~~long term care facilities for persons under 22 years~~  
5 ~~of age.~~

6 (a) Facilities licensed as medically complex for the  
7 developmentally disabled facilities ~~long term care facilities~~  
8 ~~for persons under 22 years of age~~ that serve severely and  
9 chronically ill ~~pediatric~~ patients shall have a specific  
10 reimbursement system designed to recognize the characteristics  
11 and needs of the patients they serve.

12 (b) For dates of services starting July 1, 2013 and until a  
13 new reimbursement system is designed, medically complex for the  
14 developmentally disabled facilities ~~long term care facilities~~  
15 ~~for persons under 22 years of age~~ that meet the following  
16 criteria:

17 (1) serve exceptional care patients; and

18 (2) have 30% or more of their patients receiving  
19 ventilator care;

20 shall receive Medicaid reimbursement on a 30-day expedited  
21 schedule.

22 (c) Subject to federal approval of changes to the Title XIX  
23 State Plan, for dates of services starting July 1, 2014 through  
24 March 31, 2019, medically complex for the developmentally  
25 disabled facilities ~~and until a new reimbursement system is~~

1 ~~designed, long term care facilities for persons under 22 years~~  
2 ~~of age~~ which meet the criteria in subsection (b) of this  
3 Section shall receive a per diem rate for clinically complex  
4 residents of \$304. Clinically complex residents on a ventilator  
5 shall receive a per diem rate of \$669. Subject to federal  
6 approval of changes to the Title XIX State Plan, for dates of  
7 services starting April 1, 2019, medically complex for the  
8 developmentally disabled facilities must be reimbursed an  
9 exceptional care per diem rate, instead of the base rate, for  
10 services to residents with complex or extensive medical needs.  
11 Exceptional care per diem rates must be paid for the conditions  
12 or services specified under subsection (f) at the following per  
13 diem rates: Tier 1 \$326, Tier 2 \$546, and Tier 3 \$735.

14 (d) ~~For~~ To qualify for the per diem rate of \$669 for  
15 ~~clinically complex~~ residents on a ventilator pursuant to  
16 subsection (c) or subsection (f), facilities shall have a  
17 policy documenting their method of routine assessment of a  
18 resident's weaning potential with interventions implemented  
19 noted in the resident's medical record.

20 (e) For services provided prior to April 1, 2019 and for  
21 ~~For~~ the purposes of this Section, a resident is considered  
22 clinically complex if the resident requires at least one of the  
23 following medical services:

24 (1) Tracheostomy care with dependence on mechanical  
25 ventilation for a minimum of 6 hours each day.

26 (2) Tracheostomy care requiring suctioning at least

1 every 6 hours, room air mist or oxygen as needed, and  
2 dependence on one of the treatment procedures listed under  
3 paragraph (4) excluding the procedure listed in  
4 subparagraph (A) of paragraph (4).

5 (3) Total parenteral nutrition or other intravenous  
6 nutritional support and one of the treatment procedures  
7 listed under paragraph (4).

8 (4) The following treatment procedures apply to the  
9 conditions in paragraphs (2) and (3) of this subsection:

10 (A) Intermittent suctioning at least every 8 hours  
11 and room air mist or oxygen as needed.

12 (B) Continuous intravenous therapy including  
13 administration of therapeutic agents necessary for  
14 hydration or of intravenous pharmaceuticals; or  
15 intravenous pharmaceutical administration of more than  
16 one agent via a peripheral or central line, without  
17 continuous infusion.

18 (C) Peritoneal dialysis treatments requiring at  
19 least 4 exchanges every 24 hours.

20 (D) Tube feeding via nasogastric or gastrostomy  
21 tube.

22 (E) Other medical technologies required  
23 continuously, which in the opinion of the attending  
24 physician require the services of a professional  
25 nurse.

26 (f) Complex or extensive medical needs for exceptional care

1 reimbursement. The conditions and services used for the  
2 purposes of this Section have the same meanings as ascribed to  
3 those conditions and services under the Minimum Data Set (MDS)  
4 Resident Assessment Instrument (RAI) and specified in the most  
5 recent manual. Instead of submitting minimum data set  
6 assessments to the Department, medically complex for the  
7 developmentally disabled facilities must document within each  
8 resident's medical record the conditions or services using the  
9 minimum data set documentation standards and requirements to  
10 qualify for exceptional care reimbursement.

