



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB2572

by Rep. Sara Feigenholtz

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance, or managed care plan, that is amended, delivered, issued, or renewed after June 30, 2020 to provide coverage for: (i) coordinated specialty care for first episode psychosis treatment and (ii) assertive community treatment and community support team treatment. Contains provisions concerning mental health professionals; service payments; and other matters. Makes conforming changes to other Acts. Amends the Substance Use Disorder Act. Requires the Department of Human Services to allow outpatient substance use treatment providers to keep a substance use treatment case open for 90 days when a person has not received a treatment service during such period. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to restructure the Family Support Program (Program) to: (i) enable early treatment of a child or young adult with serious mental health needs; (ii) align the program with system of care principles; and (iii) include both community-based and residential treatment services. Contains provisions on the new hallmarks of the Program; federal Medicaid matching dollars; an In-Home Therapy Pilot Program; and other matters. Amends the Adoption Act. Requires the Department of Children and Family Services to establish and maintain a toll-free number to respond to requests from the public about its post-placement and post-adoption support services; and to review and update its Post Adoption and Guardianship Services booklet. Requires the Department and the Department of Healthcare and Family Services to coordinate in the development of specified resources. Effective immediately.

LRB101 08755 KTG 53842 b

FISCAL NOTE ACT  
MAY APPLY

STATE MANDATES  
ACT MAY REQUIRE  
REIMBURSEMENT

A BILL FOR

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. References to Act; intent; purposes. This Act  
5 may be referred to as the Children and Young Adult Mental  
6 Health Crisis Act. It is intended to fill in significant gaps  
7 in Illinois' mental health treatment system for children and  
8 young adults given that this is the age group that most mental  
9 health conditions begin to manifest. It also addresses barriers  
10 to access to substance use treatment for this age group because  
11 substance use is common for young people with mental health  
12 needs, often to manage untreated mental health symptoms.

13 Section 5. Findings. The General Assembly finds as follows:

14 (1) Over 850,000 children and young adults under age 25 in  
15 Illinois will experience a mental health condition, and between  
16 40-50% of them will begin to use substances, including opioids,  
17 to self-medicate. Barely one-third will get treatment even  
18 though treatment can lead to recovery and wellness.

19 (2) Every year hundreds of Illinois children with treatable  
20 serious mental health conditions are forced to remain in  
21 psychiatric hospitals far beyond medical necessity because  
22 subsequent treatment options are not available.

23 (3) Custody relinquishment to the State of Illinois, often

1 of adopted children with significant mental health needs,  
2 remains common as the only avenue for some children into mental  
3 health treatment.

4 (4) Community-based, wrap-around treatment models are not  
5 available early enough in Illinois to stabilize a child showing  
6 early signs of a serious mental health issue, and the State  
7 does not have enough residential treatment beds or the  
8 appropriate levels of care for children and young adults with  
9 high-acuity residential treatment needs.

10 (5) Children and young adults must have access to the level  
11 of mental health treatment they need at the first signs of a  
12 problem to prevent worsening of the condition and the use of  
13 substances for purposes of self-medication.

14 (6) The State's N.B. Consent Decree for children who are  
15 covered by the State's Medical Assistance Program and the  
16 State's 1115 waiver and related Medicaid State Plan amendments  
17 still leave many service gaps, and none of these efforts deal  
18 with challenges when private insurance does not cover proven  
19 treatment approaches covered by the public sector.

20 (7) Illinois' mental health system for children and young  
21 adults must align with system of care principles, which were  
22 developed by The Georgetown University Center for Child and  
23 Human Development and are the nationally recognized best  
24 practice for developing a strong treatment system. Such an  
25 approach evaluates what treatment and support the child or  
26 young adult, and the family, need in order to stabilize,

1 recover, and achieve wellness based on a comprehensive  
2 assessment of the child's mental and behavioral health needs,  
3 rather than placing the young person in a program (because that  
4 is the only program the State has) that may not meet the needs  
5 of the child and family.

6 (8) This Act contains many of the crucial elements that  
7 Illinois requires for building an appropriate service delivery  
8 system consistent with system of care principles that will  
9 result in an enhanced delivery system and full continuum of  
10 care for children, youth, and young adults with mental health  
11 and substance use treatment needs, consistent with the federal  
12 requirements of Early and Periodic Screening, Diagnostic and  
13 Treatment, and for coverage of a comprehensive array of  
14 services through private insurance. Families should be able to  
15 draw from a full range of services to meet their child's and  
16 family's needs for optimal social emotional growth and  
17 development in the most integrated and clinically appropriate  
18 setting.

19 Section 10. The Illinois Administrative Procedure Act is  
20 amended by changing Section 5-45 as follows:

21 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

22 Sec. 5-45. Emergency rulemaking.

23 (a) "Emergency" means the existence of any situation that  
24 any agency finds reasonably constitutes a threat to the public

1 interest, safety, or welfare.

2 (b) If any agency finds that an emergency exists that  
3 requires adoption of a rule upon fewer days than is required by  
4 Section 5-40 and states in writing its reasons for that  
5 finding, the agency may adopt an emergency rule without prior  
6 notice or hearing upon filing a notice of emergency rulemaking  
7 with the Secretary of State under Section 5-70. The notice  
8 shall include the text of the emergency rule and shall be  
9 published in the Illinois Register. Consent orders or other  
10 court orders adopting settlements negotiated by an agency may  
11 be adopted under this Section. Subject to applicable  
12 constitutional or statutory provisions, an emergency rule  
13 becomes effective immediately upon filing under Section 5-65 or  
14 at a stated date less than 10 days thereafter. The agency's  
15 finding and a statement of the specific reasons for the finding  
16 shall be filed with the rule. The agency shall take reasonable  
17 and appropriate measures to make emergency rules known to the  
18 persons who may be affected by them.

19 (c) An emergency rule may be effective for a period of not  
20 longer than 150 days, but the agency's authority to adopt an  
21 identical rule under Section 5-40 is not precluded. No  
22 emergency rule may be adopted more than once in any 24-month  
23 period, except that this limitation on the number of emergency  
24 rules that may be adopted in a 24-month period does not apply  
25 to (i) emergency rules that make additions to and deletions  
26 from the Drug Manual under Section 5-5.16 of the Illinois

1 Public Aid Code or the generic drug formulary under Section  
2 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)  
3 emergency rules adopted by the Pollution Control Board before  
4 July 1, 1997 to implement portions of the Livestock Management  
5 Facilities Act, (iii) emergency rules adopted by the Illinois  
6 Department of Public Health under subsections (a) through (i)  
7 of Section 2 of the Department of Public Health Act when  
8 necessary to protect the public's health, (iv) emergency rules  
9 adopted pursuant to subsection (n) of this Section, (v)  
10 emergency rules adopted pursuant to subsection (o) of this  
11 Section, or (vi) emergency rules adopted pursuant to subsection  
12 (c-5) of this Section. Two or more emergency rules having  
13 substantially the same purpose and effect shall be deemed to be  
14 a single rule for purposes of this Section.

15 (c-5) To facilitate the maintenance of the program of group  
16 health benefits provided to annuitants, survivors, and retired  
17 employees under the State Employees Group Insurance Act of  
18 1971, rules to alter the contributions to be paid by the State,  
19 annuitants, survivors, retired employees, or any combination  
20 of those entities, for that program of group health benefits,  
21 shall be adopted as emergency rules. The adoption of those  
22 rules shall be considered an emergency and necessary for the  
23 public interest, safety, and welfare.

24 (d) In order to provide for the expeditious and timely  
25 implementation of the State's fiscal year 1999 budget,  
26 emergency rules to implement any provision of Public Act 90-587

1 or 90-588 or any other budget initiative for fiscal year 1999  
2 may be adopted in accordance with this Section by the agency  
3 charged with administering that provision or initiative,  
4 except that the 24-month limitation on the adoption of  
5 emergency rules and the provisions of Sections 5-115 and 5-125  
6 do not apply to rules adopted under this subsection (d). The  
7 adoption of emergency rules authorized by this subsection (d)  
8 shall be deemed to be necessary for the public interest,  
9 safety, and welfare.

10 (e) In order to provide for the expeditious and timely  
11 implementation of the State's fiscal year 2000 budget,  
12 emergency rules to implement any provision of Public Act 91-24  
13 or any other budget initiative for fiscal year 2000 may be  
14 adopted in accordance with this Section by the agency charged  
15 with administering that provision or initiative, except that  
16 the 24-month limitation on the adoption of emergency rules and  
17 the provisions of Sections 5-115 and 5-125 do not apply to  
18 rules adopted under this subsection (e). The adoption of  
19 emergency rules authorized by this subsection (e) shall be  
20 deemed to be necessary for the public interest, safety, and  
21 welfare.

22 (f) In order to provide for the expeditious and timely  
23 implementation of the State's fiscal year 2001 budget,  
24 emergency rules to implement any provision of Public Act 91-712  
25 or any other budget initiative for fiscal year 2001 may be  
26 adopted in accordance with this Section by the agency charged

1 with administering that provision or initiative, except that  
2 the 24-month limitation on the adoption of emergency rules and  
3 the provisions of Sections 5-115 and 5-125 do not apply to  
4 rules adopted under this subsection (f). The adoption of  
5 emergency rules authorized by this subsection (f) shall be  
6 deemed to be necessary for the public interest, safety, and  
7 welfare.

8 (g) In order to provide for the expeditious and timely  
9 implementation of the State's fiscal year 2002 budget,  
10 emergency rules to implement any provision of Public Act 92-10  
11 or any other budget initiative for fiscal year 2002 may be  
12 adopted in accordance with this Section by the agency charged  
13 with administering that provision or initiative, except that  
14 the 24-month limitation on the adoption of emergency rules and  
15 the provisions of Sections 5-115 and 5-125 do not apply to  
16 rules adopted under this subsection (g). The adoption of  
17 emergency rules authorized by this subsection (g) shall be  
18 deemed to be necessary for the public interest, safety, and  
19 welfare.

20 (h) In order to provide for the expeditious and timely  
21 implementation of the State's fiscal year 2003 budget,  
22 emergency rules to implement any provision of Public Act 92-597  
23 or any other budget initiative for fiscal year 2003 may be  
24 adopted in accordance with this Section by the agency charged  
25 with administering that provision or initiative, except that  
26 the 24-month limitation on the adoption of emergency rules and



1 the provisions of Sections 5-115 and 5-125 do not apply to  
2 rules adopted under this subsection (h). The adoption of  
3 emergency rules authorized by this subsection (h) shall be  
4 deemed to be necessary for the public interest, safety, and  
5 welfare.

6 (i) In order to provide for the expeditious and timely  
7 implementation of the State's fiscal year 2004 budget,  
8 emergency rules to implement any provision of Public Act 93-20  
9 or any other budget initiative for fiscal year 2004 may be  
10 adopted in accordance with this Section by the agency charged  
11 with administering that provision or initiative, except that  
12 the 24-month limitation on the adoption of emergency rules and  
13 the provisions of Sections 5-115 and 5-125 do not apply to  
14 rules adopted under this subsection (i). The adoption of  
15 emergency rules authorized by this subsection (i) shall be  
16 deemed to be necessary for the public interest, safety, and  
17 welfare.

18 (j) In order to provide for the expeditious and timely  
19 implementation of the provisions of the State's fiscal year  
20 2005 budget as provided under the Fiscal Year 2005 Budget  
21 Implementation (Human Services) Act, emergency rules to  
22 implement any provision of the Fiscal Year 2005 Budget  
23 Implementation (Human Services) Act may be adopted in  
24 accordance with this Section by the agency charged with  
25 administering that provision, except that the 24-month  
26 limitation on the adoption of emergency rules and the

1 provisions of Sections 5-115 and 5-125 do not apply to rules  
2 adopted under this subsection (j). The Department of Public Aid  
3 may also adopt rules under this subsection (j) necessary to  
4 administer the Illinois Public Aid Code and the Children's  
5 Health Insurance Program Act. The adoption of emergency rules  
6 authorized by this subsection (j) shall be deemed to be  
7 necessary for the public interest, safety, and welfare.

8 (k) In order to provide for the expeditious and timely  
9 implementation of the provisions of the State's fiscal year  
10 2006 budget, emergency rules to implement any provision of  
11 Public Act 94-48 or any other budget initiative for fiscal year  
12 2006 may be adopted in accordance with this Section by the  
13 agency charged with administering that provision or  
14 initiative, except that the 24-month limitation on the adoption  
15 of emergency rules and the provisions of Sections 5-115 and  
16 5-125 do not apply to rules adopted under this subsection (k).  
17 The Department of Healthcare and Family Services may also adopt  
18 rules under this subsection (k) necessary to administer the  
19 Illinois Public Aid Code, the Senior Citizens and Persons with  
20 Disabilities Property Tax Relief Act, the Senior Citizens and  
21 Disabled Persons Prescription Drug Discount Program Act (now  
22 the Illinois Prescription Drug Discount Program Act), and the  
23 Children's Health Insurance Program Act. The adoption of  
24 emergency rules authorized by this subsection (k) shall be  
25 deemed to be necessary for the public interest, safety, and  
26 welfare.

1           (1) In order to provide for the expeditious and timely  
2 implementation of the provisions of the State's fiscal year  
3 2007 budget, the Department of Healthcare and Family Services  
4 may adopt emergency rules during fiscal year 2007, including  
5 rules effective July 1, 2007, in accordance with this  
6 subsection to the extent necessary to administer the  
7 Department's responsibilities with respect to amendments to  
8 the State plans and Illinois waivers approved by the federal  
9 Centers for Medicare and Medicaid Services necessitated by the  
10 requirements of Title XIX and Title XXI of the federal Social  
11 Security Act. The adoption of emergency rules authorized by  
12 this subsection (1) shall be deemed to be necessary for the  
13 public interest, safety, and welfare.

14           (m) In order to provide for the expeditious and timely  
15 implementation of the provisions of the State's fiscal year  
16 2008 budget, the Department of Healthcare and Family Services  
17 may adopt emergency rules during fiscal year 2008, including  
18 rules effective July 1, 2008, in accordance with this  
19 subsection to the extent necessary to administer the  
20 Department's responsibilities with respect to amendments to  
21 the State plans and Illinois waivers approved by the federal  
22 Centers for Medicare and Medicaid Services necessitated by the  
23 requirements of Title XIX and Title XXI of the federal Social  
24 Security Act. The adoption of emergency rules authorized by  
25 this subsection (m) shall be deemed to be necessary for the  
26 public interest, safety, and welfare.

