

HB3040



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3040

by Rep. Michael D. Unes

SYNOPSIS AS INTRODUCED:

305 ILCS 5/11-5.4

Amends the Illinois Public Aid Code. Provides that if an individual has transferred to another long-term care facility, any annual notice concerning redetermination of eligibility must be sent to the long-term care facility where the individual resides as well as to the individual.

LRB101 06841 KTG 51870 b

FISCAL NOTE ACT
MAY APPLY

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

6 (305 ILCS 5/11-5.4)

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

9 (a) Establishment of the expedited long-term care
10 eligibility determination and enrollment system shall be a
11 joint venture of the Departments of Human Services and
12 Healthcare and Family Services and the Department on Aging.

13 (b) Streamlined application enrollment process; expedited
14 eligibility process. The streamlined application and
15 enrollment process must include, but need not be limited to,
16 the following:

17 (1) On or before July 1, 2019, a streamlined
18 application and enrollment process shall be put in place
19 which must include, but need not be limited to, the
20 following:

21 (A) Minimize the burden on applicants by
22 collecting only the data necessary to determine
23 eligibility for medical services, long-term care

1 services, and spousal impoverishment offset.

2 (B) Integrate online data sources to simplify the
3 application process by reducing the amount of
4 information needed to be entered and to expedite
5 eligibility verification.

6 (C) Provide online prompts to alert the applicant
7 that information is missing or not complete.

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

11 (2) The State must expedite the eligibility process for
12 applicants meeting specified guidelines, regardless of the
13 age of the application. The guidelines, subject to federal
14 approval, must include, but need not be limited to, the
15 following individually or collectively:

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

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

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

24 (D) For applicants or recipients with verified
25 income at or below 100% of the federal poverty level
26 when the declared value of their countable resources is

1 no greater than the allowable amounts pursuant to
2 Section 5-2 of this Code for classes of eligible
3 persons for whom a resource limit applies. Such
4 simplified verification policies shall apply to
5 community cases as well as long-term care cases.

6 (3) Subject to federal approval, the Department of
7 Healthcare and Family Services must implement an ex parte
8 renewal process for Medicaid-eligible individuals residing
9 in long-term care facilities. "Renewal" has the same
10 meaning as "redetermination" in State policies,
11 administrative rule, and federal Medicaid law. The ex parte
12 renewal process must be fully operational on or before
13 January 1, 2019. If an individual has transferred to
14 another long-term care facility, any annual notice
15 concerning redetermination of eligibility must be sent to
16 the long-term care facility where the individual resides as
17 well as to the individual.

18 (4) The Department of Human Services must use the
19 standards and distribution requirements described in this
20 subsection and in Section 11-6 for notification of missing
21 supporting documents and information during all phases of
22 the application process: initial, renewal, and appeal.

23 (c) The Department of Human Services must adopt policies
24 and procedures to improve communication between long-term care
25 benefits central office personnel, applicants and their
26 representatives, and facilities in which the applicants

1 reside. Such policies and procedures must at a minimum permit
2 applicants and their representatives and the facility in which
3 the applicants reside to speak directly to an individual
4 trained to take telephone inquiries and provide appropriate
5 responses.

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

20 (e) Notwithstanding any other provision of this Code, the
21 Department of Human Services and the Department of Healthcare
22 and Family Services' Office of the Inspector General shall,
23 upon request, allow an applicant additional time to submit
24 information and documents needed as part of a review of
25 available resources or resources transferred during the
26 look-back period. The initial extension shall not exceed 30

1 days. A second extension of 30 days may be granted upon
2 request. Any request for information issued by the State to an
3 applicant shall include the following: an explanation of the
4 information required and the date by which the information must
5 be submitted; a statement that failure to respond in a timely
6 manner can result in denial of the application; a statement
7 that the applicant or the facility in the name of the applicant
8 may seek an extension; and the name and contact information of
9 a caseworker in case of questions. Any such request for
10 information shall also be sent to the facility. In deciding
11 whether to grant an extension, the Department of Human Services
12 or the Department of Healthcare and Family Services' Office of
13 the Inspector General shall take into account what is in the
14 best interest of the applicant. The time limits for processing
15 an application shall be tolled during the period of any
16 extension granted under this subsection.

17 (f) The Department of Human Services and the Department of
18 Healthcare and Family Services must jointly compile data on
19 pending applications, denials, appeals, and redeterminations
20 into a monthly report, which shall be posted on each
21 Department's website for the purposes of monitoring long-term
22 care eligibility processing. The report must specify the number
23 of applications and redeterminations pending long-term care
24 eligibility determination and admission and the number of
25 appeals of denials in the following categories:

26 (A) Length of time applications, redeterminations, and

1 appeals are pending - 0 to 45 days, 46 days to 90 days, 91
2 days to 180 days, 181 days to 12 months, over 12 months to
3 18 months, over 18 months to 24 months, and over 24 months.

4 (B) Percentage of applications and redeterminations
5 pending in the Department of Human Services' Family
6 Community Resource Centers, in the Department of Human
7 Services' long-term care hubs, with the Department of
8 Healthcare and Family Services' Office of Inspector
9 General, and those applications which are being tolled due
10 to requests for extension of time for additional
11 information.

12 (C) Status of pending applications, denials, appeals,
13 and redeterminations.

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

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

1 (2) compliance with federal regulations on the timely
2 determination of eligibility as provided under 42 CFR
3 435.912;

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

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

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

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

1 (h) The Department of Healthcare and Family Services shall
2 adopt any rules necessary to administer and enforce any
3 provision of this Section. Rulemaking shall not delay the full
4 implementation of this Section.

5 (Source: P.A. 99-153, eff. 7-28-15; 100-380, eff. 8-25-17;
6 100-665, eff. 8-2-18.)