11 (1) Tier 1 reimbursement is for residents who are  
12 receiving at least 51% of their caloric intake via a  
13 feeding tube.

14 (2) Tier 2 reimbursement is for residents who are  
15 receiving tracheostomy care without a ventilator.

16 (3) Tier 3 reimbursement is for residents who are  
17 receiving tracheostomy care and ventilator care.

18 (g) For dates of services starting April 1, 2019,  
19 reimbursement calculations and direct payment for services  
20 provided by medically complex for the developmentally disabled  
21 facilities are the responsibility of the Department of  
22 Healthcare and Family Services instead of the Department of  
23 Human Services. Appropriations for medically complex for the  
24 developmentally disabled facilities must be shifted from the  
25 Department of Human Services to the Department of Healthcare  
26 and Family Services. Nothing in this Section prohibits the

1 Department of Healthcare and Family Services from paying more  
2 than the rates specified in this Section. The rates in this  
3 Section must be interpreted as a minimum amount. Any  
4 reimbursement increases applied to providers licensed under  
5 the ID/DD Community Care Act must also be applied in an  
6 equivalent manner to medically complex for the developmentally  
7 disabled facilities.

8 (h) The Department of Healthcare and Family Services shall  
9 pay the rates in effect on March 31, 2019 until the changes  
10 made to this Section by this amendatory Act of the 100th  
11 General Assembly have been approved by the Centers for Medicare  
12 and Medicaid Services of the U.S. Department of Health and  
13 Human Services.

14 (i) The Department of Healthcare and Family Services may  
15 adopt rules as allowed by the Illinois Administrative Procedure  
16 Act to implement this Section; however, the requirements of  
17 this Section must be implemented by the Department of  
18 Healthcare and Family Services even if the Department of  
19 Healthcare and Family Services has not adopted rules by the  
20 implementation date of April 1, 2019.

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

22 (305 ILCS 5/5-5.07 new)

23 Sec. 5-5.07. Inpatient psychiatric stay; DCFS per diem  
24 rate. The Department of Children and Family Services shall pay  
25 the DCFS per diem rate for inpatient psychiatric stay at a

1 free-standing psychiatric hospital effective the 11th day when  
2 a child is in the hospital beyond medical necessity, and the  
3 parent or caregiver has denied the child access to the home and  
4 has refused or failed to make provisions for another living  
5 arrangement for the child or the child's discharge is being  
6 delayed due to a pending inquiry or investigation by the  
7 Department of Children and Family Services. This Section is  
8 repealed 6 months after the effective date of this amendatory  
9 Act of the 100th General Assembly.

10 (305 ILCS 5/5-30.8 new)

11 Sec. 5-30.8. Managed care organization rate transparency.

12 (a) For the establishment of managed care organization  
13 (MCO) capitation base rate payments from the State, including,  
14 but not limited to: (i) hospital fee schedule reforms and  
15 updates, (ii) rates related to a single State-mandated  
16 preferred drug list, (iii) rate updates related to the State's  
17 preferred drug list, (iv) inclusion of coverage for children  
18 with special needs, (v) inclusion of coverage for children  
19 within the child welfare system, (vi) annual MCO capitation  
20 rates, and (vii) any retroactive provider fee schedule  
21 adjustments or other changes required by legislation or other  
22 actions, the Department of Healthcare and Family Services shall  
23 implement a capitation base rate setting process beginning on  
24 the effective date of this amendatory Act of the 100th General  
25 Assembly which shall include all of the following elements of



1 transparency:

2 (1) The Department shall include participating MCOs  
3 and a statewide trade association representing a majority  
4 of participating MCOs in meetings to discuss the impact to  
5 base capitation rates as a result of any new or updated  
6 hospital fee schedules or other provider fee schedules.  
7 Additionally, the Department shall share any data or  
8 reports used to develop MCO capitation rates with  
9 participating MCOs. This data shall be comprehensive  
10 enough for MCO actuaries to recreate and verify the  
11 accuracy of the capitation base rate build-up.