1           (n) In order to provide for the expeditious and timely  
2 implementation of the provisions of the State's fiscal year  
3 2010 budget, emergency rules to implement any provision of  
4 Public Act 96-45 or any other budget initiative authorized by  
5 the 96th General Assembly for fiscal year 2010 may be adopted  
6 in accordance with this Section by the agency charged with  
7 administering that provision or initiative. The adoption of  
8 emergency rules authorized by this subsection (n) shall be  
9 deemed to be necessary for the public interest, safety, and  
10 welfare. The rulemaking authority granted in this subsection  
11 (n) shall apply only to rules promulgated during Fiscal Year  
12 2010.

13           (o) In order to provide for the expeditious and timely  
14 implementation of the provisions of the State's fiscal year  
15 2011 budget, emergency rules to implement any provision of  
16 Public Act 96-958 or any other budget initiative authorized by  
17 the 96th General Assembly for fiscal year 2011 may be adopted  
18 in accordance with this Section by the agency charged with  
19 administering that provision or initiative. The adoption of  
20 emergency rules authorized by this subsection (o) is deemed to  
21 be necessary for the public interest, safety, and welfare. The  
22 rulemaking authority granted in this subsection (o) applies  
23 only to rules promulgated on or after July 1, 2010 (the  
24 effective date of Public Act 96-958) through June 30, 2011.

25           (p) In order to provide for the expeditious and timely  
26 implementation of the provisions of Public Act 97-689,

1 emergency rules to implement any provision of Public Act 97-689  
2 may be adopted in accordance with this subsection (p) by the  
3 agency charged with administering that provision or  
4 initiative. The 150-day limitation of the effective period of  
5 emergency rules does not apply to rules adopted under this  
6 subsection (p), and the effective period may continue through  
7 June 30, 2013. The 24-month limitation on the adoption of  
8 emergency rules does not apply to rules adopted under this  
9 subsection (p). The adoption of emergency rules authorized by  
10 this subsection (p) is deemed to be necessary for the public  
11 interest, safety, and welfare.

12 (q) In order to provide for the expeditious and timely  
13 implementation of the provisions of Articles 7, 8, 9, 11, and  
14 12 of Public Act 98-104, emergency rules to implement any  
15 provision of Articles 7, 8, 9, 11, and 12 of Public Act 98-104  
16 may be adopted in accordance with this subsection (q) by the  
17 agency charged with administering that provision or  
18 initiative. The 24-month limitation on the adoption of  
19 emergency rules does not apply to rules adopted under this  
20 subsection (q). The adoption of emergency rules authorized by  
21 this subsection (q) is deemed to be necessary for the public  
22 interest, safety, and welfare.

23 (r) In order to provide for the expeditious and timely  
24 implementation of the provisions of Public Act 98-651,  
25 emergency rules to implement Public Act 98-651 may be adopted  
26 in accordance with this subsection (r) by the Department of

1 Healthcare and Family Services. The 24-month limitation on the  
2 adoption of emergency rules does not apply to rules adopted  
3 under this subsection (r). The adoption of emergency rules  
4 authorized by this subsection (r) is deemed to be necessary for  
5 the public interest, safety, and welfare.

6 (s) In order to provide for the expeditious and timely  
7 implementation of the provisions of Sections 5-5b.1 and 5A-2 of  
8 the Illinois Public Aid Code, emergency rules to implement any  
9 provision of Section 5-5b.1 or Section 5A-2 of the Illinois  
10 Public Aid Code may be adopted in accordance with this  
11 subsection (s) by the Department of Healthcare and Family  
12 Services. The rulemaking authority granted in this subsection  
13 (s) shall apply only to those rules adopted prior to July 1,  
14 2015. Notwithstanding any other provision of this Section, any  
15 emergency rule adopted under this subsection (s) shall only  
16 apply to payments made for State fiscal year 2015. The adoption  
17 of emergency rules authorized by this subsection (s) is deemed  
18 to be necessary for the public interest, safety, and welfare.

19 (t) In order to provide for the expeditious and timely  
20 implementation of the provisions of Article II of Public Act  
21 99-6, emergency rules to implement the changes made by Article  
22 II of Public Act 99-6 to the Emergency Telephone System Act may  
23 be adopted in accordance with this subsection (t) by the  
24 Department of State Police. The rulemaking authority granted in  
25 this subsection (t) shall apply only to those rules adopted  
26 prior to July 1, 2016. The 24-month limitation on the adoption

1 of emergency rules does not apply to rules adopted under this  
2 subsection (t). The adoption of emergency rules authorized by  
3 this subsection (t) is deemed to be necessary for the public  
4 interest, safety, and welfare.

5 (u) In order to provide for the expeditious and timely  
6 implementation of the provisions of the Burn Victims Relief  
7 Act, emergency rules to implement any provision of the Act may  
8 be adopted in accordance with this subsection (u) by the  
9 Department of Insurance. The rulemaking authority granted in  
10 this subsection (u) shall apply only to those rules adopted  
11 prior to December 31, 2015. The adoption of emergency rules  
12 authorized by this subsection (u) is deemed to be necessary for  
13 the public interest, safety, and welfare.

14 (v) In order to provide for the expeditious and timely  
15 implementation of the provisions of Public Act 99-516,  
16 emergency rules to implement Public Act 99-516 may be adopted  
17 in accordance with this subsection (v) by the Department of  
18 Healthcare and Family Services. The 24-month limitation on the  
19 adoption of emergency rules does not apply to rules adopted  
20 under this subsection (v). The adoption of emergency rules  
21 authorized by this subsection (v) is deemed to be necessary for  
22 the public interest, safety, and welfare.

23 (w) In order to provide for the expeditious and timely  
24 implementation of the provisions of Public Act 99-796,  
25 emergency rules to implement the changes made by Public Act  
26 99-796 may be adopted in accordance with this subsection (w) by

1 the Adjutant General. The adoption of emergency rules  
2 authorized by this subsection (w) is deemed to be necessary for  
3 the public interest, safety, and welfare.

4 (x) In order to provide for the expeditious and timely  
5 implementation of the provisions of Public Act 99-906,  
6 emergency rules to implement subsection (i) of Section 16-115D,  
7 subsection (g) of Section 16-128A, and subsection (a) of  
8 Section 16-128B of the Public Utilities Act may be adopted in  
9 accordance with this subsection (x) by the Illinois Commerce  
10 Commission. The rulemaking authority granted in this  
11 subsection (x) shall apply only to those rules adopted within  
12 180 days after June 1, 2017 (the effective date of Public Act  
13 99-906). The adoption of emergency rules authorized by this  
14 subsection (x) is deemed to be necessary for the public  
15 interest, safety, and welfare.

16 (y) In order to provide for the expeditious and timely  
17 implementation of the provisions of Public Act 100-23,  
18 emergency rules to implement the changes made by Public Act  
19 100-23 to Section 4.02 of the Illinois Act on the Aging,  
20 Sections 5.5.4 and 5-5.4i of the Illinois Public Aid Code,  
21 Section 55-30 of the Alcoholism and Other Drug Abuse and  
22 Dependency Act, and Sections 74 and 75 of the Mental Health and  
23 Developmental Disabilities Administrative Act may be adopted  
24 in accordance with this subsection (y) by the respective  
25 Department. The adoption of emergency rules authorized by this  
26 subsection (y) is deemed to be necessary for the public



1 interest, safety, and welfare.

2 (z) In order to provide for the expeditious and timely  
3 implementation of the provisions of Public Act 100-554,  
4 emergency rules to implement the changes made by Public Act  
5 100-554 to Section 4.7 of the Lobbyist Registration Act may be  
6 adopted in accordance with this subsection (z) by the Secretary  
7 of State. The adoption of emergency rules authorized by this  
8 subsection (z) is deemed to be necessary for the public  
9 interest, safety, and welfare.

10 (aa) In order to provide for the expeditious and timely  
11 initial implementation of the changes made to Articles 5, 5A,  
12 12, and 14 of the Illinois Public Aid Code under the provisions  
13 of Public Act 100-581, the Department of Healthcare and Family  
14 Services may adopt emergency rules in accordance with this  
15 subsection (aa). The 24-month limitation on the adoption of  
16 emergency rules does not apply to rules to initially implement  
17 the changes made to Articles 5, 5A, 12, and 14 of the Illinois  
18 Public Aid Code adopted under this subsection (aa). The  
19 adoption of emergency rules authorized by this subsection (aa)  
20 is deemed to be necessary for the public interest, safety, and  
21 welfare.

22 (bb) In order to provide for the expeditious and timely  
23 implementation of the provisions of Public Act 100-587,  
24 emergency rules to implement the changes made by Public Act  
25 100-587 to Section 4.02 of the Illinois Act on the Aging,  
26 Sections 5.5.4 and 5-5.4i of the Illinois Public Aid Code,

1 subsection (b) of Section 55-30 of the Alcoholism and Other  
2 Drug Abuse and Dependency Act, Section 5-104 of the Specialized  
3 Mental Health Rehabilitation Act of 2013, and Section 75 and  
4 subsection (b) of Section 74 of the Mental Health and  
5 Developmental Disabilities Administrative Act may be adopted  
6 in accordance with this subsection (bb) by the respective  
7 Department. The adoption of emergency rules authorized by this  
8 subsection (bb) is deemed to be necessary for the public  
9 interest, safety, and welfare.

10 (cc) In order to provide for the expeditious and timely  
11 implementation of the provisions of Public Act 100-587,  
12 emergency rules may be adopted in accordance with this  
13 subsection (cc) to implement the changes made by Public Act  
14 100-587 to: Sections 14-147.5 and 14-147.6 of the Illinois  
15 Pension Code by the Board created under Article 14 of the Code;  
16 Sections 15-185.5 and 15-185.6 of the Illinois Pension Code by  
17 the Board created under Article 15 of the Code; and Sections  
18 16-190.5 and 16-190.6 of the Illinois Pension Code by the Board  
19 created under Article 16 of the Code. The adoption of emergency  
20 rules authorized by this subsection (cc) is deemed to be  
21 necessary for the public interest, safety, and welfare.

22 (dd) In order to provide for the expeditious and timely  
23 implementation of the provisions of Public Act 100-864,  
24 emergency rules to implement the changes made by Public Act  
25 100-864 to Section 3.35 of the Newborn Metabolic Screening Act  
26 may be adopted in accordance with this subsection (dd) by the

1 Secretary of State. The adoption of emergency rules authorized  
2 by this subsection (dd) is deemed to be necessary for the  
3 public interest, safety, and welfare.

4 (ee) In order to provide for the expeditious and timely  
5 implementation of the provisions of this amendatory Act of the  
6 100th General Assembly, emergency rules implementing the  
7 Illinois Underground Natural Gas Storage Safety Act may be  
8 adopted in accordance with this subsection by the Department of  
9 Natural Resources. The adoption of emergency rules authorized  
10 by this subsection is deemed to be necessary for the public  
11 interest, safety, and welfare.

12 (ff) In order to provide for the expeditious and timely  
13 implementation of Section 5-5.23 of the Illinois Public Aid  
14 Code, emergency rules to implement the changes made by this  
15 amendatory Act of the 101st General Assembly to Section 5-5.23  
16 of the Illinois Public Aid Code may be adopted in accordance  
17 with this subsection (ff) by the Department of Healthcare and  
18 Family Services. The adoption of emergency rules authorized by  
19 this subsection (ff) is deemed to be necessary for the public  
20 interest, safety, and welfare.

21 (Source: P.A. 99-2, eff. 3-26-15; 99-6, eff. 1-1-16; 99-143,  
22 eff. 7-27-15; 99-455, eff. 1-1-16; 99-516, eff. 6-30-16;  
23 99-642, eff. 7-28-16; 99-796, eff. 1-1-17; 99-906, eff. 6-1-17;  
24 100-23, eff. 7-6-17; 100-554, eff. 11-16-17; 100-581, eff.  
25 3-12-18; 100-587, Article 95, Section 95-5, eff. 6-4-18;  
26 100-587, Article 110, Section 110-5, eff. 6-4-18; 100-864, eff.

1 8-14-18; 100-1172, eff. 1-4-19.)

2 Section 15. The State Employees Group Insurance Act of 1971  
3 is amended by changing Section 6.11 as follows:

4 (5 ILCS 375/6.11)

5 (Text of Section before amendment by P.A. 100-1170)

6 Sec. 6.11. Required health benefits; Illinois Insurance  
7 Code requirements. The program of health benefits shall provide  
8 the post-mastectomy care benefits required to be covered by a  
9 policy of accident and health insurance under Section 356t of  
10 the Illinois Insurance Code. The program of health benefits  
11 shall provide the coverage required under Sections 356g,  
12 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
13 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
14 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~  
15 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.  
16 The program of health benefits must comply with Sections  
17 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the  
18 Illinois Insurance Code. The Department of Insurance shall  
19 enforce the requirements of this Section.

20 Rulemaking authority to implement Public Act 95-1045, if  
21 any, is conditioned on the rules being adopted in accordance  
22 with all provisions of the Illinois Administrative Procedure  
23 Act and all rules and procedures of the Joint Committee on  
24 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
3 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
4 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
5 1-8-19.)

6 (Text of Section after amendment by P.A. 100-1170)

7 Sec. 6.11. Required health benefits; Illinois Insurance  
8 Code requirements. The program of health benefits shall provide  
9 the post-mastectomy care benefits required to be covered by a  
10 policy of accident and health insurance under Section 356t of  
11 the Illinois Insurance Code. The program of health benefits  
12 shall provide the coverage required under Sections 356g,  
13 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
15 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29,  
16 ~~and~~ 356z.32, and 356z.33 of the Illinois Insurance Code. The  
17 program of health benefits must comply with Sections 155.22a,  
18 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois  
19 Insurance Code. The Department of Insurance shall enforce the  
20 requirements of this Section with respect to Sections 370c and  
21 370c.1 of the Illinois Insurance Code; all other requirements  
22 of this Section shall be enforced by the Department of Central  
23 Management Services.

