

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 5. The Illinois Public Aid Code is amended by
5 changing Section 11-5.4 and by adding Section 5-5g as follows:

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

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

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

17 (2) 15 calendar days after a resident's discharge;

18 (3) 45 calendar days after being informed of a change
19 in the resident's income;

20 (4) 45 calendar days after being informed of a change
21 in a resident's third party liability;

22 (5) 45 calendar days after a resident's move to
23 exceptional care services; and

1 (6) 45 calendar days after a resident's need for
2 services requiring reimbursement under the ventilator or
3 traumatic brain injury enhanced rate.

4 (305 ILCS 5/11-5.4)

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

7 (a) The General Assembly finds that it is in the best
8 interest of the State to process on an expedited basis
9 applications and renewal applications for Medicaid and
10 Medicaid long-term care benefits that are submitted by or on
11 behalf of elderly persons in need of long-term care services.
12 It is the intent of the General Assembly that the provisions of
13 this Section be liberally construed to permit the maximum
14 number of applicants to benefit, regardless of the age of the
15 application, and for the State to complete all processing as
16 required under 42 U.S.C. 1396a(a)(8) and 42 CFR 435. An
17 ~~expedited long term care eligibility determination and~~
18 ~~enrollment system shall be established to reduce long term care~~
19 ~~determinations to 90 days or fewer by July 1, 2014 and~~
20 ~~streamline the long term care enrollment process.~~
21 ~~Establishment of the system shall be a joint venture of the~~
22 ~~Department of Human Services and Healthcare and Family Services~~
23 ~~and the Department on Aging. The Governor shall name a lead~~
24 ~~agency no later than 30 days after the effective date of this~~
25 ~~amendatory Act of the 98th General Assembly to assume~~

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

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

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

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

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

26 "Department" means the Department of Healthcare and Family

1 Services.

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

4 (b) The Department of Healthcare and Family Services must
5 serve as the lead agency assuming primary responsibility for
6 the full implementation of this Section, including the
7 establishment and operation of the system. ~~The Department~~
8 shall, on or before July 1, 2014, assess the feasibility of
9 incorporating all information needed to determine eligibility
10 for long term care services, including asset transfer and
11 spousal impoverishment financials, into the State's integrated
12 eligibility system identifying all resources needed and
13 reasonable timeframes for achieving the specified integration.

14 (c) Beginning on June 29, 2018, provisional eligibility, in
15 the form of a recipient identification number and any other
16 necessary credentials to permit an applicant to receive
17 benefits, must be issued to any applicant who has not received
18 a final eligibility determination on his or her application for
19 Medicaid or Medicaid long-term care benefits or a notice of an
20 opportunity for a hearing within the federally prescribed
21 deadlines for the processing of such applications. The
22 Department must maintain the applicant's provisional Medicaid
23 enrollment status until a final eligibility determination is
24 approved or the applicant's appeal has been adjudicated and
25 eligibility is denied. The Department or the managed care
26 organization, if applicable, must reimburse providers for all

1 services rendered during an applicant's provisional
2 eligibility period.

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

6 (2) The Department or the managed care organization,
7 when applicable, must begin processing claims for services
8 rendered by the end of the month in which the applicant is
9 given provisional eligibility status. Claims for services
10 rendered must be submitted and processed by the Department
11 and managed care organizations in the same manner as those
12 submitted on behalf of beneficiaries determined to qualify
13 for benefits.

14 (3) An applicant with provisional enrollment status,
15 who is not enrolled in a managed care organization at the
16 time the applicant's provisional status is issued, must
17 continue to have his or her benefits paid for under the
18 State's fee-for-service system until such time as the State
19 makes a final determination on the applicant's Medicaid or
20 Medicaid long-term care application.

