

1 AN ACT concerning regulation.

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

4 Section 5. The Alternative Health Care Delivery Act is
5 amended by changing Section 30 as follows:

6 (210 ILCS 3/30)

7 Sec. 30. Demonstration program requirements. The
8 requirements set forth in this Section shall apply to
9 demonstration programs.

10 (a) (Blank).

11 (a-5) There shall be no more than the total number of
12 postsurgical recovery care centers with a certificate of need
13 for beds as of January 1, 2008.

14 (a-10) There shall be no more than a total of 9 children's
15 community-based health care center alternative health care
16 models in the demonstration program, which shall be located as
17 follows:

18 (1) Two in the City of Chicago.

19 (2) One in Cook County outside the City of Chicago.

20 (3) A total of 2 in the area comprised of DuPage, Kane,
21 Lake, McHenry, and Will counties.

22 (4) A total of 2 in municipalities with a population
23 of 50,000 or more and not located in the areas described in

1 paragraphs (1), (2), or (3).

2 (5) A total of 2 in rural areas, as defined by the
3 Health Facilities and Services Review Board.

4 No more than one children's community-based health care
5 center owned and operated by a licensed skilled pediatric
6 facility shall be located in each of the areas designated in
7 this subsection (a-10).

8 (a-15) There shall be 5 authorized community-based
9 residential rehabilitation center alternative health care
10 models in the demonstration program.

11 (a-20) There shall be an authorized Alzheimer's disease
12 management center alternative health care model in the
13 demonstration program. The Alzheimer's disease management
14 center shall be located in Will County, owned by a
15 not-for-profit entity, and endorsed by a resolution approved
16 by the county board before the effective date of this
17 amendatory Act of the 91st General Assembly.

18 (a-25) There shall be no more than 17 ~~10~~ birth center
19 alternative health care models in the demonstration program,
20 located as follows:

21 (1) Ten ~~Four~~ in the area comprising Cook, DuPage,
22 Kane, Lake, McHenry, and Will counties, one of which shall
23 be owned or operated by a hospital, 2 ~~and one~~ of which
24 shall be owned or operated by a federally qualified health
25 center, and one of which shall be located within Planning
26 Area A-3 to address the disparate perinatal and child

1 health outcomes in Planning Area A-3. In addition, 2 birth
2 center alternative health care models shall be located in
3 Planning Area A-2 and 2 birth center alternative health
4 care models shall be located in Planning Area A-4.

5 (2) Three in municipalities with a population of
6 50,000 or more not located in the area described in
7 paragraph (1) of this subsection, one of which shall be
8 owned or operated by a hospital and one of which shall be
9 owned or operated by a federally qualified health center.

10 (3) Three in rural areas, one of which shall be owned
11 or operated by a hospital and one of which shall be owned
12 or operated by a federally qualified health center.

13 (4) One in the City of East St. Louis in Planning Area
14 F-1.

15 The first 3 birth centers authorized to operate by the
16 Department shall be located in or predominantly serve the
17 residents of a health professional shortage area as determined
18 by the United States Department of Health and Human Services.
19 There shall be no more than 2 birth centers authorized to
20 operate in any single health planning area for obstetric
21 services as determined under the Illinois Health Facilities
22 Planning Act. If a birth center is located outside of a health
23 professional shortage area, (i) the birth center shall be
24 located in a health planning area with a demonstrated need for
25 obstetrical service beds, as determined by the Health
26 Facilities and Services Review Board or (ii) there must be a

1 reduction in the existing number of obstetrical service beds
2 in the planning area so that the establishment of the birth
3 center does not result in an increase in the total number of
4 obstetrical service beds in the health planning area.

5 (b) Alternative health care models, other than a model
6 authorized under subsection (a-10) or (a-20), shall obtain a
7 certificate of need from the Health Facilities and Services
8 Review Board under the Illinois Health Facilities Planning Act
9 before receiving a license by the Department. If, after
10 obtaining its initial certificate of need, an alternative
11 health care delivery model that is a community based
12 residential rehabilitation center seeks to increase the bed
13 capacity of that center, it must obtain a certificate of need
14 from the Health Facilities and Services Review Board before
15 increasing the bed capacity. Alternative health care models in
16 medically underserved areas shall receive priority in
17 obtaining a certificate of need.

18 (c) An alternative health care model license shall be
19 issued for a period of one year and shall be annually renewed
20 if the facility or program is in substantial compliance with
21 the Department's rules adopted under this Act. A licensed
22 alternative health care model that continues to be in
23 substantial compliance after the conclusion of the
24 demonstration program shall be eligible for annual renewals
25 unless and until a different licensure program for that type
26 of health care model is established by legislation, except

1 that a postsurgical recovery care center meeting the following
2 requirements may apply within 3 years after August 25, 2009
3 (the effective date of Public Act 96-669) for a Certificate of
4 Need permit to operate as a hospital:

5 (1) The postsurgical recovery care center shall apply
6 to the Health Facilities and Services Review Board for a
7 Certificate of Need permit to discontinue the postsurgical
8 recovery care center and to establish a hospital.

9 (2) If the postsurgical recovery care center obtains a
10 Certificate of Need permit to operate as a hospital, it
11 shall apply for licensure as a hospital under the Hospital
12 Licensing Act and shall meet all statutory and regulatory
13 requirements of a hospital.

14 (3) After obtaining licensure as a hospital, any
15 license as an ambulatory surgical treatment center and any
16 license as a postsurgical recovery care center shall be
17 null and void.

18 (4) The former postsurgical recovery care center that
19 receives a hospital license must seek and use its best
20 efforts to maintain certification under Titles XVIII and
21 XIX of the federal Social Security Act.

22 The Department may issue a provisional license to any
23 alternative health care model that does not substantially
24 comply with the provisions of this Act and the rules adopted
25 under this Act if (i) the Department finds that the
26 alternative health care model has undertaken changes and

1 corrections which upon completion will render the alternative
2 health care model in substantial compliance with this Act and
3 rules and (ii) the health and safety of the patients of the
4 alternative health care model will be protected during the
5 period for which the provisional license is issued. The
6 Department shall advise the licensee of the conditions under
7 which the provisional license is issued, including the manner
8 in which the alternative health care model fails to comply
9 with the provisions of this Act and rules, and the time within
10 which the changes and corrections necessary for the
11 alternative health care model to substantially comply with
12 this Act and rules shall be completed.

13 (d) Alternative health care models shall seek
14 certification under Titles XVIII and XIX of the federal Social
15 Security Act. In addition, alternative health care models
16 shall provide charitable care consistent with that provided by
17 comparable health care providers in the geographic area.

18 (d-5) (Blank).

19 (e) Alternative health care models shall, to the extent
20 possible, link and integrate their services with nearby health
21 care facilities.

22 (f) Each alternative health care model shall implement a
23 quality assurance program with measurable benefits and at
24 reasonable cost.

25 (Source: P.A. 98-629, eff. 1-1-15; 98-756, eff. 7-16-14;
26 99-78, eff. 7-20-15.)

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