24 Rulemaking authority to implement Public Act 95-1045, if  
25 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

5 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
6 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
7 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;  
8 100-1170, eff. 6-1-19.)

9 Section 20. The Substance Use Disorder Act is amended by  
10 adding Section 55-36 as follows:

11 (20 ILCS 301/55-36 new)

12 Sec. 55-36. Fostering continued engagement in substance  
13 use outpatient treatment. The existing policy and practice of  
14 the Department of Human Services' Division of Substance Use  
15 Prevention and Recovery, as set forth in the Division's  
16 Automated Reporting and Tracking System (DARTS) User Manual,  
17 with respect to substance use disorder outpatient services, of  
18 requiring substance use treatment providers to close out a case  
19 if an individual does not receive an outpatient service for 30  
20 days (the Division considers the person to have dropped out of  
21 treatment) is a barrier to reengaging in treatment and causes  
22 duplication of services upon reengagement. Beginning on the  
23 effective date of this amendatory Act of the 101st General  
24 Assembly, the Division of Substance Use Prevention and Recovery

1 shall allow outpatient substance use treatment providers, if  
2 they choose to do so, keep a substance use treatment case open  
3 for at least 90 days when a person has not received a treatment  
4 service during such period to better foster reengaging in  
5 treatment. A person assessed to need Intensive  
6 Outpatient/Partial Hospitalization Level II care for substance  
7 use treatment shall be permitted to reach this level of care by  
8 the 6th week of treatment to enable them to gradually meet  
9 Level II service requirements. If anything in this Section  
10 causes a negative impact on Illinois' federal substance use  
11 block grant funding, this Section shall become inoperative.

12 Section 25. The Counties Code is amended by changing  
13 Section 5-1069.3 as follows:

14 (55 ILCS 5/5-1069.3)

15 Sec. 5-1069.3. Required health benefits. If a county,  
16 including a home rule county, is a self-insurer for purposes of  
17 providing health insurance coverage for its employees, the  
18 coverage shall include coverage for the post-mastectomy care  
19 benefits required to be covered by a policy of accident and  
20 health insurance under Section 356t and the coverage required  
21 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,  
22 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
23 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~ 356z.29,  
24 356z.32, and 356z.33 of the Illinois Insurance Code. The

1 coverage shall comply with Sections 155.22a, 355b, 356z.19, and  
2 370c of the Illinois Insurance Code. The Department of  
3 Insurance shall enforce the requirements of this Section. The  
4 requirement that health benefits be covered as provided in this  
5 Section is an exclusive power and function of the State and is  
6 a denial and limitation under Article VII, Section 6,  
7 subsection (h) of the Illinois Constitution. A home rule county  
8 to which this Section applies must comply with every provision  
9 of this Section.

10 Rulemaking authority to implement Public Act 95-1045, if  
11 any, is conditioned on the rules being adopted in accordance  
12 with all provisions of the Illinois Administrative Procedure  
13 Act and all rules and procedures of the Joint Committee on  
14 Administrative Rules; any purported rule not so adopted, for  
15 whatever reason, is unauthorized.

16 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
17 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
18 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
19 10-3-18.)

20 Section 30. The Illinois Municipal Code is amended by  
21 changing Section 10-4-2.3 as follows:

22 (65 ILCS 5/10-4-2.3)

23 Sec. 10-4-2.3. Required health benefits. If a  
24 municipality, including a home rule municipality, is a



1 self-insurer for purposes of providing health insurance  
2 coverage for its employees, the coverage shall include coverage  
3 for the post-mastectomy care benefits required to be covered by  
4 a policy of accident and health insurance under Section 356t  
5 and the coverage required under Sections 356g, 356g.5,  
6 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,  
7 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,  
8 ~~and 356z.26, and 356z.29~~, 356z.32, and 356z.33 of the Illinois  
9 Insurance Code. The coverage shall comply with Sections  
10 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
11 Code. The Department of Insurance shall enforce the  
12 requirements of this Section. The requirement that health  
13 benefits be covered as provided in this is an exclusive power  
14 and function of the State and is a denial and limitation under  
15 Article VII, Section 6, subsection (h) of the Illinois  
16 Constitution. A home rule municipality to which this Section  
17 applies must comply with every provision of this Section.

18 Rulemaking authority to implement Public Act 95-1045, if  
19 any, is conditioned on the rules being adopted in accordance  
20 with all provisions of the Illinois Administrative Procedure  
21 Act and all rules and procedures of the Joint Committee on  
22 Administrative Rules; any purported rule not so adopted, for  
23 whatever reason, is unauthorized.

24 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
25 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
26 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised

1 10-4-18.)

2 Section 35. The School Code is amended by changing Section  
3 10-22.3f as follows:

4 (105 ILCS 5/10-22.3f)

5 Sec. 10-22.3f. Required health benefits. Insurance  
6 protection and benefits for employees shall provide the  
7 post-mastectomy care benefits required to be covered by a  
8 policy of accident and health insurance under Section 356t and  
9 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
10 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,  
11 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~  
12 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.  
13 Insurance policies shall comply with Section 356z.19 of the  
14 Illinois Insurance Code. The coverage shall comply with  
15 Sections 155.22a, 355b, and 370c of the Illinois Insurance  
16 Code. The Department of Insurance shall enforce the  
17 requirements of this Section.

18 Rulemaking authority to implement Public Act 95-1045, if  
19 any, is conditioned on the rules being adopted in accordance  
20 with all provisions of the Illinois Administrative Procedure  
21 Act and all rules and procedures of the Joint Committee on  
22 Administrative Rules; any purported rule not so adopted, for  
23 whatever reason, is unauthorized.

24 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;

1 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
2 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

3 Section 40. The Illinois Insurance Code is amended by  
4 adding Section 356z.33 as follows:

5 (215 ILCS 5/356z.33 new)

6 Sec. 356z.33. Coverage of treatment models for early  
7 treatment of serious mental illnesses.

8 (a) For purposes of early treatment of a serious mental  
9 illness or serious emotional disturbance in a child or young  
10 adult under age 30, a group or individual policy of accident  
11 and health insurance, or managed care plan, that is amended,  
12 delivered, issued, or renewed after June 30, 2020 shall provide  
13 coverage of the following bundled, evidence-based treatment  
14 approaches for the purpose of early treatment of a serious  
15 mental illness or serious emotional disturbance:

16 (1) Coordinated specialty care for first episode  
17 psychosis treatment, covering the elements of the  
18 treatment model included in the most recent national  
19 research trials conducted by the National Institute of  
20 Mental Health in the Recovery After an Initial  
21 Schizophrenia Episode (RAISE) trials for psychosis or  
22 prodromal symptoms of psychosis resulting from a serious  
23 mental illness or serious emotional disturbance, but  
24 excluding the components of the treatment model related to

1 education and employment support.

2 (2) Assertive community treatment (ACT) and community  
3 support team (CST) treatment, for purposes of early  
4 treatment of a serious mental illness or serious emotional  
5 disturbance. The elements of ACT and CST to be covered  
6 shall include those covered under Article V of the Illinois  
7 Public Aid Code, through 89 Ill. Adm. Code 140.453(d) (4).

8 (b) As used in this Section:

9 "Serious emotional disturbance" has the meaning as  
10 interpreted by the federal Substance Abuse and Mental Health  
11 Services Administration.

12 "Serious mental illness" has the meaning ascribed to that  
13 term in the most recent edition of the Diagnostic and  
14 Statistical Manual of Mental Disorders published by the  
15 American Psychiatric Association.

16 (c) For purposes of credentialing the mental health  
17 professionals and other medical professionals that are part of  
18 a first episode psychosis treatment team, an ACT team, or a CST  
19 team the credentialing of the psychiatrist or the licensed  
20 clinical leader of the treatment team shall qualify all members  
21 of the treatment team to be credentialed with the insurer.

22 (d) Payment for the services performed under the treatment  
23 models listed in this Section shall be based on a bundled  
24 treatment model or payment, rather than payment for each  
25 separate service delivered by a treatment team member. By no  
26 later than 6 months after the effective date of this amendatory

1 Act of the 101st General Assembly, the Department of Insurance  
2 shall convene a workgroup of Illinois insurance companies and  
3 Illinois mental health treatment providers that deliver the  
4 bundled treatment approaches listed in this Section to  
5 determine a coding solution that allows for these bundled  
6 treatment models to be coded and paid for as a bundle of  
7 services, similar to intensive outpatient treatment where  
8 multiple services are covered under one billing code or a  
9 bundled set of billing codes. The coding solution shall ensure  
10 that services delivered using first episode psychosis  
11 treatment, ACT, or CST are provided and billed as a bundled  
12 service, rather than for each individual service provided by a  
13 treatment team member, which would deconstruct the  
14 evidence-based practice. The coding solution shall be reached  
15 prior to coverage, which shall begin for plans amended,  
16 delivered, issued, or renewed after June 30, 2020, to ensure  
17 coverage of the treatment team approaches as intended by this  
18 Section.

19 (e) For purposes of determining medical necessity for the  
20 treatment approaches listed in this Section, neither  
21 disability nor functional impairment shall be a precondition to  
22 receive the treatment approach. The goal of coverage of these  
23 treatment approaches, as described in this Section, is early  
24 treatment to prevent the worsening of the serious mental  
25 illness or serious emotional disturbance. Medical necessity  
26 shall be presumed following a psychiatric hospitalization if

1 one of the treatment approaches listed in this Section is  
2 recommended by a licensed physician, licensed clinical  
3 psychologist, licensed professional clinical counselor, or  
4 licensed clinical social worker.

5 (f) If, at any time, the Secretary of the United States  
6 Department of Health and Human Services, or its successor  
7 agency, adopts rules or regulations to be published in the  
8 Federal Register or publishes a comment in the Federal Register  
9 or issues an opinion, guidance, or other action that would  
10 require the State, under any provision of the Patient  
11 Protection and Affordable Care Act (P.L. 111-148), including,  
12 but not limited to, 42 U.S.C. 18031(d) (3) (b), or any successor  
13 provision, to defray the cost of any coverage for serious  
14 mental illnesses or serious emotional disturbances outlined in  
15 this Section, then the requirement that a group or individual  
16 policy of accident and health insurance or managed care plan  
17 cover the bundled treatment approaches listed in this Section  
18 is inoperative other than any such coverage authorized under  
19 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and  
20 the State shall not assume any obligation for the cost of the  
21 coverage.

22 (g) After 5 years following full implementation of this  
23 Section, if requested by an insurer, the Department of  
24 Insurance shall contract with an independent third party with  
25 expertise in analyzing health insurance premiums and costs to  
26 perform an independent analysis of the impact coverage of the

1 team-based treatment models listed in this Section has had on  
2 insurance premiums in Illinois. If premiums increased by more  
3 than 1% annually solely due to coverage of these treatment  
4 models, coverage of these models shall no longer be required.

5 Section 45. The Health Maintenance Organization Act is  
6 amended by changing Section 5-3 as follows:

7 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

8 Sec. 5-3. Insurance Code provisions.

9 (a) Health Maintenance Organizations shall be subject to  
10 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
11 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
12 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,  
13 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,  
14 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
15 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,  
16 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33,  
17 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,  
18 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,  
19 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of  
20 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
21 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

22 (b) For purposes of the Illinois Insurance Code, except for  
23 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health  
24 Maintenance Organizations in the following categories are

1 deemed to be "domestic companies":

2 (1) a corporation authorized under the Dental Service  
3 Plan Act or the Voluntary Health Services Plans Act;

4 (2) a corporation organized under the laws of this  
5 State; or

6 (3) a corporation organized under the laws of another  
7 state, 30% or more of the enrollees of which are residents  
8 of this State, except a corporation subject to  
9 substantially the same requirements in its state of  
10 organization as is a "domestic company" under Article VIII  
11 1/2 of the Illinois Insurance Code.

12 (c) In considering the merger, consolidation, or other  
13 acquisition of control of a Health Maintenance Organization  
14 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

15 (1) the Director shall give primary consideration to  
16 the continuation of benefits to enrollees and the financial  
17 conditions of the acquired Health Maintenance Organization  
18 after the merger, consolidation, or other acquisition of  
19 control takes effect;

20 (2) (i) the criteria specified in subsection (1) (b) of  
21 Section 131.8 of the Illinois Insurance Code shall not  
22 apply and (ii) the Director, in making his determination  
23 with respect to the merger, consolidation, or other  
24 acquisition of control, need not take into account the  
25 effect on competition of the merger, consolidation, or  
26 other acquisition of control;



1           (3) the Director shall have the power to require the  
2 following information:

3           (A) certification by an independent actuary of the  
4 adequacy of the reserves of the Health Maintenance  
5 Organization sought to be acquired;

6           (B) pro forma financial statements reflecting the  
7 combined balance sheets of the acquiring company and  
8 the Health Maintenance Organization sought to be  
9 acquired as of the end of the preceding year and as of  
10 a date 90 days prior to the acquisition, as well as pro  
11 forma financial statements reflecting projected  
12 combined operation for a period of 2 years;

13           (C) a pro forma business plan detailing an  
14 acquiring party's plans with respect to the operation  
15 of the Health Maintenance Organization sought to be  
16 acquired for a period of not less than 3 years; and

17           (D) such other information as the Director shall  
18 require.

19           (d) The provisions of Article VIII 1/2 of the Illinois  
20 Insurance Code and this Section 5-3 shall apply to the sale by  
21 any health maintenance organization of greater than 10% of its  
22 enrollee population (including without limitation the health  
23 maintenance organization's right, title, and interest in and to  
24 its health care certificates).

25           (e) In considering any management contract or service  
26 agreement subject to Section 141.1 of the Illinois Insurance

1 Code, the Director (i) shall, in addition to the criteria  
2 specified in Section 141.2 of the Illinois Insurance Code, take  
3 into account the effect of the management contract or service  
4 agreement on the continuation of benefits to enrollees and the  
5 financial condition of the health maintenance organization to  
6 be managed or serviced, and (ii) need not take into account the  
7 effect of the management contract or service agreement on  
8 competition.