12 (2) The Department shall not limit the number of  
13 experts that each MCO is allowed to bring to the draft  
14 capitation base rate meeting or the final capitation base  
15 rate review meeting. Draft and final capitation base rate  
16 review meetings shall be held in at least 2 locations.

17 (3) The Department and its contracted actuary shall  
18 meet with all participating MCOs simultaneously and  
19 together along with consulting actuaries contracted with  
20 statewide trade association representing a majority of  
21 Medicaid health plans at the request of the plans.  
22 Participating MCOs shall additionally, at their request,  
23 be granted individual capitation rate development meetings  
24 with the Department.

25 (4) Any quality incentive or other incentive  
26 withholding of any portion of the actuarially certified

1       capitation rates must be budget-neutral. The entirety of  
2       any aggregate withheld amounts must be returned to the MCOs  
3       in proportion to their performance on the relevant  
4       performance metric. No amounts shall be returned to the  
5       Department if all performance measures are not achieved to  
6       the extent allowable by federal law and regulations.

7       (5) Upon request, the Department shall provide written  
8       responses to questions regarding MCO capitation base  
9       rates, the capitation base development methodology, and  
10       MCO capitation rate data, and all other requests regarding  
11       capitation rates from MCOs. Upon request, the Department  
12       shall also provide to the MCOs materials used in  
13       incorporating provider fee schedules into base capitation  
14       rates.

15       (b) For the development of capitation base rates for new  
16       capitation rate years:

17       (1) The Department shall take into account emerging  
18       experience in the development of the annual MCO capitation  
19       base rates, including, but not limited to, current-year  
20       cost and utilization trends observed by MCOs in an  
21       actuarially sound manner and in accordance with federal law  
22       and regulations.

23       (2) No later than January 1 of each year, the  
24       Department shall release an agreed upon annual calendar  
25       that outlines dates for capitation rate setting meetings  
26       for that year. The calendar shall include at least the

1 following meetings and deadlines:

2 (A) An initial meeting for the Department to review  
3 MCO data and draft rate assumptions to be used in the  
4 development of capitation base rates for the following  
5 year.

6 (B) A draft rate meeting after the Department  
7 provides the MCOs with the draft capitation base rates  
8 to discuss, review, and seek feedback regarding the  
9 draft capitation base rates.

10 (3) Prior to the submission of final capitation rates  
11 to the federal Centers for Medicare and Medicaid Services,  
12 the Department shall provide the MCOs with a final  
13 actuarial report including the final capitation base rates  
14 for the following year and subsequently conduct a final  
15 capitation base review meeting. Final capitation rates  
16 shall be marked final.

17 (c) For the development of capitation base rates reflecting  
18 policy changes:

19 (1) Unless contrary to federal law and regulation, the  
20 Department must provide notice to MCOs of any significant  
21 operational policy change no later than 60 days prior to  
22 the effective date of an operational policy change in order  
23 to give MCOs time to prepare for and implement the  
24 operational policy change and to ensure that the quality  
25 and delivery of enrollee health care is not disrupted.  
26 "Operational policy change" means a change to operational

1 requirements such as reporting formats, encounter  
2 submission definitional changes, or required provider  
3 interfaces made at the sole discretion of the Department  
4 and not required by legislation with a retroactive  
5 effective date. Nothing in this Section shall be construed  
6 as a requirement to delay or prohibit implementation of  
7 policy changes that impact enrollee benefits as determined  
8 in the sole discretion of the Department.

9 (2) No later than 60 days after the effective date of  
10 the policy change or program implementation, the  
11 Department shall meet with the MCOs regarding the initial  
12 data collection needed to establish capitation base rates  
13 for the policy change. Additionally, the Department shall  
14 share with the participating MCOs what other data is needed  
15 to estimate the change and the processes for collection of  
16 that data that shall be utilized to develop capitation base  
17 rates.