21 (4) The Department, within 10 business days of issuing
22 provisional eligibility to an applicant not covered by a
23 managed care organization, must submit to the Office of the
24 Comptroller for payment a voucher for all retroactive
25 reimbursement due and the State Comptroller must place such
26 vouchers on expedited payment status. However, if the

1 provisional beneficiary is enrolled with a managed care
2 organization, the Department must submit the same to the
3 managed care organization and the managed care
4 organization must pay the provider on an expedited basis.
5 ~~The lead agency shall file interim reports with the Chairs~~
6 ~~and Minority Spokespersons of the House and Senate Human~~
7 ~~Services Committees no later than September 1, 2013 and on~~
8 ~~February 1, 2014. The Department of Healthcare and Family~~
9 ~~Services shall include in the annual Medicaid report for~~
10 ~~State Fiscal Year 2014 and every fiscal year thereafter~~
11 ~~information concerning implementation of the provisions of~~
12 ~~this Section.~~

13 (d) The Department must establish, by rule, policies and
14 procedures to ensure prospective compliance with the federal
15 deadlines for Medicaid and Medicaid long-term care benefits
16 eligibility determinations required under 42 U.S.C.
17 1396a(a)(8) and 42 CFR 435.912, which must include, but need
18 not be limited to, the following:

19 (1) The Department, assisted by the Department of Human
20 Services and the Department on Aging, must establish, no
21 later than January 1, 2019, a streamlined application and
22 enrollment process that includes, but is not limited to,
23 the following:

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

1 (B) integrate online data and other third party
2 data sources to simplify the application process by
3 reducing the amount of information needed to be entered
4 and to expedite eligibility verification;

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

7 (D) provide training and step-by-step written
8 instructions for caseworkers, applicants, and
9 providers.

10 (2) The Department must expedite the eligibility
11 processing system for applicants meeting certain
12 guidelines, regardless of the age of the application. The
13 guidelines must be established by rule and must include,
14 but not be limited to, the following individually or
15 collectively:

16 (A) Full Medicaid benefits in the community for a
17 specified period of time.

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

21 (C) Receives Supplemental Security Income payments
22 or was receiving such payments at the time the
23 applicant was admitted to a nursing facility.

24 (D) Verified income at or below 100% of the federal
25 poverty level when the declared value of the
26 applicant's countable resources is no greater than the

1 allowable amounts pursuant to Section 5-2 of this Code
2 for classes of eligible persons for whom a resource
3 limit applies.

4 (3) The Department must establish, by rule, renewal
5 policies and procedures to reduce the likelihood of
6 unnecessary interruptions in services as a result of
7 improper denials of applicants who would otherwise be
8 approved.

9 (A) Effective January 1, 2019, the Department must
10 implement a paperless passive renewal protocol that
11 provides for the electronic verification of all
12 necessary information including bank accounts.

13 (B) A beneficiary who is a resident of a facility
14 and whose previous renewal application showed an
15 income of no greater than the federal poverty level and
16 who has no discernible means of generating income
17 greater than the federal poverty level must be deemed
18 to qualify for renewal. The beneficiary and the
19 facility must not receive an application for renewal
20 and must instead receive notification of the
21 beneficiary's renewal.

22 (C) A beneficiary for whom the processing of a
23 renewal application exceeds federally prescribed
24 timeframes must be deemed to meet renewal guidelines
25 and the Department must notify the beneficiary and the
26 facility in which the beneficiary resides. The

1 Department must also immediately notify the managed
2 care organization in which the beneficiary is
3 enrolled, if applicable. Both the Department and the
4 managed care organization must accept claims for
5 services rendered to the beneficiary without an
6 interruption in benefits to the enrollee and payment
7 for all services rendered to providers.

8 (4) The Department of Human Services must not penalize
9 an applicant for having an attorney complete a Medicaid
10 application on the applicant's behalf or for seeking to
11 understand the applicant's rights under federal and State
12 Medicaid laws and regulations. This must not include
13 targeting applications and applicants so described for
14 additional scrutiny by the Department of Healthcare and
15 Family Services' Office of the Inspector General.

16 (5) The Department of Healthcare and Family Services'
17 Office of the Inspector General must review applications
18 for long-term care benefits when the Office obtains
19 credible evidence that an applicant has transferred assets
20 with the intent of defrauding the State. If proof of the
21 allegations does not exist, the application must be
22 released by the Office and must be assigned to the
23 appropriate caseworker for an expedited review.