9 (f) Except for small employer groups as defined in the  
10 Small Employer Rating, Renewability and Portability Health  
11 Insurance Act and except for medicare supplement policies as  
12 defined in Section 363 of the Illinois Insurance Code, a Health  
13 Maintenance Organization may by contract agree with a group or  
14 other enrollment unit to effect refunds or charge additional  
15 premiums under the following terms and conditions:

16 (i) the amount of, and other terms and conditions with  
17 respect to, the refund or additional premium are set forth  
18 in the group or enrollment unit contract agreed in advance  
19 of the period for which a refund is to be paid or  
20 additional premium is to be charged (which period shall not  
21 be less than one year); and

22 (ii) the amount of the refund or additional premium  
23 shall not exceed 20% of the Health Maintenance  
24 Organization's profitable or unprofitable experience with  
25 respect to the group or other enrollment unit for the  
26 period (and, for purposes of a refund or additional

1 premium, the profitable or unprofitable experience shall  
2 be calculated taking into account a pro rata share of the  
3 Health Maintenance Organization's administrative and  
4 marketing expenses, but shall not include any refund to be  
5 made or additional premium to be paid pursuant to this  
6 subsection (f)). The Health Maintenance Organization and  
7 the group or enrollment unit may agree that the profitable  
8 or unprofitable experience may be calculated taking into  
9 account the refund period and the immediately preceding 2  
10 plan years.

11 The Health Maintenance Organization shall include a  
12 statement in the evidence of coverage issued to each enrollee  
13 describing the possibility of a refund or additional premium,  
14 and upon request of any group or enrollment unit, provide to  
15 the group or enrollment unit a description of the method used  
16 to calculate (1) the Health Maintenance Organization's  
17 profitable experience with respect to the group or enrollment  
18 unit and the resulting refund to the group or enrollment unit  
19 or (2) the Health Maintenance Organization's unprofitable  
20 experience with respect to the group or enrollment unit and the  
21 resulting additional premium to be paid by the group or  
22 enrollment unit.

23 In no event shall the Illinois Health Maintenance  
24 Organization Guaranty Association be liable to pay any  
25 contractual obligation of an insolvent organization to pay any  
26 refund authorized under this Section.

1 (g) Rulemaking authority to implement Public Act 95-1045,  
2 if any, is conditioned on the rules being adopted in accordance  
3 with all provisions of the Illinois Administrative Procedure  
4 Act and all rules and procedures of the Joint Committee on  
5 Administrative Rules; any purported rule not so adopted, for  
6 whatever reason, is unauthorized.

7 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;  
8 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.  
9 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
10 10-4-18.)

11 Section 50. The Illinois Public Aid Code is amended by  
12 changing Section 5-5.23 and by adding Sections 5-36, 5-37,  
13 5-38, and 5-39 as follows:

14 (305 ILCS 5/5-5.23)

15 Sec. 5-5.23. Children's mental health services.

16 (a) The Department of Healthcare and Family Services, by  
17 rule, shall require the screening and assessment of a child  
18 prior to any Medicaid-funded admission to an inpatient hospital  
19 for psychiatric services to be funded by Medicaid. The  
20 screening and assessment shall include a determination of the  
21 appropriateness and availability of out-patient support  
22 services for necessary treatment. The Department, by rule,  
23 shall establish methods and standards of payment for the  
24 screening, assessment, and necessary alternative support

1 services.

2 (b) The Department of Healthcare and Family Services, to  
3 the extent allowable under federal law, shall secure federal  
4 financial participation for Individual Care Grant expenditures  
5 made by the Department of Healthcare and Family Services for  
6 the Medicaid optional service authorized under Section 1905(h)  
7 of the federal Social Security Act, pursuant to the provisions  
8 of Section 7.1 of the Mental Health and Developmental  
9 Disabilities Administrative Act. The Department of Healthcare  
10 and Family Services may exercise the authority under this  
11 Section as is necessary to administer Individual Care Grants as  
12 authorized under Section 7.1 of the Mental Health and  
13 Developmental Disabilities Administrative Act.

14 (c) The Department of Healthcare and Family Services shall  
15 work collaboratively with the Department of Children and Family  
16 Services and the Division of Mental Health of the Department of  
17 Human Services to implement subsections (a) and (b).

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

23 (e) All rights, powers, duties, and responsibilities  
24 currently exercised by the Department of Human Services related  
25 to the Individual Care Grant program are transferred to the  
26 Department of Healthcare and Family Services with the transfer

1 and transition of the Individual Care Grant program to the  
2 Department of Healthcare and Family Services to be completed  
3 and implemented within 6 months after the effective date of  
4 this amendatory Act of the 99th General Assembly. For the  
5 purposes of the Successor Agency Act, the Department of  
6 Healthcare and Family Services is declared to be the successor  
7 agency of the Department of Human Services, but only with  
8 respect to the functions of the Department of Human Services  
9 that are transferred to the Department of Healthcare and Family  
10 Services under this amendatory Act of the 99th General  
11 Assembly.

12 (1) Each act done by the Department of Healthcare and  
13 Family Services in exercise of the transferred powers,  
14 duties, rights, and responsibilities shall have the same  
15 legal effect as if done by the Department of Human Services  
16 or its offices.

17 (2) Any rules of the Department of Human Services that  
18 relate to the functions and programs transferred by this  
19 amendatory Act of the 99th General Assembly that are in  
20 full force on the effective date of this amendatory Act of  
21 the 99th General Assembly shall become the rules of the  
22 Department of Healthcare and Family Services. All rules  
23 transferred under this amendatory Act of the 99th General  
24 Assembly are hereby amended such that the term "Department"  
25 shall be defined as the Department of Healthcare and Family  
26 Services and all references to the "Secretary" shall be

1 changed to the "Director of Healthcare and Family Services  
2 or his or her designee". As soon as practicable hereafter,  
3 the Department of Healthcare and Family Services shall  
4 revise and clarify the rules to reflect the transfer of  
5 rights, powers, duties, and responsibilities affected by  
6 this amendatory Act of the 99th General Assembly, using the  
7 procedures for recodification of rules available under the  
8 Illinois Administrative Procedure Act, except that  
9 existing title, part, and section numbering for the  
10 affected rules may be retained. The Department of  
11 Healthcare and Family Services, consistent with its  
12 authority to do so as granted by this amendatory Act of the  
13 99th General Assembly, shall propose and adopt any other  
14 rules under the Illinois Administrative Procedure Act as  
15 necessary to administer the Individual Care Grant program.  
16 These rules may include, but are not limited to, the  
17 application process and eligibility requirements for  
18 recipients.

19 (3) All unexpended appropriations and balances and  
20 other funds available for use in connection with any  
21 functions of the Individual Care Grant program shall be  
22 transferred for the use of the Department of Healthcare and  
23 Family Services to operate the Individual Care Grant  
24 program. Unexpended balances shall be expended only for the  
25 purpose for which the appropriation was originally made.  
26 The Department of Healthcare and Family Services shall

1 exercise all rights, powers, duties, and responsibilities  
2 for operation of the Individual Care Grant program.

3 (4) Existing personnel and positions of the Department  
4 of Human Services pertaining to the administration of the  
5 Individual Care Grant program shall be transferred to the  
6 Department of Healthcare and Family Services with the  
7 transfer and transition of the Individual Care Grant  
8 program to the Department of Healthcare and Family  
9 Services. The status and rights of Department of Human  
10 Services employees engaged in the performance of the  
11 functions of the Individual Care Grant program shall not be  
12 affected by this amendatory Act of the 99th General  
13 Assembly. The rights of the employees, the State of  
14 Illinois, and its agencies under the Personnel Code and  
15 applicable collective bargaining agreements or under any  
16 pension, retirement, or annuity plan shall not be affected  
17 by this amendatory Act of the 99th General Assembly. All  
18 transferred employees who are members of collective  
19 bargaining units shall retain their seniority, continuous  
20 service, salary, and accrued benefits.

21 (5) All books, records, papers, documents, property  
22 (real and personal), contracts, and pending business  
23 pertaining to the powers, duties, rights, and  
24 responsibilities related to the functions of the  
25 Individual Care Grant program, including, but not limited  
26 to, material in electronic or magnetic format and necessary



1 computer hardware and software, shall be delivered to the  
2 Department of Healthcare and Family Services; provided,  
3 however, that the delivery of this information shall not  
4 violate any applicable confidentiality constraints.

5 (6) Whenever reports or notices are now required to be  
6 made or given or papers or documents furnished or served by  
7 any person to or upon the Department of Human Services in  
8 connection with any of the functions transferred by this  
9 amendatory Act of the 99th General Assembly, the same shall  
10 be made, given, furnished, or served in the same manner to  
11 or upon the Department of Healthcare and Family Services.

12 (7) This amendatory Act of the 99th General Assembly  
13 shall not affect any act done, ratified, or canceled or any  
14 right occurring or established or any action or proceeding  
15 had or commenced in an administrative, civil, or criminal  
16 cause regarding the Department of Human Services before the  
17 effective date of this amendatory Act of the 99th General  
18 Assembly; and those actions or proceedings may be defended,  
19 prosecuted, and continued by the Department of Human  
20 Services.

21 (f) (Blank). ~~The Individual Care Grant program shall be~~  
22 ~~inoperative during the calendar year in which implementation~~  
23 ~~begins of any remedies in response to litigation against the~~  
24 ~~Department of Healthcare and Family Services related to~~  
25 ~~children's behavioral health and the general status of~~  
26 ~~children's behavioral health in this State. Individual Care~~

1 ~~Grant recipients in the program the year it becomes inoperative~~  
2 ~~shall continue to remain in the program until it is clinically~~  
3 ~~appropriate for them to step down in level of care.~~

4 (g) Family Support Program. As Illinois' sole program for  
5 children and young adults with high mental health needs  
6 regardless of their source of health insurance (such as  
7 Medicaid or private insurance) the Department of Healthcare and  
8 Family Services shall restructure the Family Support Program,  
9 formerly known as the Individual Care Grant program, to: (i)  
10 enable early treatment of a child or young adult with serious  
11 mental health needs; (ii) align the program with system of care  
12 principles where a set of services, as outlined in this  
13 Section, are available to the child or young adult, and his or  
14 her family, to meet the needs of the child and the family; and  
15 (iii) include both community-based and residential treatment  
16 services. As part of a system of care approach, the following  
17 shall be hallmarks of the Family Support Program:

18 (1) The treatment and support services available to the  
19 child or young adult, and the family, shall be based on a  
20 comprehensive mental and behavioral health needs  
21 assessment, including substance use treatment needs, of  
22 the child or young adult.

23 (2) Community-based, wrap-around services, including  
24 team-based psychosocial treatment approaches, and  
25 substance use treatment, shall be available early on in the  
26 child or young adult's condition to enable early treatment

1       and wellness.

2           (3) Strong interagency collaboration between all the  
3       State agencies the family is involved with for services,  
4       including the Department of Healthcare and Family  
5       Services, the Department of Human Services, the Department  
6       of Public Health, the Department of Children and Family  
7       Services, the Department of Juvenile Justice, and the  
8       Illinois State Board of Education, given that multiple  
9       treatment providers and public and private agencies are  
10       often involved with the child or young adult.

11           (4) Individualized, strengths-based practices and  
12       trauma-informed treatment approaches.

13           (5) Full participation of the family at all levels of  
14       treatment through a Child and Family Team using a process  
15       that is family-centered and child-focused as part of the  
16       wrap-around planning for determining services and supports  
17       necessary to stabilize the child or young adult, and the  
18       family, to enable wellness and recovery. This planning  
19       process must include consideration of the services and  
20       supports the parent or caregivers might need for family  
21       stabilization, and must assist in making connections to  
22       services based on the insurance coverage of the adult  
23       family members or caregivers.

24           (h) Maximizing federal Medicaid matching dollars for the  
25       Family Support Program. The Department of Healthcare and Family  
26       Services, as the sole Medicaid State agency, shall apply to the

1 federal Centers for Medicare and Medicaid Services within 6  
2 months after the effective date of this amendatory Act of the  
3 101st General Assembly for an Illinois Title XIX State Plan  
4 amendment under Section 1915(i) of the Social Security Act or a  
5 Home and Community-Based Services Waiver to draw additional  
6 federal Medicaid matching funds for services provided through  
7 the Family Support Program for children and young adults who do  
8 not otherwise meet the eligibility criteria for Medicaid  
9 coverage. If federal approval is granted, the Department of  
10 Healthcare and Family Services shall file any rule necessary  
11 for implementation of this subsection within 3 months after  
12 receiving federal approval.

13 (i) Family Support Program; eligibility. A child or young  
14 adult under the age of 26 who (i) has a primary mental health  
15 diagnosis from the most current edition of the Diagnostic and  
16 Statistical Manual of Mental Disorders published by the  
17 American Psychiatric Association or the International  
18 Statistical Classification of Diseases and Related Health  
19 Problems published by the World Health Organization, or (ii)  
20 has a serious emotional disturbance, excluding those with a  
21 primary diagnosis of an intellectual or a developmental  
22 disability or a learning disability shall be eligible for  
23 services under the Family Support Program, including  
24 community-based wrap-around services, if the child's or young  
25 adult's diagnosed condition prevents him or her from  
26 functioning in at least 2 of the following domains:

1 age-appropriate self-care, family life, education or work,  
2 community living, or social/peer relationships. Psychosis  
3 shall not be required to be eligible for services under the  
4 Family Support Program.

5 (1) Presumptive eligibility. A child or young adult,  
6 including a former youth in care, under the age of 26 shall  
7 have presumptive eligibility under the Family Support  
8 Program following 3 psychiatric inpatient hospital  
9 admissions within a 12-month period regardless of whether  
10 there is a diagnosis of a serious mental illness or serious  
11 emotional disturbance, as it is not uncommon for children  
12 and young adults with serious mental health needs to not  
13 have a diagnosed condition, particularly for children that  
14 experienced trauma at an early age.

15 (2) Maximizing private and public insurance coverage.  
16 A family or young adult with private insurance coverage  
17 shall work with the Department of Healthcare and Family  
18 Services to maximize insurance coverage for any and all  
19 benefits covered by his or her health plan. If the  
20 Department of Healthcare and Family Services has a concern  
21 relating to the family's insurer's compliance with State or  
22 federal insurance requirements relating to the child's  
23 coverage of mental health or substance use disorders, the  
24 Department shall refer all relevant information to the  
25 applicable regulatory authority. A family or young adult  
26 with Medicaid coverage shall maximize the use of their

1 Medicaid coverage for treatment services.

2 (3) Family involvement. While parental, guardian, or  
3 caregiver involvement shall be highly encouraged for  
4 children and young adults in the Family Support Program,  
5 for young adults age 18 up to age 26, parental, caregiver,  
6 or guardian involvement in their care shall be encouraged  
7 but not required to receive services through the Family  
8 Support Program.