18 (3) No later than 60 days after the effective date of  
19 the policy change or program implementation, the  
20 Department shall meet with MCOs to review data and the  
21 Department's written draft assumptions to be used in  
22 development of capitation base rates for the policy change,  
23 and shall provide opportunities for questions to be asked  
24 and answered.

25 (4) No later than 60 days after the effective date of  
26 the policy change or program implementation, the

1 Department shall provide the MCOs with draft capitation  
2 base rates and shall also conduct a draft capitation base  
3 rate meeting with MCOs to discuss, review, and seek  
4 feedback regarding the draft capitation base rates.

5 (d) For the development of capitation base rates for  
6 retroactive policy or fee schedule changes:

7 (1) The Department shall meet with the MCOs regarding  
8 the initial data collection needed to establish capitation  
9 base rates for the policy change. Additionally, the  
10 Department shall share with the participating MCOs what  
11 other data is needed to estimate the change and the  
12 processes for collection of the data that shall be utilized  
13 to develop capitation base rates.

14 (2) The Department shall meet with MCOs to review data  
15 and the Department's written draft assumptions to be used  
16 in development of capitation base rates for the policy  
17 change. The Department shall provide opportunities for  
18 questions to be asked and answered.

19 (3) The Department shall provide the MCOs with draft  
20 capitation rates and shall also conduct a draft rate  
21 meeting with MCOs to discuss, review, and seek feedback  
22 regarding the draft capitation base rates.

23 (4) The Department shall inform MCOs no less than  
24 quarterly of upcoming benefit and policy changes to the  
25 Medicaid program.

26 (e) Meetings of the group established to discuss Medicaid

1 capitation rates under this Section shall be closed to the  
2 public and shall not be subject to the Open Meetings Act.  
3 Records and information produced by the group established to  
4 discuss Medicaid capitation rates under this Section shall be  
5 confidential and not subject to the Freedom of Information Act.

6 (305 ILCS 5/5A-16)

7 Sec. 5A-16. State fiscal year 2019 implementation  
8 protection.

9 (a) To preserve access to hospital services and to ensure  
10 continuity of payments and stability of access to hospital  
11 services, it is the intent of the General Assembly that there  
12 not be a gap in payments to hospitals while the changes  
13 authorized under Public Act 100-581 ~~this amendatory Act of the~~  
14 ~~100th General Assembly~~ are being reviewed by the federal  
15 Centers for Medicare and Medicaid Services and implemented by  
16 the Department. Therefore, pending the review and approval of  
17 the changes to the assessment and hospital reimbursement  
18 methodologies authorized under Public Act 100-581 ~~this~~  
19 ~~amendatory Act of the 100th General Assembly~~ by the federal  
20 Centers for Medicare and Medicaid Services and the final  
21 implementation of such program by the Department, the  
22 Department shall take all actions necessary to continue the  
23 reimbursement methodologies and payments to hospitals that are  
24 changed under Public Act 100-581 ~~this amendatory Act of the~~  
25 ~~100th General Assembly~~, as they are in effect on June 30, 2018,

1 until the first day of the second month after the new and  
2 revised methodologies and payments authorized under Public Act  
3 100-581 ~~this amendatory Act of the 100th General Assembly~~ are  
4 effective and implemented by the Department. Such actions by  
5 the Department shall include, but not be limited to, requesting  
6 prior to June 15, 2018 the extension of any federal approval of  
7 the currently approved payment methodologies contained in  
8 Illinois' Medicaid State Plan while the federal Centers for  
9 Medicare and Medicaid Services reviews the proposed changes  
10 authorized under Public Act 100-581 ~~this amendatory Act of the~~  
11 ~~100th General Assembly~~.