24 (6) The Department of Human Services must implement a
25 process to notify an applicant, the applicant's legally
26 authorized representative, and the facility where the

1 applicant resides of the receipt of an initial or renewal
2 application and supporting documentation within 5 business
3 days of the date the application or supporting documents
4 are submitted. The notices should indicate any
5 documentation required, but not received, and provide
6 instructions for submission.

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

13 (8) The Department must develop one eligibility system
14 for both Modified Adjusted Gross Income (MAGI) and non-MAGI
15 applicants by incorporating Affordable Care Act upgrades
16 with the goal of establishing real time approval of
17 applications for Medicaid services and Medicaid long-term
18 care benefits, as permissible.

19 (9) The Department must have operational a fully
20 electronic application process that encompasses initial
21 applications, admission packet, renewals, and appeals no
22 later than 12 months after the effective date of this
23 amendatory Act of the 100th General Assembly. The
24 Department must not require submission of any application
25 or supporting documentation in hard copy. ~~No later than~~
26 August 1, 2014, the Auditor General shall report to the

1 ~~General Assembly concerning the extent to which the~~
2 ~~timeframes specified in this Section have been met and the~~
3 ~~extent to which State staffing levels are adequate to meet~~
4 ~~the requirements of this Section.~~

5 (e) The Department must adopt policies and procedures to
6 improve communication between long-term care benefits central
7 office personnel, applicants, or the applicants'
8 representatives, and facilities in which the applicants
9 reside. The Department must establish, by rule, such policies
10 and procedures that are necessary to meet the requirements of
11 this Section, which must include, but need not be limited to,
12 the following:

13 (1) The establishment of a centralized,
14 caseworker-based processing system with contact numbers
15 for caseworkers and supervisors that are made readily
16 available to all affected providers and are prominently
17 displayed on all communications with applicants,
18 beneficiaries, and providers.

19 (2) Allowing facilities access to the State's
20 integrated eligibility system for tracking the status of
21 applications for applicants who have signed appropriate
22 releases, and the development and distribution of
23 applicable instructional materials and release forms. ~~The~~
24 ~~Department of Healthcare and Family Services, the~~
25 ~~Department of Human Services, and the Department on Aging~~
26 ~~shall take the following steps to achieve federally~~

1 ~~established timeframes for eligibility determinations for~~
2 ~~Medicaid and long term care benefits and shall work toward~~
3 ~~the federal goal of real time determinations:~~

4 ~~(1) The Departments shall review, in collaboration~~
5 ~~with representatives of affected providers, all forms and~~
6 ~~procedures currently in use, federal guidelines either~~
7 ~~suggested or mandated, and staff deployment by September~~
8 ~~30, 2014 to identify additional measures that can improve~~
9 ~~long term care eligibility processing and make adjustments~~
10 ~~where possible.~~

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

21 ~~(3) The Department of Healthcare and Family Services'~~
22 ~~Office of Inspector General and the Department of Human~~
23 ~~Services shall immediately forgo resource review and~~
24 ~~review of transfers during the relevant look back period~~
25 ~~for applications that were submitted prior to September 1,~~
26 ~~2013. An applicant who applied prior to September 1, 2013,~~

1 ~~who was denied for failure to cooperate in providing~~
2 ~~required information, and whose application was~~
3 ~~incorrectly reviewed under the wrong look back period~~
4 ~~rules may request review and correction of the denial based~~
5 ~~on this subsection. If found eligible upon review, such~~
6 ~~applicants shall be retroactively enrolled.~~

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

22 ~~(5) As soon as practicable, but not later than July 1,~~
23 ~~2014, the Department of Healthcare and Family Services and~~
24 ~~the Department of Human Services shall jointly begin a~~
25 ~~special enrollment project by using simplified eligibility~~
26 ~~verification policies and by redeploying caseworkers~~

1 ~~trained to handle long term care cases to prioritize those~~
2 ~~cases, until the backlog is eliminated and processing time~~
3 ~~is within 90 days. This project shall apply to applications~~
4 ~~for long term care received by the State on or before May~~
5 ~~15, 2014.~~

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

14 (f) The Department must establish, by rule, policies and
15 procedures to improve accountability and provide for the
16 expedited payment of services rendered, which must include, but
17 need not be limited to, the following:

18 (1) The Department must apply the most current resident
19 income data entered into the Department's Medical
20 Electronic Data Interchange (MED) system to the payment of
21 a claim even if a caseworker has not completed a review.