9 (4) Notification of presumptive eligibility. By no  
10 later than 6 months after the effective date of this  
11 amendatory Act of the 101st General Assembly, the  
12 Department of Healthcare and Family Services, with  
13 meaningful stakeholder input from psychiatric hospitals,  
14 community providers, and advocates, shall be responsible  
15 for developing a process in which (i) the parents,  
16 guardian, or caregiver of a child or young adult, or a  
17 young adult age 18 or older directly, meeting the  
18 presumptive eligibility criteria are notified of  
19 presumptive eligibility for the Family Support Program; or  
20 (ii) the parents, guardian, or caregiver, or the young  
21 adult age 18 or older directly, is provided with  
22 information on the criteria for meeting presumptive  
23 eligibility, prior to hospital discharge to enable early  
24 connection to treatment following hospitalization. The  
25 Department of Healthcare and Family Services shall take  
26 into account that young adults without parental

1 involvement are eligible for the Family Support Program and  
2 shall consider their needs and their ability (or inability)  
3 to apply in developing a process for entry into the Family  
4 Support Program through presumptive eligibility.

5 (5) Appropriation. This subsection shall be limited by  
6 the State's annual appropriation to the Family Support  
7 Program. Annual program expenditures shall not exceed the  
8 State's appropriation to the Family Support Program for  
9 that year.

10 (j) Family Support Program services. Services provided  
11 under the Family Support Program shall include the following  
12 irrespective of the type of insurance coverage of the child or  
13 young adult:

14 (1) All community-based mental health services covered  
15 under the Medical Assistance Program (whether in the  
16 Illinois Title XIX State Plan or covered through a waiver),  
17 including all team-based services and care and case  
18 management services, and all the services included in 89  
19 Ill. Adm. Code 140.453 and 140.454.

20 (2) All community-based substance use treatment  
21 services covered under the Medical Assistance Program,  
22 whether covered by the Illinois Title XIX State Plan or by  
23 a federal waiver.

24 (3) Mental health residential treatment covered by the  
25 Family Support Program shall include treatment in a live-in  
26 therapeutic residential facility for children and young

1 adults up to age 21. For youth and young adults 18 years of  
2 age or older (up to age 26) who need ongoing housing and  
3 treatment support to maintain recovery and gain  
4 independence, this level of treatment shall be provided  
5 using an age-appropriate supportive housing model through  
6 which the Family Support Program pays for housing support  
7 in the community mirroring the Division of Mental Health's  
8 Bridge Subsidy Program in existence on the effective date  
9 of this amendatory Act of the 101st General Assembly,  
10 combined with community-based mental health and substance  
11 use treatment services. The Department of Healthcare and  
12 Family Services, with meaningful stakeholder input from  
13 providers and advocates, shall file an amendment to 89 Ill.  
14 Adm. Code 139 for purposes of implementing an  
15 age-appropriate supportive housing model through the  
16 Family Support Program, consistent with subparagraphs (A)  
17 and (B) within 6 months after the effective date of this  
18 amendatory Act of the 101st General Assembly.

19 (A) For young adults receiving Family Support  
20 Program residential treatment services in a live-in,  
21 therapeutic residential treatment facility who reach  
22 age 21 but who continue to need residential and  
23 treatment support to maintain recovery and gain  
24 independence based on the recommendation of a licensed  
25 practitioner of the healing arts based on the results  
26 of the youths' comprehensive mental health needs



1 assessment, these youth shall be transitioned into the  
2 community using an age-appropriate supportive housing  
3 model outlined in this Section. The transition period  
4 to supportive housing for these young adults shall  
5 begin no later than 6 months prior to transition to the  
6 community to enable sufficient time to locate  
7 appropriate, safe housing and make the transition  
8 without disrupting the treatment and care for the young  
9 adult. A young adult transitioning to a supportive  
10 housing model from a residential treatment facility  
11 through the Family Support Program shall not stay in  
12 the supportive housing model beyond 2 years. A young  
13 adult transitioning from a residential treatment  
14 facility or from supportive housing through the Family  
15 Support Program shall be eligible for community-based  
16 services through the Family Support Program to support  
17 his or her recovery and wellness up to age 26 based on  
18 his or her level of need using a comprehensive mental  
19 and behavioral health needs assessment.

20 (B) If a young adult age 21 or older comes into the  
21 Family Support Program for services and residential  
22 treatment and is recommended by a licensed  
23 practitioner of the healing arts based on the results  
24 of the comprehensive mental health needs assessment,  
25 that young adult shall be provided treatment using an  
26 age-appropriate supportive housing model outlined in

1 this Section. For such youth, his or her length of stay  
2 in supportive housing through the Family Support  
3 Program shall not exceed 2 years in total. A young  
4 adult age 21, up to age 26, transitioning from  
5 supportive housing through the Family Support Program  
6 shall be eligible for community-based services through  
7 the Family Support Program to support the young adult's  
8 recovery and wellness up to age 26 based on his or her  
9 level of need using a comprehensive mental and  
10 behavioral health needs assessment. A young adult  
11 coming into the Family Support Program who is age 21 or  
12 older who needs only community-based mental health and  
13 substance use treatment services shall be eligible for  
14 the level of care the young adult needs based on his or  
15 her comprehensive mental and behavioral health needs  
16 assessment up to age 26.

17 (C) The amount of Family Support Program funding  
18 available for supportive housing services for young  
19 adults age 21 up to age 26 shall not exceed one-quarter  
20 of the annual appropriation made to the Family Support  
21 Program.

22 (D) The Department of Healthcare and Family  
23 Services shall develop a new level of therapeutic  
24 residential treatment for children or young adults  
25 under age 21 with high-acuity residential treatment  
26 needs but who are no longer appropriate for

1 hospitalization. This level of care shall be  
2 equivalent to, and mirror, Medicaid psychiatric  
3 residential treatment facilities for children to  
4 ensure that when Illinois develops Medicaid-covered  
5 psychiatric residential treatment facilities, these  
6 facilities will qualify for federal Medicaid matching  
7 dollars as psychiatric residential treatment  
8 facilities for the Medicaid population. With  
9 meaningful input from stakeholders, including mental  
10 health residential treatment providers, the Department  
11 of Healthcare and Family Services shall determine the  
12 staffing needs of treatment providers to safely  
13 provide this level of care, and any infrastructure  
14 modifications needed to accommodate this level of  
15 care, and shall develop the reimbursement rate that  
16 covers the full cost to provide this level of care and  
17 shall provide for reimbursement for necessary  
18 infrastructure investments. This level of care shall  
19 be developed within 3 months after the effective date  
20 of this amendatory Act of the 101st General Assembly to  
21 alleviate the crisis of children remaining in  
22 psychiatric hospitals beyond medical necessity. The  
23 amount of the annual appropriation made to the Family  
24 Support Program that is spent on the high-acuity  
25 residential treatment outlined in this subparagraph  
26 shall not exceed 12% of that appropriation amount.

1           Using Medicaid claims data over the last 5 years, the  
2           Department of Healthcare and Family Services shall  
3           assess the estimated number of these high-acuity  
4           residential treatment beds that are needed in each  
5           region of the State based on the number of children  
6           remaining in psychiatric hospitals beyond medical  
7           necessity and the number of children placed  
8           out-of-state who need this level of care. The  
9           Department of Healthcare and Family Services shall  
10          report the results of this assessment to the General  
11          Assembly by no later than June 30, 2020.

12          (4) Short-term, 90-day therapeutic crisis beds for  
13          children or young adults under age 21 who are at-risk of  
14          longer-term residential treatment shall be developed by  
15          the Department of Healthcare and Family Services. These  
16          crisis beds shall not diminish the existing residential  
17          treatment bed capacity in each region of the State. This  
18          level of care and the reimbursement rates shall be  
19          developed by the Department of Healthcare and Family  
20          Services within 3 months after the effective date of this  
21          amendatory Act of the 101st General Assembly to alleviate  
22          the crisis of children remaining in psychiatric hospitals  
23          beyond medical necessity.

24          (5) Supported education and employment services. To  
25          assist children or young adults in recovery, and to help  
26          them to remain in school or working so they can acquire the

1 skills needed to become independent adults, Family Support  
2 Program services shall include supported education and  
3 employment services. The Department of Healthcare and  
4 Family Services shall adjust the Family Support Program  
5 rates upward to cover the cost of supported education and  
6 employment services. These services shall be available  
7 when recommended by a licensed practitioner of the healing  
8 arts based on the results of the comprehensive mental  
9 health needs assessment of the child or young adult.

10 (k) Consistent reimbursement rates. At a minimum,  
11 reimbursement rates in effect at the time of the service for  
12 community-based services shall be the rate paid to providers of  
13 Family Support Program services for the services covered by the  
14 Medical Assistance Program either under the Illinois Title XIX  
15 State Plan or through a federal waiver whether or not the child  
16 or young adult is covered under the Medical Assistance Program.

17 (l) Service eligibility. Consistent with system of care  
18 principles, a child or young adult in the Family Support  
19 Program shall be eligible to receive a mental health or  
20 substance use treatment service covered by the Family Support  
21 Program in accordance with this Section if it is recommended by  
22 a licensed practitioner of the healing arts based on the  
23 results of a comprehensive behavioral health needs assessment  
24 of the child or young adult whether or not the child or young  
25 adult is in a Medicaid managed care plan. Because children and  
26 young adults with serious mental health conditions typically

1 need treatment for several months to stabilize their condition,  
2 the initial prior authorization for all team-based treatment  
3 (such as assertive community treatment or community support  
4 treatment) or residential treatment shall last for 6 months  
5 whether or not the child or young adult is in a Medicaid  
6 managed care plan. Following the first 6 months of team-based  
7 treatment or residential treatment, prior authorization shall  
8 not be required more frequently than quarterly, whether or not  
9 the child or young adult is in a Medicaid managed care plan.  
10 Mental and behavioral health assessments, treatment plans and  
11 treatment plan updates, and related reporting and  
12 documentation shall occur no more frequently than what is  
13 clinically appropriate. In determining the required frequency  
14 of assessments, treatment plans, and treatment plan updates,  
15 the Department of Healthcare and Family Services shall consider  
16 the frequency of such steps in the treatment process for other  
17 similar chronic medical conditions such as for diabetes.

18 (m) Streamlined application. The Department of Healthcare  
19 and Family Services shall revise the Family Support Program  
20 application and the application process to reflect the changes  
21 made to this Section by this amendatory Act of the 101st  
22 General Assembly consistent with the implementation timelines  
23 contained in this Section. For a child and young adult meeting  
24 the presumptive eligibility requirements, the Department of  
25 Healthcare and Family Services shall develop an application  
26 that is no longer than 2 pages that enables the family or young

1 adult to demonstrate that they have met the presumptive  
2 eligibility standards set forth in this Section without undue  
3 burden or cost to ensure prompt access to treatment through the  
4 Family Support Program immediately following psychiatric  
5 hospitalization (services established or a treatment placement  
6 within 30 days following psychiatric hospital discharge).

7 (n) Services provided to Family Support Program youth  
8 during unplanned absences. Reimbursement for Family Support  
9 Program services, including transitional care services,  
10 intensive case management, and other services, delivered  
11 during unplanned absences from residential treatment  
12 (including under a supportive housing model) due to  
13 hospitalization, justice system involvement, or running away  
14 shall mirror the policies in place on January 1, 2018 for  
15 reimbursement of residential treatment provided through the  
16 Department of Children and Family Services, given the  
17 similarities between the 2 populations and the severity of the  
18 illnesses these children or youth have.

19 (o) Family Support Program public awareness and  
20 educational campaign for all relevant providers. To ensure  
21 widespread knowledge about the availability of the Family  
22 Support Program for families in need of treatment services for  
23 children with significant mental health needs, or for young  
24 adults who do not have an involved parent or caregiver, the  
25 Department of Healthcare and Family Services shall engage in a  
26 public awareness campaign to educate hospitals with

1 psychiatric units, crisis response providers (such as SASS and  
2 CCBYS agencies), schools, and other community institutions and  
3 providers across Illinois on the changes to the Family Support  
4 Program made by this amendatory Act of the 101st General  
5 Assembly, how eligibility has changed, and how families and  
6 young adults in need of treatment can apply. The Department of  
7 Healthcare and Family Services shall produce written materials  
8 geared for the appropriate target audience, develop webinars,  
9 and conduct outreach visits over a one-year period beginning in  
10 September 2019.

11 (p) Notwithstanding any other provision of law, annual  
12 appropriations made to the Family Support Program, including  
13 unspent or lapsed Family Support Program funds, shall not be  
14 subject to fund sweeps, administrative charges or chargebacks,  
15 or any other fiscal or budgetary maneuver that would in any way  
16 transfer any funds appropriated for Family Support Program  
17 services into any other fund of the State.

18 (q) Outcomes and data on the Family Support Program.  
19 Beginning in 2021, the Department of Healthcare and Family  
20 Services shall submit an annual report to the General Assembly  
21 that includes the following information with respect to the  
22 time period covered by the report:

23 (1) The number and ages of the children and young  
24 adults who requested services under the Family Support  
25 Program, the services requested, and the services  
26 received.



1           (2) The number and ages of the children and young  
2           adults who requested services under the Family Support  
3           Program and were presumptively eligible for services in  
4           accordance with this Section.

5           (3) The length of time between application and  
6           assessment, and between assessment and the provision of  
7           Family Support Program services consistent with the  
8           assessed need, broken down by (i) the needed level of care,  
9           (ii) the age of the child or young adult, and (iii) whether  
10          or not the child or young adult had presumptive  
11          eligibility.

12          (4) The number and ages of the children or young adults  
13          who applied for Family Support Program services but did not  
14          receive any services, or did not receive the level of care  
15          identified as appropriate by the assessment, and the reason  
16          why services, or the appropriate services, were not  
17          provided.