12 (b) Notwithstanding any other provision of this Code, if  
13 the federal Centers for Medicare and Medicaid Services should  
14 approve the continuation of the reimbursement methodologies  
15 and payments to hospitals under Sections ~~5A-12.2, 5A-12.4,~~  
16 5A-12.5 ~~and~~ ~~and Section~~ 14-12, as they are in effect on June  
17 30, 2018, until the new and revised methodologies and payments  
18 authorized under Sections 5A-12.6 and ~~Section~~ 14-12 of this  
19 Code ~~amendatory Act of the 100th General Assembly~~ are federally  
20 approved, then the reimbursement methodologies and payments to  
21 hospitals under Sections 5A-12.2, 5A-12.4, 5A-12.5, and 14-12,  
22 and the assessments imposed under Section 5A-2, as they are in  
23 effect on June 30, 2018, shall continue until the effective  
24 date of the new and revised methodologies and payments, which  
25 shall be the first day of the second month following the date  
26 of approval by the federal Centers for Medicare and Medicaid

1 Services.

2 (c) Notwithstanding any other provision of this Code, if by  
3 July 11, 2018 the federal Centers for Medicare and Medicaid  
4 Services has neither approved the changes authorized under  
5 Public Act 100-581 nor has formally approved an extension of  
6 the reimbursement methodologies and payments to hospitals  
7 under Sections 5A-12.5 and 14-12 as they are in effect on June  
8 30, 2018, then the following shall apply:

9 (1) All reimbursement methodologies and payments for  
10 hospital services authorized under Sections 5A-12.2,  
11 5A-12.4, and 5A-12.5 in effect on June 30, 2018 shall  
12 continue subject to the availability of federal matching  
13 funds for such expenditures and subject to the provisions  
14 of subsection (c) of Section 5A-15.

15 (2) All supplemental payments to hospitals authorized  
16 in Illinois' Medicaid State Plan in effect on June 30,  
17 2018, which are scheduled to terminate under Illinois'  
18 Medicaid State Plan on June 30, 2018, shall continue  
19 subject to the availability of federal matching funds for  
20 such expenditures.

21 (3) All assessments imposed under Section 5A-2, as they  
22 are in effect on June 30, 2018, shall continue.

23 (4) Notwithstanding any other provision in this  
24 subsection (c), the Department shall make monthly advance  
25 payments to any safety-net hospital or critical access  
26 hospital requesting such advance payments in an amount, as



1 requested by the hospital, provided that the total monthly  
2 payments to the hospital under this subsection shall not  
3 exceed 1/12th of the payments the hospital would have  
4 received under Sections 5A-12.2, 5A-12.4, and 5A-12.5 and  
5 subsections (d) and (f) of Section 14-12.

6 Notwithstanding any other provision in this subsection  
7 (c), the Department may make monthly advance payments to a  
8 hospital requesting such advance payments in an amount, as  
9 requested by the hospital, provided that the total monthly  
10 payments to the hospital under this subsection shall not  
11 exceed 1/12th of the payments the hospital would have  
12 received under Sections 5A-12.2, 5A-12.4, and 5A-12.5 and  
13 subsections (d) and (f) of Section 14-12.

14 Advance payments under this paragraph (4) shall be made  
15 regardless of federal approval for federal financial  
16 participation under Title XIX or XXI of the federal Social  
17 Security Act.

18 As used in this paragraph (4), "safety-net hospital"  
19 means a hospital as defined in Section 5-5e.1 for Rate Year  
20 2017 or an Illinois hospital that meets the criteria in  
21 paragraphs (2) and (3) of subsection (a) of Section 5-5e.1  
22 for Rate Year 2017.

23 As used in this paragraph (4), "critical access  
24 hospital" means a hospital that has such status as of June  
25 30, 2018.

26 (5) The changes authorized under this subsection (c)

1       shall continue, on the same time schedule as otherwise  
2       authorized under this Article, until the effective date of  
3       the new and revised methodologies and payments under Public  
4       Act 100-581, which shall be the first day of the second  
5       month following the date of approval by the federal Centers  
6       for Medicare and Medicaid Services.

7       (Source: P.A. 100-581, eff. 3-12-18.)

8           Section 95. No acceleration or delay. Where this Act makes  
9       changes in a statute that is represented in this Act by text  
10      that is not yet or no longer in effect (for example, a Section  
11      represented by multiple versions), the use of that text does  
12      not accelerate or delay the taking effect of (i) the changes  
13      made by this Act or (ii) provisions derived from any other  
14      Public Act.

15           Section 999. Effective date. This Act takes effect upon  
16      becoming law.