22 (2) The Department and the Department of Human Services
23 must notify the applicant, or the applicant's legal
24 representative, and the facility submitting the initial,
25 renewal, or appeal application of all missing supporting
26 documentation or information and the date of the request

1 when an application, renewal, or appeal is denied for
2 failure to submit such documentation and information.

3 (g) No later than January 1, 2019, the Department of
4 Healthcare and Family Services must investigate the
5 public-private partnerships in use in Ohio, Michigan, and
6 Minnesota aimed at redeploying caseworkers to targeted
7 high-Medicaid facilities for the purpose of expediting initial
8 Medicaid and Medicaid long-term care benefits applications,
9 renewals, asset discovery, and all other things related to
10 enrollment, reimbursement, and application processing. No
11 later than March 1, 2019, the Department of Healthcare and
12 Family Services must post on the long-term care pages of the
13 Department's website the agencies' joint recommendations and
14 must assist provider groups in educating their members on such
15 partnerships.

16 (h) The Director of Healthcare and Family Services, in
17 coordination with the Secretary of Human Services and the
18 Director of Aging, must host a provider association meeting
19 every 6 weeks, beginning no later than 30 days after the
20 effective date of this amendatory Act of the 100th General
21 Assembly, until all applications that are 45 days or older have
22 been adjudicated and the application process has been reduced
23 to 45 or fewer days, at which time the meetings shall be held
24 quarterly, for those associations representing facilities
25 licensed under the Nursing Home Care Act and certified as a
26 supportive living program. Each agency must be represented by

1 senior staff with hands-on knowledge of the processing of
2 applications for Medicaid and Medicaid long-term care
3 benefits, renewals, and such ancillary issues as income and
4 address adjustments, release forms, and screening reports.
5 Agenda items must be solicited from the associations.

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

10 (j) As mandated by federal regulations under 42 CFR
11 435.912, the Department and the Department of Human Services
12 must not deny applications for Medicaid or Medicaid long-term
13 care benefits to comply with the federal timeliness standards
14 or avoid authorizing provisional eligibility under this
15 Section. To ensure compliance, the percentage of denials in a
16 given month must not increase by more than 1% of the denial
17 rate that occurred in the same month of the preceding year.

18 (k) The Department of Human Services must prioritize
19 processing applications on a last-in, first-out basis. The
20 Department is expressly prohibited from prioritizing the
21 processing of applications from applicants who have been issued
22 provisional eligibility status over other applicants.

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

26 (m) Nothing in this Section shall defeat the provisions

1 contained in the State Prompt Payment Act or the timely pay
2 provisions contained in Section 368a of the Illinois Insurance
3 Code.

4 (n) The Department must offer regionally based training
5 covering all aspects of this Section and must include long-term
6 care provider associations in the design and presentation of
7 the training. The training shall be recorded and posted on the
8 Department's website to allow new employees to be trained and
9 older employers to complete refresher courses.

10 (o) The Department and the Department of Human Services
11 must not require an applicant for Medicaid or Medicaid
12 long-term care benefits to submit a new application solely
13 because there is a change in the applicant's legal
14 representative.

15 (p) The Department and the Department of Human Services
16 must implement the requirements under this Section even if the
17 required rules are not yet adopted by the dates specified in
18 this Section. If the Department is required to adopt rules
19 under this Section or if the Department determines that rules
20 are necessary to achieve full implementation, the Department
21 must adopt policies and procedures to allow for full
22 implementation by the date specified in this Section and must
23 publish all policies and procedures on the Department's
24 website. The Department must submit proposed permanent rules
25 for public comment no later than January 1, 2019.