18          (r) Rulemaking authority. Unless otherwise specified, this  
19          Section takes effect on the effective date of this amendatory  
20          Act of the 101st General Assembly. Unless a timeline is  
21          otherwise specified in a subsection, if amendments to 89 Ill.  
22          Adm. Code 139 are needed for implementation of this Section,  
23          such amendments shall be filed by the Department of Healthcare  
24          and Family Services within 6 months after the effective date of  
25          this amendatory Act of the 101st General Assembly. The  
26          Department may adopt rules necessary to implement this Section

1 through the use of emergency rulemaking in accordance with  
2 Section 5-45 of the Illinois Administrative Procedure Act. For  
3 purposes of that Act, the General Assembly finds that the  
4 adoption of rules to implement this Section is deemed an  
5 emergency and necessary for the public interest, safety, and  
6 welfare.

7 (Source: P.A. 99-479, eff. 9-10-15.)

8 (305 ILCS 5/5-36 new)

9 Sec. 5-36. In-Home Therapy Pilot Program for children and  
10 youth.

11 (a) Within 6 months after the effective date of this  
12 amendatory Act of the 101st General Assembly, the Department of  
13 Healthcare and Family Services shall submit an application to  
14 the federal Centers for Medicare and Medicaid Services for  
15 Medicaid coverage through its existing 1115 waiver, or through  
16 a separate federal waiver or Illinois Title XIX State Plan  
17 amendment, for an In-Home Therapy Pilot Program for children or  
18 youth under age 21 to be provided in their parent's,  
19 guardian's, or caregiver's home, or at any other community or  
20 natural setting including school or child care. The purpose of  
21 the In-Home Therapy Pilot Program shall be to ameliorate the  
22 child or youth's mental health issues, and strengthen the  
23 family structures and supports. Hallmarks of in-home therapy,  
24 to be provided by a clinician, with the support of a  
25 paraprofessional, shall include or allow for each the following

1 of the following:

2 (1) 24 hours a day, 7 days a week response capability  
3 by the provider.

4 (2) The frequency and duration of the visit will match  
5 the need and not be time-limited.

6 (3) Intensive family therapy that includes working  
7 with the child or family, including understanding the  
8 family dynamics, possible safety concerns, and seeking to  
9 teach strategies that address stressors that may arise in  
10 the process. Intensive family therapy may include sessions  
11 without the presence of the child in order to assist in  
12 strengthening parenting skills that are related to the  
13 child's mental health needs.

14 (4) Coaching in support of decision-making in both  
15 crisis and non-crisis situations.

16 (5) Skills training for the youth or the youth's  
17 parent, guardian, or caregiver.

18 The In-Home Therapy Pilot Program shall require a showing  
19 of medical necessity based on a comprehensive behavioral health  
20 assessment. Medical necessity shall not require a more  
21 stringent test than that the child or youth's clinical  
22 condition warrants in-home therapy in order to: (i) enhance  
23 problem-solving, limit-setting, risk management or safety  
24 planning, and communication; (ii) advance the therapeutic  
25 goals or improve ineffective patterns of interaction; and (iii)  
26 build skills to strengthen the parent's or caregiver's ability

1 to sustain the child or youth in the home setting or to prevent  
2 the need for more intensive levels of service such as inpatient  
3 hospitalization or other out-of-home behavioral health  
4 treatment services.

5 (b) The Department of Healthcare and Family Services shall  
6 establish a rule for implementation of the In-Home Therapy  
7 Pilot Program within 6 months after receiving federal approval  
8 for Medicaid coverage for in-home therapy services. In-home  
9 therapy services shall not become a Medicaid-covered service  
10 unless federal financial participation is provided. Upon  
11 federal approval of Medicaid coverage for in-home therapy  
12 services and upon approval by the Joint Committee on  
13 Administrative Rules of a final rule for purposes of  
14 implementing the In-Home Therapy Pilot Program, in-home  
15 therapy services shall also be covered by the Family Support  
16 Program.

17 (305 ILCS 5/5-37 new)

18 Sec. 5-37. Education on mental health and substance use  
19 treatment services for children and young adults. The  
20 Department of Healthcare and Family Services shall contract  
21 with a third party with marketing and communications expertise  
22 to develop a layman's guide to the mental health and substance  
23 use treatment services available in Illinois through the  
24 Medical Assistance Program and through the Family Support  
25 Program, or other publicly funded programs, similar to what

1 Massachusetts developed, to help families understand what  
2 services are available to them when they have a child in need  
3 of treatment or support. The guide shall be in  
4 easy-to-understand language, be prominently available the  
5 Department of Healthcare and Family Services' website, and be  
6 part of a statewide communications campaign to ensure families  
7 are aware of Family Support Program services. It shall briefly  
8 explain the service and whether it is covered by the Medical  
9 Assistance Program, the Family Support Program, or any other  
10 public funding source. Within one year after the effective date  
11 of this amendatory Act of the 101st General Assembly, the  
12 Department of Healthcare and Family Services shall complete  
13 this guide, have it available on its website, and launch the  
14 communications campaign. The Department of Healthcare and  
15 Family Services shall remove the requirement for family  
16 leadership councils under each Medicaid managed care  
17 organization and shall instead update this guide periodically  
18 as programs and services change or are added. Within 6 months  
19 after the effective date of this amendatory Act of the 101st  
20 General Assembly, the Department of Healthcare and Family  
21 Services shall develop and fund family leadership councils, or  
22 similar family-run organizations, regionally across Illinois,  
23 with a separate statewide Family Leadership Council made up of  
24 representatives from each regional council. These family  
25 leadership councils or similar family-run organizations shall  
26 help families gain the education and knowledge on available

1 mental health and substance use treatment services available  
2 for children and young adults. The family leadership councils  
3 or similar family-run organizations established shall have  
4 input on the development of the layman's guide in accordance  
5 with this Section to ensure it is understandable for parents.

6 (305 ILCS 5/5-38 new)

7 Sec. 5-38. Billing mechanism for preventive mental health  
8 services delivered to children.

9 (a) The General Assembly finds:

10 (1) It is common for children to have mental health  
11 needs but to not have a full-blown diagnosis of a mental  
12 illness. Examples include, but are not limited to, children  
13 who have mild or emerging symptoms of a mental health  
14 condition (such as meeting some but not all the criteria  
15 for a diagnosis, including, but not limited to, symptoms of  
16 depression, attentional deficits, anxiety or prodromal  
17 symptoms of bipolar disorder or schizophrenia); cutting or  
18 engaging in other forms of self-harm; or experiencing  
19 violence or trauma).

20 (2) The federal requirement that Medicaid-covered  
21 children have access to Early and Periodic Screening,  
22 Diagnostic and Treatment services includes ensuring that  
23 Medicaid-covered children who have a mental health need but  
24 do not have a mental health diagnosis have access to  
25 treatment.

1           (3) The Department of Healthcare and Family Services'  
2           existing policy acknowledges this federal requirement by  
3           allowing for Medicaid billing for mental health services  
4           for children who have a need for services but who do not  
5           have a mental health diagnosis in Section 207.3.3 of the  
6           Community-Based Behavioral Services Provider Handbook.  
7           However, the current policy of the Department of Healthcare  
8           and Family Services requires clinicians to specify a  
9           diagnosis code and make a notation in the child's medical  
10           record that the service is preventive. This effectively  
11           requires the clinician to associate a diagnosis with the  
12           child and is a major barrier for services because many  
13           clinicians rightly are unwilling to document a mental  
14           health diagnosis in the medical record when a diagnosis is  
15           not medically appropriate.

16           (b) Consistent with the existing policy of the Department  
17           of Healthcare and Family Services and the federal Early and  
18           Periodic Screening, Diagnostic and Treatment requirement,  
19           within 6 months after the effective date of this amendatory Act  
20           of the 101st General Assembly, the Department of Healthcare and  
21           Family Services, with meaningful stakeholder input, shall  
22           develop and implement a medically appropriate and practical  
23           service coding solution that enables mental health providers  
24           and professionals to deliver and get paid for the appropriate  
25           level of mental health service to a child under age 21 who is  
26           enrolled in the Medical Assistance Program and has a mental

1 health need but does not have a mental health diagnosis to  
2 prevent or preempt the development of a serious mental health  
3 condition. To ensure the solution makes sense in practice (and  
4 addresses the concern of inappropriately associating a  
5 diagnosis with a child, or exposing the provider to a federal  
6 Medicaid audit risk), the Department of Healthcare and Family  
7 Services shall convene a working group that includes children's  
8 mental health providers to receive input on recommendations for  
9 a solution prior to developing the service code to ensure the  
10 solution works in practice and does not deter clinicians from  
11 delivering prevention and early treatment to children with  
12 mental health needs but who do not have a diagnosed mental  
13 illness. The Department of Healthcare and Family Services shall  
14 meet with this working group at least 4 times prior to  
15 developing the service coding solution. The service coding  
16 solution developed in accordance with this Section shall enable  
17 and allow for mental health services for a child without a  
18 mental health diagnosis for purposes of prevention and early  
19 treatment when recommended by a licensed practitioner of the  
20 healing arts. For a low-intensity service, such as therapy,  
21 neither prior authorization nor a comprehensive mental health  
22 needs assessment shall be required to receive these services  
23 whether or not the child is enrolled in a Medicaid managed care  
24 plan. If the Department of Healthcare and Family Services  
25 determines that an Illinois Title XIX State Plan amendment is  
26 necessary to implement this Section, the State Plan amendment



1 shall be filed with the federal Centers for Medicare and  
2 Medicaid Services by no later than 6 months after the effective  
3 date of this amendatory Act of the 101st General Assembly. If  
4 rulemaking is required to implement this Section, the rule  
5 shall be filed by the Department of Healthcare and Family  
6 Services with the Joint Committee on Administrative Rules by no  
7 later than 6 months after the effective date of this amendatory  
8 Act of the 101st General Assembly, and if federal approval is  
9 required, within 3 months after federal approval.

10 (305 ILCS 5/5-39 new)

11 Sec. 5-39. Alignment of children's mental health treatment  
12 systems. As Illinois begins to plan for implementation of the  
13 federal Family First Prevention Services Act, the  
14 establishment of psychiatric residential treatment facilities,  
15 and the implementation of the N.B. Consent Decree, the  
16 Governor's Office shall establish, convene, and lead a working  
17 group that includes the Director of Healthcare and Family  
18 Services, the Secretary of Human Services, the Director of  
19 Public Health, the Director of Children and Family Services,  
20 the Director of Juvenile Justice, the State Superintendent of  
21 Education, and the appropriate agency staff who will be  
22 responsible for implementation or oversight of these services.  
23 The working group shall meet at least quarterly to foster  
24 interagency collaboration and work toward aligning these  
25 services and programs, including provider requirements to

1 deliver these services and the outcomes they must meet, in  
2 order to (i) create one children's mental health system that is  
3 consistent with system of care principles and that spans across  
4 State agencies, rather than separate siloed systems with  
5 different requirements, rates, and administrative processes  
6 and standards; and (ii) prevent out-of-home placements where  
7 possible.

8 Section 55. The Adoption Act is amended by changing  
9 Sections 1 and 18.9 as follows:

10 (750 ILCS 50/1) (from Ch. 40, par. 1501)

11 Sec. 1. Definitions. When used in this Act, unless the  
12 context otherwise requires:

13 A. "Child" means a person under legal age subject to  
14 adoption under this Act.

15 B. "Related child" means a child subject to adoption where  
16 either or both of the adopting parents stands in any of the  
17 following relationships to the child by blood, marriage,  
18 adoption, or civil union: parent, grand-parent,  
19 great-grandparent, brother, sister, step-parent,  
20 step-grandparent, step-brother, step-sister, uncle, aunt,  
21 great-uncle, great-aunt, first cousin, or second cousin. A  
22 person is related to the child as a first cousin or second  
23 cousin if they are both related to the same ancestor as either  
24 grandchild or great-grandchild. A child whose parent has

1 executed a consent to adoption, a surrender, or a waiver  
2 pursuant to Section 10 of this Act or whose parent has signed a  
3 denial of paternity pursuant to Section 12 of the Vital Records  
4 Act or Section 12a of this Act, or whose parent has had his or  
5 her parental rights terminated, is not a related child to that  
6 person, unless (1) the consent is determined to be void or is  
7 void pursuant to subsection O of Section 10 of this Act; or (2)  
8 the parent of the child executed a consent to adoption by a  
9 specified person or persons pursuant to subsection A-1 of  
10 Section 10 of this Act and a court of competent jurisdiction  
11 finds that such consent is void; or (3) the order terminating  
12 the parental rights of the parent is vacated by a court of  
13 competent jurisdiction.

14 C. "Agency" for the purpose of this Act means a public  
15 child welfare agency or a licensed child welfare agency.

16 D. "Unfit person" means any person whom the court shall  
17 find to be unfit to have a child, without regard to the  
18 likelihood that the child will be placed for adoption. The  
19 grounds of unfitness are any one or more of the following,  
20 except that a person shall not be considered an unfit person  
21 for the sole reason that the person has relinquished a child in  
22 accordance with the Abandoned Newborn Infant Protection Act:

23 (a) Abandonment of the child.

24 (a-1) Abandonment of a newborn infant in a hospital.

25 (a-2) Abandonment of a newborn infant in any setting  
26 where the evidence suggests that the parent intended to

1           relinquish his or her parental rights.

2           (b) Failure to maintain a reasonable degree of  
3 interest, concern or responsibility as to the child's  
4 welfare.

5           (c) Desertion of the child for more than 3 months next  
6 preceding the commencement of the Adoption proceeding.

7           (d) Substantial neglect of the child if continuous or  
8 repeated.

9           (d-1) Substantial neglect, if continuous or repeated,  
10 of any child residing in the household which resulted in  
11 the death of that child.

12           (e) Extreme or repeated cruelty to the child.

13           (f) There is a rebuttable presumption, which can be  
14 overcome only by clear and convincing evidence, that a  
15 parent is unfit if:

16           (1) Two or more findings of physical abuse have  
17 been entered regarding any children under Section 2-21  
18 of the Juvenile Court Act of 1987, the most recent of  
19 which was determined by the juvenile court hearing the  
20 matter to be supported by clear and convincing  
21 evidence; or

22           (2) The parent has been convicted or found not  
23 guilty by reason of insanity and the conviction or  
24 finding resulted from the death of any child by  
25 physical abuse; or

26           (3) There is a finding of physical child abuse

1 resulting from the death of any child under Section  
2 2-21 of the Juvenile Court Act of 1987.

3 No conviction or finding of delinquency pursuant to  
4 Article V of the Juvenile Court Act of 1987 shall be  
5 considered a criminal conviction for the purpose of  
6 applying any presumption under this item (f).

7 (g) Failure to protect the child from conditions within  
8 his environment injurious to the child's welfare.

9 (h) Other neglect of, or misconduct toward the child;  
10 provided that in making a finding of unfitness the court  
11 hearing the adoption proceeding shall not be bound by any  
12 previous finding, order or judgment affecting or  
13 determining the rights of the parents toward the child  
14 sought to be adopted in any other proceeding except such  
15 proceedings terminating parental rights as shall be had  
16 under either this Act, the Juvenile Court Act or the  
17 Juvenile Court Act of 1987.

18 (i) Depravity. Conviction of any one of the following  
19 crimes shall create a presumption that a parent is deprived  
20 which can be overcome only by clear and convincing  
21 evidence: (1) first degree murder in violation of paragraph  
22 1 or 2 of subsection (a) of Section 9-1 of the Criminal  
23 Code of 1961 or the Criminal Code of 2012 or conviction of  
24 second degree murder in violation of subsection (a) of  
25 Section 9-2 of the Criminal Code of 1961 or the Criminal  
26 Code of 2012 of a parent of the child to be adopted; (2)

1 first degree murder or second degree murder of any child in  
2 violation of the Criminal Code of 1961 or the Criminal Code  
3 of 2012; (3) attempt or conspiracy to commit first degree  
4 murder or second degree murder of any child in violation of  
5 the Criminal Code of 1961 or the Criminal Code of 2012; (4)  
6 solicitation to commit murder of any child, solicitation to  
7 commit murder of any child for hire, or solicitation to  
8 commit second degree murder of any child in violation of  
9 the Criminal Code of 1961 or the Criminal Code of 2012; (5)  
10 predatory criminal sexual assault of a child in violation  
11 of Section 11-1.40 or 12-14.1 of the Criminal Code of 1961  
12 or the Criminal Code of 2012; (6) heinous battery of any  
13 child in violation of the Criminal Code of 1961; or (7)  
14 aggravated battery of any child in violation of the  
15 Criminal Code of 1961 or the Criminal Code of 2012.

16 There is a rebuttable presumption that a parent is  
17 deprived if the parent has been criminally convicted of at  
18 least 3 felonies under the laws of this State or any other  
19 state, or under federal law, or the criminal laws of any  
20 United States territory; and at least one of these  
21 convictions took place within 5 years of the filing of the  
22 petition or motion seeking termination of parental rights.

23 There is a rebuttable presumption that a parent is  
24 deprived if that parent has been criminally convicted of  
25 either first or second degree murder of any person as  
26 defined in the Criminal Code of 1961 or the Criminal Code

1 of 2012 within 10 years of the filing date of the petition  
2 or motion to terminate parental rights.

3 No conviction or finding of delinquency pursuant to  
4 Article 5 of the Juvenile Court Act of 1987 shall be  
5 considered a criminal conviction for the purpose of  
6 applying any presumption under this item (i).

7 (j) Open and notorious adultery or fornication.

8 (j-1) (Blank).

9 (k) Habitual drunkenness or addiction to drugs, other  
10 than those prescribed by a physician, for at least one year  
11 immediately prior to the commencement of the unfitness  
12 proceeding.

13 There is a rebuttable presumption that a parent is  
14 unfit under this subsection with respect to any child to  
15 which that parent gives birth where there is a confirmed  
16 test result that at birth the child's blood, urine, or  
17 meconium contained any amount of a controlled substance as  
18 defined in subsection (f) of Section 102 of the Illinois  
19 Controlled Substances Act or metabolites of such  
20 substances, the presence of which in the newborn infant was  
21 not the result of medical treatment administered to the  
22 mother or the newborn infant; and the biological mother of  
23 this child is the biological mother of at least one other  
24 child who was adjudicated a neglected minor under  
25 subsection (c) of Section 2-3 of the Juvenile Court Act of  
26 1987.

1           (1) Failure to demonstrate a reasonable degree of  
2 interest, concern or responsibility as to the welfare of a  
3 new born child during the first 30 days after its birth.

4           (m) Failure by a parent (i) to make reasonable efforts  
5 to correct the conditions that were the basis for the  
6 removal of the child from the parent during any 9-month  
7 period following the adjudication of neglected or abused  
8 minor under Section 2-3 of the Juvenile Court Act of 1987  
9 or dependent minor under Section 2-4 of that Act, or (ii)  
10 to make reasonable progress toward the return of the child  
11 to the parent during any 9-month period following the  
12 adjudication of neglected or abused minor under Section 2-3  
13 of the Juvenile Court Act of 1987 or dependent minor under  
14 Section 2-4 of that Act. If a service plan has been  
15 established as required under Section 8.2 of the Abused and  
16 Neglected Child Reporting Act to correct the conditions  
17 that were the basis for the removal of the child from the  
18 parent and if those services were available, then, for  
19 purposes of this Act, "failure to make reasonable progress  
20 toward the return of the child to the parent" includes the  
21 parent's failure to substantially fulfill his or her  
22 obligations under the service plan and correct the  
23 conditions that brought the child into care during any  
24 9-month period following the adjudication under Section  
25 2-3 or 2-4 of the Juvenile Court Act of 1987.  
26 Notwithstanding any other provision, when a petition or



1 motion seeks to terminate parental rights on the basis of  
2 item (ii) of this subsection (m), the petitioner shall file  
3 with the court and serve on the parties a pleading that  
4 specifies the 9-month period or periods relied on. The  
5 pleading shall be filed and served on the parties no later  
6 than 3 weeks before the date set by the court for closure  
7 of discovery, and the allegations in the pleading shall be  
8 treated as incorporated into the petition or motion.  
9 Failure of a respondent to file a written denial of the  
10 allegations in the pleading shall not be treated as an  
11 admission that the allegations are true.

12 (m-1) (Blank).

13 (n) Evidence of intent to forgo his or her parental  
14 rights, whether or not the child is a ward of the court,  
15 (1) as manifested by his or her failure for a period of 12  
16 months: (i) to visit the child, (ii) to communicate with  
17 the child or agency, although able to do so and not  
18 prevented from doing so by an agency or by court order, or  
19 (iii) to maintain contact with or plan for the future of  
20 the child, although physically able to do so, or (2) as  
21 manifested by the father's failure, where he and the mother  
22 of the child were unmarried to each other at the time of  
23 the child's birth, (i) to commence legal proceedings to  
24 establish his paternity under the Illinois Parentage Act of  
25 1984, the Illinois Parentage Act of 2015, or the law of the  
26 jurisdiction of the child's birth within 30 days of being

1 informed, pursuant to Section 12a of this Act, that he is  
2 the father or the likely father of the child or, after  
3 being so informed where the child is not yet born, within  
4 30 days of the child's birth, or (ii) to make a good faith  
5 effort to pay a reasonable amount of the expenses related  
6 to the birth of the child and to provide a reasonable  
7 amount for the financial support of the child, the court to  
8 consider in its determination all relevant circumstances,  
9 including the financial condition of both parents;  
10 provided that the ground for termination provided in this  
11 subparagraph (n)(2)(ii) shall only be available where the  
12 petition is brought by the mother or the husband of the  
13 mother.

14 Contact or communication by a parent with his or her  
15 child that does not demonstrate affection and concern does  
16 not constitute reasonable contact and planning under  
17 subdivision (n). In the absence of evidence to the  
18 contrary, the ability to visit, communicate, maintain  
19 contact, pay expenses and plan for the future shall be  
20 presumed. The subjective intent of the parent, whether  
21 expressed or otherwise, unsupported by evidence of the  
22 foregoing parental acts manifesting that intent, shall not  
23 preclude a determination that the parent has intended to  
24 forgo his or her parental rights. In making this  
25 determination, the court may consider but shall not require  
26 a showing of diligent efforts by an authorized agency to

1 encourage the parent to perform the acts specified in  
2 subdivision (n).

3 It shall be an affirmative defense to any allegation  
4 under paragraph (2) of this subsection that the father's  
5 failure was due to circumstances beyond his control or to  
6 impediments created by the mother or any other person  
7 having legal custody. Proof of that fact need only be by a  
8 preponderance of the evidence.

9 (o) Repeated or continuous failure by the parents,  
10 although physically and financially able, to provide the  
11 child with adequate food, clothing, or shelter.

12 (p) Inability to discharge parental responsibilities  
13 supported by competent evidence from a psychiatrist,  
14 licensed clinical social worker, or clinical psychologist  
15 of mental impairment, mental illness or an intellectual  
16 disability as defined in Section 1-116 of the Mental Health  
17 and Developmental Disabilities Code, or developmental  
18 disability as defined in Section 1-106 of that Code, and  
19 there is sufficient justification to believe that the  
20 inability to discharge parental responsibilities shall  
21 extend beyond a reasonable time period. However, this  
22 subdivision (p) shall not be construed so as to permit a  
23 licensed clinical social worker to conduct any medical  
24 diagnosis to determine mental illness or mental  
25 impairment.

26 (q) (Blank).

1           (r) The child is in the temporary custody or  
2 guardianship of the Department of Children and Family  
3 Services, the parent is incarcerated as a result of  
4 criminal conviction at the time the petition or motion for  
5 termination of parental rights is filed, prior to  
6 incarceration the parent had little or no contact with the  
7 child or provided little or no support for the child, and  
8 the parent's incarceration will prevent the parent from  
9 discharging his or her parental responsibilities for the  
10 child for a period in excess of 2 years after the filing of  
11 the petition or motion for termination of parental rights.

12           (s) The child is in the temporary custody or  
13 guardianship of the Department of Children and Family  
14 Services, the parent is incarcerated at the time the  
15 petition or motion for termination of parental rights is  
16 filed, the parent has been repeatedly incarcerated as a  
17 result of criminal convictions, and the parent's repeated  
18 incarceration has prevented the parent from discharging  
19 his or her parental responsibilities for the child.

20           (t) A finding that at birth the child's blood, urine,  
21 or meconium contained any amount of a controlled substance  
22 as defined in subsection (f) of Section 102 of the Illinois  
23 Controlled Substances Act, or a metabolite of a controlled  
24 substance, with the exception of controlled substances or  
25 metabolites of such substances, the presence of which in  
26 the newborn infant was the result of medical treatment

1 administered to the mother or the newborn infant, and that  
2 the biological mother of this child is the biological  
3 mother of at least one other child who was adjudicated a  
4 neglected minor under subsection (c) of Section 2-3 of the  
5 Juvenile Court Act of 1987, after which the biological  
6 mother had the opportunity to enroll in and participate in  
7 a clinically appropriate substance abuse counseling,  
8 treatment, and rehabilitation program.

9 E. "Parent" means a person who is the legal mother or legal  
10 father of the child as defined in subsection X or Y of this  
11 Section. For the purpose of this Act, a parent who has executed  
12 a consent to adoption, a surrender, or a waiver pursuant to  
13 Section 10 of this Act, who has signed a Denial of Paternity  
14 pursuant to Section 12 of the Vital Records Act or Section 12a  
15 of this Act, or whose parental rights have been terminated by a  
16 court, is not a parent of the child who was the subject of the  
17 consent, surrender, waiver, or denial unless (1) the consent is  
18 void pursuant to subsection O of Section 10 of this Act; or (2)  
19 the person executed a consent to adoption by a specified person  
20 or persons pursuant to subsection A-1 of Section 10 of this Act  
21 and a court of competent jurisdiction finds that the consent is  
22 void; or (3) the order terminating the parental rights of the  
23 person is vacated by a court of competent jurisdiction.

24 F. A person is available for adoption when the person is:

25 (a) a child who has been surrendered for adoption to an  
26 agency and to whose adoption the agency has thereafter

1 consented;

2 (b) a child to whose adoption a person authorized by  
3 law, other than his parents, has consented, or to whose  
4 adoption no consent is required pursuant to Section 8 of  
5 this Act;

6 (c) a child who is in the custody of persons who intend  
7 to adopt him through placement made by his parents;

8 (c-1) a child for whom a parent has signed a specific  
9 consent pursuant to subsection O of Section 10;

10 (d) an adult who meets the conditions set forth in  
11 Section 3 of this Act; or

12 (e) a child who has been relinquished as defined in  
13 Section 10 of the Abandoned Newborn Infant Protection Act.

14 A person who would otherwise be available for adoption  
15 shall not be deemed unavailable for adoption solely by reason  
16 of his or her death.

17 G. The singular includes the plural and the plural includes  
18 the singular and the "male" includes the "female", as the  
19 context of this Act may require.

20 H. (Blank).

21 I. "Habitual residence" has the meaning ascribed to it in  
22 the federal Intercountry Adoption Act of 2000 and regulations  
23 promulgated thereunder.

24 J. "Immediate relatives" means the biological parents, the  
25 parents of the biological parents and siblings of the  
26 biological parents.

1           K. "Intercountry adoption" is a process by which a child  
2 from a country other than the United States is adopted by  
3 persons who are habitual residents of the United States, or the  
4 child is a habitual resident of the United States who is  
5 adopted by persons who are habitual residents of a country  
6 other than the United States.

7           L. (Blank).

8           M. "Interstate Compact on the Placement of Children" is a  
9 law enacted by all states and certain territories for the  
10 purpose of establishing uniform procedures for handling the  
11 interstate placement of children in foster homes, adoptive  
12 homes, or other child care facilities.

13          N. (Blank).

14          O. "Preadoption requirements" means any conditions or  
15 standards established by the laws or administrative rules of  
16 this State that must be met by a prospective adoptive parent  
17 prior to the placement of a child in an adoptive home.