26 (q) ~~(7)~~ Effective 30 days after the completion of 3

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

13 (r) ~~(g)~~ Notwithstanding any other provision of this Code,
14 the Department of Human Services and the Department of
15 Healthcare and Family Services' Office of the Inspector General
16 shall, upon request, allow an applicant additional time to
17 submit information and documents needed as part of a review of
18 available resources or resources transferred during the
19 look-back period. The initial extension shall not exceed 30
20 days. A second extension of 30 days may be granted upon
21 request. Any request for information issued by the State to an
22 applicant shall include the following: an explanation of the
23 information required and the date by which the information must
24 be submitted; a statement that failure to respond in a timely
25 manner can result in denial of the application; a statement
26 that the applicant or the facility in the name of the applicant

1 may seek an extension; and the name and contact information of
2 a caseworker in case of questions. Any such request for
3 information shall also be sent to the facility. In deciding
4 whether to grant an extension, the Department of Human Services
5 or the Department of Healthcare and Family Services' Office of
6 the Inspector General shall take into account what is in the
7 best interest of the applicant. The time limits for processing
8 an application shall be tolled during the period of any
9 extension granted under this subsection.

10 (s) ~~(9)~~ The Department of Human Services and the Department
11 of Healthcare and Family Services must jointly compile data on
12 pending applications, denials, appeals, and renewals
13 ~~redeterminations~~ into a monthly report, which shall be posted
14 on each Department's website for the purposes of monitoring
15 long-term care eligibility processing. The report must specify
16 the number of applications and renewals ~~redeterminations~~
17 pending long-term care eligibility determination and admission
18 and the number of appeals of denials in the following
19 categories:

20 (1) ~~(A)~~ Length of time applications, renewals
21 ~~redeterminations~~, and appeals are pending - 0 to 45 days,
22 46 days to 90 days, 91 days to 180 days, 181 days to 12
23 months, over 12 months to 18 months, over 18 months to 24
24 months, and over 24 months.

25 (2) ~~(B)~~ Percentage of applications and renewals
26 ~~redeterminations~~ pending in the Department of Human

1 Services' Family Community Resource Centers, in the
2 Department of Human Services' long-term care hubs, with the
3 Department of Healthcare and Family Services' Office of
4 Inspector General, and those applications which are being
5 tolled due to requests for extension of time for additional
6 information.

7 (3) ~~(c)~~ Status of pending applications, denials,
8 appeals, and renewals ~~redeterminations~~.

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

12 (t) ~~(f)~~ Beginning on July 1, 2017, the Auditor General
13 shall report every 3 years to the General Assembly on the
14 performance and compliance of the Department of Healthcare and
15 Family Services, the Department of Human Services, and the
16 Department on Aging in meeting the requirements of this Section
17 and the federal requirements concerning eligibility
18 determinations for Medicaid long-term care services and
19 supports, and shall report any issues or deficiencies and make
20 recommendations. The Auditor General shall, at a minimum,
21 review, consider, and evaluate the following:

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

25 (2) compliance with federal regulations on the timely
26 determination of eligibility as provided under 42 CFR

1 435.912;

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

4 (4) the efficacy and efficiency of the task-based
5 process used for making eligibility determinations in the
6 centralized offices of the Department of Human Services for
7 long-term care services, including the role of the State's
8 integrated eligibility system, as opposed to the
9 traditional caseworker-specific process from which these
10 central offices have converted; and

11 (5) any issues affecting eligibility determinations
12 related to the Department of Human Services' staff
13 completing Medicaid eligibility determinations instead of
14 the designated single-state Medicaid agency in Illinois,
15 the Department of Healthcare and Family Services.

16 The Auditor General's report shall include any and all
17 other areas or issues which are identified through an annual
18 review. Paragraphs (1) through (5) of this subsection shall not
19 be construed to limit the scope of the annual review and the
20 Auditor General's authority to thoroughly and completely
21 evaluate any and all processes, policies, and procedures
22 concerning compliance with federal and State law requirements
23 on eligibility determinations for Medicaid long-term care
24 services and supports.

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

26 Section 99. Effective date. This Act takes effect upon

1 becoming law.