18          P. "Abused child" means a child whose parent or immediate  
19 family member, or any person responsible for the child's  
20 welfare, or any individual residing in the same home as the  
21 child, or a paramour of the child's parent:

22               (a) inflicts, causes to be inflicted, or allows to be  
23 inflicted upon the child physical injury, by other than  
24 accidental means, that causes death, disfigurement,  
25 impairment of physical or emotional health, or loss or  
26 impairment of any bodily function;

1           (b) creates a substantial risk of physical injury to  
2           the child by other than accidental means which would be  
3           likely to cause death, disfigurement, impairment of  
4           physical or emotional health, or loss or impairment of any  
5           bodily function;

6           (c) commits or allows to be committed any sex offense  
7           against the child, as sex offenses are defined in the  
8           Criminal Code of 2012 and extending those definitions of  
9           sex offenses to include children under 18 years of age;

10          (d) commits or allows to be committed an act or acts of  
11          torture upon the child; or

12          (e) inflicts excessive corporal punishment.

13          Q. "Neglected child" means any child whose parent or other  
14          person responsible for the child's welfare withholds or denies  
15          nourishment or medically indicated treatment including food or  
16          care denied solely on the basis of the present or anticipated  
17          mental or physical impairment as determined by a physician  
18          acting alone or in consultation with other physicians or  
19          otherwise does not provide the proper or necessary support,  
20          education as required by law, or medical or other remedial care  
21          recognized under State law as necessary for a child's  
22          well-being, or other care necessary for his or her well-being,  
23          including adequate food, clothing and shelter; or who is  
24          abandoned by his or her parents or other person responsible for  
25          the child's welfare.

26          A child shall not be considered neglected or abused for the



1 sole reason that the child's parent or other person responsible  
2 for his or her welfare depends upon spiritual means through  
3 prayer alone for the treatment or cure of disease or remedial  
4 care as provided under Section 4 of the Abused and Neglected  
5 Child Reporting Act. A child shall not be considered neglected  
6 or abused for the sole reason that the child's parent or other  
7 person responsible for the child's welfare failed to vaccinate,  
8 delayed vaccination, or refused vaccination for the child due  
9 to a waiver on religious or medical grounds as permitted by  
10 law.

11 R. "Putative father" means a man who may be a child's  
12 father, but who (1) is not married to the child's mother on or  
13 before the date that the child was or is to be born and (2) has  
14 not established paternity of the child in a court proceeding  
15 before the filing of a petition for the adoption of the child.  
16 The term includes a male who is less than 18 years of age.  
17 "Putative father" does not mean a man who is the child's father  
18 as a result of criminal sexual abuse or assault as defined  
19 under Article 11 of the Criminal Code of 2012.

20 S. "Standby adoption" means an adoption in which a parent  
21 consents to custody and termination of parental rights to  
22 become effective upon the occurrence of a future event, which  
23 is either the death of the parent or the request of the parent  
24 for the entry of a final judgment of adoption.

25 T. (Blank).

26 T-5. "Biological parent", "birth parent", or "natural

1 parent" of a child are interchangeable terms that mean a person  
2 who is biologically or genetically related to that child as a  
3 parent.

4 U. "Interstate adoption" means the placement of a minor  
5 child with a prospective adoptive parent for the purpose of  
6 pursuing an adoption for that child that is subject to the  
7 provisions of the Interstate Compact on Placement of Children.

8 V. (Blank).

9 W. (Blank).

10 X. "Legal father" of a child means a man who is recognized  
11 as or presumed to be that child's father:

12 (1) because of his marriage to or civil union with the  
13 child's parent at the time of the child's birth or within  
14 300 days prior to that child's birth, unless he signed a  
15 denial of paternity pursuant to Section 12 of the Vital  
16 Records Act or a waiver pursuant to Section 10 of this Act;  
17 or

18 (2) because his paternity of the child has been  
19 established pursuant to the Illinois Parentage Act, the  
20 Illinois Parentage Act of 1984, or the Gestational  
21 Surrogacy Act; or

22 (3) because he is listed as the child's father or  
23 parent on the child's birth certificate, unless he is  
24 otherwise determined by an administrative or judicial  
25 proceeding not to be the parent of the child or unless he  
26 rescinds his acknowledgment of paternity pursuant to the

1 Illinois Parentage Act of 1984; or

2 (4) because his paternity or adoption of the child has  
3 been established by a court of competent jurisdiction.

4 The definition in this subsection X shall not be construed  
5 to provide greater or lesser rights as to the number of parents  
6 who can be named on a final judgment order of adoption or  
7 Illinois birth certificate that otherwise exist under Illinois  
8 law.

9 Y. "Legal mother" of a child means a woman who is  
10 recognized as or presumed to be that child's mother:

11 (1) because she gave birth to the child except as  
12 provided in the Gestational Surrogacy Act; or

13 (2) because her maternity of the child has been  
14 established pursuant to the Illinois Parentage Act of 1984  
15 or the Gestational Surrogacy Act; or

16 (3) because her maternity or adoption of the child has  
17 been established by a court of competent jurisdiction; or

18 (4) because of her marriage to or civil union with the  
19 child's other parent at the time of the child's birth or  
20 within 300 days prior to the time of birth; or

21 (5) because she is listed as the child's mother or  
22 parent on the child's birth certificate unless she is  
23 otherwise determined by an administrative or judicial  
24 proceeding not to be the parent of the child.

25 The definition in this subsection Y shall not be construed  
26 to provide greater or lesser rights as to the number of parents

1 who can be named on a final judgment order of adoption or  
2 Illinois birth certificate that otherwise exist under Illinois  
3 law.

4 Z. "Department" means the Illinois Department of Children  
5 and Family Services.

6 AA. "Placement disruption" means a circumstance where the  
7 child is removed from an adoptive placement before the adoption  
8 is finalized.

9 BB. "Secondary placement" means a placement, including but  
10 not limited to the placement of a youth in care as defined in  
11 Section 4d of the Children and Family Services Act, that occurs  
12 after a placement disruption or an adoption dissolution.  
13 "Secondary placement" does not mean secondary placements  
14 arising due to the death of the adoptive parent of the child.

15 CC. "Adoption dissolution" means a circumstance where the  
16 child is removed from an adoptive placement after the adoption  
17 is finalized.

18 DD. "Unregulated placement" means the secondary placement  
19 of a child that occurs without the oversight of the courts, the  
20 Department, or a licensed child welfare agency.

21 EE. "Post-placement and post-adoption support services"  
22 means support services for placed or adopted children and  
23 families that include, but are not limited to, mental health  
24 treatment, including counseling and other support services for  
25 emotional, behavioral, or developmental needs, and treatment  
26 for a substance use disorder.

1 (Source: P.A. 99-49, eff. 7-15-15; 99-85, eff. 1-1-16; 99-642,  
2 eff. 7-28-16; 99-836, eff. 1-1-17; 100-159, eff. 8-18-17.)

3 (750 ILCS 50/18.9)

4 Sec. 18.9. Post-placement and post-adoption support  
5 services.

6 (a) It is the public policy of this State to find  
7 permanency for children through adoption and to prevent  
8 placement disruption, adoption dissolution, and secondary  
9 placement. Public awareness and access ~~Access to timely,~~  
10 effective post-placement and post-adoption support services to  
11 provide ~~support and~~ resources for children and youth in care as  
12 ~~defined in Section 4d of the Children and Family Services Act,~~  
13 ~~foster families, and adoptive families~~ is essential to promote  
14 permanency. ~~Public awareness of post placement and~~  
15 ~~post adoption services and the ability of families to utilize~~  
16 ~~effective services are essential to permanency.~~

17 (b) The Department shall establish and maintain accessible  
18 post-placement and post-adoption support services for all  
19 children adopted pursuant to this Act, all children residing in  
20 this State adopted pursuant to the Interstate Compact on the  
21 Placement of Children, all children residing in this State  
22 adopted pursuant to the Intercountry Adoption Act of 2000, and  
23 all former youth in care, as defined by the Children and Family  
24 Services Act, who have been placed in a guardianship.

25 (b-5) The Department shall establish and maintain a

1 toll-free number to respond to requests from the public about  
2 its post-placement and post-adoption support services under  
3 subsection (b) and shall staff the toll-free number so that  
4 calls are answered on a timely basis, but in no event more than  
5 24 hours from the receipt of a request.

6 (c) The Department shall publicize ~~post~~ information about  
7 the Department's post-placement and post-adoption support  
8 services pursuant to subsection (b) and the toll-free number  
9 pursuant to subsection (b-5) as follows:

10 (1) it shall post information on the Department's  
11 website; ~~and~~

12 (2) it shall provide the information to every licensed  
13 child welfare agency, every out of State placement agency  
14 or entity approved under Section 4.1 of this Act, and any  
15 entity providing adoption support services in the Illinois  
16 courts; ~~:-~~

17 (3) it ~~The Department's post placement and~~  
18 ~~post adoption support services~~ shall reference such  
19 information ~~be referenced in the information regarding~~  
20 adoptive parents' rights and responsibilities document  
21 that the Department publishes and that is provided ~~provides~~  
22 to adoptive parents under this Act and the Child Care Act.

23 (4) it shall provide the information, including the  
24 Post Adoption and Guardianship Services booklet, to  
25 prospective adoptive parents and guardians as part of its  
26 adoption and guardianship training and at the time they are

1 presented with the Permanency Commitment form; and

2 (5) it shall include, in each annual notification  
3 letter mailed to adoptive parents and guardians, a short,  
4 easy-to-understand, 2-sided flier or news bulletin that  
5 describes access to post-placement and post-adoption  
6 services, how to access Medicaid and Individual Care Grant  
7 or Family Support Program services, the webpage address of  
8 the Post Adoption and Guardianship Services booklet,  
9 information on how to request that a copy of the booklet be  
10 mailed, and a sticker or magnet that includes the toll-free  
11 number to access the Department's post-placement and  
12 post-adoption support services. The Department shall  
13 establish and maintain a toll-free number to advise the  
14 public about its post-placement and post-adoption support  
15 services and post the number on its website.

16 (c-5) The Department shall review and update annually all  
17 information relating to its post-placement and post-adoption  
18 support services, including the Post Adoption and Guardianship  
19 Services booklet, to include updated information on Individual  
20 Care Group or Family Support Program services eligibility and  
21 the post-placement and post-adoption support services that are  
22 available through the State's Medical Assistance program  
23 established under Article V of the Illinois Public Aid Code or  
24 through any other State program for mental health services. The  
25 Department and the Department of Healthcare and Family Services  
26 shall coordinate their efforts in the development of resources

1 described in this subsection.

2 (d) Every licensed child welfare agency, every entity  
3 approved under Section 4.1 of this Act, and any entity  
4 providing adoption support services in the Illinois courts  
5 shall provide the Department's website address and link to the  
6 Department's post-placement and post-adoption support services  
7 information set forth in subsection (c) of this Section,  
8 including the Department's toll-free number, to every adoptive  
9 parent, prospective adoptive parent, and guardian with whom  
10 they work in Illinois. This information shall be provided prior  
11 to placement.

12 (e) Beginning one year after the effective date of this  
13 amendatory Act of the 101st ~~99th~~ General Assembly, the  
14 Department shall report annually to the General Assembly on  
15 January 15 the following information for the preceding year:

16 (1) a description of all post-placement and  
17 post-adoption support services the Department provides;

18 (2) without identifying the names of the recipients of  
19 the services, the number of guardians ~~foster parents~~,  
20 prospective adoptive parents, and adoptive families in  
21 Illinois who have received the Department's post-placement  
22 and post-adoption support services and the type of services  
23 provided and, for each, the length of time between the  
24 initial contact to the Department to request  
25 post-placement and post-adoption support services and the  
26 first receipt of services, and the type of services



1       received;

2           (3) the number of families who have contacted the  
3 Department about its post-placement and post-adoption  
4 support services due to a potential placement disruption,  
5 adoption dissolution, secondary placement, or unregulated  
6 placement, but for whom the Department declined to provide  
7 post-placement and post-adoption support services and the  
8 reasons that services were denied; ~~and~~

9           (4) the number of placement disruptions, adoption  
10 dissolutions, unregulated placements, and secondary  
11 placements, and for each one:

12           (A) the type of placement or adoption, including  
13 whether the child who was the subject of the placement  
14 was a youth in care as defined in Section 4d of the  
15 Children and Family Services Act, and if the child was  
16 not a youth in care, whether the adoption was a  
17 private, agency, agency-assisted, interstate, or  
18 intercountry adoption;

19           (B) if the placement or adoption was intercountry,  
20 the country of birth of the child;

21           (C) whether the child who was the subject of the  
22 placement disruption, adoption dissolution,  
23 unregulated placement, or secondary placement entered  
24 State custody;

25           (D) the length of the placement prior to the  
26 placement disruption, adoption dissolution,

1 unregulated placement, or secondary placement;

2 (E) the age of the child at the time of the  
3 placement disruption, adoption dissolution,  
4 unregulated placement, or secondary placement;

5 (F) the reason, if known, for the placement  
6 disruption, adoption dissolution, unregulated  
7 placement, or secondary placement; and

8 (G) if a licensed child welfare agency or any  
9 approved out of State placing entity participated in  
10 the initial placement, and, if applicable, the name of  
11 the agency or approved out of State placing entity;  
12 and-

13 (5) a description of the coordination between the  
14 Department and the Department of Healthcare and Family  
15 Services to develop resources under this subsection,  
16 including, but not limited to, a description of the goals  
17 of such coordination and whether the goals have been met.

18 (Source: P.A. 99-49, eff. 7-15-15; 100-159, eff. 8-18-17.)

19 Section 95. No acceleration or delay. Where this Act makes  
20 changes in a statute that is represented in this Act by text  
21 that is not yet or no longer in effect (for example, a Section  
22 represented by multiple versions), the use of that text does  
23 not accelerate or delay the taking effect of (i) the changes  
24 made by this Act or (ii) provisions derived from any other  
25 Public Act.

1           Section 99. Effective date. This Act takes effect upon  
2           becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 100/5-45 from Ch. 127, par. 1005-45

4 5 ILCS 375/6.11

5 20 ILCS 301/55-36 new

6 55 ILCS 5/5-1069.3

7 65 ILCS 5/10-4-2.3

8 105 ILCS 5/10-22.3f

9 215 ILCS 5/356z.33 new

10 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

11 305 ILCS 5/5-5.23

12 305 ILCS 5/5-36 new

13 305 ILCS 5/5-37 new

14 305 ILCS 5/5-38 new

15 305 ILCS 5/5-39 new

16 750 ILCS 50/1 from Ch. 40, par. 1501

17 750 ILCS 50/18.9